

Boomers, Elders, and More E-Newsletter

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<http://vanderbilt.edu/child-family-center/>

Message from the Coordinator

Happy New Year! The New Year is a time of new beginnings, of resolutions and intentions.

As family caregivers, I hope you savor those moments when things go well for you and your loved one. I hope you mark your daily triumphs, not focus on what didn't go well that day. If you don't, you may begin to feel that your efforts are meaningless. You made it another year, but at what cost to you? We want to do what is best for our loved ones, but often to the detriment of our physical, emotional, and spiritual well-being.

This year, I would like to put forward three resolutions for your consideration. **One**, be more gentle with yourself and explore befriending yourself this year. I like to call it developing "self-compassion." Remove the personal barriers to self-care and self-compassion by identifying what is in your way. If your compassion does not include yourself, it is incomplete.

Two, make your physical and mental health a priority. Make sure that you have your regular physical checkups. Find the time, even if it is a half hour or hour a day, just for your mental and social well-being.

Three, seek respite care, and join a support group, if you don't already have one. Chances are you find yourself so busy during the weeks that you remove yourself from interacting with others. There are endless challenges in being so close to those whose mind is going, and who can't care for themselves. It will be extremely difficult and stressful to get through this on your own for the long haul.

There will be unexpected challenges and setbacks, fresh goals and accomplishments in 2017. No matter what you might encounter, remember to look after yourself in order to give your best to your loved one.

"We must always change, renew, rejuvenate ourselves; otherwise, we harden"

– Johann Wolfgang von Goethe

Division of Administration

Child & Family Center



News Highlight

New findings on physical activity could shape treatment for mild Alzheimer's disease

Source: University of Kansas—November 9, 2016

For older adults, physical activity is apt to shield against cognitive decline and forms of dementia such as Alzheimer's disease (AD). Yet, as people age and some experience cognitive impairment, they tend to become less physically active.

"Physical activity is very important for brain function," said Amber Watts, assistant professor of clinical psychology at the University of Kansas. "We know that people who are physically active are less likely to develop AD. But we also know that for people already living with AD, physical activity can help them function better, decline more slowly and help them with symptoms like agitation, wandering and sleeplessness."

According to Watts, too little is known about patterns of activity for people experiencing the early stages of AD. For instance, researchers have lacked useful data about how the progression of the disease itself plays a role in diminishing day-to-day physical activity.

"Part of the issue is they're a difficult population to study," she said. "It's mostly assumed that they're not active, that they don't engage in physical activity, but our research showed people in early stages of AD are capable of being active - - they just need assistance."

Watts, who researches health behaviors, prevention strategies and bio-behavioral processes tied to cognitive decline and dementia, wanted to know if there were differences in physical activity between the two groups.

She recently co-authored research appearing in the peer-viewed *Journal of Alzheimer's Disease* that used state-of-the-art accelerometers to track daily physical activity of healthy people and those in the early stage of AD.

"In researching physical activity, people in the past have collected data using body-worn devices like Fitbit and accelerometers that collect data every second," Watts said. "But instead of using all the data, they've summed it into one score over the entire time the person was wearing the device. What we've done is look at variability in physical activity over the course of the entire day. This may help us to customize interventions, and it may help us to understand disrupted sleep cycles as well."

With colleague Vijay R. Varma of the National Institute on Aging, Watts analyzed daily physical activity of 92 volunteers with and without AD at KU's Alzheimer's Disease Center in Kansas City.

"We found people with AD have different daily patterns of activity than people without AD," Watts said. "They spend less time in moderate-intensity activity. But it has to do with time of day. They're a lot less active in the morning, when most people are at the peak of activity - - and that may influence caregivers and people who are trying to help people with dementia."

The KU researcher said understanding this different daily pattern in physical activity could be key to designing interventions and improving sleep for people with early AD, perhaps by targeting more physical activity in the morning.

Watts said the kinds of physical activity found to be helpful to people with AD might be as simple as finding time to walk around the neighborhood. Her past research includes studies on the benefits of walkable communities for older adults.

"Walking is actually the best thing," she said. "It's low risk, it's safe, anyone can do it, it doesn't require specific equipment, it can be done anywhere. There are other light-intensity activities like stretching, tai chi, household chores, gardening, walking around the mall - - those are also beneficial. People with AD don't have to go to the gym, they just need to do something that keeps them moving and keeps them from sitting continuously."

Challenges for people with AD to getting physically active include changes to what researchers call "motor planning" that come along with typical symptoms of mild AD, even though gross motor function is largely preserved.

"That's the ability to plan out what movements they will do," Watts said. "There's an interaction between cognitive features and motor features. If you have difficulty with cognition, you have trouble with motor function. For instance, if you want to walk, but fear getting lost, you are reluctant because you need cognition to guide motor behavior. In early stages of AD, people are still high functioning physically, but they perceive it's more difficult to get physically active."

Leaving your Loved One Home Alone



If it has not already been debated, the possibility of leaving your loved one alone in your home is certainly bound to occur. You will no doubt have many questions to ponder as you decide upon the prospects of leaving them such as, will they attempt to go outside?, will they hurt themselves?, or will they need emergency assistance? This difficult question involves you the caregiver, and your loved one, who was once an independent person. The both of you will usually disagree with the situation, as it is normal for caregivers to feel their loved one cannot be alone, while they believe they are fine and healthy enough to be alone for how ever long. Asking other family members, health care professionals, and other caregivers for advice will go a long way to determining the likelihood of their safety being jeopardized when left alone. Some other important questions to consider before leaving them alone for the first time, or if you are questioning whether they are able to stay alone any longer include:

- Are they capable of calling 911 or neighbors if an emergency occurs?
- Can they distinguish friends and family from strangers if they are faced with answering the door or having someone enter the home?
- If they are hungry, can they prepare and eat a meal without your assistance?
- Is it easy for them to use the bathroom without your help, or do they require aid every time. Are there any other plans in place if they are not able to go to the bathroom without your help?
- How does their behavior and temperament change from when you leave to when you return? Do they appear angered or scared at the first sign of you leaving the house?
- In case of emergency are they able to leave the home and seek shelter outside?
- Are they aware of smoke alarms and unusual noises, which may trigger danger, or are they likely to overlook all such noises?
- Do they suffer from Alzheimer's or dementia, and if so are they likely to wander off and get lost easily?
- Are they routinely experiencing emergencies, which places their life in jeopardy? Do they suffer from epilepsy, or shortness of breath that may need to be monitored all the time?
- Do they get lonely easily and feel deserted at the slightest moment of your absence?
- Can they be destructive at times of stress and sickness and cause damage to themselves and your home in the process?

Depending on your answers to these questions, your decision on the possibility of leaving your loved one home alone should be clearer. If your answers gave a sense of dissatisfaction, it is in your best interest to find assistance through a family member or home care aide who can stay with them while you are gone. But if the answers to the questions were comforting, you may still be able to leave your loved one alone, although you must regularly check up on their progress to ensure their safety in the future. This is certainly not an easy situation for all involved, but understand your own feelings and be strong-minded when making the most sensible and safe decision for all involved.

source: caregiver.com/articles

Top Ten Things For Caregivers To Start Doing for the New Year

1. Keep records of all medications and reactions: make notes about what works, what doesn't and when you informed the physician of any problems.
2. Keep records of all doctor appointments: the reason for the visit, the doctor's responses to our concerns, any procedures performed, etc.
3. Start or continue to maintain copies of medical records for your loved one, and for yourself, as well. These will be beneficial should a grievance arise or if there are questions about medical histories.
4. Plan for the unexpected: discuss plans and wishes of everyone involved in the caregiving family. Talk about the final resting places and what arrangements your family will want.
5. Have an Advance Directive filled out and given to the primary physician and all relatives who may need the form.
6. Have a Last Will and Testament completed or updated: without a signed Will, the courts will decide how to distribute the possessions of your loved ones.
7. Keep a record of where all-important documents are kept. When an emergency or tragedy occurs, locating information should not be where we spend our thoughts and energies.
8. Record all monetary involvements: investments, resources creditors, debtors, business transactions, etc.
9. Have an insurance analysis done: is your home, life and health insurance still appropriate for your family's needs? What about the insurance policies for your loved ones? Do you all have enough coverage to take care of any eventuality? Do you have provisions for Long Term Care? For respite care? Is your house adequately covered given the state of the weather patterns?
10. Clean out the medicine chest. Look for expiration dates on all medicine, and check with your doctor about previous medications which will either be harmful with current prescriptions or which are no longer effective for you or your loved one. Not only will you save space, you might also save a life.



source: [caregiver.com/care tips](http://caregiver.com/care_tips)

Upcoming Events

Dr. Megan Simmons, Assistant Professor at Vanderbilt School of Nursing, will address mental and emotional health in older adults. This month's Boomers, Elders, and More Lunchtime session will be held on Wednesday, January 18, 2017 from 12 p.m. to 1 p.m. in Light Hall Room 433. Please feel free to bring your lunch.

Vanderbilt Family Resource Center's Caregiver Support group will be held on Wednesday, February 8, 2017 from 12 p.m. to 1 p.m. in Light Hall Room 407D. 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 expectations. ***PLEASE NOTE THE CHANGE IN LOCATION***

**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.**