

Volume 7 Issue 9 | May 2009

www.caregivershome.com

HELPING THOSE WHO HELP OTHERS

Technology: Caregiving's New Frontier

How Technical Innovation is Changing the Face of Elder-Caregiving

By Melissa A. Goodwin

t's time to take your heart medication," the home care nurse tells Mr. Smith. "Follow me into the kitchen." The nurse rotates on her wheels and rolls down the hallway. Mr. Smith follows behind, using his walker. The "nurse" is a robot designed to help elderly people function independently at home by reminding them when to take medication, performing simple physical tasks for them, and monitoring their activities.

Sounds like science fiction? It's not! Carnegie Mellon University has already developed a prototype personal mobile robotic assistant named Pearl the Nursebot (pictured at right) to do just those kinds of things. Pearl is just one example of the many creative ideas researchers are developing to help older people remain independent in their homes, and to help caregivers manage.

Demand Driving Change

A recent study by phone-device manufacturer Clarity and the EAR Foundation showed that older people are more afraid of losing their independence and having to move into a nursing home than they are of dying. Their children and caregivers also worry about the effect that losing independence will have on the emotional and physical well-being of their elderly loved ones.

According to the study, the vast majority of seniors (89%) want to "age in place," meaning they want to spend their later years living independently at home.

Editor's Note: The age-old tradition of hands-on caregiving has assisted generation after generation of family member. But today is a new dawn in elder care, with technological advances stepping forward to help family and professional caregiver alike take better care of aging loved ones. Technology: Caregiving's New Frontier is a 3-part feature series exploring how technology is changing elder care. This is the first installment.

INSIDE THIS ISSUE

Caregiver Retirement
Can It Be a Reality, or
Will It Fade Away?

Caregiving Gadgets and Gizmos Products for Memory Jogging, Scented Therapy



10 Tips for Caregivers Assuring Your Loved One Has a 'Healthy' Hospital Stay Quit Your Belly Achin'
5 Things You Need to
Know About Digestive
Disorders



Subscriptions

Print: \$34.95 one year (U.S.) \$58.95 two years (U.S.)

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

Call toll-free to subscribe: 1-877-259-1977

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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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Technology: Caregiving's New Frontier

Continued from page 1

And, although this generation did not grow up with today's technology, more than half of the seniors in the study said they would be open to using assistive technologies to help them hold onto that independence.

But it's not just the needs of today's seniors that's driving demand for technologies that enable independence. More than 60% of baby boomers between the ages of 45 and 63 are actively involved with providing assistance to an elderly loved one. At the same time, more than 50% also have children under the age of 25. These caregivers are sandwiched between caring for their parents and their children, and many of them are providing care from a distance. The baby boomer generation is quite comfortable using technology, and is also demanding innovative solutions that make caregiving easier and that will help keep loved ones safe.

Caregiver Today, Elder Tomorrow

Perhaps an even more significant factor is that today's caregivers are also tomorrow's seniors. The oldest of the baby boomers begin turning 65 in 2011, just two years from now. Boomers have always prided themselves on challenging the status quo, driving change and living life on their terms. This generation will not head for the nursing home meekly or quietly! As the estimated 79 million people in this demographic segment age, they will demand technology solutions to help them maintain an independent and comfortable lifestyle.

The availability, quality, and cost of long-term care and home health care are other forces driving the development of home care technology solutions. Home care is usually much cheaper than nursing home care. And, according to Dr. Mary Jane Koren of the Commonwealth Fund, a private foundation that studies healthcare issues, there aren't enough trained caregivers or facilities to accommodate the expected doubling of older adults over the next 25 years.

Tech's Early Role in Caregiving

Until recently, technology's role in caregiving has primarily been to gather and disseminate information to and among caregivers. Organizations such as the Family Caregiver Alliance have used technology to gather data from caregivers that is then used for advocacy and program development. Online support groups, advice columns and informational websites, including our own ⁹at CaregiversHome.com, have enabled family

caregivers to connect, share and access helpful information at their convenience.

An early foray into the use of technology to keep seniors safe at home was the innovative LifeCall system, most widely recognized by its commercials with the famous line, "I've fallen and I can't get up!" This popular and effective system involves wearing a call button around the neck, which is used to summon assistance in the event of a fall or other mishap. Beyond this, though, technology has, so far, played a limited role in caregiving or enabling the independence of older adults.

The Race is On

Change brings opportunity, and both the public and private sectors are already looking for ways that technology can not only prolong independence, but can also ease the stress on caregivers and the health care system, as well as hold down care costs. University researchers, telecommunications companies and technology firms are developing and testing new ideas that will revolutionize the way we think about caregiving. These researchers are asking questions such as:

- What will older people need in order to remain living independently?
- What do caregivers need in order to have peace of mind about their elderly loved ones?
- How can technology help?
- Will people accept the technology in their homes? continues on page 5

WHO'S WHO IN ELDER-TECH

A host of companies, large and small, are leading the technology charge on behalf of our fast-growing elderly population. They include:

Intel: Developing digital and wireless sensing systems, www.intel.com

Accenture: Developing sensing and communications technologies, www.accenture.com

Vecna Robotics: Developing in-home applications for robotics, www.vecnarobotics.com

Verimed: Developed the first FDA-approved patient identification system using a microchip implanted under an elder's skin, www.verimedinfo.com

Ecumen: Developing sensing and telecommunications tools for use in the home, www.ecumen.org

QuietCare Home Health Systems: Developed an in-home early detection and warning system, www.quietcaresystems.com

Caregiver Retirement

Can It Be a Reality, or Will It Fade Away?

By Maura Keller

How will [caregivers] continue to provide care, which is stressful under the best of circumstances, while worrying about their own financial future and figure out how they will pay for their own care when the time ever comes?"

— Emma Dickison, president, Home Helpers elder care company

o matter what stage of life you're in, the need for regular financial saving and investing spans the "ages." After all, we work all our lives with the hope and expectation that we can retire financially secure at an age when we're still able to enjoy life.

But what happens when caregiving rears its head, and you are not only swept into action with your physical and mental resources but also your financial resources? The answer is: "plenty." And while the picture can appear grim for that retirement goal, this need not be the case; with a little know-how, you can plan for retirement while effectively caring for your loved one.

"Even before the economy went bad, only a third of workers could be confident of having a comfortable retirement," says Howard Gleckman, author of the upcoming book Caring For Our Parents: Inspiring Stories of Families Seeking New Solutions to America's Most Urgent Health Crisis. "Now, even fewer feel secure," he pointedly adds.

That's because assets in the average retirement account for a 50-something-year-old have dropped to less than \$90,000, according to new estimates by The Urban Institute. And in many areas, home values, long thought to be a retirement funding source, have plunged by 30% or more.

"It is much worse for caregivers, who on average contribute as much as \$5,000 a year of their own money to caring for parents and other loved ones," says Gleckman, who is a senior researcher at The Urban Institute and previously was a visiting fellow at the Center on Retirement Research at Boston College.

According to Emma Dickison, president of the Cincinnatiheadquartered Home Helpers homecare company, caregivers care deeply about the aging family member needing help, yet they are affected by the economy as well.

"The caregiver's portfolio has been affected," Dickison says. "How will they continue to provide care, which is stressful



under the best of circumstances, while worrying about their own financial future and figure out how they will pay for their own care when the time ever comes? We know today that adults over 65 have an average of five chronic conditions, see 14 doctors a year, and take about 50 medications over the course of the year. Caregivers are seeing that firsthand, and it affects their outlook and actions."

Gleckman says a key concern for caregivers is the risk to their own jobs and financial livelihood. In researching Caring for Our Parents, Gleckman talked to many caregivers who had to cut back their own work hours in order to help out parents, spouses, or children.

For example, Gleckman met Steve and Judy Dow, who live outside of Burlington, Vermont. "They were caring for Steve's mom and both of Judy's parents. Judy had to give up her fulltime job as a teacher because she no longer had the time to work five days a week," he says. "Now, she works as a consultant — a job that gives her more flexibility but is much less secure. Steve, who is a self-employed contractor, estimates he's given up \$80,000 of work because of the time he's spent helping his mom. When I asked him if he'd been able to put anything away for retirement, he replied, 'You can't even think about that.'"

When you work less, not only do you earn less money today, but you also have less to put away for retirement. "Your employer may not contribute as much to your 401(k), and since Social Security benefits are tied to how much you earn, you may get less from Social Security as well," Gleckman says. "On top of it all, if you have to take time from work, you risk losing your job.

continues on page 7

Caregiving Gadgets and Gizmos

Products for Memory Jogging, Scented Therapy

By Kelly D. Morris

t's time again to bring you our picks of a variety of innovative items for our aging loved ones. Actually, some of these products are useful for a variety of people—in fact, I want a Twiddle Muff for myself, and the MemoGames look like a lot of fun. I think I could also use some therapy putty because there are "those" days when life deals a full deck.

Many of these caregiving gadgets and gizmos can be useful for people of all ages. For example, the MemoGames can be played with children as well as adults. The Twiddle Muff can be used with children with disabilities as well as with seniors. Aromatherapy putty can be used with people of all ages, too.

So, here are our latest picks:

Purrfect Opener

The Purrfect Opener is great for anyone with arthritis or other difficulties opening things like medicine bottles. It comes in the shape of a cute cat, with a magnet on the back so you can keep it on your refrigerator.

Use the tail or pointed ears to pierce that pesky foil covering the opening of some medicine bottles, and use the pointed tail to pull out the ever-present wad of cotton. Use the gripping pad to open the bottles. You can also use the angled head to open non-prescription bottles such as aspirin. You can store single-dose pills in the template on the back.

Call 800-708-6736 to order, or you can purchase one online at PurrfectOpener.com for \$10.95.

The company sells a number of other useful items as well, so take a little time to explore their website.



Lifelong Therapeutic Putty

Remember silly putty? Well, therapy putty is similar to that, but it also has many therapeutic qualities. You can mold it into different shapes or simply squeeze it for a great feeling. It's great for someone with arthritis, because it strengthens the handgrip and improves finger dexterity. But it goes beyond that use: squeezing the putty is also relaxing and can help calm someone who is agitated. It increases the overall feeling of well-being. It can also stimulate the creative powers of the mind.

The Lifelong Therapeutic Putty company makes an unscented putty that is available in six different resistive consistencies. They also make aromatherapy putty in three appealing scents. The aromatherapy putty is made with essential oils, which have long been known to have health benefits. Lavender putty is relaxing and can even help to lift depression, say its makers. Juniper putty gets warm to the touch and helps relieve arthritic or rheumatic pain, they add. (Juniper putty should not be used during pregnancy,

however.) Finally, jasmine putty is intended to help reduce stress and anxiety.

You can buy therapy putty online at www.handputtystore.com for \$8.95. You can find similar products at most medical supply stores, but they may not carry the aromatherapy putty (which is what I like best!).

Bunion Aid

A bunion is a misalignment of the two bones that form the base joint of the big toe. Technically called Hallux Valgus, bunions are one of the most common of all foot ailments, especially common in women. This misalignment causes the big toe to angle inward, while the joint is pushed outward, in the opposite direction.

The small bones of your feet bear the weight of your body, and when the base of the big toe is compromised, the load is placed on other bones instead. This causes too much stress on other joints, and can lead to the development of arthritis. Bunions can also be very painful.

Fortunately, there is relief. The Bunion Aid is a flexible splint that realigns the bones of the foot. It can relieve the pain of bunions while protecting against arthritis and other degenerative ailments. It is intended to make walking,



running, and climbing stairs easier. It also can improve balance and gait. Bunion Aid fits inside your shoe, so you can wear it anytime or all the time, whichever you prefer.

You can order a Bunion Aid online at www.alphaorthotics.com or by calling 415-389-8980. The Bunion Aid itself sells for \$59.95. You can also purchase a kit to extend the life of your Bunion Aid. The kit contains a foam pad, a toe strap, a metatarsal strap, and a metatarsal pad. The kit retails for \$39.95.



Twiddle Muff

In a previous issue, we reviewed an activity apron for those with Alzheimer's or other forms of dementia. The Twiddle Muff is rather similar, but has some unique features.

It looks like a regular hand muff. It's soft and plush. Inside is a very soft, squeezable ball. On the outside are three exchangeable gadgets, including a satin bag of moveable marbles, a strand of textured ribbon, and a loop of colorful wooden beads.

The Twiddle Muff offers warmth, comfort, and activity for those with dementia or for anyone who is soothed by repetitive movement. The Twiddle Muff is visually appealing and tactilely interesting.

The gadget comes in several styles. The original muff is blue and purple with a fancy satin fringe. Then there is a sports design with blue and green plaid. Finally, there are pet designs, a cat and a pup.

You can order the original muff or the sports style muff for \$39.95, or the cat or pup model for \$44.95. Just call 877-428-3321, or visit them online at www.beaulily.com.

MemoGames

Did you ever play the game Memory as a child? Well, MemoGames are like that, only for adults. There are 72 cards with 36 different pictures. You spread the cards out on a table or other playing surface, face down. The first player turns over two cards. If the cards are identical, the player keeps them and turns over two more cards. If the cards are not identical, the next player takes his or her turn.

This is a wonderful way to improve memory and keep the mind active. There are multiple versions to choose from,



including America Memo, Classic Golf Memo, Art Memo, and Music Memo. Each version is intended to stimulate conversation and learning.

MemoGames are also great for facilitating interaction among family and friends. Players of all ages can enjoy the

MemoGames are manufactured by Piatnik. You can purchase them through several retailers, including Elderluxe. You can order one by calling 888-537-LUXE (5893), or order online at www.elderluxe.com. Elderluxe sells them for \$20 each.

Elderluxe also offers a range of other products for seniors, so you might want to spend some time exploring their website.

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.

Technology: Caregiving's New Frontier Continued from page 2

• How can we make the technology seem non-invasive?

While early solutions like the LifeCall system focused on quick reaction to events that had already occurred, new ideas are geared more toward prevention. Among the ideas already being tested are sensors that monitor and record movements, with an eye toward spotting changes in behavior and physical movement that might signal an emerging problem. Motion detectors are being used to alert caregivers or doctors when Alzheimer's patients enter high-risk areas of the home, such as the kitchen. Microchips inserted under a person's skin provide medical staff with medical information in the event family is not available

ELDERLY FEAR LOST **INDEPENDENCE**

Here are key findings from the "Aging in Place in America" study, which examined the attitudes and anxieties of the nation's elderly population and its caregivers.

- The vast majority of seniors want to age in place.
- A large percentage of baby boomers (82%) fear their loved ones will be mistreated in a nursing home and 89% fear that their loved ones will be sad.
- Almost two-thirds (63%) of baby boomers provide some assistance to their aging parents or loved ones.
- · Half of seniors are willing to use new technology to enable their independence.

to provide it during an emergency. Assistive robotics such as Pearl the Nursebot are currently being improved and tested in long-term care facilities.

These innovations are just the tip of the caregiving technology revolution. Yet their promise is so exciting that it's likely that the advancement from today's raw prototypes to tools that are widely available for use at home will be both rapid and dramatic. Next month, we'll dig deeper into these ideas and find out how they are already helping seniors, caregivers and health care professionals in real life caregiving situations. ■

Melissa A. Goodwin is a freelance writer and photographer living in Santa Fe, New Mexico. She has years of experience working with volunteer caregiving programs that help seniors and family caregivers. She can be reached at meesarj@msn.com.

10 Tips for Caregivers Assuring Your Loved One Has a 'Healthy' Hospital Stay

By Martine Ehrenclou

HOSPITAL CARE HAS BECOME HAZARDOUS to the patient's health. While nearly a quarter of a million deaths in hospitals nationwide were found to be preventable, according to the 2008 HealthGrades Patient Safety in American Hospitals Study, there is something every caregiver can do immediately to improve the chances of their loved one surviving a hospital stay.

As a caregiver, you are already in the role of advocate when caring for a spouse, parent or other loved one. You take care of them, shuttle them to doctor's appointments, arrange for their meals, and much more. And if your loved one is admitted to the hospital, you are temporarily relieved of those particular duties only to be challenged by new ones. In doing so, even temporarily, you simply continue as advocate—but in a new and different way.

With a hospitalization, either planned or an emergency, you'll be acting as a watchdog or sentinel for your loved one, overseeing their hospital medical care in an effort to prevent medical errors. The hospitalized patient cannot do this for himself. As challenging as caring for a parent or spouse is, when they are admitted to the hospital, the stakes are higher because of the high probability of a medical error occurring. In fact, 1.5 million medical errors occur each year, according to The Institute of Medicine.

There is something you can do, and the following 10 tips are intended to keep your loved one on a safe path.

Martine Ehrenclou, MA, is the Los Angeles-based author of the award-winning book Critical Conditions: The Essential Hospital Guide To Get Your Loved One Out Alive, published by Lemon Grove Press. Her website is www.criticalconditions.com.

You will act as the patient's eyes and ears. Get a notebook. Write down the patient's name, hospital room, the physicians' and primary nurses' names and contact information, the patient's diagnosis and treatment plan. Show up during doctors' rounds to conduct faceto-face meetings. Take notes on your conversations and use your notes as checklists when medical care is administered to the patient.

To prevent medication mistakes, write down the patient's medications and dosages. Describe what the medication looks like, the shape and color of any pills, the names on the labels of bottles or IV fluid bags. Create a detailed description as medication names and labels can look alike and names sound alike. Make sure that you recognize the medication when it is administered. If you don't, ask questions. Be assertive. Also make sure the patient's allergy to a medication is on his or her chart. Speak this information aloud to the patient's primary care nurse.

To prevent the spread of hospitalacquired infectious diseases, among the most virulent of which are MRSA and pneumonia, wash your hands. Ask every person who comes in contact with your loved one, including physicians and nurses, to wash their hands before touching the patient. Place antibacterial gel next to your loved one's bed and ask everyone to use it.

To prevent patient name mistakes, check with each hospital staff member who either comes to pick



← Emergency

← Registration

← Hospital Main **Entrance**

loved one's name, birth date and correct treatment procedure. Repeat this checklist with each hospital staff person.

To prevent bed sores, monitor how often your elderly's body is turned in bed. They must be turned every two hours to prevent bed sores. Keep a log in your notebook of times the patient is turned. If two hours lapse, simply make a polite request of the patient's primary nurse.

To prevent falls, it is essential to be with your loved one at all times, if they are at risk of losing balance and falling. If recovering from surgery, ill, or medicated, he or she may try to get out of bed simply to go to the bathroom. If you are present, or if you enlist other family members and good friends to assist with this task, you can prevent your loved one from falling out of bed and breaking bones or seriously hurting themselves.

To prevent surgery on the wrong body part, accompany the patient to the operating room and request to see the surgeon. Ask this doctor to mark on the patient's body the correct site to be operated on and confirm which surgery is to be performed. If the surgeon is not available, ask to see the anesthesiologist and other staff involved in your loved one's case and repeat this same checklist with each one of them.

On holidays, weekends and nights, realize that medical errors increase at these times because nurse-topatient ratios increase and doctors can be away. Be with your loved one as much as possible or hire a sitter, companion or private duty nurse to fill in. You can also ask family members and good friends to share this task with you.

Establish relationships with the patient's primary nurses and physicians. Imagine how many patients medical professionals see in a week. You want each one to see your loved one as a human being, not as "the shoulder surgery in room #301." Tell the doctors and nurses about your loved one. What are his or her interests? Who are his or her family members? Are there grandchildren? Are there pets at home? Bring in photos and place them in view. You want these medical professionals to pay attention, to connect to you and the patient on a human level. You are letting the doctors and nurses know that you are involved—and patients with involved caregivers get more attention. Quite simply, more attention translates to the probability of fewer medical errors.

Ask questions. Many caregivers are afraid to question their loved one's nurses and doctors. Don't be. If you approach them with respect, most will respond in kind. If a medication looks new or different, ask for the name and what it is for. If something seems amiss, or you are surprised by some piece of information such as orders for discharge when you thought the patient was going to be in the hospital for another two days, ask questions. As long as you are polite and respectful, your request should be met with acceptance. If you don't understand something, ask questions. This is your loved one's health and well being we are talking about. Again, be assertive.

Above all, try to be with the patient as much as possible. You don't want your loved one, who might be in pain, calling for a nurse who doesn't come. Patients with involved caregivers get more attention. For a short period of time, you will help facilitate this—and you could save a life.

Even if you only implement a couple of these tips, you will have helped your loved one in ways you may not realize. Being in the hospital is a frightening experience for many patients, especially the elderly, so just imagine how much comfort they will derive from knowing that you will be there to oversee their care. ■

COMING UP IN JUNE

- How can technology help reduce the demand for eldercare and healthcare services, keep older adults safer and healthier, and enable them to go on living independently? We'll share developments with you.
- Longtime friends and family grow older and pass away with increasing frequency, even as our own loved ones age. How can we help them deal with these losses while helping assure they don't look over their shoulder at their own mortality? A caregiver primer.
- How can Mom afford her medications when they aren't covered by Medicare? A look at programs that can help save your parent (and you) money on prescription drugs.
- Parkinson's Psychosis affects one of every three people diagnosed with the disease and presents itself with the patient seeing, hearing and imagining things that aren't there. Tips to help caregivers better handle this perplexing condition.

Caregiver Retirement Continued from page 3

In today's economy, your boss may not be sympathetic to your need to take off a few hours to take mom to the doctor. "

As Nancy Dunn Thompson, Ph.D., executive director at Elizabeth McGown Training Institute at Morningside Ministries in San Antonio, explains, very often one person, generally the spouse, daughter or daughter-in-law, will become the primary caregiver.

"Caregiving may well impact their employment," Thompson says. "About a third will decrease their work hours. Because of the demands of caregiving, almost a third will pass up a promotion or assignment. Others will leave the workforce. For many women, caring for children and for older adult family members contributes to fewer years in the workforce, few promotions, less investment in retirement plans, and overall reduced retirement benefits."

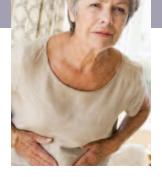
One issue discussed by some of the family caregivers served by Thompson's institute is the impact on income and retirement. "While most of the discussion is about work-related income and benefits, the financial loss is also impacted by a failure of the family to recognize what caregiving costs the caregiver," Thompson says. "Should the family compensate the caregiver? Should part of an estate be used to compensate a family caregiver who has given up a job and future security while caring for a loved one?"

The 85-years-and-older segment of the population is growing rapidly, and even for those who have planned for retirement, their financial assets will not last their lifetime. Added to that, many predict that government programs will not be able to meet the needs of this growing population with limited or no financial assets. This means that caregivers have to foot the bill.

For those caregivers who are preparing for their own retirement and possibility of long-term care in the future, Thompson's advice is to assess resources and options, including assets, retirement benefits, long term care insurance and others. Get the best advice and information you can. And if time is not on your side, if your retirement looms in the near future, turn to those around you for help. The process will not be over until you talk with your family—and the sooner the better. Ask for both immediate and long-term financial assistance from other family members, paying close attention to economic trends that may affect your retirement outlook.

As Thomspon stresses, one of the most important messages is: "Take care of yourself so you can take care of the one you love." lacktriangle

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



Quit Your Belly Achin'

5 Things You Need to Know About Digestive Disorders

aybe you're in love. Perhaps it was something you ate. Or maybe you're just experiencing hunger pangs. Your stomach and other digestive organs experience a wide range of feelings—and not all of them are pleasant. But when should you worry?

Here are five things you need to know about digestive disorders affecting you or the loved one you care for:

- 1. Symptoms. "The symptoms experienced depend on the type of disorder, but the most common symptom is abdominal discomfort, including pain," says Dr. C. Richard Boland, chief of gastroenterology on the medical staff at Baylor University Medical Center at Dallas. Other common symptoms include nausea, bloating, constipation, diarrhea, heartburn or blood in the stools. All persistent symptoms should be reported to your doctor.
- 2. *Diagnosis*. Digestive disorders can be difficult to diagnose because most aren't detectable by blood or imaging tests. "Some digestive disorders, like irritable bowel syndrome [IBS] for example, are diagnosed by exclusion," Boland says. In other words, IBS is diagnosed when all other disorders have been ruled out.
- 3. Talking to Your Doctor. Because diagnosis of digestive disorders often relies on symptoms and patient history, it's important to be

- open with your physician. Keeping a journal of eating habits and symptoms can help your doctor determine whether you have IBS, gastroesophageal reflux disease, ulcers, lactose intolerance, celiac disease or another disorder. "It might be hard to know exactly what it is you're eating," Boland says. "So keeping a diary can be helpful. And also note if you smoke or drink."
- 4. Lifestyle Changes. Once you have an idea what foods and behaviors might be causing your symptoms, you can reduce them by modifying your eating habits. For instance, if you get indigestion after eating pizza late at night, consider enjoying a less-greasy dinner earlier in the evening. This is especially important for the elderly. Or, if you only get bellyaches after eating cereal with milk, you may be lactose intolerant and might need to take an over-the-counter pill when eating dairy products.
- 5. Treatment. Of course, not all digestive disorders can be remedied by watching what you eat and when. "In fact, while food is the first thing we think of with digestive disorders, not all of them relate to food," Boland says. But that doesn't mean they aren't treatable. A wide range of prescription medications, natural remedies, stress reducers and, in some cases, surgery are available to alleviate symptoms. ■

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