



## H1N1 And Seasonal Influenza: Tips For Family Caregivers During The Flu Season *by Diane Walker, RN, MS*

Caring for adults over 65 years of age and individuals living with a disability has been complicated this fall by the H1N1 virus. H1N1 is a new flu virus of swine origin that infected people in Mexico and the United States in March and April. Declared a pandemic in June 2009, cases of H1N1 are expected to rise again during the regular flu season this fall. Although H1N1 does not disproportionately target older adults, new research findings indicate adults over 50 who have the following underlying medical conditions are at greater risk of having severe influenza and being hospitalized: obesity, hypertension, high cholesterol, and gastrointestinal disease.

Each year 5% to 20% of the population gets the “regular” seasonal flu. More than 226,000 people are typically hospitalized with flu complications which include: pneumonia, dehydration, and worsening long-term medical conditions such as heart, lung, and kidney disease, diabetes, spinal cord injury, MS, and ALS. About 36,000 deaths occur each year from the regular seasonal flu, primarily among adults over 65 years of age.<sup>1</sup> Caregivers are also at greater risk because of their close personal contact with their care recipients.

For *all* individuals, prevention is again the key and here are some steps you and your loved ones can take to avoid serious illness.

- ◆ Talk with your primary care physician about getting vaccinated for *both* regular and

*(Continued on page 3)*

### November Is Alzheimer’s Disease Awareness Month

President Ronald Reagan designated November as National Alzheimer’s disease Awareness Month in 1982 and launched a national campaign against the disease in 1983. Approximately 5 million Americans are now living with Alzheimer’s disease.

Several events are planned by local chapters of advocacy organizations which you can learn about by contacting the websites below. The Alzheimer’s Foundation of America (AFA) has designated November 17th as National Memory Screening Day. Qualified healthcare professionals will be available at community venues nationwide to offer free, confidential memory screenings, education, and follow-up resources. Contact AFA about local screenings at [www.nationalmemoryscreening.org](http://www.nationalmemoryscreening.org).

The Alzheimer’s Association (AA), in recognition that November is also National Family Caregivers Month, is providing insight and support to those caring for someone with Alzheimer’s. Two resources, *The Caregiver Notebook* and *Comfort Zone* will be available from their website. Contact AA to review the caregiver resources at [www.alz.org](http://www.alz.org).

### Family Caregivers Celebrated

November is also Family Caregivers Month and we take this opportunity to thank you for the caring and compassion you have for adults over 65 and individuals living with a disability.

It is gratifying to note that some research studies are beginning to report *benefits* from caregiving despite its challenges. A new study in *Stroke* found that current caregivers of stroke patients handled the challenges presented by this event better than others had in the past. The study encouraged assistance that focuses on coping skills that emphasize benefit finding. Caregivers also reported the experience enabled them to appreciate life more.

Haley, W.E. et al. Problems and Benefits Reported by Stroke Family Caregivers. *Stroke*, 2009 Jun 40 (6): 2129-33.

#### Special points of interest:

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## Health Care Reform: There Is More Than “One Elephant In The Room” When It Comes To End-of-life Care *By Diane Walker, RN, MS*

I loved elephant jokes as a kid. Remember the one that went, “How can you tell if there is an elephant in the room?” “By the peanuts on its breath!” Evan Thomas used the same analogy recently in an excellent article about end of life care.<sup>1</sup> The elephant he wrote about was the cost of Medicare spending in the last year of life—estimated to be one-third of Medicare’s 2 trillion dollars. Health care reform will have to address this issue because of the cost of funding universal health insurance. Unfortunately political efforts to derail a sensitive, rational discussion about end-of-life care appear to be gaining traction in an ever more fractious debate. Equally unfortunate is the fact that there are several elephants in the room that need to be addressed simultaneously if we are really going to change health care in America. Here are some of the “elephants”:

1. End-of-life care spending needs to be *consumer directed* and reimbursed that way. Most Americans, estimated to be more than 70%, want to die *at home*. They do not want to die in a hospital and they do not want to be kept alive by aggressive measures when these measures will not improve their quality of life. Currently, Medicare does not reimburse physicians to help individuals and their family members to develop personal advance directives: directions to ensure care is consistent with the individual’s values. Medicare reimburses providers (physicians, hospitals) on a fee for service basis encouraging higher costs often at the expense of personal wishes. Let’s have an insurance premium deduction for having Advance Directives and Medical Power of Attorney documents in place after an individual becomes 60 years of age. Let’s incentivize physicians to follow advance directives.

2. Let’s reimburse health care providers based on outcome *quality*, not *quantity* of services. Over 15 years ago the Accounting Office that oversaw Medicare’s reimbursement for skilled home care discovered it was paying very divergent amounts for the same

diagnosis across the country. No one should be surprised that the same situation exists today with Medicare’s reimbursement for services in the last year of life. Let’s make these costs and outcomes public like we do now with Medicare reimbursed hospitals and nursing homes.

3. Insurance companies need to be non-profit entities. America is the only leading country to have for-profit insurance companies.

4. We need malpractice reform to protect physicians who comply with advance directives—not simply reform so physicians who make serious medical errors cannot be held *reasonably* responsible.

5. Computerize health care so all providers can communicate effectively about conditions, tests and interventions. Reducing this waste is estimated to lower medical costs substantially.

6. In some states, nursing homes are reimbursed more for holding open a bed of a hospitalized resident than the daily room rate—incentivizing nursing homes to hospitalize residents regardless of their wishes.

Tell your representatives that you want the provision for end-of-life consultation payments included in the health reform bill so discussion goes on and your choices can be protected. Find your representative at [www.congressmerge.com/onlinedb/](http://www.congressmerge.com/onlinedb/)

<sup>1</sup> Thomas, E. “The Case For Killing Granny: Rethinking End-Of-Life Care.” *Newsweek*: (9), 2009, 37-40.

## New Products Developed To Help Seniors Drive More Safely

Adults over 65 want to continue driving as long as possible—they emphatically insist on it! The ability to move at will is engrained in our definition of independence at an early age and driving is considered the ultimate expression of that freedom. Children of older adults, however, are often concerned that supporting their parents’ desire to drive places them and others at risk of injury because of traffic accidents. Discussing this issue can be a real source of conflict causing children and even primary care practitioners to avoid the discussion all together.

The aging process negatively affects critical skills necessary for safe driving: the brain is less able to process visual information, peripheral vision is diminished, and older adults are less able to track moving objects. Because of the importance of this psychological and safety issue, technology companies have now developed products to improve an older adult’s ability to drive. According to AAA<sup>1</sup>, these

products improve driving skills by re-training the brain to improve visual fields, reaction times, and driver confidence.

The new software products typically use simulation “games” to train the brain to react faster on the road. Adults can play the games on a DS, PC or Mac and they can be introduced by computer-savvy children as a game so Granddad's need to resist is reduced.

For more information about these products, contact AAA.

<sup>1</sup> “Computer Game Improves Senior Driving Skills.” *AAA World*. November/December 2009, 10.



### Health Watch

The U.S. Environmental Protection Agency has published a booklet entitled, "Growing Smarter, Living Healthier." The *free* guidebook informs adults over 65 years of age about the ways communities work and how to become actively involved in making them friendlier for older adults. The booklet addresses issues such as housing, transportation, mobility, finding healthy foods, and location to exercise safely. The booklet can be ordered at <http://www.epa.gov/aging/bhc/guide/index.html>.

The Federal Interagency Forum on Aging Related Statistics has published a report entitled, "Older Americans 2008: Key Indicators of Well-being." The report is an excellent source of information about the overall status of the U.S. population over 65 years of age. The publication is free and can be downloaded as a pdf document at [http://www.aoa.gov/agingstatsdotnet/Main\\_Site/Data/2008\\_Documents/OA\\_2008.pdf](http://www.aoa.gov/agingstatsdotnet/Main_Site/Data/2008_Documents/OA_2008.pdf) Or order via email at [nchsquery@cdc.gov](mailto:nchsquery@cdc.gov).

In a NY Times article, "Reasons Not To Panic Over A Painkiller," Tara Parker-Pope reviews the recent action by the Food and Drug Administration (FDA) banning two prescription drugs which contain acetaminophen. The FDA took precautionary steps to prevent acetaminophen overdoses. The public should review the

contents of over-the-counter medications to determine if they are getting a higher than recommended daily dosage. <http://query.nytimes.com/gst/fullpage.html?res=9507E5DE1F3EF934A35754C0A96F9C8B63>.

Reuters Health News reports that a new study published in the journal *Stroke* found that shingles may increase the risk of stroke by 31% within one year after a single bout. Shingles, caused by the reactivation of the chickenpox virus, affects about one out of five adults. <http://www.reutershealth.com/archive/2009/10/08/eline/links/20091008elin022.html>

More evidence has been found to support increasing the daily dose of Vitamin D to 700-1000 IU per day. Data shows Vitamin D reduces the risks of falls adults over 65. [http://www.insidebayarea.com/sanmateocountytimes/localnews/ci\\_13534895](http://www.insidebayarea.com/sanmateocountytimes/localnews/ci_13534895).

How long can foods stay in your fridge before they go bad? Now you can go to the web site below for the shelf-life of a list of all kind of foods, how to keep them fresh longer, and when to get rid of them. <http://www.stilltasty.com>.

## Protecting You And Your Loved Ones Against The Flu *continued...*

*(Continued from page 1)*

**H1N1 viruses.** Although epidemics of flu happen every year, the beginning, severity, and length of the epidemic depends on many factors, including the different types and strains of influenza viruses circulating. Because of the significant risk H1N1 presents, the CDC and the federal government will make 195 million doses of H1N1 vaccine available free of charge to the public based on their exposure risk. Production of the regular flu vaccine is expected to meet the needs of the general population and will be available in September. Individuals are encouraged to get vaccinated for the regular flu first and then for H1N1 when it is available later in the fall. Both vaccines will be available from practitioners and locations that normally provide them including physicians, pharmacies, clinics, hospitals, and schools. Vaccination is the most effective way to prevent acquiring and spreading both viruses. Consult with your primary care provider early this year before flu season typically begins.

- ◆ Practice the following actions recommended by the CDC to prevent the spread of the disease:<sup>2</sup>
  - Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in a trash can after use
  - Wash your hands with soap and water frequently during the day and especially after you sneeze or cough. Sing happy birthday while you wash so you scrub long enough
  - Use alcohol-based hand cleaners to cleanse your hands when you are out in public. They are also effective on commonly used items in public areas like phones, computers, water coolers, coffee makers, and handles
  - Avoid touching entry points for germs including your eyes, nose, or mouth
  - Avoid contact with individuals who show signs or symptoms of fever, sore throat, coughing, body aches, headaches, chills, and fatigue. Diarrhea, vomiting, pneumonia and respiratory failure have also been reported with H1N1.

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**Flu prevention** *continued...*



◆ Stay home if you develop any of the above symptoms and limit your contact with others. If you have a chronic medical condition, contact your primary care physician for additional steps you should take.

If you develop any of the above symptoms, contact your primary care provider to determine if you have H1N1, or the regular flu, and identify what steps you should take to minimize the physical effects of the disease. Remain at home until you are free of symptoms and avoid contact with other people. Find flu clinics at [www.flucliniclocator.org](http://www.flucliniclocator.org) and [www.goodtoshare.com](http://www.goodtoshare.com). CDC (2005). Key Facts About Influenza and Influenza Vaccine. [www.cdc.gov/flu](http://www.cdc.gov/flu) and CDC (2009) 2009 H1N1 Influenza Vaccine. Retrieved September 17, 2009 from [http://www.cdc.gov/h1n1flu/baccination/public/vaccination\\_qa\\_pub.htm](http://www.cdc.gov/h1n1flu/baccination/public/vaccination_qa_pub.htm).

<sup>2</sup> O'Malley, P. (2009) *H1N1 Flu Alert Information*, distributed by GRISWOLD SPECIAL CARE.

**CARING TIMES© and Its Companion Web Page Services**



GRISWOLD SPECIAL CARE

The **CARINGTIMES©** newsletter and its companion website are a service GRISWOLD SPECIAL CARE offers to Clients, family caregivers, and professionals who care for older adults and individuals living with a disability. Experts in gerontology keep you

current with helpful articles, legislative updates, tips on caregiving, news about organizations and more.

**On-line Caregiving Resources**

Our website ([www.CaringTimes.org](http://www.CaringTimes.org)) serves as a resource center that is designed to help make it easier for you to care for your loved ones in the home. At this site, you will have access to past newsletters, articles about elder care and disability issues, direct access to experts who you can talk with about your personal issues and concerns, and links to national organizations that offer support to family Caregivers. Check the website each month for the latest information. Here are some of the features that are currently posted:

- ◆ A brochure to prevent falls at home

- ◆ Welcoming A Caregiver Into Your Home
- ◆ Preventing Caregiver Burnout
- ◆ Tax Related Issues
- ◆ Legal Documents: POA and Living Wills
- ◆ Dementia: The Disease and New Hope for Treatment, Parts I and II
- ◆ Home and Community Based Care: What Consumers Want And Need

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