

# Caregiver's

## HOME COMPANION

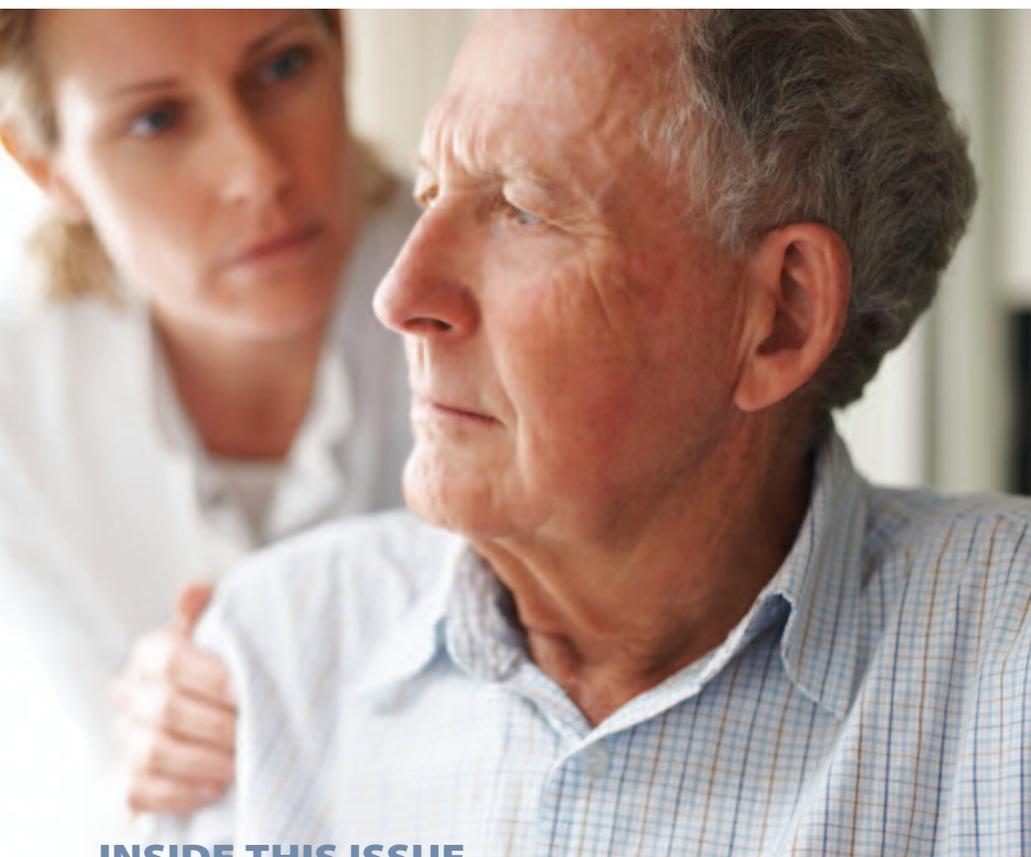
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H E L P I N G T H O S E W H O H E L P O T H E R S

# Is Your Anger in Check?

## Keeping Caregiving's Roller Coaster on the Tracks



By Maura Keller

Caregiver frustration boiling over. We've seen it, and many of us have lived it, whether blowing our stack in the doctor's office waiting room over Dad's stubbornness or "losing it" at home with our spouse or kids after a particularly stressful day with Mom. Not a pretty picture, to be sure.

Anger built in frustration is a natural emotion experienced by everyone from time to time, and it can be very complex because family history, genetics, temperament, caregiving styles, cultural heritage, and a loved one's degree of dependence, all of which can come into play in the elder-caregiving role.

And while caregivers have various ways of expressing anger—not all of which are acceptable—they need to learn how to properly manage this emotion to improve their quality of life and that of their loved one.

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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](mailto:editor@caregivershome.com).

## Anger boils over in family caregivers "when their own lives and needs seem invisible to those around them," says Shira Block, co-author of *When Your Parent Moves In*.

**Is Your Anger in Check?**  
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### Keeping Your Feelings in Check

Let's take a good look at our caregiving selves. Just how often do you experience feelings of anger when caring for your loved one? Daily? Weekly? Hourly? The answer won't surprise anyone well acquainted with the caregiving challenge because there are many emotions that rank high on the list when it comes to daily caregiving—anger, frustration, and emotional exhaustion, to name a few.

"Anger rears its head when the caregiver feels: powerless to help their elderly loved one; powerless to influence their loved one's decisions; his own life, dreams, and priorities are slipping away to care take; or his efforts and sacrifices are minimized, unappreciated or taken for granted," says Shira Block, co-author of *When Your Parent Moves In*. "In other words, when their own lives and needs seem invisible to those around them."

For writer and speaker Ric Morgan, anger was a prominent emotion he experienced when his mother was in home hospice care, and meeting her constant needs was very difficult. "We would both get angry at each other," Morgan says. "One day I typed the word 'anger' into Google and came up with millions of hits, but one stood out. It said that anger is misplaced expectations. It went on to say that we expect someone to act a certain way, or a particular situation to go a certain way, and when they don't come up to our expectations, we feel anger."

As a practicing family therapist, Dr. Elayne Savage, a relationship and communication coach, psychotherapist, speaker and author of *Don't Take It Personally! The Art of Dealing with Rejection*, who has heard many stories over the years about the 'frustration' that arises among caregivers.

"Frustration is a euphemism for anger, of course, but many folks can't acknowledge angry feelings toward a loved one." Savage

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says. "Taking things personally is almost always related to feeling rejected. Rejection involves feeling dismissed, disbelieved, disdained, disregarded, discarded. Hurt feelings and misunderstandings lead to anger and resentment. Resentment fills up so much space there is barely room for connection."

As Jennine Estes, a marriage and family therapist in San Diego, explains, caregivers tend to naturally think of others first, adjust their lives to tend to other people's needs, and their own needs tend to be put on the back burner or last on the "to-do" list.

"This ongoing caregiving role is fulfilling in one aspect, yet draining on the other aspect," Estes says. "The sensation of helping others is rewarding and feels great, yet it comes with a cost. With their needs on the back burner, the built up resentment and unmet needs fill up. It gets put away and starts to boil like a 'pressure cooker' and sooner or later these caregivers explode. The anger is a symptom of a later

### WHY SOME CAREGIVERS SNAP

Primary among reasons that family elder-care-givers give in to their anger and emotions are these everyday signals:

- Feeling trapped in the role
- Feeling trapped in the house
- No control over to-do lists imposed the various illnesses, chronic conditions, treatments and care-providers
- Lack of sleep
- Resentment over past treatment by the elderly loved one
- Resentment over current treatment by the elderly loved one
- The feeling (often a reality) of not being heard by the loved one, or extended family not giving the caregiver acknowledgement or respect
- Not knowing what to do to alleviate the suffering in another
- Behaviors associated with dementia
- Boredom

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## Seek professional help if you feel anger all the time and are resentful no matter what your loved one says or does.

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### Is Your Anger in Check?

*Continued from page 2*

problem. Caregivers may need some tools to 'calm their nerves,' but the tools are needed to prevent rather than intervene."

### Steps You Can Take

Here are ways to help deal with your anger:

- Learn to set boundaries. Learn what you can and can not handle. "Keep track of all your commitments and be realistic with what you can handle on your plate," Estes says. "Set boundaries and say no when you need to. Remember, you can't be superwoman/man."
- Work hard at clear communication to avoid misunderstandings and hurt feelings. "In a tense situation, taking a 'time out' works wonders," Savage says. "Take a few breaths, count silently to 10, go into another room and drink a glass of water."
- See things from the other person's perspective and not from the center of your own universe. Ask yourself: "How might they be feeling?"
- Recognize needs for your own sacred space and honoring your own needs.
- Try not to take things personally. "Reminding yourself 'this is not about me, this is about the other person—their style, their history and experiences and now their illness,'" Savage says.
- Don't forget to take care of you. "Because caregivers are great at being good at caretaking for others, they tend to forget and overlook their own needs," Estes says. "Don't forget to care about yourself and take care of your needs, wants, and desires. You matter too."
- Relax. Take time to decompress from your day, relax, and unwind. Don't go home and continue caretaking for other people. Set aside 10–30 minutes a day to relax and unwind. This will help prevent emotional build up and you are tending to your needs.
- Establish an emotional release. Instead of putting your emotions on the back



burner, appropriately release your emotions so you don't have to carry them all by yourself. Write, journal, meditate, talk to friends. "All of these are ways to release your emotions and prevent the 'pressure cooker' response," Estes says. "Make sure you have a good outlet to release the steam."

According to Block, it is common for a caregiver to feel angry, but the intensity and the degree of anger that colors and rules their life is the indicator that the emotion is no longer a "normal" response.

### When Professionals Can Help

In the end, don't overlook these signs that a caregiver needs to seek support or professional help:

- If the caregiver feels anger all the time and feel resentful no matter what their loved one says or does.
- If they feel anger when simply setting eyes on their loved one.
- If the caregiver feeds and fosters his rage throughout the day and can't seem to create any inner peace.
- If the caregiver starts raging at those around him.

- If the caregiver finds himself blaming those around him or for his own feelings of powerlessness
- If the caregiver starts behaving emotionally or physically abusive toward their elderly loved one.

"Professional help doesn't have to mean a therapist or the primary care physician although sometimes antidepressants and talk therapy can be helpful, especially with resentments from the past," says Peggy Flynn author of *The Caregiving Zone*. "It might be more productive to work with a professional care manager who knows these kind of situations and can make concrete suggestions. A care manager is more in tune with the reality that the caregiver, however flawed, might not be able to walk away."

Finally, Block emphasizes the importance of reminding yourself that your loved one didn't choose to be dependent or frail. "Let go and accept that you cannot control the aging process or another person's personality," she says. "Accept that you are not caring for your parent for appreciation, but because in many cases it is the right thing to do." ■

## When Dad Stops Eating

# Do Feeding Tubes Help or Harm Quality of Life?

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The decision to permit a loved one to be fed through a tube in their stomach is at once emotional, controversial and influenced by several complex ethical issues.

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**F**amily members grappling with the wrenching question of whether to allow a feeding tube for a relative with advanced dementia or Alzheimer's disease will find little comfort from a new review of evidence.

Poor food intake is common in individuals with dementia for a variety of reasons. In advanced dementia, health care providers might intervene by feeding patients artificially, usually by inserting a feeding tube through the stomach. This decision is emotional, controversial and influenced by complex ethical issues.

But do feeding tubes actually help people with degenerative dementia? In a medical review from London, doctors searched for evidence that this intervention was beneficial.

"We found that there is no research evidence that tube feeding prolongs survival or improves the quality of life for people with advanced dementia," said lead author Dr. Elizabeth Sampson. "In fact, some studies suggest that tube feeding may have an effect opposite to the desired and actually increase mortality, morbidity and reduce quality of life."

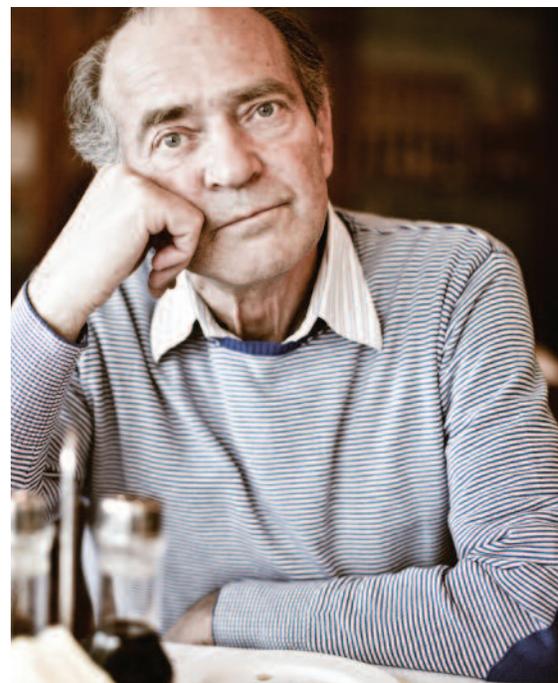
The review appears in the current issue of *The Cochrane Library*, a publication

of The Cochrane Collaboration, an international organization that evaluates research in all aspects of health care. Systematic reviews draw evidence-based conclusions about medical practice after considering both the content and quality of existing trials on a topic.

At first glance, it appears not to make sense to conclude that individuals fed through pegs in their stomach fail to benefit from tube feeding, but the way that the body uses food is complex, Sampson said. For example, with some forms of dementia, the body simply might be unable to metabolize food properly.

For caring family members, the emotional strain of deciding whether to allow tube feeding is especially worrisome because they are made aware of the fact that pain is typically associated with prolonged hunger and thirst when a tube is not used for feeding.

"In a study with patients terminally ill with advanced cancer and unable to eat, however, few experienced painful feelings of hunger and thirst," Sampson said. "If they did, this pain was alleviated by simple measures, such as pain relief or small sips of water. Compassionate nursing and medical care—similar to that which underlies the philosophy of the hospice move-



ment—can alleviate a great deal of suffering and should be available to people with dementia, too."

Sampson and his research review colleagues are attached to the Marie Curie Palliative Care Research Unit at the Royal Free and University College Medical School in London.

Their research involved a review of 452 studies in seven health care databases, five of which originated in the United States. Overall, the studies included 1,821 people, 409 of whom received some form of tube feeding and 1,467 who did not. The researchers found no randomized controlled studies, which are generally considered to be the gold standard of studies. ►

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**“Just because we found insufficient evidence of benefit does not mean that for some individuals with advanced dementia, tube feeding is the wrong decision. Each case needs to be considered individually.”**

*—Dr. Elizabeth Sampson, research leader.*

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### **Do Feeding Tubes Help or Harm Quality of Life?** *Continued from page 4*

“Just because we found insufficient evidence of benefit does not mean that for some individuals with advanced dementia, tube feeding is the wrong decision,” Sampson said. “Each case needs to be considered individually. We would hope that family members will feel better informed about the pros and cons of tube feeding in

It is important to realize, Post adds, that the gastrointestinal system of patients close to death often shuts down, and a feeding tube can cause considerable suffering.

The choice is not either a feeding PEG or nothing, said Post, who is also president of the Institute for Research on Unlimited Love, and the author of a book on moral issues in Alzheimer’s disease. He said there is a third option that people

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### **The gastrointestinal system of patients close to death often shuts down, and a feeding tube can cause considerable suffering.**

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persons with advanced dementia because of this paper.”

Artificially feeding individuals with dementia is a relatively new phenomenon that evolved after development of the percutaneous endoscopic gastrostomy tube, or feeding PEG, in the early 1980s, said Stephen Post, Ph.D., a professor of preventive medicine at Stony Brook University in New York. Their intent was to nourish seriously ill children until they got well, but by 1985, PEGs became widely used as a cost-saving measure in nursing homes, which lacked sufficient staff to do assisted oral feedings.

“As Dr. Sampson found, there is no evidence that the feeding tube benefits patients with advanced dementia,” Post said. “Indeed, as she details in this paper, there are all sorts of considerations for not using feeding PEGs. The most serious reason, perhaps, is physical restraint, which is terrible. One study shows, in fact, that 71% of persons with advanced dementia, who receive feeding tubes, are physically restrained.”

have been using since the beginning of time: assisted oral feeding.

“My grandmother had Alzheimer’s disease in the 1970s and I regularly helped feed her soft foods like applesauce and gave her something to drink.”

Post said the most important thing a loved one can do is to routinely stop by the nursing home on the way to or from work, and spend a half an hour doing assisted oral feeding. There is also an emotional connectedness that goes on, he believes, and countless benefits of giving for the giver.

“The most humane thing is assisted oral feeding,” he said. “There is almost a sacred quality to it in my mind.” ■

## Is Mom Being Swindled?

# Financial Abuse and the Elderly

By Kelly D. Morris

**A** family member with a serious illness or general infirmity can bring out the best in people, but it can also bring out the worst. During the years I worked for a hospice in Cincinnati, I saw both. I saw children and grandchildren and even great-grandchildren come together to care for elderly relatives in need, and I saw people make great sacrifices to care for their loved ones.

But then there was Kevin (names

have been changed to protect the privacy of my former clients), who lay dying of AIDS in his bedroom, while his relatives went into his basement and divvied up his camping gear amongst themselves without his permission.

There also was Sylvie, whose grandson lived with her and was supposed to be caring for her—but he got arrested one night for dealing drugs out of her home.

Then there was Tony, whose extended family members, long estranged, came to visit and stole his collection of Disney figurines (which apparently was worth more than you might guess).

Each year, the elderly are swindled out of more than \$2.6 billion, and in more than half of all cases the swindlers are family members, friends, or neighbors. Some law enforcement officials suggest that due to the economic recession, the problem is getting worse.

### What Is Financial Abuse?

Financial abuse of the elderly or disabled takes many forms,

including but not limited to the following:

- Taking someone's property or money
- Using someone's property without permission
- Offering to buy property but not paying what it's really worth
- Forging a person's signature on checks or other documents
- Using a person's credit cards or ATM card without permission
- Pressuring a person into signing a will, durable power of attorney, or other legal documents that she doesn't understand or really want to sign
- Promising lifelong care in exchange for money or property and then not delivering

When Kevin's family took his camping gear and Tony's family took his Disney figurines, the acts were financial abuse. Sylvie's grandson was also abusing or taking advantage of her, living rent-free in her home and not providing the care he was supposed to be providing for her, while putting her at risk by dealing drugs out of her home. Police could have confiscated Sylvie's home and property since there were illegal drugs on the premises, but fortunately for her, they didn't.

In some cases, the abusers or swindlers may have drug or alcohol problems, like Sylvie's grandson. They may have gambling problems or other financial problems. They may have a history of a rocky relationship with the person they are taking advantage of or they may have even been estranged for a long time, like Tony and his family. In some cases, people are just greedy. ►



## Each year, the elderly are swindled out of more than \$2.6 billion, and in more than half of all cases the swindlers are family members, friends, or neighbors.

### Financial Abuse and the Elderly

*Continued from page 6*

#### Why Is Mom at Risk?

The elderly and infirm are at risk for being swindled by family members or friends for a number of reasons. They are often isolated and lonely. If Dad always handled the finances and now he's gone, Mom may be unfamiliar with how things work. She may not even understand how much money she has.

The elderly sometimes don't understand new technology, like how money can be transferred between accounts via the internet. They may not realize the value of things they own; for instance, Mom may not know Dad's old record collection is actually worth some significant money. And if Mom is physically or mentally impaired, or if she is simply dependent on others for help, she is at increased risk.

#### Signs That Mom Is Being Swindled

The National Committee for the Prevention of Elder Abuse recommends watching for the following signs that someone might be taking advantage of Mom:

- Belongings or property are missing
- Unexplained withdrawals from Mom's bank accounts
- Missing legal documents like Mom's will or the title to her house
- Mom no longer has bank statements or cancelled checks mailed to her home
- Suspicious signatures on checks or other financial documents
- Unpaid bills or shut off notices for utilities
- Relatives express excessive concern about how much money is being spent on Mom
- Mom or her caregivers give explanations about her finances that just don't make sense

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- The care Mom is receiving is not commensurate with the size of her estate (for instance, Mom has significant savings but she's wearing worn out clothes and eating Ramen noodles every day).

#### What You Can Do

Encourage Mom to have her Social Security or other checks directly deposited into her bank account so she doesn't have much cash or negotiable instruments lying around the house. Suggest she consider securing valuables like jewelry and important legal documents in a safe deposit box.

Encourage Mom to consult an attorney or financial advisor before transferring property or giving large sums of money to anyone (including you). If you are helping Mom with her finances, keep her as involved as you can, depending, of course, on her abilities.

Encourage Mom to make a durable power of attorney, a legal document that states who she wants to handle her finances if she is unable to handle them herself. Mom can hire an attorney to draw up the papers for her or you can find the form online for free, but it's a good idea for her to have an attorney review the document before she signs it.

If Mom has a durable power of attorney but you feel she was coerced into signing it or if you feel the person she named to handle her finances is mishandling them, you can consult an attorney to find out how to go to court and ask a judge to appoint a different power of attorney.

If you believe your loved one has been a victim of elder financial abuse (or any other sort of abuse), you need to report it promptly. If someone has stolen money or property from your loved one, you should notify the police directly. If you think your loved one is being taken advantage of by a family member or professional caregiver, you should also contact the adult protective services agency in your area. To locate adult protective services in your area, call toll free (800) 677-1116. ■

### RESOURCES:

#### National Committee for the Prevention of Elder Abuse

1612 K Street NW  
Washington, DC 20006  
202-682-4140  
[www.preventelderabuse.org](http://www.preventelderabuse.org)

#### Elder Financial Protection Network

550 Montgomery Street, Suite 485  
San Francisco, CA 94111  
415-956-5556  
[www.bewiseonline.org](http://www.bewiseonline.org)

#### National Center on Elder Abuse

University of Delaware  
297 Graham Hall  
Newark, DE 19716  
302-831-3525  
[www.ncea.aoa.gov](http://www.ncea.aoa.gov)

### COMING UP IN APRIL

- Preparing for the next "big step" in Mom or Dad's care—investigating assisted living. A caregiver's primer.
- Family caregivers often have to work overtime to keep up with the myriad of medications their loved ones take. Tips for streamlining meds management.
- Keeping a handle on your own mental state while in caregiving's grip is an essential but sometimes elusive challenge. We'll help guide you through the mental maze.
- That blotchy, dry-looking red patch on your loved one's skin—typically on the face or leg—may be much more than meets the eye. Untreated, it may be life-threatening. It may be cellulitis

# Drug Relief

## Dodging the Financial Bullet of Stinging Prescription Costs

By Lori Zanteson

**W**ith drug costs on the rise—like most everything else these days—older Americans often find their access to drug coverage surprisingly limited, based on their own ability to pay. And for their caregiving family members, who often supplement their loved one's financial needs, the financial pinch can be equally stinging.

But while the reality of this picture can appear bleak amidst steeply-priced and otherwise unaffordable drugs, there may be something to brighten your family's financial fix.

In response to a growing need for affordable prescription medications, as well as earning incentives created by the federal government, a growing number of private and public programs now exist to meet the needs of seniors and individuals with disabilities. Simply put, these Patient Assistance Programs (PAPs) are designed to help low income, uninsured Americans by providing them with free prescription drugs.

Today, there are more than 270 Patient Assistance Programs around the country. Though qualifications differ from program to program, all are triggered by whether a candidate meets specific income levels, and most require that applicants have no other prescription drug coverage. In general to qualify, an applicant must be a US resident without insurance coverage for outpatient prescription medication, and they must have a low enough income base to make paying retail prescription costs a hardship. In this case, the triggering income level is below about 200% of the Federal Poverty Level (FPL), meaning the current guideline for an individual is



\$10,830 and its \$14,570 for a married couple or two-person household.

State Pharmaceutical Assistance Programs (SPAPs) have been around since 1975. The intention was to aid low-income elderly and those with disabilities who did not qualify for Medicaid. Today, more than 42 states offer some sort of pharmaceutical coverage or assistance. State funds pay a portion of the costs for those who qualify to enroll. Many states offer discounts or bulk purchasing benefits that do not spend state funds. It is worth the effort to find out if your state has a policy that can work for you.

With all of these programs offering free and discounted prescription medications, a surprisingly few of us take advantage of them. According to SelectCare Benefits Network (SCBN), a patient advocacy

organization that specializes in PAPs, more than 40 million Americans are uninsured, yet only 7 million have received medications from a PAP. This is not because people don't qualify, says the organization, but because the application and renewal process can be complicated. SCBN helps its member patients "locate, qualify for, and successfully access hundreds of free prescription programs on an ongoing basis." They use their expertise to ease administrative complications for clients.

Some non-profit organizations work specifically to help individuals get the medicines they need at no cost. Many of these are funded by private foundations and pharmaceutical companies, and they can help find the best program for clients. They will ensure applications are filled out accurately which is necessary to maintain

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## Today, more than 42 states offer some sort of pharmaceutical coverage or assistance to deserving seniors, paying a portion of their drug costs.

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### Dodging the Financial Bullet of Stinging Prescription Costs

*Continued from page 8*

continuous receipt of medications. Once you have registered with one of these organizations either by toll-free call or online, you can search by drug name or pharmaceutical company to find what you need.

In some cases, the government's own Medicare's Part D drug program can be a deterrent to participation in cheap drugs programs. If you, like many Medicare recipients, have Part D coverage, your prescriptions may have a fixed allowance beyond the plan. Though some individuals use a PAP in addition to a Part D program for what is called a supplemental or "wrap-around," others may not qualify because they have this coverage.

Jan Gonzales in Duarte, California, says she had a difficult time getting help for her mother's meds before she was placed in a nursing home. "She would use up her Medicare Part D allowance by May, then we were in the donut hole the rest of the year and never reached the catastrophic level of out-of-pocket costs where Medicare would kick back in," Jan said.

Initially, Jan tried to use assistance plans for two of the drugs her mother used because of their expense. Even though she was at the point of the Part D plan where she was paying completely out of pocket, she couldn't get help. Fortunately, her mother was taken off those pricey meds the next year, but many seniors are not that lucky.

Some families, in their struggle with the high cost of prescription meds, turn away from the system to meet their needs. Mariam Offers, of Minneapolis, has been going out of the country for her

mother's medications. Without prescription coverage, she goes to Canada to purchase drugs at a significant discount. Many people go to Mexico and other countries as well for the discounts they find. Though it's not legal to do so, and because some question the safety, this frowned-upon practice points out the need to spread the word about alternatives such as PAPs.

In addition to PAP organizations, don't forget to ask your doctor for advice. He or she may know and recommend an organization and even give you a referral. Often, pharmaceutical companies leave loads of samples that your doctor may generously share with you. One might question the reliability of samples being available whenever you need them, but it may help for a while.

"Ask and you shall receive" was the motto of Samara Mason's parents in Tucson, Arizona. When they went to doctor appointments, they always asked their doctor's nurse for samples. Her mom carried a list of their medications, which she gave to the nurse as they checked in. "Frequently the nurse would help and we would leave with a paper bag full of samples from pharmaceutical reps, which really helped with costs," Samara said.

Caregiving is taxing enough on so many levels that you need not add the financial "tax" of expensive meds charges. Instead, seek out a Patient Assistance Program now. Do a little footwork and see what your state provides. If you or your loved one doesn't qualify, don't stop there. Search the online resources listed below and register with or call one of the non-profit or low-cost patient advocate organizations. They will answer your questions and lead you to the program that is in your best interest. ■

## RESOURCES

### Partnership for Prescription Assistance

*Helps qualifying patients without prescription drug coverage get free or low-cost medicines through the right public or private program.*

1-888-477-2669

[www.pparx.org/en/prescription\\_assistance\\_programs/list\\_of\\_participating\\_programs](http://www.pparx.org/en/prescription_assistance_programs/list_of_participating_programs)

### Access 2 Wellness

*Designed to help you find information quickly and easily on the increasing number of Patient Assistance Programs*

[www.access2wellness.com/a2w/index.html](http://www.access2wellness.com/a2w/index.html)

### TheLivingWeb.net

*Prescription Drugs: Free and Low Cost Options*

[www.thelivingweb.net/lowcost\\_prescription\\_drugs.html](http://www.thelivingweb.net/lowcost_prescription_drugs.html)

### National Conference of State Legislatures (NCSL)

*Locate your state and the programs it offers.*

[www.ncsl.org/Default.aspx?TabId=14334](http://www.ncsl.org/Default.aspx?TabId=14334)

### RxHope

*Search this site by medication or pharmaceutical company*

[www.rxhope.com/Patient/Home.aspx](http://www.rxhope.com/Patient/Home.aspx)

### Rx Assist

*Find answers to all of your PAP questions from Medicare Part D to statewide drug assistance programs*

[www.rxassist.org/patients/default.cfm](http://www.rxassist.org/patients/default.cfm)

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## When Vision Dims

### Tools Can Help Seniors Maintain Independence

**D**oes Mom or Dad have an increasingly difficult time seeing clearly enough to perform everyday tasks? They may have low vision, a permanent partial loss of eyesight that plagues many elderly.

Low vision is not the normal difficulty one has reading the small print that can accompany aging. Low vision is caused by eye diseases such as macular degeneration, glaucoma, cataracts, diabetic retinopathy or retinitis pigmentosa. Vision loss can be mild to severe.

Today, seniors with low vision have a

range of supplementary tools available when prescription eyeglasses, contact lenses, medicine or surgery don't improve vision sufficiently. They should work with a low-vision specialist to determine the best tools and how to use them. In many cases, patients will find vision aids that allow them to maintain independence.

Some include:

- Magnifying eyeglasses. They are stronger than prescription eyeglasses. The lens may be included with the eyeglasses or attached to a headband for use on close-up tasks such as reading or threading a needle.
- Miniature telescopes. These telescopes, hand-held or mounted on eyeglasses, help a person see at a distance, such as across a road or a television across the room.

- Video magnifiers. They use a camera and a video screen to enlarge printed material, pictures or small objects. Some are portable, and some can be used with a computer or monitor.
- "Talking" tools. Alarm clocks, watches, timers, thermometers, scales, prescription bottles and blood sugar meters that "talk" help with daily tasks.
- Computer software programs. Software is available that can magnify text on a computer screen. Speech systems include computers that read aloud what's on the screen. Scanning devices can read printed text.
- Closed-circuit TV systems. They project an enlarged image onto a video screen to help with reading books, magazines and other materials.

— Source: *Mayo Clinic*

## Good Dental Hygiene Critical

# Diseased Gums Pose Elderly Heart Danger

**I**f you're over 65, there's a very good reason to take good care of your teeth: It could save your life.

Starting in 1989, health researchers began to find links between gum disease and heart disease. In that year, researchers in Finland established a surprising correlation between dental disease and stroke, heart disease and diabetes.

Even after taking into account age, exercise, diet, smoking, weight, blood cholesterol level, alcohol use and health care, people who had dental disease had a significantly higher incidence of heart disease, stroke and premature death.

Almost a decade later, in 1998, a study of US veterans established a stronger link. It found that dental disease was a larger risk factor for heart disease than being overweight, having a high cholesterol level, not exercising or smoking.

How can this be? Well, we might not like to think about it, but our mouths are full of bacteria. Diseased gums are prone to easily bleed, through brushing or even chewing food. Where there's blood,

there's an entry way for bacteria into the blood stream.

In a recent study of 290 dental patients, researchers investigated several measures of bacteremia, the process by which bacteria is released into the bloodstream, during three different dental activities—tooth brushing, a single tooth extraction with a preventive antibiotic and a single tooth extraction with a placebo.

As expected, researchers found bacteria in the blood more often with the two extraction groups than with the brushing group. However, the incidence of bacteremia from brushing was closer to an extraction than expected.

"This suggests that bacteria get into the bloodstream hundreds of times a year, not only from tooth brushing, but also from other routine daily activities like chewing food," said the study's lead author Peter Lockhart, D.D.S.

In 2007, the American Heart Association modified its recommendation that preventive antibiotics be used prior to most dental procedures for the great

majority of those at risk for infective endocarditis (IE), a rare but life-threatening infection of the lining of the heart or heart valve that can occur when bacteria enter the bloodstream. The association now recommends preventive antibiotics only for patients at the highest risk for a bad outcome from IE.

The lesson, health experts say, is to maintain good dental hygiene as you age. Daily brushing and flossing not only removes food deposits, but helps keep teeth and gums healthy, making gums less likely to bleed.

"If you stop oral hygiene measures, the amount of disease in your mouth goes up considerably and progressively and you'll have far worse oral disease," Lockhart said. "It's the gum disease and dental decay that lead to chronic and acute infections such as abscesses. It's that sort of thing that puts you at risk for frequent bacteremia and presumably endocarditis if you have a heart or other medical condition that puts you at risk."

— Source: *ConsumerAffairs.com*