

## This Issue:

Healthy Aging	3
Aging & Memory	4
Caregiver Update	5
Family Matters	6
Aging Resources	7
Director's Message	8

## Special Interest:

- "Adopt A Diet That Avoids Adversity" – Pg. 3
- "Who Says Dementia Has To Be A Lose-Lose-Lose Situation?" – Pg. 4
- "Who Is The Geriatric Nurse Practitioner?" – Pg. 5
- "Caregiving Is A Universal Consideration" – Pg. 6

**Get the help you need for yourself or a senior family member (and the latest information on aging) by calling the Schmieding Center.**

**We'll provide the answers you need,**

**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: Part IV

# Perfect Storm: Survive or Thrive?

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



**Dr. Beth Vaughan-Wrobel,**  
Associate Director, SCSHE

*As we conclude our series on "The New Stage of Aging," what lessons can we learn that will make a real difference in your future as an elder or as a home caregiver for an elder?*

Like people involved in the recent deadly hurricanes, we had plenty of warning that the aging of the Baby Boomers would cause major damage in our lives and in America. But rather than preparing for the Age Boom, we've sailed right into a "Perfect Storm". The tidal wave of elders is already upon us and it's already eroding our old beliefs about aging.

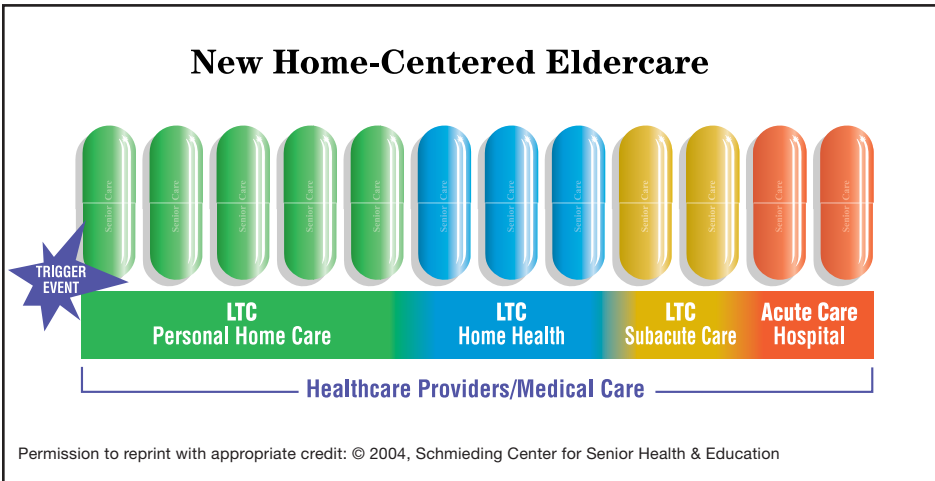
This inescapable "Perfect Storm" of Aging is the result of four unique and irresistible forces converging for the first time:

- 1. More Elders**—The Baby Boomers are now the Age Boomers; they will *double* America's 65+ population over the next 20 years.
- 2. Living Much Longer**—An added New Stage of Aging has emerged: a majority of Age Boomers will live 30 years longer than any generation in history.
- 3. Developing More Chronic Disease**—An epidemic of chronic diseases, increasing as more people live longer, raises the need to manage chronic diseases to promote functional independence (geriatric medicine) rather than our present acute care medical system.
- 4. Inevitable Geriatric Manpower Shortage**—We must double or triple the number of physicians, nurses, mental health, and personal care workers who know how to care for older adults over the next 20 years to meet the demand—an impossible goal.



What can we do about this "Perfect Storm" of Aging that is building to a huge crisis—both human and economic? First, we can wake up to the fact that Grandma and Grandpa *ain't* what they used to be—and start realizing it is part of a megatrend.

*(cont. on page 2)*



organizing a National Home Care-giver Certification organization.

**No Easy Way to Find Professional Homecare**—Even after a pool of trained and certified homecare providers become available nationally, there is no easy method for elders to locate professional home caregivers; delivery systems are yet to be developed. *But you can call Schmieding for our directory of professional home caregivers in NWA today.*

**Change Obsolete Regulations**—Currently, outdated state rules and regulations prevent agencies other than state-regulated home “health” agencies from providing elders the professional homecare they need and want. Originally set up to protect elders, the medical model of home “health” care unnecessar-

**Changing from Age Boomers to Age Bloomers**

With added years to bloom, today’s elders and their children, the Age Boomers, are evolving a new paradigm of aging. They expect more from their new stage of aging and they keep breaking the old rules: they don’t die (or even get old) at 65, they don’t believe they’re irrelevant, and they won’t be warehoused in nursing homes—they want to stay involved and stay at home. For *Life*.

The Schmieding Center has developed a new **home-centered continuum of long-term care** we believe is a key ingredient in the solution to the “Perfect Storm” of aging. *Keeping people at home with excellent homecare may represent the best answer available to the exploding number of long-lived elders.*

**What are the roadblocks?**

So what stands in the way of this sensible solution? Awareness of and the resistance to **changes** necessary to shift to **home-centered long-term care**:

**No Standards for Home Caregivers**—Currently, there are no standards for home caregivers. But “adult babysitters” are not the key to keeping elders at home; we need trained caregivers to provide expert assistance with the basic activities of daily living, including help with walking, bathing, feeding, and toileting. *The Schmieding*



*Center has established these high standards.*

**No Professional Training or Certification for Home Caregivers**

—Currently, there is no professional training and certification curriculum available to produce professional home caregivers to help ameliorate the shortage of trained geriatric personnel. *The Schmieding Center has developed a professional training curriculum, which we are making available nationally. And, we are*

ily restricts many caregiving tasks (such as bathing) to “healthcare professionals,” simply because most elders do not have the obligatory “skilled medical need” to qualify for home health services.

**No Way to Pay**—Most financial assistance for elders is available only for nursing home and home health care; it is generally not available for the professionally-trained home caregivers most elders and families need and prefer.

*(cont. on page 7)*



## Healthy Aging

*Watch What You Mix: Part II*

# Adopt A Diet That Avoids Adversity

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



As we discussed in Part I, food-drug interactions happen frequently and often are potentially harmful. Absorption issues associated with aging and ingestion of multiple medications affect the way your body metabolizes, absorbs and excretes particular drugs, so choosing the right diet is vitally important for preventing adverse outcomes due to undesirable interactions.



Schmieding Center  
for Senior Health  
and Education of  
Northwest Arkansas

*A Partnership of:*

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

Area Health Education  
Center – Northwest

Northwest Health System

High-protein, low-carbohydrate diets, such as Atkins Diet and South Beach Diet, are the prevailing trend in weight loss, but these diets may accelerate metabolism within your liver, thereby influencing how your body metabolizes certain drugs. Alcohol may affect your body's metabolism and drug absorption similarly. On the other hand, vegetarian diets do not interfere with normal liver function.

If you have a specific medical condition for which you take medications, educate yourself about which foods may be incompatible with your prescriptions.

### Cardiovascular Disease

Elders with cardiovascular disease often take the blood thinner Coumadin, which acts as an anticoagulant. The therapeutic range for Coumadin is very narrow, so there is an increased risk for either blood clots or excessive bleeding when the drug level falls outside of the range. Therefore, regulating the degree of anticoagulation is necessary to prevent adverse effects.

Foods containing vitamin K, including green leafy vegetables, egg yolks and tomatoes, promote blood clotting and prevent hemorrhaging. A fat-soluble vitamin, vitamin K decreases the blood-thinning effect of Coumadin, so elders must adjust

their diets to avoid drastic swings in their vitamin K levels.

### Osteoporosis

Elders living with osteoporosis often receive prescriptions for bisphosphonates to improve bone mass and prevent bone loss. While bisphosphonates are quite effective when taken properly, they are highly sensitive to binding and require ingestion with plain water. Even mineral water decreases drug absorption due to binding of the active ingredient that protects thinning bones.

After swallowing a dose of bisphosphonates with a full glass of plain water, an elder should not lie down for 30-60 minutes to deter potential esophageal ulcers.

### Diabetes

Elders on certain diabetic medications, including Metformin and Glipizide, should ingest the drugs at least 30 minutes prior to a meal since food may slow absorption. When elders stray from this rule, complications in disease management or dangerously low blood sugar levels may result.

Although food-drug interactions are not all dire in nature, they occur much more frequently than you may realize and sometimes lead to adverse or even life-threatening outcomes. Normal age-related changes in metabolism or the possible intake of multiple medications may make you more susceptible to food-drug interactions.





*Treatable Components Of Dementia*

# Who Says Dementia Has To Be A Lose-Lose-Lose Situation?

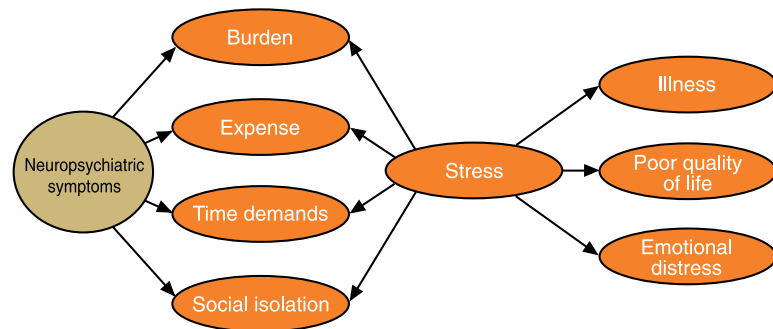
By **Stephen Gemmell, PhD**  
*Neuropsychologist,  
 Northwest Senior Health-  
 Schmieding Center*



Terms such as “Dementia” and “Alzheimer’s Disease” hold connotations of memory loss, gradual loss of functional independence and eventual loss of the ability to perform simple personal care tasks like dressing and bathing. However, often people do not consider how loved ones who have Alzheimer’s disease or a related dementia may undergo changes in behavior and personality. Nursing home placement or the need for increased home care typically occurs because of behavioral or functional changes in the elder rather than issues of cognitive impairment.

Dementia caregivers are “on call” 24 hours a day, 7 days a week. Spouses

or children provide home care for the majority of people with dementia, and they rarely, if ever, take time off for themselves. Based on information from J.L. Cummings’ *The Neuropsychiatry of Alzheimer’s Disease and Related Dementia*, neuropsychiatric symptoms exhibited by people with dementia may result in caregiver stress, which can then manifest in ways such as depression, anxiety and physical illness in the caregiver (see figure here).



*Neuropsychiatric Symptoms Contributing To Caregiver Stress (Cummings, J.L. 2004)*

## Consequences Of Dementia

While each kind of dementia is unique regarding its presentation, certain behavioral and psychological changes are common across most dementia types. Depression and anxiety are among the most commonly reported psychological symptoms of dementia, and some research supports that depression



may be an early indicator for Alzheimer’s disease.

While depression and anxiety may be challenging for caregivers, other behavioral changes such as delusions, hallucinations, agitation, aggression and wandering are possible and may seem overwhelming. Delusional people often have paranoid thoughts that others are stealing from them or looking in their windows at night. Verbal aggression

toward the caregiver and uninhibited behavior in public are customary. Caregivers must learn to identify these behav-

iors early and try to intervene in noninvasive ways.

## Management And Treatment Of Conditions

Some caregivers may overlook behavioral concerns when talking to physicians because they perceive the changes as untreatable components of dementia. On the contrary, behavioral and personality changes are treatable without heavy sedation.

While treatment of neuropsychiatric symptoms can give individuals with dementia an improved quality of life, it also can provide great relief for family caregivers and decrease the potential need for institutionalizing those with dementia. Moreover, treatment can promote functional independence and sometimes enhance cognition as well. *(cont. on Page 7)*



## Caregiver UPDATE



*Redefining Healthcare*

# Who Is The Geriatric Nurse Practitioner?

By **Kim Sheets, GNP, MNSc**  
*Northwest Senior Health, Bentonville*

The geriatric interdisciplinary team has core members, including a geriatrician, advanced practice nurse, neuropsychologist and social worker. Pharmacists and nutritionists also may participate in eldercare through consultations. Each member plays a defined and essential role, and the advanced practice nurse is no exception.

### Enhancing Links Among Patient, Geriatrician And Caregiver

The advanced practice nurse is the Geriatric Nurse Practitioner, or GNP. The GNP can enhance the links among patient, geriatrician and caregiver by providing support and education through follow-up visits in the clinic. The GNP also may visit the home or long-term care facility to determine the patient response to the treatment plan, oversee medication management and answer questions about the disease process and management.

So how does the GNP differ from any other registered nurse in the

clinic? The GNP is an RN who has specialized training at the master's degree level in eldercare and who has successfully passed the national credentialing examination that ensures expertise in geriatrics. The Arkansas State Board of Nursing regulates practice for the GNP. The GNP works collaboratively with the physicians and other staff members at Northwest Senior Health clinics. This collaboration works particularly well in the treatment of the multiple physical and psychosocial needs of elders and their caregivers.

### Improving The Total Care For Elders

The GNP improves the total care for geriatric patients by performing physical assessments, managing disease processes, working to prevent as well as treat the diseases, promoting health, caring for the dying patient, etc. Care that the GNP provides is evidence-based, allowing the practitioner to address the complex nature of the healthcare needs of older adults.

### Managing Therapy

One example of how the GNP may assist with eldercare is the management of anticoagulation therapy. The GNP works closely with the geriatri-

cian, patient and caregiver to ensure that the patient receives the correct dosage of anticoagulation therapy. In addition, proper monitoring of necessary blood tests is a very

important part of the care.

The GNP meets with the caregiver to provide education on signs and symptoms of problems with anticoagulation therapy. Frequently, the GNP visits the home to assure that the correct dosage is available and the responsible party follows

proper administration protocol. The GNP may take a portable blood-testing machine to the home for monitoring blood levels. Immediate blood results are available to the GNP, and if necessary, the GNP can make dosage adjustments in the home. This information also allows the GNP to provide immediate instructions on the correct dosage and plan for follow-up visits. The GNP helps the responsible party to gain confidence regarding the safety goals for anticoagulation therapy when it is part of the treatment plan.

The GNP is an integral part of the team that provides care for you at the Northwest Senior Health clinics in Northwest Arkansas. Ask to meet the nurse practitioner in your clinic during your next doctor's visit. ▀



## Family Matters

*Maintaining Caregiver Health*

# Caregiving is a Universal Consideration.

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



An unbelievable number of people, approximately 31% of the adult population, currently

provide care for an elderly, disabled or chronically ill friend or relative. Caregiver stress and fatigue are common causes of depression, health problems, family conflict and even abuse or neglect of the care recipient. Now many caregivers say, "I couldn't continue to care for my mother/father/wife/husband without the care training, education and support I receive at the Schmieding Center."

The mission of the Schmieding Center for Senior Health and Education is to improve the quality of life for elders and their families in Northwest Arkansas. Through patient care and supportive services provided by a team of professionals who specialize in eldercare, SCSHE addresses the needs of the aging population and family caregivers.

SCSHE designed caregiver groups to provide both information and support. The caregivers who attend the groups, Dementia Caregiver and Adult Child Caregiver, find themselves learning about caregiver skills and resources while receiving the support that they need to remain positive about their caregiver roles.

A caregiver may start the group by declaring, "I'm experiencing BIG-TIME BURNOUT!" That person will hear that others experience the same frustration, fatigue and emotional stress. Then he will hear how others have coped and learned to manage similar difficult and emotional times. By the end of the session, he will leave knowing that he is doing the best job he can do as a caregiver.

Caregivers report a number of consistent difficulties, including the following:

- Accepting changes in goals, role and lifestyle
- Managing new responsibilities and stressors
- Learning to provide supervision and care
- Learning about resources and planning
- Experiencing both emotional and physical strain

It is difficult to accept that assuming the caregiver role may mean losses of independence, family time and future dreams as well as the gain of



financial hardship. It is common for a caregiver to experience depression in addition to fatigue and health problems.

Caregiver research recognizes the availability of caregiver and family counseling as critical for helping caregivers manage the demands of caregiving. Counseling helps the caregiver to identify the

sources of stress, anger, frustration, grief, fear and resentment, allowing the caregiver to develop effective coping skills. Solving problems is also a big part of caregiver counseling. Often talking about stressors is enough for one to analyze problems and gain fresh perspective.

Group members learn from each other, too. Caregivers who have cared for spouses or parents for many years meet with family members who are new to their caregiving roles. Hearing another person say that he or she had to hire an outside caregiver to allow a night out with a friend tells a new caregiver that it is perfectly acceptable to take a break without feeling guilty.

Rosalyn Carter asserts, "There are only four kinds of people in the world: those who have been caregivers; those who currently are caregivers; those who will be caregivers and those who will need caregivers."

No one thinks about caregiver skills, caregiver stress, caregiver burnout or caregiver education until the need is glaring. As Carter observes, however, caregiving is a universal consideration. ■



## AGING Resource Center

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

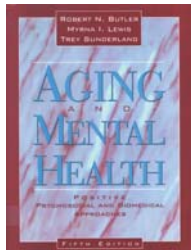
*The Aging Resource Center is open to anyone interested in issues of aging. Available to you are a library of resource material, the latest in printed materials and videos and computers with Internet access.*



Dr. Robert Butler, founder and current president and CEO of the International Longevity Center, donated the following two books to the Aging Resource Center.

### ***Aging and Mental Health*** by **Robert Butler, Myrna Lewis and Trey Sunderland**

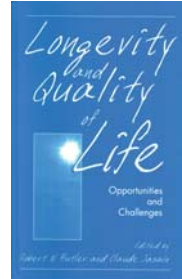
An all-encompassing portrait of older people in America today, their mental health needs and ways for responding, this book especially emphasizes family caregiving. It contains chapters concerning the dynamics of family and special



issues that confront the nation's multi-ethnic and multi-racial society.

### ***Longevity and Quality of Life*** by **Robert Butler and Claude Jasmine**

The progress in curative and preventive medicine justifies the optimism about the quality of life and state of well-being that are possible even in great old age. Many people over the age of 85 have proven that aging does not necessarily preclude a healthy and productive life.



### **Perfect Storm**

*(cont. from page 2)*

The Schmieding Center now offers a professional Certified Home Caregiver Training program nationally and we will soon be introducing a Family Caregiver Series of books and DVDs that will help you learn to care for your elders at home. We are finding enthusiastic acceptance of these programs nationally

We are working with partners nationally—other non-profit organizations, corporations, foundations and government—to find solutions to the “Perfect Storm” of aging in America. You can help: demand changes in outmoded regulations and reimbursement policies and demand professionally-trained and certified home caregivers. You will be making a positive difference in *your* future as an elder or as a home caregiver for the elders you love.

*“Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it's the only thing that ever has.”*

Margaret Mead 


### **Aging & Memory**

*(cont. from page 4)*

While medication is necessary to treat behavioral symptoms at times, the first line of treatment should involve non-drug interventions. Treatment without drugs requires upfront commitments from caregivers, but benefits from this type of approach include decreased medication costs, less side effects from mixing drugs in prescriptions and lowered chances of relapses. These management strategies usually include environmental changes and modifications to the caregivers' actions.

### **Caregiver Education**

Many caregivers misinterpret behavioral changes as voluntary acts by people with dementia. However, caregivers must understand that these behaviors stem from the brain disorder. Caregiver education perhaps is the single most important component in the treatment and management of neuropsychiatric symptoms related to individuals with dementia.

Community resource centers, such as the Schmieding Center for Senior Health and Education and Alzheimer's Association, supply helpful information about implementing behavioral management without the use of drugs. Several research studies show that support groups, educational programs, family counseling and respite relief combine for win-win-win situations, improving the quality of life for patients, alleviating stress for caregivers and allowing individuals with dementia to stay at home for as long as possible. 



**Schmieding Center**  
for Senior Health & Education  
of Northwest Arkansas

2422 N Thompson • Springdale, AR 72764

Northwest Senior Health –  
Schmieding Center, Suite A  
Phone: 479-750-6566  
Fax: 479-750-5251

Schmieding Center for Senior Education,  
Suite B  
Phone: 479-751-3043 or 1-888-866-8991  
Fax: 479-751-3249

NON-PROFIT ORG.  
U.S. POSTAGE  
**PAID**  
PERMIT # 101  
SPRINGDALE, AR

**RETURN SERVICE REQUESTED**



*We are on the Web!*

[www.schmiedingcenter.org](http://www.schmiedingcenter.org)



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

**“What is a geriatrician and why should I see one?”** Physicians... frequently treat elderly persons by focusing on disease states and prescribing medicines or procedures to cure them. Geriatricians favor a focus on function, by asking questions such as, “How can I help her remain independent?” These are words from a recent Symposium on Geriatrics at the Mayo Clinic.

**A geriatrician is a physician who specializes in providing care for older adults**, which, under Medicare, means starting at 65. However, because of the epidemic of chronic diseases affecting more and more



**Dr. Larry D. Wright**  
Director, SCSHE

older adults (diabetes, hypertension, etc.), many people would benefit from seeing a geriatrician even earlier. Geriatricians can help you make the best choices to stay vital and independent for life by helping you manage chronic diseases and maintain functional independence. It’s important to realize most elders can age healthily, many avoiding frailty altogether. Begin now focusing on *healthy* aging.

As America ages, we are facing a real shortage of geriatricians that can’t be fixed in time to help many elders or their families. But at the Schmieding Center we are very fortunate to have partners, UAMS and Northwest Health System, who understand the needs of

our elders. *Today, we have more Fellowship-trained geriatricians in community-based practice per capita in Northwest Arkansas than any place in America!*

**How Will You Age?** If you’re in the second half of life, you know your medical needs are changing. And now you are aware you have superior access to the kind of medical care you need. Will you age healthily or with increasing chronic problems? It depends largely on your attitude and your approach to health.

The fact is, America knows how to deliver great medical care to elders, but our system has focused primarily on acute care. Too many elders still don’t know what geriatricians do differently or why they should *demand* the right kind of medical care for themselves and for their elderly parents. 