Your Resources

Maintaining a Safe Home for People with Alzheimer's

According to the Alzheimer's Association (www.alz.org) there are approximately 4.5 million Americans with Alzheimer's. Alzheimer's, the leading cause of dementia, is a disease that affects the brain. Victims of Alzheimer's may suffer from memory loss, have problems with reasoning and judgment, may be unable to perform tasks and may experience changes in personality, among other issues. For these reasons, people with Alzheimer's eventually require constant care. Use the following tips to help maintain a safe home for individuals with Alzheimer's and dementia.

People affected with Alzheimer's may easily become disoriented.

- Keep the home well lit, both indoors and out. Install nightlights in bedrooms and restrooms. Leave some lighting on at night.
- Consider doing something to the exterior of the home to act as a landmark. For instance, you may choose to paint the door a bright color or have an unusual mailbox.
- Create simple, graphic signs that designate different areas of the home. For example, to distinguish bedrooms, it may be useful to post a simple photograph of occupant on bedroom door.
- People with Alzheimer's may wander. Prevent unwanted exiting by installing deadbolt locks on entrances.
- Install a door safety alarm on entrances to prevent unwanted exiting.
- Prevent falls down steps by securing doors with latches or installing metal child safety gates.
- Fence in your yard, or part of it, to provide a safe place for wandering. Make sure gates to the yard are securely locked.

People with Alzheimer's may have difficulty keeping their balance and may fall.
• Remove any tripping hazards in pathways. Tripping hazards include electrical cords and low pieces of furniture. Small rugs such as entrance mats are also a tripping hazard. You may also consider securing small rugs to the floor.
• Remove any excess furniture from living areas to create a simple, spacious feeling in the home. Also remove any furniture that is difficult to get in and out of, and any fragile and costly pieces.
• In order to avoid using steps, limit Alzheimer’s patients’ living area to one floor. Or, always accompany individual up and down steps to avoid falls. People with Alzheimer's may need supervision.
• Install child safety locks on medicine cabinets. Store cleaning supplies in secure areas as well.
• To reduce the risk of burns from tap water, lower the temperature on the hot water heater.

For more information, see the following:
• Alzheimer's Association http://www.alz.org
• Ageless Design: Smarter, Safer Living for Seniors www.agelessdesign.com
• The Complete Guide to Alzheimer’s-Proofing Your Home by Mark Warner.

Sources: Tremblay, Kenneth, Jr. 2003. Housing and Design. Colorado State University; Alzheimer's Association (www.alz.org); Ageless Design: Smarter, Safer Living for Seniors (www.agelessdesign.com)

Your Health
What You Believe Influences What You Eat

Do you wear dentures? Do you think they don’t fit right? Then you may eat a less healthy diet than others who think their dentures fit well.

A study called the Third National Health and Nutrition Examination Survey, or NHANES III, was conducted from 1988 to 1994. This survey assessed the health and nutrition of a large number of Americans. One thing it looked at was how wearing dentures affected the intake of healthy food.

People over the age of 50 were divided into two groups: those who had at least 18 teeth and those who had dentures. Those who had dentures were asked whether they thought their dentures fit well. Dentists then examined the dentures of these people and objectively decided whether the dentures needed refitting.

Everyone’s diet was then examined to decide whether they ate enough of the different food groups, how much fat, cholesterol and sodium they ate and whether they got enough vitamins and minerals. Surprisingly, diet quality was influenced more by whether people thought their dentures fit well than by any actual problem with their dentures. In other words, if people thought their dentures

Cooperative Extension Service  The University of Georgia
needed refitting, whether they did or not, they ate fewer healthy foods and had a poorer intake of important nutrients. In fact, if someone thought their dentures fit well, even if they didn’t, they had dietary intakes similar to those who had teeth.

Those who thought their dentures fit poorly in particular ate fewer vegetables and fruits. Their blood levels of Vitamin C, E, folate, beta carotene and several other phytochemicals were all significantly lower.

People unhappy with their dentures also reported having more health problems overall. So, if you think your dentures fit poorly, see your dentist. Your health and well-being may depend on it.


Orange-Pineapple Smoothie

1 banana
2 cups pineapple chunks packed in juice, drained
1 cup orange juice
1/4 cup nonfat milk
2 Tablespoons honey
4-5 ice cubes

Place all ingredients in blender and puree until smooth.

Makes 4 servings.
Exchanges: 2 ½ fruit exchanges

Nutrition Information:
- Carbohydrate: 40 grams
- Protein: 1 gram
- Fat: 0 grams
- Fiber: 2 grams
- Sodium: 19 milligrams
- Cholesterol: 0 milligrams

Your Relationships

Support for Family Caregivers

Family members are the primary providers of long-term care -- that is, personal assistance with essential, everyday activities -- for people with disabilities. Family and other informal caregivers perform a range of tasks and invest varied amounts of time. But many caregivers assist people with severe disabilities for a major portion of time each week, often over a period of years. Although caregivers and care recipients value their relationships, caregiving often comes at significant cost -- in health, resources, and opportunities foregone.

The role of family caregivers

Long-term care consists of the assistance and services provided to people who, because of disabling illnesses or conditions, are limited in their ability to perform basic activities such as bathing and preparing meals. These activities are often referred to as activities of daily living (ADLs) – fundamental routine tasks such as bathing, dressing, getting in and out of bed or chairs, using the toilet, and eating --
About one in five caregivers report that their physical health has suffered as a result of caregiving.

and instrumental activities of daily living (IADLs) -- additional activities necessary for independence such as shopping for groceries and necessities, preparing meals, managing medications, getting to places outside of walking distance, and doing light housework.

Over three-quarters of adults receiving long-term care at home rely exclusively on assistance from family members, friends, and volunteers, referred to as informal care. The other 22% receive assistance from paid providers such as personal assistants and home care aides; 14% use this formal care in conjunction with informal care and 8% depend on formal care alone. Even among adults in the community with substantial disabilities -- limitations in three or more ADLs -- two-thirds rely exclusively on informal care. Family caregivers also provide hands-on assistance, such as help with bathing and eating, to persons in nursing homes and other residential settings. In addition, caregivers may also help their family member or friend learn about his or her medical and long-term care needs and arrange for appropriate services.

Who are the family caregivers?

Based on an analysis of the U.S. Census Bureau’s Survey of Income and Program Participation (SIPP), about 9.4 million individuals were providing assistance to a relative or friend with a disability or chronic health problem in 1998. The majority of informal caregivers are relatives of those with care needs. Spouses and children represent similar proportions, and together account for almost one-third of caregivers. One-quarter of caregivers are parents, and about one-fifth are other relatives, including children-in-law. About 8% of caregivers reported that they are not related to the care recipient, and another 15% did not specify their relationship to the recipient.

How much help do caregivers provide?

According to an analysis of data from a 1998 national survey, family caregivers devote a substantial amount of time to helping a relative or friend. About one-third of caregivers report providing 21 or more hours of help per week. In addition, many caregivers provide assistance for long periods of time -- over 40% have been providing help for at least five years, and about one-fifth have been doing so for 10 or more years.

Challenges of family caregiving

Research indicates that an overwhelming majority -- 89% -- of informal caregivers feel appreciated by their relative or friend and 71% report that their relationship with the care recipient has improved. Nevertheless, the costs of family caregiving can be considerable. About one in five caregivers report that
their physical health has suffered as a result of caregiving.

Symptoms of depression and mental health problems are much more common among caregivers than among non-caregivers. Proportions of caregivers reporting depressive disorders or symptoms range from 30% to 59%. The physical and mental stress associated with caregiving can lead to increased use of health care services.

Although most caregivers do not report high out-of-pocket costs, about 14% report that caregiving causes financial problems for their family. Caregivers who live with the care recipient are much more likely to report experiencing financial problems than caregivers who do not -- 24% and 10%, respectively.

Family caregiving often affects employment and earnings. Some caregivers reduce their work hours and others withdraw completely from the labor force. In a 1996 national survey of caregivers of a friend or relative age 50 or older, about two-thirds of caregivers were working. Although few caregivers in this survey reported giving up work entirely, about half of caregivers who had ever worked while providing care to the care recipient reported making changes to their daily work schedule. The long-term consequences of these actions, such as lost wages and benefits, can be substantial. One study estimated that women who reduced their hours to provide care to a parent or parent-in-law gave up an average of $7,800 in pre-tax wages in 1994 (which was about 20% of median family income among these women).

Other effects of caregiving include less time spent with other family members and friends. Recreational activities, such as hobbies and vacations, may also be limited. More than half -- 55% -- of those caring for someone age 50 or older reported that they have less time for other family members or have given up their own leisure activities. Family conflict or disagreement over caregiving obligations and other family responsibilities is another challenge that may arise.

Conclusion

The importance of family caregiving to people receiving long-term care cannot be overestimated. People are concerned about family members and friends with care needs and value being able to help them. However, experience with caregiving indicates that in addition to the time commitment, it comes at a significant cost. Caregivers may experience declining health or financial difficulties and may need to make difficult tradeoffs in terms of employment and other family needs.

Source: Georgetown University Long-Term Care Financing Project, 2004.
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.

Contributors to this issue:

Jorge Horacio Atiles, Ph.D., Extension Housing Specialist
Connie Crawley, MS, RD, Extension Nutrition and Health Specialist
Don Bower, DPA, CFCS, Extension Human Development Specialist

Past editions of Senior Sense are available online at: http://www.fcs.uga.edu/extension/news_pubs.php#ss