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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

Helping a Hoarder

When Your Loved One is a Compulsive Collector

By Kelly D. Morris

When I was growing up, my family referred to my grandmother as a “packrat.” She saved magazines in huge stacks in her basement. When the discount store had a sale on toilet paper, she would buy two shopping carts full of the stuff and pile it in the basement with the magazines. Her cupboards were full of canned goods that had expired years before. Now, I recognize that she was really a hoarder.

The Hartford Hospital in Hartford, Connecticut, reports that about two million Americans are compulsive hoarders. Compulsive hoarding is an anxiety disorder in which people accumulate items that they do not need and refuse to get rid of them even if they are useless, unsafe or unsanitary. And our elderly are often the prime hoarding culprit in our society.

Now, hoarding may not sound like a big problem, but it quickly can become one. For instance, elderly people may trip over clutter in their homes and break already-brittle hips. If they do break a



bone, emergency medical personnel may have difficulty even reaching them due to cluttered conditions. That's not all: They may suffer food poisoning from eating old food, or they may get sick from unsanitary living conditions, if they hoard pets or suffer from rodent infestations. Hoarders feel very attached to their possessions, though, and resist getting rid of

them. They usually just do not realize they have a problem.

According to the International OCD Foundation, hoarding typically begins early in life and gets worse with age. It's rare for hoarding to begin after age 40. Still, it may appear worse in elderly people than in younger people. If you have an elderly loved one who compulsively

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While most hoarders get started earlier in life, the trait grows and becomes more dangerous with age.

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hoards things, you may be concerned for his or her safety. You may also find it difficult to help care for a hoarder; if you clean the house, it just becomes cluttered again. You can't find things you need. You can hardly move around the kitchen or bedroom. In other words, hoarding takes over.

Why Seniors Hoard

Many elderly people lived through the Great Depression when times were tight, and some people suspect that is why some of them hoard things today. My family thought that was why my grandmother was so reluctant to throw out food, even after it had spoiled; she remembered days when she was young when she did not have enough to eat. However, to be balanced, the International OCD Foundation says research does not support this theory.

Stress and anxiety may contribute to the desire to hoard things, and research has shown that hoarding behavior often gets worse after a serious loss, like the death of a spouse. Many elderly people have experienced such losses by the time their family steps in to help. My grandmother's hoarding behavior worsened considerably after she was diagnosed with cancer.

Studies show differences in the brains of people who hoard things when compared to people who do not hoard things. Compulsive hoarders may also suffer from other psychological disorders like schizophrenia, major depression or bipolar disorder. Compulsive hoarding is fairly common among people with Alzheimer's disease, as well, which affects 5 million of our elderly.

Helping a Hoarder

It's important to understand that compulsive hoarding is a psychological disorder. If your loved one is a hoarder, there are things you can do to help, but you can't "cure" the disorder any more than you could cure them of schizophrenia.

Elaine Turek is a professional organizer who specializes in helping senior citizens in

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Wallingford, Connecticut. She offers the following tips for family caregivers who want to help a loved one who hoards things:

Start with an area of the house that is less emotionally difficult than others. For instance, if your mother has kept all your father's clothes since he died 10 years ago, don't ask her to start out by giving away the clothing. Instead, ask her to start by throwing out the old newspapers on the back porch. Take baby steps.

- ✓ Work at dad's pace. Realize that he's no longer a young man, so he may not be able to work as quickly as you can or expect him to. Also, he probably has a great deal of emotional attachment to things he's hoarded so it will take him time to let go.
- ✓ Let mom have as much control over the process as possible. Instead of telling her what to do, ask questions to help her decide what to keep and what to give away or throw out.
- ✓ Help dad identify benefits of clearing out some of his clutter. For example, the house will be safer, he can save a lot of money if he no longer has to rent a storage unit, it will be easier to find things when they are needed, etc.
- ✓ If you find yourself fighting a lot with mom about the need to throw out things, consider calling in a professional organizer. Sometimes an objective third party can help get the job done, and mom may find it easier to listen to an outsider about the need to clean out the house.

In addition, you should encourage dad to seek professional mental health treatment if he seems especially anxious or depressed or is unable to let go of hazardous or unsanitary items or allow you to help him make the home safe and livable.

Treatment for Compulsive Hoarding

Both group and individual psychotherapy can help people who hoard things. A particular type of psychotherapy, called cognitive behavioral therapy, has been found to be the most effective type of therapy when it comes to hoarding. If your loved one agrees to try psychotherapy, look for a therapist who has training and experience working with compulsive hoarders.

Medication for depression or anxiety also helps, if a hoarder suffers from or shows signs of those conditions. There are some medications prescribed by doctors to treat obsessive com- ▶

Helping a Hoarder

Continued from page 1

pulsive disorder, but research shows those are of limited effectiveness for compulsive hoarding. A psychiatrist can evaluate your loved one to determine whether medication might help.

It's important to understand that just cleaning your loved one's house and getting rid of all the clutter won't cure compulsive hoarding. Hoarders who don't receive treatment usually just accumulate more items in short order, once the first mess is removed. Losing a lot of possessions, even useless or unsanitary items, may cause a great deal of stress unless your loved one receives treatment, too.

For more information, contact the International OCD Foundation, P.O. Box 961029, Boston, MA 02196, 617-973-5801, www.ocfoundation.org. ■

SHOULD YOU HIRE A PROFESSIONAL ORGANIZER?

If your loved one's hoarding has made his or her home unmanageable and you don't know where to start, consider bringing in a professional. For about \$45 to \$75 per hour, you can get professional assistance—and a good organizer can make a lot of progress in just a few hours.

Most professional organizers offer free consultations, so you can meet with one and get some more information before committing yourself. Ask potential organizers if they have special training or experience working with seniors and how they help elderly people make decisions about what items to keep and what to give away.

Be aware, though, that a professional organizer is not a substitute for a good therapist, if your loved one has an anxiety disorder or other mental health problem. Seek professional mental health assistance for your loved one in addition to the help of a professional organizer if needed.

Contact the National Association of Professional Organizers at 856-380-6828 or visit them online at www.napo.net to locate a professional organizer near you.

Averting Your Care Crisis

What You Need to Know About Long-Term Care Insurance

By Lori Zanteson

It's a conversation nobody wants to have, but the likelihood that long-term care will be in our future is undeniable and needs to be discussed. Make time for that family dialog and consider long-term care insurance as a way to plan ahead and guide mom and dad through old age while keeping your finances intact. You may even sign up yourself.

With Americans getting older, and the average life expectancy continuing to rise, the age-85-and-over group is the fastest growing segment of the population. And because more than half of all Americans have expected to spend some part of their later years in long-term care situations, the simple math is not deniable: No matter how inconvenient it is to accept, no one is untouched by the effects of aging which often mean diminished physical or mental ability.

The number of Americans who will require long-term care is on the rise and so is the cost of that care. In 1994, more than 7 million Americans needed long-term care services at a cost of about \$44,000 per year. By the year 2000, that number increased to 9 million with a price tag close to \$56,000. Today's cost average—a staggering \$75,000 per year—is projected to reach a much more breathtaking number—\$300,000 annually—in the next 20 years for the more than 23 million Americans who will need it. Few, if any, Americans are financially equipped to handle that bill.

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Insurance to the Rescue

This is where long-term care insurance (LTCi) enters the picture. LTCi was developed specifically to cover the costs of long-term care services which most health insurance, Medicare, or Medicaid do not cover. Policies tend to be flexible, allowing individuals to customize the benefits to best meet their current and projected needs. Cost is based on the type and amount of services covered, as well as the individual's age at the time of purchase. Though those in poor health may not qualify for long-term care insurance, they may be able to purchase it for limited coverage or at a higher rate.

The benefit period for long-term care insurance policies commonly runs from between 2–5 years to a lifetime (which provides unlimited coverage). This is the amount of time, or the total amount of money, up to which benefits are paid. With LTCi, premiums are determined based on what can be planned and budgeted up to the point where you need long-term care services. Premiums are generally waived once benefits begin.

You first choose a maximum daily ►

“Fewer than 10% of Americans own this coverage. It’s a denial factor; people don’t want to talk about this. We’ve got a bulge of Boomers turning 65 about 15 years out who will need care all at once. It’s not going to be a pretty picture.”

– insurance specialist Honey Leveen, reflecting on looming LTC crisis.

benefit amount which allows anywhere from \$50 to \$500 a day, though a monthly amount is sometimes offered as a more flexible option for days that require more or less care. You also choose a maximum lifetime benefit for the policy, to provide in a dollar amount, \$100,000 for example, or you can purchase an unlimited policy.

Understanding What’s Covered

Most policies offer comprehensive care but facility-care-only is also available. A comprehensive policy offers a range of services and care settings that includes both in-home care and facility care, while a facility-only policy, which generally costs less, pays for care in a nursing home or assisted living facility, but not for in-home or com-

munity services. This policy is best suited to those who plan on family and friends to care for them at home until they need a facility.

Morris Sabbagh is an elder law and estate planning attorney in Lake Success, New York. Helping seniors and their families plan for the cost of long-term care is a common aspect of his practice. “I tell my clients that there are only three ways to pay for the cost of long-term care:

1. private pay, 2. Long-term care insurance and 3. Medicaid.”

Rather than spend down their assets, Sabbagh advises clients to consider LTCi if they medically qualify because, he explains, “The annual premiums are just a fraction of what the cost would be if long-term care is eventually needed, and it allows seniors to keep control of their assets and remain financially independent. That said, some seniors are just not able to fit the cost of long-term care insurance into their budget. For those seniors, the other options have to be considered.”

Buy Young, Use Years Later

LTC insurance specialist Honey Leveen, of Houston, says LTCi is a product for people in their 60s to early 70s, but the younger you are, say those in their 40s and 50s, the lower the rate. “We’re all living so much longer,” Leveen explains, yet, “fewer than 10% of Americans own this coverage. It’s a denial factor; people don’t want to talk about this. We’ve got a bulge of Boomers turning 65 about 15 years out who will need care all at once. It’s not going to be a pretty picture.”

Preservation of wealth, along with dignity, choice, and options are main reasons Leveen recommends LTCi. With a 70% probability that you will need long-term care, it makes sense to plan for it by protecting your assets. Dignity, options and choices of LTCi allow individuals to be independent and not a burden to a spouse and children, while still maintaining the hard-earned family legacy and peace

among family members. Many people choose LTCi after watching relatives and friends wiped out financially, physically and emotionally while caring for a parent or spouse in what they thought would be their comfortable retirement years. With this kind of reality, Leveen asks, “how can you afford to not own LTC insurance?”

In answering that question, social worker and geriatric care specialist, Dr. Forrest Hong, executive director of Senior Savy in Los Angeles, cautions, “Purchasing a long-term care policy can be complicated and it may not necessarily fit your needs.” He recommends families make the decision using a holistic approach by consulting with a geriatric social worker to determine long term needs, a financial planner to assess current and future financial goals, and an elder law attorney to ensure protection of assets and estate.

It’s never too early to discuss your parents’ future, and your own. Long-term care insurance should be at least considered as an option in every family’s plans. Reach out to find answers to questions and sit down with professionals who are equipped to guide you and your family through this very serious matter. Your reward will be peace of mind and security as the clock ticks faster.

RESOURCES

US Department of Health and Human Services National Clearinghouse for Long-Term Care Insurance (LTCi) information www.longtermcare.gov/LTC/Main_Site/index.aspx

The American Association of Long-Term Care Insurance www.aaltci.org/

Long-Term Care Insurance National Advisory Center www.longtermcareinsurance.org

KNOWING WHAT’S COVERED

The majority of LTC policies sold today are comprehensive policies. They typically cover care and services in a variety of long-term care settings:

Your home, including skilled nursing care, occupational, speech, physical and rehabilitation therapy, as well as help with personal care, such as bathing and dressing. Many policies also cover some homemaker services, such as meal preparation or housekeeping, in conjunction with the personal care services you receive.

- Adult day health care centers
- Hospice care
- Respite care
- Assisted living facilities (also called residential care facilities or alternate care facilities)
- Alzheimer’s special care facilities; and Nursing homes

Source: *National Clearinghouse for Long-Term Care Information*

Four Key Steps

Creating a Strategy for Dealing with Alzheimer's

By Mordo Bono, CSA

WHEN MOM, DAD OR A LOVED ONE IS DIAGNOSED WITH ALZHEIMER'S, it can be devastating. Over a period of time, the disease destroys brain cells, causes memory loss and problems with thinking, and is eventually fatal. Although it may be emotionally difficult to be practical during this time, devising a strategy for dealing with your loved one's disease is critical.

That means shifting into high gear with a plan to support your loved one and to help you become a more efficient family caregiver. Here are some steps to consider in developing your action plan.

Educate Yourself

The first step to a plan is to gain a better understanding of its progression and the types of symptoms and issues your loved one might deal with along the way. Of course, your first source of information is the doctor who diagnosed the illness. Neurologists, psychiatrists, psychologists, and geriatricians can all provide insight.

While you may have had many questions when the diagnosis was made, you may have many more during the following weeks. Consider keeping a journal or note pad handy to jot down questions for the doctor. A journal also enables you to keep notes about doctor's visits for later review. Social workers and others, such as certified senior advisors, who are experienced in dealing with senior-centered issues can also be helpful in terms of locating beneficial resources and services.

These resources are also available to assist you with a better understanding of Alzheimer's:

- The Alzheimer's Association (www.alz.org) – With a robust website offering an array of information and helpful tools, the association offers a brochure on getting the most from your doctor's visit, medication logs, and even a "tour" of the brain. The website not only provides suggestions and advice, but also links to additional resources such as care providers, programs, and support groups.
- Alzheimer's Disease Education and Referral Center (ADEAR) (www.alzheimers.org)—ADEAR, which is part of the National Institutes on Aging, has a website loaded with educational material and resources, where visitors can learn about research, diagnosis, treatments, clinical trials, federal programs and resources. The site hosts some 8,500 articles, fact sheets, brochures and videos on Alzheimer's.

Mordo Bono is a Certified Senior Advisor (CSA) and co-owner of a local Home Helpers home care agency in Queens, New York. He can be reached at 58319@homehelpers.cc.

Investigate Treatment Options

Your loved one's doctor is the primary resource for information and guidance on treatment options. Since there is currently no cure for Alzheimer's, treatment aims to manage progression of the disease while helping people retain their functionality, independence and quality of life. Options include:

- Psychotherapy may be useful in helping patients deal with the emotional aspects of an Alzheimer's diagnosis. According to a number of recent studies, psychotherapy helped individuals by reducing the symptoms of depression, improving self esteem, and aiding in the preparation of dealing with future losses.
- Behavioral treatments help ensure that an Alzheimer's patient is free from physical discomfort and can generate for a comfortable environment. As the disease progresses, it becomes increasingly difficult for patients to communicate with caregivers about discomfort or pain. Routine medical evaluations, including vision and hearing checks, are an important aspect of treatment, as sensory impairment can create agitation.
- Medications can help slow progression of the disease, allowing those with Alzheimer's to be independent for longer periods. A doctor can determine if the use of medication could ease symptoms.

Build a Support Network

Having a support network is a crucial part of building your strategy for your loved one. As the disease progresses, Alzheimer's patients experience decreased ability to function and independently care for themselves. In later stages of the disease, the amount of care or supervision will increase.

In the initial stages of the disease, patients may be able to function fairly well on their own. While they may experience lapses in judgment or become forgetful, they can still communicate reasonably well and take care of their daily needs—and friends and family are generally able to provide the necessary help at this point.

Alzheimer's patients benefit from being surrounded by familiar environments, people and things, allowing them to live at home for as long as possible—which is preferable. When it gets to the point that friends and family cannot provide necessary care, you can hire caregivers to help provide care. Having a compassionate professional caregiver offering assistance improves the quality of life for those living with Alzheimer's, provides peace of mind for their families, and alleviates some of the physical burdens on families.

Adult day care programs are another option for people who ▶

Creating a Strategy for Dealing with Alzheimer's

Continued from page 5

need care but want to live at home. Patients are picked up daily by bus and driven to a center where they interact with other seniors while being supervised by caregivers. While there is less one-on-one care, this option provides a safe environment with caregivers standing by.

In addition to caregivers, other support programs—such as Meals on Wheels—are available to those needing assistance. To find the right care options for your loved one, visit the Department of Health and Human Services website at www.eldercare.gov/Eldercare.NET/Public/Home.aspx or call 800-677-1116.



4 Plan Ahead
Planning ahead is vital to ensuring that your loved one's wishes for their care are carried out. It is important to start planning as soon as possible, especially since it can become difficult to communicate concerns and preferences during later stages of Alzheimer's.

Discussing wishes with your loved one with dementia is the first step in planning ahead. It is important that you understand how they would like to be cared for throughout the rest of their life. Once these wishes have been expressed verbally, you may also want to put those wishes in writing.

Elder law attorneys can help you determine your course and provide documents and paperwork needed to ensure that your loved one's wishes are carried out. A lawyer can provide assistance with advanced healthcare directives, healthcare proxies, estate planning, will, revocable trust, and power of attorney documents. The National Academy of Elder Law Attorneys' (NAELA) website (www.naela.com) offers a variety of resources on this subject. You can also find many of these documents online.

While dealing with a life changing disease like Alzheimer's is very difficult and highly stressful, having your strategy in place as early as possible can help make things easier for your loved one, your family and yourself. Though your loved one is about to embark on the most difficult phase of their life, thinking ahead, and being prepared can help you become a trusted guide, caregiver, and friend during this challenging time. ■

Day Treatment Programs

Getting Help for Elderly Depression and Dementia

When seniors become depressed, agitated, or show signs of dementia, it is often difficult to know what the best ways to keep them healthy and happy are. Before you consider long-term care as a solution, there are things you can do to keep your loved ones in their homes.

According to the American Association for Geriatric Psychiatry, nearly 20% of those who are 55 years and older have mental disorders that are not part of normal aging. Some of the most common illnesses are anxiety, severe cognitive impairment and mood disorders.

Dr. Jeffery Lafferman, a psychiatrist at Levindale Hebrew Geriatric Center in Baltimore and head of the hospital's partial hospitalization program and outpatient services, says that too often mental health illnesses are underreported. "As people age, their health needs become more complicated," says Lafferman. "Medical problems, such as high blood pressure and arthritis, are common and can mask the emotional challenges that the elderly face, until it has reached a critical stage."

But there is help and hope available. One of the ways to keep an elderly loved one at home for as long as possible "when they are experiencing depression, dementia, agitation and other emotional challenges" is through day treatment programs.

Says Lafferman: "Some adult day services programs are specifically designed to help elders relearn how to again be a useful part of their communities. The programs have group and individual therapy sessions in a stimulating environment. In addition, participants can reminisce with people their own age, take part in activities designed to renew their enthusiasm for life and be in their own homes in the evening."

Many people do not understand that clinical depression and other mental illnesses are treatable, he adds. Some of the symptoms—regardless of age—to look for are a change in personality, a decline in memory, isolation from friends and family, excessive feelings of guilt or hopelessness, frequent crying, sleep problems, unexplained physical illnesses, loss of function, changes in appetite, loss of interest in personal hygiene and irritability, and anxiety.

However, Lafferman advises, "Before you entrust your loved one to any program, try to visit to see with your own eyes what the program is like. Although your elderly loved one needs supervision, his or her dignity must be preserved. In addition, check to see if there are medical professionals on site, and if there are different therapies to engage them."

When a loved one is experiencing emotional issues, it can also affect the whole family, so giving caregivers a break during the day is also important, another benefit of the day treatment programs. ■

Move Your Body and Fight Arthritis

Four Types of Exercise Can Help Treat Arthritis and Rheumatic Diseases

There's good and important news collecting about effective ways to deal with arthritis, and it boils down to the essential benefits of exercise. In fact, the American College of Rheumatology says people with arthritis who exercise have less pain, more energy, improved sleep, and better day-to-day function—at any age.



One form of arthritis, osteoarthritis, is the most common form of joint disease and is a leading cause of disability among the elderly. Osteoarthritis—or OA—is a slowly progressive joint disease typically seen in middle-age and elderly people. It occurs when the joint cartilage breaks down, causing the underlying bone to fail. OA symptoms include joint pain, stiffness, knobby swelling, cracking noises with joint movements and decreased function. It typically affects the joints of the hands and spine and weight-bearing joints such as the hips and knees.

People who are physically active are healthier, happier and live longer than those who are inactive and unfit, and this is especially true for people with arthritis. Yet, arthritis is one of the most common reasons people give for limiting physical activity and recreational pursuits.

"People with arthritis avoid exercise

for a number of reasons," explains Donna Everix, MPA, BS, and physical therapist in the San Francisco Bay Area. "Some avoid it due to fear of pain or injury, and others avoid it for the same reason many people without arthritis do—not wanting to make a lifestyle change."

Inactivity, in addition to arthritis-related problems, can result in a variety of health risks, including type 2 diabetes and cardiovascular disease. In addition, decreased pain tolerance, weak muscles, stiff joints and poor balance common to many forms of arthritis can be made worse by inactivity.

Arthritis sufferers are encouraged to increase physical activity by trying one or more of the major types of exercise. Each of these routines can have a positive effect on reducing pain related to arthritis and other rheumatic diseases, according to the American College of Rheumatology (ACR):

1. Flexibility: Flexibility exercises help maintain or improve the flexibility in affected joints and surrounding muscles. Benefits include better posture, reduced risk of injuries and improved function.

When focusing on flexibility exercises, range of motion exercises should be performed five to 10 times on a daily basis while stretching exercises can be performed at least three days a week with each stretch being held for 30 seconds.

2. Strengthening: Strengthening exercises are designed to work muscles. Strong muscles improve function and help to reduce bone loss related to inactivity.

For people with arthritis, one set of eight to 10 exercises for the major muscle groups of the body two to three times a week is recommended. However, older individuals may find that 10-15 repetitions with less resistance are more effective. The resistance or weight should challenge the muscles without increasing joint pain.

3. Aerobic: Aerobic exercises include activities that use the large muscles of the body in a repetitive and rhythmic manner. Aerobic exercise improves heart, lung and

muscle function. For people with arthritis, this type of exercise has benefits for weight control, mood, sleep and general health.

Safe forms of aerobic exercise include walking, aerobic dance, aquatic exercise, bicycling or exercising on equipment such as stationary bikes, treadmills or elliptical trainers. Current recommendations for aerobic activity are 150 minutes of moderate intensity exercise a week, preferably spread out over several days.

4. Body awareness: Body awareness exercises include activities to improve posture, balance, joint position sense, coordination and relaxation. Tai chi and yoga are examples of recreational exercises that incorporate elements of body awareness and can be a very useful part of an arthritis exercise plan.

The ACR is currently partnering with the Arthritis Foundation on its Ad Council campaign to help people age 55 and up who have, or are at risk for developing, osteoarthritis discover the simple steps that can change the course of the disease and improve the quality of their lives. The campaign, "Fight Arthritis Pain" was created to increase the public's awareness that there are simple steps everyone can take to prevent and decrease the pain and disability of OA.

"For people with arthritis, exercising is an important part of a treatment plan as it—along with maintaining a healthy weight—can help ease arthritis pain," explains Dr. Stanley B. Cohen, president of the American College of Rheumatology. "You don't need to train for a triathlon to experience the benefits of exercise. Starting slowly at any age, with low-intensity, will allow you to ease into a successful exercise plan that will benefit your arthritis and your overall health."

Arthritis sufferers should discuss their exercise programs and any concerns they have with their health professionals on a regular basis. With the support and guidance of a rheumatology health care team, people with arthritis are able to build regular physical activity and exercise into their daily routines and reap the benefits of an active and healthy lifestyle, Cohen said. ■

Arthritic Knees

Special Shoes Could Help Reduce Knee Loads

By Sara Huffman

Aging adults often encounter knee pain from osteoarthritis that can eventually lead to knee replacement surgery. To slow that process and ease the pain, researchers suggest a pair of special mobility shoes.

The use of special mobility shoes can help ease knee pain and slow disease progression in people with osteoarthritis, according to research presented recently at the annual scientific meeting of the American College of Rheumatology in Atlanta.

Osteoarthritis, or OA as it is commonly called, is the most common joint disease affecting middle-age and older people. It is characterized by progressive damage to the joint cartilage—the cushioning material at the end of long bones—and causes changes in the structures around the joint.

These changes can include fluid accumulation, bony overgrowth, and loosening and weakness of muscles and tendons, all of which may limit movement and cause pain and swelling.

“Forces on the knee joint during walking have been shown to be related to pain, severity and progression of knee osteoarthritis,” said Dr. Najia Shakoor, associate professor of medicine at Rush University in Chicago and lead investigator in the study. “Therefore, researchers currently investigate strategies to reduce these forces or loads on the knee joint in hopes of preventing progression of the disease.”

Testing the Strategies

Shakoor’s study recently tested these strategies, more specifically, by studying how the use of mobility shoes—flat and flexible shoes, created specifically for this



research, that allow natural foot mobility and provide sufficient support for the foot—can affect knee OA, even on seniors whose walking is more like shuffling.

At the beginning of the study, researchers used a special camera system and a force plate to determine gait in 16 participants, who were all diagnosed with knee OA through X-rays and based on symptoms, while they walked in their own shoes, in mobility shoes, and barefoot.

After this initial evaluation, participants were instructed to wear the mobili-

ty shoes a minimum of six hours per day, six days a week for six months. To determine the progression of each participant, researchers performed the same gait analysis that was performed at the beginning of the study at six, 12 and 24 weeks.

Easy on the Knees

Overall, researchers determined that mobility shoes, in comparison to conventional shoes, led to significantly decreased knee loads in the participants. Additionally, they found that longer-term use of the mobility shoes led to even better outcomes in participants, noting a reduction in knee load that increased from 3.7% at the beginning of the study to 9.4% after six weeks, and to 18% at six months.

Finally, researchers found that after 24 weeks of wearing mobility shoes, participants experienced an adaptation in their gait (with a knee load reduction of 11%) even when wearing conventional shoes. This led researchers to believe that the use of mobility shoes could create beneficial neuromuscular and behavioral changes in how people with OA walk.

“This study showed that specialized footwear was beneficial in reducing knee loads substantially over six months,” Shakoor said. “It is also the first study to show that chronic use of a mechanical, knee-load reducing intervention could lead to favorable alterations in the way participants walk, even once the intervention is removed.”

ConsumerAffairs.com

Seniors and Substance Abuse

Are Mom and Dad Under the Influence? Or Just Lonely?



Loneliness coupled with pre-existing alcohol and drug habits are among the reasons why older adults turn to controlled substances in their golden years. Since seniors often take prescription medication for chronic illnesses, experts say it is important they disclose any drug or alcohol consumption to their physicians in order to avoid any interactions or complications in treatment.

Dr. Stephen M. Scheinthal, DO, a board-certified psychiatrist from Stratford, New Jersey, described substance abuse among seniors as a growing problem with potentially dangerous consequences during a recent presentation to a national medical meeting of the American Osteopathic Association in San Francisco.

"Substance abuse doesn't know any boundary of age," Scheinthal says. "Typically, seniors do not drink to get drunk or take drugs to get high. More likely, they are lonely or they partake in these substances out of habit."

Undisclosed drug or alcohol use could result in complications, especially if patients experience withdrawal symptoms if they become hospitalized. "If a physician does not know his patient has a cocaine habit, he might prescribe medication to treat a patient for being restless or jittery because that is what the symptoms seem to indicate without realizing the patient actually is going through withdrawal symptoms," Scheinthal explains.

He recommends family members watch for the following signs to see if an older relative might have a substance abuse problem:

- Changes in sleep patterns and/or appetite that cannot be attributed to other reasons.
- Increased falling.
- Frequently changing physicians or "doctor shopping" to get multiple prescriptions and having those prescriptions filled at multiple pharmacies.
- Suddenly becoming irritable or agitated.
- Periods of confusion.
- Empty liquor bottles in the garbage or recycling bucket, which can be an indicator of someone drinking.

If any of these signs are apparent, Scheinthal says, family members need to involve professionals within the medical community to aid them in aiding their loved ones. The senior's general physician is a good, quick starting point, but others, with specialized skills and training, will likely need to be involved. ■