

Caregiver's

HOME COMPANION

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



Staying One Step Ahead

Being Prepared For Long-term Care

By Maura Keller

No one wants to think about the possibility of needing long-term care. Just like a critical illness or car accident, you want to believe you'll beat the odds. Yet after age 65, the chances of spending some time in a nursing home are nearly 50%.

But fortunately, much like home, health, and auto insurance, long-term care insurance is available to help you protect yourself, your family, and your assets when financing long-term care. And for family caring for an elderly loved one, understanding the basics of long-term care insurance can help them manage their loved one's care—both now and in the future.

Staying One Step Ahead

Many people mistakenly believe that Medicare or Medicaid covers the costs of health care, home care or nursing home care in retirement. These programs don't for most people, and that's why more of us are considering long-term care insurance. ▶

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The insurance pays, to varying degrees, for nursing home stays. And most policies cover in-home nursing services, as well.

Staying One Step Ahead: Being Prepared For Long-term Care *Continued from page 1*

At its core, long-term care insurance provides protection against catastrophic long-term care costs. Long-term care insurance will pay for you or your loved ones' nursing home and home health care costs, which would otherwise be paid for out of pocket (by you or your spouse or children) or partially covered through Medicare and Medicaid.

"Long-term care insurance is designed to cover the cost of necessary care and services for the insured," says Laurie Giles, author of *What Now? Elder Life Planning*. "In order to collect benefits from a long-term policy, it must be established that the claimant actually is in need of long-term care. Generally, there must be a showing that the person is unable to perform two or more activities of daily living (ADLs), such as eating, bathing, mobility, and dressing, or that a claimant is suffering from a form of memory loss including Alzheimer's disease."

The insurance pays, to varying degrees, for nursing home stays. And most policies cover in-home nursing services, as well.

"Given the high cost associated with long-term care and services, it is imperative to have a plan in place for the payment of such services. Long-term care insurance can help in that regard," Giles says. Just like any investment, long-term care insurance is not right for everyone. Talking with a financial advisor, who is not affiliated with any insurance company, is important to receive a unbiased opinion about the benefits or drawbacks that long-term care insurance may play in your specific situation.

According to the National Association of Insurance Commissioners (NAIC), whether you should buy a long-term care insurance policy will depend on your age, health status overall retirement goals, income and assets.

"For instance, if your only source of income is a Social Security benefit or Supplemental Security Income (SSI), you probably should not

buy long-term care insurance since you may not be able to afford the premium," the NAIC says. "On the other hand, if you have a large amount of assets but do not want to use them to pay for long-term care, you may want to buy a long-term care insurance policy. Many people buy a policy because they want to stay independent of government aid or the help of family. They don't want to burden anyone with having to care for them. However, you should not buy a policy if you can't afford the premium or are not sure you can pay the premium for the rest of your life."

The Basics

So, how is long-term care insurance obtained? As Giles explains, this type of insurance is obtained through an insurance broker who sells such a product. Many times this may be an independent broker who has access to a myr- ▶

SORTING THROUGH LONG-TERM CARE INSURANCE

Long-term care insurance can be confusing. To help you understand this relatively new type of insurance, there is a wealth of resources available to you. Here are a few:

Congressional Budget Office/Financial Long Term Care for the Elderly, www.cbo.gov/showdoc.cfm?index=5400&sequence=0

Federal Long-Term Care Insurance Program, www.ltcfeds.com/

Long-Term Care Consumer Awareness Campaign Project, www.ltcaware.info

National Association of Insurance Commissioners (NAIC), www.naic.org/pressroom/consumer_alerts/index.htm

American Association for Long-Term Care Insurance, www.aaltci.org/

American Healthcare Association/National Center for Assisted Living, www.longtermcareliving.com/financial_information/howtopay2.htm

AARP, www.aarp.org/financial-insurance/Articles/a2002-08-13-InsuranceLongTermCare.html

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



Staying One Step Ahead: Being Prepared For Long-term Care *Continued from page 2*

iad of policies from many different insurance companies, or they may work for one specific insurance company.

When choosing the right policy for you or your loved one, look carefully at two time periods:

1) The so-called *elimination period*, which dictates how long the condition must exist prior to the claim being accepted and benefit payments received.

“Be cautious as to how the period runs,” Giles says. “Many policies require that the person not receive inpatient treatment for a period of time prior to receiving benefits. Also understand that a hospital stay may stop the clock, which will start again once the person is out of the hospital. Given the nature of some illnesses such as cancer, the person may never be out of the hospital long enough to meet the required period.”

As with any insurance coverage purchase, it pays to do your homework and find a reputable insurance provider.

2) The *benefit period*, which spells out how long the policy will pay benefits.

United Policyholders, a non-profit organization assisting consumers nationwide to help solve insurance problems and advocate for fairness in insurance transactions, urges consumers to know which sources of care are eligible for insurance reimbursement. What are the “triggers” that make you eligible for coverage? How long of a waiting period (elimination period) will there be before coverage kicks in? What is the maximum benefit (in dollars and/or in time)? What is the daily benefit? Is there a new waiting period required each new time you use long-term care? If so, how much time must pass between periods of care in order to activate a new waiting period?

When to Purchase

So, how soon do you need to consider purchasing coverage? Like other life or health insurance, long-term care insurance costs less if you buy it earlier—the younger you are, the less expensive the policy.

And remember, long-term care insurance is particularly important for married couples. The chronic illness of one spouse can drain the physical and emotional well-being of the other and deplete the family finances as well, leaving the surviving spouse without the resources to provide for their own well-being. Fortunately, long-term care insurance generally is less expensive for married couples than it would be to buy two individual policies.

As with any insurance coverage purchase, it pays to do your homework and find a reputable insurance provider.

“Like all insurance, long-term care insurance is industry-regulated,” Giles says. “The issue therefore is to do business with an insurance company that has an A rating. Signs of a disreputable company would include a low rating, refusal to disclose the rating, or significant complaints filed with the consumer protection department or state insurance regulatory agency.”

The NAIC recommends you contact several companies and agents before you buy a long-term care policy. Be sure to compare benefits, the types of facilities covered, limits on your coverage, what is not covered and the premium. Policies from different insurance companies often have the same coverage and benefits but may not cost the same. Be sure to ask companies about their rate increase history and whether they have increased the rates on the long-term care insurance policies.

“Most celebrity endorsers are professional actors paid to advertise, not insurance experts,” the NAIC says. “It is also important to note that Medicare does not endorse or sell long-term care insurance policies, so be wary of advertising that suggests Medicare is involved. Do not trust cards you get in the mail that look like official government documents until you check with the government agency identified on the card.”

Being well-versed in long-term care insurance and knowing all facets of your proposed policy will help you make the right decisions to determine if this type of insurance is right for your situation. ■

When You Just Can't Go

Coping with Constipation

By Kelly D. Morris



Constipation and irregularity are common problems for seniors, and those generally with illnesses and disabilities, for a variety of reasons. While it may not sound like a big deal, constipation can make you feel just plain miserable. And not only that, it can lead to hemorrhoids, anal fissures, or even intestinal blockages, all of which can be quite serious.

There are many reasons seniors may be more prone to constipation than their

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.

younger counterparts. For one, the elderly may have less-than-ideal diets. Now, to be honest, most people these days have less-than-ideal diets, but seniors may be even less likely than others to get enough fresh fruits and vegetables, and they may be more affected by a lack of fiber than younger people.

What's more, seniors may also be less active than younger people, and the lack of activity can contribute to constipation. In addition, many seniors take prescription medications that can cause constipation as a side effect.

Recognizing Constipation

Constipation is defined as infrequent bowel movements and/or hard, difficult bowel movements. Irregularity means just what it sounds like—bowel movements do not occur with any kind of regularity.

Healthy adults normally move their bowels every day or two, but you should know that that can vary widely from person to person. Some people move their bowels two or three times a day and some people regularly go for several days without a bowel movement, and that doesn't necessarily mean anything is wrong.

However, if you don't have a bowel movement for several days and you feel bloated or uncomfortable, like you need to go, you may be constipated. If your stool is very hard and you have to strain a lot in order to move your bowels, or if bowel movements are painful, that is not normal.

Preventing Constipation

To help stave off constipation and maintain regularity, make sure your loved one drinks plenty of water. People need at least 64 ounces of water or other liquids every day. That's about eight glasses. Not getting enough water can cause all sorts of problems, including constipation.

Limit liquids that have diuretic properties. These liquids actually make you lose water and can contribute to dehydration and constipation. They include caffeinated drinks like soda, coffee, and tea, as well alcoholic beverages.

Make sure your loved one eats plenty of fiber, including whole grains, fresh fruits, and vegetables. Fiber adds bulk to stool, helping it move through the intestines more easily.

Limit foods that may contribute to constipation, such as meat and dairy products, especially cheese. However, it is important to get a certain amount of protein and calcium in your diet, and meat and dairy products give you these things. Don't totally eliminate them from your loved one's diet unless you are sure they will get needed nutrients from

MEDS THAT TRIGGER CONSTIPATION

We know medications sometimes can cure one problem but cause another. Here are some of the common medications that can cause constipation:

- Pain medications
- Many antidepressants
- Seizure medications (example: Dilantin, Tegretol)
- Calcium channel blockers (Cardizem, Procardia)
- Antacids that contain calcium carbonate (Tums)
- Iron supplements

Talk to your loved one's doctor, if you think medication is causing constipation, and ask if there any other drugs that could be used that do not have this side effect.

YES:



When You Just Can't Go: Coping with Constipation *Continued from page 4*

other sources. Talk to your loved one's doctor or make an appointment with a registered dietician if you need help figuring out the best diet for your loved one.

Encourage your loved one to get regular exercise, if possible. If he or she can't actually work out, just walking around the house will help. People who are bedridden or who cannot move much on their own can benefit from something called "passive range of motion," where a therapist or caregiver moves their body parts for them. It's good for the muscles, but also helps keep the bowels working properly.

When Constipation Visits

Sometimes, despite your best efforts to prevent it, constipation does occur.

In this event, see if you can identify the cause. Does it occur after eating certain foods? Has your loved one started a new medication recently? Been less active lately? If you can figure out what's causing the constipation, you may be able to rectify it fairly easily.

If constipation seems to be a side effect of medication, talk to your loved one's doctor about whether a different medica-

LESS:



If constipation seems to be a side effect of medication, talk to your loved one's doctor about whether a different medication might work to treat your loved one's condition without causing constipation.

tion might work to treat your loved one's condition without causing constipation. Sometimes there might be another drug to try, but sometimes there might not be an alternative. Narcotic pain medications are notorious for causing constipation, and if your loved one just had a hip replacement, there probably won't be a lot of good alternatives.

If your loved one takes iron supplements, they can cause constipation. There are several different types of iron, and carbonyl iron is the least likely to cause constipation. Consider switching to carbonyl iron if iron supplements seem to be an issue.

Fiber Supplements & Other Aids

If these things don't work, you can try adding a daily fiber supplement like Metamucil or Benefiber. These fiber supplements work by keeping stool soft and by giving it more bulk, so it moves through the intestines more easily.

And if a daily fiber supplement doesn't do the trick, try a stool softener. You can buy stool softeners over-the-counter at any grocery store or pharmacy, or you can get a prescription for one. Stool softeners do just what it sounds like they would do—keep the stool soft for easier passing. You can take them on a daily basis if needed.

Don't use laxatives or enemas unless constipation is severe. They cannot be used on any kind of a regular basis. They may lead to dehydration, and you can also become dependent on them. If you regularly rely on laxatives or enemas, you may find you can no longer move your bowels on your own at all.

If your loved one regularly struggles with constipation, or if they have a one-time severe case of constipation, talk to their doctor about options for treating it.

If your loved one has symptoms of a bowel obstruction, which can be caused by severe constipation, call your loved one's doctor right away or go to the nearest emergency room. Symptoms of a bowel obstruction include severe abdominal cramps, sharp pains in the abdomen, severe bloating, and vomiting, along with constipation.

In the case of a partial bowel obstruction, your loved one may feel constipated but may have some very loose, watery stool that is able to leak out around the obstruction. A bowel obstruction requires prompt medical treatment because it can cut off the blood supply to the intestines. Sometimes a bowel obstruction can be treated medically, but sometimes surgery is required. ■

Caregiving Gadgets and Gizmos

Elder Care Product Picks for a New Year

By Kelly D. Morris

Have you or your loved one made any New Year's resolutions yet? Let me guess. There is something about improving your health, right? And maybe something about reducing stress?

Well, we have found some things that might help! Check out our latest picks, including easy-to-take calcium supplements, medical alert bracelets, and a monitor to help keep your loved ones with Alzheimer's safe.

Upcal D Calcium Citrate Powder

Did you know that the recommended daily intake of calcium for people over age 50 is 1200 mg per day? Many older adults don't get that much calcium from their daily diet. For example, consider that one cup of milk only has about 300 mg of calcium. A slice of cheese has a little less than 300 mg of calcium. Therefore, many older adults could benefit from a calcium supplement.

It's important to choose the right calcium supplement, however. There are several types of calcium that can be found in supplements, including calcium carbonate and calcium citrate.

Calcium citrate is absorbed better than calcium carbonate by all people, but even more so by older adults who sometimes don't have as much stomach acid as younger people (stomach acid is required for breaking down and absorbing calcium carbonate).

You can buy calcium supplements as pills that you swallow, but these pills are often quite large and may be difficult to swallow. You can also buy chewable calcium citrate supplements, but they may not taste very good.

If your loved one needs a calcium supplement, Upcal D may be the answer. Upcal D is a powdered calcium supplement that can be added to any drink or to foods like yogurt or pudding. It has no flavor, and you won't ever notice it in your

drink. One dose contains 500 mg calcium citrate plus 250 IU vitamin D, which helps the calcium be absorbed better.

Upcal D is made by General Health Products, Inc. You can order it from a number of places, but the best price I've found is at Colonial Medical, where you can get a box of 120 doses for \$11.95. Visit Colonial Medical at www.colonialmedical.com or phone them at 800-323-6794 to place an order.

MedicAlert Bracelet

Many people with serious health conditions, drug allergies or other special needs wear medical alert bracelets. These bracelets are engraved with pertinent medical information, like "diabetic" or "Alzheimer's" or "allergic to morphine." In an emergency, health care workers can learn information they might need to know in order to save a life, even if the patient isn't able to communicate. Doctors often recommend that anyone with a serious health condition wear one.

You can order medical alert bracelets from many different companies, but MedicAlert is definitely worth a look. That's because they offer more than just an engraved bracelet. For an additional fee, your loved one can be enrolled in their 24-hour emergency response service.

With the emergency service, your loved one will be assigned an ID number, which will be engraved on their bracelet along with a toll-free number. When emergency medical personnel call the number, they will be given all sorts of valuable information about your loved one, including detailed medical information and a list of medications your loved one takes.

This is a valuable service because ►



Caregiving Gadgets and Gizmos Elder Care Product Picks for a New Year

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you simply can't engrave much information on the bracelet; after all, there's only so much space. But with this service, health care workers will have easy access to all the information they need. Whenever your loved one's information changes—for instance when their doctor prescribes a new medication—you just log into your account online and update the information.

MedicAlert offers a wide variety of bracelets, some costing as little as \$9.95. Enrolling in the emergency response service costs \$39.95 for the first year and \$27 per year after that. If you are unable to afford it, the company sometimes offers reduced rates based on need. To buy a bracelet and sign up, visit them online at www.medicalert.org or call them at 888-633-4298.

thing, and that could give Mom the chance to slip out the door.

In these instances, the Talking Motion Detective Patient Monitor can be a god-send. It consists of up to six motion detectors that monitor "hot zones" in a house and a speaker unit that you keep with you for alerts.

You can pre-record alerts that will be broadcast to you if your loved one starts to wander. The monitor may announce, "Mom is going downstairs" or "Dad is going out the back door" or otherwise tell you what's happening, based on the alert you assign to a zone. You can purchase additional speakers, which can be kept in the "hot zones" that will announce instructions to your loved one, like "Stay upstairs, Mom" or "Don't go outside, Dad."

The Talking Motion Detective is available from The Alzheimer's Store for

pull yourself to your feet. The handle can support up to 250 pounds and is adjustable in height.

The Assist-A-Tray is available from Dynamic Living for \$174. To order call 888-940-0605, or visit their online store at www.dynamic-living.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.



Talking Motion Detective Patient Monitor

When a loved one has Alzheimer's, keeping them safe can be a fulltime job. People with Alzheimer's usually reach a stage where they begin to wander. They may try to go down to the basement when they cannot safely navigate the stairs, or they may try to go outdoors where they might wander away and get lost. They may also go outdoors in their pajamas in the winter and develop hypothermia.

Unfortunately, you can't watch them every minute of the day and night. You have to sleep sometime. Or you may just be in another room attending to some-

\$152.95. Additional speakers are available for an additional cost. You can order online at www.alzstore.com or you can phone 800-752-3238.

Assist-A-Tray

This is a great device for someone who needs a little help getting up and down from the sofa or in and out of a favorite chair. Assist-A-Tray is a swiveling tabletop on a stand that can be used to hold a laptop, books, papers, even serve a meal. It fits easily with any sofa, chair, or recliner. When you're ready to get up, you just push the tabletop aside. Then you grab onto the sturdy handle and use it to help

COMING UP IN JANUARY

- The vulnerability of a frail and declining family member can sometimes bring out the worst in people. What can you do to protect your parents from greedy and sneaky—and downright thieving—relatives?
- Caregivers deal with a bevy of emotions, including anger. Tips on keeping your anger in check when caring for an elderly loved one.
- With dementia such a hydra-headed disease, do feeding tubes really help – or hinder—in caring for a loved one with advanced dementia?
- What are patient assistance drug programs, and how can they help you?

Dialysis and the Elderly

Do the Risks Outweigh the Benefits?

By Lori Zanteson

Quality-of-life decisions become increasingly challenging as our loved ones grow very old, typified by a burgeoning elderly population that calls into question the merits of such treatments as dialysis. With dialysis quickly becoming more commonplace, it may be time to take a sobering look at dialysis and other treatments and ask whether the benefits truly outweigh the risks for the very old.

There's been an explosion of dialysis

ing for any patient, dialysis is especially so for the elderly. The heart and all of the major organs must sustain the rapid movement of blood in and out of the body during dialysis, which can be particularly hard on the elderly body. In addition, research shows that elderly patients who undergo dialysis experience increased rates of frailty, mental impairment, falls, and other hospitalizations.

Samara Hudson, of Las Vegas, Nevada, lost her mother a year and a half



...dialysis is no walk in the park. Although every patient is different, half of all dialysis patients experience pain, depression, and sleep disturbance, while anemia, nausea, and itching may also occur.

patients over age 80, creating the fastest-growing segment among the 400,000 Americans undergoing dialysis treatment at any one time. But dialysis itself is just part of the story: more than a third of elderly dialysis patients live with other conditions and chronic illnesses such as heart disease or diabetes. In addition, kidney failure often occurs as a result of other conditions, which may add to the question of whether dialysis improves the elderly patient.

Dialysis is indeed an effective treatment, filtering blood to remove toxins as a healthy kidney would do. Dialysis treatment assumes the role of healthy kidneys by keeping the body in balance, and it does this by removing waste products, including salt and excess fluids that build up in the body.

As a process that's physically challeng-

ing for any patient, dialysis is especially so for the elderly. The heart and all of the major organs must sustain the rapid movement of blood in and out of the body during dialysis, which can be particularly hard on the elderly body. In addition, research shows that elderly patients who undergo dialysis experience increased rates of frailty, mental impairment, falls, and other hospitalizations.

Hudson is not alone in this anti-dialysis mindset. The thought of side-effects and lengthy treatments multiple times each week is not on anybody's wish-list, especially not someone who may already suffer from chronic or age-related health conditions.

It's not so surprising then that a fourth to a third of older patients who choose dialysis also choose to end it. That's because dialysis is no walk in the park. Although every patient is different, half of all dialysis patients experience pain, depression, and sleep disturbance, while anemia, nausea,

and itching may also occur. Add to that the frequency and length of treatments. Three times a week at three to four hours a sitting is no trivial matter, not to mention having to travel to the treatment center, which can be taxing as well.

New research shows that dialysis may not be worth it for nursing home residents who suffer from kidney failure along with other ailments. Study results showed only a few of the 3,700 nursing home residents who were followed in research actually improved in performance of everyday activities like eating and getting dressed. Many even worsened. The goal of the study was to determine whether dialysis would improve the quality of life as well as extend life of this older population.

More than a third of elderly dialysis patients live with other conditions and chronic illnesses such as heart disease or diabetes.

The study's results are not intended to sway opinion one way or another, but rather to help everyone involved make more informed decisions about dialysis and other treatment options. ►

“I have 90-year-olds that are great and I have 60-year-olds that are not. With dialysis, it’s different for everybody” – Lori Uyetanaka, renal nutrition specialist.

Dialysis and the Elderly Do the Risks Outweigh the Benefits?

Continued from page 8

New research shows that dialysis may not be worth it for nursing home residents who suffer from kidney failure along with other ailments.

Registered dietician Lori Uyetanaka, MS, RD, CSR, agrees. She encourages patients to “be involved in your own care” and the care of your loved one. She stresses the importance of being well informed which she says comes with asking questions, researching the internet, and seeking out classes. Know that doctors will point you in the right direction, as well, she reminds. “There are options in the treatments,” says Uyetanaka. “You have to be your own advocate.”

A certified specialist in renal nutrition, Uyetanaka spends her days with dialysis patients and sees those who clearly benefit from the treatment and those who don’t do so well. “I have 90-year-olds that are great and I have 60-year-olds that are not,” she says. “With dialysis, it’s different for everybody. We’re not as good as the kidneys are,” she concludes, but with a proper treatment plan, symptoms can be controllable.

Dialysis can indeed be a positive step for the oldest patients. For example, Samara Hudson’s mother experienced healthy effects outside of the treatment itself. “The dialysis experience provided Mom a second family at the lowest point of her health,” said Hudson. “She even developed a crush on her van driver, an

older motorcycle fan, which made her put on makeup and perfume on dialysis days. She cared about what she looked like for the first time in a couple of years.”

For many, especially those in nursing homes, the treatment breaks the monotony of the day and brings them into a fresh social setting that may be more dynamic than home. Conversations unfold and relationships grow. It is an appointment to keep and to prepare for, something they may not get otherwise.

For those who don’t choose dialysis, there are alternatives, including a process known as conservative management. This alternative includes the use of medications for symptoms, the control of blood pressure, eating a low protein diet, and appropriate psychological and social care. Proponents say conservative treatment places less stress on the body and can result in a better quality of life for patients in the later stages of kidney failure.

Mary Beck, who lives in Boston, supports her mother’s decision not to undergo dialysis. Mom’s “feeling is that at her age, 88, she does not want to be kept alive by tubes or anything like that. We all support her choice in this matter.” Beck’s comments highlight the importance of family support. It’s easy to lose sight of our loved one’s needs and wishes when we are so caught up in what we want for them.

As difficult as the dialysis decision can be, it should be approached with a proactive attitude with respect to the disease it treats. Equip yourself and your loved one with every bit of information out there to ensure your family’s choice is the most informed it can be. Hopefully, successful treatment and peace of mind will be the reward. ■

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RESOURCES

National Kidney Foundation, *Chronic Kidney Disease Checklist*,

www.kidney.org/patients/pdf/04-10-286A_LongTermResidentCare_v2.pdf

Medline Plus, *Dialysis’ Drawbacks Outweigh Benefits for Some Older Patients*,

www.nlm.nih.gov/medlineplus/news/fullstory_90600.html

Dialyzing the Elderly: Benefit or Burden?

www.uninet.edu/cin2000/conferences/Oreopulos/Oreopulos.html

MedicineNet.com, *dialysis primer*,

www.medicinenet.com/dialysis/article.htm

American Association of Kidney Patients,

www.aakp.org/dialysis-information

Horror! It's Hemorrhoids!

Caregiving Tips for a Common Problem

By about age 50, more than half of adults have dealt with hemorrhoids. And while the number grows with age, there are home treatments caregivers can use to relieve symptoms of this common and embarrassing problem.

Hemorrhoids are blood-engorged veins in the lower rectum (anal canal) that form tiny sacs called anal cushions when too much pressure is exerted on the veins serving the pelvic and rectal areas. Increased pressure can result from straining during bowel movements, sitting on the toilet for an extended time, chronic diarrhea or constipation, obesity, lifting heavy objects, sitting or standing for long periods and pregnancy.

Symptoms can include painless bleeding during bowel movements, leakage of feces and mucus, severe pain, swelling or inflammation. Embarrassment aside, it's important to talk with a doctor about any rectal bleeding. While hemorrhoids gener-

ally don't cause serious problems, other, more serious concerns, such as polyps, cancer or inflammatory bowel disease, can cause bleeding, too. A colonoscopy may be needed to determine the cause of bleeding.

Mild pain, swelling and inflammation from hemorrhoids often can be managed with self-care measures. Options include:

Topical over-the-counter remedies:

Non-prescription hemorrhoid creams, suppositories containing hydrocortisone or pads containing witch hazel or a topical numbing agent may provide relief. They shouldn't be used longer than a week unless directed by a doctor.

Cleanliness in anal area: Taking a warm sitz bath several times a day can be helpful. A sitz bath, where only the hips and buttocks are immersed, can be done in a regular bathtub or using a plastic tub that fits over the toilet. The tubs are readily available from medical supply stores and pharmacies.

Swelling relief: Ice packs or cold compresses on the anus can relieve swelling.

Pain relievers: Non-prescription pain relievers such as acetaminophen (Tylenol, others), or ibuprofen (Advil, Motrin IB, others) may provide relief.

Hydration and fiber: Softening and bulking up stools for easier passage is helpful.

Strategies include drinking six to eight glasses of water or other nonalcoholic beverages daily, eating high-fiber foods, and taking fiber supplements such as Metamucil and Citrucel.

In addition, it's best to head for the bathroom when the urge occurs and to avoid straining or breath-holding when passing stools, as this strains the veins in the lower rectum.

When self-care or family caregiving measures don't work, a doctor can discuss several minimally invasive surgical procedures for consideration.

—Mayo Clinic Health Letter

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