

Chapter 1

Eldercare Basics

In This Chapter

- ▶ Understanding the frailties of old age
 - ▶ Uncovering your elder's needs
 - ▶ Previewing housing options
 - ▶ Making your elder's days safer and more meaningful
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Contrary to what many folks think, aging isn't a disease to overcome — it's simply a normal part of living. Declines in your long-living person's physical and mental functioning present new challenges. But chronic illnesses, family squabbles, and the sheer amount of work involved make caregiving one of the most difficult jobs anyone can have. It's important to know that you're not alone. The array of resources to help you cope is vast. In this book, I tell you everything I know to make your job easier.

Recognizing the Challenges of Aging

People over 65 are more diverse than people in any other age group. The varied life experiences of those who live a long time probably account for much of the individual uniqueness. People also age in different ways. Some folks remain healthy and active into their 80s, while others become frail early on. Even within an individual, organs age at different speeds. For example, Dad's ticker may be strong, but his digestive system seems to be falling apart.

A person who has smoked for decades, has rarely exercised, has eaten poorly, and has worked with hazardous materials as a young person probably will age differently than a person who has had another lifestyle.

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How old is old?

If you feel old — you're old. If you feel young — you're young. Nothing is magical about the number 65. But that number has been the widely accepted jumping-off point for "old" since 1935,

when President Franklin D. Roosevelt signed an act creating an insurance program that paid eligible retirees, *age 65* or older, a continuing income. You know it as Social Security.

Slowed reflexes, memory lapses, and "senior moments"

Even in the healthiest people, strength, flexibility, and reaction time diminish with age. The decline actually starts when you're a young adult but isn't noticeable until middle age, when knees aren't what they used to be and pesky memory lapses (senior moments) appear. (See Chapter 2 for help with understanding and coping with your elder's forgetfulness.)

Forgetfulness can signal a more serious illness, such as depression or Alzheimer's disease. (See Chapters 15, 17, and 18 to help you recognize, understand, and cope with Alzheimer's disease and depression in an elderly person.)



Dementiaphobia (an irrational fear of becoming a victim of Alzheimer's disease) can turn every missing pair of reading glasses or lost car keys into illogical "proof" that the Alzheimer's disease has taken hold. Reassure your elder that everybody loses things sometime and that senior moments are normal.

Diminished senses

In the normal healthy older adult, the five senses (vision, hearing, smell, taste, and touch) tend to decline somewhat with age. (See Chapter 2 for help with understanding and coping with your elder's vision and hearing problems.) A dulling in the perception of pain (the sense of touch) may cause an elderly person to ignore a bedsore, burn, or other injury increasing their risk of serious infection or disability. (See Chapter 10 for information on observing and detecting signs of illness in your older person.)

Age-related disease and disability

Lots of diseases strike older people more often than younger people. Interestingly, the same illnesses may produce different symptoms in older people than they produce in younger adults. For example, an underactive or overactive thyroid may cause confusion in an older patient but not in a younger one. When the confusion is mistaken as dementia, the elder may be unnecessarily institutionalized and the underlying illness left untreated.

Once upon a time, heart attacks, kidney problems, and diabetes were likely to cause an early death. Now they are simply considered “chronic” illnesses — controlled or treated, but not cured. Managing the medications, disabilities, and visits to medical specialists for multiple chronic illnesses can become a gargantuan caregiving task. (See Chapter 10 for help in understanding and managing various age-related chronic illnesses and the medications used to treat or control them.)

Changed family relationships

A parent who can't take care of himself or herself rattles the foundation of the family. Sometimes loved ones rise to the occasion with calmness and cooperation. More often, long-forgotten childhood rivalries and jealousies raise their ugly heads, creating chaos and strife. (See Chapter 3 for help in getting the caregiving best from family and friends.)

It's also common for spouses to deny that their husband or wife is in trouble — or that they're overwhelmed by caregiving responsibilities. Some spouses cover up or minimize their partner's problems, leaving treatable and potentially dangerous conditions unattended. It's sad to witness a loving marital relationship deteriorate because one spouse doesn't understand that the other spouse's “stubbornness” or “meanness” may be related to a medical condition — and not spite.

“Oh, Grandpa, what big ears you have.”

The sense of hearing and sense of smell become less acute with the passing years — which makes one wonder if there's any connection between those losses and the fact that ears and noses continue to grow throughout life! I recently polled *orhinolaryngologists* (ear,

nose, and throat doctors) in Los Angeles to make sure that this statement is true. Not only is it true, but one doctor offered an even more fascinating fact — hair continues to grow for a short time after death.

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Avoid the mistaken belief that taking care of your frail parent is “parenting your parent.” Even though many eldercare tasks are the same as child-care tasks (feeding, bathing, toileting), *emotionally* your elder is still your parent. Trying to parent a grown-up (for example, by speaking to him or her like a child) ends up with the parent feeling insulted and angry and the caregiver feeling frustrated and ineffectual. (See Chapters 2, 6, and 13 for ways of maintaining the dignity of the elder.)

Making Difficult End-of-Life Decisions

Helping frail elderly people retain a say about what happens to them in the last months of life or to their bodies after death is noble. I have helped dozens of older people legally document what actions they want or don't want taken to keep them alive. I have also helped them appoint the person they would like to make their medical decisions when they no longer can do it themselves. Most elderly are grateful for the opportunity. A few wanted no part of such talk — but that's a decision, too!

I recall one sweet nursing home resident who said she wanted to be cremated and have her ashes scattered on the ocean. “But,” she said, “I want to be double-fired. That way there'll be no big pieces of my bones to wash ashore and scare the little children playing on the beach.” And so it was written. Most older adults are far more at ease discussing end-of-life decisions than are their younger family members. (See Chapter 20 for information on estate planning, wills, advance directives, and funeral preplanning.)

Acknowledging That Help Is Needed

It's sometimes hard to admit — even to yourself — that your older person is failing, especially when that person assures you that everything is fine and dandy. It's heartbreaking to see a father who could fix any broken appliance be reduced to a trembling man who can't fix his own breakfast. Figuring out what's needed and then offering help may prolong your elderly person's independence and avoid a later crisis.

Recognizing the telltale signs

Taking early action prevents more serious problems. If you observe the following warning signs, a thorough assessment of your older person's situation is in order:

Who are the caregivers?

It's estimated that over ten million older people require some sort of assistance to carry out their everyday activities. Family members provide 80 to 90 percent of that help. Three-quarters of these family members are women (mostly daughters). Sons (and daughters-in-law) who provide care are often *only children* or the ones who live closest to the aged person.

In many cases, spouses are the first primary caregivers. Many eventually relinquish that role to their adult daughters and sons when increasing demands overwhelm their capacities or affect their own health.

- ✓ Extreme clutter, especially in a former neatnik's home
- ✓ Clothes strewn about
- ✓ Items that used to be in drawers and cupboards now crowding countertops and other surfaces
- ✓ Medication bottles left open
- ✓ Uncertainty about what medications he or she is taking, and when and why medications are supposed to be taken
- ✓ Unfilled prescriptions
- ✓ Unpaid bills
- ✓ Penalties for overdue bills
- ✓ Bill-collection dunning notices
- ✓ Disheveled and dirty clothes
- ✓ The same outfit worn over and over again
- ✓ Dangerous driving (see "Chapter 2")
- ✓ Unkempt hair
- ✓ Body odor (indications of loss of bowel and bladder control or difficulty bathing)
- ✓ Bad breath (inability to brush or floss, gum disease, or infection in nose, throat, windpipe, or lungs)
- ✓ Not much food in the house
- ✓ No nutritious or fresh food in the house
- ✓ Decayed food in the refrigerator
- ✓ Burnt pots and pans

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- ✓ Confusion, sadness, anxiety, no interest in friends and former pastimes (see Chapters 15 and 16 to sort out what these symptoms may mean)
- ✓ Evidence of falling prey to a telephone scam or door-to-door fraud
- ✓ Compensation for losses in sometimes clever but dangerous ways
- ✓ Bruises on body (could be a sign of falls)

It's always best to double-check. Ask neighbors and friends if they've observed similar problems or have concerns.

Making an assessment

When your elder appears to be struggling with some tasks but you're not sure if you have the full picture, the time is ripe for an organized assessment of his or her capabilities. The key to locating trouble spots is to list all the basic activities that people need to do to keep themselves healthy, safe, happy, and financially solvent. Then go down the list, one item at a time, determining whether your elderly person can manage each item without help. (See Chapter 2 for more information on assessment.)

Preventing caregiver stress

A doctor, nurse, or social worker who treats an elderly person actually has two patients — the older person and his or her caregiver. The demands of eldercare place caregivers at risk for all sorts of health and family problems. (Refer to Chapter 8 for ways to protect yourself from caregiver stress and stress-related illness.)



A study reported in *The Lancet* (an international medical journal) showed that 61 percent of caregivers who provided at least 21 hours of care per week suffer from depression. Other studies have shown that caregiver stress inhibits healing. It's also been shown that half of the caregivers looking after people with Alzheimer's disease develop signs of psychological distress.

Understanding Your Options

Eldercare involves an ever-changing set of chores. Needs almost always grow. As frailty increases, more decisions about care need to be made.

Why provide eldercare?

A man took early retirement from a hard-sought prestigious position to take care of his wife (an Alzheimer's victim). When his wife required total care and no longer recognized him, his friends and colleagues said, "Why do you do it? She

doesn't even know who you are." The man replied, "But I know who *she* is. She is my wife and the mother of my children — that's why I do it."

Remaining in his or her own home

Most Americans want to "age in place," but doing so may take creative thinking. Like all adults, elders want to be surrounded by their own things and enjoy the freedom and privacy to do as exactly as they please. (See Chapter 3 for ideas about obtaining income from the elder's home and exploring other options. Chapter 8 outlines the ins and outs of bringing care into the elder's home.)

Living with you

When worrying about your Mom affects your work and a phone ringing late at night gives you the shudders, entertaining thoughts of moving your elderly parent into your own household is only natural. The arrangement has its benefits, to be sure. It's less expensive to provide care yourself than to hire others to come. Having Mom close by can alleviate your fears that she will burn her house down, not eat properly, or forget to take her medication. Such a move may seem especially right when a parent loses his or her spouse and is depressed and lonely.

A multigenerational household may work for you. Mom may be able to help with the housework or contribute financially to the family's coffers. Then again, it may be a disaster. (Read Chapter 3 to help you separate the fantasy from the reality so that you and your older person make the right decision.)

Assisted living

Approximately one million elderly reside in assisted-living facilities. The premise behind this option is that living in a homelike group setting (with a menu of services available) enhances and extends an older adult's ability to live with dignity. Residents have private or shared rooms and receive only the services that they need or want. Services (some requiring an extra

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charge) include meals, housekeeping, laundry, transportation, recreational activities, shopping assistance, and reminders to take medications. Assisted-living facilities do not provide medical care.

These homes vary tremendously in what they offer, and the smart shopper has to know what to look for to weed out the ones that put up a good front but don't deliver. (See Chapter 4 for the nitty-gritty on assisted living and other housing alternatives.)

Nursing homes

Some people go to nursing homes for a short while to recuperate after a hospitalization. For the elderly who become residents, the nursing home will be the last place they will live in. I know no nursing home residents who live in nursing homes because they simply like the lifestyle. They live there because their medical conditions are such that they need to have skilled nursing care and supervision within reach 24 hours a day. In the face of all the problems facing the nursing home industry (including finding and retaining good staff, cuts in federal reimbursement funding, and frequent changes in ownership), many nursing homes are undesirable. But good ones exist among the 17,000 nursing homes in the United States. (See Chapter 4 for help in locating a good one and making sure that the care *stays* good.)

A rose by any other name

Some find the term "old" insulting, while others wear it proudly. Ask your elderly person how he or she likes to be thought of. Consider the following:

- ✓ Senior
- ✓ Senior citizen
- ✓ Older person
- ✓ Older adult
- ✓ Oldster
- ✓ Elder
- ✓ Old-timer
- ✓ Golden-ager
- ✓ Grandpa
- ✓ Grandfather
- ✓ Pop
- ✓ Grandma
- ✓ Granny
- ✓ Auntie
- ✓ Patriarch
- ✓ Matriarch
- ✓ Age-advantaged person
- ✓ Long-living person (not to be confused with a "long liver," short kidney, or any other misshapen organ)

Enhancing the Quality of Life

The average life expectancy in the United States today is 72.5 for men and 79.3 for women, which averages out to 76 years. It's expected that by 2050, the average life expectancy will be 80 years. You may have to take an array of pills to control a collection of chronic illnesses — but life will be long.

The next important area for research is not keeping people living longer (that's pretty near been accomplished!), it's helping them to make those extra years as good as they can be.

Retaining health

Getting sufficient sleep, exercising regularly, eating a well-balanced diet (including breakfast), and not smoking helps ward off disease — important advice at any age. Having a satisfying relationship with those closest to you has been shown to also be a factor in health promotion and disease prevention for the age-advantaged person and his or her caregiver. (See Chapter 9 for ways to improve your relationship with your elder.)

Understanding emotions

Sometimes it's clear why Grandpa is depressed or worried — he has lost his spouse, his health, or his confidence. On the other hand, it's sometimes a mystery. Sadness and apprehension can come without warning, seemingly unrelated to anything in daily life. It takes some investigation, perhaps medical intervention, and a whole lot of love and patience to identify and treat emotional upsets. (See Chapters 15 and 16 for ways to help your elder overcome his or her grief, depression, and anxiety.)

Keeping your loved one out of harm's way

A kitten underfoot, throw rugs, appliance cords tangled like spaghetti, and shag rugs on stairs are accidents waiting to happen. A kitchen fire or a broken hip can signal the premature end of independent living. Elder-proofing Mom's home can add months and years to her autonomy — and who knows how many fewer gray hairs you will have saved! (See Chapter 12 for ways to make elders safe in their own homes.)

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Taking advantage of assistive devices

My father's workshop was something to behold. I recall that he was particularly pleased with his collection of bits — whatever they are. Dad had plastic boxes with slide-out drawers filled with nails, screws, and bolts sorted by size. He told me once that the secret to being able to fix anything was having the proper tools. Perhaps that's why Dad so easily accepted first a cane, then a walker, and eventually a wheelchair. Maybe that's why he never balked when we bought him a magnifying glass to help him read and a device to help him pull up his socks. He even grew to love the electrically powered armchair that raised him from a seating to a standing position. To Dad, these devices were not reminders of his growing frailness; they were simply the proper tools. (See Chapter 12 for finding the right assistive devices for your loved one.)

Preparing for a meaningful goodbye

Helping a dying person remain lucid and painfree in his last months, weeks, or hours of life opens the way for a dignified death. With pain management and comfort as priorities, the stage is set for richly meaningful discussions between the dying person and his loved ones. Elders and the family share past hurts, regrets, and unexpressed love and ask for and return forgiveness. (See Chapter 23 to find out how you can make your elder's final hours full of grace.)