



The Advisory

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[Aging & Veteran Services Advisory Council](#) | [Accessibility & Disability Services Advisory Council](#)

Adult-onset Vision Loss:

What It is and How to Treat It

It starts happening to most of us sometime in our early forties. Small print becomes more difficult to read; it's harder to get around in dim lighting; the difference between dark blue and black is much harder to detect. Driving at night – especially in the rain – progresses from being challenging to in many cases downright scary.



It's age-related vision loss, which happens to most of us as we age.

It's estimated that nearly 3.5 million Americans over the age of 40 have some degree of vision loss. This number is expected to double over the next twenty years as baby boomers grow older. While most people who experience age-related vision loss won't become completely blind, they will experience a partial to moderate loss of vision.

We need to develop new skills that will help us remain independent and self-reliant as our vision declines. And if you are a caregiver, there are things you can do to help the person you care for adjust to the challenges.

Most older adults who experience low vision will be affected by one of four conditions: macular degeneration, glaucoma, cataracts and diabetic retinopathy. The most common symptoms and warning signs of each are listed below, with more detailed information following.

Macular Degeneration – Vision loss in the center of the eye; blurred vision; straight lines look wavy; need for more light. Can affect one or both eyes.

Glaucoma – Gradual loss of peripheral (side) vision; difficulty driving at night; loss of contrast.

Cataracts – Hazy vision; difficulty driving at night; double vision; trouble distinguishing colors; sensitivity to glare.

Diabetic Retinopathy – Blurred or changing vision; difficulty reading; floaters; affects central or peripheral vision.

Please note that a person may have one of these conditions but not have all (or any) of the symptoms listed above.

Macular Degeneration

Age-related macular degeneration (AMD) is the leading cause of vision loss for people over 50 in the Western world. There are two types of macular degeneration, the dry form and the wet form.

Dry macular degeneration is the more common form of the condition and develops slowly. Vision loss may be mild for years, although it will eventually worsen. It may also lead to wet macular degeneration. With dry macular degeneration, small fatty deposits called drusen gather on the macula, which is a part of the eye that helps us see sharp details.

Wet macular degeneration is more severe, accounting for about 10 percent of the cases. It's caused by the growth of abnormal blood vessels under the macula which leak blood into the tissue at the back of the eye. This produces scar tissue and rapid changes to the macula. It often develops very quickly, causing sudden loss of vision in the center of the eye.

Treatment Options

There is no cure for macular degeneration, but with early detection more treatment options may be available. There are no direct treatments for dry macular degeneration, but there are recommendations which may help slow the progress of either the wet or dry form. These include stopping smoking, eating lots of dark green leafy vegetables (such as spinach, kale and collards) and taking (with your doctor's approval) supplements with zinc, copper and anti-oxidant vitamins (vitamins C, E and beta carotene).

Wet macular degeneration can be treated, and early detection and treatment may prevent severe vision loss. Medications delivered to the eye by injection help reduce the growth of abnormal blood vessels and preserve – or in some cases improve – the remaining vision. Other options are under investigation. For most people, therapies require multiple treatments, and can result in slower loss of vision.

Glaucoma

Glaucoma, the loss of peripheral vision, is caused by optic nerve damage usually associated with high eye pressure. It is a leading cause of blindness in the U.S. and is most common in older adults. Early detection of the symptoms by an eye care professional can prevent total blindness.

Treatment Options

The damage caused by glaucoma is permanent, but treatments can prevent further vision loss. The most common treatment for glaucoma is eye drops that lower eye pressure. These medications can preserve vision but may cause side effects. Laser and conventional surgery are also sometimes options to treat glaucoma.

Cataracts

A cataract is the clouding of the normally clear lens of the eye. This clouding causes hazy vision, like looking through a frosted or yellow window. Cataracts typically develop gradually over a period of years and are a common cause of vision loss among older adults.

Treatment Options

Cataracts can be removed through surgery which removes the lens of the eye and replaces it with a plastic lens. This operation is fairly short, is highly successful and can actually improve vision. Some individuals with cataracts are able to manage by changing eyeglass prescriptions and protecting their eyes from too much sunlight, which speeds up the growth of cataracts.

Diabetic Retinopathy

Diabetic retinopathy, which is caused by leaking blood vessels, typically occurs in people with advanced diabetes and high blood sugar levels. An estimated 25 percent of people with diabetes have some diabetic retinopathy, but for most no severe vision problems will develop. There are often no symptoms in the early stages of diabetic retinopathy, so people with advanced diabetes should have regular vision exams to check for this condition.

Treatment Options

Maintaining stable blood sugar levels is the best way for a diabetic to prevent diabetic retinopathy. Once the condition has developed, laser surgery can sometimes prevent further vision loss. Advanced retinopathy can be treated through microsurgery called vitrectomy which removes and replaces eye fluid.

Early Detection

The National Eye Institute and the American Academy of Ophthalmology recommend that everyone over age 60 get a full, dilated eye exam every two years, or more often if an eye disease is involved.

If you or a loved one experiences symptoms of low vision, it is helpful to seek the care of a low vision specialist – an optometrist or ophthalmologist with particular expertise in this field. The specialist will do a vision assessment then make a referral for specific treatment, vision-related training and/or assistive devices.

It's important to continue seeing your vision specialist yearly to catch any changes in vision. The sooner such changes are found and possibly treated, the better the chance you'll be able to retain your vision and live as independently as possible.

(12 6-Nov/Dec, 2008)

Legislative Corner

Over One Million to Be Assigned to New Part D Drug Plan

The official numbers have not yet been released, but it appears that well over one million low-income people with Medicare will be randomly reassigned to a new Part D drug plan for 2009 because their current plan will no longer qualify for a full premium subsidy. This is the second year in a row that the number of random reassignments has topped one million.

In New York State alone, over a quarter million low-income people, most of whom used to receive stable, comprehensive drug coverage under Medicaid, are enrolled in plans with premiums that are rising above the benchmark used to calculate the premium subsidy. Over 150,000 are in five plans that were assigned new low-income enrollees for the first time in 2008, but will be losing them to competing plans at the end of the year. About one-third of these people are getting bumped from one plan to another for the second time.

This means that in New York alone, for the second year in a row, tens of thousands of low-income people with Medicare will find themselves in a new plan, with a new list of excluded or restricted drugs. Anyone who managed to receive prior authorization for their medicines when they started a new plan last January will have to go through the same bureaucratic nightmare with the new company this January. This year's plan is not required to transfer records to next year's plan, and next year's plan is not required to look at the medication history of its new enrollees.

The lives being dealt around to insurance companies like cards at a poker table include the most vulnerable people who receive Medicare. They are more likely to have a mental illness or a cognitive impairment, such as dementia. They are more likely to be widowed and live alone, without the benefit of a caregiver who could help them choose a plan that covers their drugs. An appeals system that regularly frustrates experienced advocates, including trained lawyers, is an insurmountable challenge for people who will learn at the pharmacy counter in January that their diabetes or blood pressure medicine is not covered under the new plan.

There are some simple short-term solutions that the next administration can enact to lessen this problem:

- The benchmark used to determine the maximum premium subsidy should be calculated on the basis of the real cost of providing prescription drug coverage. If the benchmark were calculated based on the real cost, it would raise the subsidy level, increase the number of full-subsidy plans and reduce the number of low-income people facing reassignment.
- People should be reassigned to the plan that covers the highest number of their drugs with the fewest restrictions. Computer-savvy consumers can use Medicare.gov to pick the plan that best suits their needs. Low-income people with Medicare who have difficulty navigating the plan selection process deserve the same care and attention when the government picks their plan for them.

Source: Asclepios, Your Weekly Medicare Consumer Advocacy Update, Oct. 9, 2008; Volume 8, Issue 41

The Medicare Rights Center is a national, nonprofit consumer service organization that works to ensure access to affordable health care for older adults and people with disabilities through counseling and advocacy, educational programs and public policy initiatives.

Visit our online subscription form to sign up for Asclepios at www.medicarerights.org/subscribe/frameset.html.

- If you need help sorting through the information and choosing the plan that best suits your needs, your SHIBA program can help. Call 503.615.4696 for information or to set an appointment.

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SHIBA Can Help You Compare Changes in Medicare Plans *Now Is The Time . . .*

Any Medicare recipient can change plans from November 15 to December 31 every year. The new plan becomes effective January 1.

There are two types of Prescription Drug Plans:

- Plans that are included in your health care coverage. Usually these plans can't be changed without losing your health care coverage. If your plan does not cover a drug you need, consider asking for an "exception."
- Plans that include only prescription drugs (no health care coverage).

Changes can include modifications to the annual premium, annual deductible, formulary (list of drugs covered), restrictions (such as prior authorization) and co-payments.

"The Washington County SHIBA (Senior Health Insurance Benefits Assistance) program has trained, certified volunteers who will help you sort through the information, compare your insurance options, and select the plan that best fits your needs," said **Jackie Eggers**, SHIBA program coordinator. "And the service is absolutely free!" SHIBA is sponsored by Disability, Aging and Veterans Services in partnership with the State of Oregon

Department of Consumer and Business Services. Call 503-615-4696 for assistance.

You can compare plans yourself by going to www.medicare.gov and selecting the option "compare plans." You will need the complete name of each drug, the strength (such as 5 mg) and the number of times each day or month you take the drug.



Submitted by **Darlene McMacken**, SHIBA Volunteer

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Get Ready for Flu Season

Flu season is beginning and health officials encourage the public to get vaccinated early. This year's vaccine is in plentiful supply and is formulated to protect against three new strains of the virus.

According to the Oregon Department of Human Services Public Health Division, nearly 450 Oregonians die of influenza every year. Influenza and related pneumonia is the number-one cause of death from infections in Oregon. Nationally, more than 220,000 people are hospitalized with flu complications, and flu kills more than 36,000 people annually."

"It is especially important to get vaccinated if you are at greater risk of developing serious flu-related complications, such as pneumonia," says **Paul Lewis, M.D.**, Deputy Tri-County Health Officer. Groups at higher risk include children aged 6 months to 5 years, pregnant women, people 50 years of age and older, people with chronic medical conditions, and anyone living in a nursing home or long-term care facility. Centers for Disease Control and Prevention recommends that caregivers, family members, and those who work with higher risk groups also be immunized.

Influenza vaccine provided to a pregnant woman may benefit both the mother and her young infant, according to a recent study published in the New England Journal of Medicine. Researchers found that babies born to vaccinated mothers had a 63 percent lower risk of laboratory-confirmed influenza compared to babies whose mother had not received a flu shot.

Pneumonia (pneumococcal disease) is a leading complication associated with seasonal flu. Some types of pneumonia can be prevented by vaccines. Talk with your doctor especially if you are older than 65 or have lung disease, heart trouble or other chronic medical conditions.

Health officials remind the public to practice "good health manners" to prevent transmission of disease. " We encourage everyone to cover your cough and wash hands often. If you are sick, please stay home, and if your children are sick please keep them out of school or child care," says Lewis.

For more information on flu shot locations, call 1-800-SAFENET, or visit www.getaflushot.com or www.flucliniclocator.org

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Four Reasons to Learn More About COPD

November is COPD Awareness Month

Chronic obstructive pulmonary disease (COPD) is the fourth leading cause of death in the United States. The disease kills more than 120,000 Americans each year – that's 1 death every 4 minutes – and causes serious, long-term disability. The number of people with COPD is increasing. More than 12 million people are diagnosed with COPD and an additional 12 million will likely have the disease and not even know it.

Here are 4 things YOU can do to live a longer, more active life:

1. be aware of the risk factors;
2. recognize the symptoms;
3. ask your doctor about a simple breathing test; and
4. follow treatment advice.

Four key risk factors for COPD

If you . . .

- have shortness of breath, chronic cough, or have trouble performing simple daily tasks like climbing

stairs, grocery shopping, or laundry;

- are over age 40 and currently smoke or used to smoke;
- have worked or lived around chemicals or fumes; or
- have certain genetic conditions

. . . you could be at risk for COPD.

Four things you can do if you are at risk for COPD:

- talk with your healthcare provider about shortness of breath, chronic cough, or decline in activity level;
- get a simple breathing test, also known as spirometry;
- quit smoking (talk to your doctor if you need help); and
- avoid pollutants or fumes that can irritate your lungs.

Four things you can do to help manage COPD:

- take medication as directed by your doctor;
- enroll in a pulmonary rehabilitation program;
- avoid pollutants or fumes that can irritate your lungs; and
- get flu and pneumonia shots as directed by your doctor.

For more information, visit www.LearnAboutCOPD.org

COPD.org COPD: Learn More, Breathe Better

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"Honoring All Who Served"

Veterans Day November 11

Many people are confused about the difference between Veterans Day and Memorial Day, since both holidays recognize and honor the men and women who have served in the U.S. Armed Forces. A simple phrase – "honoring all who served" – can help make the distinction.



Memorial Day, observed on the last Monday in May, is a day when we remember and honor military personnel who died while serving their country, particularly those who died in battle or as a result of wounds sustained in battle. Since 2000 Memorial Day has included a "National Moment of Remembrance" when all Americans are

encouraged to pause wherever they are at 3:00 p.m. local time for a minute of silence to remember and honor those who died in service to the nation.

Veterans Day, which we observe on November 11, is intended to thank and honor all who served honorably in the military – in wartime or peacetime. It's a day to thank living veterans for their service, to express appreciation for their contributions to our national security, and to acknowledge that all those who served – not only those who died – have sacrificed and done their duty.

So, in honor of all our nation's veterans and with deep appreciation for their service to our country, we dedicate this newsletter to our Washington County veterans and their families.

Honoring Veterans of All Wars



- World War I (1917-1918)
Total Service Members -- 4,734,991
- World War II (1941-1945)
Total Service Members -- 16,112,566
- Korean War (1950-1953)
Total Service Members -- 5,720,000
- Vietnam War (1964-1975)
Total Service Members -- 8,744,000
- Gulf War (1990-present)
Total Service Members -- 2,269,000
- War on Terror (2001-present)
Visit www1.va.gov/vetdata for most recent statistics

Veterans at DAVS

DAVS is honored to count 17 veterans on our staff. Our heartfelt thanks go to them for their service to our country and their ongoing service to the people of Washington County!

Eric Belt
Bunny Bigley
Wilson Bowlby
Donna Butler
Jeanie Butler
Debbie Croft
Daniel Flores
Matthew Gunn
Jeff Hill

Christopher Jackson
Wes Kent
Vanhleng "VK" Khamsouk
Mike Kretschmer
Doug MacEllven
Marisiah Moore
Jim Palmer
Steve Whisler

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Community Links and Resources for Veterans and Their Families

The links below are for informational purposes only. We make no representations as to the accuracy or completeness of any information obtained through these links, and do not warrant or endorse any services provided at any of these links. You are advised to fully investigate important issues such as insurance, licensing, and safety issues before accepting services.

Resources:

Hire Vets First

Bob Tackett offers job training for vets, and helps vets learn how to write a resume, improve their interview skills, and make their skills transferable to the job market. Contact Bob at bobtackett@mhcc.edu or 503-660-1441.

Kevin's Drift Boat

Dedicated fishermen help returning veterans discover steelhead and fly fishing in Oregon rivers. A tribute to Oregon National Guard SSG Kevin D. Davis. www.KevinsDriftboat.com

William Temple House

Mental health counseling for individuals, couples and families who are not covered by other health programs or are unable to afford private agencies. Emergency services included food, children's clothing, and other material assistance. Pastoral care upon request. Call Colleen Lewis at 503-226-3021 Ext. 219. www.williamtemple.org

The Salvation Army Home Front War Relief

Emergency financial assistance for dependents of deployed military personnel and returning veterans suffering a hardship as a result of deployment. Contact Mariel Grimord-Isham at 503-731-0152.

Veterans' Bridge Fund Project

One-time assistance from church congregations to help veterans in transition bridge the gap – housing deposit, a utility bill payment, a month's rent or mortgage; purchase of clothing or equipment for a new job. For grant

requests therapists may call: Cyndy Flock, 503-246-3239 or Gerry Foote, 503-245-3832. For household furnishings or clothing call Anita Brackensick, 503-245-2769.

Heads Up for Heroes

Free to any veteran with TBI. Neurofeedback helps the brain normalize its own activity. Mild to moderate TBI patients may recover their ability to take in information, improve short-term memory, organization, sequencing, initiation, assertiveness, and sense of humor. Depression, irritability, and explosiveness also improve. Contact Kayle Sandberg-Lewis, LMT, MA at 503.234.2733 or StressLess@PDXBetter-Brain.com

Military Suicide Awareness & Prevention

Support group for those who have lost loved ones to suicide before, during or after military service. Information, support, understanding, and hope of preventing future losses.

www.groups.yahoo.com/group/militarysuicideawarenessprevention

Links:

Oregon National Guard Reintegration Team

www.orng-vet.org

National Center for Post-Traumatic Stress Disorder

www.ncptsd.va.gov

Veterans Administration

www.va.gov

TRICARE: The Military Health Plan

www.tricare.osd.mil

Job Opportunities for Veterans

www.hirevetsfirst.gov

www.taonline.com

www.vetsuccess.gov

Give an Hour

Free mental health services for military personnel and their families affected by the current military conflicts in Iraq and Afghanistan.

www.giveanhour.org

One Freedom

Offers trainings, lectures, workshops and interactive media to help veterans and their families understand/transform trauma they may be experiencing.

www.onefreedom.org

Other Helping Agencies:

Nonprofit organizations provide financial and other help to wounded veterans returning from Iraq and Afghanistan and their families:

Veterans of Foreign Wars

816-756-3390; www.vfw.org

American Legion

202-861-2700; www.legion.org

Disabled American Veterans

877-426-2838; www.dav.org

Wounded Warrior Project

904-296-7350; www.woundedwarriorproject.org

Swords to Plowshares

415-252-4788; www.swords-to-plowshares.org

Homes for Our Troops

www.homesforourtroops.org

Coalition to Salute America's Heroes

914-432-5400; www.saluteheroes.org

Veterans Affairs Department

Suicide Hot Line: 800-273-8255

Helmets to Hardhats

Helmets to Hardhats is a national program that connects National Guard, Reserve and transitioning active-duty military members with quality career training and employment opportunities within the construction industry. www.info.helmetstohardhats.org/content/index.jsp

Gift From Within

Nonprofit dedicated to those who suffer post-traumatic stress disorder (PTSD), those at risk for PTSD, and those who care for traumatized individuals. www.giftfromwithin.org

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Monthly Update

Adult Protective Services and Elder Safe

During the months of August, September and October 2008, DAVS Adult Protective Services received reports or complaints of abuse or neglect of:

- 159 persons over age 65, and
- 36 persons age 18 – 64

Adult Protective Services staff members are part of the DAVS Regulatory Team, which also oversees adult foster home licensing and pre-admission screening for people moving into nursing homes. The Elder Safe program provides victim advocacy and support services and supports the work of the Elder Abuse Multi-

Disciplinary Team.

To report abuse or neglect of a vulnerable adult, call Adult Protective Services: 503-640-3489. Your name will be held in confidence. If someone is in immediate danger, call 9-1-1.

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Let's Do Lunch!

Loaves & Fishes serves hot, nutritious meals to people 60 and older on a donation basis at various locations in Washington County. Meals are served Monday through Friday, unless otherwise noted below. Hot noon meals are delivered each weekday to homebound seniors. The recommended donation is \$2.75 unless otherwise noted. Younger people are welcome - their cost is \$5.75 for meals.



All meals are provided by Loaves & Fishes, unless otherwise noted.

All Saints Episcopal Church

372 NE Lincoln Street, Hillsboro
Serving from 11:30 a.m. to 1:00 p.m. M-F

Elsie Stuhr Center

5550 SW Hall Blvd., Beaverton
503-643-8352
Early Bird Lunch - Serving at 11:15 a.m., M - Th
Regular Lunch - Serving from 11:45 a.m. to 1:00 p.m., M - F

Forest Grove Senior Center

2037 Douglas Street
Serving at Noon M-F

Hillsboro Community Senior Center

(not a Loaves & Fishes center)
750 SE 8th Ave.
Serving at Noon M-F, Charge: \$2.50

North Plains Senior Center

31450 NW Commercial Street
Serving at Noon M-F

Sherwood Senior Center

21907 SW Sherwood Blvd.

Serving from 11:30 a.m. to 1:00 p.m. M-F

Tigard Senior Center

8815 SW O'Mara Street

Serving from 11:30 a.m. to 1:00 p.m. M-F

Tualatin-Durham Senior Center

8513 SW Tualatin Road

Serving from 11:45 a.m. to 12:30 p.m. M-F

For home delivered meals (Meals on Wheels) in all areas call Loaves & Fishes at 503-736-6325.

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Calendar of Events

Ageing and Veteran Services Advisory Council Thursday, November 20, 9:00 a.m. - Noon and Thursday, December 18, 9:00 a.m. - Noon

Disability, Aging and Veteran Services

133 SE Second Street - Hillsboro

Info: 503-615-4651

Council on Aging, Inc.

No meeting in December

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Handling Problem Behavior in AD

When Alzheimer's disease (AD) progresses to the middle stage there is no longer any doubt that the person has an illness. As a caregiver, you may need to learn how to help with activities of daily living – choosing the right clothes, maintaining good hygiene, taking medications, and eating the right foods. Think about organizing the day so she is not rushed or bored. Plan several activities. It is important that she get some stimulation, but not so much that she becomes overwhelmed.

This is also the stage when "difficult behaviors" generally occur, although some may have already begun. When care is provided in a sympathetic and skillful way, these behaviors may not occur, or may not be as severe or burdensome.

Remember the person's typical habits, likes, and dislikes. Give him the right to say "no" when he doesn't feel like taking a bath or doing something else you ask him to do. If possible, try again later, rather than forcing the issue. And sometimes you may need to just let the activity go.

These behaviors are caused by both the effects of the illness on the brain, and the way you and others interact with and care for the person. The person with AD cannot control his behavior, but you can control yours.



November
is National
Family
Caregiver
Month

Visit

www.thefamilycaregiver.org

Your reaction depends on how you interpret the behavior. If you can, think of these behaviors as the person's way of communicating what she needs and feels or what is upsetting her. If you believe that she is not trying hard enough or is being spiteful, you will probably react in an angry way that will only make the situation worse for both of you.

Think about the person's behavior from his perspective and then ask yourself what would be the best way to help. Are you willing to change your expectations and approach? Remember, the person with Alzheimer's cannot decide to change. Can you?

If a person with dementia has recently become agitated for the first time or acts unlike her usual self, the first thing to look for is a medical or physical problem.

Try not to get agitated yourself when the person with AD does. Take a few breaths, stay calm, don't raise your voice, or take personally anything the person says.

Don't forget that what used to bother the person in your care probably still will. While agitation may be a symptom of the illness, remember that you may have done something to offend the person that would have been distressing even before he became ill with Alzheimer's. If you realize you did something that upset him, apologize.

A person with AD may not understand the words, but he will understand the tone of your voice. Keep your

compassion and humanity and that of the person in your care in mind at all times, and you will provide better care.

Source: The Comfort of Home for Alzheimer's Disease

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Alzheimer's and Wandering

When a loved one with dementia is discovered missing, every second counts. Police officers respond to the information they receive in order to determine if and when search-and-rescue units are launched, when a team of detectives is deployed, and how soon investigators can access the missing person's bank records, cell phone accounts and other personal information. Even the smallest clue can lead to the whereabouts of a confused and wandering person.

Officials look at several criteria as they evaluate what steps should be taken, including:

- Where was the person last seen and/or where were they going?
- How long has it been since the person has been seen, and when was he or she expected to return?
- Did the person take any personal items (including clothing and money)?
- Do the terrain, weather or other environmental conditions come into play?

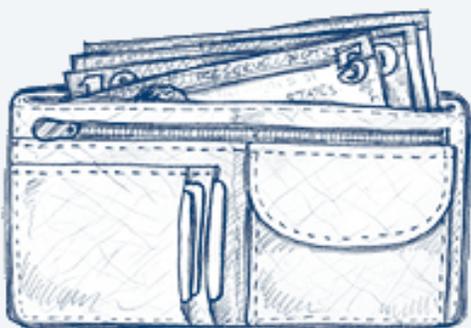
When should you report someone missing? As soon as you realize the person is missing and you can't figure out where he or she is. Police officials especially want to be informed quickly if a crime might have been committed or if the person's life could be in danger.

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When Dementia Leads to Debt

Resource for You



Sometime people with dementia use credit cards unwisely and excessively, resulting in high-interest debt. Here are some things you can do to help end that worry.

The first step is to stop all credit card offers from coming into your home. Go to optoutprescreen.com, which allows you to opt out of pre-screened credit offers. Or you can opt out by calling 1-888-5OPT-OUT (567-8688). Freeze the spouse's credit at all three major credit bureaus — TransUnion, Experian, and Equifax — to stop new accounts from being opened.

Another option is asking the credit bureaus to flag your account for 90 days at a time for no extra charge. That means you will be alerted if anyone tries to open a new line of credit.

Source: US News & World Report December 4, 2007

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Bathing and AD

Bathing is often called the most challenging activity for both the person with dementia and the caregiver. Standing naked, afraid of falling, in a room that may be drafty, with water coming from all kinds of unexpected places may result in pain, fatigue, weakness, confusion, and anxiety for the person with AD.

To make bathing easier:

- Let the person feel in control. Does he prefer showers or a tub bath? At what time of day?
- Create a safe atmosphere.
- Put non-slip adhesives on the floor and bottom of tub, install grab bars to prevent falls, and test the water temperature in advance.
- Use a bath bench. Respect the person's dignity. Allow the person to keep a towel around him both in and out of the shower, if necessary.
- Don't worry about bathing. It doesn't have to be done every day. Sponge baths can be used in

between showers and baths.

- Be gentle. The person's skin may be sensitive. Avoid scrubbing. Pat dry. Use lotion.
- Be flexible. If the person does not want a shampoo, use a wash cloth to soap and rinse the hair. A shampoo in a cap or no-rinse shampoo can be substituted for a regular shampoo.
- Talk with the person. Tell him what you are going to do next, encourage him to wash areas that he can and watch that the flow of water is not too strong. A person can also be washed in bed, if showers or baths are not comfortable or feasible.

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Incontinence and Personal Hygiene

A Common Little Secret

Incontinence is a problem that involves the leakage of urine or feces over which the person has no control. Bladder management medications are available. Other possible treatments include bladder training, exercises to strengthen the pelvic floor (Kegel exercises), biofeedback, surgery, electrical muscle stimulators, urinary catheters, prosthetic devices, or external collection devices. A precise diagnosis for incontinence must be made in order to come up with an effective treatment plan. If the primary care doctor cannot solve the problem, consult an experienced urologist.

Managing Incontinence

- Avoid alcohol, coffee, spicy foods, and citrus foods, which may irritate the bladder and increase the need to urinate.
- Give fluids at regular intervals to dilute the urine, which decreases irritation to the bladder.
- Provide clothing that can be easily removed.
- Keep a bedpan or a portable commode

Diarrhea

Diarrhea (loose, watery stools) can be caused by viral stomach flu, antibiotics or other medications, or stress anxiety.

Diarrhea in people who are immobile is often caused by impaction. This is a blockage formed by hardened stool, with liquid stool passing around it. This must always be taken into consideration, because the usual treatments for diarrhea would be extremely dangerous if the diarrhea is being caused by impaction.

The doctor should be consulted if there is any sign of a urinary tract infection or prolonged diarrhea.

Catheters

A urinary catheter is a device made from rubber or plastic that drains urine from the body. It is inserted by a nurse through the urethra (the tube that connects the bladder to the outside of the body) into the bladder (the organ that collects urine).

A Foley catheter stays in the bladder and drains into a bag attached to a person's leg, the bed, or

nearby.

- Use adult diapers under clothes.
- Keep the skin dry and clean. Urine on the skin can cause pressure sores and infection.

Your patience and understanding will help the person maintain confidence and self-respect.

Toileting and Alzheimer's Disease (AD)

Incontinence usually begins in the late part of the middle stage of AD. Most AD caregivers fear they will not be able to handle this condition, but many learn to take it in stride and find that it is not as awful as they expected. Knowledge of the appropriate products and how to use them will help relieve any discomfort you may feel.



A regular toileting schedule and reading the signals when the person needs to go to the toilet may help the person to continue to use the toilet for a longer time. However, you will probably need to use protection for the bed, since the person may sleep through the urge to go.

Note: Be sure the person in your care goes to the bathroom regularly, ideally every 2 to 3 hours. Use an alarm clock to keep track of the time.

a chair.

A Foley catheter greatly increases the risk of infection. It is chosen as a last resort to manage incontinence.

Urinary Tract Infection

Urinary tract infection may be present if the person has any of the following signs or symptoms:

- blood in the urine;
- a burning feeling when voiding;
- cloudy urine with sediment (matter that settles to the bottom);
- pain in the lower abdomen or lower back;
- fever and chills;
- foul-smelling urine; or
- a frequent, strong urge to void or frequent voiding

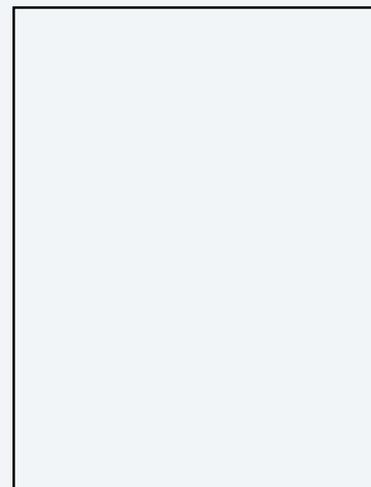
Incontinence in AD may be caused by confusion in finding the bathroom, inability to get there in time, or a urinary tract infection. Be sure to ask the doctor if there could be a physical cause of the problem, rather than the progression of AD.

(12 6-Nov/Dec, 2008)

The Family Caregiver Advisory

Taking Care of Yourself - Managing the Holidays

You can't be an effective caregiver if you are so stressed that you get sick, too. As hard as it is to find the time and motivation, it's important that you nurture yourself.



- Organize and pace yourself: Be careful not to take on more than you can manage.
- Make lists of things that must be done, and secondary lists of things you would like to accomplish if possible. Set strict limits with yourself and others for what you can and cannot do.
- Ask for help: Make a list and ask everyone to pick the tasks they feel comfortable with.
- Accept invitations: Even if you don't feel like going out at the moment, having activities to look forward to will help you feel less isolated and deprived of a normal life. Having fun, laughing, and focusing on subjects other than caregiving and ill health will help keep you in emotional balance.

Source: Jacqueline Marcell is the author of Elder Rage.

For more information: www.ElderRage.com

Article Source: http://EzineArticles.com/?expert=Jacqueline_Marcell

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November is American Diabetes Month

Diabetes is one of the most serious health issues facing seniors. If you're 65 or older, ask your doctor, "Do I need to be checked for diabetes?"



"Taking this step could make you healthier and even help lower your risk for a heart attack or stroke. For seniors at risk, Medicare covers all costs of getting checked for diabetes.

An estimated 54 million persons have "pre-diabetes," a condition in which a person's blood glucose level is above normal, but not yet in the range of a diagnosis of diabetes. People with pre-diabetes can prevent or delay the onset of diabetes through lifestyle changes of increasing physical activity levels and losing five to seven percent of body weight.

Remember:

- Ask your doctor or health care team if you are at risk for type 2 diabetes. Let them know you want to be more active. If you have limited physical ability, ask which activities will be safe for you.
- Make healthy food choices and reduce the amount you eat.
- Your goals are to get 30 minutes of physical activity five days a week and to lose a modest amount of weight.
- Medicare offers a free blood glucose test for people at risk for diabetes. Visit www.medicare.gov or call 1-800-MEDICARE to learn more.

Source: www.ndep.nih.gov

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