

Caregiver's

HOME COMPANION

Volume 7 Issue 12 | September 2009

www.caregivershome.com

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



Alcohol + Aging

A Dangerous Mix, Often Hidden

By Paula Sanders McCarron

HOW MUCH DO YOU THINK YOU KNOW about the use and risk of alcohol use among older adults? Test your knowledge with this quick quiz:

Which of these individuals is "at risk" for alcohol dependence or health problems due to their consumption of alcohol?

- a. Bob, a 75 year old widower, limits his alcohol intake to one drink nightly while watching his favorite TV show.
- b. Edith is 83 years old, lives in a nursing home and drinks only a glass of wine or two on special occasions.
- c. At age 68 and healthy, Henry deals with "retirement boredom" by stopping into his neighborhood bar three to four times a week to socialize over a few beers with his friends.
- d. All of the above.
- e. None of the above.

Although it might surprise you, the correct answer is "d"—all of them. That's because when it comes to alcohol, older adults have a unique set of issues which place them at higher risk for both alcohol dependency and also for serious health problems.

So how much alcohol is too much for an older adult?

"For anyone who is on multiple medications, having difficulty with walking, or whose body is not able to compensate for various health issues and is on the decline, then even one drink can make the difference," says Shirley Gillies, a geriatric nurse practitioner working in the Boston area.

National studies reveal that 17% of all adults over age 60 have what is commonly referred to in layman's terms as "a drinking problem." Yet fewer than 50% of seniors 65 and older are diagnosed as "alcoholics" or are identified as being "at risk"

users by healthcare professionals.

"Alcohol is a big problem within the senior population, and it's often a problem that doctors don't recognize very well," says Wayne G., a member of Seniors in Sobriety, a recovery program founded on the principles of Alcoholics Anonymous.

Two thirds of older adults who become identified as alcoholics are referred to by some clinicians as the "hardy survivors," those who have been drinking excessively off and on over decades. The remaining third are known as "late onset abusers" whose drinking begins after age 60 and often in response to a life event or series of events. In either case, it's not only healthcare professionals who can miss the problem of an older adults' use or abuse of alcohol; it's difficult for family members to spot the problem as well.

Why is there this veil? ►

INSIDE THIS ISSUE

3 **Is Your Loved One's Blood 'Tired?'**
Anemia Is Much More Than a Sign of Old Age

4 **Caregiving Gadgets and Gizmos**
The Latest, From a Jeep-Like Wheelchair to Magnifying Watch

6 **Looking in the Mirror at Old Age**
What Boomers Face in the Years Ahead

8 **Pill Splitting**
Common But Risky Practice Among Seniors

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**

Editor and Publisher
Chris Pederson

Marketing & Business Development
Senior Vice President
Mark Manoff

Strategic Business Development
Director
Karen B. Knowles

Custom Publishing & Operations
Director
Robert G. Whitton

Art Director
Laura D. Campbell

Circulation Director
Noah Pederson

Webmaster
NOW Interactive Solutions
webmaster@caregivershome.com

Mail

Caregiver's Home Companion
647 Clinton Avenue, Suite 200
Bridgeport, CT 06605

Phones

Subscriptions & Customer Service:
(877) 259-1977

Advertising & Sales: (203) 870-9850

Administration & Editorial:
(203) 870-9850

Custom Publishing: (203) 438-0810

e-mail Inquiries:

editor@caregivershome.com

©Copyright 2009

Pederson Publishing, Inc.
All rights reserved.

Caregiver's Home Companion
is published monthly by:
Pederson Publishing, Inc.
647 Clinton Avenue, Suite 200
Bridgeport, CT 06605

Visit us at www.caregivershome.com

Caregiver's Home Companion is produced by caregivers and professional healthcare workers. While this publication is not intended as a substitute for professionally administered medical advice, the practical suggestions, advice and tips made in this newsletter have been tested or reviewed by an individual or organization involved in caring for elderly other loved ones. *Caregiver's Home Companion* also strives to obtain the input of educators and researchers in all branches of medical and scientific research. We welcome your comments and suggestions at editor@caregivershome.com.

“Too often, there’s a belief that it’s just too late to help people who are old and drinking, or just to let the person enjoy the time he or she has left. But you’re never too old to quit drinking.”

—Wayne G., member of Seniors in Sobriety.

Alcohol and Aging *Continued from page 1*

First, the older individual is likely to live alone and drink alone. Second, the older individual is more likely to be unemployed or retired. He or she may have few social obligations and generally has a smaller circle of social contacts than younger adults.

“It’s this person known as the ‘late onset abuser’ who most often goes unrecognized. The late onset abuser has never had problems earlier in life, but then things change. Starting at about age 60, individuals are likely to experience the death of a spouse or the loss of a job or a home or boredom after retirement—those losses can all lead to depression and increased use of alcohol,” says Deborah Rattle, MSW, of Seven Counties Services, a mental health organization in Louisville, Kentucky.

“For those who fall into this category of ‘late onset’ abuse, chances are that the behavior of the older adult is not going to bring the issue of alcohol abuse to the attention of his or her physician. The issue is more likely to show up as a health problem. For example, there may be an upcoming surgery, so lab work is ordered. When the test results come back, the blood work shows peculiarities in liver function, and from there, the doctor starts asking more questions.”

At this point, there is a need for both older adults as patients and their families to be totally honest and open with healthcare providers.

“If the patient isn’t being honest or forthcoming, then the family should bring their concerns to the attention of the physician or nurse practitioner,” says Gillies. “The family needs to ask: Is this person safe? What risk does alcohol present to this person? What is most needed is openness.”

Informing a medical professional about how much and how often an older loved one drinks may in fact be life-saving information.

Individuals age 65 and over use an average of four prescription medications a week, placing them at high risk for the adverse effects that come with mixing alcohol with medications.

Adverse effects can range from problematic to deadly, including cognitive impairment, falls, stroke, cardiac arrest or liver damage.

“Once the concerns are known, a discussion of options can take place,” says Gillies.

Possible interventions may include: education about risks of alcohol use; suggested limits on alcohol intake; referral for individual or family therapy; referral to Alcoholics Anonymous or to an inpatient treatment center.

And as Wayne G., who lives in Arizona, points out, “Getting sober or going into treatment is one thing. But it’s another thing to develop the needed social support to stay sober. That’s what Seniors in Sobriety offers. We have daytime meetings because many seniors are no longer driving at night. Some meetings are followed with a lunch. Some groups plan bus trips or picnics. There are even some meetings taking place in senior care facilities which are open to anyone—the alcoholic and the non-alcoholic.”

And if there’s any good news in all of this, consider this: Four major studies have shown that older adults have as high or higher rates of treatment success than younger age groups.

Here’s how Wayne G. sees it: “Too often, there’s a belief that it’s just too late to help people who are old and drinking or just to let the person enjoy the time he or she has left. But you’re never too old to quit drinking.” ■

RESOURCES:

Seniors in Sobriety has a meeting list and history of its 12-step program for older adults at www.seniorsinsobriety.org.

Partnership for a Drug-Free America outlines signs of abuse and ways to help at www.drugfree.org/Intervention/HelpingOthers/AdultElderly/If_You_Are_Concerned_About_an_Elderly_Person.

The American Geriatrics Society lists medications that adversely interact with alcohol at www.americangeriatrics.org/products/positionpapers/alcohol.shtml.

Aging and Addiction discusses interventions with elder loved ones at www.agingandaddiction.net/intervention.html.

Hazelden Foundation treatment and addiction center at www.hazelden.org/web/public/hff10716.page.

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

continues on page 7

Is Your Loved One's Blood 'Tired?'

Anemia Is Much More Than a Sign of Old Age

By Rachel Davidson

Our social life was becoming less active as my sleeping needs became more demanding.

Simple, everyday jobs were more difficult to accomplish due to my exhaustion.

It was requiring more effort to think clearly.

I was concerned.

According to the National Institute on Aging, three million people in the United States aged 65 and older are anemic. A simple blood test revealed that I was one of them.

My symptoms were typical. Dr. Charles Diggs, hematologist and oncologist at Dean Medical Center in Madison, Wisconsin says, "Fatigue, light-headedness, and sometimes a fast heartbeat are the most common symptoms of anemia." Other warning signs may include overall weakness, low body temperature, chest pain, pale skin, confusion, and headaches.

Why Treat It?

Stanford University pathology and hematology professor Dr. Tom Goodnough believes it is critical to identify and treat anemia in older adults. According to him, there is a direct relationship between anemia and the loss of day-to-day functioning. "Once an elderly person becomes progressively more sedentary, it becomes this

Rachel Davidson is a freelance writer focusing on elderly care. She published a quarterly magazine for nursing home administrators for 15 years, as well as a caregiver newsletter for five years. Rachel lives in Baraboo, Wisconsin and can be reached at families@centurytel.net.

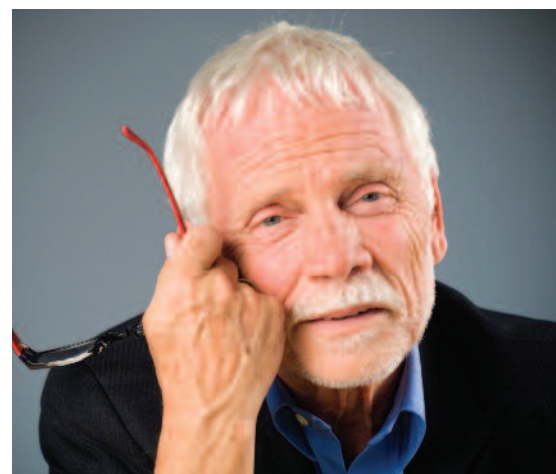
downward spiral going from independence to dependence," Goodnough says.

If a healthcare provider suspects your loved one has anemia, she will probably order a CBC blood test to check his hemoglobin and hematocrit levels, as well as the number of platelets and red and white blood cells he's producing. Anemia occurs when there aren't enough healthy red blood cells in the body. This, in turn, reduces the amount of oxygen his blood can transport, so his heart has to pump harder to distribute needed oxygen throughout his body. Oxygen is needed for energy and mental alertness.

There's more: If your loved one has anemia, he is at a greater risk for falls and fractures, confusion, cardiovascular diseases, nursing home placement, and additional hospitalizations. Untreated, anemia may also speed up diabetes complications including damage to the nerves, eyes, and kidneys.

Despite these potentially serious consequences of anemia, the condition often goes unnoticed. Diggs says, "The slower you become anemic, the fewer symptoms you have. If you become anemic over a course of six months, your body tends to adapt to it. On the other hand, the faster

continues on page 5



ANEMIA AND IRON OVERLOAD

Most anemia is the result of iron-deficiency in our red blood cells. However, iron supplements should only be taken under close medical supervision. For the elderly, self-medication with iron supplements is dangerous and can result in:

- Damage to the heart that can lead to heart failure
- Swollen liver, sometimes resulting in permanent liver damage
- Increased chances of getting diabetes
- Pain in the bones and joints
- Skin discoloration (bronze, gray, or green color)
- If your loved one's healthcare provider recommends iron-rich foods, try contacting a dietician to discuss how you can add more iron to the diet. Here's an excellent website that lists dietary sources of iron and their serving size: <http://www.mckinley.illinois.edu/handouts/dietary-sources-iron.html>

Caregiving Gadgets and Gizmos

The Latest, From a Jeep-Like Wheelchair to Magnifying Watch

By Kelly D. Morris

It's that time again, time for us to bring you our picks of gadgets and gizmos to enhance the quality of life for your loved one.

You'll want to take a look at Medsmart, a medication dispensing device that can help your loved one maintain their independence by managing meds in their own home. And take a look at the Landeez all-terrain wheelchair, which not only allows your loved one increased mobility, but also allows

him or her to enjoy nature and participate more fully in life.

Also check out the Memory Keeper, a combination photo album/scrapbook that provides a tangible link to precious memories, and the Life Stories Game, a great activity for family gatherings. And don't forget the Ibeam watch, a handy device that does more than just tell time. Whether you're looking for a special gift or for something just to make life easier, you're sure to find something here for your loved one.



Medsmart

The importance of taking medications correctly cannot be overemphasized. Medication errors, such as forgetting to take medication, taking the wrong medication, or taking too much or too little can have serious consequences for our elderly loved ones. And often, the elderly are on so many prescription meds that keeping track of them all can be quite confusing. What's more, opening all those medication bottles can be difficult for those with arthritis, and those with diminishing eyesight may have difficulty reading the instruction

printed on medication bottles.

Medsmart is a medication dispensing system. We've featured other medication aids in these columns before, but this is another one worth bringing to your attention. Medsmart can be programmed to alert your loved one up to six times a day that it is time to take a medication. Both a flashing light and a sound alarm go off when it's time to take the next dose—hard to miss.

Medsmart has a circular tray and different templates that you select according to your loved one's dosing schedule. You fill the tray accordingly, then close and lock the device. Only the current dose of pills will be available at any given time. When the alarm goes off, your loved one simply turns the unit upside down to dispense the proper pills.

Medsmart is made by Epill. The unit sells normally for \$595, but may be available for a discount. To check on the current price or to place an order, call 800-549-0095 or visit www.epill.com.

Ibeam Watch

At first glance, the Ibeam looks much like any other digital watch. Oh, it's a nice digital watch, of course, that in addition to showing the time shows the day of the week and the date. You can choose whether you want the time displayed in 12-hour format or 24-hour format (military time). It comes in a variety of colors and styles for men and women. It's water resistant. It has four daily alarm settings. And it has an optional chime setting to chime on every hour.

But here's what makes the Ibeam watch unique, and what makes it such a good product for seniors. Covering the face of the watch is a pop-up mag-

nifying glass. Just pop up the magnifying glass and use it to read fine print on any publication or label (think: prescription bottles). It also has a built-in LED flashlight, making reading fine print even easier, especially in dim light.

The Ibeam watch is available at www.ibeam.com. You can also call 888-577-3214. It sells for \$59 for any style.

Memory Keeper

The Memory Keeper is rather like a scrapbook that can be used to keep photos and other memorabilia. All seniors have precious memories to treasure, but a scrapbook like the Memory Keeper can be especially valuable for those in the early stages of Alzheimer's, who need such touchstones.

The Memory Keeper consists of four framed sections, including one for an 8x10 photo, one for an 8x10 or matted 5x7 (mat included), and one for a 5x7 or matted 4x6 (again, mat included). Each Keeper includes a sign-in page for good wishes and 12 pages for photos or other mementos. The hardbound cover wipes clean with ease. ▶



It's easy to assemble photos and other mementos in the Memory Keeper, and putting one together can be an enjoyable activity to do with your loved one. Or, you can set up the Memory Keeper yourself, and present it as a gift. Either way, it should spark good conversation and provide your loved one with comforting reminders of special times and special people.

The Memory Keeper is available for \$30 from Elderlux. Call 888-537-LUXE (5893) or visit www.elderlux.com to order.

Life Stories Game

The Life Stories Game is a non-competitive storytelling game that will captivate some elderly. It's suitable for all ages so it's great for family gatherings. It's designed for 2-8 play-

ers. Players draw cards with engaging questions such as, "If you had a month to do anything you wanted to do, and cost wouldn't be a factor, what would you do?" and "Tell us about the kids you grew up with—your crowd." The questions are designed to encourage reminiscing and to stimulate conversation.

The Life Stories Game is available from the Senior Store for \$29.95. Call 800-704-5913 or visit www.seniorstore.com to order yours.

Landeez All-Terrain Wheelchair

There are a lot of places wheelchair users normally can't go. Rough, rocky ground. Sand, like at the beach. Snow drifts. Wheelchair users are used to being cut off from nature because of their restricted



mobility. Well, the Landeez all-terrain wheelchair was specifically designed to correct that.

The Landeez rolls easily over sand, snow, and gravel. It has soft plastic pneumatic tires that absorb road shocks for a comfortable ride. It's lightweight for a wheelchair, tipping the scale at only 37 pounds, and it easily disassembles for transporting in the car. The front casters rotate 360 degrees, allowing you to make tight turns in narrow hallways or elevators. The leg rests are adjustable for maximum comfort.

You can purchase interchangeable street wheels if you like, making the chair suitable for indoor use in public places as well as outdoors. There are a number of other optional accessories available as well, including a beach umbrella, a reading stand, and a handy drink holder.

The Landeez all-terrain wheelchair costs about \$3,000, but the price may vary depending upon accessories you select. For more information or for a price list, call 800-411-7789 or visit the Landeez website at www.landeez.com. ■

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.

Anemia Is Much More Than a Sign of Old Age *continued from page 3*

you become anemic, the more severe your symptoms become. For example, if a person develops a bleeding ulcer overnight and becomes extremely anemic, she will feel it a lot."

Jennifer Kim, MSN, GNP-BC, is a professor and practitioner who works with seniors in Nashville. She says, "We think the elderly may be at more risk because they have more recurring diseases, such as heart failure and angina, where you need healthy, oxygenated tissue. However, many times when older people display anemia symptoms, they're thought to be signs of old age. Often they don't even get to a healthcare provider. Instead, they slow down their activities to match their lower energy level."

Cause Determines Treatment

Anemia can be a temporary condition, a result of other health conditions, or a chronic problem. Additional tests are needed to determine its source and how to manage it. The three most common causes are bleeding, vitamin or iron deficiency, and chronic illnesses that include

inflammatory diseases, malignancies, and chronic infections.

"Anemia's cause determines its management," notes Diggs. "For example, bleeding may cause anemia. If that's the case, it's necessary to find the source and stop it. If malfunctioning kidneys are the source, there are medicines that will provide what the kidneys aren't making."

Anemia can also be caused by a dietary deficiency of iron, folic acid, or vitamin B12, all of which are necessary to produce healthy red blood cells. Supplements and an improved diet, taken under a doctor's management, may be able to counteract these deficiencies.

However, Diggs cautions: "Do not give your loved one additional iron without close medical supervision. It could be dangerous." Also, patients with anemia induced by chronic disease do not benefit from iron supplements or iron therapy.

"Certain chronic diseases interfere with the production of erythropoietin, the hormone that stimulates red blood cell production in the bone marrow," Diggs says. "Stimulating agents, such as Procrit and Aranesp injections, have been used to replace this normal hormone to produce red blood cells. However, some studies

suggest they may also stimulate tumor growth."

Risks and Rewards

In the case of excessive bleeding during surgery, bone marrow suppression, or other trauma, a blood transfusion may be given to reduce the risks of sudden anemia. "It is the quickest way to treat anemia," according to Diggs. People who receive a blood transfusion can feel an immediate improvement. However, they are given as a last resort, as transfusions can affect the immune system and increase certain other risks.

Without a blood transfusion, your loved one's body must manufacture new red blood cells to reduce the anemia symptoms. When erythropoietin stimulating agents, iron supplements, or vitamin supplements are taken, it will take about 5-7 days for his body to start making new red blood cells.

Within 2-3 weeks, there will be an increase in his hemoglobin levels. And while your loved one's symptoms may lessen or disappear before that time, he needs to finish taking his pills to build up the iron stored in his body and to prevent his anemia from returning.

continues on page 7

Looking in the Mirror at Old Age

What Boomers Face in the Years Ahead

IN THE YEAR 2030, THE YOUNGEST among our 76 million-member baby boomer generation will hit 65, making up nearly a quarter of the country's population. And if the lives of today's elderly are any indication of what's to come, boomers will face myriad health challenges—such as diabetes, dementia, depression and functional disability—in record numbers.

However, there's also a positive flipside to this equation in that the great number of soon-to-be elderly boomers may also cause specialized geriatric emergency rooms and critical care units to open, encourage more research into the mysteries of the aging body, and place a focus on specialized geriatric and end-of-life care.

Still, according to researchers in the Division of Geriatric and Palliative Medicine at the University of Texas Medical School at Houston, there are a host of health challenges baby boomers are likely to face as they age, including:

1 Functional decline: According to the Department of Agriculture, the body loses 1% of muscle mass a year beginning at age 45, sometimes resulting in sarcopenia as skeletal muscle is eventually replaced with fat and the body becomes weaker. Some research has linked protein deficiency with sarcopenia.

For every week spent in the hospital, it takes an aging body a month to recover muscle strength with daily rehabilitation, says geriatrician Dr. Liliana Andrade, assistant professor of internal medicine at the UT Medical School. Exercise, including resistance and strength training, is absolutely essential for retaining muscle mass and strength. "For balance, tai chi is good," she says. "We also encourage patients to rent 'sit and be fit' videos that use hand and leg weights."

A study published recently in the journal *Diabetes Care* found that older adults—especially women—with diagnosed or undiagnosed type 2 diabetes had a higher rate of skeletal muscle loss.

2 Depression: Considered as prevalent as the common cold in the elderly, depression can be the result of major life changes, including retirement, losing loved ones and loss of mobility and independence. It can show up differently in older people, says geriatrician Dr. Nasiya Ahmed, UT assistant professor of internal medicine.

"There's not as much of a tendency toward tearfulness or feelings of hopelessness," she says. "Instead they have vague somatic complaints, increased pain, not sleeping or eating well or general apathy."

3 Disease: Chronic diseases associated with the aging process, including high blood pressure, stroke, cardiovascular disease, osteoporosis, chronic obstructive pulmonary disease, hypothyroidism, constipation, incontinence and arthritis, can take their toll.

Preventive measures taken now, such as quitting smoking, eating healthy food and exercising are all important steps toward a better quality of life. "Even quitting smoking at age 60 is better than not quitting at all," Andrade says.

4 Polypharmacy: Geriatricians use the term polypharmacy to describe the number of prescription and over-the-counter medications that elderly people take in alarming numbers.

"People go to five different doctors and none of the others know what is going on," Ahmed says. In some cases, seniors who wind up in the hospital may be prescribed a different medication for an existing condition such as high blood pressure because the hospital doesn't stock the particular one they've been taking in the past. The patient returns home with a new prescription from the hospital physician and continues taking the other medication as well, which can be deadly.

"I've had patients come in who are taking 20 different medications," Andrade says. "A lot of them also take vitamins and herbal supplements that they don't need and that can interfere with medications."



The solution, experts say, is to have a written record of all prescriptions, supplements and vitamins that they can bring to their appointments and have a family practitioner or geriatrician who can be the lead physician in managing their care.

5 Falls: Low blood pressure, which can be a result of poorly managed hypertension or dehydration, can lead to dizziness. That dizziness, combined with a decreased ability of the vascular system to compensate for changes in position such as standing up, is the largest cause of falls.

"So many patients have told me that they take blood pressure medication when they feel like it's high, instead of taking it as it is prescribed," Ahmed says. "I ask them how they know it's high, and they give vague signs, such as their nose tingles or their tremor worsening."

Taking medications for sleep can also be dangerous. "Some take Benadryl to help them sleep, and as people get older, that's not such a good thing because it causes confusion and they can fall because they're sleepy," Andrade says.

6 Abuse and neglect: These two problems, including self-neglect, will continue to afflict the elderly, says Dr. Carmel B. Dyer, professor and director of the UT geriatric and palliative medicine division and co-author of the book, *Elder Abuse Detection and Intervention*. Education programs, such as ►

those offered by the Houston Geriatric Education Center at The University of Texas Health Science Center in Houston, are needed now to train physicians to recognize the signs of abuse and neglect.

7 Financial exploitation: Vulnerable elderly people can easily become victims of family members or caregivers. “

We see cases where grown children have moved back in with them and are depending on them financially. They use their resources, borrow the car, rely on them to baby sit, and it upsets the senior’s ability to function,” Ahmed says. “I had one patient in her early 80s whose leg had just been amputated and she was still babysitting her 11- and 12-year-old grandchildren, who were taunting her.”

8 Dementia: Alzheimer’s disease is the most common form of dementia and is fifth leading cause of death for Americans over age 65, accord-

ing to the National Center for Health Statistics. The Alzheimer’s Association reports that Alzheimer’s disease and dementia triple healthcare costs for people over 65.

But education about dementia and possible treatments including medications is lacking, Ahmed and Andrade say. “There are now more medications that are helpful. They can’t cure it, but they can help,” Andrade says. “Unfortunately, a lot of people are in denial. I had a 78-year-old patient who I knew was suffering from dementia because of the way he was managing his medications and health, but his son got upset when I started talking about it and they left the room.”

9 Caregiver burnout: As baby boomers age, many will also be taking care of their own aging parents. That brings caregiver burden, which can lead to a higher risk for depression and other stress-related illnesses.

Ahmed says caregivers should solicit

health resources, such as daycare for seniors, to help them shoulder the stress. They should take advantage of support groups and ask social workers regularly about available community resources. Special hospital units for acute care for the elderly—called ACE units—can help make hospitalizations less stressful for the patient and family.

10 Death and dying: Finally, baby boomers will have to decide how they want to live out the end of their lives and how they want to die. Cultural and religious beliefs will impact these decisions, and physicians will need to be sensitive to that, Ahmed says.

As patients age, the physician begins to play a larger role in a patient’s life and strong physician-patient relationships will be important in determining a patient’s wishes. People should make those wishes known to family members and caregivers and put them in writing. ■

Anemia Is Much More Than a Sign of Old Age *continued from page 2*

Summary

The only way to determine whether your loved one is anemic is through a blood test. The results will either put your mind at ease, or start you on a path of healing for him. Dr. Andrew Artz, a geriatric hematologist and assistant professor of medicine at the University of Chicago, sums it up this way: “Anemia in the elderly is an important sign that often points to a serious and treatable medical condition. Without early intervention, your loved one will have limited daily living activities and he may have missed an opportunity to have a chronic health condition or disease diagnosed and treated at its earlier stage.”

As for me, I’ve stopped self-medicating, and I’m checking with my doctor to see what he recommends for my anemia. And I’m less concerned because I’m on a medical path armed with knowledge. ■

RESOURCES

■ U.S. National Library of Medicine—has in-depth information on anemia that covers its diagnoses, treatment, nutrition, clinical trials, research and other related issues. Their website is www.nlm.nih.gov/medlineplus/anemia.html.

■ National Anemia Action Council—publishes a free quarterly e-newsletter about anemia for patients, caregivers, and healthcare providers. Their website is www.anemia.org/resources.

■ Mayo Clinic—has a comprehensive article on anemia, covering anemia symptoms, causes, risk factors, complications, treatment and prevention. Their website is www.mayoclinic.com/health/anemia/DS00321

■ National Anemia Action Council—has an interactive tutorial on basic information about anemia that also looks at blood and bone marrow tests. Their site is www.anemia.org/patients/bone-marrow-basics/

Alcohol and Aging *continued from page 2*

Duke University study on drinking patterns of seniors at www.dukehealth.org/HealthLibrary/News/survey_reveals_binge_drinking_among_older_adults

National Institute on Aging offers suggestions on how to open a discussion about an older adult’s drinking at www.nia.nih.gov/HealthInformation/Publications/AlcoholBooklet/default.htm.

Alcoholics Anonymous at www.aa.org.

Al-Anon offers support for family of alcoholics at www.al-anon.org.

COMING UP IN OCTOBER

■ With swine flu looming as a very serious threat to all ages, what should a caregiver know specifically about the dangers to their elderly loved ones and how to minimize those dangers? We’ll tell you.

■ Hair loss at any stage in life is perplexing, but the hair loss experienced in older age can spark a loss of dignity and self image, especially for women. What can be done effectively and inexpensively to deal with elderly hair loss?

■ ET—Essential Tremor, not the extraterrestrial movie with the same name—is the little-known cousin to Parkinson’s disease. What you should know when your fear that Mom has Parkinson’s turns out to be ET.

■ The holidays will soon be here, and with them the prospect of Mom or Dad coming home for a visit from the nursing home or other assistive living facility. Are you prepared? We’ll guide you.

Pill Splitting

Long a practice of money-conscious elderly, pharmacists say the broader population is both skipping medication doses and splitting tablets in an effort to save money in the current economic downturn, according to a survey by the American Pharmacists Association.

Regarding pill splitting, the Food and Drug Administration (FDA), American Medical Association, and other medical organizations advise against it unless it's specified in the drug's labeling.

Tablet splitting often involves buying higher strength tablets and then breaking the tablets in half or quarter doses as a way to lower drug costs. For instance, a 30 mg tablet may cost the same as the 15 mg tablet. So a patient may try to save money by buying the 30 mg tablets and splitting them all in half. This might seem like a smart money-saving strategy, but the practice can be risky.

Mansoor Khan, Ph.D., director of the Division of Product Quality Research in the FDA's Office of Pharmaceutical

Common But Risky Practice Among Seniors

Science, tells ConsumerAffairs.com that splitting "could affect the quality of the drugs." He points out that some medications have a special coating and that splitting the tablet could affect the distribution of the medication it contains.

There are other reasons why pill splitting is risky:

- You might get confused about the correct dose. There have been cases where people have purchased higher strength tablets intending to split them, but then forgot to split them. Instead, they took the whole tablet—and this led to accidental overdosing.
- Some tablets are hard to split. Some tablets are too small to split, may have an unusual shape that makes them hard to split, or they may crumble more easily when split. Also, some people simply may not be able to split tablets correctly. These factors make it difficult to accurately split a tablet.
- Not all pills are safe to split. Patients may mistakenly think any pill can be split.

But some pills, such as capsules and time-released drugs, should always be taken whole. For example, some tablets are coated with a substance that helps to release the medicine slowly. Splitting these tablets destroys the coating, which means you might absorb the medicine too fast or not at all.

If you still want to split a pill, the FDA has approved drugs where that is part of the manufacturer's drug application. "If the tablet is approved for splitting," says Khan, "the information will be provided in the drug's professional prescribing information."

He adds that FDA does not encourage the practice of tablet splitting unless it's specified in the drug's professional prescribing information. "If a patient is considering splitting a tablet, FDA recommends that the patient get advice directly from his or her doctor or pharmacist to determine whether it is appropriate or not for a particular drug," Khan concluded. ■

—By Jim Limbach, ConsumerAffairs.com.

Give the Lasting Gift of Care

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

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

Give the gift of help—a gift subscription to a family member, friend or co-worker.

Or donate an anonymous gift subscription which we will use to benefit an individual in need of the knowledge and support *Caregiver's Home Companion* provides, but may not be able to afford the few extra dollars to subscribe. We will see that your gift is properly assigned to a needy caregiver.*

We all know the importance of "care." This is your chance to share your care with a gift subscription to help others.

Call NOW toll free at (877) 259-1977, or fill out the simple gift subscription form online at <https://www.caregivershome.com/subscriptions/giftsubscriptions.cfm>.

* Note: anonymous subscription donations may only be submitted by using our toll free phone line.

