The eight-week stretch between Thanksgiving and New Years is the most stressful time of the year particularly for those caring for a spouse or aging parent. Holiday activities that take up additional time and responsibilities in a caregiver’s already packed life adds on extra stress. Stress can also be triggered to the fact that these months are family time and when family come together there can be added obligations for the caregiver. It is no surprise that caregivers say they feel overwhelmed, out of control, and out of patience during the holidays.

As a family caregiver, figure out those tasks that are demanding and either simplify or eliminate them. Your role as a caregiver is already daunting, so starting new traditions, asking for help, and saying no is acceptable.

Regardless of the challenges that add up to major stress during the holidays, try to remember that your loved one will not be able to spend the holidays with you forever. Take time to appreciate the moments you have with them as a blessing.
Some with Alzheimer’s Better Off Staying on Antipsychotics: Study
Agitation, aggression more likely to return in those who stopped taking Risperdal, research shows

People with Alzheimer’s disease who take the antipsychotic drug risperidone (Risperdal) to help curb their agitation and aggression may see a return of these troublesome symptoms if they stop taking the medication, a new study suggests.

Not every person with Alzheimer’s will become agitated and/or aggressive, but among those who do, these symptoms make it difficult for caregivers to manage them at home and often lead to nursing home admission and an increased risk of dying from the disease.

As it stands, these antipsychotic drugs are only supposed to be taken for three to six months due to concerns about side effects including weight gain, tremors and movement difficulty. In recent years, the U.S. Food and Drug Administration also placed a black-box warning on this class of medications warning that people with dementia who take antipsychotics have a higher risk of dying.

“Caregivers should be aware of the increased mortality associated with these medications in people with dementia,” said study author Dr. D.P. Devanand, director of the division of geriatric psychiatry at Columbia Psychiatry and the New York State Psychiatric Institute in New York City. However, he added, “if a patient is taking an antipsychotic and doing reasonably well without any major side effects, they should stay on it.”

The new study, which appears in the New England Journal of Medicine, sought to determine what happens when the medication is stopped among people who are doing well on it. The U.S. National Institutes of Health sponsored the trial.

Nursing home staff are tasked with providing written explanations if they choose to keep someone on one of these medications for longer than three to six months, Devanand noted. “One must be cautious about discontinuing the medication. If a person does well on it and there are not too many side effects, maybe they should stay on it for a while and be monitored closed,” he said.

Stopping treatment resulted in a relapse of symptoms for those who had been doing well on the medication for four to eight months, the investigators found.

The new study included 180 patients with Alzheimer’s disease who showed signs of agitation and aggression. The patients, from eight U.S. centers, all received risperidone for 16 weeks in the first phase of the study. After that, the 110 patients who did well on the drug were assigned to take either risperidone or an inactive placebo. Those who were switched to a placebo were twice as likely to relapse when compared to participants who continued taking risperidone, the study found. What’s more, the rate of side effects and death did not differ among participants.

Dr. Gary Kennedy, director of the division of geriatric psychiatry at Montefiore Medical Center in New York City, said that deciding how long to keep a person with Alzheimer's on an antipsychotic drug isn’t an easy decision to make.

But “if a person is responding to the drug, it makes sense to stick with it,” said Kennedy, who was not involved with the study.

Treating agitation and aggression in someone with Alzheimer’s can make a big difference for the patient and the caregiver, he added. “These patients can be dangerous and very difficult to care for,” Kennedy noted.

source:  http://health.usnews.com/health-news/news/articles/2012/10/18/some-with-alzheimers-better-off-staying-on-antipsychotics-study
When Aging Parents’ Caregiving Expectations Can’t Be Met

For adult children, sharing the workload and carrying out the plan come with challenges

By Barry J. Jacobs—clinical psychologist and family therapist

Eighty-year-old Millie had always expected, when she got older, that her daughter, Becky, would be there for her. But Becky now lives 45 minutes away, works full time and has teenagers to chauffeur. Though Millie’s two sons and daughters-in-law live close by and pitch in often, she prefers her daughter’s company.

Becky, for her part, visits frequently but always sees the disappointment and disapproval in her mother’s cold stare. She feels both guilty and peeved.

“Why can’t Mom just accept that our current caregiving plan is the one that’s most practical?” Becky asks her brothers in frustration.

They haven’t an answer other than to say she’s always been Mom’s favorite. Hearing that makes Becky feel all the more guilty, as if she’s supposed to quit her job, uproot her family and move into their mother’s cramped home.

These siblings exemplify an unfortunate truth about caring for an aging parent. It is rarely an equitable enterprise. In the vast number of families, one of the siblings (generally a daughter) bears the brunt of the sacrifices. Who that child is may have little to do with practicalities. Among other factors, parental preferences affect caregiving choices and relationships among daughters and sons.

These are some of the research findings over the past decade of Karl Pillemer of Cornell University, J. Jill Suitor of Purdue University and other social scientists who’ve studied aging mothers and caregiving. They have found that geographic proximity does shape whom mothers prefer to be their caregivers, but so do factors such as similarity of gender and emotional closeness. Mothers’ choices have a powerful impact, dictating how most families divvy up the work. When those preferences are not honored because the chosen children are not willing, available or able, then the mothers may become disgruntled and the families as a whole may struggle.

How can conflict be minimized when a parent’s wishes can’t be met? There are no surefire solutions, but here are some ideas.

Foster open communication about what’s expected - One definition of family is the group of people from whom we expect love, loyalty and labor. But when the specifics of those expectations—who does what for whom as well as how and when it’s done—are assumed but never spoken, then misunderstandings and resentments can arise. In the caregiving situation, that can mean a daughter feels put upon because her mother is never satisfied with the extent of her efforts. Or the sons become miffed when their sisters balk at taking charge.

Long before older parents actually need care, it is vital that all family members discuss the ways they envision how caregiving will someday unfold. Who are the parents hoping will step up and help them when the time comes? What roles does each adult child imagine for herself and the others? These conversations may reveal mismatches between the claims loved ones make on one another and the degrees of willingness to meet those expectations.

Avoid avoidance and always empathize - Adult children sometimes feel that a parent’s expectations of them are unreasonable or unrealistic. They therefore have a tendency to withdraw from caregiving as a means of avoiding feeling guilty that they are not conforming to the parent’s wishes. That can lead to an ever more negative cycle: The parent feels neglected and becomes annoyed at that child. The child feels more guilt and avoids the parent even more. The parent feels abandoned and is furious. The child feels beleaguered and distances himself further.

A more productive response is for the adult child to empathize with the parent’s wishes but to admit her limitations in meeting those expectations: “I know that you would like me to take care of you the way you took such good care of your own mother. But because I work full time, I don’t have the ability to devote as much time to you as you expect.” The parent may not be happy about the situation but may be touched by the child’s sincere regrets and accept without further judgment what the child can give.

Focus on ends, not means - An adult child’s ultimate responsibility to an aging parent is not necessarily to care for her in the exact manner she prefers. It is to ensure that she is well cared for in a way that’s sustainable for as long as that parent is likely to need care. That may mean that a sibling other than the parent’s favorite is the primary caregiver or that the siblings switch roles among themselves over time as their own life circumstances change.

Expectation is not dictum—not even when that expectation is held by a cherished, powerful or finicky parent. The caregiving plan has to be tailored to all family member’s needs. The goal is for everyone to best manage this life passage and to thrive.

A Caregiver Thank You
By: Kathryn Meyer (from caregiver.com)

I thought of you the other day, when you weren’t even around.
You’re a person who’s sincere and true; whose heart is warm and sound.

In daylight you offer a guiding hand; At night a listening ear,
You face many challenges along the way; Your kindness keeps you near.

Preparing and caring for two, is extra work each day.
Yet these are the things you continue to do, and not for prize or pay.

I witness your devotion, even when frustrations do arise.
I honor your time and efforts, the concern that’s deep in your eyes.

Your loved one may not say thank you; perhaps they don’t know how.
Please accept this heartfelt acknowledgement, from me to you right now.

FiftyForward has a great opportunity for individuals who want to take Nashville’s children to the next level of success.

Do you have what it takes?
❖ Must be 55 or older and want to share your experience
❖ Must be available five days a week for four hours each day
❖ Must live in Davidson County
❖ Must be physically and mentally fit to tutor and mentor children ages 3 years old through the 4th grade
❖ Income must be less than $1,860 per month

If you answered YES to all of these questions, contact Penny Gammons, Director FiftyForward Foster Grandparents Program—pgammons@fiftyforward.org or call 615-743-3420.

Upcoming Events
Vanderbilt Family Resource Center’s Caregiver Support group will be held on Wednesday, January 13, 2016 from 12 to 1 p.m. in MCE 8380A. The caregiver support group is a time to share information and openly discuss your problems without judgment, to process your feelings, and to hear others talk about their experiences.

If you need information or resources to assist you in your caregiving role, contact Stacey Bonner, Family Services Coordinator, at stacey.l.bonner@vanderbilt.edu or 936-1990.