



The Pitfalls of **Elder Care** – and How to Avoid Them

Caring for an aging loved one, or planning future care for yourself, is challenging. **Knowing the risks can save you time, money, and heartache. ::**

BY VERA TWEED

MOST PEOPLE NEED extra care in their 80s or 90s, but dementia or other disability can strike earlier. The biggest mistake is not planning realistically and being forced to make decisions in a crisis.

A debilitating fall, for example, may require longer-term rehabilitation and make it impossible for a senior to continue living at home. With better planning, perhaps the fall could have been prevented, or its consequences may not be as difficult to manage.

“Trying to align what I want with where I am is a task,” says Dr.

Christine Kistler, a geriatrician at the University of North Carolina in Chapel Hill.

Most people don’t want to think about needing day-to-day help, or possibly moving out of the house where they raised a family. However, Kistler tells Newsmax, “It’s really important to set yourself up for success.”

Some widely used medications may be safe for younger people but among elderly seniors, says Kistler, can cause memory loss, impaired judgement, poor planning, disorientation, personality changes, and even falls. Keep that in mind with these medications:

- >> **Benzodiazepines: anti-anxiety drugs such as Valium**
- >> **Sleep medications: over-the-counter and prescription**
- >> **Antihistamines: over the counter and prescription**
- >> **Muscle relaxants**
- >> **Steroids**

In addition, drugs to control blood pressure and blood sugar can be overprescribed. “The evidence has become increasingly clear that tight glucose control or tight blood pressure control in most older people may lead to increased falls and fractures and, in fact, may not be indicated,” says Kistler.

A geriatrician, a doctor who specializes in elder care, can review and adjust prescriptions.

A survey of more than 4,500 people, by the AARP Public Policy Institute, found that nearly 9 out of 10 adults age 65 or older want to spend



their golden years in their current home, and 7 in 10 between the ages of 50 and 64 feel the same way. But many houses weren't designed for older residents.

Stairs and rough roads increase the risk of falls, and distance from stores, doctors, and pharmacies poses serious challenges for seniors who can't drive. "They are literally trapped by their homes," she says.

Becoming socially isolated, in a remote location or through lack of transportation, is another pitfall. Studies show that isolation and loneliness speed up mental decline.

Better options include living close to friends and family, with stores, social activities, and healthcare nearby.

A home with all the rooms on one level, with safety features such as grab bars in the bathroom, make aging at home more safe and realistic.

Control over one's own life is a big reason why most people want to age in their own home, and in-home care can help a senior stay in charge.

Many states have some form of licensing for caregivers, whose services can range from help with daily activities to medical treatment. Financial assistance may be available (see Resources box).

Family members who provide care can become drained if they take on unrealistic obligations. "Be reasonable," cautions Therese Johnson, author of *Saving Seniors' Savings*, a senior care specialist for 20 years, and founder of Senior Care of Sacramento. "Don't promise, 'I'll always keep you at home,'" she tells Newsmax. What if dementia or another disability makes round-the-clock care a necessity?

Although Johnson favors aging at home, moving is sometimes a better option, and she warns against waiting too long. "You want to move while you still have the ability to help pack your own things," she says.

Many people are afraid of leaving their current home because they aren't aware of other options, including:

>> Independent living: In communities built for seniors, these can be apartments, condo units, or mobile homes for people who don't need assistance with everyday functions but want the conveniences you might find in a hotel, such as household cleaning, and recreational activities, such as a clubhouse.

>> Assisted living, residential care facilities or board and care: These all describe state-licensed facilities that provide help with "activities of daily living," meaning everyday functions, such as bathing and dressing. ("Room and board" is not a state-licensed facility.) Board and care homes are small, often for six residents, with a lower cost, whereas the other housing developments are larger, cost more, and offer more amenities.

>> Skilled nursing facilities or nursing homes: Also licensed, these provide medical care in addition to assisted living. Some people need this type of care temporarily, to recover from a surgery or accident, while others require ongoing care.

>> Continuing care retirement communities: A combination of all the other types of facilities, these communities enable people to move into independent living and, as needs change, move into assisted living or a nursing home in the same development. The type of facility that best suits a given person depends on overall health, medical needs, and financial situation. □

RESOURCES

National Aging in Place Council

WWW.NAIPC.ORG

>> A nonprofit organization that connects people to services that help seniors live at home.

Eldercare Locator

WWW.ELDERCARE.GOV

>> Information about all types of care available and links to agencies that offer financial and other support.

Benefits.gov

WWW.BENEFITS.GOV

>> Click on "Start Benefit Finder" to check eligibility for government benefits, for you or a loved one.

National Council on Aging

WWW.NCOA.ORG

>> A nonprofit organization that provides information for seniors and caregivers.