
SOME OF THE TOUGHEST ISSUES

“THE BIG ISSUE IS WHETHER DAD, 93, AND MOM, 83, CAN CONTINUE TO LIVE IN THEIR HOME. THEY’RE IN A SMALL TOWN IN SOUTH DAKOTA. MOM HAD A STROKE TWO YEARS AGO, AND DAD HAS BEEN TAKING CARE OF HER. EVEN THOUGH MY BROTHER LIVES IN THE SAME TOWN AND MY SISTER IS IN IOWA, I’M A NURSE, AND THEY THINK I KNOW MORE. IT’S ALSO THAT I’M THE ELDEST DAUGHTER. THEY TURN TO ME FOR EVERYTHING.”

RUTH, AGE 57
NEW YORK

LONG-DISTANCE CARE: GETTING INVOLVED WHEN YOU’RE NOT NEARBY

There are currently 7 million Americans who are providing assistance for an elder who lives at a distance. Managing this situation for most of these long-distance caregivers is possible because they have family or friends who live near the elder who help out and keep the long-distance caregiver informed about their parent.

When your parents live far away, the issues that arise may not be all that different from the ones you would experience if they were next door. What is different is that you may have to work harder to get the same results.

The key to long-distance care is planning ahead and communicating regularly with your parents, other family members, your parents’ friends and neighbors, doctors, bankers, lawyers, and other members of the network you develop to assist you in helping your parents remain independent.

Here are some suggestions you may find helpful, should you need to provide long-distance care. With your parents’ knowledge, select two or three key people (e.g., friends, neighbors, or clergy) who care about your parents’ welfare. Meet with them and discuss the situation. If they agree to help, give them your home and work telephone numbers, or even a telephone credit card, so they can easily contact you. From time to time, tell them how much you appreciate their efforts, and perhaps send them a note or gift.

Spend some time with your parents so you become familiar with the challenges they may be facing and the resources available in the area that you or they may need to contact. Subscribing to your parents’ local newspaper can keep you abreast of the services offered in their community. See *Finding Local Services*, page 12, and *Where You Can Turn for Help*, pages 33-35, for the types of services that might be helpful now or later when your parents’ needs change. The Directory of Resources (page 40) will also assist you in finding the help you may require. The book, *Long Distance Caregiving: A Survival Guide for Far Away Caregiving*, listed in Additional Source Material, page 63, has many suggestions that you may find helpful.

WHEN YOUR PARENTS WON'T GO TO THE DOCTOR

This is a decision your parents make for themselves. Unless they are judged mentally incompetent, they are legally responsible for their own actions. Parents' refusal to see their physicians can be very upsetting. Reasons may include lack of money, exhaustion, or fear. Talking with their doctor or a hospital social worker, preferably one who specializes in geriatrics, can help you look at options to help resolve this dilemma. You may also offer to go with your parents – for some older people the idea of going to the doctor alone is a barrier.

WHEN YOUR PARENTS SHOULDN'T DRIVE

There may come a time when it is clear to you that your parents should no longer drive. Giving up driving may be one of the most divisive issues you and your parents must face. The fact that they can't get into their car and go where they please is a defining limit to their independence.

There is no right or wrong way to discuss this issue. If you are lucky, they will have come to the same conclusion. If not, you will have to try to override their objections. Before taking any action, however, do some research to locate alternatives to driving that are available in their community. These can include shuttle buses that provide door-to-door service; home delivery services from various stores, and local transportation services for the elderly. Contact a local senior citizen center for additional suggestions.

If your parents refuse to discuss the matter and won't agree to stop driving, yet it is clear that safety is an issue, you may want to consider talking with their doctor about your concerns.

RECOGNIZING ELDER ABUSE

Elder abuse is defined as the mistreatment of an elderly person. It may include assault, threats of assault, verbal abuse, financial exploitation, physical and/or emotional neglect, or sexual abuse.

Elder abuse is one of the most under-reported problems in the country because victims may be ashamed, unable to report it, or fearful of reprisals if they speak up. Abuse is more likely when the stress level of the individual providing the care is heightened as an older person's condition worsens.

The following indicators are listed by The National Center on Elder Abuse as important clues to, but not necessarily signifying, possible abuse:

- Bruises, burns, or cuts
- Dehydrated or malnourished appearance
- Anxiety, confusion, or withdrawal
- Expressions of shame, embarrassment, and fear
- Poor personal hygiene
- Overmedication or oversedation
- Sudden bank account withdrawals or closings

PRACTICAL HINT

Give your parents a telephone answering and/or fax machine as a gift. There are many relatively inexpensive models that combine these functions in a single unit and hook up to existing telephone lines. Look for ones with large, easy to read numbers. You may find this gift an invaluable tool for communicating and sending notes, articles, and bills. If your parents are not comfortable with this technology, an answering service may be more to their liking. Also consider giving them a computer to communicate with you by e-mail.

PRACTICAL HINT

Alcoholics Anonymous (AA) can be a source of information on alcoholism, and it has been singularly successful in long-term recovery through its shared-support program. Al-Anon, an offshoot of AA, can help you and your family deal with the issues of relating to an alcoholic parent. See your local telephone book (white or yellow pages) to contact AA or Al-Anon. Or talk with a friend, neighbor, or anyone who has successfully used these programs.

PRACTICAL HINT

If you suspect elder abuse, additional sources of help listed in the Directory of Resources include the National Committee for the Prevention of Elder Abuse, page 44, and the American Bar Association Commission on Legal Problems of the Elderly, page 59.

In most jurisdictions, either Adult Protective Services (APS), the Area Agency on Aging (AAA), or the county Department of Social Services is designated as the agency to investigate allegations of elder abuse. If the investigators find abuse, they make arrangements for services to help protect the victim. Call the National Eldercare Locator at 800-677-1116 and ask for the county Area Agency on Aging telephone number.

ALCOHOLISM IN OLD AGE

Alcohol abuse among the elderly is no longer a hidden or ignored problem. But, as with alcoholism among the general population, it thrives on denial, neglect, and secrecy, and it often goes undetected. The alcoholic and the family may deny its existence, and the health care provider may misdiagnose the disease because many of the symptoms of alcoholism imitate those of other pathologies often described as “old age complaints.” These include: tremors, confusion, hypertension, and depression. Some additional indicators of possible alcohol abuse are:

- Burns on hands and other extremities from cooking, bathing, or smoking
- Evidence of repeated falls
- Other unexplained “accidents”
- Fear or avoidance of doctors and dentists
- Paranoid behavior
- Mood swings
- Malnutrition
- Preference for isolation, secretiveness
- Inability to remember particular periods of time (blackouts)

The Center for Substance Abuse Prevention offers the following cautions regarding the potential for alcohol abuse in older people:

- Age-related stresses, such as loss of employment, loss of spouse or friends, or a move to an unfamiliar environment, are among the factors which may put a person at risk for increased alcohol consumption. Also, the changing metabolism that comes with aging can make older people more susceptible to the effects of alcohol.
- As with any other drug, problems can occur in the interaction between alcohol and other medications, both prescription and over-the-counter. Here is a clear case of the importance of asking questions of the doctor and pharmacist, and being very sure of the instructions regarding interaction and side effects of every medication your parents are taking.
- To help lessen the loneliness, isolation, and depression which can lead to and be made worse by alcohol abuse, your parent should be encouraged to stay as actively involved in family and community affairs as possible. Offering needed skills and experience to volunteer programs can also enhance your parent’s self-esteem and sense of self-worth.

Alcoholism is a progressive disease, and while not curable it can be successfully arrested with proper treatment. If you suspect an alcohol

problem with a parent, first contact your parent's doctor or other competent medical person to discuss where to find help. Confrontation is rarely successful without professional guidance. There are many facilities and programs for detoxification, evaluation, and rehabilitative treatment.

DEPRESSION AND THE ELDERLY

Depression is a common illness, yet few sufferers are properly diagnosed. This is especially true for the depressed elderly. Everyone experiences variations in mood, ranging from minor frustrations to the grief that accompanies a major loss. But a clinically diagnosed depression that interferes with the ability to function, feel pleasure, or maintain interest is not a simple case of the "blues." It is an illness that doctors, psychiatrists, psychologists, and other mental health professionals have made great progress in understanding and treating.

Aging itself does not cause depression, but many conditions that occur among the elderly can contribute to its onset. Among these are:

- Diseases that produce chronic pain, disability, dependence, isolation, and fear
- Some medications, such as steroids and those for the treatment of hypertension, heart disease, and diabetes
- The loss of peers and loved ones, which may create a continual mourning process contributing to feelings of loneliness and isolation
- Keeping fears and negative feelings "bottled up," due to the fact that many parents grew up in an era when expressing these feelings was not acceptable

Depression is usually a treatable illness. Talk with your parent's or your own physician about your concerns. They can suggest an appropriate professional for diagnosis. Treatment may include counseling sessions, medication, and a supportive family.

THE HOSPICE OPTION: WHEN YOUR PARENT IS TERMINALLY ILL

The hospice concept, developed in the 1960's in England, enables an individual diagnosed with a terminal illness to die a dignified death in a caring environment. Hospice services emphasize comfort measures rather than aggressive treatment, and they provide a coordinated program of professional services, including pain control and counseling for the patient, as well as counseling and support for family members and friends, including bereavement services.

Hospice services are available in a variety of environments. Some families and patients prefer to have care given in their home. Others prefer a hospital or nursing home environment that is comfortable and home-like. The hospice services may also consist of a combination of both home and hospital care.

PRACTICAL HINT

Approximately 3,100 national hospice programs offer services to 700,000 terminally ill patients and their families annually in the U.S. For more information on hospice services, see the National Hospice and Palliative Care Organization listing in the Directory of Resources, page 54.

PRACTICAL HINT

For information about hospice programs and the hospice philosophy as well as other useful end-of-life resource information, visit www.hospicefoundation.org.