

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

Staying Fit While Caregiving

You May Think It's Impossible, But It's Not

By Lori Zanteson

Just what you need, one more thing to add to your already jammed caregiving agenda. But if you don't find a way to fit in your own fitness, both you and your loved one will suffer.

It's a fact that while caregiving certainly is a labor of love, it will take its toll if you let it. That's why caregivers have higher rates of depression, anxiety, sleep problems, high blood pressure and compromised immunity, according to the 2002 Stanford Report. So, as grim as it sounds, this is reality, and caregivers need to get moving—physically moving, that is.

Experts note that exercise provides both mental and physical benefits, including improved fitness and strength, better sleep, decreased depression, anxiety and pain. And for caregivers, they must take care of their own health to ensure they can continue fulfilling their crucial caregiving role.

Putting Yourself First

There should be no misunderstanding that exercise is one of the most important things we can do for ourselves. Yet it can be so difficult to take the time to exercise when caregiving

doesn't seem to allow extra time for anything, let alone ourselves. The truth is there never will be enough time to get everything done, so you need to make some time just for you.

While a caregiver's schedule is overwhelming, focusing solely on the care recipient denies your own needs. This will inevitably backfire by leading to problems that aren't good for the caregiver or the care recipient. Illness, depression and even

burnout can occur and may lead to a let-down in care. Remember that taking time for yourself will help you avoid health problems, feel better about yourself, and build more energy and enthusiasm to help you continue to give care.

Carol Marak, the founder of WorkingCaregiver.com, knows the pressures of juggling a full time job and caring for her parents. The benefits of exercise are so important, she says, there should be no reason for a caregiver to avoid taking time out from caregiving responsibilities. Several options may be explored, such as church support groups that provide free respite for caregivers, local senior citizens services, and ►



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One of the most important reasons for caregivers to exercise is to ensure they don't experience the same challenges as the aging parents they care for.

—Lori Peppi Michiel, a certified personal trainer for caregivers and the elderly.

Staying Fit While Caregiving

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the Area Agencies on Aging, which is funded by the federal government and provides free respite as part of its caregiver support.

How Much is Enough?

The Dietary Guidelines for Americans recommends 60–90 minutes a day of cumulative activity which includes exercise and general activities. If you're thinking you will never even find one 20-minute block of time, don't worry! Research shows three 10-minute workouts of moderate to intense activity are just as effective as 30 consecutive minutes.

The goal is to include movements that use major muscle groups and burn calories, like house cleaning or yard work. For a caregiver, it may include lifting the wheelchair into and out of the car or walking from the parking lot to the hospital several times a week. Give yourself credit for what you already do and then aim for more progress. Some easy ways to increase daily activity are to kick your usual activities up a notch by increasing the pace and intensity to get your heart pumping faster.

One of the most important reasons for caregivers to exercise, says Lori Peppi Michiel, a certified personal trainer in Woodland Hills, California, is to ensure they don't experience the same challenges as the aging parents they care for. Michiel, who has served the elderly and their families for 25 years, has seen the results of a generation that didn't value exercise as we do today. As a result, they suffer from stiff joints, obesity, and all sorts of other health problems common to society today.

Use It or Lose It

When it comes to our bodies, the old adage, "If you don't use it, you will lose it" is very accurate says Michiel, who explains that "we lose 1.5% of muscle strength (or seven pounds of strength every decade) each year from peak strength in early adulthood." Michiel encourages caregivers to stretch every day. It not only feels good, it will improve circulation, range of motion, reduce muscle tension, and improve your ability to relax.

Even if you are homebound, there are ways to get your body moving and your heart pump-

ing. James R. Sherman, author of Positive Caregiver Attitudes suggests scheduling exercise time early in the morning before the care recipient wakes up. Research shows that early risers are more likely to stick with an exercise program. In addition, this time is vital because it equips you to take on the responsibilities of the day.

This also is a good time to find early morning workout programs on television or to pop in your own video/DVD. The exercise video market is plump with variety, and most anyone can find something appealing. Later on, include the care recipient, if you can. Whether it's moving to some jazzy tunes or pushing the wheelchair on a beautiful day, this will enhance both of your moods.

Explore Your Options

If you can get out, plan active outings like a scenic walk or a trip to the zoo. Always keep a pair

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FITTING IN FITNESS

These tips may help you figure out the best ways to fit in enough time for your own exercise:

Try AM Exercise. There are few distractions, and research shows morning exercisers are more likely to stick with it.

Add Gusto to Chores. Quicken the pace when you scrub the sink, or use a push mower to burn more calories.

Make TV Minutes Burn. Lift dumbbells, ride the stationary bike or walk a treadmill during favorite TV shows. Or just get moving during commercials!

Include Your Loved One. Play music and move. Get outdoors for a walk. Bring the dog too.

Peer Pressure. Join a walking or dance club or even a sports league where others depend on you to participate.

Active Fun. Plan activities and trips that require you to walk, like to a park or at a mall.

Be Prepared. Keep a comfortable pair of shoes and a jacket in your car, in case you see an opportunity for a few laps around the grocery store or hospital.

Pencil It In. Schedule time to do the exercise video, take the dog for a walk, or hike with a friend.

Don't Fall Down! Preventing a Third of a Million Elderly Broken Hips a Year

By Kelly D. Morris

Think of it: nearly 350,000 Americans—most of them older—fall and break a hip every year. Of those, 40% end up in a nursing home and 20% never walk again. These statistics, from the American Academy of Orthopedic Surgeons, are as startling as they are grim.

At 72, Masie Davis of Hamilton, Ohio, was determined not to be one of those statistics. “I fell on my front porch,” she says. “Didn’t have a handrail there. I knew as soon as I fell that I’d broken my hip. But I wasn’t going to end up in some nursing home.”

And Masie didn’t. She was one of the lucky ones who made it back to her own home, with support from her extended family.

But not everyone has the support they need to return home after a fall like that. “We see a lot of patients come in after they break a hip,” says Bertie Williams, a certified nursing assistant in Fairfield, Ohio. “They just can’t function well enough to live on their own anymore.”

Even after rehabilitation and physical therapy, many elderly people who’ve broken a hip need to use a walker to get around. They can’t be on their feet very long. They have difficulty standing long enough to cook a meal or take a shower. They may suffer chronic pain.

And they may fear falling again. Many elderly people who’ve fallen once curtail their daily activities for fear of falling again. Those fears, and the loss of independence, take a psychological toll on people. Anxiety and depression may result.

And, of course, all of this adds up to one giant headache—and heartache—for caregivers.

Will Your Loved One Fall?

A study by the University of Colorado identified five primary risk factors for

falling. Luckily, there are ways to reduce the risks.

Risk factor #1 – Osteoporosis

Osteoporosis is a condition in which the bones become brittle and break easily when stressed. They will break easily if your loved one falls, but may also break easily if stressed, thereby causing a fall. Osteoporosis can be prevented by taking calcium supplements and by regular weight-bearing exercise.

Risk factor #2 – Lack of Physical Activity

Lack of exercise results in loss of strength, joint mobility, and flexibility, making falls more likely. Regular exercise may also improve balance. Encourage your loved one to get some exercise on a regular basis. Walking is good exercise; you can walk together.

Risk factor #3 – Impaired Vision

Age-related vision problems can increase the risk of falling. Regular visits to the eye doctor to check for problems such as cataracts and glaucoma are an important part of comprehensive health care. Make sure there is adequate lighting in all areas of the house.

Risk factor #4 – Medication

Many medications, including sedatives and antidepressants, can cause dizziness

and affect balance. Make sure your loved one is aware of all potential side effects of his or her medication. Let their doctor know if they are having problems with balance. The dosage may need to be adjusted. Don’t make any changes to their medication without talking to their doctor, though.

Risk factor #5 – Environmental Hazards

The Colorado study found that at least a third of falls among the elderly involved hazards in the home. Most often, these involved tripping over something on the floor. Keep floors clear of clutter—and make your loved one’s home “fall proof.”

How to Fall-Proof a Home

Outdoors

- Repair any broken concrete or uneven walkways
- Keep walkways clear of snow and ice
- Make sure there is adequate lighting along walkways and near doorways
- Install handrails on stairs

Stairways

- Make sure there is adequate lighting
- Keep stairs free of clutter
- Install handrails
- If poor vision is a problem, use a strip of colored tape on the first and last step to make it easy to identify the changing levels

Hallways

- Make sure lighting is adequate
- Keep free of clutter
- Get rid of throw rugs

Bathrooms

- Install sturdy grab bars beside toilet and shower
- Use a nonskid bathmat
- Install a shower chair and raised toilet seat if needed
- Mount a liquid soap dispenser on the shower wall
- If you use a rug on the floor, make sure it has a nonskid backing
- Have a nightlight for nighttime visits

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Here We Go Again!

Coping with Caregiving a Second, or Even Third, Time

By **Melissa A. Goodwin**

“ This is just like *Déjà vu* all over again! ”

—Yogi Berra

GLORIA BUTLER FEELS LIKE YOGI'S redundant quote describes her life to a “T.”

For seven years, she cared for her husband, who died of ALS in 2006 at the age of 52. Still grieving, Gloria decided to move in with her parents in Worcester, Massachusetts, for a while. In their early 80's, Gloria's folks were generally in good

many of us will assume caregiving roles multiple times over the span of our lives. We may find ourselves caring for parents, in-laws, spouses, and even friends—and sometimes for more than one person at one time. With an average of five years spent per caregiving episode, we could find ourselves spending a third or more

of our lives giving care to another person.

Gearing up to be a caregiver a second or even third time can be daunting. “My

first thought was, ‘Here we go again!’” said Gloria. “And I asked questions like, ‘What am I doing wrong?’ and ‘Why me?’”

So how do you gear up to do it again, and again? Well, the good news is that you are much more informed and experienced than you were the first time around. You learned a lot, and you survived. “Just knowing that I survived the first time helped me know that I can survive this too,” said Gloria.

So, if you find yourself facing the prospect of taking another caregiving role, here are a few thoughts, ideas and suggestions that may help you as you mentally and emotionally prepare to face this new challenge.

It's Okay to Feel the Way You Feel

Anger, resentment, and sadness are all normal responses to being thrust again into the role of caregiver, but we tend to feel guilty for feeling that way. New York psychologist Dr. Bernie Katz suggests that

we need to go easier on ourselves. “Frustration and feelings of being depleted are normal,” says Katz. “Even the most altruistic of us can be overwhelmed by caregiving multiple times.”

So allow yourself to feel what you feel. Denying your feelings or dwelling on guilt will only bring you further down. Acknowledge and release your feelings by talking with a friend or writing about them in a journal. Don't be afraid to get professional counseling if you feel overwhelmed. Most of all, give yourself credit for all that you are doing, and forgive yourself for any negative feelings you have.

You're Well Along the Learning Curve

The first time you were a caregiver, you probably learned about support services and programs that could help you. Perhaps you called your state Area Agency on Aging Eldercare Locator (800-677-1116) and got referrals for free and paid services. Maybe you contacted Faith in Action (www.fiavolunteers.org) to

“ When you come to the end of your rope, tie a knot and hang on. ”

—Franklin D. Roosevelt

health—her dad was retired, but her mom still worked full-time at Sam's Club. Although her folks managed independently, Gloria thought they could use a hand during the winter months and that it would be good for her own healing process to be with family.

Then, last March, Gloria's mom had emergency open heart surgery and was hospitalized for eight weeks. After her mom stabilized, Gloria planned to return to her own home in Maine for the summer months. But in May, her father fell and wound up with an extended stay in a rehabilitation facility. With her dad immobilized and her mom still frail, Gloria gave up her plans to return home, and once again became a full-time caregiver.

“No sooner did I stop being my husband's caregiver than I found myself caregiving for first my mom, then my dad, and now for both of them,” said Gloria, 58. “I started to wonder if this was my new role in life.”

Gloria is not alone. In fact, when you think about it, it's not at all unlikely that

“ Fall seven times, stand up eight. ”

—Japanese Proverb

locate a volunteer program that helped you with transportation, shopping, and respite. You might have set your loved one up with home-delivered meals through a Meals-on-Wheels program, or hired a home health care service to cook and clean. With luck, you learned to ask for help from family and friends. Perhaps you joined a support group so you could ►

“Perseverance is the hard work you do after you get tired of doing the hard work you already did.”

—Newt Gingrich

learn from and share with others in similar situations. Hopefully, you figured out that the most important thing of all was to make your own health and well-being a priority.

This time around, you already know that trying to do it all yourself is a fast track to caregiver burnout. Gloria says she learned that lesson the hard way: “My Mom had trouble sleeping when she came home from the hospital. When she didn’t sleep, I didn’t sleep. It went on for weeks and I was exhausted. When Dad fell, I knew that was it. I told my brothers that I could care for Mom and Dad during the week, but they had to give me a break on the weekends. I just wish I had done it sooner.”

So, take advantage of the people, programs, and services that you know can help you. Line up services sooner rather than later. Take care of your health. Exercise, spend time with friends, and take time for yourself. And don’t forget the Caregiver’s Golden Rule: It’s Okay to Ask for Help.

Some Things Will be Different

Caring for a parent is different from caring for a spouse, and caring for an in-law is different from caring for your own parent. Gloria discovered some major differences between caring for her husband and caring for her parents. “With my husband, we had our marriage to fall back on. He was as much of an emotional support to me as I was to him.” She found that it’s different with her folks because the reversal of the parent-child roles sometimes causes tension.

Dr. Katz says Gloria’s experience is common. “By nature, caregiving is typically more of a one-way street,” he says. Because these dynamics can leave caregivers feeling isolated and unsupported, Katz strongly suggests making sure you maintain as many mutually gratifying relationships in your life as possible. “Don’t feel guilty about taking your pleasures,” he says, “because doing

so makes you a better caregiver.”

Remember Why You Are Doing It

When faced with becoming a caregiver again, we sometimes feel as though we have no choice in the matter. The truth is that many of us do have a choice—we could choose not to do it. Our reasons for taking on the role may be based on duty, love or even guilt and fear of what others would think of us if we didn’t. But whatever our reasons, recognizing that we actually are making a choice can ease some of our negative feelings.

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THE REPEAT CAREGIVER’S Pep Talk

Something’s happened to someone you love—a fall, an illness, forgetfulness...and you know you are about to become a caregiver—again.

You feel tired, discouraged, scared. Maybe you’re even resentful. You’re not sure you have the mental, physical or emotional stamina to cope. But you are making the choice to do it. So, it’s time to gather yourself up for a pep talk. Here goes:

You think it’s the same thing all over again, but it’s not. The situation isn’t the same. You aren’t the same. Yes, you’ve done it before. Yes, it was hard. But you did it then, and you didn’t even know what to do or how to do it! You had no idea where to turn for help.

Now you are wiser, more informed, more experienced. You learned a lot – what to do, what not to do. You learned what worked and what didn’t. You learned about people who can help you, and you learned that it’s okay to ask for help. Remember what you learned.

Now, repeat after me:

If I don’t take care of myself, I won’t be able to help anyone else

I don’t have to do it all myself

It’s okay to ask for help

It’s okay to ask for help

It’s okay to ask for help

Preventing a Third of a Million Elderly Broken Hips a Year *Continued from page 3*

Kitchen

- Keep all frequently used items within easy reach
- Have a sturdy stepstool available
- If you use a rug on the floor, make sure it has a nonskid backing

Bedroom

- Have a lamp within easy reach of the bed
- Keep other items within easy reach of the bed (telephone, television remote control, glass of water, etc.)
- Use a nightlight
- Make sure the bed is at the right height—it should be easy to get in and out of
- Have a sturdy chair with arms to sit in when getting dressed

Living Room

- Arrange furniture so you can easily move around it (especially things like low coffee tables)
- Keep electrical and phone cords out of the way
- Make sure couches and chairs are easy to get out of

What if a Fall Occurs Anyway?

The elderly who fall don’t need to become a statistic. With support from family, many elderly people are able to return home after a fall. There are also a number of services available to help. For instance, Masie Davis got a shower chair so she didn’t have to stand up in the shower. Her family prepared meals for her that she could just heat up in the microwave (frozen dinners would work just as well, or your loved one might qualify for Meals on Wheels—contact your local Area Agency on Aging to find out). Masie chose to get physical therapy at home instead of in a nursing home, which was paid for by Medicare.

As you can see, a little effort will go a long way toward preventing falls. Together, you and your loved one can reduce the risk and make their home a safer place. And if a fall does happen, you can be prepared to deal with it. ■

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.

The Long Road to Diagnosis

'Dad Doesn't Have Alzheimer's, He's Just Getting Older!'

By Jacqueline Marcell

For 11 years, I pleaded with my obstinate elderly father to allow a caregiver to help him with my ailing mother. But after 55 years of loving her, he adamantly insisted on taking care of her himself. Every caregiver I hired to help him sighed in exasperation, "Jacqueline, we just can't work with your father—his temper is impossible to handle. I don't think you'll be able to get him to accept help until he's on his knees himself."

My father had always been 90% wonderful, but boy-oh-boy that temper was a doozy. He'd never turned it on me before, but then again I'd never gone against his wishes either. When my mother nearly died from an infection caused by his inability to continue to care for her, I immediately flew from Southern California to San Francisco to save her life, having no idea that in the process it would nearly cost me my own.

Early Signs of Dementia?

I spent three months nursing my 82-pound mother back to relative health, while my father would say he loved me one minute, but then get furious over some trivial thing, calling me the most horrible names and throwing me out of the house. It was so heart-wrenching to have my once-adoring father turn against me.

I immediately took my father to his doctor but was flabbergasted that he could act normal when he needed to. I could not believe it when the doctor looked at me as if I was the crazy one. She didn't even take me seriously when I reported that my father had nearly electrocuted my mother. Luckily, I had walked into the bathroom just three seconds before he plugged in a huge power



strip that was in a tub of water—along with my mother's soaking feet!

Much later, I was infuriated to find out my father had instructed his doctor not to listen to anything I said, because I was "just a (bleep bleep) liar"—and all I wanted was his money! (Boy, I wish he had some.)

Then things got serious. My father had never laid a hand on me my whole life, but one day he nearly choked me to death for adding HBO to his TV, even though he had eagerly consented to it just a few days before. Terrified, I dialed 911 for the first time in my life. The police came and took him to a psychiatric hospital for evaluation, but I just could not believe it when they released him saying they couldn't find anything wrong with him. What is even more astonishing is that similar horrifying incidents occurred three more times.

Caregiver Catch 22

I was in a tough spot. I couldn't fly home and leave my mother alone with my father because she'd surely die from his inability to care for her. I couldn't get the

doctors to believe me, because my father was always so sane in front of them. I couldn't easily get medication to calm him, and even when I did, he refused to take it, threw it in my face or flushed it down the toilet. Any caregiver I sent in didn't last because they wouldn't put up with him for long. I couldn't place my mother in a nursing home; he'd just take her out. I couldn't put him in a home; he didn't qualify. They both refused any mention of assisted living, and legally I couldn't force them.

I became trapped at my parents' home for nearly a year trying to solve crisis after crisis, crying rivers daily, and infuriated with an unsympathetic medical system that wasn't helping me appropriately.

Finally the Right Diagnosis

You don't need a medical degree to know something is wrong, but you do need the right doctor to diagnose and treat it properly. Finally, I stumbled on a geriatric neurologist specializing in dementia, who performed a battery of blood, neurological and memory tests, along with P.E.T. scans. He reviewed my parents' medications and ruled out all the many reversible dementias; and you should have seen my face drop when he diagnosed Stage One Alzheimer's in *both* of my parents—something that all of their other doctors had missed entirely.

What I'd been coping with was the beginning of Alzheimer's, which starts intermittently and appears to come and go. I didn't understand that my father was addicted and trapped in his own bad behavior of a lifetime and that his old habit of yelling and pounding the table to get his way was now coming out over ►

things that were illogical and irrational... at times.

I also didn't understand that dementia doesn't mean stupid at all (a concept that is not widely appreciated), and that he was still socially adjusted to never show his hidden side to anyone outside the family. Even with the onset of dementia, it was absolutely amazing he could still be so manipulative and crafty. On the other hand, my mother was as sweet and lovely as she'd always been.

Balancing Brain Chemistry

Alzheimer's is just one type of dementia (making up 60–65% of all dementias), and there's no stopping the progression nor is there yet a cure. However, if identified early there are medications that in most people can mask/slow the progression of the disease, keeping a person in the early (independent) stage longer and delaying full-time supervision and nursing home care.

In my case, after treating the dementia, and the (often-present) depression in both parents, the doctor prescribed a small dose of anti-aggression medication for my father, which helped smooth out his volatile temper without making him sleep all day. It wasn't easy and not perfect, but once their brain chemistries were better balanced, I was able to optimize nutrition and fluid intake with much less resistance.

I was also able to implement creative behavioral techniques to cope with the bizarre behaviors. Instead of logic and reason, I learned to use distraction, redirection and reminiscence. Instead of arguing the facts, I validated their frustrated feelings and lived in their reality of the moment. I learned to just "go with the flow" with whatever was being said. And, if none of that worked, the promise of vanilla ice cream worked the best to get my father into the shower, even as he swore a blue streak at me that he'd just taken one yesterday (which was actually over a week ago)! ■

*Jacqueline Marcell is an author, publisher, radio host, national speaker, and advocate for eldercare awareness and reform. Her writing includes *Elder Rage*, or *Take My Father ... Please! How to Survive Caring for Aging Parents*. For more information, see www.ElderRage.com. Also visit her Internet radio program at www.wsradio.com/coping-withcaregiving.*

Staying Fit While Caregiving

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of shoes in the car in case an opportunity to walk comes up. Don't overlook even the most unlikely occasion to sneak in a brisk, heart-pumping walk like during your loved one's doctor appointment or when you arrive early for an appointment. A pet dog eager for a walk is great motivation for many caregivers. Forever the caregiver, it feels okay and even necessary to meet your pet's needs even when you won't meet your own. And a dog provides companionship as well as an emotional lift for both you and the care recipient.

Pursue a passion or try something new by joining a group for tennis, walking, golfing, or dance. Vicki, in northern Illinois, carves out 15 minutes each day to practice belly dancing. She enrolled in a class last year with sprains, bumps and bruises from caring for her father who had lost most of his muscle control due to Alzheimer's disease. "I find that belly dance takes me to a place where I can forget all about my dad's disease and death in March of this year," she says. "It literal-

Coping with Caregiving a Second, or Even Third, Time

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When asked what has gotten her through this time, Gloria says without hesitation, "My love for them—my family. It just makes me want to do it." So whenever you feel that it just isn't fair or you doubt your ability to keep going, try to remember why you do it. Remember those precious moments when you and your loved one share a private joke. Think about the times you spend reminiscing. Cherish the moments when you just sit quietly together.

Chances are you'll also remember how glad you were afterward to have been there for a loved one the last time you were a caregiver, and you'll know that, later on, you'll be glad you were there this time too. ■

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.

ly saved my life this year."

Caregivers are giving, caring, supportive and above and beyond all else, they are always there. As wonderful and necessary as caregivers are, you must find a release for the sake of your health and that of your loved one. No matter what your situation, with a little effort, you can make it happen. Whether homebound or able to get away even briefly, there are ways to incorporate exercise into your life. Get support. As the TV commercial says, just do it—for you. ■

Lori Zanteson is a California-based freelance writer. She specializes in topics related to families and can be reached at lorzanteson@verizon.net.

RESOURCES:

Dietary Guidelines for Americans,
www.health.gov/dietaryguidelines

National Association of Area Agencies on Aging,
www.n4a.org/

WorkingCaregiver.com,
www.workingcaregiver.com/

Fifty Plus Fitness with Lori Michiel,
www.fiftyplusfitness.biz/

COMING UP IN JANUARY

- Motivating our loved ones to exercise and stay fit for their own good can seem like you're climbing a sand hill. We'll show you how hopping into an exercise routine with your Mom or Dad can benefit you both.
- Caregiver mental health – taking positive steps before you reach the breaking point.
- Harsh winter weather and elderly skin are not a good mix, whether inside or out. We'll give you tips on keeping loved ones comfortable and their skin healthy.
- How to maintain a high level of personal hygiene when our elderly seem to lose interest. A roadmap for caregivers.

New Tricks for Old Dogs?

How It's Never Too Late to Prevent Illness



Have you encountered Mom or Dad lamenting that it's no use trying to live a healthy life at their age?

Many of us have, but a new study finds otherwise and has an important message for the elderly: It's not too late to improve your health through diet and exercise, even if you've had an unhealthy lifestyle in the past!

The report published in the *American Journal of Clinical Nutrition* surveyed scientific literature and found that adults, 65 and older, can have significant health improvements with simple and realistic lifestyle changes. It found that risk can be reduced for many diseases—including obesity, cancer, cardiovascular disease and osteoporosis.

"I think this is an extremely important and positive message," says the paper's lead symposium editor, Dr. Richard S. Rivlin, professor of medicine at Weill Cornell Medical College in New York.

"Many elderly people feel that it is too late for them to improve their health, but that is simply not true."

Dr. Rivlin analyzed how the elderly can ward off risks to their health late in life by improving body composition—lowering fat and boosting muscle mass. Adhering to a low-calorie and low-fat diet that's high in vegetables and fruits, coupled with a regular exercise plan, can help the elderly stave off the diseases of aging.

"When measures to combat chronic disease are started in one's 60s and 70s, there are still definite benefits," says Dr. Rivlin. "But older adults must realize that there is no quick fix. They must change their lifestyles."

Here are his specific findings:

- Lowering high blood pressure or hypertension—a major risk for cardiovascular disease—through improved diet and exercise had more dramatic health benefits for the elderly than for any other age

group. Control of hypertension could potentially prevent one-fifth of coronary heart disease cases in men, and 30% in women.

- Older adults who adhered to a low-calorie diet with regular exercise had lower rates of cancer. In one study, risk was reduced by nearly 50%.
- Benefits of weight training include increased ability to burn calories and prevention of osteoporosis.
- Calcium and vitamin D supplements for seniors helped slow rates of bone loss and reduce the number of bone fractures.

"Our study reviews and presents the most up-to-date information showing the influence a healthy lifestyle may have on cardiovascular disease, cancer and osteoporosis," says Dr. Rivlin. "I also believe that the risk for other diseases, like diabetes and pulmonary disease, can also be avoided through later intervention. But, the earlier, the better." ■

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HELPING YOU... WHO HELP OTHERS

Alcohol and the Elderly: An All-too-Common Bond with Serious Consequences

By Paula McCann

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Spirituality to Help Relieving Stress

...to find a support network for your caregiver.