

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

Veterans Aid and Attendance Program

Little-Known Help for Aging Vets—and Spouses

By Kelly D. Morris

Depending on your family's circumstances, or Mom or Dad's own financial capabilities, providing home care for them—and peace of mind for you—can be hair-raising. But somewhat hidden within the government's machinery is an under-publicized and under-utilized program that can be a godsend for elderly war veterans and their spouses.

While the application process can be long and arduous, those who meet the government's veterans criteria (and Dad need not even have seen combat, only served during wartime) will find the benefit to be a truly meaningful way to deal with home care costs.

Consider this: The National Clearinghouse for Long-Term Care Information reports that in 2009, the national average cost for a home health aide to help with things like bathing was \$21 per hour. The average cost of a homemaker for help with things like housework, laundry, and cooking was \$19 per hour. That may not seem like much, but it



adds up quickly if Dad requires much care on a regular basis.

What if Dad needs help with a bath every day? That would come to \$147 per week or \$7,644 per year—or more, depending on a home care agency's minimum requirements for service per visit.

And what if he needs help cleaning his house and needs someone to cook meals for just three hours every week? That would come to at least \$204 per week or \$10,608 per year. And many elderly people require a lot more care than that.

Real-Life Scenario

As my own grandfather's Alzheimer's disease progressed, he began to require more and more help at home. At first, someone came on a daily basis to help him take a bath, and family members took turns cleaning the house and cooking dinner.

As time went on, though, it became unsafe for him to spend much time alone, especially at night. At first family members took turns sleeping at his house.

He had three adult children, but all had fulltime jobs and one lived two hours away. He had four grandchildren, but one had health problems of her own, one lived several hours away, and two had small children to care for. Providing around-the-clock care for him on a long-term basis simply wasn't feasible for his family.

My grandfather had some savings, but he was by no means wealthy. Alzheimer's is a condition a person can live with for a very long time, and as it

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Veterans Aid and Attendance Program

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progresses, they need more and care. His family wanted to keep him at home in familiar surroundings but it was getting more and more difficult to do so.

Enter the Veterans Aid and Attendance Program. My grandfather was an air traffic controller during World War II. We learned that he was entitled to benefits from the Veterans Administration that would help cover the cost of his care.

Eventually we had to hire a live-in caregiver for my grandfather. Because she lived in, her salary included room and board and it ended up being more cost effective than just paying someone to come in for 20 hours or so each day. It was still expensive, though. The money from the Veterans Aid and Attendance Program only covered about one-quarter of the cost but that made all the difference for us. My grandfather's savings were able to cover the rest, and he was able to remain in the home that he loved until he died.

Who Qualifies?

Any war-time veteran with at least 90 days of active duty, or a surviving spouse of a war-time veteran, can apply for the Veterans Aid and Attendance Program. The veteran must have been on active duty for at least one day during a period of war. Periods of war as determined by Congress include World War I, World War II, the Korean War, the Vietnam War, and the Persian Gulf War. Congress does not consider the 1984 to 1984 conflict in Lebanon or the invasions of Granada and Panama to be periods of war.

The veteran or surviving spouse must need assistance to meet the basic home care needs of living, like bathing, dressing, and eating. Residents of nursing homes or assisted living facilities can also apply. People must meet certain income guidelines in order to qualify and must have less than \$80,000 in assets, not including their homes or cars.

What Your Love One Can Get

As of December 2009, veterans could receive as much as \$1,632 per month, surviving spouses could receive up to \$1,055, and couples could receive up to \$1,949, if they both need care.

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.

These amounts are subject to change, so contact the Veterans Administration at 800-827-1000 for current amounts. Keep in mind that the monthly amount awarded in your case may be less than the maximum, based on a veteran's income and resources, even if below the \$80,000 cap.

This money can be used to pay for assistance with personal care provided at home, in a nursing home, or in an assisted living facility. It can be used to pay for professional caregivers or to pay family members who provide care.

The Application Process

Veterans need to complete an application using Form 21-256. Surviving spouses need to complete application Form 21-534. You can contact the Veterans Administration to get an application or you can download one online at www.veteranaid.org/program.php.

As you might expect, you will need to provide a number of documents with the application, including military discharge papers, a copy of a marriage certificate if applying for a couple or a surviving spouse, a copy of a current award letter from Social Security showing how much your applicant receives each month, proof of any income or resources like bank accounts, proof of any insurance premiums and medical bills not reimbursed by Medicare, and a statement from your loved one's doctor listing their medical diagnosis and explaining how they are unable to provide their own care.

Unfortunately, the application process can be lengthy. The Veterans Administration states that it typically takes six to nine months for approval, although sometimes approval is given faster. If the vet requiring assistance is over the age of 70, you can ask them to expedite the application. It is very important to note that benefits will be retroactive once the application is approved.

Additional Help

The Veterans Aid and Attendance Program is not the only form of assistance the VA offers for aging vets, so contact the VA to find out what else your loved one might qualify for. If Dad lives in a nursing home or assisted living facility, the facility should have a social worker on staff that can assist with Dad's application and tell you about other programs he might qualify for.

If Dad needs help while he waits for his application to be approved and he can't afford the out-of-pocket expense—even if he will be reimbursed retroactively, contact your local Agency on Aging and/or your state's Medicaid office to find out about other programs he might be eligible for. ■

Mostly Simple Changes Can Insure Safety

Making Bathrooms Senior-Friendly

By Lori Zanteson

The serene intimacy and comfort of the bathroom is also the notorious scene of the greatest number of accidents in the home each year, with the nation's seniors often the victim, mostly due to slips and falls.

The elderly are easy prey for bathroom accidents, as they typically display diminished strength, general instability, and waning flexibility, among other age-related changes. For them, the bathroom poses genuine concern.

Susan Vosdoganes, director of marketing for Friendship Village Tempe, in Tempe, Arizona, says, "We have about 800 seniors living in our community independently, and bathroom slips, trips and falls are one of the greatest hazards they face." According to the National Safety Council, 80% of accidents occur in the bathroom, and falls are in fact the number-one cause of death for seniors age 65 and older.

While this most dangerous room in our homes is also the most personal, accommodations must be carefully and thoughtfully made to maintain the independence and dignity of our loved ones. With some simple accommodations, they can enjoy years of safe and confident independence, while you maintain a sense of security and peace of mind.

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

Start with Simple Changes

Patricia Cheney, OTR/L with Fox Rehabilitation in Cherry Hill, New Jersey, recommends starting with simple things like removing throw rugs, which are a trip hazard—even with a non-skid backing. The challenge with floors that become slick with moisture is keeping them dry. A



textured tile floor offers more traction but a floor traction treatment can be applied to a smooth floor to create a rougher surface.

Scalding is a serious bathroom injury, so the water temperature should be set no higher than 120 degrees. Non-scald shower valves are also available and recommended. Dual hot and cold knob-style faucets in the sink and shower might be confusing and difficult to grip for someone with weak hands, arthritis, or Parkinson's disease. A single lever is easier to control water temperature and flow.

The University of Michigan's Health

System found that one-third of people over age 60 said they had trouble getting in and out of the bath and shower. "The very first thing in any shower or tub is to have grab bars installed," Cheney explains, adding that they must be bolted firmly to wall studs. A properly installed grab bar takes away the risk of grabbing a

non-weight-bearing towel bar or sink. A professional is the best one to do this relatively inexpensive job correctly.

Carolyn Stephens had the foresight to suggest a step-in shower rather than a tub for her in-laws' bathroom when they downsized from their large home to a condominium. "Since they moved into that condo, my mother-in-law has had a heart attack followed by triple bypass surgery, colon cancer accompanied by major surgery, and my father-in-law just had surgery followed by six months of radiation and chemotherapy.

One of the things that's made life easier is that they can just step into the shower, sit down on the bench, and use the hand-held spray to bathe. Being able to take care of one's own personal hygiene is a huge factor in the dignity of aging."

Addressing Shower Safety

A spacious shower with a permanent or portable bench or chair is generally a better choice than a bathtub for the elderly, especially when the assistance of a caregiver is required. The shower controls and a shower head with a long hose should be within ►

80% of accidents occur in the bathroom, and falls are in fact the number-one cause of death for seniors age 65 and older .

—National Safety Council

Making Bathrooms Senior-Friendly

Continued from page 3

comfortable reach of the seat. A towel on the seat and on the shower floor will help create a soft, non-slip surface. Walk-in bathtubs are available, but are expensive. A shower is usually more amenable to other household members as well.

Getting on and off of the toilet can be very taxing for the elderly. Though there are a host of toilet aids available, Cheney recommends a tall toilet for long-term use, suggesting that it can pay for itself because newer toilets use less water. A tall toilet is also more secure and sanitary from a cleaning standpoint with no cracks for fluids to get into.

Grab bars need to be installed around the toilet, as well. It's a good idea to have a physical or occupational therapist come in to assess the situation and make recommendations for grab bar placement throughout the bathroom. Covered by Medicare, this modification is well worth it. A housing specialist, or certified aging-in-place specialist, is another good source to consult.

The elderly—dementia patients, in particular—experience a lot of emotional upsets that can compromise safety, as Brenda Avadian of The Caregiver's Voice in Pearblossom, California,, learned while caring for her father who had Alzheimer's. "If you have cooperation," she says, "you reduce the injuries." She made it personal by thinking about each situation, as if she were in her father's position. By considering his comfort level and his old routine as well as finding his preferred water temperature and providing a towel for privacy, Avadian made it run smoother and safely for them both.

Remember the Good 'Ol Days

Tapping into your loved one's past really is another effective way to ensure comfort and safety. According to Cheney, who has lots of experience with dementia patients,

"One of the most critical things for those with dementia is to keep things familiar with their younger years." She explains that a caregiver might have liquid soap and a nylon scrubbie in the shower for mom or dad to use, not realizing these are foreign objects to them. When they can't locate the bar of soap and wash cloth, they might get confused and get out of the shower to find them, putting them at risk of slipping and falling.

Toiletries and other bathroom items need to be easily accessible, as well. Everything your loved one needs, or may potentially need, must be low enough to reach without strain as well as be easy to

find. Many dementia patients also have eye problems, so making items easy to see is crucial. Cheney suggests creating contrast between a white sink, for example, and a dark soap dish with a white bar of soap. This contrast upon contrast in color will make the items more visible. Be sure the bathroom is very well lighted, as well, including a nightlight and the hallway beyond the door.

Maintaining the health and safety of our aging parents without compromising their independence and dignity is every caregiver's goal. Bathroom adaptations to ensure access and safety are becoming readily available due to the booming of our aging population. Aging-in-place professionals, especially trained in the field of senior safety and comfort, and corresponding resources can help our loved ones remain at home and independent for as long as possible. ■



SENIOR BATHROOM SAFETY UNDER \$10

Try these tips from Buzzle.com to increase Mom's bathroom safety:

1. Adequate lighting: aging eyes need more light to see clearly, so use the strongest bulbs your fixtures will take.
2. Lose the clutter: Keep the floor clear and shelves uncluttered to avoid falling items that can cause needless bending and tripping.
3. Remove door locks: Avoid getting trapped in the bathroom. Or, have a screwdriver outside the door to unlock it.
4. Install a night light: Eyesight is especially compromised at night. Have a flashlight as a back-up.
5. Regulate hot water temperature: Set it no higher than 120 degrees to avoid scalds.

RESOURCES

AARP: Bathroom Checklist

www.aarp.org/home-garden/home-improvement/info-05-2010/bathroom_checklist/

Seabridge Bathing: Resources for the Elderly and Disabled

www.seabridgebathing.com/resources-elderly-disabled/

Buzzle.com: Senior Bathroom Safety Under \$10

www.buzzle.com/articles/senior-bathroom-safety-under-10.html



Minimizing Probate's Bite

Protecting Assets When a Loved One Dies

By Maura Keller

When asked about their estate plans, older people often respond, "I already have a will," or "I don't have enough assets to worry about estate planning." And while many people think that estate planning only requires the preparation of a will, the fact is that it also often involves financial, tax, medical and business planning.

And for family caring for their elders, understanding the implications of their loved one's financial situation relating to their estate will help reduce their own financial responsibility. The bottom line: be proactive and put some great estate planning tools in place *before* a parent passes away.

Planning Basics

Without an estate plan, probate and taxes can ravage a family's inheritance. If you die without a will, known as intestate, the state's one-size-fits-all plan kicks in. In most states, if you die intestate, most of your assets will go to your spouse, then your children (or some combination of the two), then parents, siblings and on down the line. For people who aren't married, that's often bad news, particularly if you have a significant other—attached but unmarried. Unless mentioned in your will, he or she will get nothing.

According to Dean Hedeker, partner at the estate and tax planning firm Hedeker & Perrelli in Lincolnshire, Illinois, and author of *Cut Your Tax in 2010 (And Preserve Your Legacy)*, studies have shown

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that about 5% of a person's total property can be spent by the time probate runs its course. (Probate is the court process that is necessary when assets outside of trusts are inherited.) Plus, tax laws are always changing. Estate taxes, for instance, have been revoked this year at the federal and many state levels. But the chance of them being retroactively reinstated—and at least coming back in full force in 2011—is very high, according to observers.

"If you die without a will or trust, the state decides what happens to your money and assets. It can be a long process that puts your family in a very difficult financial position," says Dan Ruttenberg, principal with the suburban Washington law firm SmolenPlevy.

As Hedeker explains, a key tool in this area is the revocable living trust, which will enable a family to handle the finances almost immediately after death without having to resort to the time-consuming, and potentially costly, probate court system.

Trusts are Key

"Depending on the estate's value, a combination of a survivor trust (if a spouse is still alive) and family trusts can divide the estate so that the beneficiaries do not bear the burden of potentially heavy estate taxes," Hedeker says. "It is important that when a revocable living trust is prepared, the assets are properly titled in the living trust. This is a process that we call 'funding' the living trust."

When Lynn Thompson's mother died, her mother had already changed the will after her husband's death to name Lynn as primary beneficiary. "And she had given me power of attorney and made me her healthcare surrogate, as well as hav-

ing done a living will," Thompson says. "She had put my name on one of her bank accounts as co-owner, as well as on her CDs in the credit union, but we kept putting off going to the bank to get my name on all the accounts. She also had a couple of small life insurance policies that were bought about 60 years ago, long before I'd been born, and she'd changed those to make me the beneficiary instead of my father, who had died in 1995."

As Thompson explains, she's grateful that her mother was so financially well prepared.

"She was a very responsible, intelligent woman, a former secretary who'd always handled all the household business because my father had traveled a lot with his job," Thompson says. "She had handled everything after his death while I was living in Atlanta; he'd had a paralyzing stroke and been moved between hospitals, nursing homes, rehab facilities, etc. for four months before his death. So she'd really been through the wringer and didn't want me to endure that alone. Knowing what I'd have to go through and preparing as best she could for it was helpful."

Advance Directives

As Thompson's experience has shown, advance directives (i.e., living will and/or health care power of attorney) are imperative in lessening the financial burden on caregivers after a loved one's death.

"Without these advance directives, life will be prolonged as long as possible and this could have a significant adverse impact on a family's finances," Hedeker says. "Depending on the estate's value, a combination of a survivor trust (if a spouse is still alive) and family trusts can divide the estate so that one single ►

“If you die without a will or trust, the state decides what happens to your money and assets. It can be a long process that puts your family in a very difficult financial position.”

— attorney Dan Ruttenberg

Protecting Assets When a Loved One Dies *Continued from page 5*

beneficiary or generation does not bear the burden of potentially heavy estate or capital gains taxes.”

The way in which your assets are left also dictates in large part the amount of estate tax that will have to be paid at the time of your death. With good planning, a senior’s estate plan can maximize the amount they leave for their family by minimizing the estate taxes payable at their death. In short, an estate plan lets you call all of the shots.

Mistakes to Avoid

The biggest mistakes experts say they see is family caregivers not getting proper advice after a death. “There are numerous issues that must be reviewed and addressed,” Hedeker says.

Indeed, as “MRH” in Mechanicsburg, Pennsylvania, explains, although her mother’s financial situation was well organized, she recommends others find the courage to talk with their loved one, even if it feels awkward, sad, or intrusive. “After all, the circle of life is complete—you are now your parent’s parent,” MRH says. “Treat them with respect and dignity and let them know that you want to be able to honor their wishes, respect their decisions but need their help in doing so.”

Important First Steps

The first issue that must be examined is to determine the value and the titling of the assets. It is important that real estate be appraised in order to avoid potential capital gains taxes later. Probate issues must also be addressed. You also need to review and determine whether any of the beneficiaries have any creditor problems or are in the process of a divorce, and tax filings must also be made.

“If these steps are omitted, what often happens is that the taxman gets a significant piece of the estate, and many times the beneficiaries lose the assets as a result of probate, divorce and/or creditor prob-

lems,” Hedeker says. “We prefer that the entire family—everyone who has a vested interest in the assets—be a part of the estate process so that everyone understands what needs to be done and who is responsible. Emotions run high during a time of loss. Estate attorneys can serve as helpful advisor through it all.”

So, finally, who do you turn to when

evaluating your loved one’s financial situation and the potential financial responsibility you may face? Experts agree that you need to work with a team of advisors, including a financial planner, certified public accountant and an attorney. It can be a big job, so work with a team of individuals who will give your loved one’s goals and wishes the highest priority. ■

FINANCIAL PREPAREDNESS Q&A

Is all property distributed by a will?

No. There are three ways property passes to your heirs at death:

1. By will. If it goes through the will, it also goes through probate.
2. By contract or trust. For example, life insurance policies and retirement plans (including IRAs and 401(k) and 403(b) plans) are contracts. The beneficiaries you designate will inherit these assets directly (bypassing probate) regardless of what your will says. If you once named your former husband and your only child at the time as beneficiaries, your present husband and subsequent children will not share those assets, even if your will leaves all your possessions to them.
3. Assets in a trust set up during your lifetime (a living or “inter vivos” trust) will also go directly to the beneficiaries, avoiding probate.

What is probate?

Probate is the legal procedure to determine whether a will is valid, make sure debts and taxes are paid, and distribute property that passes to beneficiaries through your will. The process is public and can be expensive and time consuming. However, probate ties up the loose ends and limits the time creditors have to make a claim on the estate.

What about estate taxes?

If your net worth has reached a certain level, estate taxes payable at the time of your death can eat up a significant portion of your estate. Fortunately, with good estate planning, in many cases estate taxes can be significantly reduced.

Do I need a lawyer to write a will?

Legally, you do not need a lawyer, but practically it is an excellent idea to pay one to write your will. Even the simplest of circumstances requires some technical knowledge. Software programs and will kits are more valuable as educational tools than as substitutes for professional guidance.

Is a will all a person needs?

A complete estate plan should include a will, a durable power of attorney for living trust, a living will, and a durable power of attorney for health care.

How do you select an estate planning attorney?

When selecting an attorney, find someone who commits a significant portion of their practice to estate planning. If the attorney does only a few trusts a year, it is likely that their fees will be higher than an attorney who specializes in estate planning. If your needs are complex, you may have to select someone with advanced training and pay more. But if your needs are straightforward, an attorney with less training may suffice and, consequently, their fees should be less.

—Maura Keller

Oh My Aching Back!

Get Out of Bed for Best Results

For much of the 20th century, “rest”—which generally meant a few days to a week in bed—was the standard prescription for acute low-back pain. In recent decades, however, doctors started counseling patients to stay as active as they could.

An updated review now confirms what has become conventional wisdom: “Normal daily activity seems to be the best way for patients with low-back pain to get better,” said Kristin Thuve Dahm, a researcher at the Norwegian Centre for Health Services and lead author of the review.

Simply put, Dahm says, active patients experience less pain and avoid the side effects of immobility.

Seniors and Back Pain

Low-back pain becomes more prevalent with age, affecting more than half the population after age 60. In fact, 80% of the overall population will experience low-back pain in their lifetime. Due to a wide range of potential causes of low-back pain in the elderly, its diagnosis and management is more challenging than in younger patients.

Dahm’s review appears in the latest issue of *The Cochrane Library*, a publication of the Cochrane Collaboration, an international organization that evaluates medical research. Systematic reviews draw evidence-based conclusions about medical practice after considering both the content and quality of existing medical trials on a topic.

In the review, which directly compared rest in bed and staying active, the authors combined two previous Cochrane reviews, published in 2002 and 2004, that evaluated the two treatments separately.



They also searched for additional recent randomized trials, but found none.

The fact that no new study has been published in nearly 10 years “shows that research done in the past already proved the point. Everyone is fairly convinced there’s not much benefit to bed rest,” said Dr. Joel Press, professor in physical medicine and rehabilitation at the Feinberg Northwestern School of Medicine in Chicago.

Sciatica a Factor

The researchers looked at two kinds of low back pain: with and without sciatica.

Although the term “sciatica” is often applied to low-back pain in which pain radiates down one or both legs, the reviewed studies defined it more strictly: low-back pain accompanied by signs of nerve compression or damage, like numb-

ness, tingling or weakness in the leg.

The comparison between bed rest and normal activity for low-back pain without sciatica used data from three studies that included 481 patients. All three found improvements in pain intensity with both treatments, with no significant differences between them.

One of the studies, however, involved a highly specific group of patients—80 young combat trainees who were hospitalized for their back pain—“and thus, its applicability to the general population is questionable,” the authors wrote.

Activity Reduced Pain

When the reviews pooled data from the other two studies, patients who stayed active experienced reductions in pain that were more significant, although the difference was “of limited clinical importance,”

“We’re almost always better moving than not moving. Structures in your back get their nutrition from movement; they have no real vascular system and are supplied with blood by motion, soaking it up like little sponges.” — Dr. Joel Press, Northwestern University

**Oh My Aching Back!
Get Out of Bed for Best Results**
Continued from page 7

they wrote. The difference in pain persisted at follow-up 12 weeks later.

The same two studies found markedly greater improvements in the ability to function in the group that stayed active, four weeks and 12 weeks after treatment.

In comparing treatments for sciatica, the reviewers analyzed data from two studies of 348 patients. No difference existed in pain intensity, directly after treatment or 12 weeks later, between sciatica patients who received advice to stay active and those whose doctors prescribed bed rest. Similarly, there was no difference between groups in patients’ ability to function.

“The available evidence neither supports nor refutes advice that to stay active is better than resting in bed for people with sciatica,” Dahm said. “However,

considering that bed rest is associated with potentially harmful side effects, we think it is reasonable to advise people with sciatica to stay active.”

Get Moving for Relief

In general, Press said, “We’re almost always better moving than not moving. Structures in your back get their nutrition from movement; they have no real vascular system and are supplied with blood by motion, soaking it up like little sponges.”

Negative changes associated with immobility “manifest right away,” he said. Studies done in the 1950s showed that people lose 2% to 5% of their strength per day of complete bed rest.

The reviewers also compared bed rest and activity with other treatments. Pooled data of three studies including 931 low-back pain patients found little or no difference in pain or ability to function between patients on bed rest and those

who were prescribed exercises.

Similarly, results of a single trial with 186 patients suggested that “exercises add no clinically relevant benefit for patients with acute low-back pain when compared to advice to stay active,” the authors wrote.

They came to the same conclusion about physiotherapy compared to either bed rest or activity for sciatica, from a single study involving 167 patients.

Press emphasized the need for future research to categorize back pain more precisely. “Not all back pain is the same; there are lots of different causes,” and the chances of finding a single treatment to benefit all patients are not good, he said. The goal should be defining subgroups “so we can predict from symptoms, physical examination and imaging studies which patients will respond to which types of treatment.”

—Health Behavior News Service

Complementing Advance Directives

Have You Heard of POLST?

When first developed in the 1970s, advance directives focused on providing specific legal instructions, such as a patient’s wishes to withdraw or withhold life-sustaining treatment in cases of terminal illness or incapacity. The documents typically helped physicians avoid legal problems associated with fulfilling the patient’s wishes.

The instructions “did not turn out to be very helpful in real clinical situations and tended to be overly simplified,” said Charles Sabatino, a lawyer with the Commission on Law and Aging at the American Bar Association. He chronicled the history and evolution of advance directives in the June issue of *The Milbank Quarterly*.

The report also highlighted the

increasing use of a protocol called Physician Orders for Life-Sustaining Treatment (POLST), which is currently in use statewide in 11 states. Although POLST is not an advanced directive, it complements related documents such as a living will or durable power of attorney for health care.

The use of POLST begins with a discussion about end-of-life care between the health care provider and the patient or the designated health care decision maker. The physician records the patient’s and family’s wishes and enters them into the patient’s medical record. The POLST forms travel with the patient, even if he or she is moved to another facility.

“Instead of standardizing patient’s wishes, this standardizes the medical ▶

COMING UP IN AUGUST

- Here’s what to watch for in protecting loved ones from financial abuse by those caring for them, from home health aides on up the professional ladder.
- Spousal caregiving dynamics. When the caboose becomes the engine—how a typically subservient spouse can and must grab hold of the situation when their aging spouse needs help.
- Will you outlive your money? That’s a question vexing many caregivers, who watch the financial perils of their loved ones. Seven tips to help caregivers stay financially fluid in the years ahead.
- Our latest installment of Caregiving Gadgets & Gizmos looks at products designed to help aging loved ones remain independent.

Complimenting Advance Directives Have You Heard of POLST? *Continued from page 8*

orders. That sets the process in the right direction," Sabatino said. "Medical care operates on standardized doctor's orders—this process translates patient's wishes into exactly that."

In a 2004 survey published in the *Journal of the American Geriatrics Society*, 93% of emergency medical technicians indicated that POLST orders were useful in determining treatments. EMTs also reported that when POLST orders were present, 45% of the time they changed treatment

based on the patient's wishes.

In 2009, the *Journal of Palliative Medicine* reported on a survey of hospice personnel found that POLST preferences for treatment were used 98% of the time.

"The POLST model is a very good one, and I think it complements the advance directive care planning discussion very well. It allows (advance directives) to be used in a way that makes them practical and implementable by nurses and even emergency medical personnel," said Dr. Ira Byock, director of palliative medicine at Dartmouth-Hitchcock Medical Center in New Hampshire.

In the next 10 years, Sabatino foresees

most states adopting POLST as part of the advance care planning process. For health care consumers, he recommends revisiting advance directives whenever the "5 Ds" occur: "Every decade, at the death of a loved one, divorce, new diagnosis or a significant decline in condition—those are the times when it's more important to think about whether you want to change anything," he said.

"The message here is to have conversations. Conversations can only help you and your family get the care that you desire and avoid treatments that may be burdensome," Byock said. ■

Searching for a Child's Enjoyment Level Elderly Watch More TV, But Enjoy It Less

If you suspect your parent would get more out of life if they'd turn off their TVs, you might be on to something.

"Older adults watch two or three times more TV than other people, yet enjoy it less," said Colin Depp, Ph.D., lead author of a study on US adults and leisure activities.

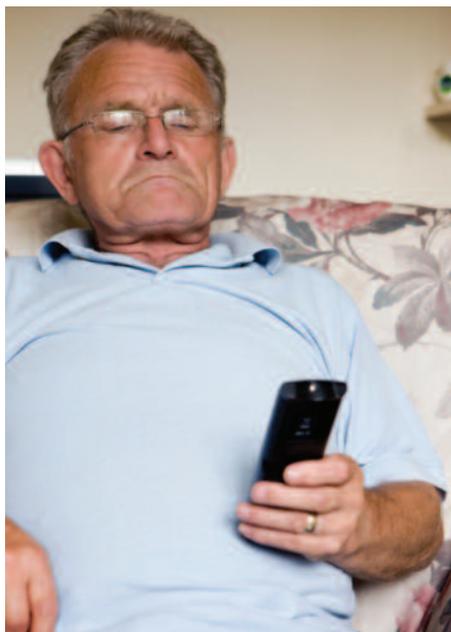
The findings came from a sample of nearly 4,000 Americans as young as 15 and as old as 98. Participants completed survey diaries in which they described their activities during parts of their previous day and rated their own levels of happiness, stress and life satisfaction.

Among reading, socializing, hobbies and other choices, television was the most popular activity in all age groups, but the older people were, the more they watched—but with diminishing returns.

"Younger people watching TV are less stressed. Older people don't seem to experience the benefit of 'de-stressing' while watching TV," Depp said

Although there were some easy-to-predict associations — such as the idea that people who spend more time alone watch more TV — that did not account for the reduced enjoyment and greater sadness reported by older viewers.

In general, though, older adults tend



to report feeling as happy and satisfied with life compared to younger and middle-age groups, the authors say.

Depp is with the Stein Institute for Research on Aging at the University of California, San Diego, and the Center for Health and Well Being at Princeton University collected the surveys. The study appears online and in the August issue of the *American Journal of Preventive*

Medicine.

Other studies have shown that too much TV-viewing leads to increased risk for obesity diabetes, loss of bone density and dementia: "It combines several unhealthy behaviors," Depp said: the sedentary aspect, the snacking, the mindlessness.

Catherine Bevil, with the college of nursing at the University of Nebraska Medical Center, also has conducted research on adults and leisure activities. She said she would have liked the study to "address disabilities and other health limitations: how they contribute to the increasing propensity to watch TV with age."

With the barriers that some people face, "TV becomes the default activity," Depp said.

An August 2009 article in *Variety* reported on a study that found viewers for the "Big Three" broadcast networks "growing older than ever" with their median age (excluding DVR users) rising to 51.

Short of hiding the remote, what can concerned family members do?

"Unlike with kids, where you can control how much TV they watch, with older people there's no mandate," Depp said. ■