

Caregiver's

HOME COMPANION

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H E L P I N G T H O S E W H O H E L P O T H E R S

Making Ends Meet

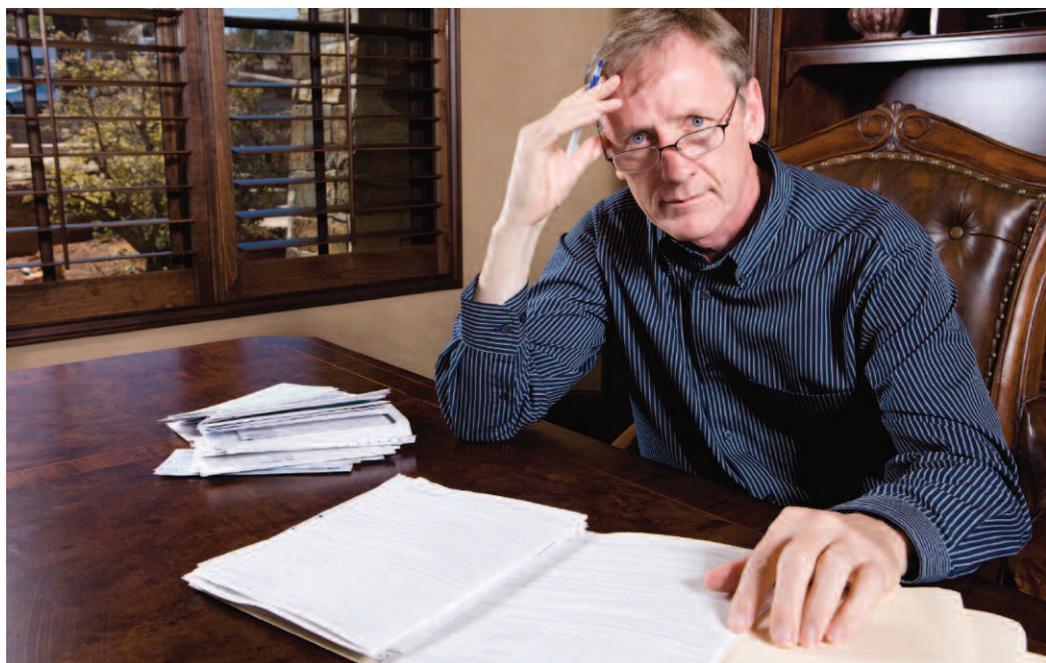
Caregivers Coping in a Bad Economy

By Maura Keller

For Linda and Robert Audy, caring for Linda's 84-year-old mother in their home requires an unending blend of dedication, hard work and tremendous compassion, as well as their nimble handling of a wealth of financial considerations. The Audys, along with millions of caregivers across the nation, are facing the mounting expense of caring for their loved ones. And as the economy continues to worsen, many are looking for ways to protect their bottom line.

"The economy has completely altered the way we are taking care of my mother," says Linda Audy, of Bahama, North Carolina. "One year ago, when she broke her hip, my mom left the hospital to go to assisted living and she recovered nicely and went back to her apartment."

This year, after another procedure on her mother, Helena Mann, the Audys planned to follow the same course of care. "However, my husband, Robert, lost his construction job. His boss said there was no work because of the recession, and no sign of work in the future," Linda says. "On top of that, he was also in the hospi-



tal, and he lost his job before he could collect disability. So, with no paycheck, and with mounting medical bills, we brought my mom in to stay with us. Assisted living was just too expensive."

Instead of assisted living, the family

turned to in-home professional care as a much more affordable alternative. "We had to totally change our care, and in-home caregivers gave us the help we need at a price we can afford in this economy, with my husband out of work, my mom's

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“With no paycheck, and with mounting medical bills, we brought my mom in to stay with us. Assisted living was just too expensive.”

—caregiver Linda Audy, describing the economy's impact on her family.

Caregivers Coping in a Bad Economy

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savings dwindling, and me back to work to try to stay afloat,” Linda Audy says.

Need Remains in Spite of Economy

According to Robert Bua, founder of CareScout, a company that helps families make informed eldercare decisions, regardless of economic cycles, people will continue to need long-term care support services and the cost of those services may actually lower.

“During difficult economic times like these, people are less likely to be able to afford professional caregiving service providers,” says Bua, whose company is based in Waltham, Massachusetts. “Therefore, I believe that the prices charged by caregiving service providers will face pressure as families themselves more often assume the role of caregiver.”

And while a family taking on the caregiver role may help eliminate certain costs, there are other ways caregivers can also save money. “People who like to plan ahead understand that they can save a lot of money by simply having the right types of insurance,” Bua says. Buying the right type of insurance may prevent a family from bearing the heavy costs associated with out-of-pocket long-term care.

“In more immediate ways, caregivers can save money by shopping around to reduce their pharmaceutical spending or find better deals on durable medical equipment,” Bua adds. “In terms of home care and other long-term care services, people are always trying to find the best care at the best price.”

Everyday Challenges of Finding Deals

But for some, that may be easier said than done.

“We try to look for deals and discounts, and frankly are surprised we can't find any,” Audy says. “Perhaps it's because companies figure families caring for an elderly loved one will pay any price, because the medical equipment and supplies are needed. Or maybe they think insurance will cover it and keep the price can high. I'm not sure. But we haven't found any deals.”

Bua says its always good idea to try to negotiate for the best prices. First, even if you do not succeed in convincing a vendor or service

provider to reduce their rates, you are at least showing the seller that you intend to be taken seriously and that you will stick up for yourself during the course of your business relationship. “Often, you will succeed in garnering a better price because vendors will want your business more than ever during these difficult times,” he notes.

Two more tips: members of large associations typically benefit from discounts because they are a part of an organization with “group purchasing power.” You may already be a part of one such organization. If so, visit that organization's website—or call them—to determine whether you qualify for any existing discount programs on caregiver services.

Financials Incentives for Assisted Living

Lisa Sneddon, at Senior Living Experts in Chicago, says that while she has not yet seen assisted living communities lower the cost of their care services, she has seen them offer many rental incentives, including reductions in monthly costs, price freezes and even one or two months free.

“What you don't want to see is a community that is lowering the cost of care,” Sneddon says. “If they start cutting corners there, the residents will suffer, not your checking account. It is as important as making sure the community is paying their caregivers a fair wage and providing them the tools they need, so they can give the best care. In this instance, you may want to remember ‘you get what you pay for.’” ■

RESOURCES

- Before negotiating with caregiving service providers, find out the typical cost of care in your town or city by visiting www.genworth.com/costofcare for a free cost of care report. Understanding average rates offered in your local area will enable you to ask the service provider to better the average price in town.
- SeniorDiscounts, at www.seniordiscounts.com, is an online resource of more than 150,000 discounts available to people 50 years or older.
- AARP, at www.aarp.org, offers a variety of discounts for seniors.

Maura Keller is a Minneapolis-based writer and editor. She has written extensively on elder care, as well as health care and medical-related matters. She can be reached at maurakeller@yahoo.com.

When an Inner Sound is Maddening

Tinnitus: a Constant, Unwelcome Companion

By Paula S. McCarron

Life changing is how 78-year-old Virginia Lipp describes the night she attended an opera where gun shots were fired as part of the program. That night, 37 years ago, is when Lipp says her problems began with tinnitus, a maddening and often ever-present condition commonly described as a ringing in the ears.

"It is salient that in one evening of gun shots during an opera, my whole life changed drastically," recalls Lipp, of Tyler, Texas. "No longer was I the soprano soloist at my church, no longer the featured vocalist in plays at our playhouse, no longer able to shop for groceries, no longer could I go to a church service with musical instruments."

"There is no magic pill or easy fix for tinnitus which makes this an equally frustrating situation for the patient and the doctor. But to say that nothing can be done is not fair to the patient, and it's inaccurate."

— Dr. Michael Seidman, Detroit hearing specialist.

"Take a high pitched hairdryer, turn it on, strap it to your head, and never take it off. That's how my wife describes it," says Gary Reul, chief executive officer for the American Tinnitus Association.

Both Reul and his wife suffer from tinnitus. Reul says, "My tinnitus started 16 years ago. I stepped on an airboat in Florida and when I got off the boat, I had it. It was so bad. I was like a caged animal that night back at the hotel."

The Many Forms of Tinnitus

Tinnitus often afflicts the elderly, affecting 12% of men and 7% of women over age 65. It can be an occasional problem or a persistent cause of suffering. There is no cure for tinnitus. And while tinnitus is often described as a ringing sound, it is also described as a buzzing, roaring, hissing, clicking, roaring, whistling, or whooshing sound. The volume of that sound can range from barely perceptible to debilitating.

"Tinnitus is a symptom, not a disease," says Dr. Michael Seidman, an ear, nose and throat specialist with Henry Ford Hospital in Detroit. "And at this point, there is no cure for it."

"Tinnitus is a direct result of hearing loss," adds Dr. Craig



Kasper, an audiologist in the New York City area. "When the hair cells in the ear are damaged, there is hearing loss. And we now know there is a brain-ear connection."

"It's estimated that two million people can't sleep and can't work due to the severity of their tinnitus," notes Reul. "I've been able to get my tinnitus down to a manageable level, but right now, it's pretty severe. A diabetic medicine seems to have turned it back on and an antibiotic I recently took made it worse."

Some Progress, Some Mystery

Through use of brain scanning equipment, researchers are learning that the areas of the brain which are responsible for the interpretation of sound are also responsible for the creation of fearful emotion that can be associated with tinnitus.

Kasper says, "Hearing loss deprives the brain of sound, and that deprivation causes the brain to undergo change," says Kasper. "Theoretically, everyone has some degree of tinnitus, but the question is: Why are some people bothered by it and some are not?"

Tinnitus can be triggered by any number of issues: exposure to loud noise, earwax blockage, changes in ear bones, certain medications, head or neck injuries, inner ear disorder, blood vessel disorders, acoustic neuroma (a non-cancerous tumor) or high blood pressure.

"There is no magic pill or easy fix for tinnitus which makes this an equally frustrating situation for the patient and the doctor. But to say that nothing can be done is not fair to the patient, and it's inaccurate," says Seidman.

How Sufferers Cope

Options for treating tinnitus range from lifestyle changes to surgery. Some people find that changes in diet, nutritional supplements, and elimination of caffeine and nicotine are effective. Others turn to anti-depressant or anti-anxiety medications and/or counseling. Some utilize hearing aids or "maskers," devices that soften but do not eliminate the sounds created by tinnitus. And there are some people who have undergone surgery known as deep brain stimulation, where electrodes are placed into the brain.

"I had a year of hypnosis from a very good clinical psychologist in Houston, who fought with me tooth and nail to put the fight back into me," says Virginia Lipp. "When we lose our ability to fight, we're sunk. We fight to wake up, we fight to keep

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Bringing Health Care Home

Many Options in Caring for Loved Ones at Home

By Kelly D. Morris

When Sandra Kivkovich's father was diagnosed with Alzheimer's disease, the family decided they wanted him to be able to live in his own home. But while they clearly didn't want to put him in a nursing home, they didn't know how difficult it might be to arrange for home care.

It's a decision most of us will have to make at some point in our lives, because we'll have a loved one who needs more care than we can give. While a nursing home provides 24-hour care, a home caregiver can give more personalized care. In essence, your loved one can get one-on-one attention in the comfort of their own home.

However, it's often easier said than done. Once you decide to go with in-home care, you have to go about finding the right person for the job. You of course want to make sure your loved one is getting the care they need, so you want someone who has experience and is trained to provide top-quality care. You also don't want to go bankrupt in the process.

Once you've decided to go with an in-home caregiver, you have a couple of options. You can hire someone yourself or you can go through an agency. There are pros and cons to both choices.

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.

If you find a caregiver on your own, you can choose the person you like best for the job. If you go through an agency, they'll send you someone from their staff, meaning you may not get a lot of choice about who the caregiver will be. You can, however, request to interview some of the



agency's caregivers and choose the person you like best. If you're interested in using an agency, ask about this option when you call.

Using an agency might cost you more than hiring someone on your own. At least, up front. But if you hire your own caregiver, you'll be responsible for paying taxes on their salary. You'll also be responsible if they hurt themselves, for instance pulling a muscle in their back, while caring for your loved one. It may be simpler in the end to use an agency and let them worry about those things.

An agency can also offer you a wide variety of services, which can be more convenient than piecing it all together yourself. Most agencies offer nursing care, home health aides, physical and occupational therapists, and companions and homemakers. In other words, you can get all of the services your loved one needs in one place and move up in services with the same agency as your loved one's needs change.

Paying for It All

Medicare will pay for a home health aide if your loved one is homebound and has need of skilled nursing care. In that case, a home care nurse will visit. Examples of skilled nursing needs include dressing changes, blood tests, monitoring someone with advanced Alzheimer's, etc. If your loved one has a skilled nursing need, they will qualify for a home health aide. The aide can help your loved one with things like bathing, eating, and exercises as recommended by a physical therapist (you can get a physical therapist to come to the home, too, if needed). Medicare pays the entire cost of home health care.

Note that Medicare will only pay the home health aide for one hour of care per day, however. And the home health aide can only help with personal care. As a result, you must deal with the likelihood that you'll need someone to be there for more than an hour. And you'll need a solution if your loved one needs help with things like cleaning, laundry, and grocery shopping.

BASIC HOME CARE HIRING QUESTIONS

Andrew Marks, a social worker for a home healthcare agency in Wooster, Ohio, suggests getting answers at least to this basic list of questions when hiring a home caregiver.

- What services are provided? If you need someone to do housework, ask if home-making services are available.
- How much does it cost? Will insurance cover it?
- Does the caregiver have experience with the particular needs of your loved one (such as Alzheimer's, hearing loss, etc.)?
- If you're hiring someone on your own instead of going through an agency, does the caregiver have references you can call?

If your loved one qualifies for Medicaid, they will pay for some of these services. Even if you don't think your loved one qualifies for Medicaid, apply anyway. You might be surprised.

Keep in mind that if your loved one has any type of health insurance, it probably pays something for home health

care. Check the policy to find out what it covers.

There also is a program called Passport that helps pay for home health aide and homemaker services. To find out if your loved one qualifies, contact the Area Agency on Aging in your area.

You can always pay for the services of a home health agency out of your own pocket. While costs vary by region, the typical cost for a home health aide is \$25 per hour, and that's just not affordable for many people, especially if you need them to come very often or stay very long. You should also know that many home health care agencies will only provide services if they are ordered by a doctor. It probably won't be difficult to get your loved one's doctor to write an order, though.

Optionally, you can find your own caregiver without going through an agency. Advertise in the local newspaper or online, or try contacting a nearby college or nursing school. Caregivers usually charge by the hour, but if you want someone to stay all day, they may charge by the day. The cost will depend in part on the amount of care your loved one needs, but \$12 an hour is typical, again depending on the location.

In the case of Sandra Kivkovich, who

lives in Cincinnati, Ohio, she and her family decided they needed to hire a live-in home care worker because her father needed around-the-clock care. They paid \$5,000 a month for live-in care. They also provided room and board for the caregiver, a common practice with live-ins.

How Will Mom and Dad React?

Your loved one may initially resist the idea of having someone in their home. You can explain your concerns or just tell them that the caregiver is coming in to "help out." Sandra's father first insisted that he didn't need help, but once he got to know the aide, he liked her a lot. In fact, when Sandra would care for him on the aide's day off, her father would ask repeatedly when the aide was coming back. It may just take some time for your loved one to get used to the idea of having in-home help.

To make things easier, let mom and dad have as much control over the situation as possible. Perhaps they can decide what time the home health aide should come or what tasks the aide should do first. Perhaps they can assist in the selection of a caregiver. Keeping them involved in the process will help them accept the need for in-home care. ■

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appointments on time, we fight to make deadlines—and we need that ability to fight to live with tinnitus."

So where does one's "fight" begin?

"I don't see anyone who hasn't first been seen by an ENT (ear, nose and throat) specialist," says Anne Howell, an audiologist at the Callier Center for Communication Disorders at the University of Texas, Dallas. "The people who come to see me usually are having significant life issues as a result of their tinnitus. They are losing sleep, experiencing social avoidance, or having increased periods of fatigue. The tinnitus is impacting their ability to function on a very significant level."

Insurance Too Often Lacking

Howell acknowledges one of the biggest challenges in getting treatment for tinnitus is the lack of insurance coverage for services related to hearing loss, tinnitus or other hearing related problems. She says that medications such as anti-depressants, anti-anxiety medications and sleep aids are often suggested as the medication is covered by insurance where other approaches used in tinnitus treatment are not.

Out-of-pocket expense for hearing aids, re-training therapy or special devices that provide auditory stimulation can cost

between \$2,000 and \$6,000.

Medicare, and even private health plans, rarely cover a complete audiology exam, which can take up to four hours to conduct. However, veterans with tinnitus are more likely to be helped, as the military considers tinnitus to be a disability. In fact, it's estimated that more than \$1 billion will be paid in benefits by the year 2011 for veterans who have been diagnosed with

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RESOURCES:

American Tinnitus Association (www.ata.org and 800-634-8978), a non-profit educational organization offering information and resources, including "Twenty Tips to Manage Tinnitus" (www.ata.org/tinnitus-tips)

National Institute on Deafness and Other Communication Disorders (301-496-7243) has comprehensive online information covering everything from hearing loss to treatments to current research at www.nidcd.nih.gov/health/hearing/noiseinear.asp

Mayo Clinic has an excellent primer on the issue, symptoms, treatment and causes of tinnitus at www.mayoclinic.com/health/tinnitus/DS00365inic

Oregon Health and Science University has a useful fact sheet about tinnitus as well as treatment options at www.ohsu.edu/ohrc/tinnitusclinic/factSheet.html

Not Just Unsightly but Dangerous

Varicose and Spider Veins Are Serious Business

By Lori Zanteson

Unsightly, often embarrassing and increasingly common with age, varicose and spider veins affect more than 80 million Americans, including one out of every two people over age 50. And while frequently left untreated and written off as a sign of aging or a cosmetic issue, there's often more to these bulging, twisted blue or purple veins than meets the eye.

In fact, varicose and spider veins can compromise a person's quality of life and threaten serious health issues that caregivers should note, for their sake as well as their aging loved ones.

Varicose veins form when vein valves, which act as one-way flaps, weaken, allowing blood traveling to the heart to flow back down into the leg vein, overflowing it with blood, bulging, and becoming varicose. The purple color is evidence of oxygen-poor blood pooled in the veins. Common locations are the thigh, leg, behind the knee, ankles and feet, which are all under high pressure when standing. Hot, heavy, or itching legs that may swell, ache, throb, or become numb are symptoms of varicose veins.

Spider veins are closer to the skin's surface than varicose veins and are often red or blue in color. They have the appearance of a spider web with thin, jagged lines, and they are typically found on the face and legs. Like varicose veins, spider veins may also be caused by the backup of blood, but also can be associated with heredity, hormonal changes, and sun exposure.

Florence Miller, 59, of Panama City, Florida, has both spider and varicose veins from standing on her feet between eight and 10 hours a day as a cake decora-

tor for 25 years. An only child, Miller left her job to care for her 82-year-old mother who is blind and requires oxygen around the clock. Pushing her mom in a wheelchair to take her to doctor appointments and to otherwise get her out of the house has taken a toll on Miller's legs.

"I have bad varicose veins in my left leg," she says, "and if I am on my legs too long, the artery in the groin starts to hurt and I can hardly walk. It's hard to pick up that foot and leg to walk, but if I get off of my feet and elevate the leg with an ice pack in about an hour it feels better." Some days her pain is severe, but she says, "You just keep going."

Apparently, Miller is not alone: a lot of Americans live with the aching pain of varicose veins. A study last year by the Vein Clinics of America found that of the one in five people who reported having varicose veins, half of them experienced leg pain, yet a staggering 87% said they have never sought treatment. It turns out that nearly half of the study respondents did not consider varicose veins a serious health issue.

"Many people don't make the connection between varicose veins and leg discomfort, when in fact, varicose veins may be the outward symptom of an underlying problem that could potentially lead to serious health complications," said Dr. Ted King, medical director of the Vein Clinics of America, which is headquartered in Downers Grove, Illinois. Severe varicose veins can lead to leg ulcers, bleeding, vein inflammation, and blood clots, all of which can signal a higher risk of other circulatory problems and be life-threatening.

Any worsening of swelling or pain is cause to see a doctor. Sudden swelling in the leg, chest pain or trouble breathing could indicate a blood clot. If dislodged, it could move into your lungs and block an artery that leads to your heart.

Particularly in the elderly, keep an eye out for sores or a rash near the ankle with the varicose vein. They could form an ulcer. A brown spot usually appears on the skin before an ulcer becomes visible. Scratching or bumping the area will worsen it and could easily cause bleeding on thin, aging skin.

The major causes of varicose veins, according to *Varicose Veins and Spider Veins: Myths and Realities*, are heredity, pregnancy, and long periods of stand- ▶

VARICOSE VEINS: WHO IS AT RISK?

Your chances of developing varicose or spider veins increase under the following circumstances:

Age: Getting older may put you at higher risk for varicose veins. The normal wear and tear of aging may cause the valves in your veins to weaken and not work as well.

Family History: Having family members who have varicose veins may raise your risk. About half of all people who have varicose veins have a family history of them.

Gender: Women tend to get varicose veins more often than men. Hormonal changes that occur during puberty, pregnancy, menopause, or with the use of birth control pills may raise a woman's chances of getting varicose veins.

Overweight or Obesity: Being overweight or obese can put extra pressure on your veins. This can lead to varicose veins.

Lack of Movement: Standing or sitting for a long time, especially with your legs bent or crossed, may raise your risk for varicose veins. This is because staying in one position for a long time may force your veins to work harder to pump blood to your heart.

— Source: National Heart, Blood and Lung Institute

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ing (gravity). Author Dr. Robert A. Musson says other minor contributing factors, such as being overweight or sedentary, or experiencing frequent constipation, on their own won't cause varicose veins. If left untreated early on, spider and varicose veins will worsen.

Genetics put us at greatest risk for varicose veins, yet being aware of the risk can help us take measures to minimize our chances of developing new ones and to ease symptoms of existing "blue" veins. Ways to alleviate symptoms include elevating legs, keeping body weight within a healthy range, massaging legs 2–3 times per day to aid circulation, eating a fiber-rich and low salt diet and wearing compression stockings or support panty hose.

Says Musson, "The only measure that consistently appears to help the condition is exercise." Low impact, aerobic activities that exercise the calf muscles are best for leg veins because they help strengthen what Musson calls their "pumping ability," which improves blood flow out of the leg and back to the heart, reducing pressure on the veins.

"Walking is the single best exercise for these calf muscles," says Musson. In fact, walking for 45 minutes 3–4 times a week is ideal, but even once a week helps.



Swimming and biking are also good options.

When self-treatment isn't adequate, sclerotherapy is the most common treatment for both spider and varicose veins. A solution is injected into the vein that causes it to seal shut, turning it to scar tissue which eventually fades. The procedure is done in a doctor's office without anesthesia and has a high success rate. Laser surgery is another very effective procedure that many patients prefer because it does not use needles or require incisions.

Rosie Éclair of Melbourne Australia had sclerotherapy years ago for cosmetic reasons but she believed there was "a chance that they (spider and blue veins) could develop into full-blown varicose veins eventually, as I was on my feet most of the day at work." Now in her 50s, the veins are back. However, they are not a problem for her, as she is very active, which is the secret. There are many people with varicose veins who are only aware of them when they wear shorts.

As long as there are no warning signs and appearance is not an issue, varicose veins can be a very normal part of life—at any age. Being aware of those warning signs and the potential health issues they can cause caregivers and their aging loved ones is the best preventative measure. ■

RESOURCES:

Mayo Clinic at www.mayoclinic.com/health/varicose-veins/DS00256

Medline Plus at www.nlm.nih.gov/medlineplus/varicoseveins.html

National Heart, Blood and Lung Institute
www.nhlbi.nih.gov/health/dci/Diseases/vv/vv_what.html

Vein Directory at www.veindirectory.org

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service-related tinnitus.

"If there's anything I would tell people, I would say: 'don't give up,'" says Howell. "You might not find a perfect solution, but doing something is better than doing nothing. You don't have to just sit home and live with it."

When it comes to not giving up, Virginia Lipp could write a book on the subject. Lipp endured six operations, visited 18 otolaryngologists, underwent a month of acupuncture, and sought out hypnosis therapy.

She says, "As time goes by, it gets easier, once you learn the key, which is: learn what to fight and what to accept. I'm disabled. That's O.K. I'm still a whole, viable human being. I just need help with some areas of existence. And I must help myself. If I don't, I will accept defeat, and that's dangerous. I've lived with tinnitus with hyperacusis [oversensitivity to everyday sound] for 37 years. I'm so glad to be here." ■

Paula S. McCarron has more than 20 years of experience in health care, including nursing homes and hospice. She lives in Chelmsford, Massachusetts, and can be reached at paulamccarron@gmail.com.

COMING UP IN APRIL

- Just when you think it's safe to think about slowing down and plan for retirement, caregiving hits. And suddenly retirement seems like a distant, if not impossible goal. Strategies for staying the course while caring for a loved one.
- What outdated or even rancid food lurks in Mom's kitchen cupboards and refrigerator? A look at food safety with tips for caregivers to help assure aging loved ones are safe from food spoilage.
- Dad's in the hospital, attended to by a host of pedigreed doctors—each of whom has a different opinion on diagnosis and treatment. We'll help you sort through medical opinion overload, a major challenge for many family caregivers.
- More than half of all dementia patients wander during the disease, sometimes with tragic results, but a program co-developed by the Alzheimer's Association aims to help caregivers rest a little easier. Learn about Safe Return and how it is changing caregiving for many thousands of Americans.

Understanding Vascular Cognitive Impairment

A Preventable Form of Dementia

All dementia isn't Alzheimer's disease, where plaques and tangles form in brain cells for unknown reasons, eventually causing irreparable and fatal damage. A less common form of dementia, called vascular cognitive impairment (VCI), can be mistaken for Alzheimer's.

But there's one major difference between the two: VCI is preventable.

Vascular cognitive impairment is the second most common cause of dementia, accounting for an estimated 10% to 20% of all dementias in older adults. VCI occurs in 1% to 4% of all Americans over age 65.

According to *Mayo Clinic Women's HealthSource*, the disorder is most often caused by brain damage resulting from multiple small strokes, which can occur when one or more arteries in the brain narrow or become completely blocked. However, the risk of VCI can be significant-

ly reduced by managing controllable risk factors, such as blood pressure, cigarette smoking, diabetes and cholesterol levels.

While not all strokes cause dementia, in some cases a stroke can result in the sudden onset of VCI. Other forms of this condition develop gradually and can easily be confused with Alzheimer's. Common symptoms include confusion and agitation, problems with language and memory, unsteady gait and frequent falls, loss of bowel or bladder control, and personality changes.

Typically, a declining ability to organize thoughts or actions is the first symptom of VCI. This sets the disorder apart from Alzheimer's, where problems with memory usually occur first.

Once vascular cognitive impairment occurs, damage can't be reversed. Treatment focuses on preventing further damage.

These steps can reduce the risk of

developing VCI:

- **Stop smoking:** This reduces the risk of stroke dramatically. Within a few years of becoming smoke free, ex-smokers lower their risk of stroke to the same level as a nonsmoker.
- **Control diabetes:** Careful control of blood sugar may reduce the brain damage a stroke can cause.
- **Control high blood pressure:** Hypertension puts extra pressure on blood vessels throughout the body. Exercising, managing stress, maintaining a healthy weight and limiting sodium and alcohol consumption are ways to manage blood pressure. Medications may be needed, too.
- **Lower cholesterol and saturated fat intake:** A low-fat, low-cholesterol diet may help reduce the buildup of fatty deposits in the arteries. Cholesterol-lowering medications may be helpful, too. ■

Give the Lasting Gift of Care

how you care to those around you who can benefit from the same information, tips, advice and how-to features you receive every month in *Caregiver's Home Companion*.

Give a gift subscription to the newsletter so the help and benefit you receive can be shared by others you care about.

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The image shows the cover of the 'Caregiver's Home Companion' newsletter. The title is 'Caregiver's HOME COMPANION' with the tagline 'HELPING THOSE WHO HELP OTHERS'. The main article is 'Alcohol and the Elderly: An All-too-Common Bond with Serious Consequences' by Paula McCasas. The cover features a photograph of a bottle of alcohol. Below the main article, there is a section titled 'Inside this Issue' with a list of other articles: 'The Caregiver's Guide to the Holidays', 'Preparing for Care: A Checklist', 'Living Longevity: A Checklist for Your Health', 'Looking for a New Home?', and 'New Year's Resolutions: A Checklist for Your Health'. There is also a small section titled 'Importance to Help Giving Stress' with a silhouette of a person.