

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

Caregiver Challenge

Helping Our Elderly Deal with Diabetes

By Lori Zanteson

Type 2 diabetes is on the rise, especially in our elderly. Over the next 25 years, people 65 and older will make up most of the diabetic population in the United States, while those 75 or older will make up an even larger portion of the overall diabetic community. Either way, our fast-aging society is facing a diabetes crisis.

Even today, the largest proportion of all newly diagnosed diabetics occurs in older Americans. And diabetes appears when these aging loved ones are often already dealing with multiple conditions or diseases. At least half of them, in fact, already have a physical or cognitive disability. As these numbers increase, related cognitive and physical disability will continue to impact quality of life, loss of independence, and of course, demands on caregivers.

On the whole, it's not a pretty picture, of course, and it means that more and more family caregivers will need to understand diabetes and help their loved



ones deal with the condition.

Caregivers who are well informed about diabetes in the elderly and who continually assess their knowledge and the changes in their loved one's condition will be equipped to provide the best care. Though the diabetes caregiver role can present many challenges, Health and Family Services Cabinet Secretary Mark D. Birdwhistell says, "With the right tools

and knowledge, caregivers can help their loved one reduce the number of diabetes-related complications he or she experiences and live a long and healthy life."

How Diabetes Works

Diabetes is a disease in which the body does not produce or properly use insulin, a hormone that's needed to convert sugar, starches, and other food into energy needed for daily life. It is characterized by chronic high blood sugar which harms body and brain. In type 2 diabetes, the most common form of the disease,

the body either does not produce enough insulin or it may be resistant to it. Insulin resistance increases with age, especially in midlife when the adult body may not respond to normal insulin amounts.

Health risk factors for type 2 diabetes are many, and age itself poses a significant risk. The risk of developing type 2 begins to rise significantly at about age 45 and continues to rise considerably after age 65. ►

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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.

Elderly with diabetes mellitus (DM) have higher rates of premature death, functional disability, and coexisting illnesses such as hypertension, coronary heart disease, and stroke than do those without DM. They also are at greater risk of several common geriatric syndromes, such as depression, cognitive impairment, urinary incontinence, injurious falls, and persistent pain.

—American Geriatrics Society

Helping Our Elderly Deal with Diabetes

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A strong genetic link means family history increases risk of the disease, as does ethnicity. African Americans, Latinos, Asians, and Native Americans are all at higher risk than non-Hispanic whites.

According to the federal Centers for Disease Control, obesity, or being overweight, and lack of physical activity are responsible for nearly 95% of all diabetes cases in the United States. If your loved one has any of these risk factors, testing should be done right away. In many cases, type 2 diabetes can be managed with lifestyle changes in diet and activity as well as adopting generally healthy habits.

Elderly Pose Special Challenge

Diagnosing and treating diabetes in the elderly pose some challenges. Elderly patients who are developing or already have diabetes don't necessarily show classic symptoms of the disease. Age-related changes in the body mask symptoms or make them difficult to spot. Classic symptoms of diabetes—such as severe increased thirst, frequent urination, unexplained weight loss, increased hunger, and tingling in the hands and feet—may not be present in older diabetics who are often asymptomatic early on.

Instead, the symptoms our elderly may exhibit—such as weight loss, fatigue, confusion, and urinary incontinence—may be less specific and can be confused with other conditions. With this understanding, it's easy to see why so many have been diabetics for years before diagnosis.

The goal of treating diabetes in the elderly should be the reduction of diabetes-related complications. Lifestyle changes in diet, weight loss, and exercise represent the treatment of choice.

Yet the challenges of the elderly in these areas are many—and the caregiver must take on a multidisciplinary role to adjust to the varied aspects of treatment which require a unique and flexible approach. Obstacles like physical and mental impairment make self-management difficult, and there are increased risks in the elderly

WARNING SIGNS OF DIABETES IN ELDERLY

Caregivers need to be ever-watchful for the telltale signs of diabetes in their elderly loved ones. Here are a few key signs to look for:

- Abrasions or ulcers, especially on the feet
- Signs of bad circulation, such as complaints about pins and needles in the lower legs and feet
- Complaints about blurred vision, which could point to retinopathy
- Frequent urination, bladder infections or kidney pain, which may indicate damage to the kidneys

because they are more frail and susceptible to illness. Difficulty chewing or swallowing, or even poor-fitting dentures, can pose eating obstacles, not to mention age-related changes in taste perception and a reluctance to change long-held eating habits. Yet, even moderate weight loss helps regulate blood sugar, as well as blood pressure and cholesterol, so it's well worth the effort.

Exercise Holds a Key

Exercise is also highly effective in regulating type 2 diabetes, improving glucose tolerance, blood pressure, fat levels, heart status and insulin effectiveness. It will also lighten stress on hips, knees, ankles, and feet and give more energy. Walking, swimming and low impact aerobics are options for the more active older patient. Taking into consideration your loved one's individual condition and ability, even the sedentary and frail can do strength-building exercises to improve flexibility, coordination and balance.

Joan in Chicago feels the frustration of caring for her aging mother who was recently diagnosed with diabetes. Trying to make sure her mother is eating right and taking medications on time has not been easy. She says her mom "used to be the type of person who would eat anything she wanted at any time. I feel that she is starting

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Aging in Place

Mobility Consultants Help Elderly Stay in Their Home

By Melissa A. Goodwin

I never realized how many obstacles the average home holds for a person in a wheelchair until we took my Dad to visit his sister Priscilla at her small Cape Cod-style home in Northampton, Massachusetts.

It took three of us to precariously bounce Dad—in his wheelchair—up the concrete steps and wedge him through the front door. Then poor Aunt Pris watched helplessly as we descended on her tidy home like a SWAT team, rolling up rugs to clear a wheelchair path and relocating much of the living room furniture to the back porch.

Most of us hope we will be able to live in our own homes well into old age. The odds are, though, that many of us will, at some time, lose mobility due to accident, illness or disability. And traditional home design, such as my aunt's Cape, presents

many obstacles to mobility. Stairs, narrow halls and doorways, carpeting, throw rugs and bathtubs are all common home design features that can stop us in our tracks when our mobility is impaired.

Mobility Consultants Offer Solutions

Fortunately, growing awareness of this problem has given rise to consultants who specialize in finding solutions for people with impaired mobility.

Mobility consultants have expertise related to adaptive equipment or accessible home design and construction. They might be physical therapists, employees of a company that sells adaptive equipment, certified geriatric care managers, realtors, architects or building contractors. The common thread, in this instance, is their knowledge of and interest in safety and mobility for the elderly.

Mobility consultants use their expertise to assess individual situations and recommend customized solutions. For example, a consultant with physical therapy experience can work with your loved ones to determine what type of equipment can help in their situation. A real estate broker who is also a mobility consultant can help buyers select a home that offers the best accessibility. A mobility consultant in the construction business can create plans and perform construction to remodel an existing home or to build a new one with elderly-friendly accessibility features.

Certified Aging in Place Specialists

The National Association of Home Builders and elder-advocacy group AARP collaborated to create the Certified Aging in Place Specialist designation for builders. To become a CAPS requires taking courses, passing an examination and completing continuing education requirements, all related to accessible home

design and construction principles.

Frank Gucciardo, president of Frangeli Consulting & Remodeling in Levittown, New York, is a CAPS whose expertise is designing and remodeling homes to help people remain in those homes for life. He is also a trained physical therapist, which gives him added insight into the home accessibility needs of people with disabilities.

"We use universal design principles to create homes that are 'functionally beautiful'—meaning they are designed for maximum accessibility without the institutional feeling of a hospital or nursing home," Frank said. He says that the most common remodeling changes he finds in existing homes involve bathroom access, followed closely by the need to replace steps with wheelchair ramps.

Mobility Rules

Cathie Ross started Mobility Rules in Oregon, as a grass roots effort to educate real estate brokers about the housing needs of their disabled clients and prospects. Her company worked with the Fair Housing Council of Oregon to create easy-to-understand guidelines for accessible home design and to develop an online training and certification program leading to the Certified Mobility Consultant designation.

Cathie said, "CAPS certification is geared toward construction specifications for builders and may not be user-friendly to the average person. We created Mobility Rules to make basic information about home accessibility design understandable in layman's terms."

Cathie, whose website is www.mobilityrules.com, also created the Mobility Ruler, a tool that helps you determine what changes should be made in the home to make it more accessible.

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HOW MOBILITY CONSULTANTS CAN HELP

"Mobility consultant" may be a new term for you, but as a caregiver for an elderly parent, you'll be surprised how important they can be in helping Mom and Dad continue to live in their own home. Here are some of the ways they can help:

- Assessing your loved one's needs when their mobility has been impaired
- Helping you select the right adaptive equipment such as wheelchairs and walkers
- Assessing a home for accessibility and recommending changes
- Designing plans to remodel existing homes to make them more accessible
- Building a new home that is accessible
- Helping you purchase or rent a property that is accessible or can be modified to be more accessible

Keep a Watchful Eye in the Home

Guarding Against Elder Abuse

By Paula S. McCarron

While much media attention is given to elder abuse at the hands of paid caregivers in nursing homes, the truth is that the majority of elderly abuse occurs in the very places where our elderly should feel the safest—their own homes.

“Abuse is a crime of opportunity. And family caregivers have the greatest degree of opportunity,” says Dr. Irving Hellman, a licensed geropsychologist in Sacramento, California, who trains health care workers and consumers in how to recognize and prevent elder abuse.

Elder abuse is not only physical abuse; it can include neglect, emotional abuse, abandonment, sexual abuse, and financial exploitation. And it’s not uncommon for there to be multiple forms of abuse taking place in an elder’s life.

One example is provided by Dr. Andrew Heck, psychology director of Piedmont Geriatric Hospital in Burkeville, Virginia, who reports being aware of a senior who was hospitalized for behavioral complications due to vascular dementia, but whose wife (who was also his legal guardian) refused to cooperate with discharging him, even though he was eligible.

“It turns out that as long as he was hospitalized, she would receive his Social Security checks and was able to cash and spend them without paying for his hospitalization,” Heck says. “He was hospitalized for over five years before the state attorney general’s office was able to legally change his guardianship to a private attorney.”

According to statistics gathered by the

American Public Health Association, 90% of the perpetrators of elder abuse are known to their victims. And the sad fact is that adult children and spouses are the most likely abusers of older Americans.

“Only the tip of the iceberg is showing when it comes to elder abuse. For every case of abuse that is reported, there are many more that are never reported,” says Hellman.

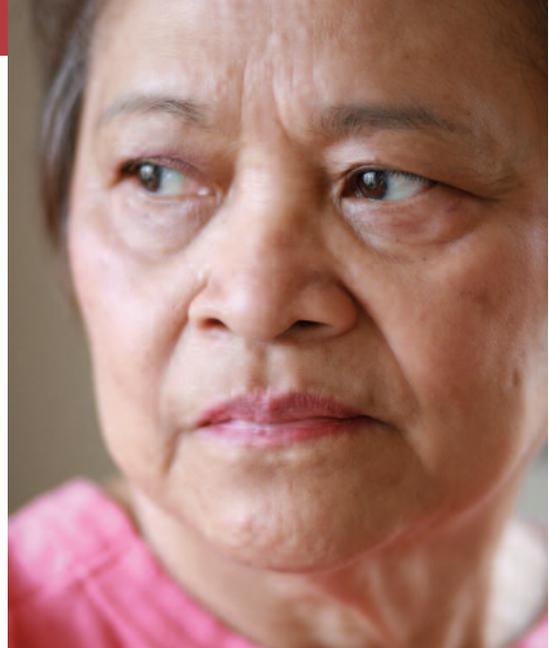
Data from the National Center on Elder Abuse attest to Hellman’s statement. It is estimated that for every one case of elder abuse reported to authorities, anywhere from five to 10 more cases go unreported.

“Abuse follows a cascading pattern,” says Hellman. “One thing leads to another. And most often abuse begins with neglect, and what follows is most often financial and material exploitation or theft, and then from there up to physical and sexual abuse.”

“It can be very difficult to identify and stop abuse,” says Susan Ferlauto of the Pace Women’s Justice Center in White Plains, New York. “Unless it’s physical abuse, it may be difficult to recognize or prove there is a situation of abuse. Second, it’s easier to prosecute a stranger than to bring up abuse charges against your own family. And there’s a real or perceived threat of losing one’s home situation.”

When abuse of an elder in the home is reported, the report most often comes from someone other than the victim.

Most states have laws which mandate that health care workers, social workers, and law enforcement workers report signs or suspicion of abuse. “There’s no



POSSIBLE SIGNS OF ELDER ABUSE

Many of the symptoms listed below can occur as a result of abuse, but keep in mind that they can also be due to disease conditions or medications. For family, recognizing any of these symptoms should prompt further investigation to determine and remedy the cause.

Physical Abuse

- Bruises or grip marks around the arms or neck
- Rope marks or welts on the wrists and ankles
- Repeated unexplained injuries

Emotional/Psychological Abuse

- Uncommunicative, unresponsive, evasive
- Unreasonably fearful or suspicious
- Lack of interest in social contacts

Sexual Abuse

- Unexplained vaginal or anal bleeding
- Torn or bloody underwear
- Bruised breasts

Financial Abuse or Exploitation

- Large withdrawals from bank accounts, switching accounts, unusual ATM activity
- Check signatures don’t match elder’s signature

Neglect

- Sunken eyes or loss of weight
- Extreme thirst
- Bed sores

-- American Psychological Association

research indicating that this reporting of elder abuse has reduced the incidence of elder abuse but the assumption is that the greater the number of gatekeepers the greater the vigilance," says Hellman.

Cases of suspected abuse are reported to the local division of Adult Protective Services (APS), a national organization with chapters in all 50 states. The goal of APS is to investigate and protect disabled and elderly persons who are abused, neglected, exploited and unable to protect their own interests.

In addition to the laws pertaining to mandated reporting, there is also the National Long-Term Care Ombudsman program, which trains thousands of volunteers to make unannounced visits to long-term care facilities in order to check on residents, listen to their concerns and then advocate and help to resolve complaints.

Awareness and prevention of elder abuse is also a concern for law enforcement agencies and bankers. Many communities now have dedicated elder affairs or elder abuse teams within their police departments. And states are increasingly mandating that bank employees report any suspected incidents of financial abuse or defrauding of older customers.

When it comes to reporting elder abuse, the most frequently reported form of abuse is neglect, including self-neglect, followed by physical abuse.

"When it comes to physical abuse, the law enforcement agencies and district attorneys get involved," says Hellman. "Physical abuse can cause irreversible damage or lead to a fatality. One state after another is establishing elder death review teams to investigate any suspicious death that occurs either in a health care institution or home."

But even with all these established reporting rules and protections, there's nothing to prohibit a concerned family member, friend or relative from filing a report of suspected abuse.

Corrine Mazerov of Pittsburgh, Pennsylvania, is a family caregiver who has learned that abuse may be hard to prove and that sometimes what appears to be abuse isn't. She tells of how her mother-in-law was in a nursing home where everything kept disappearing. "We'd go to visit and everything would be missing—costume jewelry, bras, shoes

FINDING HELP OR REPORTING SUSPECTED ABUSE

Once elder abuse is suspected, family members need to quickly mobilize to protect their loved one. Here are some important steps to remember in getting help and reporting a concern:

- In the event of an emergency, always phone 911. Never hesitate.
- Reports of abuse in any locale, including the home, may be filed with a local law enforcement agency and also with the district attorney's office.
- Concerns of abuse in long-term health care facilities may be reported to the National Long-Term Care Ombudsman Resource Center—www.ltcombudsman.org and **202-332-2275**. Chapters can be found in every state.
- National Adult Protective Services Association—www.apsnetwork.org and **217-523-4431**. Chapters in every state investigate allegations of abuse or neglect.
- Eldercare Locator—www.elder.org and **800-677-1116**. Nationwide information and referral service sponsored by the Administration on Aging.

—anything you can imagine. That's how I got involved in fighting for background checks for all employees of health care facilities."

More recently, Mazerov's own mother was admitted to an assisted living home. The same pattern of "missing items" began to occur. "My mother would tell us that people were stealing from her," Mazerov said. "Things were disappear-

ing, but then we found out she was hiding the items and forgetting she had done so."

Family caregivers who are seeking to protect an elder from abuse would do well to follow in the footsteps of Mazerov, who was attentive to what was happening, willing to investigate and reported her observations. While some family members might hesitate to show concern over the loss of a piece of costume jewelry or small amount of money, an overt display of concern may just be the action that prevents a more serious form of abuse from happening later.

A failure to recognize the warning signs of abuse can lead to more abuse and increasing levels of abuse. Hellman points to three risk factors which increase an elder's chances of being abused: "The biggest risk is social isolation. The second factor is if the elder has been abused in the past. If an incident of neglect has been reported once then chances are that another report will follow. And the more that an elder is dependent upon the mercy of others for meeting care needs, then there is greater risk for abuse."

"The best thing we can offer is to be advocates for our frail and vulnerable parents, protecting them from abuse," says Hellman. "The presumption of their (mental) capacity can lead to the loss of their money, loss of their health and even life." ■

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.

COMING UP IN SEPTEMBER

- There's just not enough of "you" to go around. You're probably a spouse, a parent, an employee and an elder-caregiver, whose "personal life" has taken a distant back seat. We'll give you practical strategies on how to cope with caregiving's inevitable interference with your personal relationships.
- Osteoporosis poses a major public health risk to our fast-aging population. Learn how proper diet, good nutrition and natural vitamins can help prevent osteoporosis or aid in its treatment. Solutions for you and your loved one.

- Caregivers are often advised to obtain an advance directive from their elderly loved one, especially while the senior still can focus and formalize their wishes. But what exactly is an advance directive and why is it important. We'll tell you.
- What are the most common mobility obstacles to enabling our loved ones to age in place? What should we look for, who can help us, and when should we start looking? What is really needed to make a home accessible to the elderly? We'll give you answers to these questions in the final installment of our feature series *Solutions for Keeping Loved Ones Independent*.

Caregiving Gadgets & Gizmos

Safety and Simplicity for Your Caregiving

By Kelly D. Morris

Safety, simplicity and convenience headline this installment of our quarterly feature on innovative new products for the elderly and their caregivers. From innovative bed sheets (no, I'm not kidding), to a cell phone simple enough for even the least technologically savvy senior to use, to a potentially lifesaving watch, we've got them here.

NeatSheets

Falls are always a concern for the elderly, and the bedroom is one area where it is dangerously easy to fall. Our loved ones can



fall out of bed—or fall while getting out of bed. NeatSheets help to reduce that risk. While they are designed with those in mind who spend a significant

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.

amount of time in bed, they can come in handy for anyone (I want some for myself).

NeatSheets are complete sets of sheets and pillowcases, but the “neat” part is the fitted sheet. It has handy pockets sewn into the sides. These pockets are great for holding common bedside items like the television remote, cordless phone, eyeglasses, medication, and so on. That way, a person doesn't have to reach for items on a bedside table, possibly falling out of bed, or need to get up to find the items, magnifying the risk of tripping or slipping.

NeatSheets come in three sizes and 17 colors. They are also available in three different thread counts. Prices range from \$39 to \$199, depending on size and thread count. You can order NeatSheets at www.neatsheets.com or by calling 800-632-8233.

Archimedes Bath Lift

You may have noticed that we



often review bath items in these new-product articles. That's because bathing is so important and frequent. Not only is it necessary for maintaining good hygiene, but a warm bath can be a great way to relax and relieve stress. For the elderly, however, bathing can become a stressful activity. If they can no longer manage to bathe independently, they may struggle with the idea of needing assistance with something so personal, as well as the loss of privacy. Bathing may also pose a safety concern.

The Archimedes Bath Lift allows the elderly and disabled to safely enjoy relaxing soaks in the tub. The lift is a seat that fits into your existing bathtub. It rises to the height of the top of your tub, then lowers you into the tub. When you're done with your bath, it lifts you up again. The lift is a wide seat, and it has a high back for support.

The lift is battery operated, relatively lightweight (less than 25 lbs.), and portable. It retails at \$999. Call 800-289-0063 or visit www.bathliftdirect.com for more information.

Jitterbug Cell Phone

It seems that everyone has a cell phone these days. But they keep getting smaller and more complicated with a seemingly unending list of features. The elderly may have difficulty figuring out how to work these souped-up phones, and those with poor vision will find it hard to read the tiny displays.

Never fear, the Jitterbug is

here. It's the simplest cell phone we could find. It's not too tiny, and it features large, bright, easy-to-view buttons and display. It has a louder volume than most cell phones, for those who are hard of hearing. Like a traditional house phone, this cell phone has a familiar dial tone to confirm service, which no other mobile phone has.

The Jitterbug doesn't do anything fancy. You can't play games on it or take pictures with it. You can't check your email or the weather. It's meant for those who want a phone for emergency purposes. You get 24-hour access to an operator. Emergency calls to 911 are free.

There are a couple different service plans to choose from, depending on how many minutes you want for your loved one. Long distance calls are no additional charge. The cost of the phone itself is \$147 (service is extra). To order, call 866-540-0297 or visit www.jitterbugdirect.com.

Cadex Med Reminder Watch

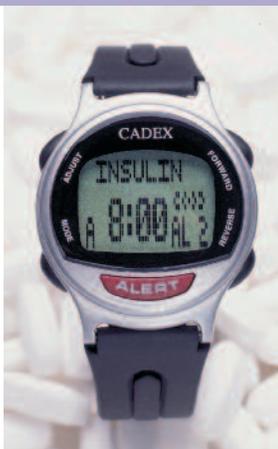
This watch does so much more than tell time. First of all, you can program it to sound an alarm when it's time for your loved one to take their medication, up to 12 times a day. Not only will an alarm trigger, but you can also program it ▶



to display the medication name and dosage they are to take. It's not complicated to program, either.

And that's not all. The watch also acts as a medical databank, in which you can program vital information such as your loved one's name and phone number, medical conditions (such as diabetes or epilepsy), prescribed medications, allergies, blood type, emergency contact information, doctor's name and phone number, and insurance information. And if you think about it, some of this information could be lifesaving in an emergency.

The Cadex watch retails for \$89.95. To order, call 888-726-8805 or visit them online at www.cadexwatch.com.



Helping Our Elderly Deal with Diabetes

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to resent me because I have meals planned out and tell her not to eat some of the things she wants to. I have been in yelling battles and don't know what to do."

Ironically, when Joan turned to her family for support, they would bring mom sugary treats and say, "She can do what she wants." It seems an uphill battle, but Joan's persistence with her mother may pay off, especially if she seeks other support. Local support groups and online chat rooms may provide a safe place to vent and get advice from others in similar situations.

Quality-of-Life Decisions

If lifestyle changes fail to control blood glucose, then drugs will be prescribed. The aggressiveness of drug therapy is based on life expectancy and the diabetic's current functional condition. Drug-related side effects like hypoglycemia make aggressiveness of treatment in the elderly controversial. It comes down to a quality- versus quantity-of-life decision.

Caring for the elderly diabetic involves doing everything you can to keep your loved one's blood sugar as close to the level of someone without diabetes. Every day you can, the caregiver in you should strive to eat healthy foods, exercise, take medication if needed, and test blood sugar. ■

RESOURCES:

National Diabetes Education Program at www.ndep.nih.gov/

American Geriatrics Society at www.americangeriatrics.org/education/diabetes_executive_summ.shtml

American Diabetes Association at www.diabetes.org/about-diabetes.jsp

ElderCare Online's Caregiver Support Center at www.ec-online.net/Community/communit.htm

Diabetes Society at www.diabetessociety.org/Services/supportgroup.php

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Mobility Consultants Help Elderly Stay in Their Home

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How to Choose a Consultant

Mobility consultants are relatively new on the scene, with no national network of consultants yet, but many professionals in fields related to healthcare and housing have developed expertise in this area. In addition to the information on consultants available from Mobility Rules, information about CAPS can be found on the National Association of Home Builders website at www.nahb.org.

Selecting a mobility consultant requires that you evaluate factual information as well as pay attention to the comfort level you have with consultants you interview. The following steps can help you choose the right consultant for your situation:

- Find out how many clients the consultant has helped and ask to speak to a few.
- Ask if home designers and builders have the CAPS designation.
- Make sure all contractors provide bids based on exactly the same specifications so you can isolate the sources of any price differences.

Then, ask yourself these questions:

- Do you feel that the consultant is listening to your questions, ideas and concerns?
- Would you feel comfortable sending the consultant into your loved one's home to perform work?

When to Contact a Mobility Consultant

Frank Gucciardo says the overwhelming majority of clients come to him after a traumatic event has already occurred. At that point, people are typically under the gun to make significant changes to their homes at a time when they are already under physical, emotional and possibly financial strain. He adds that proactive calls—before a crisis occurs—most often come from adult children of elderly parents who are trying to plan ahead. And that's always the recommended course. ■

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.

AliMed Door Alarm

Keeping an elderly person with Alzheimer's disease or other forms of dementia safe can be a challenge. In certain stages of the disease, patients are prone to wandering, which poses a safety risk.

At this point, patients require round-the-clock care. So you may be staying with your loved

one all the time, but you can't watch them all the time. Maybe you are in the kitchen preparing dinner, or in the basement doing laundry. And Mom can take that busy minute to slip out the door.

Here's where the AliMed door alarm can come to the rescue. It has a switch that looks like thin, flexible tweezers that is inserted between the door and the door-frame. When the door is opened, the tweezers arms separate, activating the alarm, which is loud enough to be heard over the sounds of conversation and appliances.

The AliMed door alarm sells for \$21. Visit www.alimed.com or call 800-225-2610 to order. ■



Caregiver Tip

Easing Mom or Dad Quietly—and Often—into the Bath

You may have noticed that reluctance to bathe is a real problem for your elder, especially if you're caring for someone with dementia.

Refusal to bathe is one of the biggest difficulties caregivers deal with on a regular basis. The biggest question is, "Why is this such a hassle?"

The so-called experts have a litany of reasons: embarrassment, frustration, believing that it's already been done, feeling chilled, and general crankiness are all possible answers. One of the things I rarely see mentioned is an extraordinary sensitivity to noise, although it can be so true.

We all know that people with dementia have difficulty processing information. Those with dementia are often also hypersensitive to sounds, which they can't filter according to importance. Being in a noisy environment can be painfully disturbing for

them—and a busy bathroom can be just that.

The next time you are in the bathroom, turn on the bath or shower water. Do you have to raise your voice to be heard above the noise of the running water? If the room isn't carpeted, is there an echo in the room? Running water, raised voices and sound reverberation can be excruciating and terrifying for someone with dementia.

(Parenthetically, I can only imagine what some tiled nursing home bath/shower rooms must sound like to someone who's hypersensitive.)

If your elder usually bathes in the shower or on a stool or bath bench, invest in a hand-held shower wand that permits you to control the flow of water from the shower head. Leave the water "off" except when you need it. This will reduce the shower noise. Try ear plugs, if your elder will tolerate them. If ear plugs don't work,

try noise-muffling ear protectors (\$12.99 at Amazon right now). Remember to keep your voice low and soothing. Avoid playing the radio or anything else that creates extra noise in the bathroom.

If your elderly loved one is upset by the sound of water running over their head, try shampooing at the kitchen sink while they are fully dressed. You can purchase a rinse tray to make this easier at any beauty supply store, either locally or online.

Do anything you can to decrease bathroom "echo" by using washable wall, window and floor coverings that absorb noise. Lots of hanging fluffy towels also will help.

While there are no guarantees, a quieter and more peaceful room should make the experience more pleasant for everyone. ■

By Molly Shomer, MSSW, LMSW. Molly can be reached at molly@eldercareteam.com.

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The image shows the cover of the 'Caregiver's Home Companion' newsletter. The main headline is 'Alcohol and the Elderly: An All-too-Common Bond with Serious Consequences' by Paula McCrossin. Below the headline is a photo of two bottles of alcohol. To the right of the main article is a sidebar titled 'Spirituality to Help Easing Stress' with a photo of a person's hands. At the bottom of the cover, there is a 'Table of Contents' section listing various articles and their authors.