Your Health

Reducing Blood Pressure Without Medication

Many older Americans suffer from high blood pressure (hypertension). Termed the “silent disease” because there are often no symptoms, high blood pressure can lead to heart disease, kidney disease, and stroke.

Blood pressure above 120/80, but less than 140/90, is now termed prehypertension. Hypertension is diagnosed with blood pressure over 140/90 (130/80 with diabetes). Controlling blood pressure early can help reduce your risk of heart disease and stroke. Every effort should be made to keep blood pressure less than 120/80.

Often, the first reaction to high blood pressure is to begin medication. Some people are resistant to taking medication due to cost and side effects. But, medication is not the only answer. Lifestyle changes have been shown to lower blood pressure and reduce the risk of heart disease. You can make some changes in your activity and the way you eat that can lower your blood pressure so you may not require medication. If you think you’re too old to change, you’re not - according to a study conducted with people aged 60-80 that showed that unhealthy lifestyle practices, even if practiced for many years, can be changed.

The study, called TONE (Trial of Nonpharmacologic Interventions in the Elderly), was designed to see if older adults taking blood pressure medication could lower their blood pressure by either consuming less sodium (salt), losing weight, or both, and if they could maintain a normal blood pressure when taken off medication. Those in the low sodium group were instructed to eat less than 1800 milligrams of sodium per day. The goal of the weight loss group was to lose at least 10 lbs. The combined group’s goal was to
consume less sodium and to lose at least 10 lbs. The groups with a goal to lose weight were instructed in ways to change eating patterns and increase physical activity.

The results of the study were:
• Weight loss (at least 10 lbs) and eating less sodium were both effective in lowering blood pressure
• Eating less sodium was as effective as losing weight in keep blood pressure under control and preventing the need for medication
• The combination of eating less sodium and weight loss was more effective than either treatment alone in keeping blood pressure controlled without medication

The bottom line from this study is that making lifestyle changes that result in weight loss and reduced sodium intake can control blood pressure in older adults and reduce the need for blood pressure medication. Previous studies have shown that lifestyle changes in addition to weight loss and eating less sodium can also reduce blood pressure. These include physical activity (even without weight loss), reducing alcohol intake, and a diet rich in fruits, vegetables, and low-fat dairy foods. The TONE study also showed that older adults can make and sustain lifestyle changes, even when they have been practiced for many years. So, keep in mind, it’s never too late to change lifestyle habits.

Cranberry and Sweet Potato Bread

Nonstick cooking spray
2 large eggs

¾ cup light brown sugar, firmly packed
½ cup canola oil
1 cup mashed, canned sweet potatoes
1 teaspoon vanilla extract
½ teaspoon orange extract
1½ cups all-purpose flour
½ teaspoon cinnamon
½ teaspoon nutmeg
1 teaspoon baking soda
1 cup chopped, dried unsweetened cranberries

1. Lightly coat 9x5-inch loaf pan with cooking spray and set aside. Set oven rack in middle and preheat oven to 350 degrees. In medium bowl, whisk eggs, sugar, oil, sweet potatoes and extracts until well combined.
2. In large bowl, sift together flour, spices and baking soda. Make well in center of mixture and add sweet potato mixture. Mix until just moistened. Do not overmix. Lightly stir in cranberries. Transfer batter to loaf pan.
3. Bake 50-60 minutes, or until toothpick comes out clean. Remove bread from oven and cool 10 minutes on rack. Remove bread from pan and set on rack to completely cool. Seal bread tightly in plastic wrap, then foil. Can freeze for up to 1 month. Makes 12 servings.

Exchanges: 2 ½ starch, 1 fat

Nutrition Information:

Calories: 226
Carbohydrate: 37 grams
Protein: 3 grams
Fat: 7 grams
Sodium: 137 mg
Fiber: 2 grams
Recipe adapted from Nutrition After Fifty. American Institute for Cancer Research.

**Your Relationships**

**Sibling Relationships and Parent Care**

How close are you to your brothers and sisters? The senior years can provide siblings who have been out of touch with each other a rich opportunity to become closer. Even older adult siblings who have drifted apart often find that the senior years can be a time of growing closer and sharing. Sibling relationships are unique in that they’re the only close family relationships with the potential to last a lifetime. Siblings share biological and cultural heritage and many memories. Their lifelong bonds are based primarily upon their shared history. Although the number of living siblings declines with age, contact among siblings tends to increase with age. Very often what brings them together again is the need to provide care for their ailing parents.

Helping a frail aging parent is one of the major tasks facing middle-aged siblings. The way in which you do this can be important to helping or harming your relationship.

Adult children undergo several phases of change in dealing with a dependent elderly parent. Most experience at least some denial of a parent’s aging process until a critical event forces them to reconsider the parent’s health and functioning. In the beginning of that phase, siblings tend to move closer to one another emotionally as they communicate more frequently about what is happening to their parent.

In the second phase, the parent’s needs increase to the point that the children need to provide some care. It begins to be clear which of the siblings will provide most of that care.

In the third phase, the parent’s needs increase such that one of the children may need to take the parent into her or his home.

In the final phase, the parent’s needs become so great that a decision must be made about increased in-home care or moving to some type of assisted living facility.

How adult siblings handle these changes depends on the history of their relationship. If there is a history of closeness, the tasks tend to be divided more equally among the siblings. In other cases, siblings tend to distance themselves emotionally from one another under the stress of caregiving. Sometimes, old patterns of sibling rivalry are revived, with active conflict arising among siblings.

When conflict is related to caregiving responsibilities, it is often about the division of care tasks. Research has found that these conflicts are more common between sisters who assume the major

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portion of care responsibilities.

A particularly troublesome situation arises when two siblings have different perceptions of the parent’s needs. These differences of opinion commonly revolve around two conflicting beliefs:

- that the older person should be placed in a nursing home for reasons of “health and safety,” and
- that the older person should be kept at home “no matter how much the family has to do.”

In either case, it may be helpful to consider either a short trial period of keeping the parent at home to assess the older person’s feelings and health and the family’s caregiving capacity, or to try a temporary nursing home placement. Throughout this process, it is important for families to realize that decisions are reversible, and that frequent evaluation of decisions is useful.

Five types of sibling participation in parent care have been identified in families with several adult children:

- Routine help. In this style, an adult child provides care for the parent on a daily basis.
- Backup help. In this style, an adult child is not routinely involved in parent care, but can be counted on for special emotional support or tangible aid when asked by the sibling who gives routine help.
- Limited help. In this style, the help provided to the parent is carefully limited by the adult child. For example, a brother may leave most of the parent care to his sister while he takes responsibility for managing his parent’s finances.
- Sporadic help. In this instance, occasional assistance to the parent is provided by the adult child when it’s convenient. For example, a daughter who lives in another state may maintain little contact with the frail parent except occasionally to provide help during a holiday visit.
- Dissociation. In this style, the adult child chooses not to participate in any care for the parent. Such cases often result from a long history of a troubled relationship between the parent and child.

Some styles of caregiving participation among siblings tend to be related to gender. Sisters are more likely to use routine or backup styles of participation, while brothers’ help tends to be sporadic or limited. Help provided by male siblings usually is limited to typically male areas of expertise, such as financial management or home repairs. Yet, research shows that when families consist only of male children, brothers appear willing to cooperate with one another to meet their parent’s need for care. Brothers can and do take over traditionally female caregiving tasks when there are no sisters in the family.

Greater caregiving responsibility may
fall to the siblings who live closest to the older parent. Unfairness in caregiving can also stem from occupational differences among siblings. Adult children who are unemployed, employed part-time, or engaged in homemaking often are expected to take on much of the care. When families are alert to these tendencies, they can negotiate caregiving responsibilities and attempt to distribute tasks on the basis of fairness and family strengths.

Source: Oregon State University Extension Service.

Your Resources

Scaled-Down Appliances

Many seniors choose to relocate to smaller homes including apartments, condominiums, and assisted living arrangements. As space in smaller homes may be limited, consumers may opt for scaled-down appliances designed to fit smaller environments. Consumers may find compact versions of appliances including but not limited to refrigerators, combination washing machines/dryer, ovens/ranges, dishwashers, and wine coolers.

Scaled-down appliances are available in a wide range of styles to suit varied tastes of consumers, ranging from basic models designed to fit a small budget to those that feature the latest innovations and professional-quality styling. When choosing appliances for smaller homes, consumers do not have to sacrifice quality, performance, or style.

Scaled-down appliances may save consumers money on their utility bills; generally speaking, smaller appliances require fewer resources to operate. Consumers wishing to optimize energy efficiency should look for products that bear the Energy Star label. According to www.energystar.gov, “Energy Star is a government-backed program helping businesses and individuals protect the environment through superior energy efficiency. Energy Star appliances deliver the same or more services for less energy.” Appliances with the Energy Star label are guaranteed to meet strict energy efficiency guidelines set by the U.S. Environmental Protection Agency (EPA) and the U.S. Department of Energy.

Sample Savings: Refrigerator
1. A top freezer, automatic defrost, less than 18 cubic feet consuming between 372 and 376 kWh/yr costs $31.00/yr to operate
2. A scaled-down refrigerator that uses 253 kWh/yr costs $21.00/yr to operate
(American Council for an Energy-Efficient Economy)

In conclusion, if you are downsizing to a smaller home and are looking for appliances with high rates of efficiency, performance and style, consider choosing scaled-down appliances.

Source: American Council for an Energy-Efficient Economy
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.

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