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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

The New Flu

How Swine Flu Could Affect Your Elderly Loved One

By Maura Keller



Turn on the television or read the latest news headlines and you're bombarded with a flood of information on the so-called Swine Flu that's gripping the nation. While many experts describe the symptoms of this deadly flu strain, few address how the flu—technically known as H1N1—can affect the elderly. By arming yourself with enough information and taking the proper precautions, you can help to prevent this virus from affecting your loved ones.

In the Know

According to the federal Centers for Disease Control and Prevention (CDC), H1N1 is a relatively new virus affecting thousands of people throughout the United States and the much larger population worldwide.

Spread mainly from person to person through coughing and sneezing, the H1N1 virus symptoms range from mild to severe. ►

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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

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How Swine Flu Could Affect Your Elderly Loved One *Continued from page 1*

The curious thing about H1N1 is that those over age 65 actually are less likely to be infected by this virus than their younger family caregivers. Here's why:

According to Dr. Rick Smith, medical director for the Los Angeles Jewish Home, Swine Flu first appeared in epidemic form around 1950, disappeared in 1957 during the Asian flu pandemic, but reappeared in 1977 in the Russian flu pandemic.

"So many older persons were exposed and have partial immunity," Smith says. "It is also possible that some elderly persons have been vaccinated for H1N1. But natural infection provides much better protection against severe influenza illness than vaccination. It would also be difficult to determine whether someone has been previously vaccinated against the same viral strain/substrain."

Swine Flu virus is still considered a pandemic. According to the CDC, in the past three months, the number of cases in the United States has continued to increase and the number of hospitalizations and deaths because of this flu is higher than expected.

Dr. Mitchell Weinstein, a board certified infectious disease specialist with a private practice in Chicago, states that, "approximately a third of those over 60 in this country have some serologic evidence of immunity to the current strain. That is why, at present, those over 65 seem to be at the lowest risk of disease, including severe complications and hospitalization."

However, caregivers of the elderly should not put their guard down. If an elderly person does catch this flu, they are at greater risk for serious complications. "One reason is because elders don't show their symptoms as much as younger people do," says Shelley Webb, a registered nurse in Spokane, Washington, and founder of The Eldercare Support Group. "They are much less likely to develop a fever (a major symptom of this flu), which would make it difficult to diagnose and treat, and also, once they get it, it is more difficult to treat them. If an elder does contract the H1N1 flu virus, they should be treated with anti-virals as soon as possible."

Signs To Watch For

It's imperative to pay attention, if your loved one

has been potentially exposed to persons likely to be infected with the Swine Flu virus. Also watch for suggestive symptoms of H1N1, such as fever, new cough, sore throat, runny or stuffy nose, fatigue, muscle aches, headache, and — less likely — gastro-intestinal symptoms. "Pay attention to the potential complications of influenza which may cause shortness of breath (possible pneumonia or heart failure) or irregular fast heartbeat (possible atrial fibrillation), or in general, a worsening of the illness," Smith says.

Although seniors over age 65 are not on the priority list to receive the H1N1 flu vaccine, it is important for them to receive the regular seasonal flu vaccine, and if their pneumonia vaccine is not up to date, they should receive that vaccine, as well.

CDC recommends that everyone—caregiver and elderly alike—take the normal precautions to avoid catching either flu. They include:

- Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.
- Wash your hands often with soap and water, especially after you cough or sneeze. Alcohol-based hands cleaners are also effective.
- Avoid touching your eyes, nose or mouth. Germs spread that way.
- Stay home if you get sick. Do not go to work or school, and limit contact with others to keep from infecting them.
- Pay attention to your local community health department, which will advise on school closures, avoiding crowds in certain areas, etc.
- Eat more healthy foods, get plenty of rest and try to avoid stressful situations that may lower your resistance.

If Mom Becomes Infected

If, despite this, an elderly person becomes infected, antiviral medications (Tamiflu pills or Relenza inhalation) do speed recovery and lessen complications, particularly when used within the first 48 hours of illness.

"These are advised in people at higher risk of complications, and the elderly certainly would usually fit into this group," Weinstein says. "As such, prompt recognition of symptoms, and informing a health care worker, can lead to early antiviral therapy and a faster response."

Finally, the elderly need to be watched carefully so they don't become dehydrated. Fluids need to be encouraged, and you should watch for secondary complications, particularly pneumonia.

As for caregivers, Weinstein recommends that they get influenza vaccines, when

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

Home for the Holidays

Gearing Up for Your Loved One's Visit

By Kelly D. Morris



The holidays are fast approaching, and with them come the inevitable visits with Mom and Dad. Your parent may spend all year looking forward to a trip home from the nursing home or assisted living facility, and we look forward to having them visit.

But sometimes it can be a tricky thing to pull off smoothly. Don't let problems catch you by surprise. Take a little time to prepare, and you can enjoy the visit much more.

What's For Dinner?

Dad is probably looking forward to a home-cooked meal, and who can blame him? But make sure you know about any dietary restrictions he has. Is Dad a diabetic? Does he have kidney problems? Does he have problems chewing and swallowing?

Dad might be able to tell you himself about what he can and cannot (or should not) eat, but if not, check with the nurses

at the nursing home or assisted living facility. You could also ask to talk to the dietician there. If Dad does have dietary restrictions, you may be able to modify family favorites, so he can eat what's served. For instance, you could bake with a sugar substitute instead of sugar, if Dad is a diabetic. The dietician should be able to give you some tips.

Do You Have The Supplies You Need?

If Mom or Dad has special needs, make sure you have the supplies you need. One example that comes to mind is incontinence supplies. If Mom or Dad is incontinent, you'll need adult disposable briefs, brands like Depends. The nursing home may send you home with some, if you ask them. But find out ahead of time, so you can buy some if necessary. You might also want to purchase some latex exam gloves and baby wipes to help with changing Mom or Dad.

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IF DAD USES A WHEELCHAIR

If Dad uses a wheelchair, you may need to make some special preparations for his upcoming holiday visit. Consider the following:

- Does the wheelchair fold up, so you can transport it in the trunk of your car? If not, you may need a van to bring Dad home for a visit.
- Are there steps he must climb to your front door? If so, you can handle that in several ways. You may be able to build a wooden ramp that would go up to the front door, or you can purchase portable ramps from some medical supply stores that sell wheelchairs. Or, someone might be able to carry Dad inside and then carry the wheelchair up the steps (that depends, of course, on how heavy Dad is and how heavy his chair is).
- Will Dad's wheelchair fit in the bathroom? Some home bathrooms have narrow doorways, or sometimes there just isn't much room in the bathroom. Depending on Dad's physical condition, you may be able to just park the wheelchair at the door and help him maneuver on his feet into the bathroom. Or you might need to get a portable commode and set it up in a bedroom where Dad will have privacy to tend to his needs.
- Is your living room "wheelchair friendly?" You might need to rearrange furniture to make room for Dad to get around in his wheelchair. It's also a good idea to pick up any throw rugs as these can get in the way of the wheels.

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.

Hair Today, Gone Tomorrow

All Is Not Lost With Hair Loss

By Rachel Davidson

When my son Randy was four years old, his grandfather experienced a sudden noticeable hair loss. Later, Randy silently stared at him. Suddenly his face lit up. "Grandpa," he said, "Your head is coming up through your hair."

While this is a humorous story, there is nothing amusing about seeing a sink full of hair each time you shampoo your loved one's hair. With aging, hair becomes finer and sparser. Three out of four women over age 65 have some degree of hair loss. By age 50, 85% of men have lost significant hair.



SCARVES: MAKING THE BEST OF HAIR LOSS

While waiting for your loved one's hair to grow again, you can add to her self-esteem and wardrobe with scarves. The following websites contain information on scarf tying that is both fun and creative. Their pictures and/or videos make it easy. You may even want to make several for yourself.

www.clothesandstuff.com/pages.php?pageid=6

www.headcovers.com/scarf-tying.php

www.tznius.com/cgi-bin/tying.pl

www.texeresilk.com/cms-scarf_tying_guide.html

While bald areas are an obvious sign of hair loss (also known as alopecia) thinning hair loss, is not so apparent. It is normal to lose about 50 to 100 strands of hair daily; the hair you're finding in the sink may be yesterday's that became tangled with today's loss. To determine if your loved one's hair is getting thinner, hold about 15–20 strands of their hair between your thumb and index finger. Pull slowly and firmly. If more than six hairs come out, there may be a problem. Because hair loss sometimes indicates an underlying disease, the next step is to speak to their physician about it.

Losing More Than Hair

Our society places a great deal of credence on appearance. So, when your loved one loses hair, there is also a loss of self-esteem, which can result in psychological problems. Your loved one may withdraw and become housebound, not wanting friends to see their hair as it has become.

Shirley Fray, of Reedsburg, Wisconsin, lost her hair. She says, "I wasn't into makeup that much, so I didn't think I would care about it. But I no longer wear dresses because I don't feel feminine or complete without my hair."

"When I thought about losing my hair to chemo, I thought that it was just the price I would be paying. It would be just a little bitty thing," adds cancer patient Gail Mills, of Endeavor, Wisconsin. "However, when I started to lose it, I was completely freaked out. I didn't have hair to wash any more."

Unfortunately, hair loss has been considered shameful for a long time, as have attempts to stop or reverse it. Around 1100 BC, it was popular to rub the scalp with fats of various animals, including lions,

hippopotamuses, crocodiles, serpents and geese. Another recipe called for toes of a dog, refuse of dates, and a hoof of a jack-ass. Today, American men of every age spend about \$900 million on products to regain their hair, many of which are also ineffective.

How Hair Grows

Scalp hair grows about half an inch a month and develops in stages. During the first stage, hair grows for about two to five years. A resting stage then occurs, when no hair grows for five months. Later, the hair is shed and the same follicle starts to grow a new hair.

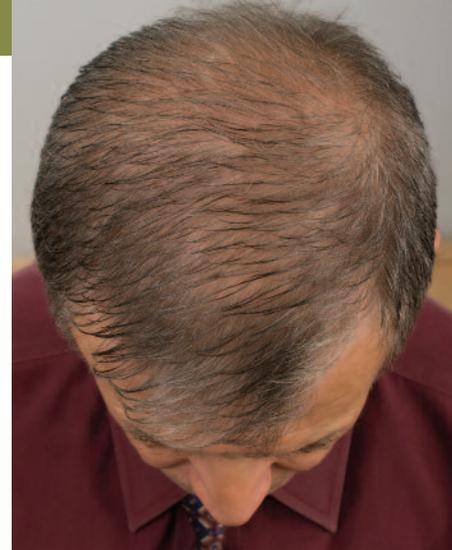
At any one time, about 90% of hair follicles are in the first phase, and only 10% are in the resting stage. Excessive hair loss occurs when one of the phases become disrupted. Hair is then shed without new growth. Importantly, once a follicle is destroyed, no new hair will grow from it and baldness develops.

Treatment for your loved one's hair loss has the best chance of being effective, if you know its cause and they receive treatment early on.

Hair Loss Causes

Several factors enter into the reasons for hair loss. They include:

- Heredity
- Female and male pattern baldness
- Hair styling that breaks the hair
- Skin diseases
- Iron or vitamin deficiency
- Hormonal problems
- Under-active thyroid
- Alopecia areata (auto-immune disease)
- Major surgery
- Chronic illnesses



- Drugs
- Stress
- Crash diets
- Emotional disorders
- Aging

What You Can Do

While you can't change many of your loved one's conditions that affect hair growth and loss, there are simple things you can do to help. The first is to make sure they are treated for any diseases that could be contributing to the condition. In some cases, this may be all that's needed to prevent further hair loss. In many cases, hair may even restart its growth and thickening.

With so many drugs being a factor in hair loss, it's important to discuss medications with your loved one's doctor. Is hair loss a side effect with any of them? If so, are substitutes available?

Elderly people often skip the foods they need the most—lean proteins (chicken and fish), vegetables, and fruits. Encourage healthy eating as these nutrients prevent iron loss and many vitamin deficiencies.

Kendall Owng, a hairdresser and salon owner in Phoenix and a member of the Professional Beauty Association, says, "If the hair is breaking because it's damaged, we discourage any type of chemical services—perms, dyes, relaxers. They would damage the hair more."

Owng encourages the use of professional products that thicken hair and a short hair cut. "Find the right style from a professional stylist who can also recommend the right products for your loved one," he advises.

Mary Bassman, MSSW, of Dean Oncology in Madison, Wisconsin, works with oncology patients who have lost their hair. She says, "It's important for caregivers to show their loved ones they love them just the way they are. 'Mom, you always looked beautiful to me. You still do. You're precious to us.'"

Other Options

The only FDA-approved medication for hair loss in women is topical minoxidil (Rogaine) that can also be used by men.

Some men also benefit from finasteride (Propecia) or Proscar.

Alopecia areata that doesn't resolve itself after a year without treatment is often helped by using steroid injections or topical steroids, Minoxidil (Rogaine) immunotherapy, dithranol cream, or ultraviolet light treatment.

You can't expect overnight miracles; many of these drugs take months before your loved one will see results. Some will have to be taken indefinitely for continued hair growth. Your dermatologist can advise what is best for your loved one.

And remember that while these products may or may not work, there is something you can provide that will make a difference: understanding. As Fray says, "Don't tell her, 'It must be nice to not have hair.' It's NOT nice. It's hard." ■

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.

Gearing Up for Your Loved One's Visit

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If it's going to be a short visit, you may not need certain supplies that you would need if Mom or Dad will be staying for a few days. This includes things like dressing changes or colostomy supplies. Talk to nurses at the nursing home or assisted living facility ahead of time to learn what you'll need and whether the nursing home will supply them or if you need to go out and buy some yourself. Make sure you find out ahead of time, though; you don't want to have to try to find a place to buy colostomy supplies on Christmas Eve.

Remember Mom's Medication

If Mom is just visiting for an afternoon and dinner, she probably won't need to take any medication while she is with you. She can take her medication before you pick her up, or she can take it when she gets back to the facility. If she's going to be with you for a while, though, you may need to make sure she gets her medicine.

Ask the nurses at the nursing home or assisted living facility whether Mom will need any medication while she's with

you. If she will, they will provide you with what she needs. You will not need to fill a prescription at a pharmacy. Make sure you ask how much she needs to take and when she needs to take it. Also ask if there are any special instructions, like if she should take the pills with food or on an empty stomach.

Doing What Needs Done

How much help does Mom need with things like toileting? If she needs help, do you know how to do it? For instance, do you know how to safely transfer her from a wheelchair to the commode? And are you physically strong enough to do it?

You can handle this in several ways. If you don't know how to help Mom with things like transferring to the commode, changing adult diapers, or emptying a colostomy bag, ask the nurses or the aides at the nursing home or assisted living facility to teach you. It's not that hard to do, once you learn. They will usually be happy to teach you, but you'll need to ask them.

If you think you'll have a hard time doing these things for Mom during her visit, you can hire a home health aide to come to your home during the visit time to take care of it for you. Just look under

home health care in your local directory and call to ask about private duty aides. You will probably have to pay out-of-pocket for the service; Medicare or health insurance usually will not cover this.

When Grandma Has Alzheimer's

Of course we want to have Grandma home for the holidays, but if Grandma has Alzheimer's disease or other forms of dementia, we need to take special precautions, and we need to seriously consider whether a visit home is in her best interest.

Sue Sharpe of Greenhills, Ohio, says her family brought Grandma home every year for several years, but finally decided it was better not to do so. "She was getting more and more disoriented and confused. I think it was hard for her to be out of the familiar surroundings of the nursing home. She got so agitated the last time that we decided not to bring her home anymore. Instead, we would all go visit her on Christmas Day. We took presents and cookies and stuff. She handled that much better," Sue says.

If you do bring Grandma home, be aware that she may be very confused. Her behavior may seem strange. What to

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This ET is not a Movie Name

Essential Tremor

Little Known But Common Parkinson's Cousin

By Kelly D. Morris

Gladys Barnstadt was 73 when she started experiencing tremors. At first, her hands just shook a little when she was holding a glass or a fork at mealtimes. Then her head started shaking back and forth, too. Her daughter Joann was afraid she had Parkinson's disease and insisted she go to the doctor.

"I had seen a television show about Parkinson's," Joann says. "I thought that was what Mom had. Like that actor from the TV [Michael J. Fox]."

So Gladys, who lives in Hillsboro, Ohio, went to her doctor, who sent her to a neurologist. The neurologist said she did not have Parkinson's, but she had something called essential tremor.

Gladys and her daughter Joann had never heard of essential tremor, and many people haven't. It's actually pretty common, however, especially among the eld-

erly. As many as 14% of people over the age of 65 have it, although some have only mild symptoms and never even get it diagnosed.

What Is Essential Tremor?

Essential tremor, which is sometimes called familiar tremor, is simply a tremor that is not caused by another disease or disorder, like Parkinson's disease. It usually affects the hands, but can affect other parts of the body as well, like the head and even the voice.

Symptoms of essential tremor usually begin gradually and may increase over time. Symptoms usually begin in the hands. Both hands may be affected, or it may just be one hand. The tremors usually get worse when a person is using their hands to do something, like to eat or write.

People may also have a tremor in their head. It usually makes them look like they are either nodding their head yes or shaking their head no. Their voice may also be affected.

Symptoms may get worse when people are under stress or tired.

It is believed that essential tremor may be caused by a genetic mutation in some cases. In other cases, experts say they don't know what causes it.

How Is Essential Tremor Diagnosed?

When Joann took her mother to the doctor, she thought they would do some tests like an MRI to figure out what was wrong. But they didn't.

Instead, the neurologist examined Gladys carefully, checking her reflexes, her coordination, and her posture. He then watched her drink from a glass (which made her hands tremble) and draw a spiral. He asked her about her symptoms and what medications she was on.

Your loved one's doctor might also do



some blood tests to check for thyroid problems. He or she might order a test like a CT scan or an MRI to rule out other problems, but those things aren't actually used to diagnose essential tremor. In most cases, essential tremor is diagnosed based on a neurological exam.

Treating Essential Tremor

In some cases, symptoms of essential tremor are mild and no treatment is necessary. If a person's tremors interfere with their daily life, though, there is treatment available.

There are a number of medications that can be used to treat essential tremor. Sometimes beta-blockers, medications that are often used to treat high blood pressure, can help. If beta-blockers are not effective, sometimes anti-seizure drugs are prescribed. Make sure your loved one's doctor knows about any other medications they are taking and if they have any other medical problems, like asthma, diabetes, or heart trouble, because that might affect what medications can be given to them for essential tremor.

Sometimes Botox injections are used to treat tremors. This is the same type of injection you might be familiar with that is used to treat facial wrinkles. Doctors will usually try medications before they try Botox, though.

ESSENTIAL TREMOR VS. PARKINSON'S DISEASE

■ *Essential tremor can look a lot like Parkinson's, but there are some key differences, including:*

Parts of the Body Affected. Essential tremor can affect the hands, the head, and even the voice. Parkinson's usually affects the hands, but not the head or the voice.

When Tremors Occur. Essential tremor usually causes the hands to shake when they're in use. Meanwhile, Parkinson's usually causes the hands to shake when they are resting in the lap or hanging at the sides.

Other Symptoms. Parkinson's is associated with other symptoms, like a shuffling gait, slow movements, and a stooped posture. Essential tremor, on the other hand, just causes tremors.

Your loved one's doctor might recommend physical therapy. Physical therapy exercises can reduce tremors and improve coordination and muscle control.

An appointment with an occupational therapist might be helpful, as well. An occupational therapist can evaluate how your loved one performs certain tasks and recommend techniques or appliances that can help. For instance, the therapist might suggest using heavier plates, glasses, or utensils to make eating easier.

If medication and therapy don't help, and if tremors are seriously disabling, sometimes surgery is recommended. The most common surgical procedure for essential tremor involves inserting an electrical probe into the part of the brain responsible for causing the tremors. A wire runs under the skin from the probe to the chest, where a pacemaker-like device is inserted. The device sends electrical pulses (they are painless) to interrupt the signals from the brain that are causing the tremors.

In Gladys' case, her doctor prescribed a beta-blocker called Inderal, which helped a lot.

Other Things That Help

You should keep in mind that certain things can make tremors worse, including caffeine (found in soft drinks, coffee, tea, and chocolate), stress, and fatigue. Limiting the amount of caffeine in a diet can help a lot. So can getting enough rest. If your loved one is under a lot of stress, you can help them practice relaxation techniques. In some cases, counseling helps people learn to deal with stress.

Some people find that when they drink alcohol, it actually reduces tremors temporarily. However, once the effects of alcohol wear off, the tremors usually come back worse than before. And, of course, drinking alcohol can contribute to other health problems. So people with essential tremor are advised not to drink a lot, if they drink at all.

Keep in mind that it can be very frus-

trating to have a condition like essential tremor. People with the condition may be embarrassed about how their hands shake, especially if it causes them to spill food while they're eating or something like that. Be patient and supportive of your loved one while he or she is dealing with this problem. Some people with essential tremor find it helpful to attend a support with other people dealing with the condition. ■

FOR MORE INFORMATION

For more information on essential tremor, you can contact the International Essential Tremor Foundation at PO Box 14005, Lenexa, KS 66285. You can also phone them at 913-341-3008 or visit their website at www.essentialtremor.org.

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.

How Swine Flu Could Affect Your Elderly Loved One

Continued from page 2

indicated, as caregivers are common sources of the spread of influenza. "If and when they do get sick, they should limit exposure to those around them that they can infect," Weinstein says. "They are likely to be most contagious during clinical illness, but may still shed the virus for up to a week or longer. At least until symptoms resolve it would be best not to be in close contact with other susceptible people."

Additionally use other basic hygiene interventions—namely frequent hand washing and a proper "cough etiquette." A surgical mask may be useful, as well, to limit transmission within a week or so of infection, if completely avoiding contact is not an option.

Finally, remember to pay attention to public health advice in your local community regarding school closures, avoiding crowds, and other social-distancing measures. If your community leaders offer specific advice in your community, take note. And, as always, contact your health care provider if you have specific questions regarding the H1N1 flu. ■

Gearing Up for Your Loved One's Visit

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expect will depend on how advanced her Alzheimer's is.

People with Alzheimer's reach a stage where they begin to wander, which can be dangerous. They may wander outside in the snow in their pajamas and develop hypothermia or frostbite. They may wander outside and get lost. Some families put an alarm on the door that will go off if Grandma tries to wander outside. You can purchase a simple battery-operated alarm at most hardware stores, if you need one.

Simply put, talk to the nurses at the nursing home or assisted living facility about any special precautions you need to take to keep Grandma safe during her holiday visit.

If Dad Is Flying In

If Dad is flying in from out of town and still lives independently, not all of these things will apply. After all, if he lives independently, he probably won't need you to change diapers. Still, taking time before the visit to ask about dietary restrictions or special supplies or help he might need will always make the visit go more smoothly. ■

COMING UP IN DECEMBER

- Long-term care insurance can be a god-send for elderly and their families when medical needs and bills begin to mount up. A look at how this valuable but little understood policy can work for you.
- Elderly over age 80 represent the fastest growing segment of the population receiving kidney dialysis, but is it always the best path to follow? Pros and cons of old-age dialysis.
- Constipation and irregularity become increasingly common and dangerous problems with age. How caregivers can avoid, recognize, and ultimately help their loved one deal with these most uncomfortable moments.
- Those predictable New Year's resolutions regarding better health and reduced stress take center stage in the latest installment of our popular Caregiving Gadgets & Gizmos feature. You'll want to check it out.

Helping Elderly Cope with Financial Anxiety

For seniors who have lived through the Great Depression, today's news comparing current national economic woes to the harsh realities of food lines, few jobs, and extreme poverty of the 1930's may be panic-producing. Add that to the fact that an economic crisis disproportionately affects older adults who need access to retirement funds, and it's not surprising that seniors are feeling anxious.

"The anxiety and worry are immense," says Dr. George Grossberg, a Saint Louis University psychiatrist who has witnessed the increased anxiety. "It is affecting millions and millions of people, especially those who were looking forward to a comfortable retirement."

Grossberg, who directs the university's geriatric psychiatry program, notes that in many cases, older adults respond well in a crisis, drawing on a lifetime of experience. For example, after September 11, seniors often had a less impulsive, more measured response than did

younger people. In today's economic crisis, however, older adults have the most to lose financially and a sense of what a true economic depression can look like.

Retirees who have planned to rely on investments are hit hardest by financial downturns, but they may also have less obvious reasons for their fears. For some, the worry extends beyond retirement funds to a general and sometimes intangible sense of unease. "I've had patients who are themselves financially secure talk about their anxiety for society as a whole or their worry that there may be unprecedented problems, like civil unrest," said Grossberg.

The constant drum beat of bad economic news and promises of worse to come can be stressful everyone. For those who are suffering because of economy-related stress, Grossberg offers the following advice:

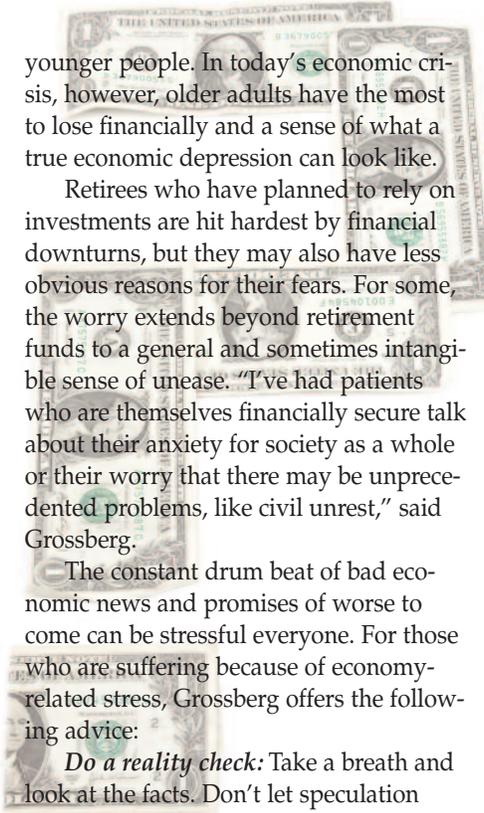
Do a reality check: Take a breath and look at the facts. Don't let speculation

about the future run wild. Most over-the-top grim predictions won't come to pass.

Don't act impulsively: Be careful you don't make poor decisions in a moment of panic. Grossberg gives the example of one patient who sold off the bulk of his investments while the market was low, fearful that he was losing his retirement savings. Discuss what you plan to do with someone else before you make a rash decision.

Count your blessings: Take time to think about the things for which you're grateful. Whether it's your health, your family—or \$1.49/gallon gas, being thankful is a healthy reminder of what's good in your life.

Take care of your health: At any age, exercise, eat right, get enough sleep, and don't put off preventive doctor visits. Staying healthy will help you to deal with financial issues and other stressful problems, and exercise has benefits for mood. ■



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The newsletter cover features the title "Caregiver's HOME COMPANION" and the subtitle "HELPING THOSE WHO HELP OTHERS". The main article is "Alcohol and the Elderly: An All-too-Common Bond with Serious Consequences" by Faith McCrossin. The sidebar is titled "Spirituality to Help Easing Stress".