

Caregiver's

HOME COMPANION

Volume 7 Issue 1 | September 2008

www.caregivershome.com

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

Build Bridges Instead of Break Them

Saving Relationships Endangered by Caregiving

By Paula Sanders McCarron

Family caregivers pay a high price in meeting the physical, financial, and emotional demands of caring for an aging parent or spouse. But perhaps the highest price paid by caregivers is that of strained or fractured relationships with their own spouses, siblings, children, and co-workers.

"We have had caregivers say in returned questionnaires that they are now divorced and attribute their divorce to caregiving...and they were unaware of deteriorating relationships while it was happening," says Dale Lund, PhD and director of the University of Utah Gerontology Center.

It's not only marriages that suffer. Lund says, "Children who live in caregiving households also experience neglect because their mothers and fathers are dedicated to being heroic caregivers to their



own parents. The result is fewer family meals together, reduced privacy, fewer family outings and functions, and reduced family vacations."

"Time and money become identified as the issues causing family stress, but the real issues are deeper than that," says

Loren Gelberg-Goff, a licensed social worker in private practice in River Edge, New Jersey.

"There may be complaints that the caregiver is neglecting home responsibilities such as shopping, housework or doing homework with the kids" says Goff. "But especially for men, the message is really 'I miss you' and 'I need you'."

Divorce statistics provide stark evidence on the impact that caregiver stress and illness can have on a marriage.

While more than 50% of American marriages end in divorce, the divorce rate for those receiving care for "invisible" chronic conditions such as rheumatoid arthritis, Crohn's disease, diabetes, and fibromyalgia is estimated to be as high as 75%.

And while individuals dealing with breast cancer or multiple sclerosis are at no higher risk for divorce than other married

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Online: \$19.95 per year (U.S.)

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Caregiver's Home Companion
is published monthly by:
Pederson Publishing, Inc.
P.O. Box 693,
Southport, CT 06890-0693

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"Grief, guilt, and gripes are the three G forces that caregivers have to cope with" in holding relationships together.

— Deborah Newquist, caregiving expert

Saving Relationships Endangered by Caregiving *Continued from page 1*

people in the United States, those with spinal cord injuries are more likely to experience divorce than their healthy counterparts. In the end, caregiving in stressful health care situations clearly takes its toll.

As the majority of family caregiving falls to working women, it is often women who find themselves especially challenged on how to care for their aging or ill loved one, their families, their marriages, themselves and their jobs—all at the same time.

In a study released by the MetLife Foundation, 50% of caregivers said they had less time for families and friends than before taking on their caregiving responsibilities. About 44% also report having given up on vacations, hobbies, or social activities.

While some workplaces offer employee assistance programs or paid leave or have the means whereby co-workers can donate their own paid leave to another employee, the number of caregivers who take advantage of such programs is startlingly low. Just 47% of caregivers surveyed said they only sometimes asked supervisors, management, or co-workers for help or support in meeting caregiving responsibilities, while 36% said they never sought help from workplace colleagues.

"If you think you're stressed and overwhelmed but no one else notices, then the truth of the matter is you're lying to yourself," says Goff. "It's critical to take control over what you can."

"Recognition, praise, love, or feelings of self-esteem are often the reward for caregiving and are well-deserved," says Goff. But those positive feelings can sometimes blind a caregiver to the fact that he or she is neglecting others.

Some of the tell-tale warning signs of relationship risk include:

- Complaints from family members or co-workers that the caregiver is not present or has emotionally disengaged from family, work or social life
- Feelings of guilt or of being stretched too thin
- Changes in sleep patterns
- Feeling more tired or anxious
- Feelings of anger or resentment
- Feeling that no one cares as much as you do

FINDING RELATIONSHIP HELP

The risk of relationship loss is great during times of caregiving, but there are resources available to help you through the difficult times. Here are a few:

Online:

National Family Caregiver Alliance: Caregiving and Sibling Relationships: Challenges and Opportunities, www.caregiver.org/caregiver/jsp/content_node.jsp?nodeid=868

Home Instead Senior Care: Signs that Spousal Caregiving Is Becoming Too Risky, www.caregiverstress.com/spousal.html

Medical College of Wisconsin: With Alzheimer's, The Caregiver is a Patient Too, <http://healthlink.mcw.edu/article/1031002313.html>

Well Spouse: general resources, conferences, online news and support, www.wellspouse.org

Books:

MayDay! Asking for Help in Times of Need, by M. Nora Klaver, McGraw Hill Publishing, 2007

Caregiving: The Spiritual Journey of Love, Loss, and Renewal, by Beth Witrogen McLeod, Wiley, 2000

Caring for Yourself While Caring for Your Aging Parents: How to Help, How to Survive, Claire Berman, Henry Holt and Company, Inc., 1996, 2001

Deborah Newquist, director of geriatric services for ResCare, Inc., in Louisville, and past president of the National Association of Professional Geriatric Care Managers, feels caregivers must sooner or later answer this inward-looking question: "How much do you give as a caregiver?"

"Caregiving requires role changes, and each change creates stress," says Newquist.

In addition to role changes, many other stressors are lurking, including tension between members of blended families, favoritism between siblings, resentment of non-helping family members, lost work time including reductions in pay and benefits. Then there are the core questions of how much financial assistance can be given when caregivers are lagging in meeting their own needs, planning for the education of their own children and their own retirement.

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Deciding in Advance

What Are Advance Directives and Why Do You Need Them?

By Kelly D. Morris

Theodora Powell was 87 when she tripped and fell down the basement steps of her Florence, Kentucky, home. Her daughter Jeanne found her lying on the floor several hours later and called 911. Theodora was rushed to the hospital, where her five grown children gathered to hear news of her condition.

The news was grim. Theodora had bleeding on her brain. The only way to relieve the pressure on the brain was surgery, but due to her age, high blood pressure, and other health problems, Theodora could not survive the surgery.

Without surgery, she would almost certainly not recover. In fact, she would likely die in a few days, but it would be a peaceful death because she was not in any pain. The doctors explained that they could insert a feeding tube to keep Theodora alive a little longer, but it would just prolong the inevitable.

Jeanne and her sister Carla wanted to just let nature take its course. They were certain that Mom would not want to be kept alive in this state, incontinent, unaware of what was going on around her. But Theodora's other children wanted the doctors to do everything possible for their mother.

As a result, and because Theodora had never talked about what she would want done in this sort of situation, her children could not come to an agreement. And so a feeding tube was inserted.

A very important but usually very simple document called an advance directive would have made this situation go much more smoothly for Theodora and her family.

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.

What Is an Advance Directive?

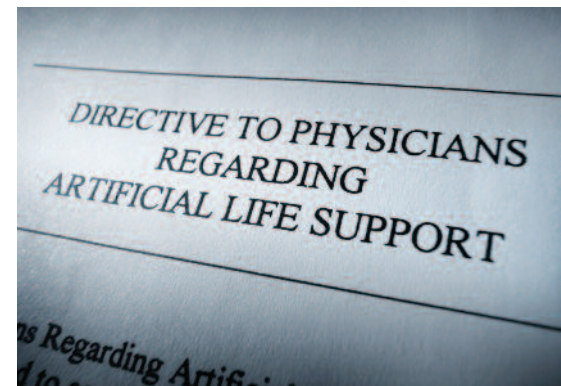
An advance directive is a signed statement that allows you to specify your wishes in advance of a health crisis, in case there comes a time when you are not able to speak for yourself. There are several types of advance directives. You can have one or all of them:

- A Living Will specifies what kind of medical treatment you do and do not want if you are unable to talk for yourself, for instance if you are in a coma or permanently unconscious, like Theodora. It specifies whether you would like to be kept alive on a respirator or if you would like to be fed artificially, such as by a feeding tube.
- A Durable Power of Attorney names someone other than yourself to manage your finances if you are not able to do so for yourself.
- A Durable Power of Attorney for Health Care names someone other than yourself to make medical decisions for you if you are not able to make decisions for yourself.
- A DNR (Do Not Resuscitate) Order states that you do not want CPR or other measures to resuscitate you, if you stop breathing and your heart stops beating. This is generally used for people with terminal medical conditions.

How Advance Directives Can Help

Having an advance directive allows your loved ones to make their wishes known—and recorded. They are able to direct the course of their care in advance. Had Theodora made out an advance directive, her children and her doctor would have known what she would have wanted done in her situation. A Living Will would have specified whether she wanted life-sustaining treatment, including artificial nutrition, under these conditions.

Advance directives can also spare loved ones from anguishing while making difficult decisions about treatment of a loved one during stressful times. It can eliminate some disagreement, such as occurred among Theodora's children. A Durable Power of Attorney for Health Care would have designated someone to make health care decisions for her when she was unable to make them for herself.



Talking About Advance Directives

Spelling out what should or should not be done in the most dire medical circumstances is a sensitive topic, at the very least, and we are often hesitant to bring it up. We don't like to think about what will happen when Mom and Dad are no longer able to care for themselves, and we are sure they don't want to think about it either. But the truth is, they almost surely have thought about it and worried about it. Talking about it can be a relief.

Let them know you read an article about advance directives and want to know what they would want done if they were unable to make decisions for themselves. Listen carefully to their preferences. Then suggest they put it in writing—and sign and date it.

Mom and Dad may have some

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Fighting Back with Diet and Activity

Avoiding the Crippling Grip of Osteoporosis

By Lori Zanteson

Osteoporosis is having a bone-brittling and devastating effect on the U.S. population—both women and men—and is a daily way of life or serious threat to more than half of all Americans over age 50.

With 10 million older adults estimated to have the disease and 34 million others identified by the National Osteoporosis Foundation (NOF) as having low bone mass, placing them at high risk for developing osteoporosis, the condition has become a major national health threat.

Almost insidiously, this condition—known casually as “brittle bone disease” and the “silent disease”—displays no obvious symptoms until it is advanced. It painlessly attacks bone tissue, breaking down bone mass, making bones porous, brittle, and fragile. If not prevented or left untreated, osteoporosis progressively deteriorates bone until it breaks, especially in the hip, spine, and wrist, though any bone is at risk.

For caregivers, the grim and often tragic reality is that their loved ones’ quality of life is lessened by osteoporosis-related fractures. As devastating as today’s picture is, the situation is expected to worsen. In fact, NOF says 50% of all women and 25% of all men over age 50 today will suffer an osteoporosis-related fracture in their remaining lifetime and the total number of fractures is expected to increase with multiple breaks.

Fighting Disease Naturally

With that dismal backdrop, we are fortunate that there are ways to prevent osteoporosis in our elderly—and to guard against it in ourselves. Good eating habits are directly connected to building healthy bones and are easily achieved with just a little attention and simple lifestyle changes.

For example, eating a rainbow of fruits and vegetables as a part of your diet

will support bone health, as will an active physical lifestyle. Aim for a minimum of five servings of a variety of fruits and vegetables each day and make an effort to include foods with calcium and vitamins D and K, which have extra strength to fight osteoporosis.

Getting enough calcium, the major fortifying component of bones, is one of the best ways to lessen the risk of osteoporosis. Calcium strengthens bones, which in turn makes us stronger and less likely to experience bone fractures. On the other hand, inadequate calcium intake speeds bone loss and the development of osteoporosis. Adults over age 50 should strive to get 1,200 milligrams of calcium each day and people over age 65 should get 1,500 mg.

Dairy Products Ideal Source

Dairy products such as non-fat and low-fat milk, cheese and yogurt are the best sources of calcium. Some foods may provide calcium, but they aren’t absorbed as well by the body. Dark, leafy vegetables, canned fish with bones, some nuts such as almonds, and soy products that are calcium-fortified are also good sources.

A calcium supplement is recommended for those who are lactose intolerant or for anyone who doesn’t eat three or more daily servings of calcium-rich foods. Calcium carbonate or calcium citrate are good choices, but more than 500-600 mg per dose won’t be absorbed by the body.

Also, be careful not to jeopardize calcium absorption by taking too much caffeine, alcohol, protein and sodium. These have all been associated with increasing the risk for osteoporosis because they hasten calcium excretion from the body.

After Osteoporosis Strikes

What about after osteoporosis strikes? Vitamin D has recently become a hot topic in osteoporosis treatment follow- ▶



OSTEOPOROSIS RISK FACTORS

The National Osteoporosis Foundation has compiled this checklist of circumstances that increase a person's risk of developing crippling osteoporosis:

- Being female
- Older age
- Family history of osteoporosis or broken bones
- Being small and thin
- Certain race/ethnicities such as Caucasian, Asian, or Hispanic/Latino although African Americans are also at risk
- History of broken bones
- Low sex hormones
- Low estrogen levels in women, including menopause
- Missing periods (amenorrhea)
- Low levels of testosterone and estrogen in men
- Diet
- Low calcium intake
- Low vitamin D intake
- Excessive intake of protein, sodium and caffeine
- Inactive lifestyle
- Smoking
- Alcohol abuse
- Certain medications such as steroid medications, some anticonvulsants and others
- Certain diseases and conditions such as anorexia nervosa, rheumatoid arthritis, gastrointestinal diseases and others.

50% of all women and 25% of all men over age 50 today will suffer an osteoporosis-related fracture in their remaining lifetime and the total number of fractures is expected to increase with multiple breaks.

Source: National Osteoporosis Foundation

ing research findings that vitamin D deficiency is prevalent in osteoporosis patients. In response, new data shows that an aggressive vitamin D treatment plan should be considered in the care of these patients. Vitamin D helps the absorption of calcium and prevents urinary calcium loss. In fact, without sufficient amounts of vitamin D, the body can't absorb enough calcium to meet the body's needs even when suggested calcium levels are met.

Vitamin D is synthesized in the skin when exposed to UVB rays from the sun, and it can also come from diet. People who live north of 37 degrees latitude get very few UVB rays between November and February, so they can't produce much vitamin D at that time of year. Also, using a sunscreen with SPF 8 will reduce vitamin D production by 95%.

The skin's ability to produce vitamin D decreases significantly with age, as well. Food and supplementation are more reliable ways to get the D your body needs. Older adults and those who avoid the sun should get 800 IU (International Units) each day.

One cup of vitamin D fortified milk each day is one of our best sources of this important vitamin. It supplies a quarter of the estimated daily need of vitamin D for adults. Dairy products made with milk are not generally fortified. Fatty fish and fish oils such as cod liver oil and vitamin D fortified cereals, breads, and crackers are other food options.

Vitamin K Can Help

Another natural vitamin—K—is little known, but it is quickly gaining a healthy bone reputation for its association with reduced fracture incidence and higher bone mineral density. Following vitamin K supplementation, a recent review of 13 studies found less bone loss and an 80% reduction in hip fractures. It also has been shown to influence osteocalcin, a protein needed to bind calcium to the bone matrix.

When studies tested the bone health

benefits of calcium, calcium plus vitamin D, and then calcium plus D and K, the latter had the best effect on osteoporosis. It has also been shown that people with osteoporosis have low levels of vitamin K, suggesting the source could help prevent the disease.

These findings are so strong that the American Medical Association suggests individuals at risk of fracture consume a diet rich in vitamin K. Current recommended intakes are 90 mg a day for women and 120 mg for men, but these reflect what the average American eats and not what the body needs. There is growing support for an increase in these recommendations.

Vitamin K is found in leafy green vegetables like lettuce, broccoli, Brussels sprouts, and vegetable oils, but the darkest greens like spinach, kale, and collards really pack the best punch. There are supplements for vitamin K as well in the form of multi-vitamins, some bone supplements, and single supplements up to 500 mg.

Eating a proper diet, maintaining good nutrition, and supplementing with natural vitamins will not only bring an overall well-being that affects all aspects of life, but it also will protect your quality of life and that of your loved one against the debilitating effects of osteoporosis. ■

RESOURCES:

National Osteoporosis Foundation, www.nof.org

National Institute of Arthritis and Musculoskeletal and Skin Diseases, www.niams.nih.gov/Health_Info/Bone/

Helpguide, www.helpguide.org/life/healthy_diet_osteoporosis.htm

USDA Nutrient Data Laboratory, www.nal.usda.gov/fnic/foodcomp/search/

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TIPS FOR GETTING ENOUGH CALCIUM

- Use low fat or fat free milk instead of water in recipes such as pancakes, mashed potatoes, pudding and instant, hot breakfast cereals.
- Blend a fruit smoothie made with low fat or fat free yogurt for breakfast.
- Sprinkle grated low fat or fat free cheese on salad, soup or pasta.
- Choose low fat or fat free milk instead of carbonated soft drinks.
- Serve raw fruits and vegetables with a low fat or fat free yogurt based dip.
- Create a vegetable stir-fry and toss in diced calcium-set tofu.
- Try a parfait with fruit and low fat or fat free yogurt.
- Complement your diet with calcium-fortified foods such as certain cereals, orange juice and soy beverages.

— Source: National Institutes of Health

COMING UP IN OCTOBER

- Home care for Mom or Dad can be an expensive proposition, and unless they have a long-term care insurance policy that provides coverage, which is not often the case, you may need to be creative to find sources to help pay the expenses. We'll help you down the path.
- There comes a time when your parent should hang up the car keys, but until that time comes, there are ways to make their continued driving safer – for themselves and others on the road. A look at innovations from automakers focused on an aging society, as well as common-sense steps you can take.
- Making the decision to move a loved one into a nursing home is emotional enough, and the last thing you need is the stress of dealing with a blizzard of legal paperwork that's part of the admissions process. A word to the wise: be careful what you sign!
- Your loved one seems to bruise so easily that it's a concern for both of you. But should it be, or is it just a visible side effect of aging? We'll sort through the reasons why bruises are more common among the elderly.

Keeping Loved Ones Independent

It All Comes Down to Mom's Mobility in the Home



By Melissa A. Goodwin

Editor's Note: Our four-part series, *Solutions for Keeping Loved Ones Independent*, explores the safety issues facing our aging loved ones in their own homes and suggests solutions for improving safety and mobility at home. In this, our final installment, we examine the broader picture of mobility at home and provide ideas for taking a planned approach to creating an accessible home environment that will help our loved ones "age in place."

The single biggest factor in determining whether Mom or Dad will be able to continue living independently is whether they live in a home environment that enables elder mobility. As important as it is to install safety features, such as grab bars in the bathroom or fire extinguishers in the kitchen, these items are useless if a loved one using a walker or wheelchair can't safely get down a thickly carpeted hallway, through a bathroom door that is too narrow or across a threshold that is too high.

As caregivers, we may have an idea of how well all this works together, but unless we're in Mom's or Dad's shoes and actually have to move as they move through their home, we can't really appreciate what they must deal with—and know what to change.

So, let's do just that—let's take a tour of a typical home, imagining that we must move through it using a walker or a wheelchair (or actually using one!). What obstacles will we encounter? What can be done to eliminate them? We'll answer those questions, and more, along the way.

Front Steps

Let's begin outside, at the foot of the front steps. Now imagine that you rely on a walker or a wheelchair to get around. How on earth will you get up those stairs? With a walker, it's a treacherous undertaking at best; with a wheelchair, it's downright impossible!

One solution is a ramp with an anti-slip surface and strong handrails. There are guidelines for determining the appropriate size and slope of a ramp, and specialty vendors or contractors with experience in accessible home modifications can help you get it right.

The ramp should have handrails that are at an appropriate height, firmly attached, with a surface that frail hands can easily grip.

The cost of ramps varies by material, size and width, with a 6-foot aluminum ramp ranging from \$250 to \$500, depending on where you live. Check out www.americanaccess.net, www.accessibleenvironments.net or www.medramps.com for examples of products and pricing.

Another option is a vertical porch or stair lift, which provides mobility in places where the long slope of a ramp may not be feasible. This is a more expensive solution, with the cost of a pre-fabricated lift beginning around \$3,000. You can view lift options for both indoor and outdoor use at www.vertical-platform-lifts.com and www.accessibleconstruction.com.

Doorways and Thresholds

So, let's assume you've got a ramp or lift that elevates you to the front door. Now, a new challenge awaits—will your wheelchair fit through the doorway? Will you be able to maneuver it up and over that raised threshold? Will you be able to turn the doorknob and hold the door open while maneuvering your walker or wheelchair through it?

An opening of 32 inches is the standard set by the Americans for Disabilities Act for allowing adequate wheelchair passage through a doorway. But don't panic! You may not need a construction project to enlarge a doorway that doesn't

measure up. First, try installing offset hinges that can add up to 1.5 inches of clearance—a major difference, in this case, for little cost and effort. Additionally, special hinges can be added that will hold the door open so you don't have to struggle. (A wide variety of hinges are available at hardware stores.)

Thresholds can be made wheelchair-friendly with the addition of a tapered rise. Depending on size, threshold ramps cost between \$60–\$200 and can be purchased from the same suppliers that sell ramps. Replacing doorknobs with levered handles will make opening doors easier, as well.

Hallways and Floors

Congratulations! You've made it inside the house! Now let's head down the hallway. But wait: is it wide enough for your wheelchair to pass? How will the wheelchair move over that plush wall-to-wall carpeting? Will your walker get tripped up on those pretty area rugs?

A hallway with a width of 36 inches will allow wheelchair passage, but a 48-inch width is preferred. If it's a tight squeeze, remove any and all furniture or clutter that impedes passage. Adding wall and corner bumpers will help prevent wear and tear from mobility devices moving through a narrow hallway.

Throughout the home, smooth floor surfaces, including low-nap carpeting, vinyl, hardwood and non-skid tile are the best options for safety and mobility.

Kitchen and Bathroom

Hooray! You've made it down the ▶

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hallway! Now let's see how easy it is to maneuver in the kitchen or bathroom. The obstacles you'll encounter in these two rooms are similar, as are the solutions for overcoming them.

Tight spaces like those found in bathrooms and kitchens are major impediments to mobility for those using a walker or wheelchair. Making a 180-degree turn in a wheelchair requires at least 48 inches of free space. In bathrooms and kitchens, built-in cabinetry reduce free space, so installing sinks and workstations without cabinetry below them is a solution that allows extra turning room as well as the ability to roll in closer to the sink or underneath a counter.

In the bathroom, strategically placed grab bars are a must. A sturdy shower or tub seat for bathing and handheld showerheads are easy solutions that make bathing more accessible.

For the longer term, installing a wheel-in shower is a more costly solution, but one that makes bathing much easier. (See our article, *Helping Mom and Dad Navigate the Bathroom*, April 2008, for a full discussion of bathroom safety and accessibility.)

Saving Relationships Endangered by Caregiving *Continued from page 2*

"Grief, guilt, and gripes are the three G forces that caregivers have to cope with," says Newquist. "For example, your mother needs help, but how much help is needed may be a source of disagreement. Even if you and your family members agree that help is needed, then you need to ask: What is the best way to address this?"

Loren Gelberg-Goff offers four guidelines for caregivers to navigate through the daily decisions that come with caregiving. She says, "I've learned this because I've lived it professionally and personally. My husband has been disabled for the past 10 years, I have a daughter who just graduated from college, and my son is in high school."

Here are Goff's guidelines:

- Speak honestly and with compassion
- Take nothing personally
- Make no assumptions
- In every situation, try to do the best you can and realize that your best on any given day, or to any particular

Where to Begin?

It's not that easy to get around the average house with a walker or a wheelchair, is it? But you don't have to dive into making changes all at once. Start with the simple ones, like installing offset door hinges, levered door handles and threshold ramps. Take on smaller renovation projects first, such as putting a pedestal sink in the bathroom, changing out the faucets, installing grab bars and creating open closet and cabinet storage in the kitchen. Over time, you can consider larger projects such as full bathroom and kitchen renovations, or the installation of ramps or vertical lifts.

Thinking about all these potential changes may seem overwhelming at first, but taking a proactive approach can make it more manageable. Not only that, but developing a plan early on will allow you to distribute the cost of renovations over time.

And, finally, for those of you who might have snickered at the idea of literally navigating your parent's home as they would, trust me—it works, and works well, and gives you unmatched insight into what needs to be done and how best to prioritize the work. ■

situation, is subject to change.

Beyond learning to better manage one's own response and emotions to caregiving, caregivers can take advantage of support groups, use respite services or seek help from their employee assistance staff or human resources office at their job.

Goff says one of the best strategies is to talk about caregiving concerns and strategies before encountering a crisis. "But few of those conversations happen between spouses and even fewer occur between siblings," she says.

While working on relationships may indeed be additional work for the caregiver, Goff encourages caregivers to invest energy and time into self-care as well as maintaining relationships with spouses, siblings, children, co-workers, and friends.

"After all, when caregiving comes to an end," Goff says. "You really don't want to be left facing a void of lost relationships." ■

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What Are Advance Directives and Why Do You Need Them? *Continued from page 3*

concerns about advance directives. They may worry that giving someone Power of Attorney will allow that person to control their money. It won't automatically; the Power of Attorney only goes into effect if they are no longer able to make decisions for themselves. They can talk to an elder law attorney to get all of their questions answered.

While you're talking about directives, it can be a good time to talk about other wishes as well. Advance directives don't cover matters like whether Mom or Dad would want to be cared for at home or in a nursing home, what they would like done with their possessions, or what kind of funeral service they would like to have. These are things they might like to talk about, though.

Preparing Advance Directives

Advance directives must be prepared while a person is mentally competent. Don't wait until Dad is diagnosed with Alzheimer's disease to broach the subject. Talk about it while Mom and Dad are healthy; don't wait until it's too late.

Advance directives are legal documents. It's not enough to just talk about them. You need the paperwork. That eliminates any room for disagreement. And in some cases, doctors feel they must do everything medically possible for a patient unless there is a Living Will stating otherwise.

You can have a lawyer draw up the papers for you. It should cost around \$200 or \$300. You can also find forms online, which you can download for free, fill out yourself, and get notarized. The do-it-yourself forms will be perfectly legal once notarized.

Mom and Dad's doctors should all have copies of their advance directives. Each time they are admitted to the hospital, they should take a copy with them. Family members should have copies, as well.

Anyone over the age of 18 can write an advance directive, and while often only the elderly or the terminally ill have them, experts say everyone should. You never know when an accident or sudden illness will occur. So, while you're helping Mom or Dad with theirs, take the time to do your own, as well. ■

Caregiver Tip

Getting the Smell of Urine Out of Clothing and Bedding

As much as we'd like to avoid this issue, getting the urine smell out of clothing and bedding is something most of us caregivers will have to deal with at least occasionally. The most important trick is to get to it just as soon as possible and not to let it dry.

Be sure to keep a waterproof mattress cover on the bed and any place where someone with continence problems may sit. It's a lot easier to get urine out of something washable than out of a mattress or upholstered chair.

If your elder has an accident, there's no point in making a fuss. Help them get changed as soon as it's practical and rinse the soiled clothing in cold water. If you don't have time to deal with the soiled items right away, wrap everything tightly

in a plastic bag so the urine doesn't dry into the cloth. Then get to them just as soon as you can.

After you've rinsed the clothing or bedding, toss everything into the washer with the usual amount of your detergent and a cup of Borax (a full cup for a full load, half a cup for a short load). Wash on the heavy-duty cycle in COLD water (hot or warm water can intensify the smell). Depending on the size of the load, add a half to a full cup of white vinegar to the cold rinse cycle.

Before drying anything that has been urine-soaked, give it a sniff. If you still smell urine, wash and rinse again with Borax and vinegar before drying.

Don't substitute ammonia for the vinegar; that would be adding ammonia

to ammonia. Not useful!

It's best if you can dry these items in the sun. Sunshine and a brisk breeze will help eliminate any residual odor. If using a dryer, avoid the "hot" setting. The vinegar in the rinse cycle will have had a fabric-softening effect. Avoid adding scented dryer sheets or anything else with fragrance to the dryer—you're trying to remove odors, not add to or mask what's already there.

While some fabrics are harder to get clean-smelling, using this method should get the urine smell out of most clothing or bedding. ■

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The image shows the cover of the 'February 2013' issue of 'Caregiver's Home Companion'. The main headline is 'Alcohol and the Elderly: An All-too-Common Bond with Serious Consequences' by Paula McCarron. The cover includes a photo of two bottles of alcohol. Below the headline, there are several teasers for other articles: '3 Inside This Issue', '4 Spirituality to Ease Grief', '6 Making the Most of Your Health', and '7 The Top 10 Things You Need to Know About Living with Dementia'. On the right side of the cover, there is a sidebar titled 'Spirituality to Ease Grieving Stress' with a photo of a person. At the bottom right, there is a small text box with a quote: 'I have been blessed to have a caregiver who has helped me through the most difficult time of my life... I am grateful for her help and support.' The footer of the cover reads 'Caregiver's Home Companion | Issue # 2'.