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Ten Tips for Ensuring Medication Safety

by Eli D. Ehrenpreis, M.D., Seymour Ehrenpreis, Ph.D

eople over the age of 65 represent 14% of the US population but consume more than one-third of prescription medications. The average senior citizen uses more than five different medications each day. This does not count nonprescription, over-the-counter drugs. As many as 90% of seniors also use herbal remedies and vitamins. While there is risk associated with each type of medication—including side effects, allergic reactions or interactions with food, alcohol, or other drugs - the risk is magnified in seniors as they are typically more sensitive to these effects.

Well known practitioners and educators in clinical pharmacology and internal medicines maintain that it is imperative that caregivers educate themselves about the proper use of medications:

From avoiding the risk of interactions, to understanding and following instructions for storage and dosing. The following suggestions may help to ensure safe and effective use of medications

- 1. Be familiar with the dosage instructions—including whether a drug should be taken with food, with milk or other fluids, or on an empty stomach. Not following the dosage instructions can result in a medication being less effective or causing complications. It is also important to note that in most medicines recommended dosages are determined using trials with a younger population. In many instances, seniors may require a different dosage.
- 2. Familiarize yourself with circumstances under which the medicine should not be taken—including a history of allergic reactions, existing conditions, etc. This is particularly true for the elderly who generally have several medical conditions which younger adults do not have.
- 3. Understand the storage instructions and follow them. Because of moisture and heat, it is sometimes best not to store medicines in the bathroom.

- 4. Be aware that there may be warnings to avoid heat, cold or sun when taking a medication. Some medications may cause great sensitivity to sunlight resulting in severe sunburn or skin eruptions which can be dangerous. In addition, it may be necessary to avoid excessive heat or cold when taking certain prescription medications. In such cases, saunas, whirlpools and even exercise in the heat of the day should be greatly limited or avoided completely. It should be noted that seniors are particularly vulnerable to extremes of heat and cold.
- 5. Be aware of instructions about avoiding foods and/or alcohol. Foods and beverages may be off-limits when taking certain medications. Grapefruit juice, a favorite among seniors, for instance, can interact with several medications and render them ineffective. It is equally important to find out if dietary supplements may be required when taking a particular drug. Some medications may deplete the body of nutrients. Consequently, a patient's diet may need to be adjusted accordingly.

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Mission

To provide a comprehensive and coordinated system of services designed to promote the independence and dignity of older persons and their families in Muskegon, Oceana, and Ottawa – a mission compelling us to target older persons in greatest need but to advocate for all.



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- 6. Understand what possible side effects may occur and watch for them. Be particularly mindful of reactions or symptoms that should be reported to a doctor immediately. It is important to note that medicines often affect senior citizens differently than younger adults. What may be an innocuous reaction in a younger person may in fact be much more serious for a senior. Be vigilant about educating yourself on possible drug-related reactions and be especially vigilant about knowing which may require immediate medical attention.
- 7. Be certain to learn whether there are specific over-the-counter medications that should be used with caution or avoided altogether when taken along with prescription drugs. Too often, many may assume that over-the-counter medications are "safe" simply because they are widely available and accessible. It is not always recognized that some over-the-counter drugs may weaken and impede a particular prescription drug's effectiveness. Common antacids, for example, have the potential to minimize the effectiveness of a number of important drugs—in particular certain antibiotics—and the combination should be either avoided or taken only after consultation with the treating physician or a pharmacist.
- 8. Understand the risk associated with taking any herbal supplements in conjunction with medications. Like over-the-counter medications, many assume that herbals are completely "safe." Using herbs to treat specific medical conditions has become increasingly widespread in the not-so-distant past. Unfortunately, many physicians and pharmacists are unaware of interactions or complications that herbals can cause. Interactions with herbals can reduce effectiveness of medications in a number of cases, but in some instances, herbals can actually increase the toxicity of a medication. Consequently, it is imperative to proceed with extreme caution and be educated about the potential for problems.
- 9. Familiarize yourself with what to do in the event of a missed dose. There are instances where simply taking the medication at the next opportunity is not recommended. Doubling of the dose to make up for a missed dose could be very dangerous. Such problems are compounded for seniors who are taking several different drugs during the day at different dosing schedules. The best way to avoid these problems: keep a diary.
- 10. Learn how to discontinue the use of a drug. In some instances, stopping the dosage abruptly can have severe consequences, particularly when they are used daily over a long period of time.❖



When is it Time for Assisted Living?

From the Caregiver Newsletter

ne of the hardest things a caregiver will ever have to do is to know when it's time for your loved one to move to a long-term care facility. Often, caregivers will wait far too long before seeking appropriate options for their loved one.

Identifying some of the following may help make the decision process a little easier and define certain things a little more clearly for you.

A long-term care facility may be needed if:

- Your relative's condition keeps getting worse and is becoming too much for you to handle on your own.
- No matter how hard you try to give care to your loved one, it's just not enough.
- You feel as if you are the only one around who is having to care for someone who is ill or elderly.
- You're not receiving any type of respite, and it doesn't look like anything can be arranged for you to get much-needed time away or rest.
- Relationships with other family members are breaking down because of the time you must dedicate to caring for one person.
- Your caregiving responsibilities are beginning to greatly interfere with your work and personal life.
- You have feelings of guilt when it comes to taking care of yourself.
- Your coping skills are beginning to include self-destructive behavior, such as eating too much or too little, increased drug use or alcohol use, or losing emotional control too often.
- You rarely experience any moments of happiness, but have too many real moments of exhaustion, anger, and resentment.
- You hold your feelings in, never allowing them to be shared with a friend or with a professional.

You may very well have experienced many, if not all these things from time-to-time, or by now they may have become your constant companion. If so, they are signs that you need to find help as soon as possible and that moving your loved one into a long-term care facility might be the best option.

Remember that long-term care placement is not the end of your responsibilities as your loved one's caregiver, it is just a change in your job description.

There is a difference in how each of us are affected, depending on if the loved one has a physical or dementia/Alzheimer's issue. A patient with a physical problem requires more physical effort for the caregiver but does not have to be sleeping

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November's Website

Dementiaminds.org

Quotes

If you want to find happiness, find gratitude.

- Steve Maraboli

No duty is more urgent than that of returning thanks.

- James Allen

Gratitude is the memory of the heart.

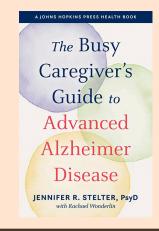
- Jean Baptiste Massieue

This Month's Book

The Busy Caregiver's Guide to Advanced Alzheimer Disease

by Dr. Jennifer Stelter

Dr. Stelter shares a new model designed to help caregivers understand, cope with, and handle some of the most challenging behaviors associated with the disease while encouraging and reinforcing independence and quality of life for their loved ones.



Six Steps to Reduce Caregiver Stress

Source: Alzheimer's Foundation of America (AFA)

Stress doesn't just affect your mood—it can have long-term health impacts as well if you don't take steps to manage it constructively. This is especially true for individuals who face the stressful task of caring for a family member with Alzheimer's disease, which has been compounded by the COVID-19 pandemic.

"Finding ways to manage and reduce stress is of paramount importance for every Alzheimer's caregiver—untreated stress can lead to physical, mental and emotional caregiver burnout," said Jennifer Reeder, LCSW, AFA's Director of Educational and Social Services.

Here are six steps caregivers can take to manage and reduce stress.

- Be adaptable and positive. Your attitude influences stress levels for both you and the person you're caring for. If you can "go with the flow," and avoid fighting the current, that will help you both stay relaxed—conversely, becoming aggravated or agitated will increase the chances that your person will as well. Focus on how to adjust to the situation in a constructive way.
- Deal with what you can control. Some things are totally out of your control, such as the coronavirus pandemic. What is in your power to control is how you respond and react to these outside factors. Concentrating on finding solutions can help make the problem itself a little less stressful.

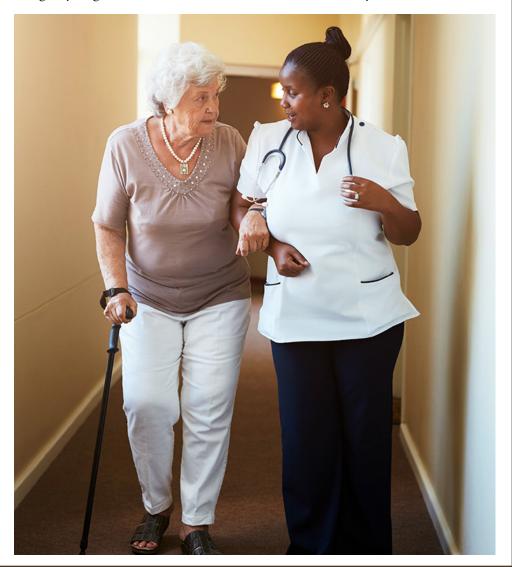
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When is it Time for Assisted Living?, continued from page 3

with one eye open most of the time. I am not saying that it is not demanding. From my point of view this, in my opinion, probably gives the caregiver more freedom from constant stress.

A patient with Alzheimer's tests the caregiver both physically and emotionally, and the caregiver must be on constant alert. My aunt's husband took off in the car and stopped at a fast-food place about 25 miles away. Fortunately, the workers called the sheriff's office and then they called my aunt. I know people who have had kitchen fires, water dripping from the bathroom above, and my own wife barely turned on the propane gas stove and the gas alarm went off. She also went for a walk while I was napping. It got where I could not do yard work without checking on her constantly. Make your house safe, just like you would for a toddler, because in essence, you have one.

When to turn over care to someone else is a hard decision. Doctors suggested nursing home, but it was our daughter that told me it was time. A week later the owner of the Chinese restaurant lectured me on the need to take care of myself. I am grateful for her concern and have told her that. Listen to the people who notice you look wore out, and if it is right on, it is time to find help. Find someone, like a caregiver's group, and let others minister to you. Other caregivers can give you guidance on when to make a move to a facility. ��



The Sting of Shingles

From Today's Caregiver magazine

f you've ever had chickenpox, you may be at risk for a painful disease called shingles as you grow older. Shingles is a sometimes-agonizing skin rash and nerve disease that's caused by a virus. Fortunately, you can take steps to prevent shingles or ease its serious effects.

Shingles usually affects adults after age 50, although it can strike at any age. "In the U.S., the incidence of shingles is actually increasing," says Dr. Jeffrey Cohen, an infectious disease researcher at NIH. "If you live to be 85 years old, you have a 50% chance of getting shingles."

Shingles is caused by the varicella-zoster virus—the same virus that causes chickenpox. Once you've had chickenpox, the virus stays with you for life, hidden and inactive in your nerve cells. Your immune system helps keep chickenpox from returning. But later in life, the virus can re-emerge and cause shingles (also known as herpes zoster).

You can't "catch" shingles from someone else. But it is possible for a person with a blistery shingles rash to pass on the varicella-zoster virus to someone who's never had chickenpox or a chickenpox vaccine. If that happens, the other person will get chickenpox, not shingles.

Shingles may cause skin sensitivity ranging from mild itching to severe pain along with burning, tingling, or numbness. A rash with fluid-filled blisters nearly always appears on just one side of the body or face. The rash usually lasts for 7 to 10 days. Other symptoms may include chills, fever, upset stomach, and headache.



Shingles can lead to some serious problems. If it appears on your face, it can affect your hearing and vision. It may cause lasting eye damage or blindness. After the rash fades, the pain may linger for months or years, especially in older people. This lasting pain, called post-herpetic neuralgia, affects nearly 1 out of every 3 older people with shingles. The pain can be so severe that even the gentlest touch or breeze can feel excruciating.

To help prevent these problems, see your doctor at the first sign of shingles. Early treatment can shorten the length of infection and reduce the risk of serious complications.

To treat shingles, your doctor may prescribe antiviral drugs to help fight the varicella-zoster virus. Steroids can lessen pain and shorten the time you're sick. Other types of medicines can also relieve pain.

Fortunately, a vaccine called Shingrix can help prevent shingles or decrease its severity.

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Six Steps to Reduce Caregiver Stress, continued from page 4

- Set realistic goals and go slow. Everything cannot be resolved at once, nor does it need to be. Don't hold yourself to unrealistic expectations. Prioritize, set practical goals, do your best to achieve them, and take things one day at a time.
- Mind your health. Inadequate rest, poor diet and lack of exercise can all exacerbate stress (and cause other health problems as well). As best you can, make it a priority to get sleep, eat right, drink plenty of water and find ways to be active. You cannot provide quality care to a loved one if you don't take care of yourself.
- Clear and refresh your mind. Exercise, yoga, meditating, listening to music or even taking a few deep breaths can all help relax the mind and reduce stress. Find something that works for you and do it regularly!
- Share your feelings. Disconnecting from your support structure and staying bottled-up increases stress. Whether it's with a loved one, trusted friend or a professional, don't be reluctant to talk about your stress, because that can actually help relieve it! ❖

Walking for Better Health

Source: National Institute of Health

Number of steps per day more important than step intensity

Doctors often recommend walking as an easy way for inactive people to ease into better health. Taking 4,000 or fewer steps a day is considered a low level of physical activity. A goal of 10,000 steps a day is commonly cited, but recent studies have shown that health benefits accrue even if fewer than 10,000 steps are taken daily.

Paststudies have mostly been done in older adults. It hasn't been clear what number of steps or intensity are needed to benefit adults of other ages.

A research team with investigators from NIH's National Cancer Institute (NCI) and National Institute on Aging (NIA) and the Centers for Disease Control and Prevention (CDC) looked at the association between step count, intensity, and risk of death in a broader range of the U.S. population. They used data on physical activity collected by a national health survey, the National Health and Nutrition Examination Survey (NHANES), between 2003-2006. The study was published on March 24, 2020, in JAMA.

The team used data from people aged 40 or older who wore an accelerometer—a device that measures step number and cadence (steps per minute)—during their waking hours for a week. Researchers then collected information on deaths for about a decade. They also tracked deaths specifically from cancer and heart disease.

In their analysis, the researchers compared the risk of death over the follow-up period among people

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The Sting of Shingles, continued from page 5

Shingles vaccination is the only way to protect against shingles and postherpetic neuralgia (PHN), the most common complication from shingles. CDC recommends that healthy adults 50 years and older get two doses of the shingles vaccine called Shingrix (recombinant zoster vaccine), separated by 2 to 6 months, to prevent shingles and the complications from the disease. Your doctor or pharmacist can give you Shingrix as a shot in your upper arm.

Shingrix provides strong protection against shingles and PHN. Two doses of Shingrix is more than 90% effective at preventing shingles and PHN. Protection stays above 85% for at least the first four years after you get vaccinated. Shingrix is the preferred vaccine, over Zostavax® (zoster vaccine live), a shingles vaccine in use since 2006. Zostavax may still be used to prevent shingles in healthy adults 60 years and older. For example, you could use Zostavax if a person is allergic to Shingrix, prefers Zostavax, or requests immediate vaccination and Shingrix is unavailable.

Who Should Get Shingrix?

Healthy adults 50 years and older should get two doses of Shingrix, separated by 2 to 6 months. You should get Shingrix even if in the past you:

- had shingles
- received Zostavax
- are not sure if you had chickenpox

There is no maximum age for getting Shingrix.

If you had shingles in the past, you could get Shingrix to help prevent future occurrences of the disease. There is no specific length of time that you need to wait after having shingles before you can receive Shingrix, but generally you should make sure the shingles rash has gone away before getting vaccinated.

You can get Shingrix whether or not you remember having had chickenpox in the past. Studies show that more than 99% of Americans 40 years and older have had chickenpox, even if they don't remember having the disease. Chickenpox

and shingles are related because they are caused by the same virus (varicella zoster virus). After a person recovers from chickenpox, the virus stays dormant (inactive) in the body. It can reactivate years later and cause shingles.

If you had Zostavax in the recent past, you should wait at least eight weeks before getting Shingrix. Talk to your healthcare provider to determine the best time to get Shingrix.

If you have questions about Shingrix, talk with your healthcare provider.

How Can I Pay for Shingrix?

There are several ways shingles vaccine may be paid for:

Medicare

- Medicare Part D plans cover the shingles vaccine, but there may be a cost to you depending on your plan. There may be a copay for the vaccine, or you may need to pay in full then get reimbursed for a certain amount.
- Medicare Part B does not cover the shingles vaccine.

Medicaid

■ Medicaid may or may not cover the vaccine. Contact your insurer to find out.

Private health insurance

• Many private health insurance plans will cover the vaccine, but there may be a cost to you depending on your plan. Contact your insurer to find out.

Vaccine assistance programs

■ Some pharmaceutical companies provide vaccines to eligible adults who cannot afford them. You may want to check with the vaccine manufacturer, GlaxoSmithKline, about Shingrix. ❖



who took fewer than 4,000, up to 8,000, or 12,000 or more steps a day. They also tested whether step intensity, measured by cadence, was associated with better health.

During the decade of follow-up, 1,165 out of the 4,840 participants died from any cause. Of these, 406 died from heart disease and 283 died of cancer.

Compared with people who took 4,000 steps a day, those who took 8,000 steps a day at the start of the study had a 50% lower risk of dying from any cause during follow-up. People who took 12,000 steps a day had a 65% lower risk of dying than those who took only 4,000.

Higher step counts were also associated with lower rates of death from heart disease and cancer. These benefits were consistent across age, sex, and race groups.

Step intensity did not seem to impact the risk of mortality once the total number of steps per day was considered. Only an increased number of steps per day was associated with a reduced risk of death.

"We wanted to investigate this question to provide new insights that could help people better understand the health implications of the step counts they get from fitness trackers and phone apps," says first author Dr. Pedro Saint-Maurice of NCI.

The findings are consistent with current recommendations that adults should move more and sit less throughout the day. But because this study was observational, it could not prove that increased physical activity caused a reduced risk of death. Higher step counts also may reflect people who were in better health to begin with, which could potentially influence the results. ❖



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