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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

Getting Down to Basics

Low-Cost Ideas for Stocking Your Parents' Home for Independence

By Paula Sanders McCarron

"BE PREPARED." It's the motto for the Boy Scouts of America, and it couldn't be better advice for any family caregiver who is concerned about the safety and well-being of an elderly loved one and wants to help them continue living their goal of remaining independent in their own home for as long as possible.

Independent living is the objective of an estimated 8 out of every 10 aging Americans, but it's not as easy as they'd often try to make it sound. And thus the burden falls on their family caregiver to see that Mom and Dad are situated with what they need in their home to remain somewhat independent.

And while there's tremendous commercial emphasis on how technology is being used to enhance independence for the elderly, the fact remains that taking some no-cost to low-cost steps toward being prepared and safe in their home will greatly aid an older adult to live more comfortably and independently.

Here is a walk through the landscape of important, but mostly minor, ways you can help your aging parent go on living independently:

General Tips

- Purchase a hand crank flashlight. These flashlights will provide one hour of light for every minute of cranking.
- Keep a Mylar blanket handy. These blankets will retain up to 90% of one's body heat in the event of a power failure.
- Maintain a listing of emergency numbers and current medications for your loved one. Print it in large type. Provide one copy for your loved one and keep a copy for yourself. Update as needed.

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Low-Cost Ideas for Stocking Your Parents' Home for Independence *Continued from page 1*

Stocking the Pantry

These tips are meant to be especially helpful when seeking to stock a pantry for a household of only one or two persons with limited mobility outside the home:

- Spend a little more to buy foods in single servings. The single servings will allow for more variety in one's diet and increase the chances that the foods will be eaten and not left to spoil, with the dangerous temptation of an elderly loved one not wanting to waste food and try to eat bad food.
- Purchase long-lasting fresh produce and fruits, such as carrots, broccoli, potatoes, apples, pears, oranges, versus fresh foods that spoil more quickly.

- A butcher may be willing to re-package meats into smaller packages. Ask him. Or simply re-package the meat into smaller servings when you return home.
- For $50 or less, you can purchase a folding shopping cart on wheels that will help make transporting heavy items easier, reduce the chances of dropping breakables, and minimize the number of trips needed to unpack the car. This is useful for caregiver and elderly alike!
- Stock up on clear storage containers that not only allow contents to be visible but help to let you easily know when supplies are running low.
- Provide your loved one with gift certificates to the local supermarket in the event he or she runs out of checks or cash. These are great for emergencies when your parents can't get even to an ATM machine (if they even trust one!).

Stocking for Safety

Andrea Cohen, co-founder of HouseWorks, a home care agency in the greater Boston area, points out that one of the most important actions that family caregivers can take on behalf of their loved one is to be proactive in protecting a loved one's independence.

Cohen offers the example of an elderly loved one who falls and then faces the possibility of long-term care in a rehabilitation center or nursing home. Family members are then left with the nagging question: "Why didn't we make these changes earlier?"

Deborah Kogler is an eye care professional whose grandmother dealt with retinal detachment and macular degeneration. She is also owner of Magnifiers and More in Mentor, Ohio, a resource for those who are dealing with low vision or blindness. Here's what she suggests might be considered as "basic stock items" for home safety:

- Contrasting or bright tape to place on a top and bottom step to more clearly identify a staircase.
- Stick-on brightly colored dots to mark the dials and settings of ovens, microwaves or thermostats.
- Colorful, decorative stickers or decals to be placed on glass doors to prevent collisions.

Marion Somers, a geriatric care specialist and author of *Elder Care Made Easier* (Addicus Books 2006), says the bathroom poses the highest risk for the elderly as that is where most falls occur. To "be prepared" in the bathroom, here are some "stock" items as suggested by Somers, who is also known as "Dr. Marion:"

- Install grab bars in the shower and tub and around the toilet.
- Buy tennis balls and then cut holes in the tops

of the balls so the balls then fit over the feet of walkers. The balls will prevent the feet of the walkers from sticking to, or catching on, raised areas of the floor.

- Utilize hand soap from dispensers rather than using loose bars of soap which can drop and be difficult to find or pick up.
- Add non-skid mats to bathtubs or shower stalls.

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When Elderly Parents Sabotage Caregivers
Six Steps to Keep In-Home Care on Track

By Molly Shomer, MSSW, LMSW

SEVEN MONTHS PREGNANT WITH HER first child, Chris McGill, who lives 600 miles away, flew to her mother's rescue when the third in-home caregiver agency resigned in despair. Two long weeks later, a fourth agency was up and running and Chris returned home with a growing sense of dread.

That baby is now almost three, and Chris' mother is on her seventh set of caregivers—yes, *seventh*. There seems to be no end in sight except to the number of agencies willing to give it a try. And that number is dropping rapidly. Each time her mother fires another caregiver, or another agency withdraws, Chris flies in from afar to start over. Obviously, the strain is taking a toll, both on Chris' family and her relationship with her mother, who she dearly loves.

Has your parent fired yet another caregiver, because they don't want anyone but you? Is your mother so unpleasant to everyone who comes in to help that they've all quit, saying, "There's just no way to please her. All the tea in China couldn't keep me here!"

Welcome to the world of caregiver sabotage. It's a common problem created by fear, pride, lack of insight, the selfishness of illness, and sometimes just a lifelong nasty personality.

There are no easy answers when a parent won't cooperate with in-home caregivers, but here are some things that have helped other frustrated family caregivers faced with this dilemma:

1 Call a family meeting (without your parent). Sit down in person or via conference call with everyone involved in parental care and talk about your options. If you have no involved family, sit with a good friend, your pastor, your therapist, or someone else you trust so you can talk it out. The goal is to define when that last line has been crossed and care at home is no longer reasonable. If you need help defining your alternatives, call in a geriatric care manager to help you explore your options.

2 Avoid being sucked into a battle with your parent, but be prepared to stand firm on the fact that his or her options are disappearing. For example: "Dad, we can give this one more try, but if it doesn't work, then the only choice we'll have left is to help you find an assisted living apartment."

Realize that your parent may be furious and try to manipulate your usual "hot buttons." Also remember that because his feelings are real, you owe it to him to listen with respect. At the same time, you owe it to yourself to remember that your duty as his adult child is to see to it that your parent has proper care, rather than only provide the care yourself or make his every wish your command.

3 Interview your next caregiver agency off-site first. You want to be able to speak honestly about the challenges your parent will present to caregivers. You will want to hear their assurances that they have many experienced caregivers, and that they will not send any newly-employed caregivers that they don't know well to your parent and this complex situation. You want to be sure that a manager will visit regularly to get to know your parent, and that the manager will be supportive when the caregiver needs to vent.

4 Once hired, make it a practice to regularly spend a little time with the caregiver(s) outside your parent's hearing. You can do this by going into the garage to clear out a corner, or into the yard to trim a hedge together, for example. Do not encourage an emotional "dump," but do encourage the caregiver to talk about challenges and brainstorm together about possible ways to redirect or manage tantrums and unreasonable demands.

5 If you find a trustworthy, reliable caregiver who is willing to hang in there, do whatever you can to make her feel honored and appreciated. While her agency may not permit monetary gifts, they may permit you to pay for an extra afternoon off or a small hourly raise as long as she remains on the case. Check with the agency about what extras they will allow.

6 Accept that if your parent is of sound mind, you will not be able to force him to accept help at home. He may be unable to fix proper meals, groom himself properly, or take care of his home. But if he is able to understand the possible consequences of his choices, then you cannot force him to do what he doesn't want to do. There is nothing you can do to prevent the consequences of his poor choices.

On the other hand, if your parent is not able to be alone because of dementia or other cognitive disability, you will have to find her alternative living when it becomes clear that in-home care will simply not work.

Finally—and for your own sake—never, ever, consider moving into the home of a demanding, unreasonable parent who wants you to be her only caregiver. And never, ever, bring a demanding, unreasonable parent into your own home. These "temporary" solutions almost always become permanent, and caregiving families almost always have serious long-term regrets about agreeing to these kinds of arrangements. ■

***Molly Shomer** is a family caregiving specialist and licensed geriatric care manager. She is a nationally recognized expert on eldercare issues and the author of The Insider's Guide to Assisted Living. Her website is www.eldercareteam.com, and she can be reached at molly@eldercareteam.com.*

Serious Disorder as Common as Diabetes

Sleep Apnea: Worth a Closer Look as We Age

By Lori Zanteson

For too many of us, sleep just isn't what it used to be. That extra time it takes to fall asleep, frequent night awakenings, and those frustrating wee-hour-of-the-morning risings may easily be chalked up to age-related changes and daily stress.

The decline in sleep over time is likely to have negative results including daytime sleepiness, an inability to focus or concentrate, and even depression. If you suspect there may be more to your or your parent's sleep issues, it's worth your while to be screened for sleep apnea, a serious, yet highly treatable, sleep disorder.

Obstructive sleep apnea (OSA) is the most common form of sleep apnea. It occurs when breathing is briefly and repeatedly interrupted during sleep for 10 seconds or longer due to a blocking or narrowing of the airway in the mouth, nose, or throat. Hundreds of these episodes can happen in one night—and the person affected doesn't even realize it.

This is truly scary stuff for anybody, but more so for caregivers who not only have their own sleep concerns but also worry about their loved ones. The good news is that diagnosis and treatment will result in improved quality of life and the prevention of unnecessary health and safety risks.

More Prevalent with Age

Sleep apnea is as common in this country as diabetes, affecting more than 18 million Americans. It is highly prevalent in people over age 60, yet it is more difficult to diagnose in this population. Perhaps because the elderly expect some type of sleep disruption, and may already be suffering from other health issues, symptoms of sleep apnea often go unnoticed.

When the body stops breathing, even briefly, it is starved of oxygen. This may lead to life-threatening problems such as high blood pressure, heart attack and stroke. Oxygen deprivation also affects the immune system, contributes to poor mental and emotional health, causes irritability, and slows reaction time.

Add these issues to an aging body and mind and sleep apnea is as overwhelming as it is confusing. How is a caregiver to know which symptoms are the result of sleep apnea and which are due to Mom's existing health issue or are a part of Dad's normal age-related decline?

For many, just getting a parent evaluated may be a challenge. Ask Joanne Spring of Richmond, Virginia, who recognizes the telltale loud snoring of sleep apnea in her 85-year-old mom. Mom's "claim to fame is that she has never been to a doctor for a check-up." The determination and resolve in those words doesn't get any clearer. Joanne says, "I don't think I could talk my mother into going to a doctor, let alone going for a sleep study, and believe me, I have tried."

Caregivers Can Spot Signs

Yet, caregivers are in the ideal position to observe sleep activity and report it to a physician. Listen for the hallmark of sleep apnea—loud and excessive snoring likely interrupted by pauses followed by stuttered gasps for breath. Other typical symptoms include sleepiness, fatigue, frequent need to urinate during the night, unintentional napping, and cognitive dysfunction.

Sleep-related complaints, cardiovascular disease, depression, and traffic accidents could also be signs of sleep apnea. Elderly patients with the disorder, in particular, tend to complain of bed wetting and frequent need to urinate, ▶

Sleep apnea is as common in this country as diabetes, affecting more than 18 million Americans. It is highly prevalent in people over age 60, yet it is more difficult to diagnose in this population.

cognitive impairment, eye conditions and repeated falls.

Though the risk of sleep apnea increases with age, studies are turning up positive results for elderly sleep apnea sufferers. One recent study shows they actually may live longer than their non-sleep apnea counterparts. Conducted by researchers at the Technion-Israel Institute of Technology in Haifa, Israel, mortality rates of elderly patients with no sleep apnea and varying degrees of sleep apnea were compared over 4½ years. Surprisingly, those with sleep apnea had a mortality rate one-third that of the general population.

There's more exciting news in that the main treatment for sleep apnea was found to improve cognitive functioning in patients with Alzheimer's disease who also suffer from OSA. Considering a staggering 70%–80% of people with dementia also have sleep apnea, this will largely improve quality of life for Alzheimer's patients and their caregivers.

How It's Treated

The treatment is called CPAP, a device worn as a mask that blows air at sufficient pressure to maintain an open airway. Studies showed significant cognitive improvement in these patients, suggesting that doctors consider CPAP treatment for its Alzheimer's patients who have OSA.

OSA SYMPTOMS: WHAT TO LOOK FOR

Daytime sleepiness

Loud, excessive snoring, with pauses in breathing

Gasping or choking for air while asleep

Restless sleep with frequent night awakenings

Depression and irritability

Sexual dysfunction from fatigue

Grogginess, dullness, and morning headaches

— Source: Sleepapneainfo.com

Dr. Jody Corey-Bloom, co-author of the study, said, "Any intervention that improves cognition in patients with Alzheimer's disease is likely to result in greater independence for the patient and less burden on their caretakers." Earlier results from the study showed that CPAP reduced daytime sleepiness, a common complaint of Alzheimer's patients and their caregivers.

CPAP does not come without issue, however. Chris, who lives in Athens, Georgia, has had many a frustrating night with his CPAP. "Between the headaches, the itchiness of the mask, the heat and the constant need to be aware of whether the mask is leaking, there are times in the middle of the night when I just want to rip the mask right off my face and just run out of the bedroom." Yet, he says it's not always that way and the reality is he wakes up feeling rested and with more energy. "I've made this commitment because my health is important to me."

Not everyone is as driven. Shortly after her own diagnosis last year (sleep apnea can be hereditary), Joanne Spring discussed the effects of the condition on various health issues with a co-worker. Joanne recommended a sleep study to her 57-year-old co-worker who was both obese and a snorer, two signs of sleep apnea. Her co-worker wanted no part of it after seeing the mask and CPAP. A few months later, "She nodded off, as she often did. But this time she did not wake up," said Joanne, adding: "It was too much trouble to wear a mask to sleep."

A good night's sleep is vital. A little attention to the risk factors and symptoms of sleep apnea can lead to the diagnosis and treatment of a disorder that will bring positive results immediately. And the first step is a simple screening that can make all the difference in the quality of life of both caregiver and loved one. ■

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RESOURCES

National Sleep Foundation
www.sleepfoundation.org/site/c.huIXKjM0IxF/b.4814079/k.3F5E/Sleep_and_Obstructive_Sleep_Apnea.htm

American Sleep Association
www.sleepassociation.org/index.php?p=sleepapnea

American Sleep Apnea Association
www.sleepapnea.org/index.html

OBSTRUCTIVE SLEEP APNEA RISK FACTORS

Gender: Men are twice as likely to have sleep apnea, but it may be under-diagnosed in women.

Age: All ages are affected, but prevalence increases with age, occurring 2-3 times more often in those 65 and older.

Ethnicity: African-Americans face a higher risk than other ethnic groups in the US.

Geography: Urban dwellers are more likely to report sleep problems, but rural dwellers have a significantly higher risk of apnea.

Overweight: Excess stomach weight and fat deposits around the upper airway may obstruct breathing, but not everyone with sleep apnea is overweight.

Neck Circumference: A thick neck may narrow the airway and be an indication of excess weight. Neck circumference larger than 17.5 inches is associated with increased risk.

High Blood Pressure: Sleep apnea is not uncommon in those with hypertension.

Narrowed Airway: A narrow throat may be inherited, or enlarged tonsils or adenoids can block airway.

Family History: If family members have sleep apnea, you may be at increased risk.

Alcohol, Sedatives, Tranquilizers: These relax throat muscles, increasing susceptibility.

Smoking: Smokers are three times more likely to have sleep apnea than those who have never smoked.

Little Word for a Big Pain

GERD More Than Heartburn, Less Than Heart Attack

By Rachel Davidson

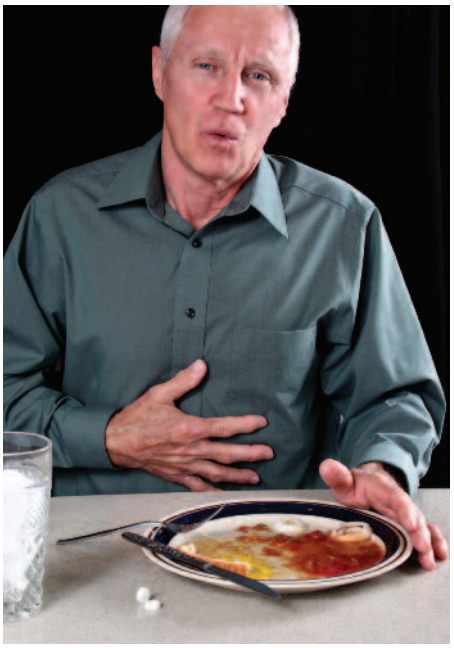
Dr. Michael Rushnak knows what he's talking about when it comes to GERD, an acronym for a highly discomforting stomach disorder called gastroesophageal reflux disease that's often harder to identify and more serious among seniors.

That's because Rushnak, a gastroenterologist from Jackson, New Jersey, has seen GERD from both sides of the fence. In his 20 years of internal medicine practice, he has treated thousands of patients for GERD—and he has developed and had to deal with GERD himself.

"I'd go to bed and wake up an hour later with a sour taste in my mouth coming up my food pipe, burning like classical heartburn," he says of his own experience. A lot of people liken GERD to a horrible case of heartburn, and that can be a problem when it comes to receiving proper treatment.

More than 60 million Americans experience heartburn monthly. Fifteen million suffer from the condition daily. But when heartburn occurs two or more times a week, it could be GERD. And if it's left untreated, GERD can lead to serious consequences.

While heartburn is the most recognized GERD symptom, there are other signs to watch for. They Include:



- Stomach pain
- Persistent laryngitis or hoarseness
- Chronic coughing
- Persistent or chronic sore throat
- Regurgitation of foods or fluids
- Acidic taste in the throat
- Worsening dental disease
- Chronic sinusitis

Causes of GERD

When stomach acid backs up into the esophagus, GERD occurs. The esophagus is made up of tissue and muscle layers that expand and contract to move food to the stomach. At the lower end of the esophagus, where it joins the stomach, there's a group of muscles that comprise the lower esophageal sphincter (LES). After swallowing, the LES relaxes to allow food to enter the stomach and then contracts to prevent the backup of food and acid into the esophagus.

Sometimes, however, the LES improperly relaxes, allowing stomach acid to wash back into the esophagus. This is called reflux, and reflux becomes GERD when it causes injury to the esophagus or when it results in troublesome symptoms.

Fatty and spicy foods, mints, chocolate, and caffeine cause the LES to relax more frequently. Caffeine, alcohol, nicotine, citrus- or tomato-based foods, and some drugs also cause it to improperly relax.

Heavy meals, especially when served within three hours of going to bed, can also cause GERD. Rushnak says, "As a physician, I was working hard. My hours were chaotic, and I was not eating on a schedule. Often I'd come back from the hospital late at night not having had dinner. I'd eat and go to bed right afterwards. I gained weight. Excess weight, especially in the stomach area, can push up the stomach on the esophagus. That's called a hiatus hernia and it can lead to reflux."

Dr. Amit Bhan, a gastroenterologist at Henry Ford Hospital in Detroit, says, "Additional factors may increase reflux, such as wearing tight fitting clothes that can increase pressure on the stomach."

GERD Complications

"Left untreated, GERD can cause inflammation leading to narrowing and scarring of the esophagus," Bhan says. "As a result, food can get stuck in the esophagus."

Rushnak adds, "Over a long period, chronic inflammation of the esophagus lining can result in Barrette's esophagus. While rare, this can be a precursor to ▶

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esophageal cancer."

According to the American College of Emergency Physicians, GERD accounts for up to 60% of patients yearly visits to the emergency room with chest pains not related to the heart. Marcia King, a registered nurse in Campbellsport, Wisconsin, has seen this in the hospital emergency room where she works. "We treat a lot of people with chest pain who think they're having a heart attack," she says. "If they have a known history of GERD, the doctor frequently gives them something for pain relief like an antacid. At the same time, he'll run tests to make sure it isn't their heart."

The confusion over heart attack vs. GERD can be dangerous for the patient. "Don't assume any chest pain you or your loved experience is GERD," Rushnak notes. "It could be a heart attack. Only a physician can decide. All pain should be looked at immediately."

Other more troublesome signs of GERD requiring immediate medical intervention include unexplained weight loss, new-onset asthma or asthma occurring only at night, choking, bleeding (vomiting blood or dark-colored stools), and pulmonary fibrosis.

Diagnosis and Treatment

If you or your loved one develops a sour taste in the mouth (called water brash) without also having pain or complications, it's probably GERD. A physician can provide a correct diagnosis and offer an appropriate treatment plan. In less than a perfect approach, GERD is usually diagnosed based upon symptoms and the sufferers' response to treatment.

Most people don't develop serious complications, especially when it's being adequately monitored and treated. Testing may not be necessary for people with reflux symptoms but none of the troublesome complications. Lifestyle changes and possibly non-prescription medications (antacids or histamine type 2 receptor antagonists) may be all that is needed. However, if the diagnosis is unclear or more troublesome signs of GERD are present, testing that evaluates the esophagus and the frequency of reflux may be required.

Effective GERD treatment should ideally result in a lifestyle change and have the patient take the lowest possible dose of medication to control symptoms and prevent complications. Most health care providers first recommend an occasional over-the-counter antacid or other medication that stops acid production and helps the muscles empty the stomach. For best results, they should be taken an hour after eating and at bedtime. "However," warns Rushnak, "see your physician before starting or adding any medication on your own."

Rushnak says he cured his own GERD by losing weight and eating lighter meals earlier in the evening. If you are caring for someone with GERD, he advises, "Be supportive and encouraging. Avoid serving trigger foods. Don't fix heavy meals especially within three hours of your loved one going to bed. Gravity helps prevent reflux. Raise his headboard six to eight inches (additional pillows don't work). Keep alcohol out of your home. Check out nearby smoke cessation and weight loss programs he might be interested in."

If these strategies don't work for you or your loved one, stronger medications may be needed. Because these stronger prescribed drugs work in different ways, a combination may be needed.

"If the patient still has symptoms after all these treatments have been tried and lifestyle changes have been incorporated, in rare cases, surgery may be needed," says Rushnak.

Overall, the future looks bright for people with GERD, according to Bhan. "They need to remember that GERD is very common," he says. "With lifestyle changes, drug therapy, medical intervention, and surgery (as a last resort), this problem can be appropriately managed for most individuals." ■

RESOURCES

National Digestive Diseases Information Clearinghouse (800-891-5389) has additional information and a listing of current clinical trials. http://digestive.niddk.nih.gov/ddiseases/pubs/gerd/

Up-to-Date (800-998-6374) has current information on GERD, under New Search. www.uptodate.com/patients.index.html

American College of Gastroenterology (301-263-9000) offers free pamphlets, a video and other information on its site. www.acg.gi.org/patients/gerd

Low-Cost Ideas for Stocking Your Parents' Home for Independence
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Getting Ready to 'Step In'

In the end, it all comes down to safety and well-being," says Jack Cross, owner of a Home Instead home care agency located in Lexington, Massachusetts. "Families need to walk a fine line when it comes to helping, if they are going to be successful. If the family tries to take over, that's usually not going to work. There's got to be attention given to what the older person wants, needs and then what he or she will accept."

As Cross points out, the key to success in helping a loved one to be more independent or to retain independence is to listen carefully and then take action.

Taking just a few of the relatively simple steps outlined in this article will help make your loved one's home more comfortable and safer. Your loved one will have the benefit of maintaining his or her independence, while you, as a caregiver, will have greater peace of mind. ■

COMING UP IN JANUARY

- 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.
- When enough is enough. How to firmly and effectively set limits on your caregiving time and responsibilities, or even bow out graciously.
- Tactfully and efficiently helping Mom and Dad manage their financial affairs can be a tightrope, requiring communication and empathy to pull it off without bruised feelings. We'll guide you along the path.
- Glaucoma is an incurable eye disease that becomes much more common with age and can result in blindness if not treated properly. Still, half the people affected don't realize it, earning glaucoma the name "silent sight thief." We have a primer for caregivers.

'Flakes' Not Just Snow

8 Tips for Protecting Skin from Winter's Bite

Cold weather wreaks havoc on our skin, sometimes making it dry and flaky. Skin dries out if it's deprived of water, and this dryness often causes itchiness, resulting in a condition commonly referred to as "winter itch."

"Most of us experience dry and itchy skin from time to time, but you should seek medical attention if discomfort becomes severe," says Dr. Anjali Dahiya, a dermatologist at NewYork-Presbyterian Hospital/Weill Cornell Medical Center. "The best thing you can do to relieve the itch is to moisturize your skin because, unfortunately, you can't do anything about the weather."

"Remember, dry skin is due to lack of water. Apply moisturizers immediately after bathing or showering, while your skin is still wet, to trap water in the skin," notes Dahiya.

She suggests the following tips to protect your skin:

1. ***Moisturize daily.*** Cream moisturizers are better than lotions for normal to dry skin. For sensitive skin, choose a moisturizer without fragrance or lanolin.
2. ***Cleanse the skin, but don't overdo it.*** Too much cleansing removes skin's natural moisturizers. It is enough to wash the face, hands, feet, and between the folds of your skin once a day. It's not necessary to use soap or cleanser on your torso, arms, and legs every day—just rinse.
3. ***Limit the use of hot water and soap.*** If you have "winter itch," take short lukewarm showers or baths with a non-irritating, non-detergent-based cleanser. Immediately afterward, apply a mineral oil or petroleum jelly type moisturizer. Gently pat skin dry.
4. ***Humidify.*** Humidifiers can be beneficial. However, be sure to clean the unit according to the manufacturer's instructions to reduce mold and fungi.
5. ***Protect yourself from the wind.*** Cover your face and use a petroleum-based balm for your lips.
6. ***Avoid extreme cold.*** Cold temperatures can cause skin disorders or frostbite. See a doctor immediately if you develop color changes in your hands or feet, accompanied by pain or ulceration. Extreme pain followed by numbness in a finger or toe may mean you have frostbite.
7. ***Protect your skin from the sun.*** Even winter sun can be dangerous to the skin. Use sunscreen with a sun-protection factor of 15 or greater, if you will be outdoors for prolonged winter periods.
8. ***See your dermatologist.*** Regardless of the time of year, see a dermatologist if you have persistent dry skin, scaling, itching, skin growths that concern you, or other rashes. ■
