

Caregiver's

HOME COMPANION

Volume 7 Issue 3 | November 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

Not Just Kid Stuff

Vaccinations Against Illness Important in Old Age Too

By Lori Zanteson

Contrary to popular belief, vaccinations are not just for kids. The cold, hard fact is that literally thousands of illnesses and deaths among adults could be prevented each year, if more Americans were immunized.

The problem starts with a lack of knowledge: a survey by the federal Centers for Disease Control and Prevention (CDC) last summer suggests that many of us don't even know adult vaccinations exist. The only one most of the 7,000 people surveyed could name was the flu shot. Vaccinations are especially important for seniors, caregivers to the elderly, and those who come into contact with them. Taking this one simple, preventive step can protect you and your loved ones.

The nation's leading public health experts stress the importance of getting vaccinated. Often glossed over as kid stuff, they are equally and sometimes more vital to older adults. The immune system weakens as we age, making our bodies less

effective at naturally warding off and fighting illness. In addition, older adults are more likely to have existing health conditions, which put them at higher risk for more serious illness and death.

Still, in the face of this reality, too many older adults do not protect themselves. The death rate for influenza and pneumonia, for example, increases sharply with age. Each year, about 90% of the estimated 36,000 people who die from flu-related causes in the United States are age 65 or older. Yet, only 72%

WHY MOM WON'T GET A SHOT

Unfortunately, it seems there are many reasons why seniors may not get much-needed vaccinations. Among them:

- unaware of the importance
- afraid of contracting the disease
- afraid of vaccination side effects
- perceive themselves to be in good health
- can't afford it



of this group received the flu shot last year and only 57% had ever received the pneumococcal vaccination. The government's announced goal is to vaccinate 90% of this age group by 2010 for all recommended vaccinations.

Carrie Anne, from Portland, Maine, says her 91-year-old mother refuses to get a flu or pneumonia shot, even though her doctor recommends it. She says that about four years ago, her mother was diagnosed with pneumonia and spent six days in the hospital. "Believe it or not, to this day she says that she didn't have pneumonia," Carrie Anne said. "Talk about being stubborn!"

Being stubborn is just one of several ►

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Print: \$34.95 one year (U.S.)
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Online: \$22.95 one year (U.S.)
\$42.95 two years (U.S.)

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Editor and Publisher
Chris Pederson

Marketing Director
Shelly Harvey

Strategic Business Development
Director
Karen B. Knowles

Custom Publishing & Operations
Director
Robert G. Whitton

Art Director
Laura D. Campbell

Webmaster
NOW Interactive Solutions
webmaster@caregivershome.com

Mail

Caregiver's Home Companion
P.O. Box 693
Southport, CT 06890-0693

Phones

Subscriptions & Customer Service:
(877) 259-1977

Advertising & Sales: (203) 254-3538

Administration & Editorial:
(203) 254-3538

Custom Publishing: (203) 438-0810

e-mail Inquiries:

editor@caregivershome.com

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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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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.

As we age, our immune system weakens. This makes us more vulnerable to infection and also reduces our ability to respond to vaccinations. Studies have challenged the effectiveness of flu and other vaccines in older adults, yet they are still highly recommended and can be life saving—especially for this age group.

Vaccinations *Continued from page 1*

reasons older adults are not keeping up on their vaccinations. Some, as mentioned, are unaware that they even need to be vaccinated, while others believe that because they are in good health they don't need vaccinations. Many seniors fear they will contract the very disease the vaccine protects against, and they are also concerned about side effects. High cost is yet another obstacle that stands between many seniors getting their vaccinations.

Rosie, who lives in Brisbane, Australia, says she has no tolerance for those who balk at vaccinations like the flu shot, saying it will give you the flu. She says, "I reckon if a person refuses to have the shots, then so be it, they can take the risk. I've had pneumonia once. I now have the shot, and I can tell you the shot is a darn sight more pleasant than pneumonia."

The very real risk of spreading disease to her elderly parent is another reason for Rosie and others of caregiving age to vaccinate. The CDC recommends flu shots for those at high risk of complications from the flu, and urges those who live with or care for someone at high risk to get vaccinated early. Anyone who comes into contact with the elderly—such as health care workers, caregivers, and children—should be vaccinated, because illness could be spread to them.

As we age, our immune system weakens. This makes us more vulnerable to infection and also reduces our ability to respond to vaccinations. Studies have challenged the effectiveness of flu and other vaccines in older adults, yet they are still highly recommended and can be life saving—especially for this age group. Dr. Ann Falsey, an infectious disease specialist at the University of Rochester School of Medicine in Rochester, New York, says, "Without a doubt, the influenza vaccine, as it is today, is beneficial for everyone, including older adults, and we strongly encourage every older person, and every person with a chronic illness, to get vaccinated."

Researchers are listening to these concerns and making efforts to improve vaccinations for the older population. Last month, Falsey presented the results of a study to improve the effectiveness of the flu vaccination on older adults by increasing its dose of antibodies. The results are

**RECOMMENDED VACCINATIONS
FOR SENIORS**

- **Influenza (flu):** annual shot covered by Medicare and free in many places. Go to www.findaflushot.com for locations.
- **Pneumococcal (pneumonia):** one-time shot covered by Medicare.
- **Herpes Zoster (shingles):** one dose covered by certain Medicare plans. If not covered, cost is between \$150 and \$250.
- **Td/Tdap (tetanus, diphtheria, pertussis):** one dose, Td booster every 10 years. Not covered by Medicare, cost is under \$75.

Other vaccinations may be recommended depending on where your loved one lives, their health and lifestyle, and if they plan to travel internationally.

very encouraging, showing increased protection in the most vulnerable individuals who had the lowest existing protective antibodies. Even more encouraging is seeing that researchers are making efforts to improve quality of life for seniors.

Though the CDC recommends the pneumococcal vaccine for all Americans 65 and older, as well as those with chronic ailments such as heart disease, it is often challenged. The controversy is that, like the flu shot, it is difficult to know if the vaccination actually decreases the risk of pneumonia. There have been cases where patients contracted the disease even though they had received the vaccination, but studies show that any post-vaccination illness will be less severe than if no vaccination was received.

A study in Canada suggests that the pneumococcal vaccine cuts the risk of heart attack by 50% two years later. This is actually consistent with a two-year-old study showing that those who received the vaccine were 40% to 70% less likely to die than those who were not vaccinated. There were also lower rates of heart attack, kidney failure, and other problems in the vaccinated group. Dr. David Fisman, of the Ontario Public Health Laboratories in Canada, who reported the study findings last month, said, "The important take-home message is that pneumococcal

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A Life Up in Smoke

Is Quitting Only a Pipe Dream for Elderly Smokers?

By Paula Sanders McCarron

For late-life smokers and family caregivers who are concerned about them, here is the good news: First, it's never too late to quit. Second, quitting smoking reaps health benefits no matter when one quits smoking—and almost immediately.

But the “good news” is tempered with the hard reality that nicotine is a highly addictive substance, making quitting a very difficult task—even in view of the fact that cigarettes contain more than 4,000 chemicals, many of which are highly toxic and some of which increase the risk for cancer.

Julia Cartwright, senior vice president of communications for the American Legacy Foundation, a collaborative effort of national health organizations, 14 states, various non-profits, foundations and corporations dedicated to helping people to stop smoking, has seen the impact of smoking within her own family.

“Both my mother and father began smoking in the 1930's and 40's,” she recalled. “My father started at age 14 and smoked right up to his death at 80 years of age. He smoked despite having a diagnosis of chronic obstructive pulmonary disease (COPD) and vocal chord cancer. Even when he said he had quit, we knew he still smoked. You could smell it on his clothes and in the bathroom where he'd smoke with the window open.”

Caregivers Affected Too

But the problem of smoking goes beyond its effect on the smoker's health and extends to the entire family, as Kathleen Comunetti, a family caregiver can attest. Comunetti and her family moved to Southern California to lend a helping hand to her aging, ailing mother. Now five years later, Comunetti says, “I can honestly say I never expected it to be this

long, and the price we're paying in terms of getting on with our own lives is exponentially higher than I ever expected it would be.”

Like Cartwright, Comunetti grew up in a household with two chain-smoking parents. Her mother's smoking began when she was an Army nurse in WWII and was supplied with free cigarettes.

Comunetti says even as a child that she felt sick constantly due to her exposure to smoke in the home. With a history of asthma, Comunetti says her worst attacks are those triggered by cigarette smoke.

Caregivers like Comunetti who are exposed to secondhand smoke have reason to be concerned. Studies show there is no safe level for exposure to second hand smoke. Individuals exposed to second-hand smoke are at the same risk as smokers for heart disease, lung disease, cancer, and cardiovascular disease.

Smoking Seniors Can Influence Kids

Comunetti is fully aware of the bitter irony of her situation. She was at first concerned about her mother's health, but now sees the risks not only to her own health and her husband's but especially that of her three sons.

“All of my sons have been attracted to smoking since a young age,” she said. “But having lived with their grandmother has made it much easier for them to get cigarettes, and it's going to make it much harder to encourage them to quit.”

Attempts to elicit cooperation from her mother in setting “no smoking” zones in the home have proven to be unsuccessful. She says, “We've tried confining the smoking to her bedroom, using fans, closing doors, but the fact remains that we're living in her home and she does what she wants because it is her house.”

When smokers have been smoking



for decades, is it really possible to kick the habit?

All evidence points to the fact that older smokers have as much chance as anyone else to become ex-smokers. According to Cartwright, the typical ex-smoker has made an average of eight to 10 attempts at quitting before succeeding. And older adults seem to have very good results when they use “telephone quit lines” combined with use of a smoking cessation aide, such as nicotine gum, patches, or lozenges.

Considering Their Future

Dr. Paul Cincirpini, deputy chair of the Tobacco Research and Treatment Program of M.D. Anderson Cancer Center of Houston, says late-life smokers might chal-

continues on page 5

READY TO QUIT?

If you or your loved one need help quitting smoking, check out these resources:

1-800-QUIT. A free telephone hotline offering “coaches” and help in developing an effective and realistic plan to quit smoking. Sponsored by the US Department of Health and Human Services.

Become an EX. Sponsored by the American Legacy Foundation and the National Alliance for Tobacco Cessation, EX offers an online resource where smokers can build a personal plan to quit smoking as well as join support groups offered via the EX website at www.becomeanex.org.

Nicotine Anonymous (NA). Modeled after Alcoholics Anonymous, this is a free program for those seeking nicotine-free lives, including those using cessation programs and nicotine withdrawal aids. Call toll free (877) 879-6422 or visit www.nicotine-anonymous.org.

Caregiving Gadgets and Gizmos

Highlighting Senior Safety Plus Mental and Physical Exercise

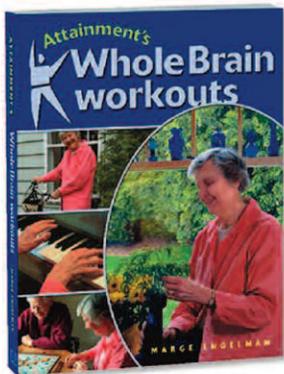
By Kelly D. Morris

This month we are reviewing a number of gadgets and gizmos that seniors and their family caregivers have found useful. Based on their experience and input to us, we want to pass along these innovations to you.

You'll see that whether your elderly loved one needs to exercise their brain or their body, we've identified some useful tools for them. We also have equipment to help your loved ones move about more safely and remember to take their meds on time—all for a safer and healthier life for them, and peace of mind for you.

We welcome your feedback about these items. We also welcome your suggestions for what's worked well for you in caregiving. If there is an item you think we should review, or if there is a need you're looking for a solution for, let us know and we'll see what we can find.

Workout for Your Brain



Just as your body needs regular exercise, so does your brain. The old saying, "use it or lose it" applies to your mind, as well as your muscles. The book *Whole Brain Workouts*, by Mary Engleman, Elizabeth Ragsdale, and Tom Kinney, will help keep your mind sharp with 125 challenging activities, including brain teasers, puzzles, and optical illusions. The varied activities are designed to exercise different parts of the brain, help improve memory, and stimulate creative thought processes.

While these exercises are fun for seniors to tackle alone, you can also join in

and do them together. Some are even suitable for grandchildren to participate in the fun. In addition to providing a mental workout, this book can provide opportunities for social interaction, which many elderly crave.

The book normally retails for \$34.95, but you can find it at Amazon.com for as little as \$25.



The Vitalizer

The Vitalizer is a passive exercise machine. What does that mean? It's a machine that does the work for you. It won't help you lose weight and it's not a cardiovascular exercise, but it will give your body a gentle stretch that can help with knee pain, back pain, and hip pain.

The Vitalizer is also a great exerciser for those who are unable to move around much and exercise on their own. It can be used as part of a comprehensive physical therapy program (talk to your loved one's physical therapist or doctor about that).

Here's how it works. You lie on your back on a firm surface and place your ankles on a foot rest. Turn on the machine with a hand control, and the foot rest begins to briskly swing your ankles back and forth. You can adjust the speed to your own comfort level. You'll feel a gentle stretch through your legs, hips, and back. However, there will be no stress or



impact on your joints.

The Vitalizer is available from First Street for Boomers and Beyond. It retails for \$249. You can call 800-704-1209 to order, or visit their website at www.firststreetonline.com.

AquaJogger Buoyancy Belt

Working out in the water is recommended for those with arthritis, bad knees, hip replacements, and bad backs, among other conditions. It provides a low impact workout without placing stress on the joints. The AquaJogger Buoyancy Belt suspends you vertically in the water at shoulder level, allowing you to exercise with ease. Your hair even stays dry!

The AquaJogger works well for water aerobics and other water exercises. It is suitable for those of all fitness levels, and is fun to use. For the elderly, it also provides a sense of security in the water. There's no reason you and your parent couldn't each use an AquaJogger and work out together.

An AquaJogger will cost you about \$50, depending on the model you select. You can also opt to purchase a kit that includes wrist and ankle weights for a more complete workout. The kit also comes with a DVD showing you some suggested exercises. You can order online at www.aquajogger.com or by calling 800-922-9544.

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.



FULL OUT TRAY, MAGAZINE RACK AND CUBBY



SAFELY MOVE IN AND OUT OF BED

Ultimate Bed Rail and Tray

The Ultimate Bed Rail and Tray is a two-in-one goodie for those who need a little help getting out of bed. It has a short bed rail that fits onto any bed. It's not designed to keep someone from falling out of bed, but rather serves as a "handle" to grasp when getting in or out of bed.

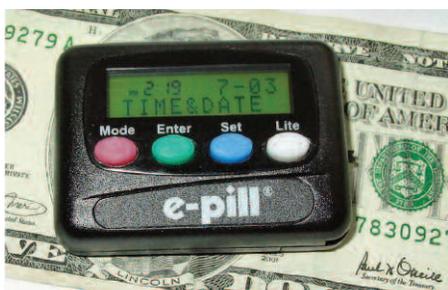
Getting out of bed can be tricky for the elderly, who may be unsteady on their feet. In fact, the National Safety Council reports that falls from bed are the second leading cause of death from injury among people 65 and older. And most of these falls are not caused by people *falling out of bed*, but by people *getting out of bed*.

The thing that makes this bed rail unique is the tray feature. The tray pivots out of the way when the rail is being used to hold onto, then pivots back in place when you want to use the tray surface. It comes in handy for holding items that your loved one might need during the night, so they won't need to try to get out of bed.

The Ultimate Bed Rail and Tray is manufactured by Stander. You can visit them online at www.stander.com or call 435-755-0453 to find a retailer near you.

12 Alarm Vibrating Pill Pager

You may have noticed that we often feature gizmos that make taking medications



easier and more convenient. That's because it's so important to remember your meds and to take them on time. The 12 Alarm Vibrating Pager will help you do just that.

The pager fits in a purse or pocket, or clips onto a belt. It runs on a single AAA battery. You can program it to alert you up to 12 times each day, meeting most pill schedules for even the more prescription-intensive seniors.

The device can be set to vibrate or beep, making it friendly for those who are hearing impaired or visually impaired. The alarm settings are flexible, allowing you to set the duration and strength of the alarms.

The 12 Alarm Vibrating Pager retails for \$89. You can order it by calling 800-549-0095 or by visiting their website at www.epill.com. ■

COMING UP IN DECEMBER

- Pain is a constant companion for many of our elderly, who either must learn to deal with it or succumb to its debilitating control. We'll help you recognize your loved one's pain and possible cause, even when they don't talk about it, and give you tips on helping them deal with it.
- Acid reflux, known as GERD, is an annoying condition, increasingly diagnosed in seniors and common among middle-aged caregivers, that disrupts sleep and even masquerades as severe chest pain or a persistent cough. Can you recognize it? We'll help.
- There are many aspects of helping loved ones continue to live independently, not the least of which is seeing that their home is properly stocked – from kitchen to bathroom and every other room in the house. A look at ways you can assure Mom and Dad are well-supplied with the daily essentials.
- The medical community watches us closely as we age for signs of sleep apnea. What is it, and what's behind one study that says the often-dangerous condition showed that elderly sleep apnea sufferers may live longer?

Quitting Smoking *Continued from page 3*

challenge themselves by these three thoughts:

1. Ask yourself: How do I want to spend the last 10 years of my life?
2. Acknowledge that your quality of life will improve when the guilt and cost of smoking are no longer issues in your life.
3. It's proven that ex-smokers reduce their risk of complications with health problems, new or existing.

Cincirpini says caregivers should not underestimate the addictive power of nicotine, and he also points out that smokers are more prone to have a history of depression, anxiety disorder or substance abuse than non-smokers.

"Nicotine is a psycho-active drug that affects the neurotransmitters that modulate our moods," he said. "That's one reason why quitting is so difficult without some use of nicotine replacement therapy. But when people attempt to quit smoking, they are giving themselves an opportunity to learn how to become a non-smoker, and their chances will be better if withdrawal from nicotine is managed."

Medical-Family Teamwork Helps

Cincirpini advises smokers to talk with their primary physician about the health risks or benefits related to use of nicotine therapy aides or medications, if an individual is using insulin, anti-asthmatics or Coumadin (warfarin).

Cincirpini says family members can make a positive contribution to helping a loved one to quit smoking through exposing smokers to the opportunities and tools available to quit. Those opportunities and tools include use of hotlines, support groups, and nicotine replacement aides.

While it may not be easy to find the balance between being supportive and being a nagging presence when it comes to the issue of a loved one's smoking, Cartwright offers this advice: "Caregivers who want to help a family member need to avoid making attributions of blame, anger or fault. It's very hard to avoid assigning blame and being angry, but those very feelings will put caregivers at risk for not being able to provide optimal care." ■

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.

When a Loved One Enters a Nursing Home

Understanding Your Role as Advocate

By Rachel Davidson

Despite the difficulty of caring for her wheelchair-bound husband suffering from advanced Alzheimer's disease, Joanne Simonson never planned on having her husband enter a nursing home.

"Frank can't say what he wants anymore, but I understand him," Simonson, of Reedsburg, Wisconsin, explains. "Strangers wouldn't know what he was trying to say." However, when Simonson's back started giving her serious problems, her doctor warned her, "If you continue taking care of Frank, he won't be the only one in a wheelchair."

When Barbara Meltzer realized her mother couldn't live alone anymore, she never considered having her move in with her in Los Angeles. Meltzer says, "I work all day. If she lived with me, she'd be alone. She's better off in a facility where she's surrounded by other people and has activities available to her all day."

Whatever the reason for your loved one's placement, remember: you have not abandoned her. While your responsibility of being the moment-by-moment overseer of her caregiving stops, your love and concern doesn't. You can now become her advocate by bridging the gap between her and both the nursing home and the community.

When You Visit

When determining how often to visit your loved one after she enters a nursing facility, consider that she may be there several years. Are you sure it's practical to visit every day? How often did you see her before? Too frequent visits, especially in the beginning, may interfere with her settling into the home's routine. She also

may not develop friendships with other residents or become involved in the facility's activities, if she knows you're going to be there all the time.

Overly solicitous help can take away your loved one's motivation to think or act on their own behalf. Encourage her to do as much as she can for herself, no matter how much more convenient and quickly you can do it.

No one knows your loved one like you do. Your unique position allows you, when visiting, to observe subtle changes in her behavior and habits that could indicate a problem. Areas to watch include differences in her eating or sleeping patterns, falling, facial expressions, new aches, pains or weaknesses, skin changes, or new lesions. These conditions should be reported to the staff and her doctor immediately. They all indicate potentially serious medical conditions that, if cared for early, could be successfully treated.

Meltzer says, "I not only look for changes in my mother, I check out what is going on in her room and at the facility. I'm very vigilant. My mother is no longer able to speak for herself. I am her memory and her voice. She sits on my shoulder all the time."

Meltzer realizes, however, she can't anticipate everything her mother needs. "I always ask the aides if they know of anything else that my mother wants," she adds.

Linking with the Outside World

Pam Brown, a licensed clinical social worker and certified private fiduciary in Sun City, Arizona, says, "Residents miss their contact with the outside world. Try to keep your loved one up-to-date as much



as possible with newspapers, magazines, recent photographs, family stories, and other interesting anecdotes. Visit often."

If your loved one is able to get out and she belonged to a club or organization before, offer to take her to their next get-together. With the staff and your loved one's approval, you may also want to see if the group would be willing to hold an occasional meeting at her facility.

Good communication with her health-care provider(s) is essential. You need answers to her concerns and your questions, and they're a logical source. What is her exact diagnosis? What is happening now? What can you both expect later? ▶

FUN NURSING HOME VISITS

With a little planning, family visits to a nursing home can be enjoyable for you, your family, and your loved one. Here are some ideas to get you started:

St. Anthony Messenger

(www.americancatholic.org/Messenger/Mar2004/feature3.asp or 513-241-5615) offers suggestions on how to put together a grab bag of free leave behind "goodies" for your loved one that will entertain him and spark conversation between both of you.

Family Education Network

(<http://life.familyeducation.com/assisted-living-family-time/50353.html> or 617-671-2000) has information on making the most of your nursing home visits, including what to do when you get there.

Wayne State University

(www.iog.wayne.edu/resources.php or 313-577-2424) has a handbook on making the most of visits to nursing home residents with dementia.

To be a good advocate, you need to be a good communicator. Listen with compassion, and when it's appropriate, add your own comments. Let your loved one know their opinion is still valued.

How can you help your loved one now and subsequently?

Life with Meaning

By the time people go into a healthcare facility, they've dealt with major loss—their independence, declining health, depleted income, death of loved ones, etc. Despite these losses, you can help your loved one still find meaningful involvement in their life.

Geriatric care manager Renee Glazier, of Newton, Massachusetts, explains it this way: "What was important to her before? If she's interested, plug her into an area where she's had some interest and experience. For example, if she was she a volunteer and enjoys knitting, she might like making slippers for hospital patients. A teacher might enjoy reading to other residents who aren't able to anymore."

Listen Up

To be a good advocate, you need to be a good communicator. Listen with compassion, and when it's appropriate, add your own comments. Let your loved one know their opinion is still valued. Don't continually try to "cheer her up" when she's having a bad day. This suggests to her that her negative feelings are bad and shouldn't be expressed.

She may complain or criticize. Listen intently, and understand that affirming her feelings may be all that she wants. Maybe you'll hear: "Thanks for sharing this with me. I understand why you feel the way you do. Can we work this out together? Or is this something you want to take care of?"

Reminiscing is important for your loved one and provides both of you with an additional sense of identity and purpose. "Older people have so much to contribute when we encourage them," Brown notes. "They are walking history books."

After experiencing world-shaping events and living through them, your loved one has developed skills for coping. Don't make an emotional cripple out of her by not including her in family decisions, if she's capable of understand-

ing and responding. This tells her that her feelings and ideas are important and that, even though she now resides in a nursing home, you still appreciate, respect, and need her.

Cynthia Laverty, co-founder of the Care Company in Valley Village, California, sums up the caregiver's new advocacy role: "Approach it from a loving place. Being an advocate requires diligence, fortitude, and clarity of purpose delivered with dignity. Find people who share your common goals for your loved one and who understands that you will settle for nothing less. Convey your message to those now charged with the daily care of your loved one. They need to understand you and your goals, and that even though you might not be present every day, you are most definitely present." ■

Rachel Davidson is a freelance writer focusing on elderly care. She published a quarterly magazine for nursing home administrators for 15 years, as well as a caregiver newsletter for five years. Rachel lives in Baraboo, Wisconsin and can be reached at families@centurytel.net.

RESOURCES

Aging Care

(www.Agingcare.com/Housing/1164/Nursing-Homes/ or 866-627-2467) has an objective article on the perceptions and realities of nursing homes and what you can expect when your loved one becomes a resident in one.

National Family Caregivers Association

(www.nfcares.org/caregiving_resources/ or 301-942-6430) offers workshops to help caregivers communicate effectively with healthcare professionals. In addition to providing courses in some communities, it's accessible in written form from their website.

US Department of Health & Human Services

(www.medicare.gov/Nursing/Overview.asp) has a detailed article on nursing home selection. It includes information on payment and patient rights, as well as a nursing home checklist for comparing and rating Medicaid and Medicare certified nursing homes located throughout the United States.

Vaccinations *Continued from page 2*

vaccine gets a bad rap. It saves lives. It is a lot safer to vaccinate people than to pull them back from the brink when they have a heart attack."

The herpes zoster vaccination is also recommended for people age 60 and older, even for those with no prior episode of herpes zoster. Only available since 2006, just 2% have received this vaccination, even though herpes zoster—better known as shingles—affects more than a million Americans each year. The vaccination can cut the risk of infection by half, but if you do contract it, the case will be less severe.

Whooping cough is turning up again in the senior population because the effectiveness of childhood vaccinations has worn off. "Tdap" is the combined tetanus, diphtheria, and pertussis vaccination recommended for all adults age 64 and younger whose last tetanus-diphtheria booster was at least 10 years ago. For those 65 and older, a tetanus-diphtheria booster shot is recommended, rather than the full Tdap.

Keep in mind that additional vaccinations may be recommended, depending on where you live, your health, lifestyle, and whether you plan to travel internationally. Check out the CDC Immunization schedule, and ask your doctor about routine vaccinations. This is one case where a little prevention clearly goes a long way. ■

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

RESOURCES

Centers for Disease Control and Prevention, Adult Immunization Schedule:

www.cdc.gov/vaccines/recs/schedules/adult-schedule.htm

Centers for Disease Control and Prevention, Immunization Comprehensive Recommendations and Vaccine-Specific Recommendations:

www.cdc.gov/vaccines/pubs/acip-list.htm

Mayo Clinic Vaccines for Adults: Which ones should you get?

www.mayoclinic.com/health/vaccines/ID00016

AARP, Flu Shot Information:

www.aarpmedicarecomplete.com/members/immunization_sh.html

Charles Bonnet Syndrome Hallucinations, Visions and Vision Impairment Among Elderly

When a seemingly physically and mentally healthy person begins having hallucinations, it can become unnerving for caregivers, and sometimes the patient. However, hallucinations—basically seeing things that aren't there—aren't always a symptom of illness or dementia.

Some people with serious visual impairments, such as macular degeneration, cataracts, or other damage to the optic nerve, can experience vivid "phantom visions." This is called "Charles Bonnet Syndrome," after the 18th century Swiss scientist who first described these phantom visions, or hallucinations, when he began to lose his own vision.

These "visions" are often described as being similar to the pain that amputees feel in a missing limb. The brain interprets signals from the remaining nerve endings

as "feeling" in the missing part. Similarly, if the cells in the retina no longer receive visual images, the vision system may begin creating and sending its own images to the brain.

According to the available research, Charles Bonnet syndrome affects up to 40% of people with visual impairment. Quoting from *Macular Degeneration: The Complete Guide to Saving and Maximizing Your Sight*: "Patients have reported seeing cartoon characters, flowers in the bathroom sink, hands rubbing each other, waterfalls and mountains, tigers, maple trees in vibrant autumn foliage, yellow polka dots, row houses, a dinner party and brightly colored balloons. Many people see faces or life-size figures that they've never seen before."

While it is important for caregivers (and physicians) to recognize, there is no

specific medical treatment for Charles Bonnet Syndrome. Some people find that the frequency of these hallucinations does subside over time.

Although most people with Charles Bonnet Syndrome do not find their visions to be disturbing, a person who is also suffering from a dementia may find their ability to distinguish what is real from what is not is also impaired. In this case, the visions may be very disturbing.

If your elder has a vision impairment and is "seeing things," and if you have ruled out medications and a sudden onset of a physical illness, before you consider psychiatric drugs, you may want to consult with an ophthalmologist who is familiar with Charles Bonnet Syndrome. ■

— By Molly Shomer, MSSW, LCSW.

She can be reached at molly@eldercareteam.com.

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