

## Be the Voice for Your Loved One

by Marc Mar-Yohana

**You are the advocate**

As a caregiver you may provide your loved one personal care such as feeding, bathing, cleaning, transportation, and exercise. You also may have medical, financial, and legal responsibilities. You may even organize social and recreational activities. Keeping up with a loved one's many needs is challenging. Making sure other people are doing their part can be maddening!

### Be respectful and write it down

Whether caring for a child or adult, someone with communication challenges or someone who is completely coherent, our process for establishing a loved one's needs starts with some basic questions:

- What is most important for their enjoyment of life?
- What decisions do they want to make for themselves?
- What frustrates them or upsets them the most when having to rely on someone to care for them?
- What worries them and what can you do to help?
- How do they want you to advocate for them?

These are open-ended questions that may end up covering many topics. Be respectful of your loved-one and write down all their responses. You will find that this will help both of you in making sure you are clear on what your loved-one's needs are and how you can help.

### Communicate the care plan

Now the task is to translate your loved one's needs into their care plan and then communicate it to the rest of the care team. You may use a marker board, flip charts, emails, or apps. My favorite format is a laminated, double-sided, 8.5"x11" care sheet complete with medical information, preferred meals, routines, recreational activities, and key contacts. I



made sure every member of the care team had the latest copy and a copy was always with my loved one. My dad's care sheet included the minimum number of glasses of water per day. My child's included her favorite books and snacks.

### Speak up for your loved one

Anytime I had a conversation with a physician, therapist, teacher, or program director, I always asked them if they had any questions about the care plan. At times they had very helpful suggestions and updates. Other times I had to speak up and be clear that we needed to follow the plan. If any changes needed to be made, I always discussed it with my loved one before we made them.

### Some legal stuff

It's important for a caregiver to establish a Medical Power of Attorney (MPOA), also referred to as a Health Care Power of Attorney. This is used to establish your rights to make medical decisions on behalf of your loved one. Two additional legal medical instruments for senior adults are the Advanced Directive (AD) and the Living Will. You will want to file a copy of your loved one's AD anytime that person is

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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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### Go Green or Stop Receiving Newsletter

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admitted to a care facility (file it during admission). You will also want to have one with you when you travel. The MPOA combined with the AD will give you substantial legal authority to advocate for your loved one during a healthcare emergency. The Living Will has some legal characteristics like an AD. You and your loved one should consult an attorney or healthcare advocate in your state to determine which is best suited for your needs.

If you help manage your loved one's finances, you may need a Durable Power of Attorney or a Springing Power of Attorney. Both allow you to act on behalf of your loved one, should they be unable to make decisions for themselves. As with the AD and Living Will, consult with an attorney in your state to determine which is best for your needs.

### Hugs help advocates

My last piece of advice on being an advocate are hugs help. Get in the habit of hugging your loved one after a conversation and hug others too. I have found that hugs are contagious and help connect the care team in a way few other gestures can. You will feel better, and the entire care team will too.

*Marc Mar-Yohana is Founder and CEO of OtisHealth, a free application designed to help caregivers manage their loved one's health, by guiding the creation of a full health record. Caregivers can upload or retrieve any medical record, add your own records, log daily vitals, and share information with healthcare providers, placing critical health information at your fingertips. ❖*

## Color Therapy for Dementia Care

*by Linda Slaton Anderson, M.S.*

**D**o you remember the Irish legend about the leprechaun with a pot of gold at the end of the rainbow? Even if we don't find a pot of gold, rainbows can remind us to celebrate the mysteries and beauties of colors.

Color therapy can be beneficial for those with memory loss. Joshua J. Freitas, author of *The Dementia Concept*, recommends using different colors to provide contrast in spaces and to help distinguish different objects. For example, painting





a door a color that contrasts with the wall makes the door easier to find. Putting colorful tape on the handles of walkers makes them easier to locate.

Some researchers suggest using pink to reduce combative behavior. The Pink Effect refers to the calming effect of exposure to large amounts of pink, helping to reduce feelings of aggression and anger.

If wandering is a concern, some therapists recommend placing black mats in front of doors or stairs since Alzheimer's patients perceive them to be holes and thus tend to avoid walking on them. Red promotes participation and stimulates appetite, and green and blue colors promote relaxation.

Colors are processed by our brains more quickly than words are. Let's look at some colors and the responses associated with them:

**RED** is associated with strength and vitality. It is the most emotionally intense color. Red stimulates a faster heartbeat and faster breathing. If patients are not eating enough, using red plates may increase their appetites.

**ORANGE** is associated with sociability and happiness. Wearing orange may stimulate enthusiasm and creativity.

**YELLOW** speeds metabolism. Although yellow is usually considered a cheerful color, research shows that people lose their tempers more often in yellow rooms. So, if a patient exhibits aggression, it may be helpful to minimize exposure to yellow.

**GREEN** is a calming, tranquil color. It is closely associated with nature and is thought to evoke feelings of generosity and relaxation. Green is the easiest color on the eyes and can improve vision. Green is the last color dementia patients lose the ability to see; so green is a good color for caregivers to wear.

**BLUE** is the color of the sky and ocean and is universally the most popular color. Blue is associated with tranquility and creativity. It is a popular color for bedrooms since it causes the body to produce the calming hormone melatonin, resulting in more peaceful sleep—an aid for dementia patients as well as their caregivers.

**PURPLE** is the color of royalty. It is a spiritual color and is associated with mystery. Dementia patients may think of purple objects as sacred.

My mother was an art teacher who encouraged us to notice and appreciate the colors around us, thus adding special joy and beauty to our daily lives. The following list offers suggestions on ways we can enrich our lives with color:

- Spend time outdoors and focus on the colors of nature
- Decorate with colorful flowers
- Take time to observe paintings, photographs, and another colorful artwork
- Paint with bright colors, and use colored pencils for adult coloring books
- Look at colorful illustrations in books, magazines, etc.
- Create artistic meals with foods of various colors
- Incorporate a variety of colors in clothing and furnishings
- Slow down and take time to visually absorb the colors of the world around us ❖



## September's Website

[www.thecaregiversvoice.com](http://www.thecaregiversvoice.com)

## Quotes

Make it a September to remember.

*Unknown*

Don't let anyone's ignorance, hate, drama or negativity stop from being the person you can be.

*Unknown*

When you change your thoughts, remember to also change your world.

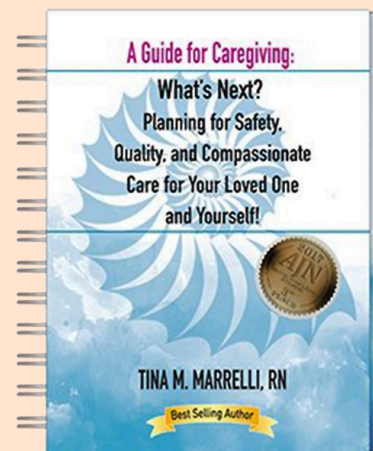
*Norman Vincent Peale*

## This Month's Book

### ***A Guide for Caregiving: What's Next?***

*by Tina M. Marrelli, RN*

In addition to family and friend caregivers, *A Guide for Caregiving: What's Next?* may be helpful for clinicians to help their patients and their families better understand the complexity of the health care system.



## Add More Laughter to Your Life:

**1** Make funny friends. People who make you laugh not only give you the gift of laughter, but they also help teach you how to change your perspective on life and lighten up yourself.

**2** Read funny greeting cards especially if you've had a stressful day. Greeting cards are great because they deliver a laugh almost immediately and they represent a diversity of types of humor.

**3** Have five of your favorite funny movies saved so you can watch them when you're feeling overwhelmed by stress. Consider funny movies to be part of your emergency first aid humor kit. If you can't think of your favorites offhand, check out the American Film Institute's list of 500 funniest movies of all time.

**4** Wear a funny button in public. Wearing a funny button communicates to everyone who sees you that you have a sense of humor and are open to hearing about their humorous experiences.

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## Tips for Traveling with Diabetes

*Source: Centers for Disease Control and Prevention*

**D**on't let good diabetes management go on vacation just because you did. Traveling to new places gets you out of your routine—that's a big part of the fun. But delayed meals, unfamiliar food, being more active than usual, and different time zones can all disrupt diabetes management. Plan so you can count on more fun and less worry on the way and when you get to your destination.

### Before You Go

1. Visit your doctor for a checkup to ensure you're fit for the trip. Make sure to ask your doctor:
  - How your planned activities could affect your diabetes and what to do about it.
  - How to adjust your insulin doses if you're traveling to a different time zone.
  - To provide prescriptions for your medicines in case you lose them or run out.
  - If you'll need any vaccines.
  - To write a letter stating that you have diabetes and why you need your medical supplies.
2. Just in case, locate pharmacies and clinics close to where you're staying.
3. Get a medical ID bracelet that states you have diabetes and any other health conditions.
4. Get travel insurance in case you miss your flight or need medical care.
5. Order a special meal for the flight that fits with your meal plan or pack your own.
6. Packing:
  - Put your diabetes supplies in a carry-on bag (insulin could get too cold in your checked luggage). Think about bringing a smaller bag to have at your seat for insulin, glucose tablets, and snacks.
  - Pack twice as much medicine as you think you'll need. Carry medicines in the pharmacy bottles they came in or ask your pharmacist to print out extra labels you can attach to plastic bags.
  - Be sure to pack healthy snacks, like fruit, raw veggies, and nuts.
7. Airport security:
  - Get an optional TSA notification card to help the screening process go more quickly and smoothly.
  - Good news: people with diabetes are exempt from the 3.4 oz. liquid rule for medicines, fast-acting carbs like juice, and gel packs to keep insulin cool.
  - A continuous glucose monitor, or insulin pump could be damaged going through the X-ray machine. You don't have to disconnect from either; ask for a hand inspection instead.
8. Visit CDC's Travelers' Health site for more helpful resources.



## While You're Traveling

9. If you're driving, pack a cooler with healthy foods and plenty of water to drink.
10. Don't store insulin or diabetes medicine in direct sunlight or in a hot car; keep them in the cooler too. Don't put insulin directly on ice or a gel pack.
11. Heat can also damage your blood sugar monitor, insulin pump, and other diabetes equipment. Don't leave them in a hot car, by a pool, in direct sunlight, or on the beach. The same goes for supplies such as test strips.
12. You can find healthy food options at the airport or a roadside restaurant:
  - Fruit, nuts, sandwiches, yogurt
  - Salads with chicken or fish (skip the dried fruit and croutons)
  - Eggs and omelets
  - Burgers with a lettuce wrap instead of a bun
  - Fajitas (skip the tortillas and rice)
13. Stop and get out of the car or walk up and down the aisle of the plane or train every hour or two to prevent blood clots (people with diabetes are at higher risk).
14. Set an alarm on your phone for taking medicine if you're traveling across time zones.

## Once You're There

15. Your blood sugar may be out of your target range at first, but your body should adjust in a few days. Check your blood sugar often and treat highs or lows as instructed by your doctor or diabetes educator.
16. If you're going to be more active than usual, check your blood sugar before and after and adjust food, activity, and insulin as needed.
17. Food is a huge highlight (and temptation!) on a cruise. Avoid the giant buffet, and instead order off the spa menu (healthier choices) or low-carb menu (most ships have one) or order something tasty that fits in your meal plan from the 24-hour room service.

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*Add More Laughter, continued from page 4*

**5** Look for the funny. Instead of focusing on life's miseries, try to find the laughter in everything that goes on around you. Most things we laugh at come from spontaneous situations that aren't meant to be funny. Think of it as looking at the world through a pair of Groucho glasses.

**6** Fake it. Studies show that you don't have to feel like laughing to get the benefits! It's just like exercise; if you work out, you'll get fitter whether you feel like working out or not. Only if you fake laughter, chances are you'll soon feel like laughing for real. ❖

## The Four Rs of Coping

*by Helen Hunter, ACSW, LSW*

### **1 REORGANIZE**

Reorganize your life. What do you need to focus on at this time? By reorganizing your life, you can better structure your needs and the needs of others.

### **2 RETHINK**

Rethink your priorities. What is most important to you? By taking a good look at what is most important in your life, you can focus and channel your energy in that area.

### **3 RELAX**

Find relaxation in exercise, hobbies, meditation. What is the best way that you can find peace? By finding a method of relaxation, you can recharge your energy so that you will be better able to face daily challenges.

### **4 RELEASE**

Let go! What can you let other people do? By taking a good look at what others can do, you can ask for and accept assistance. ❖



# Incontinence Tips

*Excerpt from Caregivers Newsletter*

There are four different types of incontinence.

## Stress Incontinence

People with stress incontinence lose urine when they exert pressure on their bladders. It may happen when they lift something heavy, laugh, cough or exercise.

## Overflow Incontinence

This is when a person cannot completely empty their bladder. Often frequent urination may occur or sometimes there is a constant leak of urine. Your loved one may feel as though their bladder is always partly full or may drip urine all the time.

## Urge Incontinence

People who just can't seem to get to the bathroom in time or who lose urine when they feel the need to urinate have what is called urge incontinence. Sometimes they have accidents at night have to go to the bathroom quite often day or night.

## Mixed Incontinence

Mixed incontinence means that a person has some combination of the other three types. Stress and urge incontinence are commonly seen together, especially in older women.

If you suspect your loved one is incontinent, consider the following:

- Talk about incontinence with your loved one.
- Those suffering from incontinence are often too embarrassed to seek help or even admit that they are incontinent.

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*Tips for Traveling with Diabetes, continued from page 5*

18. Don't overdo physical activity during the heat of the day. Avoid getting a sunburn and don't go barefoot, not even on the beach.
19. High temperatures can change how your body uses insulin. You may need to test your blood sugar more often and adjust your insulin dose and what you eat and drink.
20. You may not be able to find everything you need to manage your diabetes away from home, especially in another country. Learn some useful phrases, such as "I have diabetes" and "where is the nearest pharmacy?"
21. If your vacation is in the great outdoors, bring wet wipes so you can clean your hands before you check your blood sugar.

## Making Memories

Diabetes can make everyday life and travel more challenging, but it doesn't have to keep you close to home. The more you plan, the more you'll be able to relax and enjoy all the exciting experiences of your trip. ❖

# Preventing Falls and Fear

*by Sharon Roth Maguire, MS, APRN-BC, GNP, APNP*

Most caregivers are aware of the importance of preventing falls. When a fall occurs, the results can be life changing. While we all realize the significance of a broken bone that may result from a fall, what we sometimes fail to acknowledge is the broken spirit that may occur after a fall. Many elders who fall never fully regain the confidence in their ability to navigate around their home or near steps. They may experience a fear of falling again that may cause them to limit their activity. They may have a permanent disability—not only from the physical consequences of the fall, but from the emotional consequences as well.

What then can be done to reduce the likelihood of falling? There are four major risk areas to target when you think of fall reduction:

- Environmental Risk
- Age-Related Risk
- Health- Related Risk
- Medication Risk

Minimizing environmental risk would include things like providing for handrails near the toilet and tub to make it easier for the individual to get up or get balanced; using non-skid throw rugs, or better yet, no throw rugs at all; keeping pathways to and from the bathroom, bedroom, and kitchen free of clutter.

Reducing age-related risk would include things like accommodating for vision and hearing changes that make it more difficult for the older adult to interpret their environment and to see or hear clearly. Eyeglasses should be of the correct strength, in good repair, and clean. Lighting needs to be increased, but not to the

extent that it produces glare. A night light will help reduce the dramatic and often blinding changes in light when going from a darkened bedroom to a brightly lit bathroom. Hearing aids should be cleaned regularly as wax may accumulate and prevent them from working properly. Hearing aid batteries should be replaced regularly to ensure good function.

Reducing health-related risk requires a good healthcare partner and a motivated patient. Osteoporosis is primarily a disease that affects older women and those who have taken medications known as long-term steroids (often used for the treatment of severe arthritis and asthma). These medications cause bones to become increasingly fragile and break even without trauma.

Older adult women should be screened for osteoporosis to determine the density of their bones and if medication management is required. All older adults should get regular weight bearing exercise and eat a well-balanced diet to maintain their bone health. Older adults need as much calcium as pregnant women (1200 mg/day!) Vitamin D requirements also increase with age (400-600 IU/day) and are essential for healthy bones as well.

The last category for risk reduction is medication awareness. As we age, we are at risk of taking many medications for many ailments prescribed by many providers; a situation known as polypharmacy. There is much research and increasing awareness of the potentially hazardous effects of polypharmacy. It is well documented that the more medications an individual takes, the greater their risk of side-effects, drug interactions, and falls.

Certain medications are particularly dangerous. Anti-anxiety medications like Valium, Xanax, and Ativan; sleeping pills like Ambien, Restoril, and even Tylenol PM have been implicated in increasing fall risk. Discuss your loved one's medication regimen with the prescriber and focus on reducing or eliminating those drugs that increase the risk of falling. Should your loved one require extended care somewhere other than home, be sure to ask what their fall reduction program has to offer.

Fear of falling is a very real phenomenon that is as important to reduce as the physical consequences of a fall. Both can be life changing and demand our attention to reduce the likelihood of a fall occurring. ❖



- Consult your loved one's primary care physician about incontinence.
- There are treatments available that can ease if not cure this common condition.
- Frequently check for soiled undergarments.
- Urine is a skin irritant and may promote skin ulcers.
- Be aware that people with incontinence are prone to falls that may lead to injuries. A person with incontinence will often rush and trip on their way to the bathroom especially at night.
- Set a regular schedule to use the bathroom.
- Frequent and planned visits to the bathroom, usually every three hours, will help your loved one avoid soiling themselves and can assist with bladder retraining.

If your loved one is incontinent, there are certain foods or beverages that should be avoided which may irritate the bladder.

- Alcohol
- Carbonated drinks
- Milk products
- Coffee or tea (with or without caffeine)
- Citrus fruits and juices
- Tomatoes
- Highly spiced foods
- Sweeteners (sugar, honey, corn syrup)
- Chocolate
- Artificial sweetener ❖



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