



# Senior Focus

A Guide to Healthy Living For Seniors & Others



## Being a compassionate caregiver to someone living with dementia

STATEPOINT - Dementia can be devastating for the people who live with it and their family members, and it's a diagnosis more Americans will face as the U.S. population ages. In the next 20 years, the total number of those living with Alzheimer's disease or other types of dementia in the U.S. is expected to approximately double from 7.2 million to nearly 13 million, according to the Milken Institute.

"As the life a person always knew becomes increasingly unfamiliar, caregivers can play an important role in helping ease anxiety," says Jennifer Sheets, president and chief executive officer of Interim HealthCare Inc., an in-home healthcare and assistance provider that takes a positive approach to caring for those with dementia. "With the right

knowledge, a caregiver can help their loved one cope with the changes they are experiencing."

Dementia is caused by physical changes in the brain and while there are many kinds of dementia, Alzheimer's is the most common.

To approach caregiving with greater compassion, Interim HealthCare recommends three practical tips:

**1. Use the hand-under-hand technique:** Hand-under-Hand is a technique that caregivers can use to reduce anxiety and calm a person with dementia. The base or heel of the hand is a highly sensitive area. Put slight pressure on that area by clasping your loved one's dominant hand. This technique works best if you put your hand underneath theirs. That gives them a feeling of control as well as



PHOTO SOURCE: (c) kali9 / Getty Images + Interim HealthCare  
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calms them.

**2. Acknowledge evolving tastes:** A person living with dementia experiences a range of sensory and cognitive changes that can affect their appetite and food preferences. Indeed, your loved

one's favorite foods may now have a negative smell or taste to them. While maintaining good nutrition is essential, don't force these foods or argue over them. Instead, offer a variety of balanced foods: vegetables, fruits,

whole grains, low-fat dairy products and lean proteins, in small servings at first until you understand new preferences. Realize these preferences may change again.

**3. Carve out time for art and music:** Once a person is diagnosed with dementia, their ability to act independently greatly diminishes. However, artwork and music allow for freedom of expression, which over time, can be quite impactful in relieving anxiety. Remember, it's about the creative process, not your loved one's abilities. So, set aside 30-45 minutes weekly for art or music and consider participating alongside them.

Committed to helping caregivers find the strength and stamina needed to provide compassionate support, Interim HealthCare

has based its care approach on the methodology of Teepa Snow, an international leader in the Positive Approach to Care (PAC) philosophy. To that end, many caregivers and clinicians in the Interim HealthCare network participate in PAC training rooted in learning care techniques that can ease anxiety, as well as in understanding what a person living with dementia can still do -- even as the journey continues to become more difficult for them over time.

Interim HealthCare has created a free downloadable guide with more tips and guidance intended to provide the most supportive environment possible.

To download the free guide visit: [Interimhealthcare.com/dementia-caregiver-guide.aspx](https://www.interimhealthcare.com/dementia-caregiver-guide.aspx).

## Managing COPD during the COVID-19 pandemic

STATEPOINT - Managing chronic obstructive pulmonary disease (COPD) is always important, and especially so right now, as individuals living with a

chronic lung disease are at a higher risk of severe illness and complications from COVID-19. However, misinformation about COVID-19 has made it hard for people

with chronic conditions to determine how to stay safe.

Dr. Albert Rizzo, chief medical officer of the American Lung Association, is providing answers to common questions that the millions of Americans affected by COPD may have.

**Q: What additional steps should I take to prevent becoming ill with COVID-19?**

Because COVID-19 is a new disease in humans, our immune systems haven't yet developed defenses against it and there's currently no vaccine. The best way to avoid illness, regardless of age or health status, is avoiding exposure to the virus.

For individuals living with COPD, stringent adherence to safety precautions is vital. Stay home as much as possible. When in public, maintain social distance of at least six feet, wear a cloth face covering and encourage others to do the same. Also, wash your hands often and clean, then disinfect, frequently touched surfaces.

**Q: How can I maintain control of my COPD during the COVID-19 pandemic?**

COPD control is especially vital right now in case of

exposure to the virus that causes COVID-19. Continue controller medications for COPD to maintain lung health. To limit potential exposure to COVID-19, find out if mail-order pharmacy options are available to you, and if your insurance allows, secure a 90-day supply of prescription medications. Don't delay important visits or ignore flare-ups or new symptoms. COPD complications can become serious if left untreated. If telemedicine isn't an option, bear in mind that doctor's offices have adopted new safety practices during in-person visits.

**Q: Should I continue to use my nebulizer at home?**

Taking medication correctly is a major component in successfully controlling chronic lung diseases. In certain areas, there have been reported shortages of metered dose inhalers (MDIs) due to increased demand in healthcare settings. Nebulized therapy continues to be a safe, effective way to take inhaled medications at home during the pandemic, though special steps should be taken if you

have suspected or confirmed COVID-19.

Some patients find that nebulized therapy is more affordable. Talk to your physician if you have concerns about affording your prescribed medications or delivery options. Also, visit [Lung.org/nebulizers](https://www.lung.org/nebulizers) to access video tutorials on proper nebulizer use and maintenance.

**Q: What additional precautions should I take if I have suspected or confirmed COVID-19?**

If you have suspected or confirmed COVID-19, maintain home isolation to protect other household members. This includes the following additional safety precautions when using your nebulizer:

- Wash your hands before and after treatment.
- Use your nebulizer in an area that minimizes potential exposure of aerosolized droplets to other household members. You might consider an outdoor patio or porch, or a room indoors where the air is not recirculated throughout the house and nobody else will enter for 1-2 hours, which is long enough for the droplets to

no longer be airborne.

- Clean and disinfect your nebulizer.

Your healthcare provider will work with you on when you can discontinue home isolation and resume normal nebulizer use. Contact them at the first sign of new, severe or concerning respiratory symptoms for a home treatment plan. While most people recover from COVID-19 at home, having COPD elevates risk for severe symptoms. Seek emergency care for the following symptoms: trouble breathing, pain or pressure in your chest, development of a bluish tinge to your lips or face, and new confusion or inability to wake or stay awake.

**Q: Where can I find trusted information?**

You can trust the American Lung Association to provide science-based information and resources. Visit [Lung.org](https://www.lung.org) or call 1-800-LUNGUSA for more information about COPD, COVID-19, nebulized therapy or any other respiratory topic.

*Development of this educational resource is supported by Theravance Biopharma.*



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## Foot care tips for those with diabetes

STATEPOINT - For those with diabetes, a seemingly insignificant foot problem can produce dangerous consequences. Experts say that managing this risk is an important part of diabetes care.

"Living with diabetes increases the risk of developing a wide range of foot problems, often because of two complications of the disease: nerve damage and poor circulation," says Dr. Brett Sachs, DPM, FACFAS, a Denver foot and ankle surgeon and Fellow Member of the American College of

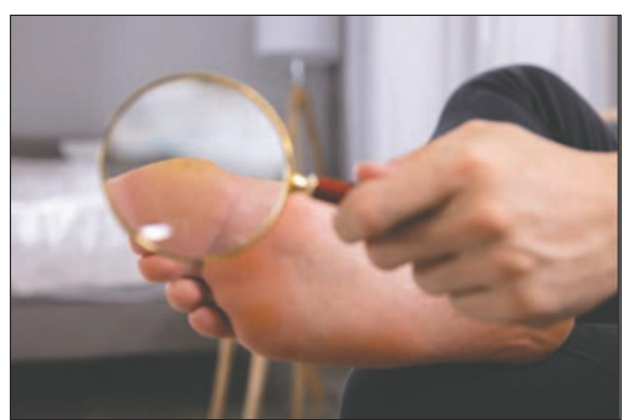


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**To avoid serious foot problems that could result in losing a toe, foot or leg, follow guidelines from ACFAS foot and ankle surgeons.**

Foot and Ankle Surgeons (ACFAS). "However, you can play a vital role in prevention."

To avoid serious foot

problems that could result in losing a toe, foot or leg, follow these guidelines from ACFAS foot and ankle surgeons:


- Inspect feet daily. Diabetes may cause nerve damage, which takes away the feeling in your feet, so a daily visual inspection is important. Check for cuts, blisters, redness, swelling or nail problems. Use a magnifying hand mirror to look at the bottom of your feet. Call your foot and ankle surgeon if you notice any issues.
- Bathe feet gently. Wash your feet daily with a soft washcloth or sponge using only lukewarm water. Dry by blotting carefully.
- Moisturize. Use a moisturizer daily to keep dry skin from itching or cracking. But don't moisturize between the toes -- that could encourage a fungal

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## 65th birthday brings key decisions regarding health care

**STATEPOINT** - Your 65th birthday is an important milestone. That's when you become eligible for the federal Medicare health insurance program.

Medicare is a popular, affordable health insurance program for Americans 65 and older, and those under 65 with certain disabilities, providing hospital coverage (Part A) and physician visits (Part B) to those who qualify. But it can be complicated. To decide what coverage is best for you, take inventory of your current and future health, work and economic standing, including your personal preferences and goals.

Here are a few tips to consider from Cigna, which serves hundreds of thousands of Medicare customers nationwide.

**1. Timing is important.** Medicare has a seven-month window around your 65th birthday called the Initial Enrollment Period. It begins three months before your 65th birthday and extends three months past your birthday month. Enrolling outside this window could result in higher premiums on Medicare Part B for the rest of your life.

If you're still working, your path forward depends on the size of your company. If you work for a company with fewer than 20 employees, generally, you must sign up for Medicare at 65. If you work for a larger company, you can keep your company's plan and enroll in Medicare without penalty later - usually when you retire - or enroll in Medicare immediately. However, by switching,

your spouse could lose coverage if they're currently on your company's insurance.

If you're not working and you've already filed for Social Security, the process is much easier. You'll automatically be enrolled in Medicare Parts A and B when you turn 65. Sometimes called Original Medicare, this doesn't include prescription drug coverage.

**2. Original Medicare doesn't cover everything.** Original Medicare covers hospital and physician expenses, but there are cost-



PHOTO SOURCE: (c) Jfanchin / iStock via Getty Images Plus  
**Medicare is a popular, affordable health insurance program for Americans 65 and older.**

sharing requirements and limits on what's covered. Consider how you'll cover things like dental, vision, hearing and pharmacy. You can buy supplemental plans, or you can buy a Medicare Advantage plan (also known as Part C), which covers everything that Medicare does and provides additional benefits, including, in many cases, prescription drugs (also known as Part D).

**3. You have many options.** With Original Medicare, Medicare Advantage, Medicare Supplement (also

known as Medigap), and Prescription Drug Plans, there are many choices to make. Understanding your budget, health needs, doctor preferences and lifestyle will be important in making the best choice for you.

**4. Get help.** For more information, call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048. Or visit the Medicare Plan Finder website at Medicare.gov/plan-compare. Find local assistance through the State Health Insurance Assistance Program (SHIP) at www.shiptacenter.org. You can also contact individual Medicare plans. For instance, you can learn more about Cigna plans at www.cigna.com/medicare. Consult your benefits adminis-

trator at work and talk with friends and family members who've been through the process.

**05. Use it.** Know your available benefits. Find out about wellness checks and preventive screenings needed for your age and health status and get them. Take advantage of Medicare Advantage extras, like gym memberships, to actively engage in your health and well-being.

As you turn 65, it's important to do your homework regarding health insurance. However, if you find out that the plan is not the right fit, all is not lost. You can make changes during Medicare's Annual Election Period, which occurs every year from October 15 to December 7.

## How to keep your medicine from harming you

Sally is a bubbly, 78-year-old retired teacher and breast cancer survivor who loves to stay active. She lives in a lovely, over-55 subdivision and looks forward to her daily morning walks. She walks 3 miles every day, rain or shine.

A couple of months ago, Sally's doctor told her that she was concerned about Sally's "bad cholesterol." Her doctor advised her to start taking a prescription medicine called Lipitor® (atorvastatin).

Less than a week after starting her new medicine, Sally noticed cramps in her legs that woke her up at night, which she had never experienced before. A few days later, her thigh muscles started to ache. Eventually, she was walking only half of her usual distance.

Chatting with her on the phone, I asked how things were going with her new medicine.

"I'm not sure if it's a coincidence or not, but I've been having these muscle aches in the daytime and leg cramps that wake me up at night. I always had some muscle soreness while taking my breast cancer medicine, but never like this."

"Are you still able to do your morning walks?"



"Barely. I'm too stubborn to quit, but I'm only able to walk half my usual distance. Do you think it might be the new medicine?"

"How long were you on the new medicine before you noticed the soreness in your legs?"

"Oh, about a week." I explained, "That medicine won't help you much if it makes you less physically active."

"Should I just stop it?" "Oh no! DON'T stop it abruptly. You need to tell your doctor exactly what's going on right away."

"But, it took me MONTHS to get in to see her."

"You don't have to make an appointment with her to tell her about this. Call the office and tell them exactly what you just told me, and when you started noticing it. Sally, if a doctor puts you on new medicine and they don't hear otherwise, they'll assume that everything is going fine. YOU have to be a "squeaky wheel" and tell them if you're having a problem."

When she did that, her

doctor advised her to cut the dose in half and see if her muscle aches and cramps got better.

I checked in with her a couple of weeks later, and she reported that she didn't notice any improvement on half the dose.

"I'm stubborn," she told me. "I'm making myself walk every day, even though I can't do as much."

"Tell your doctor it isn't getting any better. She's not a mind reader!"

Sally's doctor then told her to stop the medicine entirely and see what happened. Once she'd been off of it for 3 weeks, she finally stopped waking up with muscle cramps, and her muscle pain decreased every week. Eventually, she could walk her full 3 miles in the morning again.

What if Sally had accepted her muscle aches as "just getting older" and stopped walking altogether? Instead of helping her AVOID a future heart attack or stroke, taking that medicine would have INCREASED her risk. That's because it caused her to significantly DECREASE her activity level, which would lead to less independence and an INCREASED risk of heart problems.

Here Are 5 Ways to Pre-

vent A Medicine from Harming You:

**1. Pay attention.** Whenever you start a new medicine, pay attention to any changes. A symptom diary is a great help whenever you begin any new treatment. This way, you don't rely just on your memory when tracking any changes, good or bad.

**2. Tell your doctor.** Call your doctor's office and TELL THEM if you start having problems that you suspect might be from your new medicine. Doctors are not mind readers, and they're swamped right now dealing with the COVID pandemic. If they don't know about it, they can't help you!

**3. Call your doctor's office.** A phone call to a nurse or message through your patient portal should quickly get this vital information to your doctor.

**4. Consult your pharmacist.** If your doctor's office is closed, your pharmacy is another resource. They can advise you whether you should keep taking it or hold off until your doctor can contact you with a plan.

**5. Don't quit.** Don't stop a medicine on your own unless you're hav-

ing severe problems like shortness of breath or a rash. Working with your doctor on this gives you the best care possible.

**Remember:** You don't have to see the doctor face to face to do this!

**Please,** don't put this off. Tell your doctor if you're having problems with your medicine, so they can help you.

*Dr. Louise Achey, Doctor of Pharmacy, is a 40-year veteran of pharmacology and author of Why Dogs Can't Eat Chocolate: How Medicines Work and How YOU Can Take Them Safely. Check out her website TheMedicationInsider.com for daily tips on how to take your medicine safely. ©2020 Louise Achey*

## FOOT

CONTINUED FROM PAGE 4

infection.

- Cut nails carefully. Cut nails straight across and file the edges. Don't cut too short, as this could lead to ingrown toenails.

- Never treat corns or calluses yourself. Don't perform "bathroom surgery" or use medicated pads. Visit your doctor for appropriate treatment.

- Wear proper socks. Always wear clean, dry socks. You may want to consider those made specifically for patients living with diabetes, which have extra cushioning, no elastic tops, are higher than the ankle and are made from moisture-wicking fibers.

- Shake out your shoes. Remember, your feet may not be able to feel a pebble or other foreign objects, so always inspect shoes before wearing them to help prevent blisters and sores that could lead to an infection or non-healing wound.

- Keep feet dry. Change your socks if they get wet. You may also consider using an antiperspirant on the soles of your feet.

- Never walk barefoot. It can be tempting to go barefoot in warmer weather. Never do so, not even at home. Always wear shoes or slippers to avoid getting scratched, cut or even burned from hot surfaces.

- Be active. Staying active is important. Just be extra careful, particularly if you play sports, to monitor your feet for related injuries.

- Treat your diabetes. Keep your blood sugar levels under control. Untreated diabetes can result in other conditions affecting the feet, including diabetic peripheral neuropathy and Charcot foot, a condition in which the bones of the foot are weakened enough to fracture.
- Don't smoke. Smoking restricts blood flow in your

- Get periodic foot exams. Your foot and ankle surgeon works with your other healthcare providers to prevent and treat complications from diabetes. See your foot and ankle surgeon regularly, or as soon as you notice any problems, to help prevent the foot complications of diabetes.

"When it comes to diabetes care, don't neglect your feet. Proper preventive care with the help of a foot and ankle surgeon can help keep your whole body healthy," says Dr. Sachs.

For more resources and tips regarding foot and ankle health and conditions, visit the ACFAS patient education website, FootHealthFacts.org.

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