

Boomers, Elders, and More E-Newsletter

2140 Belcourt Avenue
Nashville, TN 37212

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

Message from the Coordinator

National Healthcare Decisions Day aims to help people across the United States understand the value of advance healthcare planning. This is a national initiative to encourage adults of all ages to plan ahead of a health crisis during the month of April.

Making decisions ahead of time and putting your wishes in writing brings peace of mind to families. It helps to avoid the difficult situations that are so common when a person becomes seriously ill and the family is left to guess what their loved one would have wanted.

Planning ahead can be a gift. A plan can be made at any time in your life. It gives you and your loved ones peace of mind and it helps prevent questions, confusion, and disagreements among family members. When having a plan it advises health care providers what you want if you are unable to speak for yourself.

When making your plan, write down your care wishes and preferences while you are able. Talk with family members about your living will or advance directive and decide who will be responsible for making decisions if you cannot. A lack of planning has economic consequences like unnecessary medical expenses for treatment, hospital stays, and nursing homes.

On May 4, 2017, our monthly Boomers, Elders, and More Lunchtime session will be titled: Estate Planning Basics and More. A representative will provide an overview on living wills, power of attorney, and durable power of attorney.

While making healthcare decisions is often difficult, making decisions for others is even more complicated. **YOUR DECISIONS MATTER!!!**

Division of Administration

Child & Family Center



News Highlight

10,000 U.S. Seniors Die Within Week of ER Discharge Every Year: Study

May be due to gaps in medical knowledge about which patients need more attention, researcher says
By Robert Preidt

Each year, about 10,000 generally healthy U.S. Medicare patients die within seven days of discharge from a hospital emergency department, a new study contends.

“We know that hospitals vary a lot in how often they admit patients to the hospital from the emergency department, but we don’t know whether this matters for patient outcomes,” said lead researcher Dr. Ziad Obermeyer, staff physician in the Brigham and Women’s Hospital department of emergency medicine in Boston.

“The variation in outcomes that we observed may be linked to gaps in medical knowledge about which patients need more attention from physicians,” Obermeyer said in a hospital news release.

Geography and socioeconomics may also play a role, he said, adding that “access to resources varies dramatically across hospitals.”

The analysis of more than 16 million ER visits showed that the most common causes of death in the following week were heart disease and chronic obstructive pulmonary disease (COPD), said Obermeyer, who is also an assistant professor at Harvard Medical School.

But another major cause was overdose from opioid painkillers like Oxycontin, Percocet and Vicodin, mostly after ER visits for pain and injuries, the study found.

Most of these deaths occurred among patients seen at hospitals that admitted few patients from the ER. Policymakers often regard these hospitals as models due to their low costs, the researchers noted.

However, deaths occurred far less often among patients seen at large, university-affiliated ERs with higher hospital admission rates and higher costs. This was so even though patients at these ERs tended to be less healthy upon arrival at the ER, the study authors said.

Patients at greatest risk for death included those with confusion, shortness of breath or generalized weakness. The researchers found that those with chest pain had a much lower risk of death.

The study looked at ER visits made by seniors between 2007-12 across the United States. It did not include patients with known serious illnesses or diagnoses of life-threatening conditions in the ER, any one over 90, or those receiving palliative care.

“There’s a lot of policy interest in reducing unnecessary admissions from the emergency department,” Obermeyer said in a hospital news release.

Obviously, not all patients can or should be admitted to the hospital, he noted.

“But we need to focus on admitting the right patients, rather than admitting more or less,” he said. “I’m optimistic that advanced analytics and better data will help physicians with these kinds of decisions in the future.”

Source: https://medlineplus.gov/news/fullstory_163381.html

Managing Caregiver Emotions

How to manage and confront three distinct and difficult experiences while caregiving

By: Sally Abrahms—long-time contributor to AARP

Caregiving brings about a swirl of feelings: sadness, frustration, anger, anxiety, guilt, resentment, confusion, isolation, loss, fear, grief, impatience and stress. Caregivers can become overwhelmed, drained by sibling tension and torn between their own family, work, personal time and parental needs.

Caregivers have also experienced devotion, tenderness, intimacy, gratitude, patience and purpose in my role. In fact, a recent study from the Sloan Center on Aging & Work at Boston College found that older Americans who feel they are making a difference in caregiving are highly engaged in what they're doing feel happier and more content.

Family caregivers confront three distinct and difficult experiences.

GRIEF

Caregivers frequently grieve the loss of the person they once knew, even though their loved one is still alive. "When someone dies, it is an overwhelming and horrible experience, but it is the end of something," says Suzanne Mintz, cofounder of the National Family Caregivers Association and author of *A Family Caregiver Speaks Up: It Doesn't Have to Be This Hard*. "But with a caregiver, the grief is perpetual; it goes on and on and on. "You grieve because you've lost the life you had, and you know it won't be coming back. Both of you have the diagnosis—the person with the condition and the family," says Mintz.

GUILT

During caregiving guilt is constant. Guilt for not spending enough time with your loved one. Guilt for not tending to your own family. Guilt for having negative feelings. And guilt for resenting your new role.

What caregivers must remember is that this is a situation over which you have limited control and shouldn't feel guilty about, says Alexis Abramson, a gerontologist and author of *The Caregiver's Survival Handbook*. "However, you are in control of how you react to it," she says. And that is empowering.

Without a network of support, caregivers often become isolated, which can lead to depression and their own serious health issues and further exacerbate problems—one being guilt.

One way for caregivers to handle guilt is "to accept that having negative feelings about caregiving is normal," says Barry J. Jacobs, a psychologist and author of *The Emotional Survival Guide for Caregivers*. "You love the person you're caring for, but you hate the caregiving. That's normal."

EXHAUSTION

Caregiving often leaves the caregiver feeling depleted, both physically and mentally. "That's when the caregiving plan needs to be changed," says Jacobs. "Caregivers need to be smart and strategic about setting limits on the tasks they take on, and recruit others to pitch in."

Yes, taking the pressure off yourself is key. Involve other family members and friends. "When family members do pitch in, then everyone feels like a team in caring for a loved one," says Jacobs. "Caregivers feel better supported and more resilient; family relationships become stronger and more enduring, even after their loved one has died."



Talking about emotions with someone can also lighten the mental load. "Many of the caregivers I see who do well go to support groups," says Lisa Campbell, a clinical psychologist who specializes in 50-plus issues at the Willow Wellness Center in Park Ridge, Illinois. "It's normal to feel overwhelmed," she says. "Families are complicated."

This is why, in part, there is no pat formula for navigating your own maze when you become a caregiver. Each experience is unpredictable, ever changing and unique. Your plan will require constant revision. You'll need to reach out to others for ideas, advice and help, and that includes finding ways to take care of the caregiver—you.

source: <http://www.aarp.org/home-family/caregiving/info-11-2012/managing-caregiver-emotions.html>

The Four R's of Coping

By: Helen Hunter, ACSW, LSW, GCM

REORGANIZE

Reorganize your life. What do you need to focus on at this time? By reorganizing your life, you can better structure your needs and the needs of others.

RETHINK

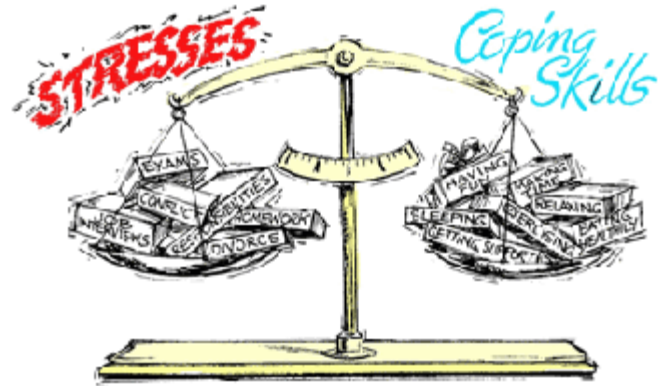
Rethink your priorities. What is most important to you? By taking a good look at what is most important in your life, you can focus and channel your energy in that area.

RELAX

Find relaxation in exercise, hobbies, meditation. What is the best way that you can find peace? By finding a method of relaxation, you can recharge your energy so that you will be better able to face daily challenges.

RELEASE

Let go! What can you let other people do? By taking a good look at what others can do, you can ask for and accept assistance.



Source: http://www.caregiver.com/articles/print/the_four_rs_of_coping.htm

If you need information or resources to assist you in your caregiving role,
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