

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

Technology: Caregiving's New Frontier

How Caregivers and Elderly Benefit from Innovation

By **Melissa A. Goodwin**

Picture this: 15 years from now, nearly half of the US population will be considered "elderly," when defined as being over the age of 65. We already have a shortage of healthcare workers, and our healthcare system is severely strained. How then, will we ensure that the home healthcare services that this massive and always-growing demographic will demand are going to be available? What quality of care can we expect, and at what cost? How will this affect the ability of older adults to stay independent and have a good quality of life?

Fortunately, many people are already seeing the opportunity presented by this change, and are asking a different set of questions:

- What if we could actually reduce the demand for healthcare services by find-

ing ways to keep older adults safer, healthier, and living independently longer?

- What if we could reduce healthcare costs and improve the quality of life of older adults?
- What if we could use technology to make these things possible?

Trying to answer these questions has led to an array of creative technology solutions for caregiving situations that are now being tested in real-life settings. Currently, the most promising new ideas are focused mainly in three areas:

- Monitoring and sensing devices that can detect emerging medical issues, and can help to keep older adults, including people with Alzheimer's or dementia, safe
- Electronic health information monitoring and data collection technologies that improve the accessibility and accuracy ▶

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 second installment.



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The intent of these technology tools is not to replace caregivers, but to make their role easier and allow them to spend higher quality time with loved ones. These innovations have the potential to prolong independence and empower older adults and their caregivers.

Technology: Caregiving's New Frontier

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of medical information and reduce costs

- Communications technologies that help older adults keep their minds active and connected to the world outside their homes

Monitoring and Sensing Devices

One of the greatest caregiver worries is whether their loved ones are staying healthy and safe when they can't be with them. This is especially a concern for family providing care from a distance.

New sensing technologies can relieve some of this anxiety by using motion detectors to monitor movement throughout a loved one's home. These monitors can detect changes in behavior or activity that may be early indicators of an emerging problem. For example, in one test setting, monitors detected excessive bathroom use by a male resident of an assisted living center, allowing doctors to call him in for an exam—where they diagnosed prostate cancer. Thanks to the monitoring system, the cancer was caught early and treated.

In another situation, monitors indicated that an elderly woman was getting up frequently during the night. This triggered a visit to the doctor and a diagnosis of sleep apnea, for which the woman was treated. Left undiagnosed and untreated, sleep apnea can become fatal in some cases.

Falls in the home are a major source of worry for older adults and their caregivers. Researchers at the University of Missouri are testing a "smart carpet," which has sensors that pick up on changes in a person's gait—a key predictor of the likelihood of falling. Similar ideas under development are canes and walkers with gait sensors and wireless body sensors that can be worn unobtrusively like a wristwatch.

The smart carpet can also detect when Alzheimer's patients have wandered off—a constant concern for their caregivers. A more comprehensive alert system for wandering Alzheimer's patients is the LoJack SafetyNet search and rescue system. A wristwatch-style Personal Locator Unit emits a radio signal that helps law enforcement and public safety agen-

WHO THINKS UP THIS STUFF?

Creative minds across the spectrum of academia, government, business and society are driving technology innovation to help older adults and their caregivers. Here are just a few of those involved in researching, developing and testing some of the ideas mentioned in this article:

AbleLink Technologies: touch-screen technology for older adults and disabled persons, www.ablelinktech.com

Accenture Intelligent Home Services: sensing, communications and emotional intelligence systems, www.accenture.com

Intel: home care technology research and development, including homing chip for Alzheimer's patients, www.intel.com

LoJack Safety Net: comprehensive monitoring and search and rescue system, www.lojack.com/safetynet

Never 2 Late: technology for older adults, including video game technology, www.IN2L.com

QuietCare: home health-monitoring systems and sensing technology, www.quietcaresystems.com

University of Missouri: sensing technology research including the "smart carpet," ongoing study of sensing and monitoring technologies at TigerPlace, an assisted living facility <http://eldertech.missouri.edu>

University of Virginia: research involving wireless body sensors for tracking Alzheimer's patients, www.cs.virginia.edu/jurik/docs/jurik-software-2009.pdf

VeriChip: Microchip Personal Identification System, www.verichipcorp.com

cies find and return loved ones when they wander. This is an off-shoot of the LoJack security system used by police to locate stolen cars.

A similar concept is a homing device—a computer chip—embedded in the heel of the Alzheimer's patient's shoe, which leads searchers to the person's location through a satellite-based GPS tracking system, not unlike

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When the News Isn't Good Helping Our Loved Ones Deal With Loss

By Rachel Davidson



When she learned that her father's best friend had died, Pat Warden didn't know whether she should tell her dad. "He lost his wife last year and was just beginning to act like his old self," Warden, of Waukesha, Wisconsin, explains.

While no one likes receiving bad news, most family elder-caregivers find it even more unpleasant sharing this information with their aging loved ones. In fact, in an effort to protect them, some caregivers outright withhold negative information.

Stronger Than Perceived

Dr. Chip Long, of Little Rock, Arkansas, is staff psychologist at Central Arkansas VA Medical Center. He says, "A lot of people get nervous when they have to break bad news to the elderly. They shy away from doing it because they're concerned about the emotional response that person is going to have. Are they going to be upset, cry, whatever?"

"People tend to see the elderly as frail, weak persons," adds Marion Somers, a geriatric care manager, professor, consultant and caregiver with more than 30 years of eldercare experience.

Their professional experiences with older adults have taught them to think differently about our loved ones' reactions. "The elderly are far more resilient than they're given credit for," says Somers. "You don't get to be 80 years old without learning a few lessons from the world of hard knocks."

Long agrees. "At some point, they've

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come to a point of dealing with hard issues. Yes, telling them will be difficult, but they have a unique set of coping strategies to handle it."

When They're Cognitively Impaired

Both Somers and Long believe in being honest and straightforward with our aging loved ones. However, "When considering how you tell them, you need to factor in how cognitively impaired they are," Long emphasizes.

Somers adds her experience: "I believe there's intelligence working until the day we die, even if we're stuck in a body that's not communicating. I always talk to people with dementia as though they are hearing me. I sit right in front of them so we have eye contact. I take their hands and say, 'I have bad news for you.' This gets their attention. Then I proceed to tell them what happened factually and to the point."

Long's approach is more circumspect. "If there is some dementia or a tendency to forget things, you still need to try to make the effort," he says. "After that initial attempt, if it continues to come up because they don't remember or can't grasp it, let it go. Constantly reminding them can be overwhelming."

Barbara Meltzer didn't tell her mother when her mom's best friend, René, died. "Mom wouldn't know who René is anymore," Barbara says. "Vascular dementia wiped out my mother's entire memory."

Tips on Telling

How and where you tell your loved ones is extremely important, even if they're not cognitively challenged. "Find a quiet place and limit distractions," Long advises.

Somers builds on that point: "Keep your emotions out of it, because they are going to have their own reaction to the

news. You want to know how they're feeling. If you go in with your perceptions, they're not only going to have their emotions, but also yours, which is going to exacerbate their feelings."

Long describes the possible outcomes this way: "They may cry or become upset. There may not be any reaction at all. Be ready to support and work with them, whatever their actions might be."

Pat Warden's father thanked her when she told him what had happened. "It was for the best," she said he told her. "He told me that he didn't have anything to live for anymore."

Long believes families should take the lead in sharing the information with their loved ones, whenever possible. "If you can, include other family members," he urges. "When he's surrounded by people he's comfortable with and that have a special connection to him, he can deal better with those kinds of things."

Somers says she has often had to deliver the bad news herself, when family members couldn't be there. "Whenever possible," she says, "I bring a picture of the person who just passed on. 'The family wanted you to have this.' If they're spiritual, I'll say, 'The family wanted you to include them in your prayers.' Or I may ask them if they want to go to our chapel."

"After giving them the bad news, I always stay at least half an hour, preferably more, so I can respond to their reaction. If I think there is going to be a problem, I may ask the rabbi to join us."

If they are able to get out of the nursing home or other environment for part of a day and would benefit from attending the wake or funeral, Somers recommends telling them before the funeral so they can attend and mourn with the family. "If

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Affording Mom's Meds

Tips on Low-Cost or Free Prescription Drugs

By Kelly Morris



Everyone knows prescription medications can be ridiculously expensive. And while it's fortunate that Medicare now includes prescription coverage, not all drugs are covered by every Medicare drug plan. In addition, not everyone who needs ongoing meds qualifies for Medicare.

For instance, there's the case of Louellen Winkler, of Willard, Ohio. At age 62, Louellen doesn't qualify for Medicare. However, she has no health insurance, and lives on a very limited income. Louellen has a number of health problems, and needs to take a number of medications daily.

This created a serious problem for Louellen and her children. Louellen couldn't afford her meds, and so she was neglecting her health. Louellen's children wanted to help their mother, of course, but couldn't afford to buy her medications. So Louellen's daughter Sandy made it her mission to find a way to get her mom her medication. This is what she found:

Medicare

The federal Medicare program is well known and helps pay medical expenses for the elderly and disabled. If mom is 65 or older, she should qualify for Medicare. If mom is younger than 65 but is disabled, she may also qualify. Medicare offers a number of different prescription drug plans, and the best plan for mom will depend on the medications she takes regularly. To learn more about Medicare drug plans and what medications are covered on the different plans, visit www.medicare.gov or call 800-MEDICARE (800-633-4227).

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Your pharmacist may also be able to help mom select a plan.

Unfortunately, mom may require medication not covered by her Medicare drug plan. In addition, she may have trouble affording the co-pay for her medication. Read on to learn about other sources of help.

Medicaid

Medicaid is a state program available in all 50 states (it's called Medi-Cal in California) that helps pay for medical care for people with low incomes. The exact qualifying guidelines vary somewhat from state to state. Medicaid doesn't just pay for medication, but pays for doctor's visits and hospital care as well. Medicaid will also help pay Medicare premiums for those who qualify.

To apply for Medicaid, contact your local welfare office. This may be called the Department of Social Services or Department of Human Services in your area.

Comparison Shopping for Meds

You can also comparison shop for medications. You may not realize it, but prices of medications can vary widely from store to store.

To show you how much you can save out-of-pocket by comparison shopping, we called four national pharmacy chains to check the prices of some common med-

ications. The results may surprise you.

The prices in the box below are for 30 capsules or tablets, typically a one-month supply of medication. Prices may vary from location to location and are subject to change, so check several local pharmacies for current info. While we found Wal-Mart to be the cheapest source of the listed four medications, it may not be the cheapest for all drugs, so take a little time to do your own checking.

Unable to Pay

If mom needs a medication she can't afford, you can try the following:

Ask the doctor if there is a cheaper alternative. Sometimes it's as simple as that. There are often a number of different drugs that can be used to treat a condition, including cheaper generics. Let mom's doctor know if cost is a factor.

Buy generic medications, if they are available. Generics are the same medication as the name brand, only cheaper. Wal-Mart offers a long list of generics for only \$4 for a 30-day supply. Newer medications may not be available generically.

Ask the doctor for samples. Pharmaceutical companies frequently provide doctors with samples of medications for patients. Their hope, of course, is that the doctor will send you home with a few samples and a prescription that you will pay for. Sometimes, if you can't afford a drug, a doctor may be ▶

| Medicine | CVS | Wal-Mart | Walgreen's | Rite Aid | Bottom Line |
|---------------------------------------------------|----------|----------|------------|----------|-----------------------------------|
| Ambien, 10 mg. a common sleep medication | \$96.99 | \$87.99 | \$100.99 | \$117.99 | Shop at Wal-Mart and save \$30.00 |
| Celebrex, 200 mg used to treat arthritis | \$135.99 | \$128.70 | \$130.99 | \$149.99 | Shop at Wal-Mart and save \$21.29 |
| Effexor XR, 75 mg. used for depression | \$113.99 | \$100.78 | \$103.96 | \$105.29 | Shop at Wal-Mart and save \$13.21 |
| Lipitor, 10 mg. used to treat high cholesterol | \$102.99 | \$98.32 | \$99.99 | \$104.99 | Shop at Wal-Mart and save \$6.67 |

able to keep you supplied with samples. While samples are usually only available for newer drugs, remember that older drugs are often available as a generic, at a low cost.

Ask if a pharmaceutical company can help. Many pharmaceutical companies have programs to help patients who cannot afford their medications. Patients qualify based on their income. The income guidelines vary from company to company, but are typically around \$20,000 for an individual and \$30,000 for a couple.

Ask your doctor or pharmacist for the name of the company that makes the med you need. You can look them up online or ask the pharmacist for a telephone number. Contact them to see if they have a patient assistance program. It may take a couple of months to get approved for these programs, so see if your doctor can give you samples in the meantime.

Find out if your county offers prescription assistance. County-funded clinics often offer assistance with prescription meds. Call your county health department to ask about this. For help with

mental health prescriptions, call your county mental health board.

Find out if mom qualifies for state assistance. All 50 states have programs to assist with prescription medications for those who meet certain guidelines. These programs are in addition to Medicaid. For a list of state programs available in your state, visit www.needymeds.org.

Obtaining Free Meds

What about companies offering to help you get free prescriptions, for a fee?

There are companies that will help you register for assistance programs offered by pharmaceutical companies, for a small charge. A typical charge is \$20 per month per medication they help you with. There may be a one-time enrollment fee, as well. While \$20 per month is probably a lot less than you would pay if you had to purchase the medication yourself, these companies don't really provide anything you can't easily do for yourself. They just tell you if the manufacturer of your med offers an assistance program, and if so, they get you the application.

You can contact the pharmaceutical company yourself and save the expense.

Putting It All Together

Sandy Winkler accompanied her mother to a doctor's appointment and discussed the problem with the doctor. The doctor was able to change one of the prescriptions to another drug available as a generic, which Louellen could purchase at Wal-Mart for \$4 per month. The doctor was able to give her samples of one of her medications. He also helped her contact the pharmaceutical companies that manufacture her other medications and get signed up for their patient assistance programs, so she now gets free medications directly from the manufacturer. Louellen's monthly medication bill went from several hundred dollars a month to just \$4 total!

With a little work, you can often save a great deal of money on prescription medications. It just takes a little time for researching the various options available to you. And be sure to talk with mom's doctor because he or she can be a big help. ■

Technology: Caregiving's New Frontier

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the mapping technology found today in automobiles. Technology giants Intel Corporation and GTX Corp., among others, are leading the charge in developing this "shoe chip" technology.

In the kitchen—a high risk area of the home—"smart appliances" will automatically turn off an unattended stove or faucet, or automatically adjust water temperatures to prevent scalding.

Electronic Health Information

Technology that allows us to access our own medical information is headed our way. Electronic medical databases, encoded medical ID cards and even microchips embedded under the skin that store a person's medical history are ideas that can reduce the cost of medical record keeping, while improving its accuracy. More accurate and up-to-date medical information can keep loved ones safer by reducing the potential for serious medical error.

Also being tested are screening technologies that can be used without the assistance of medical personnel. One example is

a scanning device that allows diabetic patients and their caregivers to monitor glucose levels at home—without drawing blood. This type of self-screening technology reduces the demand on the healthcare system and allows caregivers to stay on top of changes in their loved one's health.

Communications Technology

Aging well can be as dependent on psychological health as physical health. Technology has the potential to help older adults stay both mentally active and socially connected—two key ingredients for good psychological health. Here are examples, all available today:

- Video games geared to older adults allow them to have fun while keeping the mind active.
- Games with embedded assessment tools can monitor cognitive function over a period of time, and can identify changes in behavior and response.
- Touch screen computers with photographs and audio and video clips can prompt memory in Alzheimer's and dementia patients, and can be used by people with serious physical disabilities.
- Cellular and videophone technology

can keep caregivers and loved ones connected across the miles.

Enabling, Not Replacing

The intent of these technology tools is not to replace caregivers, but to make their role easier and allow them to spend higher quality time with loved ones. These innovations have the potential to prolong independence and empower older adults and their caregivers. They can help older adults maintain good health and alert the caregiver to changes in the loved one's functioning.

As exciting as these ideas are, they also raise many questions about privacy, security, acceptance and cost. In our next article in this series, *Technology: Caregiving's New Frontier*, we'll talk about innovative ideas on the longer-term horizon, as well as explain some of the issues that accompany this kind of change, and how those issues may be addressed. ■

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.

Caregiving and Parkinson's Psychosis

When Parkinson's is Mistaken for Dementia

By Lori Zanteson

It affects more than one of every three Parkinson's disease patients and is a devastating, life altering condition that is equally tragic to patient and caregiver. But, sadly, too few people even know that Parkinson's Psychosis exists.

The condition is hauntingly characterized by visual hallucinations, delusions, and feelings of paranoia—and it is often misdiagnosed as Alzheimer's disease or dementia. Of the 1.5 million Americans living with Parkinson's today, only about 40% of their caregivers say they are aware of this condition.

According to The National Parkinson's Foundation, 60,000 new cases of Parkinson's disease are diagnosed every year. An average of 40% of these patients – about 24,000 – are suffering from Parkinson's Psychosis and don't know it. Though it can occur at any stage of the disease, it is especially prevalent, as high as 60%, for those in the later stages who have been chronically treated with anti-Parkinson's medications.

Because it is commonly confused with and misdiagnosed as Alzheimer's or dementia, most caregivers interpret the behavioral changes in their loved one as a sign of aging and disease. They don't try to fix what they assume is an inevitable progression. In many cases, caregivers may not even address the condition with the patient's physician. And so, without knowing the true cause, family take on an increasingly overwhelming caregiving burden as their loved ones lose their ability to complete normal daily tasks, becoming less self-sufficient.

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Carol McClain, of Cincinnati, knows well the challenges of each stage of Parkinson's disease, but especially those final years of her husband's life when he developed Parkinson's Psychosis. At first diagnosis, Carol, a registered nurse with a master's degree in counseling and rehabilitation, and her husband, a prestigious physician, read all of the literature available to prepare for what was coming. However, they were not prepared for the severe psychological problems that her husband developed later on with the psychosis. The physicians did not discuss this possibility, despite the high incidence, she says.

While discussing concern over her husband's symptoms with the physician, Carol now says, "I became extremely angry, and he would look at me like I was the only person he'd ever heard this from." That was 12 years ago, but it is still happening today.

"People are so afraid of physicians," Carol says. "You need to say, 'Listen to me—this is what's going on.'" She believes medical professionals don't want to upset people, especially in a condition they can't do anything about.

Knowledge is the most critical part of any caregiver's job, and it's especially true for those who care for Parkinson's Psychosis patients. Because there isn't a lot of information available and many doctors are not talking about it, it's the most proactive thing a Parkinson's caregiver can do. But if you suspect something abnormal is happening, don't ignore it. The internet is a great place to begin. Search Parkinson's disease sites specifically for Parkinson's Psychosis and go to chat rooms and online support groups for help and with questions. Some sites even have an Ask the Doctor section. Use it.



But don't stop there; visit the physician. "Screening for and treating psychosis in PD is important, as psychotic symptoms are associated with worse outcomes for patients and significant distress for caregivers," according to Dr. Daniel Weintraub and Dr. Howard I. Hurtig, reporting in the October 2007 *American Journal of Psychiatry*. Screening can be done quickly in a routine clinic visit by asking about the patient's behavioral changes, especially the types of hallucinations that may occur.

The physician needs to rule out any other medical conditions, as well as evaluate how Parkinson's medications may contribute to the symptoms. It may also be necessary to simplify the treatment regimen, eliminating or prescribing lower doses of those medicines that could worsen thinking difficulties. Says Dr. Hubert Fernandez of the National Parkinson Foundation, "While minimizing medications can make hallucinations better, it often worsens the Parkinsonian symptoms. So simplification is the key." Patients already suffering from dementia may be especially prone to confusion and hallucinations as side effects of some of the medications used to treat PD.

This worked for Jeannine Madden in Kentucky whose husband "accused me of having an affair with someone who was frequently in our house, of belonging to an organization that was spying on us, and much more. It got to the point where I was afraid to take him anywhere, as I never knew what might set him off." When his medications were cut back, and some were eliminated altogether, the hallucinations mostly went away, though they still occasionally show up.

Yet, Jeannine reflects, "Unfortunately, having reduced his Parkinson's meds has ►

had a severe impact on his mobility, but I guess I had to choose mind over body.”

The treatment of Parkinson’s Psychosis is challenging because medications that manage motor symptoms typically worsen psychosis, and treating psychosis with antipsychotic medications can worsen Parkinsonism. Though adjusting medications can and often does improve psychosis, the cause of the condition is not yet fully understood. Research shows a connection between exposure to medications, but a more complex interaction of causes that involves more brain involvement is likely. Because the progression of the disease is not well understood, there is little evidence to guide doctors in treatment.

“I wish I had been told that this was happening,” Carol says of her dizzying journey through the psychosis with her husband. Parkinson’s Psychosis caregivers need affirmation that they are not crazy. Carol suggests caregivers keep a

log with signs of their loved one’s behaviors, which will be subtle at first. Take the list to the doctor and tell him, “This is what I’m seeing, what do you think?”

To spare the patient the embarrassment of this discussion, caregivers can write observations in the form of a short and direct cover letter given to the nurse prior to the exam. Keeping an open dialogue with the doctor is helpful to your loved one because optimal care depends on it. This link is helpful to caregivers because it helps them accept the condition. Carol says acceptance is “one of the most important things a caregiver can do.”

Taking care of oneself without guilt is another critical caregiver role. “Unless you have been a caregiver, you can never know just how hard it is. I was a nurse and I didn’t realize what these caregivers were experiencing. Family doesn’t understand, nor do the physicians. There is no way to describe the utter fatigue you experience.” Make the effort to be social

whether it’s lunch with friends or joining a support group. Even when you get to the point where the computer is your only form of contact, it’s vital to reach out, vent, and know that you are not alone.

There is no cure for Parkinson’s Psychosis, but there is hope. As caregivers, keeping up on new information, studies, and trials gives hope. Know that medical experts are striving for better treatment and care for those suffering from Parkinson’s and its devastating psychosis, and that research is ongoing. ■

RESOURCES

National Parkinson Foundation, at www.parkinsons.org/

Parkinson’s Disease Foundation, at www.pdf.org/

Parkinson’s Disease Caregiver Information, at www.myparkinsons.org/

Caregivers of People with Parkinson’s, at www.pdcaregiver.org/

Parkinson’s Psychosis Clinical Drug Trial, at www.parkinsonsmindstudy.com/

Helping Our Loved Ones Deal With Loss

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they’re not able to be there, I wouldn’t say anything until immediately afterwards,” she says. “I’d tell them, ‘It all happened so quickly.’”

When It’s Over

Many caregivers fear their elderly loved ones will withdraw and become depressed about their own death after hearing the bad news. However, Somers says older adults want to discuss their own mortality, and this provides a springboard. She explains, “They say things like, ‘I know I’m going to die, but nobody wants to talk with me about it.’ I talk to them about it all the time. ‘Do you have any concerns?’ ‘Is there anything I can do to help you?’”

Your loved one will continue to need your compassionate care after the funeral too. “Letting them share whatever emotion they might be having and giving them permission to talk is one of the most powerful things you can do for someone afterwards,” Long notes. “Even if they’re not ready at the moment, just letting them know that you’re available later is a huge outlet for them.”

In sum, leading elder care professionals agree that by allowing your loved one

to participate in all aspects of life, both good and bad, you are sharing the grieving process and drawing closer to each other. ■

RESOURCES:

Twenty years ago, Dr. Judah Folkman, a decades-long cancer researcher spoke to medical students about how to break the bad news. His information is just as applicable now as it was then. See www.docgurley.com/2008/01/19/how-to-break-bad-news

WikiHow is an online how-to manual containing practical information, including ideas on breaking bad news, at www.wikihow.com/Break-Bad-News. You can also add any additional tips you may have about this and other subjects on the site.

Associated Content publishes authentic, useful and informative content on nearly every conceivable topic, produced by real people sharing real-world expertise from diverse perspectives. An article about breaking bad news can be found at www.associatedcontent.com/article/337542/how_to-break_bad_nes.html?cat=7.

Helpguide’s mission is to help people understand, prevent, and resolve life’s challenges. Their article on helping grieving persons can be found at www.helpguide.org/mental/helping_grieving.htm.

An excerpt from J. Shep Jeffreys’ book, *Helping Grieving People—When Tears Are not Enough*, can be found at www.griefcareprovider.com/pages/helping_grieving_people.html

COMING UP IN JULY

- Technology is quickly changing the face of elder-caregiving, and many more innovations are looming on the near horizon. A look at the expected changes—and their implications—in Part 3 of our series *Technology: Caregiving’s New Frontier*.
- Trapped! That’s how a growing number of independent-living seniors feel in their own homes, as they find themselves unable to sell in the crumbling housing market—just when they need to move into assisted or similar living arrangements. What now?
- Kidney problems are no stranger to most seniors, but for more than a quarter of them the condition is acute enough to be classified as chronic kidney disease. What is this quiet and dangerous condition, and what should caregivers know in dealing with it?
- Did you know that Medicaid might be a funding resource to help an aging loved one move into an assisted living facility, picking up where Medicare often leaves off? Not many people do. We’ll tell you what you need to know.



Stay Hydrated! Beating the Heat—and Kidney Stones

If you need a good reason to stay hydrated this summer, here's one: being properly hydrated can help protect you against kidney stones. To avoid the excruciating pain of kidney stones, which occur when certain substances become concentrated in the urine and form crystals, it is important to drink plenty of fluids.

While it is important to stay hydrated year-round, dehydration is more likely to occur in the summer months or in warmer climates. In fact, some of the southern United States make up what is known as the "Stone Belt" because of an increased prevalence of kidney stones there. As the temperature rises, so does your risk for a stone.

Liquids are your kidneys' best defense. Undoubtedly, water is the best. However, recent research indicates that

other beverages could also be beneficial, especially if you've already experienced a kidney stone.

Lemonade: This popular summer beverage is a natural source of a leading stone-preventing substance, citrate. In 2006, researchers presented data showing that patients on lemonade therapy had a lower number of kidney stones and those that did form stones formed them more slowly than they did prior to therapy. Lemonade was an attractive alternative to patients taking potassium citrate to prevent stone recurrence.

But lemonade may not be the only popular beverage that can help fight stones.

Diet Soda: If you're a soda drinker, you might want to switch to diet. A new study from the University of California, San Francisco, suggests that the citrate and malate levels in commonly consumed diet sodas may stem the development of calcium stones in much the same way as

lemonade.

"This study by no means suggests that patients with recurrent kidney stones should trade in their water bottles for soda cans," said Dr. Anthony Y. Smith, a spokesman for the American Urological Association. "However, this study suggests instead that patients with stone disease who do not drink soda may benefit from moderate consumption."

In addition to staying hydrated this summer, patients prone to kidney stones should decrease their salt intake. Eat out less and cook at home more. It's easier to know your salt intake when you prepare the food yourself.

"Kidney stones are extremely painful and it is important to understand that there are some steps we can take to help prevent them," said AUA Foundation Executive Director Sandra Vassos. "Simple lifestyle changes can really make a difference." ■

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