

Caregiver's

HOME COMPANION

Volume 7 Issue 5 | January 2009

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

When Pain is a Constant Companion

Recognizing and Treating Pain in a Loved One

By Molly Shomer, MSSW, LMSW

Like many older adults, Miriam Sarnoff has several painful medical conditions. At age 86, osteoarthritis in her hips and knees and several compression fractures in her back can at times be horribly painful.

Miriam's nearby Cleveland doctor has prescribed pain medication that she can take when necessary, but unfortunately Miriam also has developed dementia, and she is now sometimes unable to tell her caregiver daughter when and where she hurts.

On the other hand, Mike Warden, a proud 75-year-old cowboy boots-wearing Texan, will never complain of pain even though he is fully capable of doing so. Instead, he becomes grumpy, aggressive, and generally impossible to live with. His son and daughter-in-law, with whom he lives near Amarillo, are learning to observe his behaviors, rather than ask him whether he is hurting.

Assessing pain is one of the more challenging jobs a caregiver will have to tackle

when caring for an older adult who cannot or will not communicate, as demonstrated by Miriam and Mike.

Many Sources of Pain

Unrelieved pain is more than just uncomfortable; it has been associated with heightened anxiety, depression, increased risk of falls and slower recovery from surgery, altered immune function, malnutrition, reduced independence and changes in cognition. Reducing the amount of pain your elder is experiencing will not only improve his comfort—it also will make it possible for both his body and his mind to perform more efficiently.

Older Americans often develop several conditions that can trigger chronic pain. While hip, knee and lower back pain are most familiar, heart disease, chronic lung disease, diabetes-related neuropathy, cancer and skin ulcers are also common causes of chronic pain.

While it would appear obvious that a good assessment of someone's pain is



important, how does a caregiver manage it when communication is impaired?

The most important thing to remember is that if something can be expected to be painful, it probably is. So, ask. Your elder might not respond straightforwardly to your question about "pain." If that's the case, try changing your vocabulary and ask about "hurting" or "aching."

Observe While Caregiving

If you can't draw out a reliable response, then you must use your own powers of observation. Because you know your senior well, you will be most attuned to changes that might not be readily apparent to an outsider.

For example, do you see physical changes?

Most people cannot consciously control visible signs of acute pain. Unless your elder has a physical condition that might produce the following symptoms, pain should be on your radar if you observe that your elder has become

INSIDE THIS ISSUE

3 **Helping While Staying 'Healthy'**
How to Place Boundaries Around Your Caregiving

4 **Understanding Glaucoma**
Disarming the Elderly's Silent Vision Thief

6 **Avoiding a Caregiving Minuet**
Tackling Those Tough Financial Discussions Tactfully

8 **10 Tips on Keeping Seniors Safe in Winter**
A Special Time for Caution

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\$42.95 two years (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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Recognizing and Treating Pain in a Loved One
Continued from page 1

unusually flushed or pale and clammy, or his breathing and heart rate have increased.

Do you see changes in behavior?

When you observe a change in your elder's normal behavior, keep the possibility of pain uppermost in your mind. Do you see grimacing, rigid or tense posture, rocking back and forth or fidgeting, loss of appetite, changes in sleep patterns? Is your loved one becoming withdrawn, acting irritable, angry or depressed, pacing or restless, not wanting to be touched in a particular place or manner? Are her movements restricted, or is she having more difficulty than usual getting in and out of a chair? Is his tolerance for frustration much shorter than usual?

Normal Behavior—or Not?

If these are not so-called normal behaviors for your particular loved one, any of the behaviors listed above can be pain indicators.

Do you see changes in verbal behavior?

Is your elder panting, sighing, or moaning? Is he verbally abusive? While he may not be willing or able to tell you about intensifying pain, these are all signs that pain may have increased.

If you see signs that your elder is experiencing pain, what should you do?

If your senior's physician has already prescribed a medication for pain, give it as prescribed. If you see an improvement in the behavior you observed, then you can make a note that this behavior probably indicates pain if and when you see it again.

Confused individuals, or those with communication problems, may not be able to ask for pain medication when they begin to feel pain. Talk with your elder's healthcare professional about giving prescribed "as needed" pain medication according to a regular schedule, rather than waiting until you see symptoms of pain. It is often easier to control debilitating pain if medication is not permitted to completely wear off between doses.

Address Pain Immediately

If the pain symptoms you witness are new, and if your elder's physician has not been treating for pain, then it is important to make an appoint-

ment as soon as possible. Pain should always be addressed immediately.

If you are speaking on behalf of your older loved one, her physician will undoubtedly want to know the following, which you should answer to the best of your ability:

- How intense does the pain appear to be (mild, moderate, extreme)?
- Where is the pain?
- Is the pain stronger or weaker at particular times of the day?
- Does any activity or behavior appear to cause the pain or make it worse?
- How often does the pain occur?
- What, if anything, improves the pain?
- How is the pain affecting your elder's sleep? Nutrition intake? Behavior and mood?

Most doctors will treat their patients' pain with medications. As a caregiver, what else can you do to help your elder who appears to be in pain?

Pain Is Unique in Every Body

Every individual will respond uniquely to non-medical interventions for pain. For some, you may even find that a dim room and soothing music will alleviate some of the anxiety and restlessness that can accompany pain.

For those who can bear to be touched, a soothing massage might be appreciated. Others will respond better to a warm hot water bottle or a blanket that has been warmed in the dryer. Some people appreciate light aroma therapy, such as lavender (others will find odors unbearable).

For those with severe joint pain, don't forget to consider such things as an electric lift chair to assist with standing up, and a raised commode for the bathroom. Extra padding for the seat of a wheelchair can make a big difference to someone who sits in a wheelchair for long periods. Such simple things as built-up utensils and every-day tools designed to reduce joint stress can make daily activities enjoyable again—and basically pain-free.

Several websites offer a wide selection of products that may help to alleviate pain or make pain easier to manage. They include www.thewright-stuff.com, www.activeforever.com and www.seniorcornerstore.com, all of which offer good selections of products that can make living with painful conditions easier. ■

RESOURCES

For more information about chronic pain the following websites are informative and helpful:

American Chronic Pain Association: www.theacpa.org

Pain.com: www.pain.com/

WebMD: www.medicinenet.com/chronic_pain/focus.htm

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Helping While Staying 'Healthy'

How to Place Boundaries Around Your Caregiving

By Paula Sanders McCarron

Being a family caregiver means coping with an ever-changing complex stew of emotions, decision-making challenges, and logistical hurdles. But perhaps the most complicated and conflicted aspect of the caregiving experience is the need for family caregivers to determine when and how—and even if—to place limits on one's caregiving responsibilities.

"Caregivers may help because they feel obliged. They also help because they want to be and feel connected to a loved one," says Marian Worthington, a geriatric care manager of Allentown, Pennsylvania. "But it's also common for care receivers to prefer that a family member, often a daughter, be the person to do the personal care or run the errands. That preference gets communicated—verbally or silently. It's in the room, but no one wants to speak to it."

Worthington adds: "In caring for themselves as well as their loved ones, caregivers need to find ways to overcome the guilt and burden that care receivers may put on their family members, even if unintentionally."

Without workable boundaries, caregiving can run amok, says Jane Hart, founder of Hart Felt Ministries, a faith-based volunteer organization addressing the needs of the disabled and elderly in Jacksonville, Florida.

"I see so many family caregivers serve the needs of their loved ones to the point of depleting their own health and wealth. If no healthy boundaries are set, everyone suffers because that sets up an unhealthy dynamic between the caregiver and the

care receiver that can easily generate resentment and guilt," says Hart. "Those negative emotions are so natural and predictable, and the caregiver should not feel guilty about experiencing them. But once those emotions have been allowed to surface, the challenge is what to do with them."

One of Hart's suggestions is to rely on the power of one's spiritual beliefs and prayer. In fact, a research study by National Alliance for Caregiving and AARP revealed that prayer is used by 75% of Americans to help them cope with the stress of being a family caregiver for a frail, elderly or ill loved one.

"I see so many family caregivers serve the needs of their loved ones to the point of depleting their own health and wealth. If no healthy boundaries are set, everyone suffers"

—Jane Hart, expert in caregiver support.

"Starting the day with just a few minutes in prayer can make a dramatic difference in how the day goes. Prayer can prepare both the caregiver and care receiver's hearts to speak and listen in love. Simple as that may sound, I've seen it work wonderfully when the care receiver's physical problems can be viewed as issues to be worked on together," says Hart.

"It might help caregivers, if they could take one giant step back and try to look at their decisions as objectively as possible by asking: 'What would I advise a friend to do if he or she were faced with the same decision?' We'd like for all our decisions to be right, but that's not likely. I often ask myself this question when faced with making a decision: What will I be glad I did when I look back on this situation a year from now?"



Through Hart's involvement with the frail elderly, she says she has seen so many caregivers sell their homes in distant cities, leave their personal lives behind, and move in with their parents based on the promise from siblings that "we'll help"—only to soon find themselves feeling trapped because the siblings did not live up to their promises.

"It's a 'pity party' just waiting to happen, and no one comes out a winner," she says. "The siblings may become even more distant, the care receiver may feel like a burden, the caregiver may feel powerless and resentful, yet guilty for feeling that way—and a vicious cycle can begin."

Examining motives and asking tough questions of herself is exactly how Joanne Dennison describes her decision to re-enter her father's life as his caregiver. Dennison says she had been "basically estranged" from her father for nearly 20 years due to what she described as mental and emotional abuse.

"I questioned myself early on as to why I was doing this. All my friends questioned me too," she says. After closely examining her motives, Dennison says she made a very conscious decision to become a caregiver but also to protect herself. At one point when her father became again abusive to her, Dennison says she at first stepped away but then decided to step back in when he needed help.

"These were very, very conscious decisions."
continues on page 7

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Understanding Glaucoma

Disarming the Elderly's Silent Vision Thief

By Rachel Davidson



Glaucoma, the vision-robbing disease that can strike without warning or symptoms, is a major worry for the elderly, who are often its victim. In fact, the condition, which has been dubbed the “silent thief of sight” is the second leading cause of blindness among the elderly.

But a diagnosis of glaucoma is not a guarantee of blindness. Instead, alert family caregivers and ophthalmologists have much more than a fighting chance to recognize and treat glaucoma effectively, thereby helping to assure a continued life of vision for aging loved ones.

In glaucoma, vision generally appears normal. There is no pain. Meanwhile, pressure in the eyes is rising while peripheral, or side, vision is slowly decreasing. In time, straight-ahead vision may also be lost until a loved one has no vision at all.

Glaucoma is a combination of diseases. Its two main forms are open-angle, which is caused by eye pressure buildup, and acute angle-closure, which results from a sudden blockage of the normal flow of eye fluid between the iris and the

lens. Open-angle has no symptoms until there is a significant loss of vision that cannot be restored. Acute closed-angle glaucoma is rare but serious, requiring immediate medical intervention. Its symptoms are blurred vision, severe eye pain, headache, haloes, nausea, and vomiting.

According to EyeCare America, a public service foundation of the American Academy of Ophthalmology, one of the most common fears among the elderly is losing their eyesight. Darlene Smith, of LaValle, Wisconsin, knows this fear well from within her own family: “My mother loved to crochet. These activities made her who she was. Her loss of vision took that away.”

It is important as a caregiver to remember that if your loved one has been diagnosed with glaucoma, blindness is not inevitable. “With knowledge, early treatment, and medication, the chances of blindness occurring from glaucoma are slim,” emphasizes Deborah Kogler, of Mentor, Ohio, a dual-licensed optician who has spent 28 years in various aspects of the eye business and now specializes in low vision and blindness products.

Testing for Glaucoma

For most people regardless of age, an annual eye exam by an ophthalmologist can rule out glaucoma or greatly reduce its devastating consequences. However, certain segments of the population are at higher risk of vision impairment and require more intensive monitoring. For example, those of African-American, Irish, Russian, Japanese, Hispanic, and Scandinavian descent have a higher incidence of glaucoma and may require more frequent visits.

In addition, since more than two thirds of the visually impaired are over

RESOURCES

American Health Association Foundation

at www.ahaf.org/glaucoma and (800) 437-2423. Free publications, illustrations and videos on glaucoma, plus a listing of organizations and books to help individuals with low vision.

American Academy of Ophthalmology

at www.aao.org and (415) 561-8534. Find a local professional ophthalmologist.

EyeCare America

at <http://eyecareamerica.org> and (800) 222-3937. Provides free comprehensive eye exams and eye care for up to one year to eligible participants. Also offers free glaucoma eye exams and, if needed, the initiation of treatment.

New Eyes for the Needy

at <http://neweyesfortheneedy.org> and (973) 376-4903. Purchases new eyeglasses for eligible participants in the United States and recycles donated glasses to developing countries worldwide.

The Lions Club

at www.lionsclubs.org and (630) 571-5466. Arranges free eye exams and/or assists with the purchase of low vision devices and aids for qualified individuals through its local clubs.

Vision USA

at <http://aoa.org/x5607.xml> and (800) 766-4466. Provides free basic eye health and vision care for people who do not qualify for government aid or have private health coverage.

ReadThisToMe.org

at <http://ReadThisToMe.org> and (877) 333-8848. Free reading service for blind and low-vision people. Individuals can have printed materials such as a bill, recipe, prescription instructions, etc., read to them over the phone. A phone line and a fax machine are required. ▶

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age 65, your aging loved one will require more frequent professional monitoring. Keep in mind that other risk factors requiring additional attention include a family history of glaucoma or poor vision.

Glaucoma tests are painless and take little time. "They're a lot like mammograms," says Kogler. "If you don't feel a lump, you think everything is fine. But there's a lot that goes on before the lump appears."

Dr. Steven Siepser, a surgical ophthalmologist in Wayne, Pennsylvania, agrees, adding, "There now are tests that can determine if a person is headed for damage, even before peripheral loss occurs."

As for the cost and payment of testing, Kogler says, "Medicare and the majority of insurance policies cover a good portion of the eye exam, surgery, and most medications."

Treating Glaucoma

Once your loved one has been diagnosed with glaucoma, treatment is ongoing and critical. Appointments cannot be missed. "I like it when both caregiver and patient come to our office," says Siepser. "Caregivers can be educated so their loved ones get proper care, and patients can learn about their responsibilities."

There are treatment options along the way. "Patients must choose between either drops or laser surgery," notes Siepser. "Drops must be dispensed at a certain time every day. When properly administered, they can treat about 80% of all glaucoma, but only 30% of the people use drops correctly."

He warns: "If you miss giving them (drops) to your loved one for a day or so, damage occurs. When resumed, the pressure becomes normal, but that damage cannot be recovered."

If you're having difficulty giving your loved one drops, ask your ophthalmologist about drop guides that are placed over the eyes. There also is a device that attaches to the eye drop bottle that sprays the drops into the eyes.

Caregivers must continue eye care for their loved one despite other circumstances or conditions that may occur. "It's easy to let eye care slip in a caregiving setting," says Siepser. "Glaucoma, despite its major consequences, goes wanting because someone has had a heart attack

or other serious medical issue."

In some cases, surgery is warranted. "Eye surgery is indicated when there is nerve damage, when the individual is on a drop and would like to stop, or when a person is on three drops (maximum medical therapy) and the pressure is not being controlled," Siepser outlines. "Half the people who have successful laser surgery will not need drops anymore."

Safety Begins at Home

Diminished eye sight can mean increased accidents, especially among the frail elderly. However, a few simple steps can improve your loved one's ability to safely navigate around the house.

- Use non-skid non-glare cleaners on smooth floors. Avoid wax.
- Don't let furniture stick out where your loved one walks.
- Keep doors either fully open or closed. Paint them a contrasting color from the room color.
- People often stumble when they miss a step. Extend handrails on stairways and ramps beyond the top and bottom step.
- Apply brightly colored masking tape at eye level on clear glass doors.
- Tape or remove area rugs. Replace or remove worn carpet.

Additional Eye Protection

In addition to getting eye exams and carefully monitoring your loved one's condition, Kogler has other excellent suggestions to protect your loved one's—and your own—eyes.

Since glaucoma makes eyes highly sensitive to light and glare, she advises, "Get sunglasses to guard against the sun's damaging ultraviolet light. Choose glasses labeled as blocking 99%–100% of UV rays. Wraparounds provide additional protection."

Have your own eyes checked, too. If the person you are caring for is a relative, your risk for developing glaucoma is four to nine times greater than that of the general population. Inform other family members about your loved one's condition. Encourage them to also get their own eyes checked.

In addition to contrasting wall and door colors, Kogler says we should "limit the number of colors in your home. For example, use colored or striped tooth-

paste against the white bristles on a toothbrush. Too many colors are confusing. Good contrasting color choices include black and white, black and yellow, and blue and yellow. Avoid the color red, as it can be a very difficult color for the visually impaired to see."

Don't forget about lighting, she adds. "People with vision impairments are very sensitive to glare. Increase the amount of lighting directly over the task that your loved one is doing. LED lights, natural light, and natural daylight bulbs are recommended. Avoid fluorescent lights. They cause glare."

By keeping your own watchful eye and taking the precautions outlined here, glaucoma does not have to be the silent thief of your loved one's sight — and this robber *can* be disarmed. ■

COMING UP IN FEBRUARY

- Adult day care is an available option for many weary caregivers, but too few of us really understand how it works and how best to get Mom or Dad interested in taking part. A primer.
- A loved one with Alzheimer's can baffle and disturb even the most emotionally strong among us, but it can be downright haunting when children see their grandparent acting out in Alzheimer's grip. We'll help you guide your youngsters when an aging relative suffers from the mind-robbing disease.
- The six most important steps every family elder-caregiver should take to help ensure their loved one's financial security during the current economic tailspin. Timely, and not to be missed.
- More than half of all dementia patients tend to wander at some point during their illness, sometimes with fatal consequences and almost always creating stress for caregiving family members. We'll tell you ways to anticipate and prevent this activity.

Avoiding a Caregiving Minuet

Tackling Those Tough Financial Discussions Tactfully

By Maura Keller

Not long ago, I asked my elderly mother if she needed help managing her finances. My mother—a physically frail but totally competent woman—stared back in disbelief. I had asked too soon.

Aging parents are often reluctant to discuss their financial situation with their children, and the adult children, in turn, are



often reluctant to ask. This uncomfortable minuet, involving issues such as trust and power, often means that important financial decisions are made under the worst of circumstances, such as when a parent suddenly becomes ill or incapacitated.

“Finances are one of the hardest things to talk with parents about because

they represent freedom and independence,” says Brette Sember, author of *The Complete Legal Guide to Senior Care*. “I think you need to gradually become involved unless there is a crisis. One of the easiest ways to do this is to talk about a friend, family member, or something in the news that somehow relates to the topic.” This can be the much-needed “jumping off point” to personalize the discussion with them.

Remember, parents’ reluctance often stems from their fear of giving up their independence. But waiting for a crisis isn’t the answer either. Once parents have had a stroke or moved into the advanced stages of dementia, they may not be able to give you legal authority to act on their behalf. It is important to open lines of communication long before the real need for assistance arises.

“Introduce the topic as an advance planning, ‘what if’ situation,” Sember says. “Then talk about the possibilities together. Instead of telling your parent what to do, offer suggestions, information, and assistance. It can be helpful to meet with an attorney who specializes in Medicaid planning.”

Planning Ahead

So, when is the right time to discuss an elderly family member’s financial situation? Obviously, it’s different for every family. Some parents may initiate the discussion. Others may never be ready. But experts agree that the age-old mantra, “the earlier the better,” is key.

To prompt the conversation, try talking about your own finances. Experts suggest the adult caregiver speak from their own experience—such as, “We are getting

our finances in order, and have learned from our financial planner that...” This can be a good lead in to “Who has helped with your finances?” and other questions pertaining to their specific investments and financial portfolio.

It also is very helpful to give them time to digest the idea of the discussion. Do not expect a “big” conversation after years of silence on the subject.

What’s more, these conversations should never be in the tone of “I need to know.” Rather, the conversations should take place over time so that the parents’ comfort level increases. And have “the talk” wherever they are most comfortable—their house, their favorite restaurant, even the beach. Also find a low pressure time to talk. You can’t control everything, but you can control whether there is a toddler running around, whether the phone is ringing, or whether it is an emotional time such as at a wedding or during the holidays.

“One of the biggest mistakes I see people make is jumping and telling the parent that you’re taking over,” Sember says. “This situation requires tact and sensitivity. Think how you would feel if someone came into your home and told you that you weren’t capable of being independent.”

Adult children need to ask some key questions, such as: Do their parents have legal documents and where are they located? Where are their bank accounts? What financial consultants have they worked with? Do they have a will or trust established?

Although elderly parents may give the impression that they are in control, adult children need to watch for telltale ►

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signs of financial management problems.

Children also should be available to help during life-changing times, such as a death of a spouse, selling a home, or remarriage. Again, ask if assistance is needed, but don't push too hard.

In the Know

The amount of information you need to know depends on the extent of your parents' investment portfolio and assets and their physical or mental condition.

According to Marion Somers, PhD, eldercare expert and author of *Elder Care Made Easier*, you must determine:

- Your parents' assets.
- Their monthly income
- Their monthly expenses
- Any predetermined future expenses

Once you do that, she says, you should have a good idea where your parents stand financially.

"However, due to the complexity of some financial issues, it is always a good idea to rely on the advice and expertise of a skilled professional such as an account-

ant, elder care lawyer, a financial advisor, and/or a tax expert," Somers says.

"Trying to tackle this alone could lead to legal snarls and become a drain on your energy and checkbook. Professional expertise could save you money, headaches, and ultimately lead to significant savings of your parents' finances."

Depending on your loved one's mental prowess, you may also want to obtain a power of attorney, which allows one person (who must be mentally competent when the power is given) to give another person specific authority to handle financial affairs. A power of attorney can be limited – for example, to handle a designated piece of real estate — or it can cover all financial transactions.

You may also want to contact your parents' banker and ask them to alert you if there are any worrisome changes in the accounts, such as withdrawal of an unusually large amount of money. Such things as automatic payment of recurring bills and direct deposit of Social Security and pension checks can help eliminate

burdensome financial tasks.

If years of family dynamics make the topic of financial management too hot to handle, try calling in a trusted friend or a professional financial planner. The state or county office on aging in your parents' area may offer specific services that can help. ■

RESOURCES

Eldercare.gov at www.eldercare.gov is operated by the US Department of Health and Human Services and features an eldercare locator to help you locate resources to assist with financial-related questions.

National Council on Aging at www.ncoa.org features downloadable books and pamphlets on several senior financial topics.

AARP at www.aarp.org covers a wealth of financial-related topics for seniors and their caregivers.

How to Place Boundaries Around Your Caregiving

Continued from page 3

sions I made, and I refused to be abused. I did not physically see him the last two and a half years he was alive, but took care of his care and needs other than the hands-on physical care. Sometimes I would actually be standing less than 10 feet away from his hospital or rehab room."

Here are some of the Dennison's suggestions to other caregivers faced with the challenge of setting healthy boundaries in their caregiving experience:

Go into this being realistic and honest—about yourself, your family, the situation.

Make the best decisions you can based on the information you have today, not what you knew yesterday or what you might know tomorrow. You will drive yourself "up the wall" if you do not make decisions "in the moment".

There will be a lot of other people questioning everything you do. Remember: tickets are cheap and the view is great from the bleacher seats.

Get at least a couple of people "on your team" to let you vent, to nurture you, to support and take care of you. And there's a good chance they will not be your family.

Finally, you must accept that there will be times when you wish you could just walk away. This does not make you a bad person, a bad child or a bad significant other. The situation is not happy and fun, and frequently has no end in sight. It turns your life upside down. It is really OK—and natural—to feel like you want to quit.

And in the words of Zanda Hilger, who provides support and education to caregivers through the North Texas Area Agency on Aging: "Remember that caregiving is a marathon and not a sprint. You have to identify techniques to not only care for your loved one but also to balance the demands of caregiving with the other parts of your life." ■

STEPPING UP FOR YOURSELF

Standing up for one's rights as a caregiver is often easier said than done. Here's a list of steps compiled by the National Family Caregiver Association to help family elder-caregivers become better advocates for themselves.

Believe in yourself

Trust your instincts. Let your inner voice guide your decision making for your loved one and yourself. Believing in "You" is the first step toward building confidence, an essential tool in coping with being a family caregiver.

Protect your health

Taking care of yourself is not a luxury; it's a necessity. If your health is compromised, it's hard for you to be an effective caregiver. Your life is hard enough. For your own sake, and your loved one's, take good care.

Reach out for help

Family caregiving is not a one-person job. Asking for help is a sign of strength, not weakness. Help comes in various forms; from others pitching in, to having more information about your loved one's condition and sympathetic understanding from your boss.

Speak up for your rights

In daily life, speak up for respect and more support for yourself and your loved one. Speak up for the rights of all family caregivers by talking about the need for education, financial support and better chronic illness care.

10 Tips on Keeping Seniors Safe in Winter



Winter is a special time for caution if someone in your family is an older adult—it's the season for falls, slips on icy streets, and other dangers that are especially great for seniors.

"Something as simple as a fall can be devastating for older men and women," says Dr. Evelyn Granieri, director of the Division of Geriatrics at NewYork-Presbyterian Hospital. Granieri offers the following tips to caregivers for their elderly to have a healthy and safe winter:

Get a flu shot. Flu is serious. It can be fatal in older adults and people with chronic medical conditions such as asthma and heart disease. The vaccine offers some, if not complete, protection against the flu. It's not too late, as the flu season runs through March.

Wear appropriate footwear. Comfortable

shoes with anti-slip soles will ease navigation on icy walks. If a cane is used, replace the rubber tip before it is worn smooth and becomes slippery on the wet ice.

Check smoke alarms. Make sure your loved one's smoke alarms are working. If they live in a house rather than an apartment, they should also have carbon-monoxide alarms.

Maintain a comfortable room temperature. Keep the thermostat set to at least 65 degrees to prevent hypothermia.

Avoid strenuous activities like shoveling snow. If Dad must lift a shovel, make sure he stretches before beginning and takes frequent breaks.

Check the home lighting. Avoid great contrasts between rooms because older people have difficulty adjusting to changes in lighting, and high contrasts increase the

risk of slip and falls. Install night lights and tape extension cords to the floor.

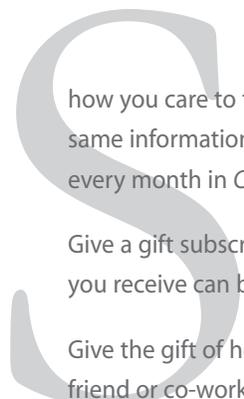
Check the rugs. Make sure they are not wrinkled or torn in a way that can trip someone as they walk. Use padding or special tape underneath them to prevent sliding.

Maintain proper hydration. Drink at least four or five glasses of fluid every day. This should not change just because it is winter.

Keep skin hydrated. Apply more protective creams and lotions to prevent dry and itchy skin common in colder months.

Get a programmable phone and enter emergency numbers. Another good idea for seniors living alone is a personal emergency response system (PERS), a device worn around the neck or on a bracelet, which can summon help if needed. The device should be worn all the time. ■

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Caregiver's HOME COMPANION Winter • Issue 1, November 2014

HELPING THOSE WHO HELP OTHERS

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Virtuality to Help Reducing Stress

Table of Contents:

- 3 **Dear Caregiver:** A message from the editor
- 4 **Engaging for Seniors:** Tips for making sure your loved one is getting the most out of their care
- 6 **Looking for Seniors:** How to find your loved one if they go missing
- 7 **Winter:** Tips for staying safe and healthy during the cold months
- 8 **Dear Caregiver:** A message from the editor
- 9 **Engaging for Seniors:** Tips for making sure your loved one is getting the most out of their care
- 10 **Looking for Seniors:** How to find your loved one if they go missing
- 11 **Winter:** Tips for staying safe and healthy during the cold months