

## Caregiver Stress Syndrome

by Ron Ingber, JD

### What is Caregiver Stress Syndrome?

Caregiver stress syndrome is a condition characterized by physical, mental, and emotional exhaustion. It typically results from a person neglecting their own physical and emotional health because they are focused on caring for an ill, injured, or disabled loved one.

There are several factors that can play a role in caregiver stress syndrome. For some caregivers, the constant demands of caring for a person who has a serious illness can result in burnout. For others, the lack of boundaries between their roles as a caregiver and a spouse, child, or other loved one can be challenging. Still other caregivers put unrealistic expectations on themselves, thinking that they can do it all and refusing to ask for help. This may often be because they don't want to be a burden on anyone else. Other caregivers are simply frustrated by the overwhelming needs of their loved one, or the financial and other resources needed to care for someone with a long-term illness or disability.

Caregiver stress syndrome is strongly associated with negative health outcomes. Between 40 to 70% of caregivers suffer from depression, while many caregivers also have anxiety because of the stress associated with providing care. Anger and irritability are also common symptoms of caregiver stress syndrome. The chronic stress may also lead to high blood pressure, diabetes, and a compromised immune system.

### The Facts about Caregiver Stress Syndrome

Caregiver stress syndrome has a significant impact on the lives of those who take care of their loved ones. It can not only impact the mood of the caregiver, but his or her long-term health and wellness. These statistics highlight the magnitude of the problem.

Depression and mental health problems are consistently higher among caregivers than among their non-caregiving peers. This is particularly true for caregivers who are charged with helping someone with cognitive decline. Studies show

*Continued on page 2*



## 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.



## Caregiver Support Staff

### Virginia Vazquez

Caregiver Support Specialist

vvazquez@seniorresourceswmi.org

231.733.3531

### Paula Kolberg

Caregiver Support Specialist

pkolberg@seniorresourceswmi.org

231.683.4760

## Go Green or Stop Receiving Newsletter

If you would like your copy of the *Caregiver Link* emailed or would like to discontinue receiving our newsletter, simply send your request to:

kport@seniorresourceswmi.org.

*Caregiver Stress Syndrome, continued from page 1*

that 30 to 40% of dementia caregivers suffer from both depression and emotional stress.

Caregivers report that they are stressed and frustrated. 16% of caregivers are emotionally strained, while 26% state that taking care of their loved one is hard on them emotionally. 22% are exhausted when they go to bed at night. This shows what many people experience firsthand: the challenges of providing care for a loved one.



**Caregiving has a substantial impact on the caregiver's physical health.**

Symptoms of caregiver stress symptom may include changes in appetite, weight, or both; feeling blue, hopeless, irritable, or helpless; withdrawal from friends and family; changes in sleep patterns; getting sick more often; feelings of wanting to hurt yourself or the person for whom you are caring; loss of interest in activities previously enjoyed; emotional and physical exhaustion; and irritability. If you find yourself displaying any of these symptoms, read on to learn how you can deal with caregiver stress syndrome.

## How Caregivers Can Deal with Caregiver Stress Syndrome

If you are struggling with caregiver stress syndrome, one of the first things that you can and should do is to take a break. While you may believe that you can handle it all by yourself, the reality is that nobody can. Contact local agencies, family members, friends, or support groups to set up some respite care. This may look different depending on your situation: a home health nurse, a personal care assistant, or an adult day program. You may even find someone in your area who is also a caretaker and is willing to provide care for a few hours in exchange for you doing the same for him or her. Whatever you work out, use that time to take care of yourself. Do something that you enjoy, or simply rest and recharge.

Next, lighten your load by outsourcing what you can. There are several services available for persons with disabilities and illnesses, such as meal delivery,





transportation, and adult day care. Take advantage of what is available in your area; many of these services are free or low cost. If you can afford to do so, consider hiring someone to clean or do other chores for you. Anything that you can do to reduce the physical and emotional toll on your shoulders will help your overall well-being.

If you still work, talk to your employer. Many employees are reluctant to discuss how their caregiving roles might be impacting their work. However, your company may offer a few programs, such as leave (which your employer may be required to offer under the Family and Medical Leave Act), flex time, and other opportunities.

Next, focus on taking care of yourself. Schedule appointments with your own medical professionals. This may include seeing your primary care doctor, specialists, a therapist or counselor, or alternative medicine practitioners. If you are not healthy, you will not be able to care for your loved one. Make sure that you are eating well, getting plenty of sleep, and drinking lots of water. Take time to exercise every day, even if that just means getting outside for 15 minutes for a quick walk around the neighborhood.

Self-care also means taking time for your emotional health. If you don't see a therapist, find other ways to release your feelings about your role as a caretaker. This may be through a local support group for caretakers, or by talking to a family member or friend. You might even find support online. Venting can be incredibly therapeutic and can help you get out some of the negativity so that you can refocus and be ready to step back into your role.

Finally, work with your loved one's team to not only find the best treatment for him or her, but to ensure that you are also getting what you need. Doctors and other medical professionals should be made aware of your needs as the primary caregiver and working to support you. This can help to alleviate some of the stress that you may be experiencing, and help you find solutions to problems.

Caregiver stress syndrome does not have to be your reality. While it can have a negative impact on your life and well-being, there are ways to recover — and to be a happier, healthier caregiver for your loved one. By taking time for yourself and focusing on your own needs, you can be avoiding the perils of caregiver stress syndrome. ❖



## March's Website

[www.caregiver.org](http://www.caregiver.org)

## Quotes

*"Don't wait for the perfect moment, take the moment, and make it perfect."*

- Unknown

*"Luck is believing you are lucky."*

- Unknown

*"May your troubles be less and your blessings be more and nothing but happiness come through your door."*

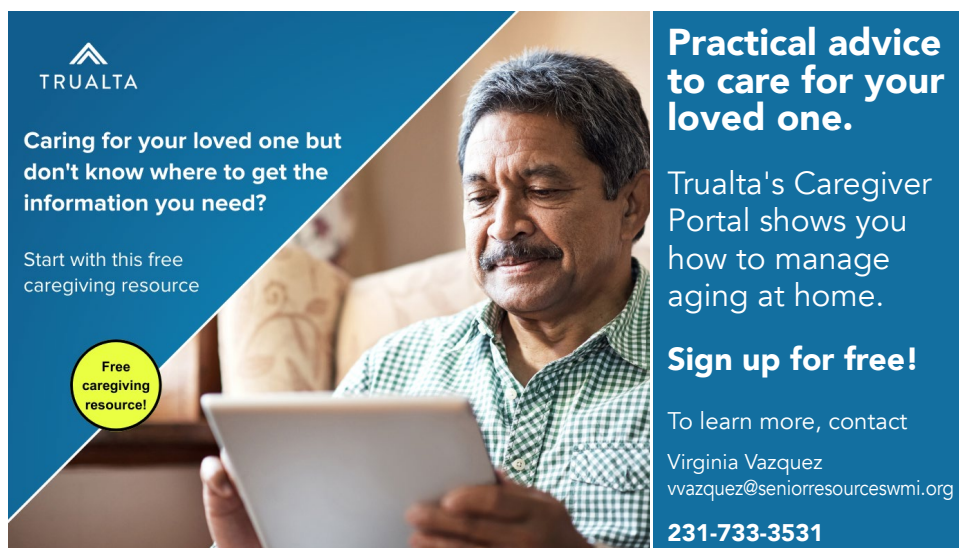
- Unknown

## This Month's Book

### *The Brain Under Siege*

by Howard L. Weiner, MD

1 in 6 people suffer from brain diseases like MS, Parkinson's, and Alzheimer's. And because the brain controls so much and is integral to our identity, the diseases that affect it are uniquely devastating both to patients and caregivers.



**TRUALTA**

Caring for your loved one but don't know where to get the information you need?

Start with this free caregiving resource!

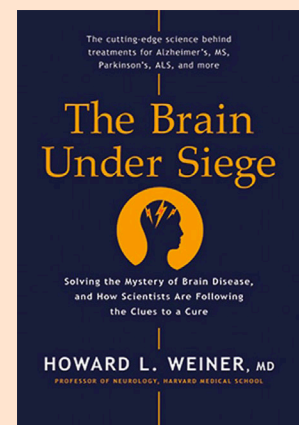
**Free caregiving resource!**

**Practical advice to care for your loved one.**

Trualta's Caregiver Portal shows you how to manage aging at home.

**Sign up for free!**

To learn more, contact  
Virginia Vazquez  
[vazquez@seniorresourceswmi.org](mailto:vazquez@seniorresourceswmi.org)  
**231-733-3531**



## Activity May Improve Longevity for Older Adults

Source: *Caregiver.com*

Physical activity is vital for your health. Exercise helps you maintain a healthy weight and prevent chronic diseases ranging from heart disease to diabetes. The Physical Activity Guidelines for Americans recommend that adults get a minimum of 2.5 to 5 hours of moderate-intensity aerobic physical activity each week, or at least half that amount of vigorous-intensity activity.

Previous studies have found that a wide variety of leisure-time physical activities can provide health benefits. But these studies have largely been done in younger adults. And many did not track different levels of various types of activities.

Among older adults who exercised regularly, walking was the most common activity. That was followed by other aerobic exercise, cycling, golf, swimming, running, and racquet sports. Older adults who participated in any combination of these activities but did not meet the recommendations in the physical activity guidelines had a 5% lower



## Hypothermia and Older Adults

Source: *Caregivers Newsletter*

**F**rigid weather can pose special risks to older adults. The National Institute on Aging (NIA), part of the National Institutes of Health, has some advice for helping older people avoid hypothermia — when the body gets too cold — during cold weather.

Hypothermia is generally defined as having a core body temperature of 95 degrees Fahrenheit or lower and can occur when the outside environment gets too cold or the body's heat production decreases. Older adults are especially vulnerable to hypothermia because their bodies' response to cold can be diminished by underlying medical conditions such as diabetes and by use of some medicines, including over-the-counter cold remedies. Hypothermia can develop in older adults after relatively short exposure to cold weather or even a small drop in temperature.



Someone may suffer from hypothermia if he or she has been exposed to cool temperatures and shows one or more of the following signs: slowed or slurred speech; sleepiness or confusion; shivering or stiffness in the arms and legs; poor control over body movements; slow reactions, or a weak pulse.

Here are a few tips to help older people avoid hypothermia.

- Make sure your home is warm enough. Set the thermostat to at least 68 to 70 degrees. Even mildly cool homes with temperatures from 60 to 65 degrees can lead to hypothermia in older people.
- To stay warm at home, wear long underwear under your clothes, along with socks and slippers. Use a blanket to keep your legs and shoulders warm and wear a hat or cap indoors.
- When going outside in the cold, it is important to wear a hat, scarf, and gloves or mittens to prevent loss of body heat through your head and hands. A hat is particularly important because a large portion of body heat can be lost through the head. Wear several layers of warm loose clothing to help trap warm air between the layers.
- Check with your doctor to see if any prescription or over-the-counter medications you are taking may increase your risk for hypothermia.

Because heating costs can be high, the U.S. Department of Health and Human Services has funds to help low-income families pay heating bills through the Low-Income Home Energy Assistance Program (LIHEAP). ❖



# Take Time – Advice from a Professional Caregiver

by Amy Kaser, RN

## Take time to listen to the primary caregiver.

Many times, in our busy day, we hurry through our conversations with the caregivers. I have learned that caregivers have a wealth of information to share with you about their loved one. Why reinvent the wheel if you don't have to?

## Ask the caregiver for their input when dealing with unique issues.

Remember the primary caregiver is oftentimes with the patient 24/7 and they face and have found creative ways to deal with many issues such as toileting, bathing, dressing, etc.

## Be sure the caregiver is taking care of himself or herself.

Studies have shown that the stress caused by caregiving leads to depression, poor health, and even death. By giving the caregiver permission to take care of themselves, and at times insist they do, it could literally be the difference between life and death.

## Take time to guide the caregiver to the proper assistance.

Many caregivers are willing to do the leg work if they only knew what direction to turn. The Area Agency on Aging is a great first step. Our agency has many contacts, and assessors that will come into the home and inform the caregiver of the options available to them. The assessment is free. This may be different in your area, but every Area Agency is a great place to start. (Senior Resources is the area agency on aging for Muskegon, Oceana, and Ottawa counties.)

## Allow the caregiver to vent their concerns.

I have found that many caregivers just need to vent and not be judged. Allowing the caregiver to openly express their concerns and desires is of utmost importance. Remember, their concerns may not be a personal attack on the care being received, but a way for them to release stressful feelings, etc.

## Laugh with the caregiver.

Finding the humor in a situation is such a stress reliever. Remember there may be times where humor is not appropriate. Give the caregiver permission to laugh, help them see the humor, let them know that it is ok to laugh at a situation not at the person. There's a big difference.

## Give the caregiver the proper tools/training.

Caregivers become frustrated when there is improper training and tools. Be sure they understand the procedures, equipment, who to call if there is a problem, how to problem solve. Provide or develop resources to help caregivers learn more about services, issues, and techniques.

## Give the caregiver permission to say, "I've had enough".

At some point the caregiver has given all they can, their own health has declined, or their loved one's health has declined. Assist them in the process of what to do next; give them options, allow them to talk through their concerns.

## Educate, Educate, Educate

The more a caregiver can plan and be made aware of issues in advance, the more effective and satisfied they will be in caregiving. ❖



risk of death during the study than those who were inactive.

The risk of death continued to decrease with additional activity beyond the recommended levels. But these returns diminished as activity increased to high and very high levels.

Running was associated with the greatest risk reduction for death from cancer. Racquet sports were associated with the greatest risk reduction for death from heart disease. However, people who got the recommended amount of exercise, regardless of activity, had a reduced risk of death from both cancer and heart disease.

“We found that all types of recreational activities that get people moving are associated with greater longevity. So, the most important thing an inactive older adult can do to improve their health is find an activity that they enjoy and can stick with.” ❖



# Safe Eating and Alzheimer's Disease

Source: National Institute on Aging

## Stay Safe

As Alzheimer's progresses, familiar routines and food choices may need to be adapted to meet the person's changing needs. For example, a family custom of serving appetizers before dinner can be preserved, but ...

In the early stage of Alzheimer's, people's eating habits usually do not change. When changes do occur, living alone may not be safe anymore. Look for these signs to see if living alone is no longer safe for the person with Alzheimer's:

- The person forgets to eat.
- Food has burned because it was left on the stove.
- The oven isn't turned off.

Other difficulties, such as not sitting down long enough for meals and refusing to eat, can arise in the middle and late stages of the disease. These changes can lead to poor nourishment, dehydration, abnormally low blood pressure, and other problems.

Caregivers should monitor the person's weight and eating habits to make sure he or she is not eating too little or too much. Other things to look for include appetite changes, the person's level of physical activity, and problems with chewing or swallowing. Talk with the person's doctor about changes in eating habits. ❖

# Nine Ways to Get Someone to Eat

by Jennifer Buckley

A common nutritional problem that can affect someone in poor health is cachexia-anorexia and it especially involves those in advanced stages of Alzheimer's and cancer. Cachexia-anorexia is a syndrome in which progressive and involuntary weight loss occurs. The people with this disorder are "wasting away" from the lack of vitamins and nutrients and as a caregiver; this can be a difficult and frustrating event to witness.



The syndrome can be attributed to cancer treatments, medications, physiological problems like an obstructing tumor in the gastrointestinal track or psychological problems like depression. It is also possible the person you are caring for has a loss of appetite simply from not feeling well. Remember to consult your physician about the specific dietary needs of your loved one.

- Water, Water, Water. Make sure the person you are caring for has plenty of water to avoid dehydration, which can lead to appetite suppression.
- Keep it small. Instead of three large meals a day, which can look overwhelming to someone in poor health, serve six small meals a day.
- Bulk up on the number of calories per meal. For instance, you can add protein powder mix to shakes or drinks to increase calories.
- Soft is better. Serve soft foods such as pudding, ice cream or fruit smoothies because they can be tasty and easy to digest.
- Make it tasty. Don't serve bland or sour tasting foods.
- Put the power in their hands. When possible, give the person you are caring for the decision-making power to decide what they would like to eat; it helps them to feel in control.
- Make it pretty. Present appetizing looking meals by accenting the plate with a garnish (eg, strawberry or melon). Also, make the dining experience pleasant for the person you are caring for by playing soft music or talking to them about the day's events while they are eating to take their minds off not feeling well.
- Write it down. Keep a food diary about the person you are caring for and include what food they have problems or complications digesting and their daily food menus and review it with their doctor or dietitian for feedback. They may be experiencing digestive problems or irritable bowel syndrome due to their menu.
- Work it out. Try and get them moving to work up an appetite. If overall exercise such as walking isn't possible, have them fold the laundry or peel vegetables. ❖



# History of St. Patrick's Day

Source: *History.com*

The Catholic Church first recognized March 17 as a feast day commemorating Ireland's best-known and most beloved patron saint, Saint Patrick, in 1631. With rare exceptions, March 17 always fell during the Christian holy season of Lent, when alcohol consumption was prohibited by the Church. But on Saint Patrick's feast day, the ban on alcohol was lifted, presumably because it was a feast day, and feasting usually included alcohol.

Saint Patrick's feast day in Ireland remained a traditionally pious religious day. Irish laws eventually curtailed the use of alcohol during the feast on March 17 by mandating that all pubs remain closed on that day. This was Irish law until it was repealed in the 1970s. The day continued to be and still is observed as a feast day by the Church of Ireland, the Catholic Church, the Anglican Communion, the Eastern Orthodox Church, and the Lutheran Church. However, when the Irish government became aware of a growing interest in St. Patrick's Day by American tourists in the mid-1990s, they launched a national campaign to convert America's fascination with St. Patrick's Day and Irish culture into tourist dollars.



Meanwhile, in America, more than one million Irish men, women, and children were immigrating through Ellis Island in the 1800s. They faced oppressive discrimination in America, leaving most unemployed and living in severe poverty in New York City tenements. As their numbers grew, the Irish discovered strength in unity and rallied together to celebrate their beloved patron saint with a parade every March 17. The practice of St. Patrick's Day parades and festivals followed Irish immigrants as they made their way across America's heartland and into the deep south, seeking cheap farmland and job opportunities.

As for our obsession with heavy drinking on St. Patrick's Day? This appears to be a modern American phenomenon not firmly rooted in Irish tradition. But the Irish are not complaining. When they first came to America, the Irish were rejected and despised. Now everyone wants to be Irish on St. Patrick's Day. How great is that? The more Irish on St. Patrick's Day, the merrier.

"Erin go Bragh!" ❖



Tell us  
*your story*  
...we're here to help.

*Why Do We Say  
Tell Us Your Story?*

Individuals 60+ and their caregivers have *unique needs*. As your Area Agency on Aging, we listen, assess, and provide unbiased care options to develop a care plan that *best fits your situation*.

Your plan may include:

- Daily Living Activities Assistance
- Coordinated Community Care
- Targeted Care Services
- Home-based Primary Care

When developing your plan, we will assist in identifying funding sources. Many of our programs are funded through Older Americans Act, Older Michigianians Act, the Michigan Department of Health and Human Services and the Bureau of Aging, Community Living, and Support, the Muskegon County Senior Millage, and the Michigan Health Endowment Fund or those with a moderate income may meet Medicaid eligibility.

Our mission is to help you live safe, comfortable and independent wherever you call home.

**Reach out, we can help!**

Contact Our Options Counselors

**231-733-3585** or

**1-800-442-0054**

SeniorResources   
Area Agency on Aging  
Serving Muskegon, Oceana and Ottawa Counties

# BE LUCKY



**LIVE** on purpose



**UTILIZE** your strengths daily



be a **CATALYST** for change



**KNOW** who you are meant to serve



be **YOURSELF**



RETURN SERVICE REQUESTED

560 Seminole Road  
Muskegon, Michigan 49444-3720



**Senior Resources**  
*of West Michigan*

Non-Profit Organization  
U.S. Postage  
**PAID**  
Permit #777  
Muskegon, Michigan