

FREE FANS

AVAILABLE
FOR SENIORS AND
THE DISABLED

Call your local senior center to reserve yours:

Asheboro	336-625-3389
Archdale	336-431-1938
Liberty	336-622-5844
Randleman	336-498-4332

Fans provided through funds from
Duke Energy Carolinas and Duke Energy Progress

*Due to the limited amount of fans we receive,
those who received one last year
will be put on a waiting list.*

Parkinson's Disease Resources

Marilyn Usher Parkinson's Support Group

First Tuesday of each month – 10:30am
Episcopal Church of the Good Shepherd

*In-person groups may be cancelled or virtual due to
COVID-19, call for more information*

Annette Caugthon – 336-629-6397

Parkinson's Foundation

1-800-473-4636
parkinson.org

The Michael J. Fox Foundation

1-212-509-0995
michaelfox.org

American Parkinson Disease Association

1-800-223-2732
adparkinson.org

Technology Classes for Seniors

Randolph Senior Adults is hosting interactive
technology classes (Android and Apple) for seniors 60+.

No more waiting on someone to help you send a
message, share a picture or celebrate a special day.
Learn to use your smart phone and/or tablet to connect
more easily with grandkids, family, friends and
healthcare professionals!

- In-person classes held monthly through September
- Two classes per week for four weeks (total of 8 classes)
- Classes are approximately one hour
- Class size is smaller to allow for one-on-one instruction and social distancing
- Through grant funds we have purchased devices to use in class. However, if you own a smart phone or tablet, you can bring it with you to learn how to use yours.
- Classes are available at all four Senior Centers

Call your local Senior Center to register!

MANAGING PARKINSON'S DISEASE (PD)

Diet and Nutrition

While there is no prescription for a PD-specific diet, to maintain overall good health most people living with PD should eat a variety of whole grains, vegetables, fruits, milk and dairy products, and protein-rich foods such as meat and beans. Also consider including nuts, olive oil, fish and eggs to your diet, for their beneficial fats.

Diet and PD medications can impact each other. Levodopa medications, such as Sinemet, carbidopa/levodopa extended-release capsules (Rytary) or carbidopa/levodopa/entacapone (Stalevo), work best on an empty stomach. However, some people experience nausea as a side effect of these medications, and taking them on an empty stomach may not be their best option. For others, taking PD medications close to a protein-rich meal (like meat, fish, eggs, dairy products, nuts and beans), may interfere with the absorption of the drug in the blood, causing it to work more slowly or less effectively. Talk to your doctor about the right option for you, such as taking the drug on an empty stomach or with a small snack, such as crackers or applesauce.

People with PD may eat less and lose weight because of difficulty swallowing, nausea from medications or movement symptoms that make it difficult to eat. Address these issues, and also consider adding foods with healthy fats (nuts, nut butters and avocado) to your diet. Try bitter greens or spicy foods to stimulate your appetite. Exercise to increase hunger.

PD symptoms such as tremor, stiffness or difficulties swallowing may make eating certain foods challenging. Try eating foods that are easy to swallow. Put dishes on rubber mats to prevent them from slipping.

Staying hydrated is important, but if drinking water leads to urinary urgency, try eating foods with a high water content in place of beverages, such as celery, butternut squash, grapefruit, strawberries and watermelon.

Working Through Feelings

PD symptoms and treatments can affect your mood. Depression and anxiety affect up to 50 percent of people living with PD. These mood changes can bring on worsening function, leading to a decreased quality of life. Tending to your emotional health keeps this cycle at bay. Tell your doctor, who can recommend the right medical treatments. But also consider counseling, for you, and your loved ones if necessary, and a local or online PD support group.

Counseling sessions — alone, as a couple, family or in a group — can provide support, understanding and education. A PD support group can offer a venue to share your experience with those on a similar journey. This can lift stress, foster new friendships and prevent isolation.

Activities of Daily Living

Sometimes PD can complicate the basic daily activities a person with living with PD once did easily, like bathing, dressing, eating, sleeping and even walking. It can be hard to adjust to these changes, but there are ways to improve safety while supporting a good quality of life. Consider talking to an occupational therapist (OT), who can help simplify home safety and independence by suggesting daily living modifications or adaptations. Your doctor can give you a referral.

Dental Health

Maintaining dental health is important for people with PD. PD symptoms can complicate dental care. People living with PD can face serious consequences from oral ailments. PD can alter face and tongue muscle function, affecting speech and chewing. Missing teeth can further hinder those abilities and may contribute to depression and unhealthy dietary adjustments.

Swallowing problems can accompany PD. Healthy teeth allow less labored and more effective chewing. Poorly chewed food can increase the risk of choking and aspiration, which can contribute to life-threatening pneumonia.

Inflamed gums can signal periodontal disease, which destroys the bone supporting teeth. A cavity is a breeding ground for bacteria that can easily infiltrate the blood stream and harm other parts of the body. Infected teeth and gums can harbor bacteria that may infect devices, such as deep brain stimulation electrodes, prosthetic hips and knees, vascular stents and grafts.

A suppressed immune system can allow the easy spread of bacterial infections. Some people with PD take immune-suppressing medications for unrelated diseases, such as rheumatoid arthritis. Others take clozapine for PD-related psychosis. These medicines can significantly reduce white blood cells, a natural defense against infections, increasing the risk for bacteria-causing dental diseases to spread elsewhere. If you take a medicine with a warning to tell your doctor about infections, make sure to report cavities, loose teeth or inflamed gums.

Get Moving!

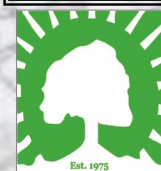
Though you may be tempted to cut out exercise altogether, doing regular exercise such as yoga, walking or swimming can actually help improve flexibility and mobility and reduce muscle and joint pain. In fact, more and more studies are finding that regular physical activity offers therapeutic effects for people with PD.

This and more information can be found at Parkinson.org.

The Nurturer



A Newsletter for Family Caregivers in Randolph County Issue 12 - June 2021



RANDOLPH
SENIOR
ADULTS
ASSOCIATION

SPECIAL EDITION

Special Health Edition

This Special Health Edition of *The Nurturer* will focus on some of the health issues that many family caregivers face. Either for the person they are caring for or for their own health.

We hope you enjoy the different format of this issue. The information and resources should be helpful to you on your caregiving journey. Taking care of your health and the health of your loved one will help prevent or increase health issues from occurring. As always, be sure to discuss any of these suggestions with your doctor.

Free copies of *The Nurturer* can normally be picked up at all Randolph Senior Adult Association locations, Randolph Health, Regional Consolidated Services and other community sites. However, due to COVID-19, the newsletter may be more easily available online at www.senioradults.org.

To receive free quarterly copies of *The Nurturer* in the mail or via email, call 336-625-3389 or email: rcaa2@senioradults.org to be added to our mailing list.

**Follow Randolph Senior
Adults Association
On Facebook**



FAMILY CAREGIVER SUPPORT PROGRAM

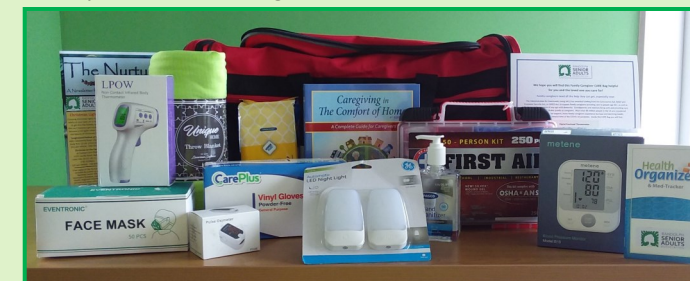
CARES ACT SUPPLIES AVAILABLE TO RANDOLPH COUNTY FAMILY CAREGIVERS

More than 65 million people in the US are considered family caregivers. Being a family caregiver is a hard job, but during a pandemic it is especially difficult. Without support, many family caregivers experience burnout and declining health.

With funds from The Administration for Community Living (ACL), Randolph Senior Adults Association is making available CARE Bags and Incontinence Supplies to eligible family caregivers through the Family Caregiver Support Program CARES Act.

CARE Bags

These CARE Bags are full of items to help caregivers care for their loved one. Included in each CARE Bag is: a digital forehead thermometer, blood pressure monitor, pulse oximeter (to check oxygen level), box of 50 disposable masks, hand sanitizer, box of 100 disposable gloves, first aid kit, packet of 60 disinfecting wipes, batteries, night-lights, throw blanket, health organizer booklet, and *Caregiving in The Comfort of Home* book. All these items will help family caregivers tremendously while sheltering at home.



Incontinence Supplies

Incontinence supplies can be an expensive burden when you are a family caregiver. Buying these items week after week, or month after month, can add up. Eligible caregivers can receive incontinence supplies such as: pullup disposable underwear, taped disposable briefs, bladder pads, or disposable bed pads. A monthly supply will be provided through the end of September 2021, or until funds are exhausted.

**For more information, or to register for these items,
contact Margie DiDona or Lisa Alley at Randolph Senior Adults Association
at 336-625-3389 to see if you qualify .**



RANDOLPH SENIOR ADULTS LOCATIONS

*Centers will reopen on July 1, 2021
Call for new reopening hours*

ASHEBORO—MAIN OFFICE

The Harry and Jeanette Weinberg
Adult Resource & Education Center
347 W. Salisbury Street
Asheboro, NC 27203
336-625-3389 or 1-800-252-2899

ARCHDALE CENTER

108 Park Drive
Archdale, NC 27263
336-431-1938

RANDLEMAN CENTER

144 W. Academy Street
Randleman, NC 27317
336-498-4332

LIBERTY CENTER

128 S. Fayetteville Street
Liberty, NC 27298
336-622-5844

ADULT DAY CARE

714 Farr Street
Asheboro, NC 27203
336-629-3787

RCATS TRANSPORTATION

347 W. Salisbury Street
Asheboro, NC 27203
Randolph County - 336-629-7433
Montgomery County – 910-572-3430

Check Out Our Facebook Page



Recognizing Symptoms of Depression in Older Adults Depression in older adults may be difficult to recognize because they may show different symptoms than younger people. Of some older adults with depression, sadness is not their main symptom. They may have other, less obvious symptoms of depression, or they may not be willing to talk about their feelings. Therefore, doctors may be less likely to recognize that their patient has depression.

Sometimes older people who are depressed appear to feel tired, have trouble sleeping, or seem grumpy and irritable. Confusion or attention problems caused by depression can sometimes look like Alzheimer's disease or other brain disorders. Older adults also may have more medical conditions, such as heart disease, stroke, or cancer, which may cause depressive symptoms. Or they may be taking medications with side effects that contribute to depression.

Depression, even severe depression, can be treated. If you think you may have depression, start by making an appointment to see your doctor or healthcare provider. Certain medications and some medical conditions can cause the same symptoms as depression. A doctor can rule out these possibilities by doing a physical exam, interview, and lab tests. If the doctor can find no medical condition that may be causing the depression, the next step is a psychological evaluation.

www.nia.nih.gov

Caregiver Depression: A Silent Health Crisis

One of today's all-too silent health crises is caregiver depression. A conservative estimate reports that 20% of family caregivers suffer from depression, twice the rate of the general population. Of clients of California's Caregiver Resource Centers, nearly 60% show clinical signs of depression. And former caregivers may not escape the tentacles of this condition after caregiving ends. A recent study found that 41% of former caregivers of a spouse with Alzheimer's disease or another form of dementia experienced mild to severe depression up to three years after their spouse had died. In general, women caregivers experience depression at a higher rate than men.

Caregiving does not cause depression, nor will everyone who provides care experience the negative feelings that go with depression. But in an effort to provide the best possible care for a family member or friend, caregivers often sacrifice their own physical and emotional needs, and the emotional and physical experiences involved with providing care can strain even the most capable person. The resulting feelings of anger, anxiety, sadness, isolation, exhaustion—and then guilt for having these feelings—can exact a heavy toll.

Unfortunately, feelings of depression are often seen as a sign of weakness rather than a sign that something is out of balance. Comments such as “snap out of it” or “it's all in your head” are not helpful, and reflect a belief that mental health concerns are not real. Ignoring or denying your feelings will not make them go away.

People experience depression in different ways; the type and degree of symptoms vary by individual and can change over time. The following symptoms, if experienced for more than two consecutive weeks, may indicate depression:

- A change in eating habits resulting in unwanted weight gain or loss
- A change in sleep patterns—too much sleep or not enough
- Feeling tired all the time
- A loss of interest in people and/or activities that once brought you pleasure
- Becoming easily agitated or angered
- Feeling that nothing you do is good enough
- Thoughts of death or suicide, or attempting suicide
- Ongoing physical symptoms that do not respond to treatment, such as headaches, digestive disorders, and chronic pain

Early attention to symptoms of depression may help to prevent the development of a more serious depression over time.

- Set realistic goals in light of the depression and assume a reasonable amount of responsibility.
- Break large tasks into small ones, set some priorities, and do what you can as you can.
- Try to be with other people and to confide in someone; it is usually better than being alone and secretive.
- Participate in activities that may make you feel better, such as mild exercise, going to a movie or ballgame, or attending a religious, social, or community event.
- Expect your mood to improve gradually, not immediately. Feeling better takes time.
- It is advisable to postpone important decisions until the depression has lifted. Before deciding to make a significant transition—change jobs, get married, or divorced—discuss it with others who know you well and have a more objective view of your situation.
- People rarely “snap out of” a depression. But they can feel a little better day by day.
- Remember, positive thinking will replace the negative thinking that is part of the depression. The negative thinking will be reduced as your depression responds to treatment.
- Let your family and friends help you.

For help contact: **Anxiety & Depression Association of America** (adaa.org) at 1-240-485-1001

Caregiver.org.

10 Ways to Help a Senior Loved One Manage Diabetes

The complications of diabetes can be severe. Diabetes increases the risk of infection. It can damage the heart, kidneys, nerves and eyes. It raises the risk of dementia, incontinence and falls. It reduces both the quality and length of life.

Fortunately, diabetes can be managed. Some seniors can keep their blood sugar at a safe level with lifestyle changes, such as improved diet, increased exercise, quitting smoking and maintaining a healthy weight. The doctor may prescribe medications, in the form of pills, injections or an insulin pump. People with diabetes must monitor their blood sugar and see their doctor regularly.

To complicate matters, senior patients are often dealing with multiple health conditions. The National Diabetes Education Program says that the support of family is vital for helping them cope with day-to-day diabetes care. While family often lend a hand, it can sometimes feel like a full-time job! As the population ages, more family members will find themselves in this helping role, so this is a good time to review these 10 tips:

1. Help your loved one make and keep appointments with their healthcare team. Diabetes management can require a lot of back and forth between the patient and their various providers, which might include their primary care physician, endocrinologist, ophthalmologist, podiatrist and other specialists as needed. Effects of diabetes, such as nerve problems and vision loss, can make it unsafe or impossible for your loved one to drive. If you can't do all the chauffeur duty, help your loved one access alternative transportation, such as public transit, senior transportation, or ride-hailing services.

2. Go along to appointments. It's vital that your loved one follows the doctor's recommendations for taking medications, as well as measuring and recording blood sugar. But they may feel flooded and overwhelmed by all the information. Moral support and an extra set of ears can help.

3. Learn all you can about your loved one's condition. Check out reputable online information from sources such as the National Institute of Diabetes and Digestive and Kidney Diseases, and the American Diabetes Association. The best source of information is your loved one's doctor. Ask any questions you have, such as the signs of low blood sugar and what you should do if that happens.

4. Assist with medication management. Your loved one might take pills to control their blood sugar. If that isn't enough, they may have insulin injections with a syringe or pen, or use an insulin pump. Talk to the doctor about ways you can help. Assist your loved one in keeping track of which medications to take, and when, and how. Look into ways pill boxes, a chart or alarms can help them keep everything organized and timely. Voice assistants also can help. The doctor or pharmacist also should review all the medications your loved one takes, for all health conditions, at least once each year.

5. Get creative in the kitchen. One of the most important ways to

control blood sugar is through diet. Your loved one's doctor will most likely recommend an eating plan that includes fewer sugars and carbohydrates, which are found in pasta, potatoes, rice, tortillas and desserts. Instead, people with diabetes should eat more veggies and proteins. Portion size and timing of meals also matter. But changing the eating patterns of a lifetime can be distressing! Help your loved one give their fridge and pantry a makeover, and adapt recipes to be healthier.

6. Be your loved one's cheerleader for increasing activity.

Along with healthy eating, exercise is a top way to control blood sugar. Your loved one's doctor can prescribe an appropriate exercise program, which will include aerobic and muscle-building activities. This could be an exercise class or a home workout. If your loved one can't safely walk, ask the doctor about seated exercises, a chair exercise class, or a water fitness program. You can help! And by going for a stroll with your loved one instead of visiting on the couch, you're adding some extra movement to your own day, too!

7. Help your loved one inspect their feet. People with nerve damage caused by diabetes might not notice blisters, calluses or injuries to the feet until serious infection has set in. This could even lead to amputations. Regular inspection can catch problems early, but can be difficult if your loved one has poor vision and flexibility. Report cuts, blisters, swelling or redness to the doctor right away. Help your loved one keep their feet clean and dry, and keep nails trimmed. Urge your loved one to choose well-fitted shoes and slippers, and to wear them even around the house — going barefoot raises the risk of foot injury.

8. Avoid power struggles. You arrive at your father's house only to find candy wrappers on the coffee table. “Dad, should you be eating that?” you say. You just want Dad to be healthy, but he tells you to mind your own business. This, of course, is a great example of the age-old safety vs. independence struggle between seniors and those who love them! Reassure your loved one that by helping them preserve their health, you're also protecting their independence. Keep your sense of humor if you can.

9. Make your loved one's condition a family affair. Because it is. If one relative has diabetes, others have a greater genetic risk of developing the condition. Lifestyle choices, too, can run in families. Make eating well and exercising a regular thing in your home. That way you can say, “Mom, I made this healthy meal for you, but it's great for my health, too!” Healthy lifestyle changes can be contagious, serving as teachable moments for the younger generation, as well.

10. Get help from professionals. The time may come when you can't do it all alone. You have a job, kids, other obligations — and maybe you live hours away from your loved one. Studies show many caregivers put their own health at risk as they try to manage all these jobs at once.

Rightathome.net

Diabetes Resources

Diabetes Support Group

Third Monday each month – 4:00-5:00pm
Randolph Health

*In-person groups may be cancelled or virtual due to COVID-19,
call for more information*

336-625-9400

American Diabetes Association

1-800-DIABETES (1-800-342-2383)
diabetes.org

Association of Diabetes Care & Education Specialists

1-800.338.3633
www.diabeteseducator.org/living-with-diabetes

8 Tips for Dealing With Aging Parents Who Won’t Listen

If you’re struggling with aging parents who refuse help, you’re far from alone: A whopping 77% of adult children believe their parents are stubborn about taking their advice or getting help with daily tasks, according to a study by researchers at Penn State University. Fortunately, the situation isn’t hopeless.

How do you get your aging parents to listen to you?

Mary Heitger-Marek, a 50-year-old program analyst from Annapolis, Maryland, like many of us, is asking this question daily. “I can’t even begin to tell you how many times my husband and I have suggested options to improve my parents’ quality of life, and they’ve turned us down,” she says.

“I feel like we could open a senior care business because of all the programs, aid and other things we’ve looked into for them.” Unfortunately, Mary’s feelings are not uncommon when caring for aging parents. Aging care and health professionals recommend the following steps to relieve the resentment and anxiety that can accompany caring for aging parents and loved ones:

1. Try to understand the motivation behind their behavior

Aging is a difficult process for virtually everyone. Many older adults are living with dementia or mental health issues, including anxiety and depression. Taking time to understand how your parents might be feeling can help you communicate with them better.

“Realizing that your parents’ autonomy is important to them can be beneficial as well,” says social worker Suzanne Modigliani, a Massachusetts-based aging life care specialist who works with families to solve elder care problems. She suggests asking yourself some key questions about your loved ones’ behavior:

- Are they acting this way out of habit?
- To assert independence?
- Due to depression?
- Because they’re confused or have dementia?
- What are they afraid of?

Identifying the root cause, or causes, of your parents’ behavior can help you identify the best way to make positive changes.

2. Accept the situation

While you might wish you could control your elderly parents for their own good, the reality is you can’t force them to do anything. Modigliani asserts, “[Your parents] are adults with the right to make decisions — even poor ones.”

Accepting this fact — as hard as it is — can help lower your stress and even improve your relationship with your mother and/or father.

3. Choose your battles

People don’t respond well to nagging, real or perceived. In the long run, it might help your case to stop insisting your parents update their phones, join a fitness class or complete other beneficial, but non-essential, tasks.

Instead, decide what issues are the most important and focus on them — at least initially. Matters involving your parents’ safety, for instance, should take top priority.

But remember, they’re much more likely to take your concerns seriously if you don’t bombard them with several at once, no matter how valid they may be.

4. Don’t beat yourself up

Even professional family mediator Roseann Vanella of Marlton, N.J., has found little success in dealing with elderly parents. Her father has dementia, and her mother has a rare blood disorder. Still, her mother insisted on taking her husband to Sicily on vacation.

“I can’t stop you, so at least get medical jet insurance,” Vanella said. Her mother said she would.

Soon after arriving in Italy, her mother’s disease flared up: she needed

a blood transfusion — at home. Vanella’s mother admitted she never purchased insurance, and Vanella and her brother were on the next plane to Italy.

“After that, I said, ‘She’s never going to take him to Europe,’ but she did,” Vanella says. “I told her how bad it was for my dad since his dementia had progressed.”

Again, Vanella had to fly to Italy and bring her parents back. “The hardest part is knowing something could have been averted, especially in terms of my dad’s dementia, but wasn’t,” she notes.

“My advice is not to hit your head against the wall too hard. There isn’t a lot we can do sometimes but stand by, watch closely, and be able to jump in when needed.”

5. Treat your aging parents like adults

While it may feel as if you and your parents have switched roles at times, they’re still your parents, and want to be treated with respect. “Avoid infantilizing your parents,” said Dr. Robert Kane, former director of the Center on Aging at the University of Minnesota, and author of *The Good Caregiver* in 2015.

“Dealing with a stubborn parent is not the same as dealing with a stubborn child. Older people should be autonomous,” he says. When it comes to dealing with aging parents, remember this: Above all, the goal is to help your parents receive the best care possible.

You’re much more likely to get positive results by treating your aging parents like the adults that they are. This goes for simple tasks, such as helping your parents remember to take their medications, and harder tasks, like helping them get treatment for diabetes.

6. Ask them to do it for the kids (or grandkids)

If your mom isn’t willing to change her behavior for herself, maybe she will for a loved one. Kane’s mother quit smoking after his sister argued that her second-hand smoke was a risk to the grandchildren.

Another approach to dealing with aging parents is to be direct about how it affects you. Communicate your worries to your parent, and explain how your anxieties will be tempered if he or she follows your advice.

7. Find an outlet for your feelings

If you’re angry or resentful that your elderly parent refuses to move to a safer living situation or take their medication as directed, it’s important to vent — but not to your parents. Instead, confide in, or strategize with, a friend, sibling, therapist, online support group or senior living advisor. This is especially important if you are the primary caregiver to your aging parents.

No matter how deeply you care about your mom and dad, it’s easy to become overwhelmed with frustration, fear and anxiety when constantly dealing with their irrational behavior. Guard against this by caring for yourself and finding activities to help release negative emotions.

8. Plan ahead — and talk about those plans

Even if your parent has not been diagnosed with Alzheimer’s disease or dementia, living with any kind of memory loss can be very difficult for seniors to deal with, or even acknowledge. Helping your aging parents remember important dates eases frustration for everyone.

Is there a family celebration they want to attend that’s coming up, such as an anniversary, graduation or wedding? Bring it up. Talk about it frequently. Share in the excitement together.

What do you do when an elderly parent refuses needed care?

Ironically, you should listen.

By paying attention to your aging parents’ needs and heeding the advice of health professionals, you can make dealing with aging parents less stressful for everyone — even if Mom and Dad don’t always listen to you.

aplaceformom.com

Stroke Symptoms

Spot a stroke F.A.S.T.

FACE DROOPING

Does one side of the face droop or is it numb? Ask the person to smile.

ARM WEAKNESS

Is one arm weak or numb? Ask the person to raise both arms. Does one arm drift downward?

SPEECH DIFFICULTY

Is speech slurred, are they unable to speak, or are they hard to understand? Ask the person to repeat a simple sentence, like "the sky is blue." Is the sentence repeated correctly?

TIME TO CALL 911

If the person shows any of these symptoms, even if the symptoms go away, call 911 and get them to the hospital immediately.

Heart.org

Home Delivered Meals



Meals-on-Wheels volunteers deliver nutritionally balanced meals to homebound eligible seniors age 60+. For more information, contact your local senior center:

Asheboro	336-625-3389
Archdale	336-431-1938
Liberty	336-622-5844
Randleman	336-498-4332

***Currently due to the pandemic, 10 frozen meals are provided every 2 weeks**

Stroke Resources

Aphasia Puzzle Program (Stroke & Brain Injury)

Second Thursday of each month – 11:00am
In-person groups may be cancelled or virtual due to COVID-19, call for more information
Randolph Health – 336-625-5151 x5109

NC Stroke Association
336-713-5052
ncstroke.org

National Stroke Association
1-800-STROKES (787-6537)
stroke.org

PREVENTING ANOTHER STROKE

Each stroke survivor has their own unique set of risk factors that contributed to their stroke. Knowing the underlying cause of your stroke is important to preventing another one. Certain traits and lifestyle choices increase the chance of having a stroke. Although some risk factors can’t be controlled, most can be managed.

Risk factors you can’t control

- Increasing age
- Gender
- Race
- Family and personal medical history
- Prior stroke, TIA or heart attack

Risk factors you can manage or control

- High blood pressure
- Smoking
- Diabetes
- High cholesterol
- Physical inactivity
- Obesity and being overweight
- Carotid or other artery disease
- Atrial fibrillation (AFib) or other heart disease
- Excessive alcohol intake
- Illegal drug use
- Sleep apnea

You can greatly reduce your risk of another stroke with the right lifestyle choices and a good medical management plan.

Lifestyle choices

You can modify many of the risk factors you may have by the personal choices you make each day.

- Don’t smoke or use other forms of tobacco and avoid second-hand smoke.
- Adults with chronic conditions or disabilities, who are able, should do at least 150 minutes a week of moderate intensity aerobic activity, preferably spread throughout the week. Regular physical activity can help control cholesterol, diabetes and weight. It can also help lower blood pressure and reduce your stroke risk.
- Try to reach and maintain a healthy weight. To lose weight, you need to take in less calories than you burn.
- Follow a heart-healthy diet that includes fruits and vegetables, whole-grains, fat-free or low-fat dairy products, skinless poultry, fish, non-tropical vegetable oils, legumes (dried beans and peas), and unsalted nuts and seeds. And limit your intake of saturated and trans fats, red meat, sodium and added sugars.
- If you drink alcohol, limit it to one drink a day for women or two drinks a day for men.

Healing from Stroke

Recreational therapy uses a holistic approach that combines the physical, social, cognitive and emotional functioning of people with disabilities. Having a little fun can have great benefits for people with disabilities after stroke. One example might be guiding someone with short term memory deficits, fine motor deficits and poor endurance through the card game *Concentration*. The survivor would use his or her affected hand to turn the cards while standing.

Music therapy may be more than “music to the ears” for stroke survivors. It can:

- Improve your balance and gait as well as speech, memory, attention and focus.
- Help organize motor movement if you can’t control your muscles.
- Encourage you to move spontaneously in ways you wouldn’t if you thought about it.

Singing and speech use a parallel mechanism, so skills used to sing words may carry over to regular speech. Songs that are popular, have predictable lyrics or from childhood may be easier to sing.

Spatial Inattention

This problem, often called neglect, can result in not paying attention to the side of your body affected by stroke. For example, you may not touch food on the left side of your plate or shave the left side of your face. In some cases, it can seem like there’s no left side of the body because your brain is not processing information from that side very efficiently. Rehabilitation involves learning to scan from side to side – finding items on a table and a wall, for instance. This problem also affects the ability to judge space, so therapy may involve touching things at different distances or using a full-length mirror to help process visual information. This treatment should be practiced several minutes at a time, five times per week.

This and more information can be found on stroke.org

Caregiver’s Guide to Understanding Dementia Behaviors

Caring for a loved one with dementia poses many challenges for families and caregivers. People with dementia from conditions such as Alzheimer’s and related diseases have a progressive biological brain disorder that makes it more and more difficult for them to remember things, think clearly, communicate with others, and take care of themselves. In addition, dementia can cause mood swings and even change a person’s personality and behavior. This fact sheet provides some practical strategies for dealing with the troubling behavior problems and communication difficulties often encountered when caring for a person with dementia.

TEN TIPS FOR COMMUNICATING WITH A PERSON WITH DEMENTIA

We aren’t born knowing how to communicate with a person with dementia—but we can learn. Improving your communication skills will help make caregiving less stressful and will likely improve the quality of your relationship with your loved one. Good communication skills will also enhance your ability to handle the difficult behavior you may encounter as you care for a person with a dementing illness.

Set a positive mood for interaction. Your attitude and body language communicate your feelings and thoughts more strongly than your words do. Set a positive mood by speaking to your loved one in a pleasant and respectful manner. Use facial expressions, tone of voice, and physical touch to help convey your message and show your feelings of affection.

Get the person’s attention. Limit distractions and noise—turn off the radio or TV, close the curtains or shut the door, or move to quieter surroundings. Before speaking, make sure you have her attention; address her by name, identify yourself by name and relation, and use nonverbal cues and touch to help keep her focused. If she is seated, get down to her level and maintain eye contact.

State your message clearly. Use simple words and sentences. Speak slowly, distinctly, and in a reassuring tone. Refrain from raising your voice higher or louder; instead, pitch your voice lower. If she doesn’t understand the first time, use the same wording to repeat your message or question. If she still doesn’t understand, wait a few minutes and rephrase the question. Use the names of people and places instead of pronouns (he, she, they) or abbreviations.

Ask simple, answerable questions. Ask one question at a time; those with yes or no answers work best. Refrain from asking open-ended questions or giving too many choices. For example, ask, “Would you like to wear your white shirt or your blue shirt?” Better still, show her the choices—visual prompts and cues also help clarify your question and can guide her response.

Listen with your ears, eyes, and heart. Be patient in waiting for your loved one’s reply. If she is struggling for an answer, it’s okay to suggest words. Watch for non-verbal cues and body language, and respond appropriately. Always strive to listen for the meaning and feelings that underlie the words.

Break down activities into a series of steps. This makes many tasks much more manageable. You can encourage your loved one to do what he can, gently remind him of steps he tends to forget, and assist with steps he’s no longer able to accomplish on his own. Using visual cues, such as showing him with your hand where to place the dinner plate, can be very helpful.

When the going gets tough, distract and redirect. If your loved one becomes upset or agitated, try changing the subject or the environment. For example, ask him for help or suggest going for a walk. It is important to connect with the person on a feeling level, before you redirect. You might say, “I see you’re feeling sad—I’m sorry you’re upset. Let’s go get something to eat.”

Respond with affection and reassurance. People with dementia often feel confused, anxious, and unsure of themselves. Further, they often get reality confused and may recall things that never really occurred. Avoid trying to convince them they are wrong. Stay focused on the feelings they are demonstrating (which are real) and respond with verbal and physical expressions of comfort, support, and reassurance. Sometimes holding hands, touching, hugging, and praise will get the person to respond when all else fails.

Remember the good old days. Remembering the past is often a soothing and affirming activity. Many people with dementia may not remember what happened 45 minutes ago, but they can clearly recall their lives 45 years earlier. Therefore, avoid asking questions that rely on short-term memory, such as asking the person what they had for lunch. Instead, try asking general questions about the person’s distant past—this information is more likely to be retained.

Maintain your sense of humor. Use humor whenever possible, though not at the person’s expense. People with dementia tend to retain their social skills and are usually delighted to laugh along with you.

HANDLING TROUBLING BEHAVIOR

Some of the greatest challenges of caring for a loved one with dementia are the personality and behavior changes that often occur. You can best meet these challenges by using creativity, flexibility, patience, and compassion. It also helps to not take things personally and maintain your sense of humor.

To start, consider these ground rules:

We cannot change the person. The person you are caring for has a brain disorder that shapes who he has become. When you try to control or change his behavior, you’ll most likely be unsuccessful or be met with resistance. It’s important to:

- Try to accommodate the behavior, not control the behavior. For example, if the person insists on sleeping on the floor, place a mattress on the floor to make him more comfortable.

- Remember that we can change our behavior or the physical environment. Changing our own behavior will often result in a change in our loved one’s behavior.

Check with the doctor first. Behavioral problems may have an underlying medical reason: perhaps the person is in pain or experiencing an adverse side effect from medications. In some cases, like incontinence or hallucinations, there may be some medication or treatment that can assist in managing the problem.

Behavior has a purpose. People with dementia typically cannot tell us what they want or need. They might do something, like take all the clothes out of the closet on a daily basis, and we wonder why. It is very likely that the person is fulfilling a need to be busy and productive. Always consider what need the person might be trying to meet with their behavior—and, when possible, try to accommodate them.

Behavior is triggered. It is important to understand that all behavior is triggered—

it occurs for a reason. It might be something a person did or said that triggered a behavior, or it could be a change in the physical environment. The root to changing behavior is disrupting the patterns that we create. Try a different approach, or try a different consequence.

What works today, may not tomorrow. The multiple factors that influence troubling behaviors, and the natural progression of the disease process, mean that solutions that are effective today may need to be modified tomorrow—or may no longer work at all. The key to managing difficult behaviors is being creative and flexible in your strategies to address a given issue.

Get support from others. You are not alone—there are many others caring for someone with dementia. Locate your nearest Area Agency on Aging, the local chapter of the Alzheimer’s Association, a California Caregiver Resource Center, or visit the Family Care Navigator (www.caregiver.org/family-care-navigator) to find support groups, organizations, and services that can help you. Expect that, like the loved one you are caring for, you will have good days and bad days. Develop strategies for coping with the bad days.

The following is an overview of the most common dementia-associated behaviors, with suggestions that may be useful in handling them. You’ll find additional resources listed at the end of this fact sheet.

WANDERING

People with dementia walk seemingly aimlessly, for a variety of reasons, such as boredom, medication side effects, or to look for “something” or someone. They also may be trying to fulfill a physical need—thirst, hunger, a need to use the toilet, or exercise. Discovering the triggers for wandering are not always easy, but they can provide insights to dealing with the behavior.

- Make time for regular exercise to minimize restlessness.
- Consider installing new locks that require a key. Position locks high or low on the door; many people with dementia will not think to look beyond eye level. Keep in mind fire and safety concerns for all family members; the lock(s) must be accessible to others and not take more than a few seconds to open.
- Try a barrier like a curtain or colored streamer to mask the door. A “stop” sign or “do not enter” sign also may help.
- Place a black mat or paint a black space on your front porch; this may appear to be an impassable hole to the person with dementia.
- Add “child-safe” plastic covers to doorknobs.
- Consider installing a home security system or monitoring system designed to keep watch over someone with dementia. Also available are new digital devices that can be worn like a watch or clipped on a belt that use global positioning systems (GPS) or other technology to track a person’s whereabouts or locate him if he wanders off.
- Put away essential items such as the confused person’s coat, purse, or glasses. Some individuals will not go out without certain articles.
- Have your relative wear an ID bracelet and sew ID labels in their clothes. Always have a current photo available should you need to report your loved one missing. Consider leaving a copy on file at the police department or registering the person with the Alzheimer’s Association Safe Return program or other emergency tracking service.
- Tell neighbors about your relative’s wandering behavior, and make sure they have your phone number.

INCONTINENCE

The loss of bladder or bowel control often occurs as dementia progresses. Sometimes accidents result from environmental factors; for example, someone can’t remember where the bathroom is located or can’t get to it in time. If an accident occurs, your understanding and reassurance will help the person maintain dignity and minimize embarrassment.

- Establish a routine for using the toilet. Try reminding the person or assisting her to the bathroom every two hours.
- Schedule fluid intake to ensure the confused person does not become dehydrated. Know that some drinks (coffee, tea, cola, or beer) have more of a diuretic effect than others. Limit fluid intake in the evening before bedtime.
- Use signs (with illustrations) to indicate which door leads to the bathroom.
- A commode, obtained at any medical supply store, can be left in the bedroom at night for easy access.
- Incontinence pads and products can be purchased at the pharmacy or supermarket. A urologist may be able to prescribe a special product or treatment.
- Use easy-to-remove clothing with elastic waistbands or velcro closures, and provide clothes that are easily washable.

AGITATION

Agitation refers to a range of behaviors associated with dementia, including irritability, sleeplessness, and verbal or physical aggression. Often these types of behavior problems progress with the stages of dementia, from mild to more severe. Agitation may be triggered by a variety of things, including environmental factors, fear, and fatigue. Most often, agitation is triggered when the person experiences “control” being taken from him or her.

- Reduce noise, clutter, or the number of persons in the room.
- Maintain structure by keeping the same routines. Keep household objects and furniture in the same places. Familiar objects and photographs offer a sense of security and can suggest pleasant memories.
- Reduce caffeine intake, sugar, and other foods that cause spikes in energy.
- Try gentle touch, soothing music, reading, or walks to quell agitation. Speak in a reassuring voice. Do not try to restrain the person during a period of agitation.
- Keep dangerous objects out of reach.
- Allow the person to do as much for himself as possible—support his independence and ability to care for himself.
- Acknowledge the confused person’s anger over the loss of control in his life. Tell him you understand his frustration.
- Distract the person with a snack or an activity. Allow him to forget the troubling incident. Confronting a confused person may increase anxiety.

REPETITIVE SPEECH OR ACTIONS (PERSEVERATION)

People with dementia will often repeat a word, statement, question, or activity over and over. While this type of behavior is usually harmless for the person with dementia, it can be annoying and stressful to caregivers. Sometimes the behavior is triggered by anxiety, boredom, fear, or environmental factors.

- Provide plenty of reassurance and comfort, both in words and in touch.
- Try distracting with a snack or activity.
- Avoid reminding them that they just asked the same question. Try ignoring the behavior or question, and instead try refocusing the person into an activity such as singing or “helping” you with a chore.
- Don’t discuss plans with a confused person until immediately prior to an event.
- You may want to try placing a sign on the kitchen table, such as, “Dinner is at 6:30” or “Lois comes home at 5:00” to remove anxiety and uncertainty about anticipated events.
- Learn to recognize certain behaviors. An agitated state or pulling at clothing, for example, could indicate a need to use the bathroom.

PARANOIA

Seeing a loved one suddenly become suspicious, jealous, or accusatory is unsettling. Remember, what the person is experiencing is very real to them. It is best not to argue or disagree. This, too, is part of the dementia—try not to take it personally.

- If the confused person suspects money is “missing,” allow her to keep small amounts of money in a pocket or handbag for easy inspection.
- Help them look for the “missing” object and then distract them into another activity. Try to learn where the confused person’s favorite hiding places are for storing objects, which are frequently assumed to be “lost.” Avoid arguing.
- Take time to explain to other family members and home-helpers that suspicious accusations are a part of the dementing illness.
- Try nonverbal reassurances like a gentle touch or hug. Respond to the feeling behind the accusation and then reassure the person. You might try saying, “I see this frightens you; stay with me, I won’t let anything happen to you.”

SLEEPLESSNESS/SUNDOWNING

Restlessness, agitation, disorientation, and other troubling behavior in people with dementia often get worse at the end of the day and sometimes continue throughout the night. Experts believe this behavior, commonly called sundowning, is caused by a combination of factors, such as exhaustion from the day’s events and changes in the person’s biological clock that confuse day and night.

- Increase daytime activities, particularly physical exercise. Discourage inactivity and napping during the day.
- Watch out for dietary culprits, such as sugar, caffeine, and some types of junk food. Eliminate or restrict these types of foods and beverages to early in the day. Plan smaller meals throughout the day, including a light meal, such as half a sandwich, before bedtime.
- Plan for the afternoon and evening hours to be quiet and calm; however, structured, quiet activity is important. Perhaps take a stroll outdoors, play a simple card game, or listen to soothing music together.
- Turning on lights well before sunset and closing the curtains at dusk will minimize shadows and may help diminish confusion. At minimum, keep a nightlight in the person’s room, hallway, and bathroom.
- Make sure the house is safe: block off stairs with gates, lock the kitchen door and/or put away dangerous items.
- As a last resort, consider talking to the doctor about medication to help the agitated person relax and sleep. Be aware that sleeping pills and tranquilizers may solve one problem and create another, such as sleeping at night but being more confused the next day.
- It’s essential that you, the caregiver, get enough sleep. If your loved one’s nighttime activity keeps you awake, consider asking a friend or relative, or hiring someone, to take a turn so that you can get a good night’s sleep. Catnaps during the day also might help.

EATING/NUTRITION

Ensuring that your loved one is eating enough nutritious foods and drinking enough fluids is a challenge. People with dementia literally begin to forget that they need to eat and drink. Complicating the issue may be dental problems or medications that decrease appetite or make food taste “funny.” The consequences of poor nutrition are many, including weight loss, irritability, sleeplessness, bladder or bowel problems, and disorientation.

- Make meal and snack times part of the daily routine and schedule them around the same time every day. Instead of three big meals, try five or six smaller ones.
- Make mealtimes a special time. Try flowers or soft music. Turn off loud radio programs and the TV.
- Eating independently should take precedence over eating neatly or with “proper” table manners. Finger foods support independence. Pre-cut and season the food. Try using a straw or a child’s “sippy cup” if holding a glass has become difficult. Provide assistance only when necessary and allow plenty of time for meals.
- Sit down and eat with your loved one. Often they will mimic your actions, and it makes the meal more pleasant to share it with someone.
- Prepare foods with your loved one in mind. If they have dentures or trouble chewing or swallowing, use soft foods or cut food into bite-size pieces.
- If chewing and swallowing are issues, try gently moving the person’s chin in a chewing motion or lightly stroking their throat to encourage them to swallow.
- If loss of weight is a problem, offer nutritious high-calorie snacks between meals. Breakfast foods high in carbohydrates are often preferred. On the other hand, if the problem is weight gain, keep high-calorie foods out of sight. Instead, keep handy fresh fruits, veggie trays, and other healthy low-calorie snacks.

BATHING

People with dementia often have difficulty remembering “good” hygiene, such as brushing teeth, toileting, bathing, and regularly changing their clothes. From childhood we are taught these are highly private and personal activities; to be

undressed and cleaned by another can feel frightening, humiliating, and embarrassing. As a result, bathing often causes distress for both caregivers and their loved ones.

- Think historically of your loved one’s hygiene routine — did she prefer baths or showers? Mornings or nights? Did she have her hair washed at the salon or do it herself? Was there a favorite scent, lotion, or powder she always used? Adopting—as much as possible—her past bathing routine may provide some comfort. Remember that it may not be necessary to bathe every day—sometimes twice a week is sufficient.
- If your loved one has always been modest, enhance that feeling by making sure doors and curtains are closed. Whether in the shower or the bath, keep a towel over her front, lifting to wash as needed. Have towels and a robe or her clothes ready when she gets out.
- Be mindful of the environment, such as the temperature of the room and water (older adults are more sensitive to heat and cold) and the adequacy of lighting. It’s a good idea to use safety features such as non-slip floor bath mats, grab-bars, and bath or shower seats. A hand-held shower might also be a good feature to install. Remember—people are often afraid of falling. Help them feel secure in the shower or tub.
- Never leave a person with dementia unattended in the bath or shower. Have all the bath things you need laid out beforehand. If giving a bath, draw the bath water first. Reassure the person that the water is warm—perhaps pour a cup of water over her hands before she steps in.
- If hair washing is a struggle, make it a separate activity. Or, use a dry shampoo.
- If bathing in the tub or shower is consistently traumatic, a towel bath provides a soothing alternative. A bed bath has traditionally been used with only the most frail and bed-ridden patients, soaking up a bit at a time in their beds, rinsing off with a basin of water, and drying with towels. A growing number of nurses in and out of facilities, however, are beginning to recognize its value and a variation—the “towel bath”—for others as well, including people with dementia who find bathing in the tub or shower uncomfortable or unpleasant. The towel bath uses a large bath towel and washcloths dampened in a plastic bag of warm water and no-rinse soap. Large bath-blankets are used to keep the patient covered, dry and warm while the dampened towel and washcloths are massaged over the body.

ADDITIONAL PROBLEM AREAS

- Dressing is difficult for most dementia patients. Choose loose-fitting, comfortable clothes with easy zippers or snaps and minimal buttons. Reduce the person’s choices by removing seldom-worn clothes from the closet. It’s common for people with dementia to continue layering on clothes even though they are fully dressed. To facilitate dressing and support independence, lay out one article of clothing at a time, in the order it is to be worn. Remove soiled clothes from the room. Don’t argue if the person insists on wearing the same thing again.
- Hallucinations (seeing or hearing things that others don’t) and delusions (false beliefs, such as someone is trying to hurt or kill another) may occur as the dementia progresses. State simply and calmly your perception of the situation, but avoid arguing or trying to convince the person that their perceptions are wrong. Keep rooms well-lit to decrease shadows, and offer reassurance and a simple explanation if the curtains move from circulating air, or if a loud noise such as a plane or siren is heard. Distractions may help. Depending on the severity of symptoms, you might consider medication.
- Sexually inappropriate behavior, such as masturbating or undressing in public, lewd remarks, unreasonable sexual demands, even sexually aggressive behavior, may occur during the course of the illness. Remember, this behavior is caused by the disease. Develop an action plan to follow before the behavior occurs, i.e., what you will say and do if the behavior happens at home, around other relatives, friends, or paid caregivers. If you can, identify what triggers the behavior.
- Verbal outbursts such as cursing, arguing, and threatening often are expressions of anger or stress. React by staying calm and reassuring. Validate your loved one’s feelings and then try to distract or redirect his attention to something else.
- “Shadowing” is when a person with dementia imitates and follows the caregiver, or constantly talks, asks questions, and interrupts. Like sundowning, this behavior often occurs late in the day and can be irritating for caregivers. Comfort the person with verbal and physical reassurance. Distraction or redirection might also help. Giving your loved one a job such as folding laundry might help to make her feel needed and useful.
- People with dementia may become uncooperative and resistant to daily activities such as bathing, dressing, and eating. Often this is a response to feeling out of control, rushed, afraid, or confused by what you are asking of them. Break each task into steps and, in a reassuring voice, explain each step before you do it. Allow plenty of time. Find ways to have them assist to their ability in the process, or follow with an activity that they can perform.
- Even with these many potential challenges, it’s important to remember that these behaviors are often coping tactics for a person with deteriorating brain function. There’s no question that dealing with these behaviors can make caregiving especially challenging.

Caregiver.org

DEMENTIA RESOURCES

Alzheimer’s Association
1-800-272-3900 (24 hours/7 days)
alz.org

Dementia Alliance of NC
1-800-228-8738
dementianc.org

Positive Approach to Brain Change
1-877-877-1671
teepasnow.com

Lewy Body Dementia Association
LBD Caregiver Link: 800-539-9767
www.lbda.org

Duke Dementia Family Support Program
1-800-646-2028
dukefamilysupport.org