

# 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

## Adult Day Care

### Taking Guess Work Out of Choosing Best Program

By Naomi Berger

**H**ere's an all too common scenario: Dad is 79 and lives with his daughter's family. He's bored and pretty much left alone when the grandkids are in school and the adult children are at work. He's getting a little confused and forgets to shower and eat lunch. Sound familiar?

Well, many of us baby boomers are in the enviable position of having our parents live longer and healthier lives. But for some, there comes a point when our senior family members may need some care-taking during the day. One solution is a community-based program known as an adult day health care.

**The question is:** how do you choose the right adult day care program for your loved one? Here are some tips that may help to get you started.



**Medical vs. Social Model Adult Day Care:** The first step is to figure out what type of adult day health care program would be most appropriate for your loved one. There are two types of adult day health care programs: a medical model

and a social model. Medical model programs provide people with nursing care, rehabilitation therapy, social work service, and assistance with personal care. Social model programs provide people with a place to go, socialize and stay active.

The adult day care model you choose should reflect the needs of your loved one. If they are chronically ill and need continuous healthcare monitoring, a medical model program may be the most suitable. Or, if they are in overall good health, but would like the opportunity to

be in an environment where they can meet people and participate in activities in order to prevent isolation and depression, a social model program may be the best fit.

**Location, location, location:** The next step is to look for the appropriate model ►

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## Adult Day Care: Taking Guess Work Out of Choosing Best Program

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adult day health care program within close proximity to your loved one's home. Then, inquire whether the program provides round-trip transportation. Most centers do, using vans with electronic lifts to accommodate participants in wheelchairs.

**Go With Your First Impression:** When you visit the adult day care program, what's the first impression you have when you walk through the door? Go with that first impression. Do the recreation and dining areas look clean? Are there a variety of activities offered? Do you feel a sense of energy and enthusiasm generated by the staff? Another barometer of how suitable the program is for your loved one is to notice how engaged the participants and staff are in activities. You'll know after seeing the program in action if it's the right fit for your loved one.

**Something for Everyone:** Each adult day health care program has a schedule of weekly activities, so ask for a copy of a recent one when you tour the center. The list should run the gamut from large, high-energy group activities to more sedate and cerebral programs. Here's a sampling of what you may find:

People playing card games, dominoes; engaging in musical activities, singing, dancing, poetry and current event classes; field trips to local malls, baseball parks or museums. And if your family member has a special interest activity, ask the center's director if they'd consider including it in their weekly schedule.

Many adult day care programs offer therapeutic recreation activities. For example, yoga and modified exercise classes help people maintain flexibility and muscle strength. Arts and crafts help refine motor skills. Games like Trivial Pursuit and Concentration can help enhance thinking.

**You Are What You Eat:** Most adult day care programs understand the importance of making sure that people adhere to a balanced, healthy diet. Therefore, they serve a nutritious breakfast, lunch and one or two snacks each day. Specialty diets, such as low sodium, low sugar and low cholesterol are accommodated. When you're touring a center, ask for a weekly menu.

Most centers try to satisfy their clients' culi-

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*Naomi Berger is vice president of Adult Day Health Care Services at Beth Abraham Family of Health Services, which operates seven adult day care facilities located in the New York metropolitan area. She can be reached at [nberger@bethabe.org](mailto:nberger@bethabe.org).*

nary preferences by including traditional foods from their ethnic background.

**Personal Care and Grooming:** Some people may require assistance with personal grooming. Check to see if there is adequate staff available to help out. If a person is incontinent, will the staff handle a client's needs while respecting their dignity and privacy? This may seem trivial to you, but for many people, being incontinent is enough of a reason to stay home and become isolated.

**Safety First:** Another critical issue is the adult day care program's policies and procedures for medical and safety emergencies. Every center should have a plan; ask to see it when you visit. Also, you should find out whether the staff is trained to handle emergencies. For example, what's the procedure if a client falls? Has chest pains? Goes into diabetic shock? Does the center have a defibrillator, fire extinguishers, smoke and carbon dioxide detectors? Do they conduct monthly fire drills?

**It's All About Reputation:** After you've done your due diligence by visiting one or more adult day care programs, you may want to check with the Better Business Bureau and some local or national agencies on aging to find out whether the program you're considering for your loved one has a respectable reputation. A good place to start would be the National Adult Day Services Association and American Association of Retired Persons (AARP).

You'll discover that the right adult day health care programs provide people with a safe place to go where they can have many of their personal and social needs taken care of, eat healthy meals and have a good time.

Armed with these tips, choosing the right facility can be easier than you might expect. Just remember that it will take some work and investigation on your part, but the steps outlined here should provide a useful roadmap. ■

## RESOURCES:

**National Adult Day Services Association (NADSA)**  
85 South Washington Street, Suite 316  
Seattle, WA 981045; Toll Free Phone: 877-745-1440;  
[www.nadsa.org](http://www.nadsa.org)

**American Association of Retired Persons (AARP)**  
601 E Street NW, Washington, DC 20049;  
Toll Free Phone: 888-687-2277; [www.aarp.org](http://www.aarp.org)

**National Association of Area Agencies on Aging**  
1730 Rhode Island Avenue NW, Suite 1200,  
Washington, DC 20036;  
Phone: 202-872-0888; [www.n4a.org](http://www.n4a.org)

# In Sickness and In Health

## Caregiving Moves Spouses (Reluctantly) into Limelight

By Paula Sanders McCarron

In 2005, Joe Eastman was riding his Harley Electra Glide when he was hit by a vehicle and tossed 30 feet into the air. And it was in that moment that Joann Eastman became her husband's caregiver—and reluctant family leader.

"The first year and a half after Joe's accident, I got the wind knocked out of my sails. I knew it was bad, but the severity of the situation was more than I anticipated," she says.

As the reality of Joe's situation settled in, Joann struggled with not only understanding what was now needed for Joe's care, but also with her own feelings. She says, "Nothing was ever clear cut. No one was straight with me. I was angry. I was depressed. And it hit me that life isn't fair."

Joann, who lives in Brockton, Massachusetts, ticks off a list of her husband's health issues: traumatic brain injury, hepatitis C, paralysis on the right side of his body, post-traumatic stress syndrome, and peripheral neuropathy.

### Stepping Up

Despite the overwhelming circumstances, Joann stepped up to the plate to become Joe's caregiver, advocate and ally. As she says, "For me, there was no other choice. It's what comes with being married. It's 'in sickness or in health'. It's my job and I accepted it."

One of Joann's biggest challenges has been finding and obtaining services and funding for Joe's care. She encountered more than one roadblock along the way and then decided she would focus her efforts on a letter campaign to decision makers and to people who are in the posi-

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*"I finally realized I'm not going to be any good to Mark, if I don't take care of myself."*

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*—caregiver Maureen McClellan, recalling how she went ahead with her own surgery that had been put off.*

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tion to help. She says, "I've sent letters to Senator John Kerry, [former] President Bush, Hilary Clinton and one to the Secretary of Veteran's Affairs. And I found out it's true what they say: The squeaky wheel does get oiled."

Through his wife's efforts, Joe receives home health services, speech therapy, psychiatric care, and attends an adult day health program two and a half days a week. In addition, the Eastman home has been modified to improve accessibility.



Joann now hopes to find funding to buy a wheelchair van.

"I'm not going to give up because I won't give up on Joe," she says.

### An Uncommon Role

When asked how she feels about carrying the responsibility of being full-time caregiver and the family's decision-maker, Joann says, "For us, it works because of the relationship we had before the acci-

dent. It might not work for others, but I've known my husband for 37 years. Who knows him any better than I do?"

It was January 2010 when Maureen McClellan, of Bangor, Maine, also found herself in the ranks of spousal

caregivers. That's when Maureen's husband, Mark, was diagnosed with end-stage liver disease. While the McClellan's hope for a transplant, they know their chances are slim. For every person who receives a transplant, another thousand die while waiting, according to estimates.

Maureen, who has worked as a case manager helping other people find needed resources and information, found herself "too close" to her own situation to be effective. She says she also quickly discovered there are few resources in the area for people who are living with the particular health issues Mark faces.

Adding to her sense of isolation, she says the couple does not have family nearby and that help from friends has been limited. "Mark was out of the hospital about a week or two when people stopped calling," she recalls. "I realize they have their own lives, but it left me feeling completely alone."

Maureen says one of the most difficult aspects of becoming Mark's caregiver was the realization that she was now the person making decisions and that Mark's well-being depended on her well-being.

### Dealing with Complexities

Patient advocate Trisha Torrey, of Syracuse, New York, points out that spousal caregivers often find themselves in the middle of a complex and conflicted role. She says, ▶

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***“For me, there was no other choice. It’s what comes with being married. It’s ‘in sickness or in health’. It’s my job and I accepted it.”***

*—caregiver Joann Eastman*

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### **In Sickness and In Health: Caregiving Moves Spouses (Reluctantly) into**

**Limelight** *Continued from page 3*

“The spouse who is ill or dealing with a disability needs attention. And the caregiving spouse is in need of support and attention as well—and may be dealing with his or her own health problems. So, there are two people who need attention—and neither one is getting it.”

That point was driven home for Maureen when she was faced with making a decision on whether she should delay or go forward with a needed foot operation and knee surgery because Mark’s needs are so pressing. But she decided to go forward. As she says, “I finally realized I’m not going to be any good to Mark, if I don’t take care of myself.”

In the case of Mark and Maureen McClellan, this is especially true, as both she and her husband were diagnosed as having bipolar disorder, a condition where people experience frequent or extreme mood swings.

Rather than become overwhelmed by her situation, Maureen says she realized she needed to transform her thinking. She sought out counseling for Mark and herself, both as a couple and as individuals. She began writing down all her questions and taking the same list from one counselor to the next to compare answers. She also contacted the National Family Caregiver Association, a free membership organization dedicated to helping family caregivers find support and services.

### **Marital Balance**

As much as Maureen is ready to pick up the pieces, she says she also tries to main-

tain the balance of power in her marriage. She says, “When possible, I try to get Mark involved in the decisions. I say to him: Tell me what you need me to know. And then there are times when I need to remember to step back and not turn into a ‘nagging little mother’.”

A recent study led by Michael J. Poulin, PhD, assistant professor of psychology at the University at Buffalo, revealed that spousal caregivers who engaged in “active” caregiving; i.e., helping to dress, bath or feed a loved one, were more likely to report a greater degree of positive feelings and well-being than caregivers who were in less active roles. But those positive results hinged upon the degree of interdependence between the spouses.

“When we say interdependence, what we’re really referring to is the sense that each member in the couple needs the other person, and that there is a balance of need between the two,” says Poulin.

### **Everyone’s Affected**

“Adversity seldom strikes one person at a time. Caregiving is perhaps the most dramatic demonstration of this truth that I am aware of,” says Poulin. “When a loved one is seriously ill, that person is often suffering, physically and emotionally. But so are all the people around them...but the flip side of that is everyone in the caregiving context—even the ill or disabled person, to an extent—has the opportunity to be a care provider for everyone else. In a sense, that’s the real meaning of interdependence.”

Speaking of his relationship with his wife, Mark McClellan seems to exemplify the very essence of what Poulin calls “interdependence.”

Says Mark: “I thought I was more trusting as a person, but I’ve had to give up more and more control, and that’s been hard. I don’t even know how she’s been able to do this, but she keeps plugging on. She’s all that I’ve got—which really is quite a lot.” ■

### **RESOURCES:**

**Family Caregiver Alliance.** A comprehensive collection of national and state-by-state resources. [www.caregiver.org](http://www.caregiver.org) 800-445-8106.

**National Family Caregivers Association.** Supports and educates caregivers with information on self-care and advocacy skills. [www.thefamilycaregiver.org](http://www.thefamilycaregiver.org) 800-896-3650.

**Well Spouse Association.** Offers support groups, conferences, and online connections for spouses caring for their partners. [www.wellspouse.org](http://www.wellspouse.org) 800-838-0879.

**Every Patient’s Advocate: Trisha Torrey.** Patient advocates help caregivers and patients to make informed and responsible health decisions. Visit [www.everypatientsadvocate.com](http://www.everypatientsadvocate.com) for tips and information on how to navigate the health care system and [www.advoconnections.com](http://www.advoconnections.com) to locate a patient advocate across the nation.

## **COMING UP IN NOVEMBER**

- Understanding long-term care insurance may help you guide Mom and Dad through old age and keep your own finances more intact. A caregiver’s primer.
- When Alzheimer’s disease raises its ugly head in your family, it’s time to step into high gear. Advice on how to develop an effective strategy for your family and loved one.
- Caregiving in a sea of clutter – how to deal with your parent’s hoarding lifestyle.
- With about half of all Americans over age 65 diagnosed with some form of arthritis, experts outline four exercises that can make the debilitating condition more livable.

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# Disease-Fighting Foods

## Make Every Bite Count for Mom and Dad

By Lori Zanteson

**N**o doubt about it, food is one of life's greatest pleasures. It's also vital to optimal health in our aging loved ones, as many foods have been shown to fight disease and ailments specific to the elderly.

Of course, genetics and the environment play a role in disease, but research is certainly pointing toward food as an effective player in this mix. Finding the most nutrient-rich and health specific foods has never been easier. Read on to make every bite count.

Berries literally burst with health benefits and flavor. Their vibrant color is due to a powerful punch of antioxidants that help protect the body from free radicals that damage cells which can lead to chronic disease like heart disease and cancer. This damage accumulates with age. Though berries are good for everybody, the blueberry is known as one of the most age-defying foods with benefits specific to the elderly.

Lou Palmer, 76, eats berries for this reason. "One that I recommend a lot is blueberries," she says. Lou is a three-time cancer survivor who is very aware of the health promoting benefits of foods as well as their disease-fighting capabilities. She and her husband take advantage of where they live in Sumner, Washington, to pick berries in season, freeze them, and Lou even makes them into jam. They're easy to make a part of the diet year-round. "We eat them on cereal, we snack on them, and we put them on pancakes and waffles," Lou says.

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### A Powerful Berry

Science really backs this tiny berry, with study after study offering more insight to its healthful properties. Just recently, the first evidence from human research found that blueberries improve memory in the aged population. The report, published in the *Journal of Agricultural and Food Chemistry*, says the findings are "encouraging and suggest that consistent supplementation with blueberries may offer an approach to forestall or mitigate neurodegeneration," or deterioration of the nervous system. Neurodegenerative diseases include Alzheimer's, Parkinson's, and Huntington's diseases.

Another benefit for the elderly by consuming foods high in antioxidants, like berries, is improved muscle strength. An Italian study assessed the physical performance of those 65 and older on the basis of walking speed, ability to get up from a chair, and standing balance. Findings showed a positive connection between higher intakes of antioxidant-rich foods, especially those containing vitamin C, and higher muscular strength in elderly people. These have been useful indicators of institutionalization, disability, and morbidity.



### Green Tea

Another antioxidant leader, green tea, has been found to have positive effects on conditions specific to the elderly. It not only reduces mortality and coronary heart disease in elderly men—thanks to a specific antioxidant in foods like green tea, apples, and onions—it can also fight depression.

A growing problem, depression is one of the leading causes of disability worldwide. Especially prevalent in the elderly, depressive symptoms can worsen other medical conditions and can increase mortality. One Japanese study found that people age 70 and older who drank four cups of green tea a day had a 44% lower occurrence of depressive symptoms than those who drank less than one cup a day.

Sipping green tea may even help improve bone health, aiding the growing number of elderly Americans with osteoporosis and those at risk for this disease. Scientists in Hong Kong found last year that green tea can actually stimulate bone formation and slow its breakdown. The good news just keeps coming, so stock the pantry with loose leaf or bags of green tea and try to keep a pot brewing or a cool pitcher filled in the refrigerator to make it an easy part of everyday life.

### Dairy Products

It seems we can't get enough of dairy these days. Dairy products deliver many valuable health benefits to our elderly loved ones, especially calcium—which is often lacking in older adults—to build and strengthen aging bones, and vitamin D, which is essential for the body to absorb the calcium. Not only does this vitamin partner with calcium, it helps us ►

## Disease-Fighting Foods: Make Every Bite Count for Mom and Dad

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in ways researchers are just learning. One study linked vitamin D to a lower rate of falls in nursing homes.

“The biggest thing for geriatrics is vita-

min D,” says registered dietician Carole Farace, of NaturallyNutritionInc.com, a Florida-based nutritional information service.

Studies comparing high and low levels of vitamin D in seniors show a 33% decreased risk of developing cardiovascular disease and a 55% reduction in type 2

diabetes in those with higher levels of vitamin D. Based on new findings that normal levels of vitamin D can prevent up to 70% of some cancers, she recommends everyone be tested and then talk to your doctor on how to go from there.

Farace also agrees that dairy is a great way to get vitamin D, but she notes that it may not provide as much as the body needs. And, many people are lactose intolerant or have other conditions that may make milk and dairy unsuitable. In this case, a dose of sunshine and a supplement can help reach sufficient levels.

### Yogurt Benefits

Some yogurts contain probiotics, which studies show help fight age-related deterioration of the immune system and can even help with regularity. Constipation in the elderly is so common that many caregivers have found success with yogurts designed to promote regularity.

Suzanne Wick of Tucson, Arizona, brings Activia to her mother as a treat when she visits—with great results. “Her behavior has been so much more peaceful, so it makes me wonder whether she was having intestinal distress for a long time and it just wasn’t recognized by any of us,” she says.

Research continues to uncover foods that prevent and combat conditions specific to the elderly. There are many more essential and healthful foods, such as fish and deeply colorful fruits and vegetables, so seek them out and speak to mom and dad’s doctor about those with the most health-promoting potential.

In this case, the icing on the cake, so to speak, is that the right food choices feed a healthy body and mind that can result in an overall well-being. Chances are the attention to your loved one’s nutrition will benefit your own too. ■

## RESOURCES

### Modified MyPyramid for Older Adults:

[http://nutrition.tufts.edu/1197972031385/Nutrition-Page-nl2w\\_1198058402614.html](http://nutrition.tufts.edu/1197972031385/Nutrition-Page-nl2w_1198058402614.html)

### Cancer Fighting Foods/Spices:

[www.cancure.org/cancer\\_fighting\\_foods.htm](http://www.cancure.org/cancer_fighting_foods.htm)

### Nutrition for Seniors:

[www.nlm.nih.gov/medlineplus/nutritionforseniors.html](http://www.nlm.nih.gov/medlineplus/nutritionforseniors.html)

## TOP 5 ‘SUPERFOODS’ FOR HEALTH

According to registered dietician Jane Harrison, a nutritionist at Internet health company HealthAtoZ, the following foods help effectively fight disease and are especially effective in the senior diet:

### 1. Avocados

*Benefit:* While many people avoid them because they are high in fat, avocados can help reduce cholesterol, and decrease the risk of cancer and diabetes. They also contain antioxidants. *Nutrients:* Vitamins E, C and B6, potassium, fiber, vitamin K and folate.

*Recipe tip:* Spread on toast and melt low-fat cheese on top. Add sliced tomato.



### 2. Apples

*Benefit:* Apples are loaded with antioxidants. They have vitamin C, which keeps your blood vessels healthy and helps you absorb iron. That means a reduced risk of cancer and heart disease, especially if you eat the skin. *Nutrients:* Fiber and vitamin C.

*Recipe tip:* Chop and toss into a green salad.



### 3. Berries

*Benefit:* All berries are highly nutritious. Eating blueberries regularly may improve short-term memory and slow the aging process. They may also help people with many diseases, including Alzheimer’s, Parkinson’s, diabetes and heart disease. Studies show that blueberries fight cancer better than other fruits. *Nutrients:* Fiber, vitamin C, vitamin K and manganese.

*Recipe tip:* Mix with yogurt or cottage cheese. Add a small handful of crushed nuts.

### 4. Broccoli

*Benefit:* Broccoli is part of a family that includes spinach, cabbage, cauliflower, Brussels sprouts, kale and collard greens. It is highly nutritious and may help prevent diabetes, heart disease and some cancers. *Nutrients:* Calcium, potassium, folate, fiber, iron, magnesium, phosphorus, potassium, B vitamins, vitamin C, vitamin K and manganese.

*Recipe tip:* Sauté with a small amount of olive oil, garlic and chicken broth.



### 5. Salmon

*Benefit:* Try to eat at least two fish meals per week, especially wild salmon, herring and sardines. They provide the most heart-healthy omega-3 fats. Eating fish helps cut your risks for heart disease, cancer, Alzheimer’s, stroke, diabetes and arthritis. It may also help with depression. *Nutrients:* B vitamins, phosphorus, protein, selenium and omega-3 fats.

*Recipe tip:* If possible, choose wild salmon. It is less likely to contain chemicals like mercury. Brush fish with a mixture of orange juice and orange marmalade. Bake until done.



# Caregiving Gadgets and Gizmos

## Innovations to Keep Loved Ones Independent

By Kelly D. Morris

**H**ere are our latest picks of gadgets and gizmos to make your loved one's life—and yours—a little easier. This time we're looking at things to help your loved one remain independent as long as possible, which is a goal of most seniors, of course. We're also looking at tools to help keep your loved one safe, like the TripTrak GPS device that allows you to quickly locate a wandering loved one.

### Straw-lution

Sometimes, as people get older, or if they have conditions like Parkinson's disease that cause hand tremors, drinking from a cup can be difficult. Their hands shake a little or a lot, and liquids splash out of the cup. A cup with something as simple as a lid can help make drinking less messy and less embarrassing. And if you have a cup with a lid, you'll probably need a straw to go with it. Straw-lution is an innovative variation on the old boring straw.

Straw-lution is a drinking straw with little anchors on it. When you push the straw through a hole in a cup, the anchors compress so the straw goes through the hole. Once through the hole, however, the anchors expand and firmly hold the straw in place. You can actually pick up the cup or container by the straw, and the straw will not come out.

Straw-lution can be used for things other than drinks, too. Insert it through the foil covering on a cup of yogurt or applesauce, for instance, and your loved one can sip those foods through the anchored straw. It's a handy way for people to feed themselves when they have difficulty handling a spoon due to hand tremors.

These straws are made from the same material most other drinking straws, but they are thicker than typical straws, making them fairly durable. They are dish-



washer safe, and you can reuse them a number of times, but they are also affordable enough that if saving one and washing it isn't convenient, you can just toss it out. A pack of 12 is \$4.99, or you can purchase a four-pack—48 straws—for \$16.99. They are available in four colors—yellow, blue, green and pink. You can order them online at [www.strawlution.com](http://www.strawlution.com). By the way, they work great with kids as well as adults!

### Induction Cooktop for Safe Cooking

In order to live safely on their own, our elderly loved ones need to be able to safely prepare meals. This becomes a challenge for those in the early stages of Alzheimer's or other forms of dementia. They may turn on the stove and forget to turn it off, creating a fire hazard – one of the most serious and common causes of injury or death among seniors.

Enter the Induction Cooktop for Safe Cooking from Independent Living Aids, LLC. This is a 12-inch square cooktop that only heats up when a pan made of enamelware, iron or stainless steel is placed on the cooking surface. When the pan is removed, the cooktop shuts off. It also has an auto shut-off function to prevent overheating, so if your loved one forgets dinner is cooking, it will turn itself off. It has

three temperature settings and a 99-minute timer. The controls are easy to operate, and it heats up about as quickly as a gas stove does.

You can order the Induction Cooktop for Safe Cooking by calling 800-537-2118 or visiting Independent Living Aids, LLC online at [www.independentliving.com](http://www.independentliving.com). He cooktop retails for \$149.95 and comes with a covered frying pan.

### TripTrak

About 5.5 million Americans suffer from the Alzheimer's form of dementia. One of the most challenging things to deal with is the wandering behavior that is so common with these individuals. They may wander outdoors in the middle of the night in the snow in their pajamas. Some people with Alzheimer's have been found miles away from home. Unfortunately, some suffer serious injuries or even die.

TripTrak, in conjunction with AAA, offers technology that can save lives for individuals who tend to wander. It's a small GPS device, small enough to fit in the palm of your hand. It could fit into your loved one's pocket or you could attach it to the inside of their clothing in some way. If your loved one wanders off, you just call a toll free number connected to a monitoring center. The call center is staffed around the clock, and they can tell you exactly where your loved one is. The device also has an SOS button. If someone pushes the button, the call center staff will notify local police, giving the SOS location from GPS, and police will be dispatched to respond to the emergency situation.

You can rent a TripTrak device for \$21 per week, but purchasing one is probably more cost effective. The purchase price is \$75 for AAA members and \$99 for non-AAA members. There is also a monthly service fee of \$19.95. Visit TripTrak online ▶

## Caregiving Gadgets and Gizmos Innovations to Keep Loved Ones Independent *Continued from page 7*

at [www.trip-trak.com](http://www.trip-trak.com) or call 800-AAA-1008 to order.

### Identity Guard

The Federal Trade Commission reports that about nine million Americans are victims of identity theft each year. Identity theft occurs when someone steals your personal information, like your Social Security number, credit card numbers or bank account information, and uses it to commit fraud. Your credit can be ruined and you may even find yourself responsible for paying bills you did not actually incur.

Older adults make attractive targets for identity thieves. They often have good credit, may not be very careful about shredding personal documents or protecting their information online, and may be easily fooled into giving out personal information over the phone.

Identity Guard offers three levels of protection. All three monitor your loved one's credit report and monitor their address to let them know if any of their credit cards, banks or other lenders receive requests to change their address. They provide Lost Wallet Protection that notifies their lenders if their credit cards are lost or stolen. In the event your loved one's identity is stolen, they provide assistance. Some of the plans offer additional forms of protection, like giving them their

credit scores from all three credit bureaus and patented anti-virus and anti-spyware programs for their computer. All offer some insurance in case your loved one's identity is stolen, with the more expensive plans offering more insurance.

Identity Guard costs \$9.99, \$14.99 or \$17.99 per month, depending on which option you choose. You can sign up for a free two-week trial on their website at [www.identityguard.com](http://www.identityguard.com) or call 800-452-2541 for more information. ■

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## From Lemonade to Surgery All About Kidney Stone Prevention and Cure

**W**e've all heard the expression, "when life gives you lemons, make lemonade." Passing a kidney stone would definitely qualify as one of life's "lemons," but did you know that drinking lemonade has been shown to prevent them?

Drinking lemonade is one of five ways you can prevent kidney stones, according to Dr. Roger L. Sur, director of the Comprehensive Kidney Stone Center at the University of California, San Diego. Additionally, you can drink plenty of fluids and reduce your intake of salt, dietary calcium and protein.

Lemons have the highest concentration of citrate—a natural inhibitor of kidney stone formation—of any citrus fruit. In a recent study conducted by Sur, lemonade therapy—drinking four ounces of reconstituted lemon juice in two liters of water per day—was shown to decrease the rate of stone formation from 1.00 to 0.13 stones per patient.

Other fruit juices have less citrate and are often supplemented with calcium and contain oxalate, one of the principle components of kidney stones. In fact, the most common kidney stone is a calcium stone,

which is composed primarily of calcium oxalate. Calcium stones can be caused by too much salt in your diet, which stimulates calcium excretion in the urine, according to Sur, who adds that reducing salt intake helps to prevent such stones.

Some people will not even know that they have a tiny stone in their kidney until it leaves the kidney and enters the ureter, causing intense pain.

"Back and abdominal pain, blood in the urine, and nausea or vomiting, are the three classic symptoms of kidney stones," said Sur. "You don't have to have all three, but any of them will come on quickly and be hard to ignore. When you have extreme pain, you should see your doctor or go to an emergency room right away, especially if a fever is present. The presence of fever indicates that you may have an infection in your blood stream which can be life threatening."



Another type of stone, called a uric acid stone is formed from uric acid, a waste product normally passed out of the body in the urine. When this crystallizes in the urine, it forms the beginning, or nidus, of a kidney stone that may grow larger over time. Uric acid stones may be caused by a high-protein diet.

Struvite, or infection stones, generally occur with kidney or urinary tract infections and account for 5% of all kidney stones. They are often called "staghorn stones" because they are large and look like antlers on a deer.

Cystine stones make up fewer than one percent of kidney stones and are more likely to develop in families with an inherited condition that leads to an excess of the chemical cystine in the urine.

If you or a loved one have had several kidney stones in the past, or have any existing small stones, then you should prepare a prevention plan with an urologist.

"There is a 50% chance of getting another stone within 5 to 10 years if you've already had one," said Sur. "Facilities with kidney stone centers can generally determine the cause of a kidney stone 97% of the time through a ▶

combination of tests and scans. These provide us with the pertinent information we need in order to create an individualized prevention plan that incorporates dietary changes and the necessary follow-up."

Although medication therapy is usually the first line of treatment for a kidney

stone, surgery is sometimes required. There are several surgical options which include shock wave lithotripsy, percutaneous nephrolithotomy and ureteroscopy with laser lithotripsy.

"We have come a long way in advancing the surgical treatment of kidney

stones," said Sur, who has performed close to 1,000 ureteroscopies. "Our goal, in fact, is to prevent you from going back to the OR for a repeat surgery. Through our research and clinical practice, we hope to reduce the 50% recurrence rate of kidney stones down to zero." ■

# Pain Management

## Small Steps Can Make the Unbearable Bearable

**W**atching an aging loved one try to cope with debilitating pain can be agonizing. However, doing small things may make a big difference in the quality of life of a person coping with great pain, whether that person is in their own home or in a nursing home.

The focus of palliative care is placed on the "caring" and not the "curing" of an individual facing a life-limiting illness. Unlike hospice, people receiving comfort care do not always have terminal diseases. They may be living with a chronically painful condition.

"Unfortunately, pain management is too often overlooked when medical treatments are needed," says Cathie Papantonio, coordinator of the Palliative Program at Levindale Hebrew Geriatric Center and Hospital in Baltimore, Maryland. "In our programs, we concentrate on easing pain, relieving stress and enhancing the quality of life for patients and residents."

For instance, asking a person what he or she wants and then actually listening to the answer sounds automatic. However, many times we assume that we know what is best for someone, and act without consulting him or her.

Adapting activities that a person has always enjoyed doing can take his or her mind off of pain, even for a short time. Just as important is being sensitive when the person wants to remain quiet.

Creating a calm, relaxing environment can aid a person's psychological well-being. This can be simply turning the

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*With pain, music can be a soothing element that makes people comfortable. It can remind them of happy occasions earlier in their lives or comfort them in the moment.*

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lights down low or having a lower wattage lamp in the room.

Flowers are welcomed by some people, while others don't care for the smell. Additionally, specific smells can also bring back good memories for people in distress. Aromatherapy gives those in pain the opportunity to choose certain scents that can be introduced into their rooms.

Music can be an added soothing element when making people comfortable. It can remind them of happy occasions earlier in their lives or comfort them in the moment.

"In our facility, pain management is so important that we created a patient- and family-focused committee to deal with it, to help ease it," explains Papantonio. It consists of an interdisciplinary team made up of clinical experts, social workers, clergy, guest services employees and volunteers.

Every committee member receives special training on maximizing the quality of life for patients and residents. The committee supports and coordinates resources that target the physical, psychological,

social and spiritual needs of the patient.

One of the best ways to help someone in pain is also to educate his or her family members. If they know what the side effects of pain treatment are, they can be more sensitive.

Constant communication with residents, patients and their families is the key to helping them enjoy their days and evenings. Empowering them and supporting them are crucial.

Creating space, privacy and a home-like environment relieves the pressure on family members and allows them to spend quality time with their loved ones. It's also important to allow family members to help with direct care when they choose to and are able. There is no norm when someone is in pain, Papantonio notes. Concentrating on what he or she desires should be constantly shifting. Monitoring the changes in pain levels is also vital.

Going beyond what is expected is also a way to help a person cope. Papantonio says some facilities, including hers, use complementary therapies, such as massage, Reiki, yoga, music, art and aromatherapy to ease pain.

When a loved one, patient or resident is terminally ill, it is important to know what the person's wishes are and to have them documented.

End-of-life concerns, fears and expectations should be openly and honestly discussed in the context of religious, spiritual, social and cultural customs. There is a greater need for care during the active dying phase. ■