

# 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

## Stepping Back from the Brink

### Taking Positive Steps Before You Reach the Breaking Point

By **Melissa A. Goodwin**

**W**hen Elizabeth Weir of Phoenix invited her mom for a two-week visit, she never imagined it would turn into 10 years of caregiving. Almost immediately after arriving, Elizabeth's mom became seriously ill and spent most of the next year in and out of the hospital. Elizabeth, who was single and worked full-time, instantly became her mother's sole caregiver.

Over time, the demands of caregiving took their toll on Elizabeth's mental and physical health. As she describes it now, "I was totally unprepared for handling the responsibility all on my own. Eventually I paid for it with my health—I had chest pains and heart palpitations. I couldn't breathe, couldn't sleep, and my eating habits were poor.

"One Christmas Eve morning, I lay in bed trying to relax before I faced the day. I had just gotten a new job that was very demanding. Mom was in the hospital with another bout of congestive heart failure. As I lay there, the hospital called to say they were sending Mom home for the hol-



#### JUST LIKE ME

*Suzanne Mintz, president of the National Family Caregivers Association, sums up caregiving's paradox:*

"It's amazing that despite the numbers, family caregivers themselves feel very, very isolated. And so they think there isn't anybody else thinking and feeling what they're thinking and feeling. And some of what we think and feel are dark emotions, so people don't necessarily want to admit them....

"And, when they learn that other people are thinking and feeling those same kinds of things—and that it's perfectly normal—it does give you some level of comfort. There's the sense that other people are out there—just like me."

iday. At that moment, this did not seem like good news because when she came home, all the responsibility would be mine again. My hands and feet went numb, my heart raced, and I was freezing cold, yet I was sweating. The room began to spin and I could barely move."

#### How Stress Drives Our Health

Elizabeth had stepped right to the brink of a very scary place—the edge of mental and physical breakdown. It turned out that she was having a severe panic attack, but it could have been much worse, with a heart attack, stroke, or complete mental collapse real possibilities. Fortunately, she called friends who realized that she needed help and stepped in to ease the load.

According to psychologist Dr. Bernard Katz of Long Island University in New York, emotional and physical responses like Elizabeth's are not at all unexpected. "Anyone can be overwhelmed by caregiving responsibilities," he says. "We can feel depleted, sad and unable to give anything more." ▶

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*Caregiver's Home Companion* is produced by caregivers and professional healthcare workers. While this publication is not intended as a substitute for professionally administered medical advice, the practical suggestions, advice and tips made in this newsletter have been tested or reviewed by an individual or organization involved in caring for elderly other loved ones. *Caregiver's Home Companion* also strives to obtain the input of educators and researchers in all branches of medical and scientific research. We welcome your comments and suggestions at [editor@caregivershome.com](mailto:editor@caregivershome.com).

**"My hands and feet went numb, my heart raced, and I was freezing cold, yet I was sweating. The room began to spin and I could barely move"**

*—caregiver Elizabeth Weir describing her flirt with the breaking point.*

**Stepping Back from the Brink**

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Lisa Gonzales, director of the adult day facility at Open Hands in Santa Fe, New Mexico, agrees. She says, "We see this all the time—caregivers who are stretched to the breaking point and thinking they should be able to do everything without help."

**Staring at Depression**

Studies show that between 40% and 70% of caregivers have symptoms of depression, with between 25% and 50% meeting the criteria for a diagnosis of major depression. And, caregiver mental health directly impacts physical health: caregivers report serious chronic conditions such as heart disease, cancer, diabetes and arthritis at nearly twice the rate of non-caregivers. Ultimately, caregiver stress can become a matter of life and death—older caregivers who experience caregiving related stress have a 63% higher mortality rate than non-caregivers of the same age.

Another alarming effect of caregiver mental health is that depressed spousal caregivers are far more likely to engage in harmful behavior to their loved one than those who are not depressed.

None of us wants to harm a loved one, to endanger our own health, or to find out too late that we had reached our breaking point. Like Elizabeth, most of us don't see it coming, even though the signs have been there. Recognizing those signs, assessing our own stress level, and implementing preventive strategies can keep us away from that brink, or help us step back to safety when we see we are headed toward it.

**Recognizing the Signs**

The following list of symptoms can help you spot the danger signs of caregiver burn-out. Even if you only exhibit one or two of these symptoms, they should sound a warning bell that you need to take preventive action.

- Changes in sleeping habits, appetite, or energy
- Feelings of helplessness or hopelessness
- Frequent crying
- Overreacting
- Social withdrawal
- Difficulty concentrating

- Lack of interest in appearance
- Increased anxiety
- Increase in physical ailments
- Exhaustion
- Irritability or moodiness
- Anger
- Resentment
- Insomnia
- Increased use of substances such as alcohol or drugs

**Assess Your Stress**

Once you know the signs of severe stress, the next step is to see where you fall on the "stress spectrum." The internet site WebMD has developed a simple online test that takes less than a minute to complete and will yield an instant evaluation of your stress level and the potential impact to your health. It can be accessed via the following link: [http://my.webmd.com/content/pages/7/1674\\_52145.htm](http://my.webmd.com/content/pages/7/1674_52145.htm).

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**CAREGIVERS ON THE BRINK**

*For caregivers, maintaining their own mental health while caring for a loved one can be a mounting challenge. To help avoid the breaking point, the Family Caregiver Alliance cites these danger signs:*

- Between 40%–70% of caregivers have symptoms of depression, with 25%–50% meeting the diagnostic criteria for major depression.
- Depressed caregivers are more likely to have other anxiety disorders, engage in substance abuse, and have chronic diseases.
- Women who provide 36 hours or more of caregiving per week to a spouse show a dramatic increase in the risk of mental health problems.
- Spousal caregivers who are at risk of clinical depression are more likely to engage in harmful behavior toward their loved one.
- Caregivers have more serious chronic medical conditions, diminished immune response, and are at higher rate for premature death than non-caregivers.
- Older caregivers (age 66–93) who experience caregiving-related stress have a 63% higher mortality rate than non-caregivers of the same age.



# Protecting the Skin We're In

## Keeping Sores, Infection Away with Loving Care

By Kelly D. Morris

**O**ur skin can be our friend or our foe. It's our largest organ, which if laid flat from an average adult would cover about two square yards and weigh about nine pounds. That's a lot to protect us—and a lot to get damaged, all too often at the hands of a harsh winter or a confined environment such as a hospital bed.

To keep skin as our friend instead of foe, we must be alert to the signs of trouble and constantly be aware of the care required both for aging, sensitive-skinned loved ones as well as our caregiving selves.

Remember that skin acts as a barrier, protecting the network of bones, muscles, nerves, blood vessels, and everything else inside. The outer layer of skin is called the epidermis. The next layer of skin is called the dermis, a layer made up of blood vessels, nerve endings, and connective tissue. There are two types of fibers in the dermis, collagen and elastin. Collagen is tough and hard to stretch and helps skin hold its shape, while elastin, as the name suggests, is elastic.

### Breaking Down with Age

As we age, some of the elastin fibers degenerate, and this leads to wrinkles. The dermis also contains sebaceous glands, which are glands that produce an oily substance that lubricates the skin and hair. And again, as we age, these glands produce less oil, causing skin to dry out.

Because our skin becomes drier and less elastic with age, it tears more easily. Especially in dry winter weather, we are at risk for cracked skin on our hands and feet. When the skin barrier is broken, we are at risk for infection. This is especially a concern for the elderly, whose immune systems may be compromised by these

ruptures, even small ones.

When I worked as a home health caregiver in Cincinnati, Ohio, I saw many clients with skin problems. The worst problems occurred when clients were confined to bed. When a person is unable to get out of bed, or when they sit in a wheelchair all day, they are at risk of developing decubitus ulcers, which are better known as pressure sores or bed sores. These sores are most likely to occur on the buttocks and/or the heels, where there is constant pressure on the skin.

Lee Brooks was one such client. He was terminally ill, and his mother Elaine had been caring for him at home. She was an older woman and had difficulty turning him in bed. The resulting pressure of his buttocks against the mattress all day and night caused bed sores, which soon became infected. Once bed sores develop, it is very difficult to cure them. It is far better to prevent them.

Alma Davis was lucky. Her husband cared for her. She was also terminally ill and confined to bed, but her husband repositioned her every few hours. He took care to make sure her skin stayed clean and dry, and applied a moisturizing lotion. Her skin looked beautiful.

### What to Look For

Signs that bed sores may be developing include dark red spots on the skin that don't fade right away when a person is repositioned. If your loved one is confined to bed or a wheelchair, you should check daily for signs of bed sores. Repositioning them every few hours, keeping their skin clean and dry, and using a moisturizing lotion can help prevent pressure sores.

There are special mattresses and seat

cushions that can help prevent bed sores or help sores heal if they have already occurred. A special air mattress was ordered for my client Lee Brooks, and that, along with antibiotics to treat the infection, helped his sores heal. I had another client, Stan Corvey, who was quadriplegic. He spent all day sitting in a wheelchair. He used a special cushion to help prevent pressure sores. This was very important, because if he started to develop a sore, he would have to stay in bed until the sore went away — and he hated to be confined to bed. Ask your loved one's doctor about special mattresses or seat cushions, or check with your local medical supply store.

When I worked as a home health caregiver, I had skin problems of my own. In the course of my day, I had to wash my hands dozens of times. As a result, my hands became dry and the skin cracked. This put me at risk for getting some sort of infection, which was not good since I worked with sick people. I could easily pick up an infection from a client, and if I got an infection, I could easily pass it on to another client. Ideally, I would have applied a moisturizing lotion after each hand washing, but that would have been time consuming and simply wasn't realistic. Instead, I found a water-resistant hand cream. Look for one at your local pharmacy.

While we're talking about hand washing, wash your hands with a mild soap and water. Avoid using those hand sanitizer products that don't require rinsing. They have high alcohol content and will dry out your hands quickly.

Remember, the older you are, the more likely you are to have skin problems, because your skin makes less oil

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# A Priceless Gift of Health

## Why Exercise is Good Medicine at Any Age

By Lori Zanteson

**W**hile the holidays are over, there's still one more gift to give. It costs nothing, yet its value is priceless to caregivers and their parents. It's the gift of graceful aging through fitness.

Finding time for fitness is something caregivers need to do for themselves—and it's also something they can do for their aging parents without much effort.

The benefits of exercise are there at any age, no matter how advanced. Studies repeatedly show that exercise promotes a better quality of life, especially for older adults. One study showed that older adults (78 and older) who exercise aged more gracefully than those who did not. They reported less pain and discomfort, fewer injuries and illness, and expressed a better outlook on life.

Staying in shape has even been shown to prevent or delay some types of cancer, heart disease, and diabetes. It also builds strength and stamina for other aspects of life. The findings are so powerful that the federal Centers for Disease Control and Prevention urges doctors to encourage their older patients to exercise.

The thought of an exercise program often raises red flags in some older adults, says Virginia Morris, author of *How to Care for Aging Parents*. She says the elderly are often concerned about the risk of injury or embarrassment, or being forced into purchasing special equipment.

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Sometimes, she says, they're just too comfortable in their sedentary ways.

Though Morris cautions families not to nag, there are ways to ease our aging parents into activity, no matter how little. For example, what better way to encourage them than to join them! Mike Boggs, a fitness specialist and adjunct professor at Portland Community College & Clark College in Oregon, recommends activities that address all of the components of older adult fitness: cardiovascular, muscular strength and endurance, flexibility, balance, and socialization.

"Group fitness classes specific for the older adult are excellent as they incorporate all these components in one. The caregiver and parent can and should participate together," says Boggs.

Older adults have needs that require an instructor trained to work with older adults. In addition to checking with a doctor before beginning an exercise program, be sure the chosen instructor is properly trained and certified. You can find them most often through hospitals with rehabilitation centers or research facilities affiliated with your local department of public health, the Agency on Aging, or an organization like the Arthritis Foundation. Be sure to discuss your parent's health history with the instructor, so they can select exercises that meet your parent's specific needs.

Fitness instructors say their main goals with older adults are to delay physical frailty and to prolong functional mobility. By focusing on functional fitness, your loved one gains or maintains

the ability to perform normal everyday activities safely and independently without undue fatigue. When physical decline is identified early, and appropriate interventions are made, functional limitations that impair walking and stair-climbing and too-often result in falls and physical frailty, can be prevented.

The Senior Fitness Test, developed by Roberta E. Rikli, PhD., and C. Jessie Jones, PhD., is an effective tool for assessing functional fitness in older adults. The test can be administered by you or a doctor or exercise instructor. Ask your loved one's doctor for details.

Once a desired fitness level is identified, achievable goals should be set for improvement or maintenance. Mike Boggs suggests making SMART (Specific, Measurable, Attainable, Relevant, Time element) behavioral and outcome goals. An example of a SMART behavioral goal, Boggs says, is "We will get together three times per week and walk around the park for 30 minutes during March and April." An example of a SMART outcome goal is "We will improve our two-mile walk time in the park from 36 minutes to 28 minutes by the end of April." Don't forget to decide on a reward system for further motivation, perhaps a special dinner or a favorite outing.

When it's more convenient to work out at home, exercise videos for seniors can be a good guide. Not only are they tailored to the needs of older Americans, they are effective and fun for anyone. From stretching, yoga, Pilates, and tai chi to line dancing, swing dancing and ▶

armchair dance aerobics, there is something to suit any preference. Some videos are even award-winning. The Gentle Fitness series, for example, has been recommended by the Mayo Clinic and Johns Hopkins, among others, because it improves balance and builds strength in people with a variety of health challenges from arthritis to Parkinson's disease.

Some people, regardless of age, simply refuse to embark on anything remotely resembling exercise. When this is the case, disguise it! Francine and Robert Moskowitz, authors of *Parenting Your Aging Parents: How to Protect Their Quality of Life-And Yours*, emphasize physical activity as a part of daily living. Make regular and frequent movement, rather than strenuous exercise, the goal, they say.

When activity has a purpose or benefit beyond exercise, it often has more appeal. Try a daily walk to the coffee shop that gets a little longer each day. You might choose a useful activity like doing yard work, or reading the newspaper while on a stationary bike. Ann in Virginia reminds her 93-year-old mother who suffers from severe arthritis that exercise keeps her mobile and able to stay in her home. Ann cleverly gets her mom to move around the house by keeping blooming plants in the living room, her fish in the kitchen, and the TV in the den.

Also, says Ann, "If she freezes up, or becomes too weak, she won't be able to go to the salon and I will have to do her hair. That usually motivates her; no way does she want me to do her hair."

It's also very important to make an activity fun, especially if you want it continued long-term. Kids are fun motivators to get grandparents moving. They will boogie to oldies tunes with your parents and get them to play outdoors. "The only way my mom will exercise is if my daughter makes her do yoga," says Sam in Texas. Both grandma and granddaughter benefit when they put in the video and do yoga routines geared for the elderly together.

One of the most popular ways for kids and their grandparents to be active together is by playing the Wii video game. This hot video game for the youngest generation is also a surprise hit with the oldest. The Wii game controller determines how the player moves on screen. In a video game of bowling, for

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## Stepping Back from the Brink

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Taking an online test is only a superficial assessment, though, so talking to your doctor promptly about your symptoms is highly recommended.

### Taking Preventive Action

If your stress level is high or even moderate, or if you simply feel overwhelmed by your caregiving responsibilities, it's time to implement measures to manage stress day-to-day. Here are some strategies that may help:

**Ask for and accept help.** Don't try to be super human; no one can do it all alone.

**Take care of your mind and body.** Make time for exercise and relaxation. Even if it is just a 20-minute walk, moving your body and getting fresh air will rejuvenate you. Sitting quietly and clearing your mind for 15 minutes can also work wonders for your mental state.

**Express your feelings.** Find an outlet for talking about your feelings, whether it's by writing about them in a journal, talking with a friend, or joining a support group.

**Maintain your own social contacts.** Enjoying time with friends and doing things you enjoy restores a sense of normalcy to your life and give you a much needed break.

**Help your loved one have contacts other than you.** Arrange for visitors, friends and family to spend time with your loved one, or arrange for him or her to attend an adult day care facility.

**Get respite.** Hire someone to stay with your loved one when you need a break, or make use of volunteer programs that provide visiting services.

**Get counseling.** It's hard enough for many of us to ask for help, let alone seek professional counseling. But talking with a counselor is a safe way to express your feelings, feel supported, and get professional advice about coping skills.

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## Quickly Seek Counseling

Lisa Gonzales of Open Hands is a strong proponent of professional counseling to help caregivers cope. She says, "I think the biggest role we play at times is to convince caregivers that it is okay to ask for help and to help them find it. One of our biggest priorities now is to get a counselor on staff for them to talk with regularly."

Just knowing that you aren't alone and that your feelings are in fact normal responses to your situation can be a big relief. But keeping yourself on an even keel requires implementing coping strategies and finding healthy outlets for your feelings. If you recognize these feelings and the symptoms described here in yourself, it's essential that you reach out for help for your own sake and that of your loved ones—don't wait until you've reached your breaking point. ■

## RESOURCES

The National Mental Health Association:

Coping with Stress Checklist at

<http://nmha.org/go/information/get-info/stress/coping-with-stress-checklist>

## COMING UP IN FEBRUARY

- Does Mom or Dad push your buttons just the way they did when you were young—and do you once again end up taking the bait? For caregivers, the answer is very often yes. Lessons in how to cope.
- Buttons are harder to fasten and shoes are difficult to tie. Other aspects of dressing are becoming too frustrating to deal with. We'll show you how to help your aging loved ones.
- Our latest installment on caregiving gadgets and gizmos highlights ways to keep the aging mind fresh and blood pressure low.
- We've told you about the importance and benefits of exercise for caregivers and their elderly. Now, we'll tell you how and why to team up with an aging parent as your "workout buddy."

# The Hygiene-Health Connection

## Meeting the Challenge of Personal Hygiene in Our Elderly

By Paula S. McCarron

**G**ood hygiene is a more than a matter of appearance: It's a critical matter of health. And for older adults who often face multiple and chronic health conditions, the neglect of hygiene for whatever reason may become a life and death issue.

While many family caregivers willingly delve into the medical, legal, and financial details of their parents' lives, they're often uncomfortable asking Mom or Dad, "When's the last time you had a good bath?"

Are you among them? Are you noticing signs that you need to ask that uncomfortable question? If so, there's every important reason to do so—and some ways to do it comfortably and effectively.

### Watch for Warning Signs

Joyce Traina, RN, director of health care services for the Metropolitan Council on Jewish Poverty in New York, says family elder-caregivers should be on the alert for these five warning signs that a loved one may be neglecting or unable to perform the basics of good hygiene:

1. Bad breath
2. Body odor
3. Dirty clothing
4. Dirty bed linen
5. Pressure sores on the buttocks or groin region due to incontinence

Vision impairment, fear of falling, depression, memory loss, mobility problems, fatigue, and pain are just some of the reasons why our elderly have difficulty maintaining good hygiene. Other reasons may include a reluctance to ask for help, modesty, or fear of losing one's independence.

"It is important that the caregiver assist the patient in maintaining and preserving his or her independence, while assisting with personal care tasks," says Traina.



Here are some important areas to watch and what to do:

### Scalp Care

A "scalp" check is one way family caregivers can help a loved one catch health problems that may otherwise go undetected. Checking for signs of infection, lesions, or rashes could turn into a "life saving" step. Skin cancer, shingles, and tinea capitis (an infectious disorder of the scalp) often appear first on the scalp, head, and neck.

Care of the scalp and hair can be difficult for people with limited mobility, balance problems or pain. Water-free, no rinse shampoos are handy when a full, wet shampoo is not possible. So-called self-contained "shampoo caps" are another option growing in popularity. These caps are warmed in a microwave, placed on the elderly's head, and cleansing is activated by massaging the scalp through the outside of the cap.

### Oral Hygiene

According to Dr. Theresa Redling, chief of the geriatric division at Newark Beth Israel Medical Center in New Jersey, "Many seniors will not complain of oral pain, or may become insensitive to oral pain. Diabetics in particular may not

know there is a serious infection present that may give a person who is younger or without diabetes severe pain. Symptoms may manifest as poor oral intake, halitosis or—in the very frail and or demented patient—confusion."

Periodontal disease (gum disease) is one consequence of poor dental hygiene. Signs of gum disease include swelling and bleeding. Research shows that those with gum disease, who are diabetic, have respiratory disease or osteoporosis, are at risk of developing other serious health problems including heart disease and stroke.

"A senior should have a good oral exam yearly looking for any pathology such as tumors, ill fitting dentures, and of course a good cleaning. There are mobile dental units that can visit the elderly in their homes, if homebound," says Redling. "Alternatively, most medical centers with large dental programs have the resources to manage complex and very frail seniors with oral problems."

### Skin Care

One of the most common skin problems for older adults is dry skin (*see related article in this issue*). As we age, the layer of fat under the skin diminishes, so skin becomes more sensitive to temperature changes and more susceptible to damage. As we age, blood flow to the skin decreases, leaving us with fewer white blood cells to fight infections on or beneath the surface of the skin.

The constant itching and irritation of dry skin can lead to dermatitis, eczema or even cellulitis, a condition where bacteria can enter the bloodstream and the lymph nodes through a break in the skin. In this way, cellulitis can be a very difficult

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condition to treat and one that can be life-threatening.

Keep these skin care tips in mind:

- Avoid extremes in water temperature.
- Be gentle in bathing and drying.
- Use of moisturizing lotions can be helpful but watch for signs of irritation.
- The genital area, and areas under skin folds including breasts, should be washed and dried carefully to avoid fungal problems or skin breakdown.

As Traina says, "Incontinence or loss of bowel or bladder control requires the caregiver to maintain exemplary hygiene to prevent the occurrence of pressure sores. A warm, moist, dark area is a good breeding ground for potential bed sores. The perineal [genital] area should be kept clean, and fresh underwear or adult diapers should be used to prevent odors."

### Foot Care

Known as the "mirror of health," the feet may be the first place to find signs of serious health problems. Symptoms including swollen ankles, non-healing wounds, brittle nails, or burning and tingling sensations may be indications of diabetes, circulatory problems or arthritis.

Most foot ailments are due to poor hygiene or other neglect and abuse of the foot. Most foot ailments can be effectively treated, and sometimes the "treatment" may be as simple as a change in shoe size. As we grow older, feet spread and the pads that cushion the bottom of our feet are not as thick as they once were. If we gain weight, our bone structure changes. This is why it's important for the elderly to have their foot measured frequently to assure proper shoe fitting.

Follow this advice from the American Podiatric Association:

- Bathe feet daily in lukewarm (not hot) water, using a mild soap, preferably one containing moisturizers, or use a moisturizer separately.
- Never cut corns or calluses with a razor, pocket knife or other such instrument. Use over-the-counter products to remove corns or calluses only after consulting with a podiatrist.
- Trim or file toenails straight across.
- Inspect feet daily. Look for signs of cracks in the skin, redness, swelling or sores. If these are found, consult with a podiatrist.
- Have elderly feet examined by a podiatrist at least twice a year.

trist at least twice a year.

There's no doubt that dealing with a loved one's hygiene is one of the most intimate of all caregiving responsibilities. But remembering that talking about hygiene as a matter of health rather than as a matter of personal care can help neutralize discussions for caregiver and care recipient alike.

"There are times when an individual may be unable or simply unwilling to attend to personal care needs," says Ann Marie Ghumman, director of clinical services at Visiting Nurse and Community Health, Inc., in Arlington, Massachusetts.

Concerned family caregivers may choose to reach out to the individual's own physician, a geriatrician, public health nurse, social worker or representative from the local Area Agency on Aging for help. Turning to others for help may be necessary and in the best interest of a loved one. As Ghumman says, "If self-neglect persists and is affecting the individual's health, then this is the time when family caregivers need to question if their loved one has the capacity for self-care." ■

### A Priceless Gift of Health

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example, the player holds the controller as he moves his arm back and then forward to simulate the actual rolling of the bowling ball. Players stand up and sit down, or they can play while sitting.

Playing the Wii raises the heart rate gently, and improves hand eye coordination. Its mild physical activity provides health benefits like strengthening bones, loosening joints, and improving balance. It also bridges the generation gap and encourages social interaction. Perhaps Rhonda Duncan of Plano, Texas, describes it best, calling it a "grandkid magnet" that gives kids another reason to spend time with their grandparents. ■

### RESOURCES:

National Institute on Aging Exercise Guide, available at [nia.nih.gov/HealthInformation/Publications/ExerciseGuide/chapter01.htm](http://nia.nih.gov/HealthInformation/Publications/ExerciseGuide/chapter01.htm)

Arthritis Foundation,  
[www.arthritis.org/programs.php](http://www.arthritis.org/programs.php)

AARP Physical Activity Programs,  
[www.aarp.org/health/fitness/](http://www.aarp.org/health/fitness/)

### Protecting the Skin We're In

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and is drier. Your skin is also drier in the winter, because there is less humidity.

### Tips for Treating Skin

Lynn Starner is the founder of Beauty Bliss Mineral Cosmetics, a company that makes all-natural cosmetics that are healthy for the skin. She offers the following tips for treating dry skin:

- **Keep skin clean.** Bathing daily is often not necessary, however. Consider bathing every other day, if possible. Soap may not need to be used on all parts of the body, either. Consider using soap on areas that need it and flushing other areas with warm water. Avoid hot water for baths or showers; stick with warm water.
- **Keep skin hydrated.** After bathing or showering, use a moisturizing lotion. Apply lotion every day.
- **Keep skin from itching.** Dry skin itches, and when we scratch it, it's likely to tear, putting us at risk for infection. Prevent itching by keeping skin well hydrated. Keeping a vaporizer in common rooms may help, as well.

Lynn also advises keeping an eye on the feet, especially for people with diabetes. Dry skin can cause the skin to crack and lead to infection, which can cause serious problems for diabetics.

The National Skin Center adds that the elderly are at particular risk for skin infection because their skin becomes thinner than that of younger people, making it more likely to tear. Therefore, preventing dry skin becomes even more important.

Visit your local pharmacy to find skin care products. Look for moisturizing lotions that contain sun block if you or your loved one spend much time outdoors. Look for lotions that are water resistant if you must wash your hands frequently. Stock up on the supplies you need to keep your skin healthy this winter. And don't forget to talk to your loved one's doctor about particular any skin problems you may notice. ■

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# Starting New Year Right with 8 Tips on Osteoporosis

**W**e can't control all the factors that contribute to broken bones caused by osteoporosis, but we can take many matters into our own hands to strengthen and preserve our bones and guard against the 1.5 million osteoporosis fractures recorded annually in the United States.

Osteoporosis is a disease characterized by low bone mass and structural deterioration of bone tissue. This leads to bone fragility and an increased risk of fractures, especially of the hip, spine and wrist, although any bone can be affected.

The National Osteoporosis Foundation calls the disease a major public health threat for an estimated 44 million Americans, or 55% of the population over age 50. In the US, 10 million people are estimated to already have the disease, including 8 million women and 2 million men.

According to the *Harvard Women's Health Watch* newsletter, there are eight factors to keep in mind in staving off osteoporosis:

- 1. Get vital nutrients:** Maintain a healthy diet that provides bone-building nutrients, including potassium, magnesium, phosphorus, calcium, and vitamin D.
- 2. Exercise:** Get at least 30 minutes of bone-strengthening activity most days. Include both weight-bearing activities, like running or brisk walking, and resistance exercise.
- 3. Don't smoke:** Smokers lose bone faster and have higher fracture rates.
- 4. Know your risk:** Most guidelines recommend osteoporosis screening through bone mineral density (BMD) testing starting at age 65—earlier for women who have health conditions or take medications that increase risk.
- 5. Consider bone-preserving drugs:** Postmenopausal women who've had a fracture or received a BMD score of  $-2.5$  or worse should take an osteoporosis drug. Women with scores of  $-2.0$  to  $-2.5$  should consider medication.
- 6. Be aware of the depression connection:**

Research has found links between depression and bone loss. For example, women with a history of major depression have lower bone density and higher levels of cortisol, a hormone related to bone loss. If you're being treated for depression, ask your doctor whether you should have a BMD test.

- 7. Maintain a healthy weight:** Weighing less than 127 pounds or having a body mass index under 21 is a risk factor for osteoporosis. Also, if you are a woman and lose weight during the menopausal transition, you're more likely to lose bone. Avoid ultra-low-calorie diets and diets that eliminate whole food groups.
- 8. Avoid falls:** Keep floors clear of tripping hazards, make sure stairways and entrances are well lit, and add grab bars to your bathtub or shower. ■

## RESOURCE:

National Osteoporosis Foundation at [www.nof.org](http://www.nof.org).

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