

# Boomers, Elders, and More E-Newsletter

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

## *Message from the Coordinator*

The month of April is known for National Stress Awareness Month. As a caregiver, you may be feeling the emotional and physical strain of caregiving. Caregiving can be rewarding, but it can also be challenging. Stress from caregiving is common. Women especially are at risk for the harmful health effects of caregiver stress. These health problems may include depression or anxiety. There are ways to manage caregiver stress.

Caregivers report much higher levels of stress than people who are not caregivers. Many caregivers are providing help or are “on call” almost all day. Sometimes, this means there is little time for work or other family members or friends. Some caregivers may feel overwhelmed by the amount of care their loved one needs.

Anyone can get caregiver stress, but more women caregivers say they have stress and other health problems than men caregivers. And some women have a higher risk for health problems from caregiver stress, including those who: care for a loved one who needs constant medical care and supervision and care for a spouse.

Caregiver stress can take many forms. For instance, you may feel frustrated and angry one minute and helpless the next. You may make mistakes when giving medicines or you may turn to unhealthy behaviors. Women caregivers also may be less likely to get regular screenings and they may not get enough sleep or regular physical activity.

Some stress can be good for you, as it helps you cope and respond to a change or challenge. But long-term stress of any kind, including caregiver stress, can lead to serious health problems. Some of the ways stress affects caregivers include: depression and anxiety, weak immune system, obesity, higher risk for chronic diseases, and problems with short-term memory or paying attention.

Taking steps to relieve caregiver stress helps prevent health problems. In addition, taking care of yourself helps you take better care of your loved one and enjoy the rewards of caregiving.

Contact Work/Life Connections (615-936-1327) if your stress leads you to harming yourself or the person you care for.

Source: <https://www.womenshealth.gov/a-z-topics/caregiver-stress>

Division of Administration

# Child & Family Center



# News Highlight

## Women and Alzheimer's Disease: The Facts Behind the Headlines

By Michelle M. Mielke, PhD, SWHR Interdisciplinary Network on Alzheimer's Disease Member

In the last few years, several reports have placed women at the forefront of Alzheimer's disease (AD). These reports have generated misleading headlines stating that women are at greater risk of developing AD compared to men. However, the numbers behind these headlines are not clear. There has also been little discussion about risk factors for AD that may be more important for women than men. Below is some clarity on what the phrase "women are at greater risk" means and some AD risk factors that have been found to be stronger for women than men. Notably, women are more than twice as likely as men to provide care for affected family members. Therefore, it is important to understand AD risk factors that are stronger for men.

### Are women at greater risk of developing AD?

The total number of women with AD is greater than the total number of men with AD. The main reason for this is that age is the biggest risk factor for AD. Women live longer than men do; therefore, there are more women at older ages when the development of AD is most likely.

However, whether women are actually at greater 'risk' compared to men is not clear. The studies reporting that women are at greater risk of AD used data from European populations.

Oftentimes, studies from the U.S. suggest that men may be at slightly greater risk up to the age of 75, women and men have the same risk from ages 75-84, and women at slightly greater risk after the age of 85. It is clear that these differences are not significantly different, therefore, headlines stating that women are at greater risk refer specifically to the total number of women with AD, which is partially explained by the fact that women live longer.

### What risk factors are important?

While we cannot control our genes, there are modifiable risk factors for AD that we can address. Unfortunately, most studies of AD risk factors combine women and men, and do not attempt to identify risk factors that are more common or stronger among women versus men.

There is an ongoing push to highlight the need for this kind of research, and we are now beginning to identify some risk factors that vary in strength for men and women.

Education Low socioeconomic status, education, and occupational attainment are risk factors for AD in both women and men. Due to women having historically less support to obtain higher education, the overall effect of this risk factor appears to be greater for women. The increasing education levels and occupational attainments of women over the last few decades may be one explanation for why the incidence of dementia may be declining more for

women. Education is not solely attained in the first two decades of life, therefore continuing one's education through formal or informal classes during middle age and beyond retirement, can contribute to building up brain reserve. Social interactions can also be beneficial to brain health.

Cardiovascular risk factors A diagnosis of hypertension, high cholesterol, and diabetes in mid-life has been associated with a greater risk of developing AD for both women and men, but the risk for women is greater than for men. Therefore, it is critical for women to make a conscious effort to prevent these risk factors through diet, exercise, weight management, and adequately treating them when they occur.

Hormonal therapies Following data published by the Women's Health Initiative study, which suggested that hormonal therapies were associated with an increased risk of dementia and cardiovascular disease in the mid-1990s, the frequency of hormonal therapies drastically decreased. However, an important caveat to this study was that women were randomized to the use of hormones an average of 10 years after menopause. It is now thought that initiation of hormones several years *after* menopause may increase the risk of adverse outcomes. Recent randomized controlled trials of healthy women that start using hormones within 3 years of menopause have not found an increased risk of dementia or cognitive decline. This research suggests that many women can safely use hormonal treatments for menopausal symptoms over short durations and that the treatments do not have adverse effects on memory or risk of AD. The ultimate decision to either start or stop these therapies should be based on a collaborative discussion between a woman and her healthcare provider. Women who have had one or both ovaries removed prior to age 45 are also at an increased risk of developing AD. Research suggests that hormonal use up to the age of natural menopause (around 51 years of age), will reduce this increased risk.

Never married/widowed Compared to women, men who have never married or are widowed, have a greater risk of developing AD. A potential reason for this consistent observation is that women are often the ones responsible for the healthcare of their family, sometimes at the expense of their own health. Women also typically lead a couple's engagement in social activities, which are beneficial for cognition. While these notions are a bit stereotypical and not true of all situations, they should not be ignored. Caregivers of older, single, or widowed men should be cognizant of this difference, and in turn help maintain regular check-ups and engagement in some type of social activity.

source: [http://www.huffingtonpost.com/entry/women-and-alzheimers-disease-the-facts-behind-the\\_us\\_58c982cfe4b04e44ccab005e](http://www.huffingtonpost.com/entry/women-and-alzheimers-disease-the-facts-behind-the_us_58c982cfe4b04e44ccab005e)

# 6 Ways To Handle Stubbornness In Seniors

## Stubbornness In Seniors: Proper Communication Goes a Long Way

By Ryan Allen

Dealing with stubbornness in aging parents or other senior loved ones can be frustrating. Quite often, we're merely trying to help them by making a suggestion such as: "You should see a doctor about your illness." Yet they refuse to do so and won't help themselves for their own good. Why is that? And what can we do to deal with situations in which a senior is being stubborn?

A few reasons why seniors are stubborn

*There are many reasons a senior may become stubborn, a few are because they:*

- Feel depressed about the deaths of spouse, friends, and/or family
- Feel they're being left out of the family
- Fear their own mortality
- Fear the family might place them in a nursing home
- Feel isolated
- Have anger issues

### 6 tips for handling stubbornness

*What's a loved one to do when they're receiving push back from a senior? Experts offer the following suggestions.*



1. Pick your battles—If your aging parent has a lifelong habit you don't like, and it's not getting in the way of safety, forget it. They don't want to give up habits, even harmful ones. Start with the big things like dad being unable to cook, not having enough food in the house since mom died, or other basics that really do involve safety.
2. Pick the right time for the "talk" - Be sure to pick the time, place, and person you think is best for having "the talk" with your aging loved one. Choose someone who is known to get along well with the senior, someone they trust. Try the conversation during a time of day when the senior is most likely to be amenable, like after a favorite meal when they're feeling full and happy.
3. Don't marginalize them—Don't exclude your senior loved one from important decision making activities. Often we tend to give little credit to the vast experience and the wisdom of our elderly parents. Marginalization makes the parent feel hopeless and unwanted which in turn leaves them with no choice but to become rebellious and look to others for comfort, usefulness and belonging.
4. Always put the need for change on us, not on our parents—When we want our parent to make some kind of change, make it our problem and take all the blame. If we're trying to get mom to accept a home helper, think about pitching it as our need, not hers, such as, "Mom, I'm such a worry wart, I can't help myself. I'm losing sleep over you not getting enough good food in the house. Please help me. I need you to put my crazy mind at rest. Could I ask you to try a person out to come in and shop and cook for you a few times a week? I'll help find someone. Please, for me?"
5. Ask questions—Rather than telling a senior what to do, ask for their opinions. "What's the best solution for your difficulty in driving at night?" Let them come up with the answers. If they act like there's no problem, cite specific examples and why it's concerning. "Do you remember you almost ran into that pedestrian the other night?" Be careful not to come across as condescending or act as if you're the parent. These conversations are hard enough. Also, by asking questions, you are showing that you value their opinion. And them coming up with solutions is empowering.
6. Use the "yes-and" techniques—This is something mediators use all the time to redirect conversations. When someone disagrees with us, instead of saying, "That's not true," we choose another response. We can acknowledge what our parent just said with the words, "yes" followed by "and" followed by whatever is the contrary thought. For example, If dad says, "I don't need to sign a bunch of stupid legal papers now! I'll worry about that when I get old!" You say, "Yes, and lots of people are getting these durable power of attorney forms signed even when they're young, like me. In fact, I need to do it, too. I'd like to bring mine over and show you and maybe we can sign them together. What do you say?"

Source: <https://www.alternativesforseniors.com/blog/senior-stubbornness/>

## A Very Good Day

By Tim Brennan

Fighting our battles with confusion each day,  
Routines are established to keep befuddlement at bay.  
We watch for stress and avoid mental fatigue,  
harmonious striving to make mind and body agree.

We can still make decisions and want to interact  
With those called normal; but it's a balancing act.  
Simple is much better and less is okay -  
Our motto for having a very, good day

## Upcoming Events

Join Vickie Trice, director of Consumer Insurance Services with Tennessee Department of Commerce and Insurance as she talks about Long Term Care Insurance. She will discuss what is long-term care insurance, who can buy long-term care insurance, who needs long-term care insurance, how much do long-term care policies cost, what are the pros and cons of buying this type of product, and how long does long-term care policies work in relation to the CHOICES program? This month's Boomers, Elders, and More Luncheon session will be held on Wednesday, April 19, 2017 from 12 p.m. to 1 p.m. in Light Hall Room 419 CD. Please feel free to bring your lunch.

Come hear from Fidelity Investments' Estate Planning Specialist, Michael Christy. This seminar will cover the basics of estate planning including: the tax impacts, legal documents, trusts, planning for incapacity, the family conversation, and gifting considerations. This month's Boomers, Elders, and More Luncheon session will be held on Thursday, May 4, 2017 from 12 p.m. to 1 p.m. in Light Hall Room 411 ABC. Please feel free to bring your lunch.

Vanderbilt Family Resource Center's Caregiver Support group will be held on Wednesday, May 10, 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.

The Vanderbilt Child & Family Center will host a FREE Estate Planning event for employees on Wednesday, May 17, 2017 from 11:30 a.m. to 2 p.m. in Light Hall 415. Several attorneys will be available to answer your specific questions regarding power of attorney, living will, advance directives, last will and testament, trust, probate, and conservatorship. Plan to arrive no later than 1:30 p.m. if you would like to take advantage of this service. Please note you may have to wait. Consultations will be provided on a first-come, first-served basis and will last approximately 15 minutes.

**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](mailto:stacey.l.bonner@vanderbilt.edu) or 615-936-1990.**