This past weekend, we “sprung” our clocks ahead one hour for daylight savings time. This is the time of the year we see reminders to change the batteries in our smoke detectors and people will begin to start their spring cleaning. This should also be a time to review the items in your loved one’s medicine cabinet to check for expiration dates, unused medications and other potential hazards.

Spring is a great time of year to think about taking stock of the overall safety of your loved one’s home. A list has been put together of some important items you should check at least bi-annually to help your elderly loved ones maintain their independence and safety.

- Take stock of the medicine cabinet. Check all items for expiration dates. Discard any unused medications.
- Replace the batteries in all smoke detectors and carbon monoxide detectors. Run a test to ensure they are working properly.
- Check to make sure the home has a fire extinguisher that has been inspected within the last year.
- Clean up clutter. Clutter increased the risk for falls, fire and other problems.
- Create an emergency plan. Consider appointing a neighbor as an emergency backup.

As you Spring Clean your loved one’s home this year, keep in mind all the good you are doing for them.
Seniors May Keep Falls a Secret
But doctors often able to identify cause of fall and help to prevent another
By: Robert Preidt

Many seniors don’t tell their doctors they’ve had a fall because they’re worried they’ll be told they can’t live on their own anymore, a physician says.

Millions of Americans aged 65 and older fall every year, according to the U.S. Centers for Disease Control and Prevention. But, fewer than half tell their doctor, the researchers noted.

“They’re worried about other people becoming concerned about safety issues at home and the potential that they may have to move from their home to assisted living or a nursing home,” Dr. Nicole Osevala, an internal medicine specialist at Penn State University, said in a school news release.

Seniors also don’t want others to worry about them, she said.

“If they fall and don’t have a serious injury, they don’t want to bother their kids or loved ones,” Osevala said.

But she urged seniors to tell their doctor about any falls so the causes can be pinpointed and corrected.

Chronic health conditions such as osteoarthritis and nerve damage in the feet and other extremities -- called peripheral neuropathy -- can increase the risk of falls, as can recent changes in health.

“Things like infections -- urinary tract infections, pneumonia, skin infections -- anything that might make them be not quite as strong as they would be normally can put them at increased risk,” Osevala said.

Medications, such as antidepressants and antianxiety drugs, can affect balance. And, blood pressure drugs can sometimes lower blood pressure too much, she added.

A seniors’ surroundings can also increase the risk of falls, experts say. Things that can make falls more likely are throw rugs, loose cords, poor lighting, clutter on the floor, uneven surfaces, and icy and slick surfaces.

It’s also important - - though sometimes difficult - - for older adults to acknowledge their limitations, the study authors explained.

“For example, they might try to climb stairs carrying a laundry basket when they normally have to hold onto the railing,” Osevala said. “It may be just a poor choice but they get half way through the task and realize that they’re in a precarious situation and they’re falling.”

And, having had one fall puts seniors at higher risk for having another fall, research shows.

“It’s really important to report a fall to your doctor so they can look at all of those areas and identify anything that might be pertinent to you and try to address as many as possible,” Osevala said.

Alzheimer’s: Holding On To The Dignity
By: Brenda Race

I think one of the hardest tasks of love for a caregiver to an Alzheimer's patient, is trying to help them maintain their dignity. Dignity is defined as: the quality of or state of being worthy, honored or esteemed. As role of the caregiver, we have taken on a task which sometimes seems unbearable. We often rush through what we feel needs to be done, giving little thought to the feelings that remain in those we are caring for. It is so important to remember that this is still a person who has feelings no matter what form they take.

I remember when my mom came to live with us how very frustrating it was to find her in the morning with layers and layers of clothes on. I was totally new at taking on the role of caregiver and I made many mistakes along the way. My reaction was to remove all of the extra clothing which sometimes resulted in tears for both of us. Then one day I decided...So what? If she feels comfortable, why should I make her struggle to give them up. She saw nothing wrong with what she was doing. Gradually I started removing some of the clothes in her dresser and she really never noticed. Eventually only one outfit remained for the start of each new day. No more fighting or struggling to take what she saw as perfectly normal.

Imagine yourself waking up and not being able to remember many of the normal everyday things, then gradually losing the ability to even perform normal routine acts. All of a sudden someone is trying to tell you how to do everything and when you must do it. My reaction would be one of fear, anger, confusion and agitation. Are we really sure of what they can still process in their minds? Maybe the brain knows what should be done but is just unable to carry it out. How confusing that would be! My mom used to say constantly that she was not a baby and could take care of herself. I would always agree with her and then ask her if it was okay if I helped her. Usually she would say yes but if not then I needed only to leave the room and return a few minutes later to ask again. If the caregiver can remain calm and maintain an unhurried attitude then most of the problems can be worked out and still leave a sense of dignity for your loved one.

We must remember that inside that body which is gradually losing its ability to control itself is a real person. A soul still remains of the one you once knew! You need to adapt to their needs, not make them adapt to yours. When you remember this it’s not hard to treat them as a person who still has needs, someone who had hopes and dreams, someone who feels, someone who is capable of giving and receiving love. It all comes back to that old saying...walk a mile in their shoes...how would you like to be treated? Would you want all of your self worth removed? Alzheimer's removes everything from it’s victim starting with the simplest to the most complex of lives processes. The least we can do and perhaps the very most is to allow them to maintain the dignity we all deserve!

Source: http://www.caregiver.com/channels/alz/articles/holding_on_to_dignity.htm
When Things Go Wrong

When something goes wrong, I’m tempted to blame myself. If a helper doesn’t show up, if a treatment doesn’t work, if my loved one’s condition gets worse, I start to think I’ve failed in some way.

Of course, I’m not responsible for everything that goes on in my loved one’s life. I am making many choices and doing many tasks related to his care, but I can’t control how everything is going to turn out. Even when I do have a fair amount of control, I’m not likely to get perfect results. When something doesn’t work out as expected I don’t want to spend a lot of time rehashing what went wrong. If I see a way to make some course corrections to prevent further problems, it’s wise to make them; but beyond that, I let it go and put my attention on the next thing in front of me. I’m not to blame for everything.

I waste energy if I crucify myself over things that go wrong.

By: Pat Samples (Daily Comforts for Caregivers)

Upcoming Events

Have you noticed your loved one is missing important appointments? Does your loved one have stacks of unopened mail sitting on the dining room table or still in the mailbox? Is your loved one forgetting to take his/her medications or taking more than the prescribed dosage? These are some signs that your loved one may need in-home care. Pat Wissel, Owner of Preferred Care at Home, will speak on signs a loved one may need in-home care, what services in-home care provides, the average cost for care and who pays for the care. This month’s Boomers, Elders, and More Lunchtime Session will be held on Wednesday, March 18, 2015 from 12 p.m. to 1 p.m. in Light Hall Room 437. Please feel free to bring your lunch.

Vanderbilt Family Resource Center’s Caregiver Support group will be held on April 8, 2015 from 12 p.m. to 1:00 p.m. in Medical Center East Room 8349. 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 Virtual Dementia tour will be held on Wednesday April 22, 2015 from 9 a.m. to 3 p.m. in the alley between Langford and Eskind Library. This is your opportunity to see life through the eyes of someone with Dementia or Alzheimer’s. The free, 10-minute tour is designed to increase your understanding of their limitations, level of patience, communication, and overall care for your loved one. Register today by going to: http://form.jotform.us/form/50084398350153.

Vanderbilt Child and Family Center offers elder care resources to faculty and employees of Vanderbilt at no cost.

Call or email Stacey Bonner, Family Services Coordinator, if you have questions or need to schedule an appointment.

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