Can Fruits and Vegetables Protect My Eyes?

You've heard us say "eat your fruits and vegetables" over and over. So, what's in it for you, you ask? Well, not only have fruits and vegetables been linked to a lower risk of all kinds of diseases; now it's been discovered that eating lots of fruits and vegetables may help prevent eye disease.

Macular degeneration, an age-related eye disease, threatens your vision and therefore your independence as you grow older. It is the leading cause of blindness among adults over the age of 65. The retina of the eye suffers oxidative damage throughout our lifetime beginning in childhood. This damages the retina and can cause loss of vision. Much of the damage is due to exposure to sunlight, but other stresses like cigarette smoking can play a major part.

Recent studies have shown that some types of nutrients found in many of the fruits and vegetables we eat may help slow the progression of age-related macular degeneration. These nutrients are carotenoids, the yellow, orange and red pigments present in many fruits and vegetables. Two carotenoids in particular, lutein and zeaxanthin, are the ones thought to be beneficial in slowing the progression of macular degeneration. They are plentiful in spinach, collards, kale, corn, orange juice, grapes, zucchini, broccoli, kiwi fruit, and romaine lettuce.

These pigments, lutein and zeaxanthin, are also found in the retina and may act as “internal sunglasses,” protecting the eye by filtering out the most damaging portion of ultraviolet light and acting as antioxidants, says Billy R. Hammond Jr., Ph.D., of the Cooperative Extension Service, The University of Georgia.
University of Georgia. He notes that people with macular degeneration often have low levels of these pigments in their retinas and they also tend to eat foods low in lutein and zeaxanthin. Other antioxidants like vitamin C and vitamin E are being studied for their role in the development of cataracts. More studies will need to be done before experts can determine specifically which nutrients best prevent which eye diseases.

In any case, in addition to wearing ultraviolet protective lenses and not smoking, eating plenty of fruits and vegetables may help to prevent age-related eye disease. Therefore, no matter what your age, we still say “eat your fruits and vegetables.” And keep in mind, with all the links between fruits and vegetables and disease prevention, you’ll probably help more than just your eyesight.

**Holiday Nut Bread**

2 cups unbleached white flour
2 tablespoons canola oil
2 teaspoons baking powder
1 cup mashed bananas
½ teaspoon baking soda
1 cup chopped fresh cranberries
1 egg + 1 egg white
1/4 cup chopped walnuts
½ cup unsweetened applesauce

1. Preheat oven to 350 degrees. Combine flour, baking powder, and baking soda in medium bowl. Mix together egg, egg white, applesauce, oil, bananas, and walnuts in a large bowl.
2. Add flour mixture to large bowl and mix. Fold in the cranberries.
3. Spray 9-inch loaf pan with cooking spray. Pour batter into pan. Bake for 40-50 minutes or until wooden toothpick inserted in center comes out clean. Cool in pan for 5-10 minutes; remove to wire racks to cool completely. 12 servings

Serving Size: 1 slice
Exchanges: 1 starch, 1 fat

Nutrition Information:
Calories: 128
Carbohydrate: 19 grams
Protein: 4 grams
Fat: 4 grams
Cholesterol: 18 milligrams
Sodium: 136 milligrams
Fiber: 1 gram

**Your Resources**

**Accessibility Guidelines: Seven Technical Requirements**

Based on the Fair Housing Act, as amended, there are seven technical requirements in the Accessibility Guidelines for covered buildings.
1. Accessible entrance on an accessible route

If separate entrances for ground-floor units, each entrance must be accessible. If common entrances to a multi-unit building, at least one entrance must be accessible.

An accessible entrance must be located on a route that a person in a wheelchair can easily travel, leading to and from meaningful locations; e.g., parking, public transportation.

2. Accessible Public and Common-Use Areas

Parking areas, curb ramps, passenger loading areas, building lobbies, lounges, halls and corridors, elevators, public use restrooms, and rental or sales office must be accessible to people with disabilities.

Included are drinking fountains, water coolers, mailboxes, laundry rooms, community and exercise rooms, swimming pools, play-grounds, recreation facilities, nature trails.

3. Usable Doors

Doors must be wide enough to enable a person in a wheelchair to maneuver through them easily.

Included are public and common-use doors, doors leading into an individual dwelling unit, and all doors within the dwelling unit itself.

For wheelchairs, doors must have a minimum clear opening width of 32" (measure from face of door to the stop, with door open 90 degrees).

4. Accessible routes into and through dwelling unit

In single-story units, changes in height of ¼" to ½” must be beveled. Those greater than ½” must be ramped or have other means of access.

Minimum clear width for accessible route inside the unit is 36".

Hallways, passages, and corridors must be wide enough to allow room to maneuver a wheelchair throughout the unit.

5. Accessible light switches, electrical outlets, and environmental controls

Operable parts of controls must be no lower than 15" and no higher than 48".

Switches, outlets, thermostats, and controls must be accessible to people in wheelchairs.

6. Reinforced walls in bathroom

Walls in bathrooms must be reinforced so that grab bars near the toilet, tub, shower, and shower seat, if
provided, can be added later.

7. Usable kitchens and bathrooms

A minimum of 40" of clear floor space is required in kitchens to allow a person in a wheelchair to maneuver between opposing base cabinets, countertops, appliances, or walls.

A U-shaped design requires a minimum of 5' in diameter clear space, or removable cabinets at the base of the "U."

Appliances must be located so they can be used by a person in a wheelchair. A 30" x 48" clear floor space is required for a parallel or forward approach.

Adequate maneuvering space is required in bathrooms so that a person in a wheelchair can easily enter, close the door, use the facilities and fixtures, and exit.

HUD Guidelines provides two sets of specifications for usable bathrooms. Option A and Option B.

With Option A, all bathrooms must include providing a basic degree of maneuverability to meet Option A requirements.

With Option B, only one bathroom must meet Option B requirements, which provide for a stricter degree of maneuverability. Other bathrooms require usable doors, reinforced walls, switches/outlets in accessible locations, and must be on an accessible route.

Fair housing act, as amended

Prohibits housing discrimination on the basis of race, color, religion, sex, national origin, familial status, or disability.

Sets certain requirements for accessible design in new construction.

Covers residential multi-family dwellings for first occupancy after March 13, 1999 (covered multi-family dwellings are all types of buildings with four or more units).

Includes condos, single-story townhouses, garden apartments, vacation timeshares, dormitories, homeless shelters.

Requires covered buildings with an elevator to make all units in buildings accessible.

Requires covered buildings without an elevator to make all ground-floor units (including ground-floors at different levels in the same building) accessible.

For further information about the Fair Housing Accessibility Guidelines, call 202-708-2618 or 1-800-343-FHIC (3442) TTY/TDD: 1-800-290-1617

Source: U.S. Dept. Of Housing and Urban Development
Head Injury and Personality Change (Part 2)

Emotional Volatility

In some cases, nerve damage after a head injury may cause emotional volatility (intense mood swings or extreme reactions to everyday situations). Such overreactions could be sudden tears, angry outbursts, or laughter. It is important to understand that the person has lost some degree of control over emotional responses. The key to handling these ups and downs is recognizing that the behavior is unintentional.

Caregivers should model calm behavior and try not to provoke further stress by being overly critical. Help the person recognize when his/her emotional responses are under control and support/reinforce techniques that work.

Aggressive Behaviors

Provided a situation does not present a physical threat, try these approaches to defuse hostile behavior:

- Remain as calm as you can; ignore the behavior.
- Try to change the person’s mood by agreeing with the person (if appropriate) and thus avoiding an argument. Show extra affection and support to address underlying frustrations.
- Validate the emotion by identifying the feelings and letting the person know these feelings are legitimate. Frustration over the loss of functional and/or cognitive abilities can reasonably provoke anger.
- Do not challenge or confront the person. Rather, negotiate (e.g., if you don’t like what’s planned for dinner tonight, how about choosing Friday’s menu?)
- Offer alternative ways to express anger (e.g., a punching bag, a gripe list).
- Try to understand the source of the anger. Is there a way to address the person’s need/frustration? (e.g., make a phone call, choose an alternative activity).
- Help the person regain a sense of control by asking if there is anything what would help him/her feel better.
- Isolate the disruptive impaired person. Consider your own safety and his/hers. Treat each incident as an isolated occurrence as the survivor may not remember having acted this way before or
may need to be prompted to remember. Try to establish consistent, non-confrontational responses from all family members (children may need to learn some “dos” and “don’ts” in reacting to the survivor).

- Seek support for yourself as a caregiver. Support groups, professional counselors, and, if necessary, protective services or law enforcement may be contacted.

Self-Centered Attitude

The person who has survived a head injury may lack empathy. That is, some head injury survivors have difficulty seeing things through someone else’s eyes. The result can be thoughtless or hurtful remarks or unreasonable, demanding requests. This behavior stems from a lack of abstract thinking.

Help cue the person to recognize thoughtlessness. Remind him/her to practice polite behavior. Realize that awareness of other people’s feelings may have to be relearned.

Poor Concentration

“Cuing” or reminders can be helpful in improving concentration and attention. Repeat the question. Don’t give too much information at once, and check to see that the person is not tired.

Head injury survivors should be encouraged to develop self-checks by asking themselves questions such as “Did I understand everything?”, “did I write it down?”, “Is this what I’m supposed to be doing?”, “I made a mistake” or “I’m not sure” should lead to the conclusion, “Let me slow down and concentrate so I can correct the error.” Correct actions should be consciously praised, “I did a good job.”

Lack of Awareness of Deficits

It is relatively common for a head injury survivor to be unaware of his/her deficits. Remember that this is a part of the neurological damage and not just obstinance. Be aware, however, that denial can also be a coping mechanism to conceal the fear that he/she cannot do a particular task. The person may insist that the activity cannot be done or is “stupid.”

- Build self-esteem by encouraging the person to try a (non-dangerous) activity that he/she feels confident doing.
- Give the person visual and verbal reminders or “hints” (e.g., a smile or the words “good job”) to improve confidence in carrying out basic activities more
independently.
• If you feel the person can handle confrontation, challenge him/her to try the activity. Demonstrate that you can do the task easily.

Inappropriate Sexual Behavior

After a head injury, a person may experience either increased or decreased interest in sex. The causes could be a result of brain regulation of hormonal activity or an emotional response to the injury.

Sexual disinterest from a head injured spouse should not be taken personally. Avoiding sexual contact could stem from fear or embarrassment about potential performance. Do not pressure the person to resume sexual activity before he/she is ready. Helping the person dress nicely and practice good hygiene may help increase his/her confidence in feeling attractive.

Increased sexual interest can be particularly stressful and embarrassing to families and caregivers. Without good impulse control, the survivor may make crude remarks out in public, make a pass at a married friend, try to touch someone in an inappropriate setting, or demand sexual attention from a spouse or significant other.

A spouse should not feel pressured into submitting to sexual demands which are unwanted. A sexually aggressive person may need to be isolated from others where inappropriate behavior is not controlled. A call for help may be necessary, if physical threats are made.

Support groups may be useful in helping the person realize the consequences of inappropriate sexual behaviors.

Learning to Cope/Getting Support

Coping with behavior problems after a head injury requires identification and acknowledgment of the impaired individual’s deficits. A comprehensive neuropsychological assessment is recommended. This may help both the survivor and the family to better understand neurological and cognitive deficits.

In some cases, it may be easier for the family caregiver to recognize personality changes than to resolve the problem behavior. Targeted strategies may be used to deal with specific behavioral issues.

Finally, it is important that family members seek and receive support (family, friends, support group, counselor) in dealing with their own emotional responses to caring for a head-injured loved one.

Dear Friend:

SENIOR SENSE is a quarterly publication provided by your local county Extension Service office. It is prepared by Extension Family & Consumer Sciences specialists at The University of Georgia specifically for the educational needs of older Georgians.

Please contact your local Extension Service office for more information on these and related topics.

Putting Knowledge to Work

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