

Caregiver's

HOME COMPANION

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H E L P I N G T H O S E W H O H E L P O T H E R S

Six Caregiving Strategies

What to Do When Family Doesn't Help Out

By **Melissa A. Goodwin**

Every family—and every family member—reacts differently when a loved one becomes ill or needs ongoing care. Relationship dynamics between family members, each person's emotional make-up, and personal preferences can all come into play. Throw in differing career obligations, financial pressures, and geographic location, and you can wind up with a huge stumbling block in getting family to help with caregiving responsibilities.

Be it a spouse, the child who lives closest, or the family member who's perceived to have the most available time, it's typical for one person to become the primary caregiver for an aging loved one. If that person is you, then you know it's hard not to feel resentful when others don't seem to be pulling their weight.

Sometimes it may feel like you have to resort to begging, cajoling, pleading, and even bribery to get some family members to help. But most people respond better to positive approaches and reinforcement than to nagging or scolding, so try these six strategies and you may find success getting family to lend a hand:



Ask for and Accept Help

This sounds so obvious, yet for many, asking for help is the hardest step of all. We are afraid it implies we're not capable of handling things ourselves. In family situations especially, we have a history of being seen a certain way; perhaps you were always the "capable" one, or maybe you were the free-spirited one who was labeled "unreliable." In either case, you may wind up overcompensating in this new situation by trying to do it all yourself.

It may also be that you've been conditioned to automatically offer assistance, so you can feel a little resentful if you have to ask for it. While some people may be quite willing to hang back and let others carry the load, it could also be that family members don't want to step into what appears to be "your territory."

Caregiving is a big responsibility, and it's impossible for one person to do it all. Everyone needs help, and it is absolutely proper to ask for and accept it. Don't just drop hints; let your family know honestly and directly that their help is wanted and needed. Most people find it hard to resist the simple statement, "I need your help."

Whether family members are knocking on your door ►

INSIDE THIS ISSUE

3 **Surgery and the Elderly**
Long Avoided, Now a More Frequent Option

4 **Caregiving Gadgets and Gizmos** Our Picks for Easy Showering, Phoning, Taking Meds and More

6 **Keeping an Eye on Loved One's Care**
Medicare Recipients Lack Quality Medical Care: Report

8 **Heavy Drinking Can Hike Blood Pressure in Older Men**

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Whether family members are knocking on your door offering assistance, or avoiding your phone calls in an effort not to, the advice is still the same:
accept help when it is offered, and ask for help when it is not.

What to Do When Family Doesn't Help Out

Continued from page 1

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Make Assignments

From my own experience, it's easy to see how family members who live far away can feel at a loss as to how to help. And it's easy for the primary caregiver to assume that they can't. Not true.

My sister Jess became primary caregiver for our parents in Massachusetts because my brother Tom lived in Virginia and I lived in Arizona. Jess quickly learned to identify tasks that could be done from anywhere, and asked us to do them. For example, I handled some financial matters and legal questions by phone and email. Tom ordered things my parents needed, including a computer for Dad to use when he entered the nursing home.

When we made trips to Massachusetts, Jess told us what she needed help with and when. That allowed Tom and me to arrange our schedules so that we could take our parents to their appointments, shop for them, and visit with them.

From our perspective, receiving assignments made it easy for us to feel involved and as though we were making a meaningful contribution to our parents' care. For Jess, it was downright liberating to be able to look at her long to-do list and identify a number of things that could be off-loaded to us.

The bottom line? Get a good picture of what needs to be done, and then pick up the phone and tell that family member that you have something you really need them to do.

Keep Family Informed

It's easy to let communication with family lapse when we feel overloaded and tired. But if family members feel left out, they are less likely to want to help.

One good idea is to set up a family email distribution list so you can communicate the same information to everyone at once. Give regular updates and let others in the family know ahead of time when a significant event such as medical tests or a procedure is coming up. Keep

those who don't use email up to date with phone calls regularly. The more informed and included people feel, the more likely they are to respond positively when asked to help.

Remove Obstacles

If you make it easy for others to help, they will have a hard time refusing. So it helps to understand what obstacles may stand in the way of getting the assistance you need. If money is an obstacle for your brother, look into the possibility of reimbursing him for time and travel. If time is an obstacle for your sister, give her an assignment that doesn't require her to adjust her schedule—maybe doing Mom's grocery shopping when she does her own. If distance is an obstacle for your aunt, ask her to help out by calling, emailing, or writing Mom on a regular basis.

Accept Differences

Not everyone responds to crisis, grief and change in the same way. When a loved one's health starts to fail, there will be those who respond by taking action and those who respond by withdrawing. Although you may

continues on page 7

QUICK TIPS FOR GETTING FAMILY TO HELP

People tend to respond to positive approaches, so keep these principles in mind to improve your chances of getting family members to lend a caregiving hand:

Ask them: Be honest and direct. Say, "I need your help." Then accept any and all offers of assistance.

Give them assignments: Be assertive. Say, "I need you to pick up Mom's prescriptions."

Inform them: Be proactive about keeping family in the loop.

Make it easy for them: Be creative about removing obstacles that keep people from helping, such as reimbursing them for expenses.

Accept them: Be tolerant of the differences in how people respond to change.

Thank them: Be grateful for any and all help given, and express it.

Surgery and the Elderly

Long Avoided, Now a More Frequent Option

By Paula Sanders McCarron



While surgery may once have been a last resort for the geriatric set, surgery is increasingly becoming the option of choice for seniors facing a number of health issues.

Susan Sommer of Eagle River, Alaska, says surgery for torn knee cartilage was the first and only option presented to her 71-year-old mother. "I asked my mother if the doctor had said anything about physical therapy as an alternative, or if it was suggested to try physical therapy prior to surgery," she recalls, "but she said, 'No, the doctor did not even mention it.'"

In fact, the number of surgeries for patients over age 65 has nearly doubled in the past 20 years. Why? There are a number of reasons, including the development of minimally invasive techniques and the fact that seniors are living longer and healthier lives, thereby becoming better candidates to come through surgery successfully.

"Age alone is not a reason to exclude a patient as a candidate for surgery," says Dr. Javad Parvizi, joint specialist at the Rothman Institute at Thomas Jefferson University Hospital, and associate professor of Orthopedic Surgery, Jefferson Medical College in Philadelphia. "But the older patient is more likely to have a number of issues which need to be evaluated in order for surgery and recovery to be successful."

Caution Still Needed

Health problems such as high blood pressure, high cholesterol, diabetes, dehydration, use of multiple medications, and malnutrition are common among the elderly. And each of these health conditions presents its own set of concerns and complications for success in surgery and in

recovery. For this reason, Dr. Parvizi strongly advises that older adults have a full evaluation by their primary physician prior to surgery.

"We want to be certain that health issues are well controlled prior to surgery," says Parvizi. Adequate hydration is one concern. Another concern is whether there are areas where skin is not intact, especially if near the surgery incision, as open or broken areas of skin increase the chance of infection.

To help an older loved one to prepare for surgery, family caregivers can turn to sources such as Strength for Caring (www.strengthforcaring.com), an online resource created by Johnson and Johnson. The website offers information and tips on everything from how to choose a surgeon to how to pack for an upcoming surgery to how to work with the hospital staff at the time of discharge.

For patients wanting to take a proactive role with their health, the use of relaxation and visualization techniques have been proven to help reduce stress, anxiety and pain as well as promote faster recovery. Peggy Huddleston, a psychotherapist in the Boston area, has developed a book and tape series which is taught in medical settings such as The NYU School of Medicine and Greenwich Hospital in Connecticut. For those who cannot locate a workshop in their area, her book and tape/CD series, "Prepare for Surgery, Heal Faster" is available online at www.healfaster.com or by phoning 1-800-726-4173.

Age-Related Concerns

Another concern is the link between surgery in the elderly and cognitive impair-

ment. The person most at risk for post-operative memory loss is the individual who scores low on cognitive testing prior to surgery. However there are many studies underway to determine the short-term and long-term cognitive impairment which many older adults face following surgery.

To avoid complications and help reduce the chances of a poor recovery, Parvizi stresses that planning and evaluation are key. "What you want to do is to optimize the patient medically beforehand. The majority of emergency surgeries where the patient is rolled directly into the operating room from the emergency room will not give the patient much chance."

Once out of the hospital, patients need support and care to increase their chances of a full recovery. "The geriatric patient will typically have a slower recovery and require a more aggressive recovery plan than the younger patient," says Parvizi.

Post-Op Self Care is Essential

Karen Pollack, a geriatric care manager in the Boston area, says she had tried to convince her 72-year-old father to remain at home following his spinal fusion, but he kept leaving the house and therefore made himself ineligible for home health and visiting nurse services. "I told him 1,000 times to stay home, but he left. So then he had to pay out-of-pocket for transportation for outpatient rehab."

For Elle Barry of St. Augustine, Florida, it was the lack of a home care plan that left her at a loss as to how to effectively assess and react to her 85-year-old mother's decline after having had surgery for carotid artery, a condition in which the major blood vessels in the neck

continues on page 5

Caregiving Gadgets and Gizmos

Our Picks for Easy Showering, Phoning, Taking Meds and More

By Kelly D. Morris

There are many dozens of products aimed at making life easier for seniors and those with special needs. But with a mountain of useful products, it can be daunting for a caregiver to choose from among them all. Still, if you are careful, there are some wonderful options available.

Here are some clever items we've found to share with you. These items can make your loved one's life easier, improve their health, and help them be more independent. They can also make your life easier and relieve caregiving's stress.



Activity Apron Soothes Those with Alzheimer's

As Alzheimer's progresses, you may notice your loved one folding and unfolding clothing or other pieces of cloth. Your loved one may begin picking at their own clothing and even undressing at inappropriate times. As a caregiver, this can be embarrassing and difficult to deal with. It's difficult to find activities for your loved one to engage in, and, of course, you want to protect their dignity.

An activity apron may be the answer. It will keep your loved one's hands busy doing familiar, soothing activities, and discourage inappropriate undressing.

AliMed offers two of these. The Discovery Apron includes a zipper, a bow to tie and untie, a buckle, a button flap pocket, a soft flannel area, a hook and loop-edged flap, and a terrycloth flap. It provides plenty of activities to keep your loved one occupied. The Activity Apron offers threading and buttoning activities and includes a clear plastic pocket for a photo. The photo adds visual stimulation and can help keep your loved one oriented while providing activities for their hands.

Both of these aprons can be ordered online at www.alimed.com or by calling 800-225-2610. The Discovery Apron retails for \$33.75, while the Activity Apron retails for \$42.

'Talking' Pill Bottle Prevents Medication Errors

If your loved one is forgetful about medications or has difficulty reading the small



print on prescription bottles, this may be the answer you're looking for. It's a small recording device that attaches to a prescription bottle. The caregiver or pharmacist records a brief message stating how and when to take the medication in the bottle. Because it's easy to forget, all your loved one has to do is push a button to hear the instructional message played back. When used properly, this "talking" pill bottle can prevent medication errors, allow your loved one to function more independently, and give you peace of mind.

The Talking Rx Bottle is made by the Millennium Compliance Corporation. To order, call 860-426-0542 or ask at your local pharmacy or medical supply store. The talking prescription bottle retails for about \$20-\$28, depending on the retail source.

Photo Phone Makes It Easier to Stay in Touch

In the early stages of dementia or as age-related forgetfulness increases, forgetting how to contact caregivers can be a fright-

ening experience. As a family caregiver, you may worry about whether your loved one will be able to reach you if you are needed. The photo memory phone addresses this issue.

The phone has frames for eight small photos, as well as a ninth frame for an emergency image to call 911. Your loved one simply presses the button with the picture of the person they want to call. Even in the mid stages of dementia when it may be getting difficult to recall names, your loved one will likely be able to recognize your photo and phone you independently.

The phone also features large buttons, a flashing ringer, and an adjustable amplifier to make calls up to 10 times louder, making it a good choice for those with poor vision and/or hearing.

The Ameriphone Photo Phone P300 is made by Clarity and retails for about \$45-\$50. You can order it online at www.clarityproducts.com, call toll free 800-552-3368, or look for one wherever you buy small appliances and electronics.



Get Fit and Have Fun

Easy Exercises: Isometrics, Pilates, and Stretching with Sunshine from Senior Exercises is an exercise video designed specially for senior citizens. It combines iso-

metrics, Pilates, and stretching to provide a gentle, full-body workout. Some exercises are performed sitting and others are performed standing while holding onto a chair for balance.

These exercises are designed to build strength, increase joint mobility, and improve balance. The video is easy to follow, and the exercises are easy to perform for seniors at any fitness level.

Regular exercise has been shown to release endorphins in the brain, chemicals that relieve stress and depression. It also provides mental stimulation. And as a caregiver trying to stay fit and reduce stress, you can exercise right along with your loved one, if you like.

Available either in videotape or DVD, each one retails for \$29.99. Visit www.seniorexercises.com or call 516-837-9367 to place an order. Senior Exercises offers a number of other exercise videos as well.



Increase Independence and Self-Esteem for Those with Disabilities

ShowerBuddy is a unique wheelchair that allows people with disabilities more independence when showering and toileting. Relying on others for assistance with such personal and intimate activities can be difficult and embarrassing. It can be difficult for caregivers, as well.

ShowerBuddy resembles a regular wheelchair, but it has a seat shaped like a toilet seat. The chair slides over the toilet and locks in place on a docking station. The disabled person can then be left alone to use the restroom in privacy. There is no lifting from chair to toilet, meaning the risk of your loved one falling is reduced, as is the risk of back injury to caregivers.

For showering, the chair rolls right into a stall or enclosure. Again, no lifting is required. The disabled person can then be left alone to shower, provided they are capable of doing so. The hole in the center of the seat allows easy access for bathing intimate areas. The chair is made of water-resistant material and is built to be quickly wiped dry after a shower.

At \$1,895 (plus \$200 more for the toilet docking station), ShowerBuddy is probably not cost effective for someone with short-term needs, but for those with a long-term disability, it can be a valuable piece of equipment. Visit their website at www.myshowerbuddy.com to view a video of ShowerBuddy in action and to find a dealer near you, or phone toll free 877-769-2833 for more information. ■

Kelly Morris is a former social worker and home health and hospice worker whose writing has appeared in a number of health-related journals. She lives in Mansfield, Ohio, and can be reached at multihearts@hotmail.com.

Surgery and the Elderly

Continued from page 3

are obstructed by plaque or blood clots, effectively blocking the supply of blood to the head and brain.

Barry's mother was discharged from the hospital on a Friday afternoon after having been hospitalized less than 24 hours. What happened over the next 72 hours was described by Barry as a "nightmare." With a growing realization that her mother was not recovering as expected, Barry phoned the on-call physician twice for advice. She said she received no return calls. She then phoned the paramedics who made the assessment that her mother's problems were due to over sensitivity to pain medication.

On Monday, Barry took her mother to the doctor's office for the scheduled post-op visit. A blood oxygen test was done. That's when paramedics were called to transport Barry's mother to the hospital. It was then that Barry said she learned her mother had developed pneumonia and had suffered a heart attack over the weekend.

"Looking back," says Barry, "I wonder why there was no discussion of what I should do, if there were any problems once she returned home. Especially since she's diabetic and has high blood pressure."

Surgeon's Keys to Success

As Dr. Parvizi points out, there are three key components that can greatly help to ensure success in surgery and recovery.

First, there are the healthcare professionals, who must assess and be cognizant of the patient's specific health issues and history and then take appropriate action.

Second, there are the caregivers in the home, who need to be keenly aware that the elderly require more time, attention and care than younger patients.

Third, patients themselves should, to the extent possible, become educated about their options and involved in making decisions about how risks and/or the benefits of surgery factor into the equation of their overall health goals.

Paula S. McCarron has more than 20 years of experience in health care, including nursing homes and hospice. She lives in Chelmsford, Massachusetts, and can be reached at paulamccarron@gmail.com. ■

Keeping an Eye on Loved One's Care

Medicare Recipients Lack Quality Medical Care: Report

By Ursula Furi-Perry, J.D.

If your loved one is receiving benefits under Medicare or Medicaid, you may be in for some bad news:

A recent study found that these patients, especially those with both government benefits, routinely receive sub-par medical care.

In "Measuring the Quality of Care Provided to Community Dwelling Vulnerable Elders Dually Enrolled in Medicare and Medicaid," doctors at UCLA found that only 65% of the study's subjects received adequate care, and that quality of care tends to be mediocre among vulnerable elderly patients who are dually enrolled in Medicare and Medicaid, the so-called Medi-Medi population.

What's most surprising about the study is that the quality of care for Medicare patients is lower even when it comes to routine and simple services, said Dr. David S. Zingmond, the study's lead author and assistant professor of general internal medicine and health services research at the David Geffen School of Medicine at UCLA.

"I'm most troubled by things that are quite routine that are not being done," said Zingmond, citing routine blood tests even among diagnosed diabetic patients as part of his eye-opening concern. Other routine care that's not adequately covered may include tests for heart disease, stroke, and osteoporosis. Zingmond said the study's authors were surprised in that even those services they thought may prove to be adequate did not measure up. These are things that pretty much all experts agree are necessary, Zingmond said.

About 42 different medical services were measured by the study, out of



approximately 230 typically conducted, said Zingmond. "Many of the things we measured are not difficult to do," he said.

The key to improvement might lie in systematic tracking and control. "For routine things, we really have to have in place systems of care to make sure they are being done," as systematic routine care makes for more uniform and effective treatment, Zingmond added.

"There is no comprehensive review of providers in place," Zingmond said, making it harder to keep track of who's doing what. Another thing that's hard to pinpoint is whether the discrepancies are truly a performance issue, or rather a reporting issue—that is, physicians aren't reporting the services they are providing to Medicare patients, Zingmond said.

Doctors point to rising service costs as one of the greatest reasons behind the discrepancies in care. While the cost of pro-

viding services continues to increase yearly, Medicare physician payment rates have stayed stagnant since 2001, says the American Medical Association. The AMA also says Medicare physician payments will be cut by 40% over the next nine years, resulting in fees that are 20% below the cost of providing care — and effectively making some doctors say "no more."

The AMA states that 60% of physicians say they will be forced to limit the number of new Medicare patients they can treat if cuts occur. And those who say they will keep treating the Medi-Medi population also say they'll have to make some tough choices to do so: 84% plan to defer purchasing new medical equipment, 78% plan to defer purchasing information technology, and 77% plan to lay off staff, the AMA claims.

"Congress must act now to stabilize the Medicare program, especially [as] the program prepares to enroll the huge influx of baby-boomers that will begin entering the Medicare program in 2010, with enrollment growing from 43 million in 2010 to 50 million by 2016," the AMA said in a statement on Medicare reimbursement costs.

As distressing as this report is for caregivers, there are some things you can do if you suspect that your loved one is not receiving quality medical care:

Insist on quality care. "Physicians have to be patients' advocates, but patients [and caregivers] also have to be their own advocates," Zingmond pointed out. Find out what types of tests are

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recommended for your loved one.

Research your loved one's medical conditions and diagnoses—consult a trusted medical website, or call a trade association for recommendations—and look up any routine and preventive medical treatments that your loved one should be receiving. And then, follow up: make sure your loved one's physician is administering all necessary tests and question them if they are not.

Be sure to get a qualified second opinion. In this respect, Medicare is actually really helpful, Dr. Zingmond said, as "the Medi-Medi population is essentially fully insured." They're generally not bound to any medical group, so they have great latitude in seeking out second opinions.

Let your loved one know that it's okay to investigate and even question medical decisions. "There is a significant trust that exists between patient and provider," said Zingmond. "Whether that trust is earned is another question."

Vulnerable loved ones on Medicare don't always have the wherewithal to question their confidence in their doctors, but caregivers can ensure that loved ones are receiving adequate care by doing the questioning for them.

In case of a dispute, turn to Medicare's dispute resolution services. Medicare and Medicaid patients have various avenues for complaints, appeals, and grievances to resolve disputes through the Centers for Medicare and Medicaid Services. Patients' rights organizations may also help with dispute resolution.

When inadequate care is provided, it can be hard to decipher whether that substandard care translates into medical malpractice or professional negligence. Consulting a patients' rights organization or attorney may help. ■

RESOURCES:

Centers for Medicare and Medicaid Services, Quality of Care Center,
www.cms.hhs.gov/center/quality.asp

Centers for Medicare and Medicaid Services, Medicare Appeals and Grievances,
www.medicare.gov/basics/appeals.asp

Coalition for Patients' Rights,
www.patientsrightscoalition.org/

American Health Lawyers' Association,
www.healthlawyers.org/

What to Do When Family Doesn't Help Out *Continued from page 2*

not understand another's response, it's important to respect that there is no right or wrong way to grieve or deal with change.

Try to accept what others can give, no matter how limited it seems to you. If someone is uncomfortable with hands-on caregiving tasks, ask them to help with things that are more comfortable for them. Anyone can make a phone call or send an email. Anyone can shop for supplies or pick up a prescription.

If someone simply will not help, no matter what, then recognize that their behavior is theirs to live with, not yours. Don't waste your own precious emotional energy on anger and resentment, or on waging a battle to force another person to do what they cannot or will not do.

Show Appreciation

Make sure you thank family for any and all help given. Do this even when you think they could have done more.

Most people respond well to positive reinforcement, so you might say something like, "You may think that taking Dad to the doctor today was a small thing, but it was a real life-saver for me. And Dad couldn't stop talking about how wonderful it was to have some time alone with you."

A sincere thank you and acknowledgement that someone's effort made a difference can go a long way toward making them want to help out again the next time.

It's likely that caregiving will never be equally or even equitably shared by family members. People have different life situations, as well as different strengths, abilities and—frankly—interest levels. But using these strategies may make it possible for others to engage and contribute to the best of their ability, while making your load a little lighter. ■

Melissa A. Goodwin is a freelance writer and photographer living in Santa Fe, New Mexico. She has years of experience working with volunteer caregiving programs that help seniors and family caregivers. She can be reached at meesarj@msn.com.

TIPS FOR FAMILY MEMBERS WHO WANT TO HELP

Maybe you aren't the primary caregiver for a loved one, but you want to be involved. No matter whether you live next door or 2,000 miles away, you can help your loved one and the family member who is giving them care. Here are a few ideas:

Call the caregiver regularly to check in. This shows that you care about what is going on, want to be involved, and are there for the caregiver if he or she needs to talk.

Always ask if there is something you can do to help. If there is something you can do on an ongoing basis that would lighten the caregiver's load, offer to do it.

Don't take "No" for an answer too often. The caregiver may feel that he or she should be able to do it all – but they can't! Ask what kinds of things are on the agenda for the upcoming week, then jump in with ideas for things you think you could do.

Offer to stay with your loved one to give the caregiver an occasional day or an evening off.

Buy the caregiver a gift certificate to a spa or movie tickets to make it hard for them to refuse to take some time off.

COMING UP IN DECEMBER

- Some 350,000 seniors fall and break a hip each year, making falls an ever-present danger for many elderly. Ways to reduce the risk of a loved one falling.
- Living with an Alzheimer's parent day and night—a caregiver's firsthand story of love and frustration.
- Not again! Many of us fill the challenging caregiver's role more than once in our families. How to cope, how to prepare.
- How caregivers can stay fit while tied down to their caregiving duties. Tricks and tips for a fit life outside the gym.

Heavy Drinking Can Hike Blood Pressure in Older Men

A large new Japanese study suggests that middle-aged men who drink heavily could see their blood pressure rise, regardless of whether their levels of “good” cholesterol also go up.

Study author Ichiro Wakabayashi also found that the older men who participated—all in their 50s—were more susceptible to the blood pressure-boosting effects of heavy drinking than younger men.

While there are signs that drinking can be good for the heart and boost good cholesterol levels, “this emphasizes that alcohol is not for everyone,” said Dr. Kenneth Mukamal, an assistant professor of medicine at Harvard Medical School who is familiar with the study findings.

“This really fits well with the observation that the risk of stroke—which is more sensitive to blood pressure than heart attack—is not really substantially lower in moderate drinkers,” Mukamal said. He says an increase in blood pressure might

eliminate any benefit from higher levels of good cholesterol.

Wakabayashi, of Hyogo College of Medicine in Japan, explored whether high-density lipoprotein (HDL) cholesterol, which is thought to guard against heart disease, might play a role in how drinking affects blood pressure in men. His results were published in the journal *Alcoholism: Clinical and Experimental Research*.

He studied 21,301 males in two groups, one 20 to 29 years old and the other 50 to 59. All had periodic health examinations.

When looking at men of all ages, those with the lowest level of good cholesterol had the highest blood pressure in all three groups: nondrinkers, moderate drinkers and heavy drinkers. However, high levels of good cholesterol HDL did not do as much for the heavy drinkers.

Among older men, blood pressure was “significantly higher” in both light and

heavy drinkers, regardless of their HDL cholesterol levels, according to the study. Author Wakabayashi was not available for comment.

So should men of a certain age stop drinking? It all depends on how much they are imbibing, said Dr. Arthur Klatsky, senior consultant in cardiology at the Kaiser Permanente Medical Center in Oakland, California.

In middle-aged and older people who have reached the ages when heart attacks are more common, “light to moderate drinking appears to reduce that risk,” said Klatsky, who studies alcohol use and is familiar with the study findings.

On the other hand, Klatsky said, “people who drink a lot of alcohol ought to drink less or quit. This study doesn’t affect that message one way or another.” ■

This article is courtesy of ConsumerAffairs.com at www.consumeraffairs.com.

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