

Boomers, Elders, and More E-Newsletter

2140 Belcourt Avenue
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<http://vanderbilt.edu/child-family-center/>

Message from the Coordinator

Having a Last Will and Testament is arguably one of the most important things you can do for yourself and your family. Not only can a Last Will and Testament protect your spouse, children, and assets, it can also spell out exactly how you would like things handled after you have passed on.

A Last Will and Testament is a legal document, which sets forth the intentions of the person who died as to who will raise their children and how their assets will be dispensed. There are many reasons to have a Last Will and Testament in place.

On Wednesday, May 17, 2017 from 11:30 a.m. to 2 p.m. in Light Hall (Room 415), Vanderbilt Child and Family Center will host a FREE Legal Advice on Wills. We will have attorneys available to answer your specific questions regarding Last Will and Testament. This service will be first-come, first-served basis so you may have to wait.

If you do not specify where you want your belongings to go, then Tennessee's law will come into play and it is a one-size-fit all state. If there are no relatives, then the State will acquire your belongings.

Division of Administration

Child & Family Center



News Highlight

Baby Boomers at Risk: An Epidemic of Prescription Drug Abuse in the Elderly

By: Linda Connelly-Green
(retired Certified Pharmacy Technician)

We would never expect to hear that our parents and even our grandparents might be abusing drugs. But according to the National Institute on Drug Abuse, the fastest growing population of prescription drug abusers is the elderly. A study in the *Annals of Epidemiology* projects that the number of older patients who abuse prescription drugs could increase as much as 190% by 2020.

People 65 and older make up one-third of the demographic who routinely take multiple, long-term prescription medications, many of which have serious abuse potential. In elderly patients seeking emergency care at medical facilities, 12-15% was found to have more than recommended dosages of prescription drugs in their systems.

As people grow older, we are subject to many life changes. Retirement, the death of a spouse or of close friends, having to move in with family members, a general fear of aging, or debilitating medical conditions, are all potential factors for prescription drug abuse. Anxiety, pain, and insomnia can be relieved and controlled with medications such as benzodiazepines, opiate pain relievers, and skeletal muscle relaxants. However, benzodiazepines slow brain activity, and opioids and muscle relaxants can produce euphoria, indirectly boosting dopamine levels, which can cause imbalances in an aging patient's metabolism. With age, the liver is less efficient in removing toxins from the blood, so there can be a buildup of those medications that are subject to overuse and abuse.

Most physicians are very aware of their patients' medical records, of course, but seniors who abuse their prescriptions drugs often "doctor shop" in order to access more of the drugs that make the pain or anxiety or sleepless nights go away. They use multiple pharmacies, paying out of pocket at pharmacies that have no records of their insurance coverage or of medications filled elsewhere. They make frequent emergency room visits hoping to be given a prescription because they have run out of their medications more quickly than they should. Elderly patients who take addictive prescription drugs sometimes use expired medications or "borrow" pills

from friends and family. In some cases, they report that their pills have been stolen or lost.

Prescription drug abuse is difficult to detect in seniors because the signs can be mirrored by many of the conditions of aging, such as memory loss, disorientation, lack of balance, and slower reactions. Though mood swings and depression are often present in aging, these issues can also be signs of prescription drug abuse. People who are abusing their prescription medications often seem to be oversedated or impaired. They are sometimes physically unsteady or unbalanced. Their appearance and hygiene suffer, and they show poor appetite. Other negative effects are mood swings, loss of motivation, and isolation.

It can be hard to imagine that a parent who has raised us, provided for us, encouraged us and stood beside us in tough times, might be addicted to drugs. Nevertheless, with old age often come physical, emotional, and mental hardships. The reasons for seniors who fall prey to the struggle with addictive prescription drugs are as varied and unique as their lives have been.

Thankfully, addiction recovery is just as viable for the elderly as for younger addicts, and older adults have been found to respond to substance abuse therapy just as well. Treatment and management of medications, psychiatric counseling, and family involvement and intervention are important in helping the elderly addict get off the dangerous path of addiction.

If you think an elderly family member is addicted to prescription drugs, or if you're a caretaker for a senior who shows signs of prescription drug addiction, and you want to help, call the Substance Abuse and Mental Health Services Administration at 1-800-662-4357, or go to www.findtreatment.samhsa.gov.

source: caregiver.com



Are You Ambivalent About Your Caregiving Role?

By Barry Jacobs

I have a confession to make: I resent driving my 82-year-old mother to visit her husband, my demented stepfather, at the smelly, crowded and unpleasant nursing home where he now is confined. On the 20-minute ride there, I grip the steering wheel and silently seethe. I'm irritable while she and I try to have a comprehensible conversation with him. I can't wait to get out of there.

On the way home, however, the first flickers of guilt start to take hold. Who am I to complain about this inconvenience, I ask myself, when my mother is experiencing so much loss? Shouldn't I have greater maturity and tolerance for being a family caregiver myself? I feel so ashamed about my grouchiness that I try to make up for it by stopping to buy my mother ice cream. I promise her that I will drive her to see him again soon.

Once home and on my own, though, I revert to stewing angrily. Why should I have to feel guilty, I grouse to myself, when I just sacrificed my afternoon to please my mother? Even if I were a sourpuss, isn't the fact that I'm driving her good enough? I shudder with dread at the memory of promising her yet another nursing home trip.

These feelings are not just a matter of caregiver reluctance. There's a large part of me that wants to help my mother, is proud of the commitment I've made to her, and feels pleased when she feels pleased. What my alternating emotions reflect is caregiver ambivalence—a volatile mixture of contrasting feelings about the hard work of caring for ill, disabled or needy family members that often leads to reactive cycles: Anger triggers guilt, which can then stir up fresh anger. Or, to cite another example, sadness about a care recipient's condition can spur worry about fretfulness about how best to help him. But then feeling frantic and frustrated can lead to hopelessness and deep sadness once again.

Such ambivalence takes a psychological toll on many. Fraught with conflicting feelings, they are often in a state of inner tension that contributes to their high rates of insomnia, burnout, depression and anxiety. Whipsawed by vacillating emotions, they derive little contentment from knowing that they are doing the difficult but right thing for their ailing family member.

What can family caregivers do to minimize the uncomfortable and debilitating effects of caregiver ambivalence? A few ideas:

Accept that you may have different feelings about caregiving at different times. It is normal to have a range of emotions about the work that you're doing and the sacrifices you are making the months and years of caregiving. Few caregivers are gung-ho all the time. All of us experience flagging energy and morale at various points. No one benefits if you beat yourself up for lacking constant calm or cheerfulness.

Accept that you may have different feelings about care recipient at different times. Not all relationships between a caregiver and a care recipient were perfect pairings prior to the care recipient's need for care. Some spousal caregivers had long-running, lousy marriages. Some adult children felt angry at perennially critical or controlling parents. Even in good family relationships, there is often some measure of annoyance or conflict. Family caregiving bring this old ambivalence into their experience of caregiving and, as you should expect under the new duress, consequently feel ambivalently about the care recipient now. This is normal as well. Caregivers should spare themselves harsh self-judgments for it.

Gauge your feelings to better guide your caregiving. When family caregivers accept the natural ambivalence of caregiving, then they are more comfortable, less reactive and better able to sustain themselves. But they also need to frequently gauge the intensity of their feelings. Caregivers who are overwhelmed all the time with sadness, anger or anxiety—or who have come to feel mostly hatred for the care recipient—need to review their caregiving plans. At the least, they may need to solicit more support from others and say no to or limit tasks that severely stress them. At the most, they may need to stop caregiving altogether by creating alternative arrangements. Your emotions are justified. Accept and trust them.

Source: <http://www.aarp.org/home-family/caregiving/info-03-2013/ambivalent-about-caregiving-role.html>

A Caregiver's Bill of Rights

I have the right...



- ◆ To take care of myself. This is not an act of selfishness. It will give me the capacity of taking better care of my relative.
- ◆ To seek help from others even though my relative may object. I recognize the limits of my own endurance and strength.
- ◆ To maintain facets of my own life that do not include the person I care for, just as I would if he or she were healthy. I know that I do everything that I reasonably can for this person, and I have the right to do some things for myself.
- ◆ To get angry, be depressed and express other difficult feelings occasionally.
- ◆ To reject any attempt by my loved one (either conscious or unconscious) to manipulate me through guilt, anger or depression.
- ◆ To receive consideration, affection, forgiveness and acceptance for what I do for my loved one for as long as I offer these qualities in return.
- ◆ To take pride in what I am accomplishing and to applaud the courage it has sometimes taken to meet the needs of my relative.
- ◆ To protect my individuality and my right to make a life for myself that will sustain me in the time when my loved one no longer needs my full-time help.
- ◆ To expect and demand that as new strides are made in finding resources to aid physically and mentally impaired older persons in our country, similar strides will be made toward aiding and supporting caregivers.
- ◆ To _____ (Add your own statement of rights to this list. Read the list to yourself every day.)

Source: caregiver.com

Upcoming Events

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

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 Room 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 or 936-1990.**