

Caregiver's

HOME COMPANION

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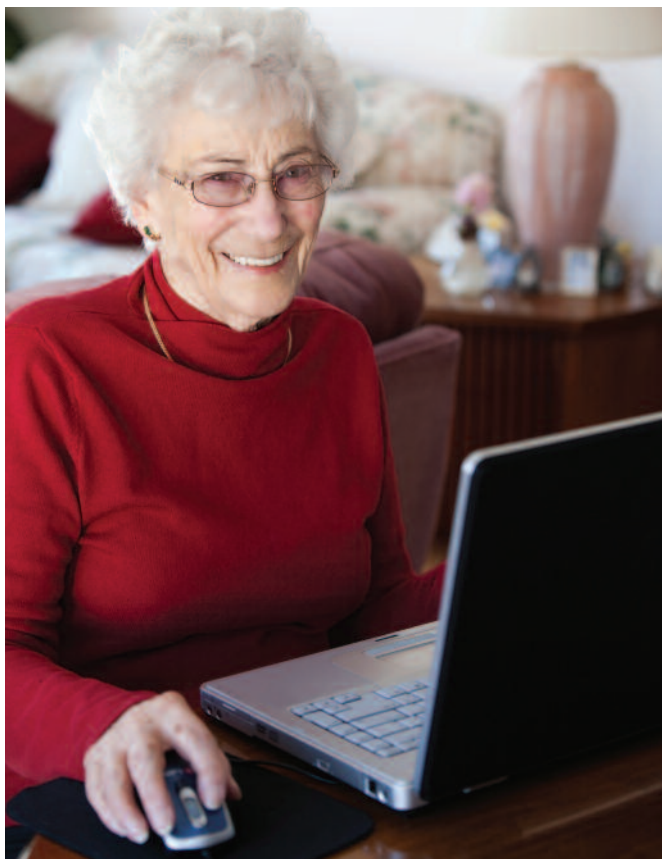
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H E L P I N G T H O S E W H O H E L P O T H E R S

Technology: Caregiving's New Frontier

For Elder-Tech, the Future is Now!

By Melissa A. Goodwin



Innovative home-care technology that assists older adults and their caregivers has the potential to change the face of caregiving forever. Ideas like the “Transferbot,” a robot that can gently lift a loved one out of bed and transfer him to a wheelchair, may be in the distant future, but in-home monitoring, sensing and communications technologies are already here—in a big way.

So, the question is: can these ideas really help you and your loved one in your homes? Let's take a look at how your situation might change for the better by some of cutting-edge homecare technologies that are already available, or will be soon.

At Mom and Dad's House

Small, wireless sensors are mounted high on walls or ceilings throughout Mom or Dad's home. These sensors aren't cameras, but they detect motion that lets you know where your loved one is in the house and moving about at any given time. A sensor above the shower reassures you that Dad is bathing regularly. Sensors alert you to the fact that Mom has been in one place for a long time, which could mean that she has fallen or experienced some other type of troubling event.

In the kitchen, temperature sensors will turn off the stove, if it gets too hot or is left on too long. Bed sensors track movement ▶

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 final installment.

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The main factor driving [elderly] acceptance is that the stakes are high—when the choice comes down to accepting helpful technology or having to move to a nursing home, the vast majority are willing to give technology a try.

Technology: Caregiving's New Frontier

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during sleep, and can let you know if Dad is restless at night, a possible sign of sleep apnea or restless leg syndrome.

If Mom has been diagnosed with dementia or Alzheimer's, a wireless sensor in her shoes alerts not only you, but a professional search and rescue team, when she has wandered off. She wears a wristwatch that monitors her vital signs and alerts her when it is time to take medications.

Taking it a step further, monitors can be mounted in the home to provide you with the ability to view Dad's activities. Monitors may feel more invasive than sensors, but they give you a clearer picture of the situation and let you know immediately if something is wrong.

A two-way videophone allows you to talk with Dad throughout the day. The ability to talk and see you often relieves his loneliness and reassures him that you are close by, even if you are miles away.

Mom's computer allows her to chat with family and friends via email or instant messaging. Maybe she even has her own Facebook page! The computer has games that are designed to keep her mind active and stimulate her memory.

Relief for the Caregiver

Whether you are an in-home caregiver or a long-distance caregiver, these technologies provide you with relief on multiple levels.

First, knowing that you'll be instantly alerted to adverse events at Mom's home can relieve some of your worry that something will happen to her without your knowledge. Second, you can take that much-needed nap, a walk, do errands, or engage in other activities that allow you to recharge yourself, because your loved one's alert system will contact not only you, but connect with 911, in the event of an emergency. Third, you know that Dad is connected to other family and friends, so you don't have to be his only social contact.

Is it Realistic?

Sure, you say, that all sounds good, but my Mom would never allow sensors or monitors in her home! And Dad refuses to learn how to use a computer! If that sounds familiar, you aren't

alone: according to a recent AARP report, 80% of us believe our loved ones will strongly resist—or outright refuse—to allow these technologies in their home. Surprisingly, though, the report revealed that the majority of older adults said they would be willing to use them, if doing so would let them continue living in their own homes.

Elinor Ginzler, AARP's Senior Vice President for Livable Communities explained, "Here's a population who did not grow up with this technology, but is willing to use it to maintain independence, choice and control." The main factor driving acceptance is that the stakes are high –



when the choice comes down to accepting helpful technology or having to move to a nursing home, the vast majority are willing to give technology a try.

Challenges and Opportunities

How close are we to making these ideas an everyday reality? Quite near. In fact, some sensing, monitoring and communications technology is already available for home use, and continues to be refined.

Still, only a handful of companies currently offer these products, and there is limited awareness among consumers about them. Living Independently, with its QuietCare system (www.quietcaresystems.com), and Accenture Intelligent Home Services (www.accenture.com) are two companies leading the way with sensing and monitoring systems. Computer technology giant Intel (www.intel.com) developed a homing chip for Alzheimer's patients, and continues to devote resources to research and development of

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More States Add Payment Benefit

How Medicaid's Assisted Living Waiver May Help

By Lori Zanteson



Nine million older Americans will need long-term care this year. By the year 2020, the number shoots up dramatically to 12 million, and with baby boomers fast-heading into retirement years, the numbers will be more staggering in the very near future. Even though most seniors will receive care at home through family and friends, fully 40% will likely enter an assisted living or nursing home facility for long-term care at some point.

These numbers hit hard in what is an already struggling economy. Financially, times are tough for us all, and the elderly are no exception. Many find themselves in need of an assisted living plan to provide a little help with daily activities. Of course, nothing, least of all assisted living for the aging, comes without a hefty price tag. The elderly and their children, on whom the financial burden often eventually falls, face an increasingly bleak financial picture.

Medical expenses can quickly drain mom and dad's assets, leaving their children with an unwelcome and uncomfortable financial burden. Not everyone is able to care for elderly parents

at home, and in reality, bringing custodial and medical care into the home can be more costly than an assisted living facility.

Rosalyn Alton of San Antonio, Texas, says of her mother's situation, "I'm at a loss. She [her mother] doesn't have the funds to pay for assisted living much longer at \$2,800 a month. I can't care for my mother in my home, I work full-time. Where do I go from here?" Among children of the elderly, Rosalyn is far from alone.

Waiver Program Grows

Fortunately for those like Rosalyn and her mother, Medicaid offers a program that helps lower income, elderly Americans get the care they need. Though not available in every state, quite a few do participate, and it's worth finding out if your state offers a Medicaid Waiver Program. Each state's program has a different name and its individual restrictions.

For example, some states, such as California, are piloting this program, so it may take a bit more effort to learn details. Other states offer a very limited program with quotas and only a designated number of facilities participating. Rosalyn has applied for Medicaid for her mother and is waiting for a response. It's important to apply early, especially if your parent's resources are dwindling quickly.

More and more states are realizing that this Medicaid program can save them money by keeping people who would otherwise need a nursing home in an assisted living facility that provides only the specific services the individual needs. Services include personal care and supervision, and on an individual basis may include medication management, behavior management, medical supplies, or nursing services.

The difference between Medicare and Medicaid is that they "serve two different purposes," says Barbara Steinberg, founder of BSA Advisors, a financial planning firm for senior citizens. Medicare is like regular health insurance, providing coverage to people over age 65. Medicaid is basic health insurance for people over 65 who have very limited income and assets.

Medicaid vs. Medicare

It's important to note that Medicare, as opposed to Medicaid, does not pay for long-term care. It only covers medically necessary skilled nursing homes or home health care when the patient meets specific conditions. It does not pay for custodial care which provides daily living assistance though some Medicare Advantage plans offer limited coverage.

Lori Zanteson is a California-based freelance writer. She specializes in topics related to families and can be reached at lorizanteson@verizon.net.

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Financially Trapped For Mom and Dad, Is It Still Home Sweet Home?

By Maura Keller

For Macon McDavid and her husband, Jim, both age 72, the idea of selling their home to move to a retirement community is like a far-off dream that's always out of reach.

They're caught in today's recessionary economy, where food costs, household maintenance, and medical expenses continue to rise. And even worse, with their carefully nurtured investment portfolio taking an economic hit, the McDavid's no longer have the resources to pay off their mortgage.

"I cannot see a way to pump up those stock accounts at this time, and we cannot risk it at all," says Macon McDavid. As their income from interest accounts and stock investments continues to dwindle and their expenses continue to rise, the McDavid's, who live in Raleigh, North Carolina, are caught "between a rock and a hard place" when it comes to selling their home. They are not alone: many thousands of seniors and their family caregivers are scrambling to balance the need to sell a home during a weak housing market in order to transition to their next lifestyle phase—senior housing.

According to Nan Hayes, founder of RightSized Living and CEO of Move Seniors, located in Clarendon Hills, Illinois, moving in late life is traumatic enough without adding a weak housing market to the mix. "Seniors categorize moving as the third most stressful event in late life,

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just below death of a spouse and divorce," Hayes says. "Faced with an uncertain economic future and tremendous investment losses, many seniors now find themselves 'stuck in place' at a time where it may be best for them to move forward and begin a safer, healthier lifestyle in a community setting that provides assistance with medications, meals, transportation and opportunity for socialization."

It's a fact that many changes come suddenly in the lives of older adults—routines are often upended by sudden illness or loss of a friend or spouse. As Hayes explains, many elderly are just plain trapped by the shift in the housing and investment markets. Seniors who felt they had done everything right and planned carefully for their retirement suddenly find they have to hold out "a little longer" or postpone plans indefinitely.

In a recent discussion with one Move Seniors client who owns homes in two of the hardest hit markets, Michigan and Florida, retirement plans will now take a little longer "My plan was always to move to a community setting once my husband dies," the client said. "I had everything set and was ready to liquidate some assets when the time came. Well, he died last year, but I just can't sell right now, so I will try to wait for the market to get a little better. I understand it may never be what it was a couple years ago, but I hope to see better prices in the six months ahead. Things are tight for me, but I am lucky enough to be healthy and pretty happy where I am. I can wait it out."

One of the comments heard by Linda Fodrini-Johnson, founder and executive director of Eldercare Services in the San

Francisco Bay Area, is that seniors don't want to sell their homes in a down market. "If they need care, there is more interest in finding homeware while waiting on property values to recover," Fodrini says. "Adult children, who are often the seekers of information, ask hard questions about selling vs. renting or staying at home with care. Each family/client will have a different response depending on how much help one needs. For example, if a person has a stroke, requires 24/7 care and can't afford home care, they could get public funding (Medicaid) for skilled nursing assistance and retain their home (especially if the home is paid off)."

Of course, for those who are in immediate need of support for medical, mental or mobility reasons, there is no time to wait. "We recommend those seniors take advantage of the many incentive programs being offered by senior living communities in today's competitive environment," Hayes says. "In many instances, the companies that invested in senior housing are being hit even harder than the seniors themselves, especially those who invested in construction of independent living residences. Many organizations have now reduced entry fees and added upgrades to help fill empty units."

Seniors who do not have to move now must focus on getting their home ready so when the market picks up, they can be first in position to sell. Many older homes are in serious need of repair or decluttering. Get repair quotes from contractors and begin the process of planning, sorting, downsizing and selling or donating extra furnishings.

Macon McDavid agrees. "Just

because you try to sell a home does not mean it happens when you want or need it to," she says. "Pick a good, reliable realtor who will be able to tell you the truth about what they think you can get for the home. A good realtor will take care of adequate disclosure. A good realtor will tell you what your net will be based on a specific sale price. The realtor will also tell you of the tax ramifications. A good realtor can help you find a replacement location which is economically feasible for you and does not rob you of those last years of life's enjoyable moments."

But also remember, it is not always necessary for parents to move to receive care. Many great options are available for home care. "Safety considerations may be addressed through a home safety review and simple to complex home modifications," Hayes says. "Keep in mind, 85% of

seniors prefer to age in place."

Fodrini-Johnson recommends caregivers look at the total picture. Will Dad, who is the primary caregiver, need to move because his wife has dementia or can he stay in the home while Mom gets skilled care, again with the support of Medicaid? "Most seniors want to stay in their homes—some at all costs," Fodrini-Johnson says. "They will stay in unsafe settings because of the fear of the unknown. Improving the home to incorporate the 'universal design' will allow frail seniors of sound mind to safely live independently."

Even after senior housing decisions have been made, the journey isn't over. "There is an adjustment period with moving, grieving and the difficult process of down sizing," Fodrini-Johnson says. "Certified senior movers are helpful—but

be sure you get someone who knows what they are doing to assist you in the moving experience."

Macon McDavid is hoping to become involved again in the real estate business by trying to assist seniors in their need of selling their homes with correct staging, fixing the necessary items, full disclosure and minimal invasion of their privacy. "I can do this at 72 years old, and I am licensed in North Carolina, South Carolina, and have an inactive real estate license in Virginia. I know the business, and if I can get back into it then we can survive, enjoy those last years of our life and leave to our family and grandchildren precious memories of the years we shared, and know, as we did during World War II—you have to make changes, work hard, and do without, but all the struggle will be worth it." ■

How Medicaid's Assisted Living Waiver May Help

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Medicaid is a state and Federal government program that offers medical coverage and some assisted living for low-income, low-asset seniors. Those who end up spending their savings on medical bills will eventually qualify for Medicaid. Though eligibility requirements vary from state to state, Carol Marak, founder of Austin, Texas-based WorkingCaregiver.com, says seniors must financially "really be down to nothing or they can't qualify."

Assets must be valued as low as \$1,500, and monthly income can be no more than \$600 in some states. However, if an income is higher than the limit, there is a "share of cost" payment of a monthly deductible that may allow a person to qualify. Under this program most states provide for some personal, or custodial, care in an assisted living facility.

The assisted living industry has really exploded in recent years. Clearly it is a desirable arrangement for many among our aging population. Marak believes the advantage of assisted living for the elderly is that "they can remain independent," something that is not easily or willingly forfeited. Nobody wants to be in a nursing home and assisted living is a more comfortable alternative, a middle ground of sorts between independent living and a nursing home.

Most assisted living facilities offer around the clock supervision with a variety of support services, most of which fall under personal, or custodial care. These include assistance eating, grooming, dressing, bathing, toileting, and just getting around. Some medical services may also be contracted through the Medicaid program, but because services are provided only as needed on an individual basis, the cost is generally less than a nursing home.

Where to Look

If you think your parent might be eligible for this Medicaid program, begin by finding your state online at the Medicaid/

Medicare section of www.govbenefits.gov. Here you will not only learn if your state participates in the program, you will see the specific asset and income limits your parent needs to meet in order to qualify. When you are ready to apply, you will need to provide records of your parent's income and assets. If your parent has too much to qualify, look at the website further for what are called "spend down" rules to determine if your parent's medical bills can be subtracted from her assets to help her qualify.

You can apply through your local county human services or social services office. They will help you find Medicaid-certified facilities. For a facility to participate in the Medicaid program it must be licensed by the Federal government. Facilities generally fall into two categories: those that are private paid and those that are public paid. As with anything, you get what you pay for, and assisted living is no different. According to the website APlaceforMom.com, "Care is similar across the board, but aesthetics, how pretty a place looks, will be different."

Establishing an assisted living arrangement through this program is an excellent alternative to more costly nursing home care. This will become especially true as baby boomers continue to retire in the coming years and those who qualify for these programs increases. Perhaps more states will realize the cost saving benefits for seniors and society in general. ■

RESOURCES

Area Agency on Aging

www.agingcarefl.org/services/funding/sources/elderlyWaiver

GovBenefits.gov

www.govbenefits.gov/govbenefits_en.portal

Medicare.gov

www.medicare.gov/LongTermCare/static/Home.asp

Helpguide.org

http://helpguide.org/elder/paying_for_senior_housing_residential_care.htm

Chronic Kidney Disease

What to Watch For, What to Do

By Kelly D. Morris

Elsie Ward of Willard, Ohio, was 82 when she began to notice some unsettling symptoms. She was often tired. Her ankles were swollen, and she lost her appetite. She had to urinate frequently, especially during the night. It interrupted her sleep. She also had frequent headaches, and if she had to walk very far, she got short of breath.

Elsie chalked up most of these things simply to aging. She also thought her high blood pressure might have something to do with it. Finally, after months of feeling miserable, she went to see her doctor. To her surprise, she was told she had chronic kidney disease.

Elsie is not alone. As many as one in six individuals has kidney disease, and kidney disease is 40% more common among the elderly.

The kidneys are a pair of bean-shaped organs that lie on either side of the spine in the middle of the lower back. Each weighs about a quarter of a pound. The kidneys are responsible for filtering various toxins and excess water from the blood. They also help regulate the levels of various minerals in the blood, including sodium, calcium, and potassium. If our kidneys don't function properly, toxins can build up in our blood and begin to cause health problems.

Chronic kidney disease is a condition in which the kidneys gradually lose their ability to function properly over a period of time, usually months or even years. Chronic kidney disease is broken down into five different stages of increasing severity. Stage five chronic kidney disease

is sometimes referred to as end-stage renal disease, and at this point a person's kidneys are so bad that they require dialysis or need a transplant.

Chronic kidney disease—or CKD—can be caused by a number of things, the most common of which is diabetes. Uncontrolled high blood pressure is another common cause. Other potential causes include chronic kidney infections,

As many as one in six individuals has kidney disease, and kidney disease is 40% more common among the elderly.

kidney stones, cysts of the kidneys, and hardening of the arteries that lead to the kidneys. People with certain illnesses are at an increased risk of developing chronic kidney disease and should be carefully monitored for the condition. These illnesses include diabetes, high blood pressure, high cholesterol, heart disease, and vascular disease.

What To Watch For

Because the kidneys perform so many important functions for the body, kidney disease affects the body in many ways. However, symptoms may not show up until the disease is rather advanced. If you notice signs of kidney disease in your aging loved one, they need to see a doctor as soon as possible. Kidney disease is extremely serious and can be fatal, because the body cannot live if the kidneys are not functioning.

Symptoms to watch for include:

- Weakness and fatigue (caused by the build up of toxins in the blood)
- Frequent need to urinate
- Loss of appetite, nausea, and vomiting
- Swelling of the legs and puffiness around the eyes (due to fluid retention, since the kidneys are not removing

excess water from the body efficiently)

- Headaches
- Numbness in the feet or hands
- Altered mental status (caused by the build up of toxins in the blood)
- High blood pressure
- Shortness of breath (caused by a build up of fluid in the lungs)

Also, if your loved one has any of the health conditions mentioned earlier, their doctor should be monitoring them closely for signs of kidney disease. You can ask your loved one's doctor to make sure this is being done. Simple urine tests and blood tests are

used to check for and monitor chronic kidney disease.

Caring For Someone With CKD

If your loved one has chronic kidney disease, a special diet will usually be recommended. Decreasing the amount of protein in the diet can help slow the progress of kidney disease, but it's important to get some protein in order to remain healthy. Ask your loved one's doctor or a licensed dietician how much protein your loved one should be getting. Your loved one will need to be on a low sodium diet to prevent fluid retention and help control high blood pressure. A diet low in potassium is also usually recommended, because the damaged kidneys won't be able to remove excess potassium from the blood. Foods high in potassium that should be limited or avoided include bananas, oranges, nuts and potatoes.

Since diet is such an important part of treating chronic kidney disease, make a point of talking to your loved one's doctor about it, or ask to be referred to a licensed dietician.

If your loved one has CKD, they must carefully follow any prescribed regimen to treat conditions like high blood

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pressure or diabetes, since these conditions can make kidney disease worse.

There are certain over-the-counter medications that people with chronic kidney disease shouldn't take, or should take only in limited quantities. These include medications like aspirin and ibuprofen (Tylenol is probably OK, but ask your loved one's doctor first), laxatives and antacids containing magnesium and aluminum such as milk of magnesia, certain ulcer medications such as Tagamet and Zantac, decongestants like Sudafed, and Alka-Seltzer. There are prescription medications your loved one should not take, as well. Make sure any doctor prescribing medications for your loved one knows he or she has chronic kidney disease.

No Cure

There is no cure for chronic kidney disease. The goal of treatment is to slow the progression of the disease, to treat any known causes of the disease, to treat any

complications of the disease, and to restore lost kidney function as much as possible.

Medication can be used to treat common complications of kidney disease. For instance, diuretic drugs are used to treat fluid retention.

If kidney function is highly compromised, dialysis may be required. There are a couple different kinds of dialysis. With hemodialysis, blood is circulated through a filter in a dialysis machine, removing waste products and excess water. Hemodialysis is performed at a dialysis center, and needs to be done several times a week. With peritoneal dialysis, dialysis fluid is injected into the abdomen. The fluid contains substances that will pull waste products and excess water out of neighboring tissues. The fluid is left in the abdomen for a few hours, and then it is drained. This is usually done on a daily basis, but can be done at home. In the most severe cases of kidney disease, a

kidney transplant is required.

Elsie's kidney disease was already rather advanced by the time she was diagnosed, but right now she is being treated with medication and special diet. Her doctor is monitoring her closely. Remember, the earlier it is diagnosed, the better, so if your loved one has any symptoms, see the doctor as soon as you can. ■

RESOURCES:

For more information about chronic kidney disease, you can contact the following:

National Kidney Disease Education Program

3 Kidney Information Way
Bethesda, MD 20892
Toll free 1-866-4-KIDNEY (1-866-454-3639)
www.nkdep.nih.gov

National Kidney Foundation

30 East 33rd Street
New York, NY 10016
Toll free 1-800-622-9010
www.kidney.org

Technology: Caregiving's New Frontier

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home care technology. It's Never 2 Late (www.IN2L.com) and AbleLink Technologies (www.ablelinktech.com) are leaders in the area of computer and videogame technology for older adults.

Product cost is another barrier to widespread acceptance. AARP reported that 80% of the people in their study said they were willing to pay no more than \$50 per month for these kinds of devices, and Medicare and insurance companies do not cover the cost. Yet proponents argue that the cost of nursing home care far exceeds the cost of home-care technology systems.

Most likely, the driving force behind the development of homecare technology will be consumer demand. The looming wave of baby boomer retirees will place pressure on business and government to offer solutions. As people become more aware of how technology can help keep people healthy and independent, older adults and their caregivers will want access to them. Over the next five years, we are likely to see rapid expansion in the type or products available, refinement of existing products, and studies that quantify the value of using them compared to

their cost. ■

RESOURCE:

A video created by the Center for Aging Service Technologies, shows how homecare technologies are already helping a real-life family manage elder-caregiving responsibilities while keeping their loved one healthy, safe and independent. View it online at www.agingtech.org/imagine_video.aspx.

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.

GONE FISHIN'

You may have noticed that we did not publish a newsletter for July. That's because the Home Companion staff was on a well-deserved vacation. Rest assured that one extra month will be added to your paid subscription as a result. We hope you have been enjoying summer and may have gotten away for a bit too!

COMING UP IN SEPTEMBER

- For too many seniors, alcohol becomes an often-disguised crutch to combat the loneliness and worry of old age. Tips for caregivers on what to look for and what to do if alcohol abuse by a loved one is suspected.
- Anemia. We've heard the word over the years but now the doctor says Mom is anemic. What is anemia, and why is so dangerous to the elderly?
- Your aging loved one's care is paramount, but have you thought about your own health and medical challenges ahead? Geriatric experts point out the 10 most common medical challenges facing aging baby-booming caregivers tomorrow, even as they continue to tend to Mom and Dad's needs today.
- Our latest Caregiving Gadgets & Gizmos installment looks at products to keep elderly minds fresh as well as a wristwatch geared especially to seniors and an all-terrain wheelchair. You won't want to miss these.

Canes and Walkers

When walking becomes difficult because of arthritis, balance problems, pain or injury, your loved one may avoid a cane or walker, thinking of them as symbols of infirmity. But they aren't; instead, they are a way to help avoid injury and maintain independence.

Here are tips for selecting and using canes and walkers:

Canes: Canes provide balance and support for walking, handling up to 25% of one's body weight. Many types of canes are available. Aluminum ones are adjustable; wooden canes must be cut to fit. For everyday use, a hooked, or candy cane-style, cane probably won't be the most comfortable. A swan neck handle, which is flatter and puts the user's weight directly over the cane's shaft, probably will feel better.

For appropriate fit, the top of the cane should reach the crease of the wrist when



These Tools Are Made for Walking

the user is standing up straight with arms hanging comfortably.

Using a cane that's too long puts strain on the arms, shoulders and back muscles. Too short, a cane throws off balance.

Normally, a cane is held in the hand opposite of the weaker side. With weight on the stronger leg, the cane and the weak leg swing and strike the ground at the same time. When a cane is needed more for stability, it can be held in either hand.

Walkers: Walkers provide a wider base of support and stability for balance and walking than do canes. Walkers, which can support up to 50% of the body weight, are especially helpful for moderately severe balance and gait problems, or when there's a risk of falling.

Walkers are available with two, four or no wheels. Two is best when the user

places a moderate amount of weight on the walker. Legs without wheels help prevent the walker from rolling away. For those who don't have to lean on the walker, four wheels may make it easier to move about. A standard walker (no wheels) provides the most stability.

For fit, the top of the walker should come to the crease in the wrist when standing straight up with arms at the sides. A poorly fitted walker can be difficult to use, causing back pain or, worse, increased risk of falling.

Canes and walkers are available at medical supply stores, drugstores and discount retailers. It's a good idea to try several styles before making a decision. In most cases, at least some of the cost of assistive devices is reimbursed through Medicare and other insurers. ■

— Mayo Clinic Women's HealthSource

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