

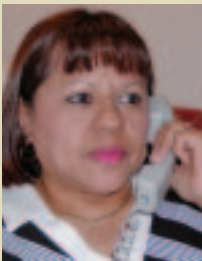
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Get the help you need for yourself or a senior family member – and get the latest information on aging – by calling the Schmieding Center. We'll provide the answers you're looking for, send you helpful information, and connect you with hard-to-find resources. Call us at 479-751-3043 or Toll Free at 1-888-866-8991.



## The New Stage of Aging in America: Part II

# "If I had only known..."

By **Beth Vaughan-Wrobel, EdD, RN, FAAN**



Dr. Beth Vaughan-Wrobel,  
Associate Director, SCSHE

***"If I'd only known I was gonna live this long, I would have taken better care of myself,"*** said Eubie Blake, a famous jazz pianist and composer, at the age of 100.

What a wise and funny comment. It makes me wonder: would I *really* have taken better care of myself? Or is it just a humorous excuse for not starting to do so right now?

Well, the fact is you and I have been given the gift of a whole new stage of life—*an added 30 years*—to become the people we always wanted to be. And that is definitely no joke! Most of us really *are* going to live much longer than we expected. And most of us *still* don't take better care of ourselves—whether we're 50 or 75. Big mistake!

## **When you change the way you look at things, the things you look at change.**

Change the way you think about aging and you'll see your future with new eyes. You'll change the things you look at and see them differently. Since we're not going to die at 60 or 65, unlike all previous generations, we can look forward to a brand new stage of life—the equivalent of an entire *Second Adulthood*. Isn't it amazing to realize that you can *choose* to keep growing and developing as a healthy, more complete person for an extra 30 years? Doesn't that change the way you feel about yourself today, as well as how you think about tomorrow? And if you're a Baby Boomer, you can start today to *change the outdated beliefs our country has about aging and start working to update our archaic policies about Elders and our deplorable system of long term care.*

*"The real voyage of discovery consists not in seeking new landscapes but in seeing with new eyes."*

Marcel Proust

## **We're All Aging**

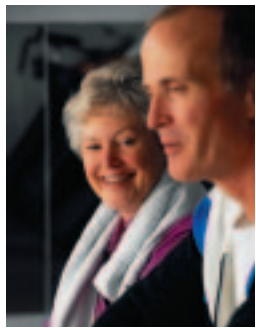
The new stage of aging has both a personal and a societal story. Personally, we can imagine what this extra time for productive living might mean to our parents, ourselves, and our children—will it be a blessing or a curse? And culturally, we can imagine what it means to our society to have two to three times as many "old" people within the next twenty years. What will we do with this (*cont. on pg. 2*)



extra time? Work? Retire? Serve? Decline in the recliner? Be a valuable resource or a terrible burden? Will we be healthy or chronically ill and suffering? How will we care for so many more long-lived elders and who will do it? Our healthcare and aging support systems are as unprepared for the huge age boom as most of us are personally. Where will we find enough resources?

**Wake Up! Your Future Is Now!**

Since the Schmieding Center is dedicated to improving the quality of life for seniors and their families, we believe we need a *double wakeup call* right now! First, wake up to your *real* choice—whether you will choose to live your extra years in active, good health or choose to ignore the possibilities and “decline



in the recliner,” suffering from chronic diseases and increasing dependency. And, second, help us wake-

up America to the fact that we can’t take care of so many more seniors in the same old ways we have in the past. Together, we can dramatically affect what it means to Age in America.

**A New Paradigm of Aging**

Our old paradigm isn’t working and a new paradigm of aging is emerging, both personally and culturally. The Schmieding Center is engaged in developing just such a new aging paradigm, including a “New Con-

tinuum of Elder Care,” that dramatically shifts the way we think about aging, how we can prepare to live so much longer with meaning, purpose, and good health, and how we can care for so many new elders in the decades ahead. (See *Continuum* in Jan.-March issue of *ElderFocus*).

Most of us want to continue to live at home as long as possible; hopefully, until we die. But since we’re living so long, the only way that will be possible is with the help of *professionally-trained and certified home caregivers working with family caregivers*.

Until now, because we haven’t been able to keep elders at home with



trained home caregivers, we have depended on nursing homes. While it’s an alternative no one likes, it is often the only alternative. But there won’t be enough nursing homes to accommodate the numbers of elders being added to our population in the next two decades. Neither government nor private industry can provide enough facilities and staff. But a new partnership of public and private resources can meet the challenge of the current age boom, see the positive possibilities with new eyes, change outmoded thinking and policies, and choose a new future for all aging Americans.



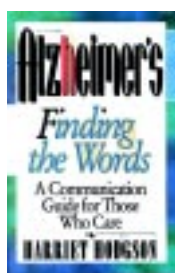
We are working with individuals, foundations, businesses, policy-makers, and the non-profit sector to change the way America looks at aging and to change the way we care for elders in an aging America. To learn more about the Schmieding Center’s new ElderCare Paradigm or to explore partnering with us in our mission, just give me a call. █



## AGING Resource Center

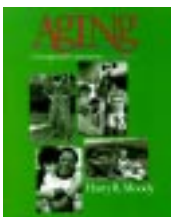
By **Marjorie Hart**,  
Aging Resource Center Clerk, SCSHE

The Aging Resource Center is open to anyone interested in the issues of aging. We provide a library of resource material, the latest in printed materials and videos, and computers with internet access. Here are a few new books available:



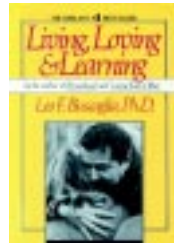
**Alzheimer's-  
Finding the Words**  
by **Harriet  
Hodgson** Offers  
valuable help on  
how to communicate  
when communica-  
tion is a daily

struggle. This guide shows how Alzheimer's disease affects speech and gives proven, practical advice based on life experience.



**Aging** by **Harry R.  
Moody** Encourages  
all to see aging not  
as a fixed period of  
life but as a process  
beginning at birth

and extending over the entire life course. The key concepts and controversies are presented in an engaging and accessible fashion.



**Living, Loving  
and Learning** by  
**Leo F. Buscaglia**

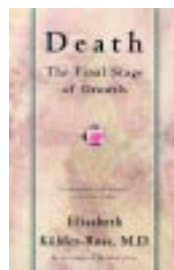
Gives ideas, con-  
cepts, and feelings  
about life that may  
be accepted, cel-  
ebrated, ignored or rejected.

An investment in life is an investment in change, adjusting to change, and new obstacles. That's the joy of living!

**Getting to the Other Side  
of Grief** by **Susan  
Zonnebelt-Smeenge** and  
**Robert DeVries**

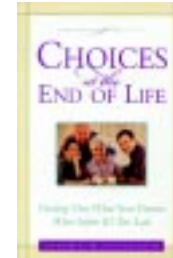
Shares  
valuable psychological  
insights, Biblical observa-  
tions, and male and female  
perspectives  
to help

experience grief in  
the healthiest, most  
complete way to  
enable one to em-  
brace the future.



**Death-The Final  
Stage of Growth**  
by **Elisabeth  
Kubler-Ross** Offers  
a spectrum of  
viewpoints, includ-  
ing those of minis-  
ters, rabbis, doctors,

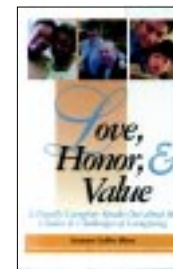
nurses, and sociologists and the accounts of those near death and of their survivors. Coming to terms with our own finiteness may help us discover life's true meaning.



**Choices at the End  
of Life** by **Linda  
Norlander** and  
**Kirstin McSteen**

Gives a  
commonsense guide  
to fostering a discus-  
sion with parents and loved ones

about healthcare planning, advance directives, and other concerns that arise as aging occurs.



**Love, Honor and  
Value** by **Suzanne  
G. Mint** Shares her  
experiences as a  
family caregiver and  
her advocacy for all  
caregivers through

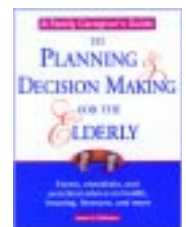
the National Caregivers Association as she writes about the emotional impact of chronic illness on the whole family; giving advice about learning to live, love, and even grow through meeting these challenges.

**Planning And Decision Making  
for the Elderly** by

**James A. Wilkinson**

An attorney specializ-  
ing in health law  
covers the fundamen-  
tal information

needed to assist the  
elderly with forms and checklists to  
help keep track of essential informa-  
tion, plan for the future, and make  
right decisions to ensure a safe and  
healthy living environment.





*One Step Closer: New Dementia Drug*

## Another Weapon Against Alzheimer's



By **Stephen Gemmell, PhD**  
*Neuropsychologist,  
Northwest Senior Health-  
Schmieding Center*

A new medication to help in the fight against Alzheimer's disease was released in January 2004 in the United States. Memantine (Namenda) is a derivative of an old anti-influenza drug, amantadine. Used in Germany since 1982 to treat moderate-to-severe Alzheimer's disease, the drug also has been used to treat Parkinson's disease and to speed the recovery of comatose patients. In fact, it's the leading prescription drug in Germany for the treatment of dementia.

Memantine attacks the disease differently than the existing medications available for Alzheimer's

disease. The drug works by regulating the activity of glutamate, a brain chemical involved in memory processing, storage, and retrieval. When there is an excess of glutamate, it can allow too much calcium into the nerve cells, which can lead to cell death. Memantine helps to regulate this process so that only the necessary amount of calcium is released into the nerve cell. In contrast, cholinesterase inhibitors (Aricept, Remyln, and Exelon) are currently used to treat dementia by increasing levels of acetylcholine, which is known to be deficient in the brains of Alzheimer's patients.

### Combines for Dual Therapy

The beauty of this new medication is that it can be combined with any of the cholinesterase inhibitor medications for dual therapy.

Since these two different classes of medication combat Alzheimer's disease by different means, the likelihood of successful treatment is improved. Scientific studies looking at *dual* therapy have shown improved cognitive performance above baseline levels. Recent studies also show that in addition to the cognitive benefits of Memantine, dual therapy resulted in improved mood and decreased incidence of depression.

Memantine is currently approved only for the treatment of moderate-to-severe Alzheimer's disease, but multiple research studies are underway that look at the benefits of this medication in the earlier stages of Alzheimer's disease, as well as other types of dementia. Some studies have shown this medication to be helpful

with mild-to-moderate Vascular Dementia as well. Other Memantine research is currently underway to assess the benefit of this drug with mild-to-moderate Alzheimer's disease, HIV encephalopathy, and depression.

So is this new medication safe? Memantine has been found to be very well tolerated across multiple studies. Most common side effects are headache, constipation, confusion, and dizziness. However, Memantine is not recommended for patients with known hypersensitivity to Memantine HCL or patients with severe renal impairment. It is also important to talk to your doctor before taking this medication if you suffer from heart problems or epilepsy.

### An Exciting Step Closer

The release of Memantine is a very exciting step in the treatment of Alzheimer's disease and related dementias. But keep in mind that, while the many articles published on this new medication are very favorable indeed, the amount of cognitive and behavioral improvement is modest. It is not a "wonder drug," and it is certainly not a cure. But Memantine puts us one step closer to improving the lives of the millions of Americans fighting this terrible disease.

Speak with your doctor about whether or not Memantine may be right for you if you or a loved one has been diagnosed with Alzheimer's disease. Also, if you or a loved one may be experiencing the early signs of memory loss or dementia, talk to your doctor or call us at the Northwest Memory Disorders Center. ▀



## Caregiver UPDATE



"I Will Manage"

# New Bladder Control Program

By **Sandra L. Seidel, APN, BC, MNSc**  
Northside Specialty Clinic

It may surprise you to learn that there are more than 19 million Americans affected by a loss of bladder control. More than 4 million are men and one in every 10 women has some type of bladder condition. As the numbers suggest, this can happen to anyone at any time, as a result of a wide range of contributing factors.

## Types of Incontinence

The different types of incontinence include stress incontinence, which is the loss of urine with activities such as coughing, laughing, or movement; urge incontinence is the uncontrollable urge to urinate when the bladder contracts unexpectedly; mixed incontinence is a mixture of both stress and urge; overflow incontinence is diagnosed when the urethra is blocked, urine backs up, and only the urine which can overcome the blockage is able to exit; functional incontinence is the inability to reach the bathroom before leaking urine because of a physical or mental disability.

## Severity of Incontinence

The severity of bladder control ranges from partial-to-complete loss. Anyone may experience varying degrees of control over time. No two people are alike in ways in which they are affected by a bladder problem and frequently it is much more than an annoyance. Bladder control problems can lead to embarrassment, depression, and a disabling sense of helplessness. If you or someone you care for is experiencing bladder control problems, help is available. The first step is seeking a medical evaluation. By learning more about incontinence and what you

can do about it, you can take the positive action necessary to improve daily life.

## The "I Will Manage" Program

We will be offering the "I Will Manage" Bladder Control Program as a community service in Bella Vista in April and in Springdale in May. (See *ElderEvents insert in this newsletter. Be sure to register early!*) The program consists of a series of two group meetings; for maximum benefit please plan to attend both. You will receive the latest information about incontinence, its causes, and how this condition can be cured, treated, or managed. Experts will be available to answer questions.

Finding out what type of bladder control problem you have is the first step toward treating it. A healthcare provider can design a treatment plan just for you. Treatment options available include behavioral treatments, medication, or surgery.

It's important to remember that *all* Bladder Control problems can be *cured, treated or managed.* ▀





# Family Matters

*We Provide The Four Key Caregiver Needs!*

## Stressing Caregiver Support!

By **Sara Bartlett, MSW, LCSW**  
*Coordinator of Community Services*

Caregiver burnout is a daily threat to the mental and physical health of an aging husband or wife who is providing long term care for a spouse, or for an adult daughter who is caring for an elderly parent. The older caregiver-spouse often has a chronic illness him/herself. And when the stress, fatigue, depression, frustration, social isolation, and anxiety of the caregiver role is added, it often leads to burnout and a health care crisis.

At the Schmieding Center, we address caregiver issues by providing key education and support programs that help the caregiver cope with such high stress circumstances. And now research verifies that the supportive counseling and care consultation services we offer directly address the very problems most identified as the factors that lead families to place individuals in a facility rather than caring for them at home. The vital benefits of such a comprehensive counseling, education, and support program for caregivers of a spouse

with Alzheimer's disease or other dementia diagnoses were identified in "The New York University Spouse Caregiver Intervention Study."<sup>1</sup> *All four of the key caregiver needs are currently provided by Schmieding Education programs:*

- **Support groups** to create socialization and a supportive, ongoing informative resource;
- **Behavioral workshops** to provide information on causes of behaviors and guidelines in responding to these behaviors;
- **Individual and family counseling** to assist in resolving family conflict, creating a supportive caregiver network of family and community relationships;
- **Consistently available care consultation** and 'ad hoc' counseling available in person or by telephone throughout the care needs of the family.

<sup>1</sup> Summary of the study by Mary S. Mittelman, Dr. P.H. was published in the Spring, 2002, edition of "Generations" *Family Caregiving for People with Alzheimer's Disease: Results of the NYU Spouse Caregiver Intervention Study.*




I often hear "Honey, you're the first person who ever asked me how I am doing..." when I first meet with a husband or wife who may have been providing care for a spouse for many years. Caregivers often cry from the emotional release they experience when asked about their feelings—not about their physical symptoms or lack of sleep, but about their fears,

their grief, and their anger.

They often are hearing for the first time that anger is not only normal, but it is also 'OK'; that the pain they are experiencing may be unacknowledged grief; that the uncertainty in their lives can actually cause disabling panic attacks. Hearing these words from a geriatric counselor helps the caregiver understand that the emotions of caregiving—fear, anger, grief, resentment, and guilt—can be as dangerous to them as a stroke or heart attack if they don't seek out support and guidance to help them through their role as caregiver.

By providing these supportive services at the Schmieding Center — support groups, educational workshops, individual caregiver and family counseling, ongoing care consultation and 'ad hoc' counseling—we give caregivers the support

they need to continue providing care in the home environment. While we all say "I'll never put 'X' in a nursing home...", there are

often factors in the care needs of an aging person that prevent in-home care. But as the NYU study verifies, we know that we are helping many families continue to care for their loved ones in their home because they use our support services. These caregivers know they have our support and resources for as long as they need them. 



## Healthy Aging

*Still Hiding Behind A Smoke Screen?*

# It's *Not* Too Late To Stop Smoking!

By **Teresa Shinn, MD**  
Geriatrician, Northwest Senior Health Center, Bentonville

Your doctor has already recommended that you stop smoking, right? But you've been smoking for 20, 30, 40 or more years and you may have convinced yourself there's really no advantage in stopping at this point.

*But the fact is that if you stop smoking now your health will*



Schmieding Center  
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and Education of  
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*A Partnership of:*

University of Arkansas  
for Medical Sciences  
Donald W. Reynolds Center  
on Aging

Area Health Education  
Center – Northwest

Northwest Health System

*improve in just months and you will probably increase your lifespan significantly.* Studies have found that smoking shortened a man's life span by 13.2 years and a woman's by 14.5 years.

### Smoking Hurts More Than Your Lungs

You know the association of smoking with lung cancer and emphysema, but did you realize that the risks of smoking go far beyond the lungs?

- Smoking also contributes to cancers in the mouth, esophagus, larynx (voicebox), pancreas, kidney, and bladder.
- Smoking leads to worsening bone loss and more frequent fractures, resulting in increased pain and disability.
- Smoking increases blood pressure and vascular disease due to worsening atherosclerosis. Both are strong risk factors for heart disease, stroke, and peripheral vascular disease.

Cigarette smoke damages lung tissues and airways so that, over time, the air passages swell and fill with mucus, causing chronic "smoker's cough." With smoker's cough you are more susceptible to chronic bronchitis or infection of the airways. Keep smoking and emphysema may occur. The tiny air sacs are destroyed—irreversibly—making it difficult to breath because your

body can't obtain the oxygen it needs. And, of course, smokers are more susceptible to pneumonia and flu, which can be deadly to older adults who may have less reserve for recovery from major illness.

### Improve Your Health in Just Months!

Stopping now can lead to improvement in your lung function in just a few months—no matter how long you have been smoking. Symptoms such as cough, fatigue, sinus congestion, and shortness of breath can all improve. You can decrease your risks of heart disease 50% after one



year of not smoking! But, unfortunately, emphysema is irreversible if you keep smoking beyond the point of recovery.

And not only will you improve your own health, how about those children and grandchildren you love? They will be healthier, too, when they are no longer breathing your second-hand smoke. Plus no more smoke odor in your clothes or hair and an improved sense of taste. Why not surprise your doctor and do yourself the favor of a lifetime—talk to your doctor for help kicking the smoking habit. ■



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By **Larry D. Wright, MD, FACP**

***Ageing Should Always Mean Growth!*** We are all guilty at times of forgetting the positive aspects of aging and the potential for growth which a long life affords. I try to remind my patients of the huge opportunities they still have during the aging process, but I, too, sometimes fall victim to the prevailing misconceptions of aging which so strongly influence our outlook in this youth-dominated society.

It's vital to remember the growth opportunities we still have and why they are so beneficial to our health. We can continue to grow as we age, even as we encounter losses or

limitations, in four essential ways:  
*1. Experience, 2. Wisdom, 3. Spirituality, and 4. Learning Something New.*

The first two, Experience & Wisdom, have happened “automatically” for most of us. Our challenge is to recognize and claim them as gifts of age and long life, to value our experience and wisdom and to share them with younger folks.

A third area for continued growth at any age is Spiritual growth. Whatever your faith, worldview, or philosophy of life, I hope we can all recognize that there is a spiritual aspect of human life and that it is in our spiritual being that we find life's deepest meaning, the truths we “know” at the heart level, and our passion for living life well.

Finally, we can look for areas in which we can learn something new—the greatest area of individual expression.

The most rewarding types of activity to pursue as we age are those that offer a chance for creativity and fulfillment. You'll know it's right for you when you realize it is energy *repleting*, **not** energy *depleting*.



Dr. Larry D. Wright  
Director, SCSHE

We'll talk more about these four important growth areas in the months to come. For now, remember that late life, like earlier stages, can be a normal, healthy part of life and a very important time for real personal growth. As we take advantage of these important opportunities for growth, we are very likely to find that we are much healthier for our efforts.

***Here's to your healthy aging!***