

Care Partner Information



Tips for Providing Older Adult Care

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Tips for Providing Older Adult Care

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Alcohol and Falls

Falls are a common cause of injury in older adults. However, falls are not a “normal” part of aging. Adults age 65 and older should be checked for fall risk each year.

Alcohol use can increase fall risk. More older adults drink today than in the past. Many older adults will have a drink to help them relax, or as part of a social event. They may also drink because they are bored, depressed, anxious or have difficulty sleeping.

The number of older adults who drink heavily is increasing. Experts recommend that older adults should have no more than seven drinks a week, and no more than three drinks on any one day. Older adults who drink more than this are at higher risk of falling and other health issues.

Health Issues from Drinking
Liver damage and cancer
Immune system problems
Worsening of osteoporosis, diabetes and high blood pressure
Stomach ulcers
Forgetfulness, confusion and brain damage

It can be dangerous to mix alcohol with prescriptions, over-the-counter, or herbal medicines. The medicines most likely to be dangerous with alcohol are cold and allergy medicines, cough syrups, laxatives, pain, anxiety, or depression medicines. An older adult should ask their healthcare provider or pharmacist if they can safely drink alcohol while taking a medicine.

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Not everyone who drinks daily has a drinking problem. And, not all problem drinkers have to drink every day. Questions to ask an older adult: Do you have more than seven drinks a week? Do you drink more than three drinks in any single day? If so, they should be aware of their increased fall risk.

People often under-estimate how much liquor is in one drink.

Older adults should drink no more than 7 drinks in a week, or three in a day.
One drink is...
One 12 ounce bottle or can of beer, or wine cooler
One 8 or 9 ounce bottle or can of ale or malt liquor
One 5 ounce glass of red, rose or white wine
One 1.5-ounce shot glass of hard liquor including vodka, scotch, gin, tequila or whiskey (60 to 80 proof or less).

Many older adults decide to cut back or stop drinking alcohol. Here are some tips you can give to help:

1. Count how many drinks you have each day using the chart above.
2. Decide how many days a week you want to drink. Plan some “dry” days.
3. Choose water, juice, or soda in place of alcohol.
4. Make sure to eat before and while drinking.
5. Develop healthy interests that don’t involve alcohol.
6. Avoid people, places, and times of day that may trigger your drinking.
7. Plan what you will do if you have an urge to drink.
8. Learn to say “no, thanks” when you’re offered an alcoholic drink.
9. Find a support group for older people with alcohol problems, or check out quit programs, like AA (Alcoholics Anonymous).
10. Locate an individual, family, or group therapist who specializes in drinking.

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Caregiver Respite

Respite is a break from caregiving while someone else cares for the older adult. Respite is an important part of caregiving. This break gives the caregiver a chance to visit with friends, run errands, sleep, see their own doctor, or other types of self care.

Types of Respite

Private Duty Caregivers

Private duty caregivers come to the home. They can help watch the person so the caregiver can do other tasks in the home. Private duty caregivers can help with things such as dressing or bathing the person. They cannot give medications or help with other medical care. They are usually paid “out-of-pocket” by the family, and are not paid by health insurance.

Adult Day Health Programs

Adult day health programs provide supervision, activities, personal care, and meals. They can also give medications and help with other basic health needs in a group setting. Some programs provide transportation. Programs in health centers usually have a nurse, but programs at recreation centers usually do not.

Assisted Living Centers, Memory Care, or Rehab-Skilled Care Facilities

Some of these places offer respite for one day only. Others can provide respite for up to 2 weeks. Staff are available throughout the day and night. They can provide personal help, medical help, meals, and some recreational activities.

Volunteer Visits

Volunteers can be a “friendly visitor” that can sit with and talk to the person. Some volunteers can help with shopping or paying bills. They cannot provide any personal care, such as dressing or bathing. They also cannot provide medical care, such as giving medications.

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Finding Services

Respite services are not “health care,” so they are not covered by Medicare or other health insurance. But, if the older adult has long-term care insurance, Veterans Aid & Attendance benefit, or Medicaid long-term care, respite might be paid. If families have to pay “out of pocket,” there are vouchers that can reduce the cost, or free volunteers are sometimes available.

Area Agencies on Aging

Every region in the U.S. has an Area Agency on Aging that can provide a list of adult day health programs, caregiving agencies, and volunteer organizations that visit seniors. Many Area Agencies on Aging also offer classes to support caregivers, and vouchers to reduce the cost of respite services.

Alzheimer’s Association

The Alzheimer’s Association’s “Community Resource Finder” is an online tool to find services in the local community (see resources below). The Alzheimer’s Association also has tip sheets, family care consult services, a 24/7 helpline, and respite vouchers.

Caregiver Coalitions

State or regional caregiver coalitions raise awareness about caregiver needs, and provide education for caregivers. Some also have programs that can help pay for the cost of caregiving.

Other organizations

Each state or region has different services available from different places. The Eldercare Locator (see resources below) can help people find local volunteer organizations, hospice providers, social services and in-home care associations.

Resources:

Alzheimer’s Association: www.alz.org; www.communityresourcefinder.org
1-800-272-3900

National Association of Area Agencies on Aging: www.n4a.org

Eldercare Locator: <http://www.eldercare.gov/>

Family Caregiver Alliance National Center on Caregiving: www.caregiver.org

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Tips for Providing Older Adult Care

Caregiver Stress

Care Giving Causes Stress

Taking care of an older adult can be stressful. Adults can live many years with a chronic disease. Over time, these diseases can make it hard for older adults to do things for themselves. It is a lot of work to help someone with basic care and disease care when they are not able to take care of them self.

Caregivers can feel frustrated. They can get angry with the person they take care of, then feel guilty. It is normal to have different feelings about care giving at different times. But, some of these feelings can be signs of stress. Stress can lower health, and make it harder to care for another person.

Below is a list of several feelings that can be signs of stress.

10 Common Signs of Caregiver Stress	
Denial	Feeling stressed, but not saying it or getting help for it.
Anger	Getting angry at anyone or anything.
Isolation	Feeling alone. Not seeing friends or family.
Anxiety	Worrying all the time, even when there is nothing to worry about.
Depression	Feeling sad or hopeless, or crying often.
Exhaustion	Feeling so tired that it seems hard to go on.
Sleep problems	Trouble falling asleep or staying asleep.
Irritability	Feeling bothered by everything or everyone.
Concentration	Finding it hard to pay attention.
Health problems	New medical problems, or problems that get worse.

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Many caregivers think it is selfish to take time for themselves. Many do not take care of their own health and well being. Everyone needs time to take care and reduce stress. It is easier to be a good caregiver when stress is lower.

Below are tips to help lower stress.

Tips for Managing Stress

- **Take care.**

Get some rest. Find time to exercise. Eat healthy. Take time alone. Make and keep health care appointments.

- **Ask for help.**

It is good to ask others for help. Care giving is too hard to do alone.

- **Use local resources.**

Find out about adult day care, in-home help, respite care, and other local resources.

- **Learn care giving skills.**

Local classes can teach skills that will make care giving easier.

- **Find ways to connect with others**

Look for caregiver support groups. Participate in a faith community or social clubs.

- **Try relaxation methods.**

Deep breathing, meditation, massage, yoga and other practices can reduce the signs of stress.

- **Positive thinking.**

Every day, think of at least one good thing that happened. Use humor when things are hard. Try to enjoy being with the person.

- **Self kindness.**

Take time to notice small wins. Feel good about providing help and care to the older adult. It is okay if it is not perfect.

Useful Websites About Caregiver Stress

American Association of Retired Persons: <http://www.aarp.org/home-family/caregiving/>
Medicare: <https://www.medicare.gov/campaigns/caregiver/caregiver.html>

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Tips for Providing Older Adult Care

Changes with Aging

Every organ in the body has more physical ability than is needed for survival. As a person ages, their organs lose some of this extra ability. These changes happen slowly and do not normally cause symptoms. But they can make it harder for the body to recover from stressors like extreme heat, illness, or injury.

For example, most older adults are more likely to overheat on a hot day. Older adults sweat less, so their bodies are not able to cool themselves. The kidneys also help a person stay safe in the heat by making stronger urine when more water needs to stay in the body. In older adults, the kidneys cannot do this as well. This means that when it is hot older adults need to drink lots of water, wear cool clothes, and limit the time spent outside.

Every person faces different changes and challenges as they age. For example, one person might find it harder to breathe at high altitude. For another person, it might be hard to get comfortable on a hot day. A third person might find that it takes them more time to run a marathon than when they were younger.

Below are several changes to the body that are commonly noticed by older adults.

Skin: Skin becomes thinner, drier, more wrinkled, and easier to damage. Not smoking and protecting the skin from the sun can help.

Bones: Some bone loss happens with aging. When it is severe it is called osteoporosis. Eating foods with calcium, like dairy and leafy greens, can help prevent severe bone loss.

Muscles: Muscle mass starts to shrink around the age of 30. The only way to slow down muscle loss is to exercise — especially strength training. Both bone loss and muscle loss can cause a person to become shorter.

Vision: Some vision changes are not caused by disease. For example, it can be harder to focus, especially up close. It also can be harder to see color, see in the dark, or judge depth. Prescription glasses can help, and are used by most older adults.

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Changes in hearing: About half of those older than 65 have some hearing loss. Not being able to hear a conversation in a noisy environment is often one of the first signs. It also can be harder to hear higher pitched and softer sounds, like the voices of women and children. Hearing aids can help. Talking face-to-face in a quiet place also makes it easier to hear.

Changes in taste and smell: Taste and smell can be weaker with age. This makes food not taste as good, and can cause older adults to use too much salt and sugar, or not eat enough. Loss of smell can also be unsafe. It is harder to smell a gas leak, smoke from a fire, or spoiled food.

Changes in the digestive system: Some older adults digest food slower, and do not need to use the bathroom as often as when they were young. This can cause constipation. It can help to stay active, eat a high fiber diet, and drink water.

Changes in the bladder: Some people find that they need to urinate more often, or that they leak urine when they cough, sneeze or laugh. This is because the bladder becomes less stretchy and cannot hold as much urine. The urge to go can also come later, and the muscles that hold it in are weaker. For some, it can help to do pelvic floor exercises, drink less caffeine and alcohol, and quit smoking.

Changes in the brain and nerves: Some older adults will notice it takes longer to react. This can make it harder to drive, and easier to fall. It may also be harder to remember some things, like the name of a person they do not know very well. But most healthy older adults will not lose the skills and knowledge that they use regularly. Also, many older adults do better at solving hard problems in life because their past experiences give them wisdom.

Changes in the immune system: Older adults often get fewer colds. This is because they have had so many colds in their life that the immune system knows how to fight most of them off. But some infections are more common in older adults, such as shingles (Varicella Zoster) and the flu. It can take longer for older adults to recover from an infection. So, it is important for older adults to stay up to date on all immunizations (shots) to prevent illness.

Remember: Aging is a process, not a disease!

QUICK TIPS

- Changes happen to everyone, but are different from person to person.
- Normal changes with aging happen bit by bit, over time.
- Some changes with aging can be slowed with exercise and good nutrition.

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Choosing Long-Term Care

The time may come when outside help is needed to care for an older adult. It may be okay to get help in the home. Or the person might need to move into a residential care setting such as assisted living, a group home, a nursing home, or a life-care community.

There are many choices to make for long-term care. Having the right information can help make the decision easier. Below are some steps to take to find the right care.

4 Steps to Help Choose Long-Term Care	
Step 1	Make a list of care needs for the person. What type of help do you and the older adult need? For example, is help needed with bathing, dressing, preparing meals, eating, and/or medical needs? Will any of these needs change over time?
Step 2	Decide if care should be at home, a community center, or a residential setting. Would someone coming into the home be enough help? Could the older adult go to adult day care and come home at night? Or, does the person need to move out of the home and live somewhere else?
Step 3	Decide how care will be paid. What is paid by insurance can vary from state to state. Long-term care insurance, Veteran's benefits, and Medicaid may only pay for some costs. Medicare does not pay for long-term care, except after a hospital stay when skilled nursing is needed. Some communities may have state or local support to help with payment. Check with the local area Agency on Aging to learn more.
Step 4	Visit several places before deciding. Look for the names of in-home care agencies, adult day care centers, and residential centers in the phone book, on the internet, or by calling your local Area Agency on Aging. Also ask friends, family, and health care providers for recommendations.

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Ask the right questions.

It is important to be ready with questions when deciding if a care agency is a good fit.

- Ask if they can deal with the care needs listed in Step 1 (on other side).
- Ask how long they have been providing services, and how they hire and train staff. Ask if they do background checks on staff.
- Ask how much they charge. Find out the cost of basic services, and ask if there are extra costs.
- If the person will need care for the rest of their life, ask how the agency deals with end of life care.

Other questions depend on the type of care provided:

Questions for In-Home Care Agencies and Community Centers

- Is care available at the times it is needed?
- Do they require a minimum number of hours of care?
- Are they licensed by the state? Some services must be licensed, while others are not.
- For in-home care, can you expect that the same person will come to the home each time? What happens if the person doesn't show up?

Questions for Residential Care

- How many residents live there?
- How many staff are there for the residents?
- How many residents does each staff member care for?
- What activities are offered for residents?
- What happens if the person's care needs increase?
- What happens if there is a medical emergency?
- How are the person's care preferences respected?
- Are families called if there is a problem?
- Are there regular meal and snack times?

After visiting and asking questions, the most important thing to consider is comfort. Did the place feel warm and inviting? How did it smell? In community centers and residential care, did the people seem well-cared for and happy? It is okay to use instincts to answer this question. If the care agency does not feel right, it is not the right choice.

Written by: Deborah B Schaus, MSW, Exec Director, Alzheimer's Association Desert Southwest Chapter

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Tips for Providing Older Adult Care

Communicating with First Responders

Who is a First Responder?

A first responder typically works or volunteers for fire, police or emergency medical service (EMS) departments. When 911 is called, they are sent to help. Trained staff at an assisted living or senior care facility can also be first responders.

Before First Responders Arrive

- 1. Stay calm.** It is important to stay calm to be able to tell the first responders what they need to know. Staying calm also can help the person in an emergency be less anxious. To calm down in an emergency, take slow deep breaths in and out. Then, prepare for the first responders to arrive so they can do their job better.
- 2. Make it easy for first responders to get to the person.** Think about the easiest way to get in and out of the house or building. For example, the back door may be wider than the front door. Or one exit may have fewer steps. Remove anything that might get in the first responders' way, including furniture.
- 3. Collect the person's important documents.** Having accurate health information can improve the person's care. The table below lists the key documents to find. If these items are not available or can't be found, write down what is known while waiting for the first responders. Some information is better than none.

Documents to find for first responders
The person's driver's license or ID card
The person's health insurance cards
Allergy information
List of current medications
List of current illnesses
Names of the person's doctors
Living will or other documentation about the person's medical care wishes

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When first responders arrive

1. Let first responders focus on the person. Stay nearby to answer questions. Listen carefully to what they ask, and answer clearly, calmly and openly. Being honest can help the person get the best care possible.

2. Take notes. It is a good idea to take notes while the first responders are working. Write down any instructions from the first responders. Important details are easy to forget in emergencies.

Emergencies are stressful. It is hard to remember what to do while waiting for first responders, and after they have arrived. Below is a brief guide for care partners to help first responders.

Step-by-step guide to help first responders
Stay calm. Take deep breaths and exhale slowly.
Be prepared to explain why first responders were called.
Pick up clutter and make it easy to get to the person.
Prepare a list of doctors, medical conditions, and medications to give to first responders.
Look for the person's ID and health insurance cards.
Allow space for first responders to move around and do their job.
Listen carefully to the first responders' questions.
Answer any questions.
Take notes to see if any important information has been forgotten, and to remember any instructions or information from first responders.
Call family and friends for support and help.

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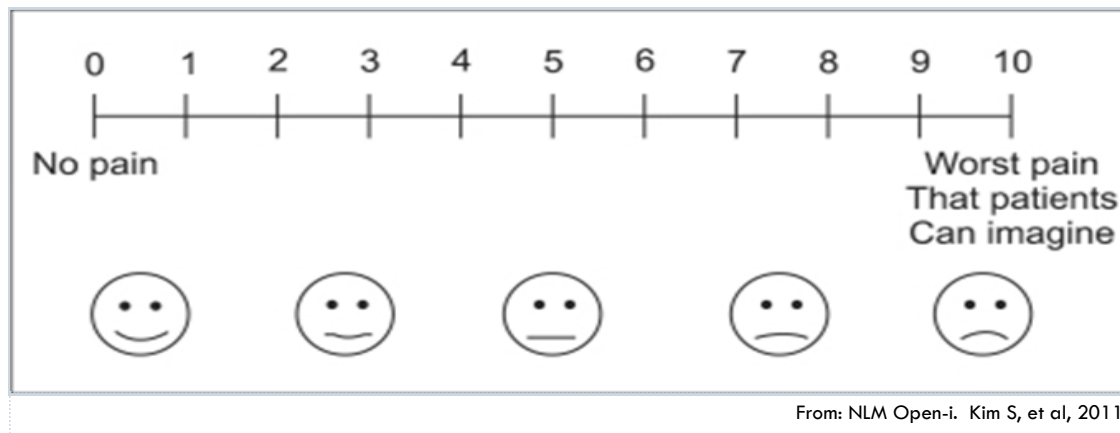
Tips for Providing Older Adult Care

Assessing Pain in Dementia

People with dementia can experience pain, just like anyone else. But, they often react to pain differently than others. There are several reasons for this. One is that people with advanced dementia aren't able to tell you they hurt. Or, they might feel bad, but don't understand what they are feeling. So, you can't count on them to tell someone if they hurt, or what hurts.

Pain in Early Dementia

In the early stages of dementia, you can usually just ask the person and they will tell you what hurts. You often can ask them to tell you how bad it hurts by using the smiley faces scale shown below.



Pain in More Advanced Dementia

As dementia gets worse, you will need to use different ways to find out if they are having pain. You will need to watch them and listen to them. Signs of pain include crying, moaning, or yelling for no reason, or being "difficult." People's faces may also look pained, like frowning or clenching their teeth. Or they might just roll around in bed and moan. Any of those things can be a sign that a person is having pain.

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How to Tell if a Person With Dementia is Having Pain

The table below lists things or “signs” that can be used to tell if a person with dementia is having pain, but you must watch the person’s behavior. The staff in nursing homes and hospitals use these signs all the time. You can also use them at home or anywhere else.

Signs of Pain in People with Advanced Dementia	
<i>Behavior</i>	<i>What to Look For</i>
Breathing	If breathing is heavy or noisy, it is more likely that pain is present.
Whimpering, Moaning or Crying	The louder and more often there is whimpering, moaning, or crying, the more likely the person has severe pain.
Facial expression	A sad or frowning face can mean mild pain. Clenched teeth, eyes squeezed shut, or twisted mouth often means severe pain.
Body language	People with severe pain will often be rigid, with fists clenched and knees pulled up. They may also lay in bed rocking. Or, they may push or hit people.
Comforting	Can you comfort the person to make them feel better? If not, it’s more likely that they are having pain.
Eating	Sometimes people in pain, especially stomach pain, refuse to eat.

Some info in this table is from Warden, 2003 and Abbey, 2004.

You can use the behaviors in the table above to help decide if someone has pain. You can also use it after giving someone medicine to treat pain. If the pain behaviors get better after taking pain medicine, the pain is probably getting better.

Finally, if you are providing care for someone and they frequently show the behaviors above, you should tell the doctor or nurse who provides their medical care.

Useful Websites

[“Pain Assessment in Advanced Dementia Scale”](#)

A [video](#) about cues to detecting pain in people with dementia

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Alzheimer’s disease and Related Dementia ~ Care Partner Information

Edited by an interprofessional team from the University of Arizona Center on Aging,
Alzheimer’s Association - Desert Southwest Chapter and Community Caregivers

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Dementia Behaviors

It is common for people with dementia to behave in ways that are hard for the caregiver, such as being angry a lot, pacing, or not wanting to connect with friends and family. Many times these behaviors are not intentional, but instead are the result of what is happening in the brain because of dementia. These behaviors cannot always be prevented. But some behaviors can change or stop if the caregiver can learn why they happen and change how they respond.

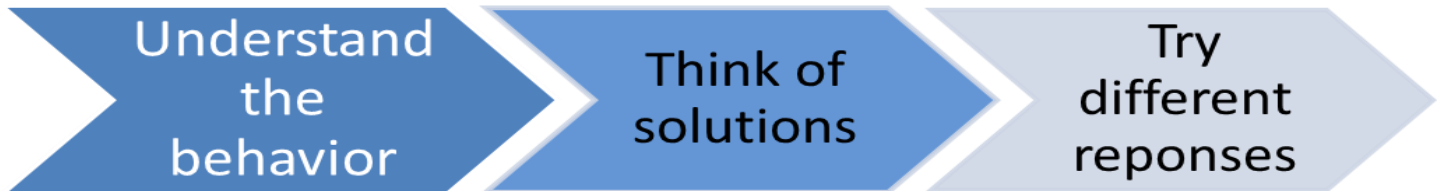
Common Behaviors in Dementia	
Awake and active at night when everyone else is sleeping	Loss of interest, caring or motivation - may seem withdrawn and uncaring
Thinking people are stealing	Acting sexually
Getting upset	Hiding things
Repeating the same things over	Rummaging
Hitting, kicking, or biting	Seeing things that aren't there
Pacing	Doing inappropriate things
Not understanding what is said	Wandering

Sometimes these behaviors are caused by things that can be easily fixed. For example, if there is too much noise or activity. These behaviors can also happen if the person feels rushed or hurried to do a task. People who live with dementia can get frustrated very easily, and it is difficult for them to tell others how they are feeling.

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The 3-Step Approach

Sometimes you can prevent behaviors from happening. Other times you can learn how to deal with them when they occur. The 3-step approach tries to figure out why the behaviors are happening so you can respond in a way that helps.



Step 1 – Understand the behavior: What was the behavior? What was happening before the behavior happened? What happened right after the behavior?

Step 2 – Think of solutions: Can you change the situation? Can you change your response? Did the person need something?

Step 3 – Try different responses: Did doing things differently help? What are some other solutions to the problems? Did you reach out for help?

Remember, behaviors can happen for any reason at any time. Learning how to predict and respond to them is important, but taking good care of yourself can also help. When you are feeling good and getting support from others, it will be easier to deal with the behaviors when they occur. Find a local support group, seek help from professionals, and talk with your providers about what is happening. Below are some tips for managing behaviors.

Quick Tips to Help with Dementia Behaviors

- Stay calm and be patient.
- Do not argue or try to reason. It won't work.
- Acknowledge the person's feelings, reassure them, and help them not to feel pressured.
- Keep a regular schedule and stick to it.
- Redirect with things like music, pictures or changing the subject.
- Do not take it personally. It is nobody's fault. It is the dementia's fault.
- Get help and talk with others.

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Communicating with Persons with Dementia

How can you improve day-to-day conversations with people who have dementia?

Keep it simple

Keep sentences short. Only talk about one topic at a time. Long sentences that say lots of things are hard for someone with dementia to understand.

Here's an example of a sentence that is hard to understand, "We're going to have dinner before we watch television because I'm hungry." Instead, simply say, "Let's have dinner!"

If there are still problems understanding, try repeating. But when you repeat, use different words to say the same thing. For example, you could say, "We're going to have dinner now." If the person still doesn't understand, try saying, "We are going to eat chicken now." Saying things different ways is helpful for a person with dementia.

Don't Use Baby Talk

"Baby talk" uses a tone that people use when talking to babies. It uses very short sentences ("Eat now" "Dinner"). It also uses childish words ("choo-choo" instead of "train") or pet names ("sweetie"). Don't use baby talk when talking to people with dementia. It can make them feel bad.

Be Respectful

People with dementia want to have real conversations. To make this happen, always respond when they talk to you, even if what they say doesn't make sense. It's OK if you don't know what they are talking about. The important thing is that you are talking together. It makes them feel valued and respected.

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The tables below lists other ways to help communicate with people who have dementia and tips to use if the person gets upset.

Other Ways to Improve Communication	
Allow choice	Even simple decisions (“Would you like X or Y?”) offer a chance for choice. This gives control to a person who has little control.
Be specific	Use the name of objects or people when talking. Say “banana” rather than “this.” Say “Uncle Joe” instead of “him.” Avoid using phrases that people might not understand, like, “It’s raining cats and dogs.”
Orient	Face the person at their level while talking to them. Make eye contact.
Take time	Pause during conversations. Wait longer than normal for a response.
Use anything available	Photos, food, music, books, art, other people, or other objects can help open an opportunity to communicate.

Tips to Help If the Person Gets Angry or Upset	
Be positive	Smile. Emotions are contagious. Nod and say, “Yeah... uh huh” when the person with dementia is upset and trying to say something. A touch on the arm can help.
Distract	Offer something simple, like ice cream. That can often calm down someone who is angry or upset.
Stay calm	Speak slowly and in a calm manner, even when the other person is angry. Learn what is pleasing to the person, and use it as needed.
Wait	Most things don’t have to happen right away. If someone doesn’t want to bathe, it’s OK to wait. Try not to rush conversations or events.

Useful Websites

Alzheimer’s Association:

www.alz.org/care/dementia-communication-tips.asp

Mayo Clinic:

www.mayoclinic.org/healthy-living/caregivers/in-depth/alzheimers/art-20047540

National Institutes of Aging:

<https://www.nia.nih.gov/health/communication-and-behavior-problems-resources-alzheimers-caregivers>

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Alzheimer’s disease and Related Dementia ~ Care Partner Information

Edited by an interprofessional team from the University of Arizona Center on Aging,
Alzheimer’s Association - Desert Southwest Chapter and Community Caregivers



Care Partner Information

Tips for Providing Older Adult Care

Depression in Alzheimer's Disease

Depression is common in people with Alzheimer's disease. About 4 out of 10 people who have Alzheimer's disease also have depression. Depression is most common in the first six months after an Alzheimer's diagnosis, but it can occur at any time.

It can be hard to tell if a person with Alzheimer's disease is depressed. Many symptoms of depression and Alzheimer's disease are the same. It is important to take the person to a doctor to know if the person is depressed. Doctors will look for changes in the person over time. They will look at the person's medical history, review medications, and do a physical and mental exam. Doctors will also ask questions about any changes in the person's mood and behavior. It is important to make note of sudden changes, and tell the doctor. Some examples of common changes are listed below.

Signs of depression with Alzheimer's disease	
Loss of interest or joy from hobbies or social activities	Not being able to focus, or make decisions
Loss of energy	Changes in sleep or eating
Feeling sad, empty, or hopeless	Does not talk or interact with others
Easily annoyed or angered	Feeling guilty
Being nervous or worried	Thoughts of death or suicide

If the person has depression, treatment may help improve the person's quality of life and ability to care for them self. Treatment will not prevent or cure Alzheimer's disease.

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Depression in people with Alzheimer’s disease can be treated. Giving support can help a lot. Below are some ways to help people with depression and Alzheimer’s disease.

How to help people with depression and Alzheimer’s disease
Follow a daily routine. Pay attention to the best times of day for the person.
Save the harder tasks, such as bathing, for the person’s best time of day.
Make a list of activities, people and places the person enjoys. Include something from the list in activities every day.
Help the person to be active every day.
Find ways the person can join in activities and family life. Have them do as much as possible.
Tell the person they are loved and respected. Be sure to show love, respect and appreciation for the person.
Do not ignore the person’s feelings of sadness. Tell them you hope they feel better.
Consider finding a support group, or social group. Groups are available for persons with Alzheimer’s disease and for caregivers or family members.
Help the person set small goals for their daily activities. Celebrate when the goals are met.

In some cases, medications for depression also can help improve mood. Depression medication will only help with depression.

Caregivers of people with Alzheimer’s disease should pay attention to their own moods. Care giving for someone with Alzheimer’s disease is hard. Many caregivers experience depression. It is hard to be a good caregiver if you are depressed. Anger, tiredness, worry and sadness can all be signs of depression.

Caregivers with signs of depression should go to the doctor. Support groups and respite services also are available to help caregivers take breaks and be healthier. Healthy, relaxed caregivers provide better care. The Alzheimer’s Association has support groups, and can help find other services. A local office can be found with the eldercare locator: www.eldercare.gov, or call 1-800-677-1116.

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Care Partner Information ~ Tips for Providing Older Adult Care

Edited by an interprofessional team from the University of Arizona Center on Aging



Care Partner Information

Tips for Providing Older Adult Care

Disabilities and Dementia

How Can You Know if Someone With Special Needs Has Dementia?

People with special needs live longer now than in the past. This means they can get dementia just like anyone else. People who have Down syndrome have a very high chance of getting one common type of dementia - Alzheimer's disease. Almost everyone with Down syndrome will get it. And, they often get it at a young age - often in their 40s or 50s. People with seizures that begin in early adulthood also have a higher risk of Alzheimer's disease.

The symptoms of dementia can be different in someone with special needs. It can cause them to forget skills they have learned. And like everyone else who gets dementia, they may be unable to take care of themselves.

If you are taking care of someone with special needs, here are some signs of dementia that you might see.

Signs of Dementia in a Person with Special Needs

Less interest in being sociable, talking, or telling you what they think.

Less interest in usual activities.

Less ability to pay attention.

Being sad, fearful, or anxious.

Being irritable, aggressive, or not cooperating.

Sleep problems.

Being noisy.

Trouble walking or losing coordination.

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Someone with special needs may not understand what ‘dementia’ is. They may not understand what is happening to them. They may get upset or frustrated. You can help them in several ways. Tell them to see a doctor to find out what kind of dementia they have. Be supportive and patient. Use words they know. Help them to continue doing things they like to do. Keep a normal schedule.

Dementia can get worse quickly in people with special needs, so be prepared to add support when needed to keep them safe.

Tips to Support Someone with Special Needs and Dementia

Talking might become hard for them. Pay attention to their body language to help figure out what they want or need.

Listen carefully to everything they try to tell you.

Be positive and reassuring.

Let them be in control when possible.

Help them feel secure and comfortable by sticking to regular routines and schedules.

Try to keep things calm and familiar.

Humming or music can be soothing.

Look at photos together.

Help them to eat well.

Ask the doctor for help if....

- They get aggressive.
- You feel overwhelmed.

Written By: Cynthia Vargo, Alzheimer’s Association

Alzheimer’s disease and Related Dementia ~ Care Partner Information

Edited by an interprofessional team from the University of Arizona Center on Aging,
Alzheimer’s Association - Desert Southwest Chapter and Community Caregivers



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Tips for Providing Older Adult Care

Dementia in Different Cultures and Ethnic Groups

Dementia refers to many diseases that cause changes in a person's memory, behavior, and thinking. Alzheimer's disease is the most common type of dementia, but there are several other types, too.

Different Groups May Have Higher Rates of Dementia

Anyone can get dementia, but some groups are at higher risk than others. In the US, African-Americans and Latinos have higher rates of diabetes and heart disease. These conditions increase the risk of dementia. In fact, the rate of dementia in African-Americans and Latinos is almost twice as high as in non-Hispanic whites.

Different Groups May Have Different Beliefs About Dementia

A person's culture includes their values, beliefs, traditions, and language. It also includes the people they socialize with. Depending on a person's culture, they may have different beliefs, traditions, and ways of providing support to a person with dementia. This includes individuals from different racial or ethnic groups who may also have different beliefs about dementia.

For example, in some communities, the memory loss of dementia is seen as a mental illness or a form of being crazy. Culturally, it might be seen as a normal part of aging and no one worries about it. Some might consider dementia something to be embarrassed about. Or simply, dementia may be viewed as "God's will." And, others may be more likely to think people with dementia need to take herbal medicines.

In all of the above situations, people may put off seeking medical care, or not seek medical care at all, because they don't think of dementia as a medical problem. This delays getting medical tests that might show that the person doesn't have dementia but instead, has some other condition causing memory loss that could be treated. And, for people who do have some types of dementia, it delays the advanced planning that should be done, like naming someone to help with medical decisions.

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What Stops People from Finding Out They Have Dementia?

People from some cultures and ethnic groups are less likely to get a diagnosis than others. That's because different beliefs about dementia may lead a person to not get checked if they are having trouble with their memory. They may wait to go to the doctor until the dementia is very advanced. But, there are other reasons people don't go to the doctor, too.

For example, people in some cultures don't even realize that memory loss is the sign of a serious problem like dementia. In other situations, family members and friends don't pay attention to someone's memory loss because the person looks fine. Sometimes, people with memory problems are seeing health providers who don't speak their language, and this makes it hard to talk about concerns about memory loss and other signs of dementia.

What Can You Do?

It is important to identify the signs of memory loss early. If you have an older family member or friend who is showing problems with memory, or who seems confused, or is behaving strangely, consider that dementia might be the cause. These problems, including memory loss, are not normal even in very old people. So, encourage them to go and get checked by their health care provider. The problems might be caused by something other than dementia, and therefore, could be treatable.

It is also important that they go to a doctor who understands their culture and can talk with them, and their family members, about the seriousness of dementia. They should make sure to discuss the person's and family's values and preferences with the doctor, and together they can make treatment decisions. If they do have dementia, they need education and information about the disease, how to deal with it, services available, and what to expect as the dementia gets worse.

Everyone needs to know about the signs and symptoms of dementia and what can be done about it. This will help people cope with the stress and challenges of a disease like dementia, which always gets worse over time.

Resources

Alzheimer's Association: www.alz.org/diversity/overview.asp

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Alzheimer's disease and Related Dementia ~ Care Partner Information

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Tips for Providing Older Adult Care

Driving and Dementia

Dementia affects a person's ability to drive safely. Drivers with dementia are more likely to get into car crashes, and unsafe drivers are a major risk to everyone on the road. However, most people with dementia think they can drive safely, even when they can't. That's because dementia affects memory, thinking, and judgment, and people with dementia don't realize that they are poor drivers. Therefore, it is up to everyone—the family members, care partners, and health providers—to be sure that the person's driving ability is evaluated, and a plan is made.

How Does Dementia Affect Driving Safety?

People with dementia forget where they are going, get confused while driving, and get lost. They have trouble with judging distances, staying in their lanes, or understanding signs. They have trouble keeping their attention on the important things, and are easily distracted. Also, they have trouble recognizing when a change in traffic pattern is important—such as a car quickly pulling out into traffic, or a ball rolling onto the road.

Signs of Unsafe Driving	
Getting lost or forgetting how to find places.	Driving too slowly.
Having accidents or bumping into things.	Avoiding busy streets.
Not following traffic signs.	Making mistakes while driving, especially at intersections.
Getting angry or confused while driving.	Drifting in and out of lanes.

Everyone is Different

Some people in the early stages of dementia may be safe to drive if they limit their driving to familiar neighborhoods and short trips. But, it's never too early to begin the conversation and have a plan for what to do when the person can't drive safely anymore.

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A good rule is if you think the person is unsafe, they probably are unsafe. If you don't feel comfortable riding with them, or wouldn't want your child or grandchild riding with them, then they are probably an unsafe driver.

Having the Conversation

As you think about the conversation, remember that driving is a very emotional topic for most people. Driving is important for independence, so most people are very reluctant to give it up. Some people give up, or "retire" from driving without a problem. But for others, it can be very hard. People with dementia will lack the insight or judgment to know that they are a risky driver, and so it may be very upsetting when you tell them they shouldn't drive. A formal driving evaluation may help. It is important to remember that only the state motor vehicle division can take away a drivers license.

The table below lists some ideas about how to start the conversation and what to do as the dementia progresses.

Starting the Conversation	
Understand that it is hard for someone to give up driving.	Discuss your concerns, and the need to prepare for the future.
Be patient and firm.	Involve family and close friends.
Appeal to their wish to be responsible and not hurt anyone with their car.	Offer alternatives like: family members or friends; taxi service; special transportation; or home delivery of groceries, meals, medications.
Include an expert in the talk that the older adult will respect, such as a doctor or lawyer.	

People with dementia may stop driving in stages, or all at once. Either way, the person will probably be sad for a while about the loss of independence. Sometimes even after a person has "retired" from driving, they want to start again. Try to be patient yet firm. Remember an unsafe driver is a danger on the road. They can hurt themselves. They can hurt you or your family.

If Talking Doesn't Work:

1. Get their health provider to notify the motor vehicle department.
2. Keep keys and the car out of sight.
3. Disable the car so it won't start.

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Alzheimer's disease and Related Dementia ~ Care Partner Information

Edited by an interprofessional team from the University of Arizona Center on Aging,
Alzheimer's Association - Desert Southwest Chapter and Community Caregivers



Care Partner Information

Tips for Providing Older Adult Care

Drugs for Memory Loss in Alzheimer's Disease

Several drugs are available to treat memory loss in people with Alzheimer's disease. They are sometimes used in other forms of dementia, too. But, they are mainly for Alzheimer's disease. In some people with Alzheimer's, these drugs can help improve memory. They can also cut down on confusion and help with thinking, talking, and judgment.

Don't expect any big changes. These drugs only improve memory. They don't get memory back to normal and they don't cure Alzheimer's disease. Memory will still get worse over time. After 6 months to a year, memory will usually be worse than when the medicine was started.

These drugs don't help everyone. They only help about half of people with Alzheimer's. Perhaps most important, these drugs do not cure Alzheimer's disease or any other form of dementia. They only boost memory for a while, and dementia will still get worse.

What Are The Drugs?

Names of drugs can be confusing because each drug has two names. There is a generic name and a brand name. Even though they have different names, they are the same medicine.

Drugs Used for Memory Loss in Dementia		
When to Use the Drug	Generic Name	Brand Name
All stages of dementia	Donepezil	Aricept
Early to moderate dementia	Galantamine	Razadyne
	Rivastigmine	Exelon
Moderate to severe dementia	Memantine	Namenda

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What Are the Side Effects?

Most people don't have problems with these drugs, but all drugs sometimes have side effects. Side effects are unwanted problems. The side effects might be mild and easy to live with, such as a mild headache. Sometimes they may be serious, like severe dizziness, and the drug should be stopped. If side effects happen, report them to the doctor.

In addition to looking for side effects, you should learn the names of the drugs being taken. Be sure the person with dementia is taking the correct drug at the correct dose.

Common Side Effects of Drugs Used for Memory Loss	
<i>Drug</i>	<i>Side Effect</i>
Aricept, Exelon, Razadyne	Upset stomach
	Diarrhea
	Not wanting to eat
Namenda	Dizziness
	Confusion
	Headache
	Constipation

How Do You Know if the Drugs Are Working?

It can be hard to tell if the drug is working because improvements in memory are often small. If you see even a little improvement, it probably is helping.

What If the Doctor Suggests Stopping the Drug?

As memory gets worse and worse, many doctors will suggest stopping the drugs. That's because they won't help much any more, even if they seemed to work at first. They might also be stopped sooner because of side effects, or if they never seemed to work at all.

It might be upsetting if the doctor suggests stopping the drug. But keep in mind that these drugs do not cure dementia. Dementia will still get worse, whether taking the drugs or not.

Useful Websites

US Alzheimer's Association: <https://www.alz.org/alzheimers-dementia/treatments/medications-for-memory-update-pdf>

UK Alzheimer's Association: http://www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=147
Information about stopping memory drugs: http://alzheimers.about.com/od/medication/a/medic_stop.htm

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Tips for Providing Older Adult Care

Eating and Drinking with Dementia

Problems with Eating

As we get older, there are changes that affect eating. Older adults are less able to taste and smell. Some people have trouble chewing and swallowing. Having a dry mouth is common. Some have trouble with their bowels or stomach. There are other problems when people have dementia. For example, they may not recognize food. They often don't want to eat at mealtimes, or they may forget to eat. Below are ways to help people with dementia eat better.

Tips to Help People with Dementia with Eating

Serve food in a quiet place. Turn off the TV and radio. Avoid interruptions.
Cut food into bite-sized pieces.
Make sure dentures, glasses, and hearing aids are in place.
Serve one food at a time.
Remove utensils that are not needed. For example, remove forks if eating soup.
Encourage self-feeding. Say things like "pick up your spoon."

Colorful foods, like fruits and vegetables, have more vitamins than "junk food." Vitamins from food are better than vitamin pills. Below are examples of good foods a person should eat.

Good Foods to Eat

Food	Examples	Daily Amount
Fruits	apples, bananas, berries, 100% fruit juices	2 - 2½ cups
Vegetables	broccoli, carrots, spinach, squash	2 - 2½ cups
Grains	bread, cereal, oatmeal, pasta, rice	1 cup
Dairy	cheese, milk, yogurt	⅓ cup cheese or yogurt, 2 cups milk
Protein	beans, eggs, fish, meats, nuts, poultry	⅔ cup

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Problems with Drinking

People with dementia may not drink enough because they don't feel thirsty. They may even forget to drink. If they don't drink, they may have problems going to the bathroom. They may also get dizzy and fall. How much should they drink? If the urine is dark yellow, they are not drinking enough. If urine is clear, they are getting enough.

Tips to Help People with Dementia with Drinking		
Offer drinks all day long.		
Always have a drink nearby, where the person can see it during meals.		
Use a clear, brightly colored glass or cup so they can see it.		
Make sure the glass or cup is not too big or heavy. It should be easy to lift and hold.		
Just because a glass is empty, it does not mean the person drank it. Check for spills.		
Water is the best drink, but it's OK to offer other drinks too.		
Sometimes, adding flavoring to the water helps a person want to drink more.		

Choking

People with dementia can choke while eating or drinking. You can help avoid choking by cutting food into small pieces. Make sure they chew food well and eat and drink slowly. Call 911 if you see signs of choking. You can perform the Heimlich maneuver if you know how, but you should still seek medical care after choking stops, just to be sure things are okay.

Signs of Choking		
Coughing while eating or drinking	Clutching the throat	Turning blue
Unable to talk while eating	Wheezing	Passing out

Eating and Drinking at the End of Life

In the late stage of dementia, people often do not eat or drink. This is normal in the late stages of dementia near the end of life. Not eating or drinking does not make the person feel sick. You do not have to push or force the person to eat and drink. Not eating or drinking is just the natural part of the end of life with dementia.

Useful Websites

- Tips on feeding problems in dementia: <http://www.alz.org/care/alzheimers-food-eating.asp>
- Information about choking: www.nsc.org/safety_home/HomeandRecreationalSafety/Pages/Choking.aspx

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Alzheimer's disease and Related Dementia ~ Care Partner Information

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Care Partner Information

Tips for Providing Older Adult Care

Exercise with Dementia

Why is Exercise is Important ?

Exercise keeps our bodies in shape. It keeps our muscles, joints, and everything inside of us working better. It also helps us lose weight, sleep better, and it can improve our mood.

Exercise is important for someone with dementia. It helps them feel better, and helps them to do more things for themselves, for as long as possible. It helps with strength, balance, and flexibility. Some research says that exercising every day might help people with mild dementia to keep their memory and thinking skills longer.

Staying Safe with Exercise

Make sure someone living with dementia is safe while exercising. If possible, they should exercise with someone else. This is very important if they take medicine that might make them feel dizzy, or if they get tired easily. If they do exercise alone, ask them to wear an ID bracelet with your phone number. Comfortable clothes and shoes that fit well are also important.

Several 10-minute workouts may be best, instead of one long one. Drinking plenty of water is important. Drink before and after exercise.

Tips for Helping Someone with Dementia Stay Active

Take a walk together	Throw a rubber ball back and forth
Turn on some music and dance	Use stretching bands
Use a stationary bicycle	Use soup cans as weights
Join an exercise program that is designed for older adults with dementia	Clean the house together
Build a garden	Grocery shop together

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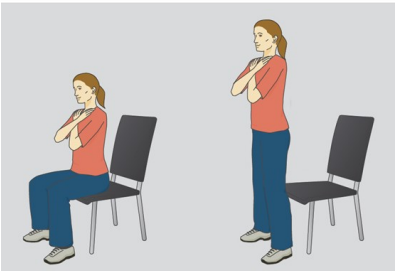
Here are some exercises to try at home. Start with one set and build up from there.

Toe Stands



Hold the backrest of a sturdy chair and stand hip width apart.
Lift your heels as much as possible then bring them back to floor.
Repeat this movement 10 times for one set.
Rock back on your heels and lift your toes to stretch between sets.

Chair Sit to Stand to Sit



Sit on a sturdy chair and cross your arms on the chest.
Rise from the chair to a fully up right position and then slowly
return to a sitting position.
Repeat this movement 10 times for one set.
If needed, use an armrest to make this exercise easier.

Stair Steps



Hold the handrail of a staircase for safety.
Step up on a step one foot at a time.
Step down one foot at a time.
Repeat 10 times alternating the leading foot.
Rest and repeat another 10 times for one set.

Useful Websites

National Institute on Aging: www.nia.nih.gov/alzheimers/publication/exercise-and-physical-activity
Caregiver Guide: <https://www.nia.nih.gov/health/alzheimers/caregiving>

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Alzheimer's disease and Related Dementia ~ Care Partner Information

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Care Partner Information

Tips for Providing Older Adult Care

Guardians and Conservators

What happens when someone with dementia can no longer make good decisions or manage their money? What happens when they need someone else to make those decisions for them?

Many times a family member will take over. But, sometimes there is no family, or family lives too far away. Sometimes family members don't agree on what should happen. In these situations, the person with dementia often needs a guardian and a conservator.

What is a Guardian?

A guardian (GAR-dee-an) is someone appointed by a court to make decisions about, or for, another person. The guardian might be a family member or a friend. But, if no family or friends are available to do the work, a court might select a professional who has experience working as a guardian.

What Does a Guardian Do?

The guardian's job is to make sure that the person with dementia is taken care of. Guardians can be the caregiver or they can arrange for someone else to take care of the person with dementia. If they have someone else to do it, the guardian has to be sure those caregivers are doing a good job.

The guardian decides where the person should live - at home, in a nursing home, or somewhere else. The guardian also makes all medical decisions for the person. Basically, the guardian is in charge of the person, just like a parent is in charge of a young child.

Does There Always Have to Be a Guardian?

Not always. Sometimes a person with dementia can fill out a special form before losing their ability to think clearly. The form is called a "Medical Power of Attorney." It allows the person to name who they want to make medical decisions for them if they no longer can. If that form was not completed before the person with dementia loses the ability to think clearly, and there are no family members to make medical decisions, having the court name a guardian may be the best thing to do.

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What is a Conservator

A conservator (con-SIR-va-tor) is a person who is legally in charge of someone else's money and property. Conservators are appointed by the court when a person with dementia can't manage money or make appropriate decisions about finances. The conservator can be a family member or a friend. But if no family or friends are available, the court might choose a professional who has experience working as a conservator.

What Does a Conservator Do?

A conservator controls the person's bank accounts, credit cards, and all other money. The conservator also controls the person's property, including houses and all other belongings.

A conservator must spend the person's money and property only on things needed to help take care of the person with dementia. The conservator must file reports with the court to show how they have been managing the person's money and property. The court checks up on the conservator to be sure they are being honest and responsible. A conservator may be paid (from the person's money) for the work they do, but the court must approve the amount.

Does There Always Have To Be Conservator?

Money and property are often owned jointly. For example, a husband and wife might own a house together. A parent and child might be joint signers on a bank account. If money or property is managed jointly, no special form is needed and a conservator may not be needed if one person has dementia.

What do Guardians and Conservators Do?		
	Guardian	Conservator
Decide where a person should live	X	
Decide who should take care of the person	X	
Make medical decisions for the person	X	
Manage the person's money		X
Decide about selling a person's house		X
Must be appointed by a judge	X	X

Useful Websites

- Information about legal documents, from the Alzheimer's Association: <http://www.alz.org/care/alzheimers-dementia-legal-documents.asp>
- Information about dealing with Social Security payments: <http://www.ssa.gov/payee/faqrep.htm#a0=-1>

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Care Partner Information ~ Tips for Providing Older Adult Care

Edited by an interprofessional team from the University of Arizona Center on Aging



Care Partner Information

Tips for Providing Older Adult Care

Helping Children Understand Dementia

Many people who care for someone with dementia also have young children or grandchildren. Children may bring joy for the person with dementia, and dementia may become a normal part of the child's life. But at times it can also be scary. Adults often think that children do not notice the changes with dementia, or the stress of caregiving. But they do. Talking about dementia can help children to understand and not be afraid of dementia. Below are some tips to help talk to children about dementia.

Be Prepared

Being a dementia expert is not needed. Start by learning the basics about dementia, then prepare what to say to the child. If they have questions, it is okay to look for the answers together. The Alzheimer's Association has up to date facts that can help. Visit www.alz.org, or call the local Alzheimer's Association office.

Be Simple

Use words and ideas that are easy for the child to understand. Match the level of information with the child's age and maturity. There is no need to explain everything about dementia.

Be Truthful

It is important to tell the child that the person with dementia will not get better. Be honest about the changes that are happening.

Focus on the Present

Focus on helping children to understand the changes happening now. Do not tell them about possible things that can happen in dementia. This can worry a child for no reason.

Be Comforting

Children rely on adults to take care of them. It may be scary to see an adult who can no longer take care of them self. The child may be fearful about other adults losing the ability to care for them. Let the child know that they are loved and cared for. Let the child know that the person with dementia can still love them and enjoy spending time with them — even when the disease may cause the person to say or do things they do not mean.

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Be Emotional

Dementia is not a normal part of aging. It is a hard disease, and it is normal to feel a lot of emotions when a loved one has dementia. Most people who have a loved one with dementia feel sad, confused, worried, or scared. Sometimes adults think they should hide these feelings from children to not worry them. But hiding feelings teaches children to hide their own feelings. Neither dementia nor the feelings that come with it are shameful. Adults should share how they feel with the child, and ask the child to share their own feelings. Let them know it is okay to feel how they feel. Then help the child to find ways to feel better.

Be Aware of how the child is coping

Even with understanding, children may be stressed by dementia and dementia caregiving in the family. Below are some signs the child may be having a hard time coping.

Ways children may show stress when a family member has dementia
They do not want to join family gatherings
They start having a hard time with school work
They do not want to bring friends home
They have sudden changes in social activity, eating and sleep habits
They easily get angry or start crying
They do things to harm themselves
They feel responsible for the care of their family member

A family member may live with dementia for many years. As such, children could be around a family member with dementia from when they are a toddler until they are a teen. In these cases, the disease gets worse as the child gets older. It is a good idea to have many different conversations over time as the symptoms of dementia get worse and the child gets older.

Useful Resources:

Alzheimer's Association, www.alz.org or 1-800-272-3900

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Care Partner Information

Tips for Providing Older Adult Care

Home Safety Issues Part 1: Dementia & Falls

Falls are common among older people, and can be very serious. Falls may cause fractures or other injuries, and people who fall often become very afraid of falling again. Falls can result in a decrease in mobility, loss of independence, and death. People with dementia are at a high risk of falls. Although falls can't always be prevented, there are things to do to decrease falls. First, it's important to follow the general tips for preventing falls. Then, it's helpful to know how the changes of dementia make falls more common, and what to do to specifically reduce the risk of falls in people with dementia. Also, remember that a person's abilities will change over time as the dementia worsens.

General Tips for Preventing Falls and Injuries

Most falls in older adults are due to a combination of things, such as medications and balance problems. Therefore, most of the time, it takes several changes in order to prevent falls. The table below lists the things to do to reduce the risk of falls and injuries in all older adults.

Risk of Falls and What to Do	
Exercise	Encourage regular exercise, including strength and balance training. Community fall programs are available through your local area agency on aging.
Safe Home Environment	Keep areas well lit. Use night-lights. Remove small rugs, long cords, and other tripping hazards from floors and stairs. Put grab bars in the bathroom by the toilet and shower. A nurse or occupational therapist can help with a home safety check.
Strong Bones	Discuss calcium and vitamin D treatment with the doctor. Also, ask the doctor about osteoporosis.
Foot Care	Foot pain, long nails, and numb or burning feet can cause falls. Wear shoes in the home.
Eye Care	Poor vision can cause falls. See an eye doctor at least each year. Wear glasses if needed.
Medications	Many medications can cause dizziness, weakness, and poor balance. Talk with the doctor.
Changing Positions	Many people get lightheaded when standing up. Change positions slowly. Give the person time to adjust.

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Specific Tips for Preventing Falls in People with Dementia

It is important to learn how and why the changes of dementia make falls more common. Then you will be more aware, understand what's going on, and know how to help decrease falls.

Reasons for Falls in People with Dementia	
Condition or Symptom	How it May Increase Risk of Falling & What to Do to Help
Physical Weakness	They may be frail, not able to routinely exercise, or weak from a past stroke. If able, walking regularly can help maintain strength.
Changes in Gait and Balance	They may have a shuffling walk with poor coordination. It's good if you can have someone walk with them.
Poor Judgment	They may try to walk down the steps alone, or outside on ice, or in the heat. It's good to have someone walk with them.
Trouble with Space and Vision	They may be unable to judge steps or uneven flooring. Reduce clutter and obstacles in the area. Lock or limit access to unsafe areas.
Medication Side Effects	They may be taking many medications due to cognitive or behavioral problems. Talk with the provider to reduce certain medications with side effects that can drop blood pressure, increase confusion, worsen balance, and increase fall risk.
Restlessness	Usually from aches and pains, hunger, thirst, or the need to use the bathroom. They may be unable to tell others, and get up quickly and urgently putting themselves at risk. Offer activity (moving around), food, and water regularly. If they have pain, work with the provider to treat it.
Boredom or Loneliness	They may be wandering around looking for something to do. Offer activities and arrange for visitors. Consider installing locks out of sight to reduce wandering outside.

Useful Websites

Fall Prevention Center of Excellence: <http://stopfalls.org/>

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Tips for Providing Older Adult Care

Home Safety Issues Part 2: Dementia & Fire Safety

House fires and burns are real dangers for older adults. The three big causes of house fires and burns are cooking, space heaters, and cigarettes. Always be sure there are working smoke alarms and carbon monoxide detectors on each floor. Keep a fire extinguisher nearby that has been inspected in the last 12 months.

Safe Cooking

Many people with dementia want to live at home for as long as they can. Being able to cook is important for independence, but it has to be balanced with safety. As the dementia worsens, a person's abilities change. Therefore, it's important to check the person's abilities often to make sure they are still able to cook safely. This skill check is important to do whether the person with dementia is living alone, or with others.

Why Most People Living with Dementia Should Not Cook Alone

They may start to cook a meal and forget what they were doing.

They may leave the stove on for too many hours or overnight.

They may burn food on the stovetop and cause a fire.

They may lose sense of time and leave water boiling in a pot too long. The water may dry up completely and the pot can melt from the high heat. They may burn themselves if they don't realize how hot the pot is.

They may leave the gas on and cause an explosion.

They may forget to be careful around an open flame and severely burn themselves or start a house fire.

They may forget how to safely use a microwave and turn it on for way too long, or use metal bowls.

They may spill hot food or water on themselves.

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Small changes in the kitchen can help people living with dementia to continue to cook, and lower the risk of fires.

Tips for Safe Cooking	
Label cupboards with pictures and easy words. Buy foods that are easy to cook or prepare.	Use things that are easy to identify and are used for only one thing, such as a kettle.
Remove unsafe tools, such as very sharp knives.	Keep the kitchen well lit.
Ask the gas or electricity company to get on their “priority service register.” They will come to the home to do safety checks and teach about special safety options.	Buy appliances that switch off automatically, such as an electric kettle.

Space Heaters

People living with dementia should never use a space heater alone. Space heaters start half of all home fires in the winter months. Many models don’t have safety features. They may not automatically turn off when tipped over or when they get too hot. Also check to make sure the heater is not damaged. For example, don’t use it if the cord is worn or frayed.

Tips for Safe Use of Space Heaters
Make sure there is at least 3 feet of clear space around the heater.
Place the space heater out of walking areas so people don’t trip.
Take away the heater right away if the person living with dementia uses it for drying clothes or other unsafe activities.

Smoking

People with dementia should not smoke cigarettes when they are alone. The symptoms of dementia, such as forgetfulness and poor judgment, make it very risky.

Tips For Smoking Safety
Ask them to only smoke outside. Never allow smoking in a home or building where oxygen is in use.
Ask the person to sit in an upright chair without cushions when smoking, such as at a table.
Don’t allow them to smoke in bed.
Make sure they don't drop hot ashes on their clothes or chair.
Don’t give them their own lighter or matches. Make sure the cigarette is put out when they are done.

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Care Partner Information

Tips for Providing Older Adult Care

Home Safety Issues Part 3: Dementia & Guns

The combination of guns and dementia is a dangerous mix.

Many older Americans own a gun. If they develop dementia, it creates a very serious situation. People with dementia often don't realize how dangerous their guns can be. They often forget to use the basic safety procedures that they have followed for their whole life.

How does dementia affect a person's ability to safely handle guns? The table below can help explain.

Why Guns are Dangerous for People with Dementia	
Symptoms of Dementia	How it Affects Gun Safety
Memory Problems	They may forget to lock up the gun when little children are in the home.
Poor Judgment	They may use the gun on care partners or family members who might surprise them in their home or room.
Hallucinations (seeing or hearing something that isn't real)	They may use the gun on care partners or family members if they feel threatened or scared.
Depression (or other mood problems)	They may use the gun on themselves. Americans over age 65 have the highest rate of suicide.

More than 60% of people with dementia are living in a home that has guns. Care partners may not be aware that there is a gun in the home. Families may be aware, but may not realize the dangers to themselves and others as their loved one's dementia worsens.

The first step is to always ask if there is a gun in the home. The table on the next page lists questions to ask to help decide what to do.

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Questions To Ask	What To Do
Do you have guns, rifles, or other weapons in the home?	Hold a family meeting to plan what to do.
Is the gun locked and put away?	Guns should be locked and stored safely.
Is the gun loaded or unloaded?	Guns should always be unloaded.
Where are the bullets?	The bullets should be stored separately, away from the gun.
Are there children present?	Guns should not be left around children.
Does the gun owner feel depressed or down?	Guns should be hidden from people who are depressed or down because of the risk of suicide.
Does the gun owner have problems with vision or hearing?	Guns should not be used by people who have trouble hearing or seeing things.

Most of the time, the gun should be removed from the home. However, if family members feel the gun is important for their own safety, they should always keep it locked with the key hidden and the bullets kept in a separate place. Always keep the gun away from children.

Only people who have been trained in gun safety should handle a gun. Although it may seem easy to unload a gun or put it away, that is often when accidents happen. Be sure that only trained people handle guns.

Tips to Manage Guns in the Home
Always ask if there are guns or rifles in the home.
Strongly encourage the person with dementia to remove their guns from their home.
If the person with dementia can't understand the risk, then remove the guns from the home for them, or unload them.
Remember that guns are dangerous. Don't handle a gun if you haven't been trained in firearm safety.

Remember that guns can be very dangerous in the wrong hands. People with dementia do not have the ability to safely use a gun. Do not allow people with dementia have a gun, use a gun, or even be around a gun.

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Care Partner Information

Tips for Providing Older Adult Care

Honoring last wishes in persons with dementia

When a person is diagnosed with dementia, there are important decisions to make. These are often called “end-of-life decisions.” But, they are really decisions that need to be made as soon as possible, long before someone’s actual end of life. These decisions help the doctors and family know exactly what kind of medical care a person should get during their last few months of life. They describe what kinds of treatment they want or don’t want. They may also say when to stop treatment. These decisions are made with “advance directives.”

Advance directives are written forms that make a person’s wishes known for when they are no longer able to make their own decisions. The forms can also name someone who the person trusts as their decision-maker when they can no longer make their own decisions.

Advance directives help patients and families prepare for the future. They give families peace of mind knowing they have followed their loved one’s wishes. It allows them to honor and respect the person’s beliefs and wishes.

The two types of advance directives are:

Living Will	A legal document that states the person’s wishes about the medical treatments they would want to have, or would not want to have.
Durable Power of Attorney for Health Care	A legal document in which the person chooses a trusted partner, family member, or friend to make medical decisions for them when they are no longer able to make their own decisions.

Why Are Advanced Directives Important For People With Dementia?

People with dementia will lose the ability to make end-of-life decisions. It is important that people with dementia fill out their advance directives before they lose that ability so they can continue to be in charge of their life.

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If someone is dying and doesn't have advance directives, the family must make decisions based on what they think the person would want. This can be hard for families. Often not everyone agrees on what the person with dementia would have wanted.

Advance directives are an important way to know what the person would want for themselves. Although it can be hard to talk about these things, having these discussions and filling out the forms allows you to know what they want and honor their wishes.

End-Of-Life Treatment Choices

Making choices about treatment can be very tough. Families often want to see their loved one eating and drinking because they think that is a sign of health. They might ask about feeding tubes or IV fluids because they think this will make the person feel better. However, not eating and drinking is normal at the end of life. Feeding tubes and IVs can actually be uncomfortable for the person with dementia.

So, it is important to know the types of treatment choices that a family may face for a loved one with late-stage dementia. Families can refuse, limit, or stop any of these treatments—but only if there are advance directives or a durable power of attorney for health care.

Treatment Choices	What Is It?	What To Think About
Feeding Tubes	Putting tube through the nose into the stomach to feed someone who is no longer able to eat or swallow.	Tube feeding does not help patients feel better or live longer. There is no benefit.
IV Fluids	Giving someone fluid through a tube into their veins when they are no longer able to drink.	This can prolong dying and make it more uncomfortable. For this reason, IVs are often not recommended.
Antibiotics	Using antibiotics to treat an infection such as a pneumonia or urine infection.	Antibiotics might not help the person's condition. An infection can be a peaceful way to die.
Respirators	A breathing tube put into the lungs so a machine can breathe for a person if they can't breathe on their own.	A breathing machine can cause a lot of discomfort and stress.
CPR (Cardiopulmonary Resuscitation)	Trying to bring a person back to life when their breathing or heartbeat has stopped.	CPR is not recommended for people who have late-stage dementia because it just prolongs the dying process.
Comfort Care or Palliative Care	Often given by hospice, this special care focuses on improving quality of life, reducing pain and supporting the family.	This very helpful care doesn't mean doing nothing. It means giving special care to assure that the person doesn't suffer.

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Care Partner Information

Tips for Providing Older Adult Care

How to Give Medicine to Someone with Dementia

Many people with dementia require medication. But, people with dementia often can't follow instructions about taking their medication. Some people with dementia will refuse to take their medication. What can you do to make sure they are getting the medications they need?

Make Sure You Are Giving the Right Medicine

People often keep medicines they were supposed to stop. Or, maybe one provider prescribed a medicine, and another prescribed the same medicine, without knowing what the first one was doing. So, it is best to bring a bag or list of all medications, including those bought over-the-counter, to each medical visit. The provider should create a single list of medications that includes medicine names, doses, times taken, and who prescribed it. Once you know the correct medicines, keep an updated list with you at all times.

Make Sure You Know When to Give the Medicine

Some medicines should be given with meals, while others should be given on an empty stomach. Some should be given in the morning, while others should be given before bed. Some are taken once daily and some are taken several times each day. Be sure you know when each medicine should be given, and what it is used for.

Use a Pill Organizer to Keep Track of What Should be Given and When

Pill organizers are plastic boxes with a place for each day's pills. Some, like the one pictured here, even have separate places for morning pills, lunchtime pills, evening pills, and bedtime pills. You can fill the whole organizer with pills at the beginning of the week. Using an organizer will help you keep track of



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What To Do If Swallowing Pills is a Problem

Many people with dementia have trouble swallowing. If you are running into this problem it may be easier to swallow pills if their head is tilted forward (chin tucked in). You can also ask your pharmacist if the medicine comes in liquid form. If it does, you can give the medicine with a spoon or a cup, or mix it with food.

If it doesn't come in liquid form, you may be able to crush pills or open capsules and mix the medicine in a spoon with applesauce, pudding, yogurt, or other soft food. But, it is important to know that **some pills or capsules must never be crushed or opened**. It can be dangerous to do so. Be sure to check with your pharmacist. The table below lists words in a medicine name that tell you it should not be crushed or opened. A detailed list of medicines that should not be opened or crushed can be found at: <http://www.ismp.org/tools/donotcrush.pdf>.

Do Not Crush Pills or Open Capsules If...
<ul style="list-style-type: none"> The medicine name ends in any of these letters: CD, CR, LA, DR, XL, XR, XT
<ul style="list-style-type: none"> The medicine is "enteric coated"
<ul style="list-style-type: none"> The medicine is "extended release," "slow release," or "sustained release"
<ul style="list-style-type: none"> The medicine is supposed to be given under the tongue

Consider Combo Pills

Sometimes giving medicine can be made easier with combo pills. They put two different medicines into one pill. That way, you don't have to give as many pills. Ask the provider if there are combo pills that might work in your situation.

Finally, Make Sure the Medicine is Truly Needed

There comes a time when dementia is so far advanced that it doesn't always make sense to keep giving some medicines. Pain medicine, nausea medicine, and other medicines needed to keep the person comfortable should be continued. But, there is often no benefit to continuing cholesterol medicine, blood pressure medicine, and others meant to prevent problems in the long-term. Talk to the provider about which ones to stop and which one to keep taking. For more information, read the Care Partners information sheet on End-of-Life Care.

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Care Partner Information

Tips for Providing Older Adult Care

Common Infections with Dementia

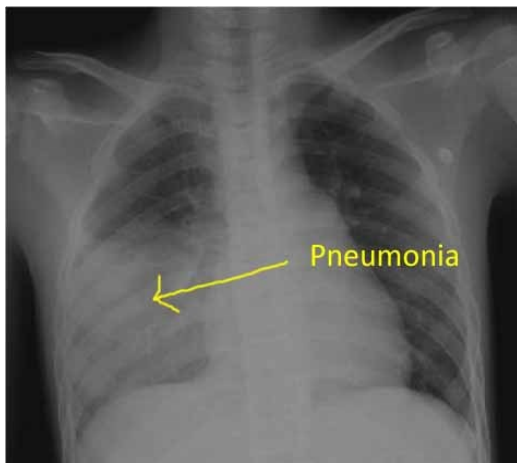
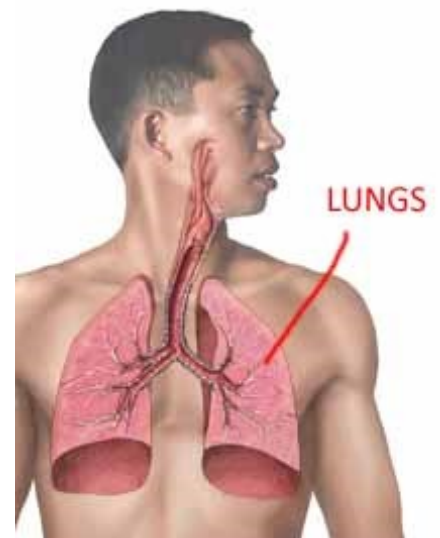
People with dementia often get infections. In fact, infections are a common cause of death among people with dementia. Many different kinds of infections can occur. The most common are infections in the lungs, urine, or skin.

Lung Infections (Pneumonia)

Lung infections are called pneumonia (nu-MON-ya). Pneumonia happens when germs from the nose, mouth, and throat spread down into the lungs.

When people with dementia get pneumonia, they often have a cough and may have a fever. They may also just be sleepy, not want to eat, or be more confused than usual.

The way to know for sure if someone has pneumonia is to get a chest x-ray. The picture below shows what pneumonia can look like on an x-ray. Sometimes it may be bigger or smaller than on this picture, or be in a different place in the lungs.



Pneumonia can often be treated with antibiotics, either as pills or through an IV. Some kinds of pneumonia can be prevented with a vaccine.

Before treating pneumonia in someone with advanced dementia, it is important to decide if the person would want to be treated or not. Many times, people with dementia would want to be allowed to die from the pneumonia. They just get sleepy and slip away to death without pain. In fact, there is a saying that “pneumonia is an old man’s best friend.”

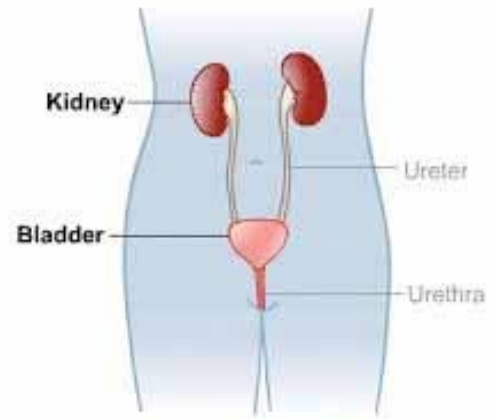
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Urine Infections

Urine infections are also common in people with dementia. They happen when germs from outside the body spread into the bladder and kidneys (see picture). Urine infections are most common when people have catheters (tubes) put into their bladder, to collect urine. They can also occur without catheters.

People with dementia who get urine infections may have pain when they go to the bathroom. They may also have a fever. Or, you may notice changes in their behavior, like being more sleepy, more confused, or even angry.

The way to tell for sure if someone has a urine infection is to run lab tests on the urine. If there is an infection, it can be treated with antibiotics. Just as with pneumonia, for someone with advanced dementia you need to decide if the infection should be treated.



Skin Infections



Many people with advanced dementia lay in bed for long periods of time. When that happens, they can get “bed sores.” The sores most often occur on parts of their body that have constant contact with the bed, like the lower back or the hips (see picture).

Bed sores can get infected with germs, causing redness, pain, fever, and other problems. They are very hard to treat.

The best way to deal with bed sores is to prevent them from happening in the first place. That means making sure that the person with dementia does not lay or sit in the same position for long periods of time. Even if they are in bed or in a chair all day, they should have their position changed at least every two hours.

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Losing Control of Urine

Losing control of urine is called incontinence (in-con-tin-ents). It is common when people have dementia. It often gets worse as dementia gets worse.

Sometimes people with dementia wet their pants and feel bad about it. It is important to help them stay dry so they feel better about themselves.

Later, when dementia is worse, they may wet their pants and not even know they did. It is still important to help them stay dry to prevent sores on the skin.

For clothes. Consider using “adult briefs.” They are special underpants for people who leak urine. They have special pads inside. You can throw away the pads when they are wet.

For the bed. Place a plastic pad and an absorbent pad on the bed, and cover it with a folded sheet. If the person wets the bed, change the folded sheet and the pads.

Some Causes of Losing Urine that Can Sometimes be Fixed		
Urinary tract infection	Drinking too much caffeine	Diabetes out of control
Medicine side effects	Severe constipation	Large prostate gland

Losing Control of Urine Can Sometimes be Fixed

If losing urine is a new problem, make a doctor’s appointment for a check up. Sometimes there are causes that can be fixed or helped.

Why Do People with Dementia Lose Control of Urine?

People with dementia often don’t know until the last minute that they need to use the bathroom. Then, when they suddenly have to go, they can’t get to the bathroom quickly enough or they can’t find the bathroom.

Sometimes they can find the bathroom but have trouble pulling down their pants. Other times they don’t even realize they have to use the bathroom and just wet their pants.

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Help prevent losing urine

The table below lists some things you can try to help prevent someone from losing urine. Give them a try and see how they work. Also, don't be afraid to let the person drink as much liquid as they want during the day. Only limit liquids after dinner before bed.

What To Do If the Person Can't Get To The Bathroom On Time

- Keep a clear path to the bathroom with nothing in the way.
- Be sure hallway is well lit.
- Put up signs in the hall that point to the bathroom.
- Provide clothes that are easy to remove.

What To Do If the Person Doesn't Even Try To Get To The Bathroom

Try asking about the bathroom

- Every 2 hours, ask them if they need to go to the bathroom.
- If they say yes, bring them to the bathroom and help them.
- If they say no, come back and ask again in a few minutes, and then again in 1 or 2 hours.

If that doesn't work, try bringing them to the bathroom

- Bring them to the bathroom every 2-3 hours.
- If they are already wet when you bring them to the bathroom, next time bring them sooner than 2-3 hours.
- Use shorter and shorter intervals till you get them to the bathroom before they are wet.

Useful Websites

Alzheimer's Association:

<https://www.alz.org/help-support/caregiving/daily-care/incontinence>

National Institutes on Aging:

<https://www.nia.nih.gov/health/urinary-incontinence-older-adults>

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Lowering the Risk of Alzheimer's Disease

The chances of getting Alzheimer's disease goes up with age. It also goes up if a parent had Alzheimer's disease. Everyone can lower their risk with healthy habits.

The brain and body are connected

The same habits that keep the heart healthy can help to protect the brain:

- Eat healthy foods
- Physical activity
- Staying at a healthy weight
- Don't smoke
- Don't drink too much alcohol.
- Learn new things
- Join in social activities
- Protect the head from injury.

The risk of Alzheimer's disease is lowest in people who do all of these things.

Take care of any chronic diseases

People with diabetes, high blood pressure, high cholesterol and heart disease may be more likely to get Alzheimer's disease. This is because the brain needs both oxygen and blood sugar to be healthy. Those with heart problems may not get as much blood flow and oxygen to their brain. Those with type 2 diabetes may not be able to use sugar in the body or the brain in the right way. People with type 2 diabetes may also have some of the same heart problems that increase the risk of Alzheimer's disease. It is a good idea to take medications as the doctor says. See the doctor regularly to make sure blood sugar, blood pressure, and cholesterol are in the healthy range.

Prevent or slow down Alzheimer's disease

Find out more about brain health: www.alz.org or 1-800-272-3900

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What?	Why?	How?
Physical Activity	Physical activity raises the heart rate and blood flow to the brain. This brings oxygen, vitamins and minerals that the brain needs.	<ul style="list-style-type: none"> • Get the heart rate up for 30 minutes on most days. Start with 10 minutes at a time, and work up to 30 minutes. • Find an activity that is fun. Trying new activities is good for the body and the mind. • Invite a friend to join.
Eat Healthy	Foods that have lots of nutrients help the body to work better, lowering the chances of getting heart disease, dementia and some cancers.	<ul style="list-style-type: none"> • Eat lots of green leafy vegetables. • Choose healthy fats like olive oil and avocado. • Eat fish, beans and nuts for protein. Limit red meats. • Snack on fruit. • Limit foods that are fried, made with white flour, or have lots of sugar in them.
Prevent head injury	Falls, car crashes and sports can cause brain injury. Brain injury that happens years before may cause dementia.	<ul style="list-style-type: none"> • Always wear a seatbelt in the car, and drive safely. • Wear helmets when riding a bike, skating, skiing or playing contact sports. • Prevent falls with strength and balance training, such as with Tai Chi or yoga.
Be Social	Spending time with others keeps the brain active and can lower stress, which helps to prevent disease.	<ul style="list-style-type: none"> • Plan regular activities with friends. • When it is hard to visit someone, call them. • Join a club, or find other group activities in the area. • Be social and get exercise by going to a fitness class.
Keep Learning	Learning new things keeps the brain active and helps it make new connections. This can help slow the signs of dementia.	<ul style="list-style-type: none"> • Learn a new skill or hobby, such as playing piano or photography. • Look for free classes at the library or senior center. • Try new games and puzzles. When winning is easy, find a new game or puzzle to keep the brain active.
Take care of yourself	Take care of chronic diseases and other health problems. This may help to prevent or slow down dementia.	<ul style="list-style-type: none"> • Take medications as explained by doctors. • Use a pill box and set an alarm to help keep track of what to take and when. • Ask doctors or pharmacists any questions about the disease or medications. Let the doctor know about side effects from medications.

Written By: Morgen Hartford, MSW, Alzheimer's Association—Desert Southwest Chapter

Care Partner Information ~ Tips for Providing Older Adult Care

Edited by an interprofessional team from the University of Arizona Center on Aging



Care Partner Information

Tips for Providing Older Adult Care

Managing Health Insurance for Persons with Dementia

Managing the health insurance of a person living with dementia is not easy. Most older adults with dementia will have Medicare insurance. But some may also have Medicaid, Medigap, or long-term care insurance. Each of these insurances pay for different types of care. Each also has costs that differ depending on the plan. No health insurance will pay all of the care costs.

Common types of insurance for older adults	
Original Medicare	National health insurance program for U.S. residents who are at least 65 years old, and who have a work and income tax history of 10 years.
Medicare Advantage	These plans cost less than original Medicare, but patients can only go to certain doctors and hospitals in the area. What the insurance will pay for depends on the plan.
Medigap	“Supplemental” insurance for those with original Medicare. It helps pay for some fees and costs that Medicare will not pay.
Medicaid	Health insurance program managed by U.S. state governments for low-income and disabled residents.
Long-term care insurance	Private insurance that helps pay for long-term care. Medicare, Medicaid and most other health insurance will not pay for long-term care.

In most cases, Medicare and other insurance companies will only talk to the person named on the policy, or someone named as the person’s “medical power of attorney,” also called a health care proxy. Every adult should name a health care proxy. This gives the person a choice about who will make medical decisions for them if they can’t make decisions for themselves.

Each state uses different medical power of attorney forms to name a health care proxy. Talk to the local area agency on aging or a doctor to learn more.

Find the local area agency on aging: www.eldercare.gov, or 1-800-677-1116

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A family may move a person living with dementia to a new city or state so they can take care of them. The person's insurance plans may need to change because of the move.

Several things are needed to make changes, and to be in charge of someone's health or long-term care insurance.

Care partners will need the person's:

- Medical power of attorney forms that name them as the health care proxy
- Medicare and other insurance cards
- Birth date
- Maiden name, if a married women
- Social Security number

If the person did not sign a medical power of attorney form, their "next of kin" defined by state law will be in charge.

Keep good records

Care partners need to know the kind of insurance, what the person's insurance pays for, and if the doctor or hospital accepts the insurance plan. Getting care from a doctor or hospital that doesn't accept the plan means the insurance will pay nothing. It is important to review insurance plans carefully to know when insurance will pay for treatment, and when it will not.

It is also important to track and pay any monthly fees for any insurances on time so the policies stay active. If the person loses long-term care insurance because of a forgotten payment, they may not be able to get it back — even if they had paid for coverage for years.

Protect the person's information

Be aware of scams. Some people will try to steal someone's Medicare identity. Always treat Medicare, Medicaid and Social Security card information like a credit card. Never give these numbers to strangers. Medicare staff will never call or visit individuals at home, and they will never try to sell other products to Medicare users.

Personalized help

More information about Medicare is available in English and Spanish at 1-800-medicare or www.medicare.gov. Each state also has a State Health Insurance Assistance Program (SHIP) that can provide free counseling on Medicare coverage and help with claims and appeals. Find the local SHIP by calling the Medicare number, 1-800-medicare, or visiting www.medicare.gov.

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Care Partner Information ~ Tips for Providing Older Adult Care

Edited by an interprofessional team from the University of Arizona Center on Aging

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Care Partner Information

Tips for Providing Older Adult Care

Not All Dementia is Alzheimer's Disease

Most people think that everyone with dementia has Alzheimer's disease. That's not true. There are many types of dementia. Knowing what kind of dementia a person has is important because the care they need may be different. Knowing the kind of dementia also helps the person and their care partners to know what will happen over time.

Alzheimer's Disease: 60% - 80% of dementia cases

Alzheimer's is the most common type of dementia. It is caused by damage to nerve cells in the brain, but we don't know why that damage happens. In the early stage of Alzheimer's a person will have a hard time remembering recent events and people's names. They may care less about things or feel depressed. Later, memory problems become worse. They may begin to show poor judgment, or become confused or fearful. With advanced Alzheimer's a person may have trouble speaking, swallowing, and walking.

Vascular Dementia: 10% - 20% of dementia cases

Vascular means "blood vessels." Vascular dementia happens when cholesterol clogs up the blood vessels to the brain. This causes small strokes. Vascular dementia happens most often to people who have high blood pressure, diabetes, and high cholesterol. It also happens to some people when their heart goes out of rhythm due to a problem called "a-fib."

Vascular dementia often begins suddenly and gets worse with each small stroke. Everyone with vascular dementia will have different symptoms. That's because each little stroke can affect a different part of the brain. Some people might have memory problems. Others might have problems with judgment and planning. Still others may have loss of bladder or bowel control, a stiff face, or weakness on one side of the body.

Mixed Dementia

Many people have mixed dementia. Mixed dementia happens when someone has both Alzheimer's and vascular dementia. Research shows that almost half of people with

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Lewy Body Dementia: 10% of dementia cases

Lewy body dementia is caused by clumps of protein in the front part of the brain. These clumps are called “Lewy bodies.” They are named after a Dr. Lewy.

People with Lewy body dementia have memory loss and thinking problems, just like in Alzheimer’s disease. But, they are more likely to also have sleep problems, see things that aren’t there, and have both good days and bad days with their thinking. Lewy body dementia is common in people with Parkinson's disease—a condition where people have total body stiffness and shaking (tremor) of the arms and hands.

Frontotemporal Dementia: 5% of dementia cases

Most people have never heard of frontotemporal dementia. But, it is the cause of 1 out of every 20 cases of dementia. It is called frontotemporal because it happens when there is damage to nerve cells in the front and side (temple) of the brain. We don’t know why frontotemporal dementia occurs.

Frontotemporal dementia affects people in their 40s and 50s, which is younger than in Alzheimer’s disease. Damage to the front and side of the brain causes changes in a person’s personality, behavior, and language. Examples of mild problem behaviors are constant humming or whistling, banging on a table, and eating too much. More serious behaviors are things like jumping out of cars or acting out sexually. These behaviors are difficult to control.

While people with Alzheimer’s dementia live for an average of 8 years, people with frontotemporal dementia don’t live that long.

Other Types of Dementia

There are also many other kinds of dementia. A special kind of dementia can occur in people with HIV. Another kind occurs in people who have brain damage from drinking too much alcohol. And, there are others types, too. The many kinds of dementia are part of why it is so important to have a medical exam when an older adult has problems with memory or behavior.

Useful Websites for more information on types of dementia

- Alzheimer’s disease: www.alz.org
- Vascular Dementia: <http://www.webmd.com/stroke/vascular-dementia>
- Lewy Body Dementia: <http://lbda.org>
- Fronto-Temporal Dementia: www.caregiver.org/frontotemporal-dementia

~~Alzheimer’s have some vascular dementia. Most people over age 80 who have dementia have~~

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Alzheimer’s disease and Related Dementia ~ Care Partner Information

Edited by an interprofessional team from the University of Arizona Center on Aging,
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Tips for Providing Older Adult Care

Participating in Alzheimer's Disease Research

What is Clinical Research?

Clinical research involves testing a new drug or treatment for a disease to see if it really works to help make people better. Many treatments we use today for most medical problems are the result of clinical research.

Why Is Clinical Research Important for Alzheimer's Disease?

Currently, there is no way to prevent or cure Alzheimer's disease. Clinical research is the way researchers can find treatments that work and are safe. There will never be any good treatments without research. More people are always needed to be part of research studies. Volunteers help researchers better understand or treat Alzheimer's disease. Most importantly, participating in research is a way to help others.

What Happens with Clinical Research?

There are many kinds of clinical research. Some types of research test new drugs. Other types test ways of giving care. Still others test things like physical activity or diet. In clinical research, people volunteer to be research "subjects." Some of the subjects will get the new treatment being tested. A "control group" will receive a placebo (sugar pill), or "usual care." The study then tests if the new treatment works better than the placebo or usual care.

Some research looks at people who already have Alzheimer's disease to see if the new treatment can make them better. Other studies test treatments to prevent Alzheimer's disease in people who don't yet have it.

Who Pays for Clinical Trials?

If you volunteer for research, the costs related to the study will usually be covered, but be sure to ask about it. Sometimes the research is run by a drug company. Other times it is run by a branch of the US government. Either way, covered costs usually include any drugs, lab tests, x-rays, and study visits with doctors and nurses.

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Is Clinical Research Safe?

Because the treatments being tested are new, there is always a risk of problems. But, there are safeguards in place to keep the risk of problems as low as possible. There are often special experts that follow the study to quickly detect problems if they occur. Before you enroll in a study, you will be told about the risks, benefits, and costs. You will also be given time for questions. This process is called “informed consent.” Never sign up unless you are sure you understand. It may help to bring home the consent form to review so you don’t feel rushed into a decision.

What are the Risks of Being in Clinical Research?

The main risks include having bad effects from the treatment being tested or that the treatment might not work. After hearing about the risks, you can decide if it is right for you or the person you care for. If the person has advanced dementia and cannot give consent, their guardian or health care power of medical attorney will have to sign for them.

What are the Benefits of Being in Clinical Research?

- You help people in the future who might get Alzheimer’s disease.
- You may get a new treatment not yet available to the public.
- You may get expert medical care at leading health care facilities, related to the research study.
- If the treatment is effective, you or your loved one may be the first to benefit.
- You help researchers learn more about Alzheimer’s disease.

Can Everyone With Alzheimer’s Disease Be In Clinical Research?

Every research study is different. You will be checked to see if you fit the specific study. Whether someone fits depends on their medical condition and whether they have early or advanced Alzheimer’s disease. Some people may fit some research studies, but not others.

Where Can I Find Out About Clinical Research Near Me?

Alzheimer’s disease research is taking place in hundreds of locations around the country. For information about Alzheimer’s disease clinical research, contact the following:

- Alzheimer’s Association TrialMatch – visit alz.org/TrialMatch or call (800) 272-3900
- National Institute on Aging, National Institutes of Health, U.S. Department of Health and Human Services – <http://www.nia.nih.gov/alzheimers/publication/participating-alzheimers-research/introduction>
- Banner Alzheimer’s Institute - <http://www.banneralz.org/clinical-trials>

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Alzheimer’s disease and Related Dementia ~ Care Partner Information

Edited by an interprofessional team from the University of Arizona Center on Aging,
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Care Partner Information

Tips for Providing Older Adult Care

Personal Care for People with Dementia

Personal care means things like eating, bathing, dressing, brushing teeth, and using the bathroom. A person with dementia may need help with personal care. As dementia gets worse, they will need more and more help.

When helping with personal care for people with dementia, imagine what it might be like to be them. They might feel ashamed to need so much help. They might feel confused or scared. They might feel like they have no privacy.

To help with those feelings, be patient and gentle and try to have a sense of humor. It also helps to be creative. For example, for bathing it can help to put a picture in the shower of something the person likes. That might help them feel more relaxed when bathing. For dressing, if there is a piece of clothing the person likes, buy several of them so they can wear the same outfit every day. For eating, serve their favorite foods.

The table below shows how you can help in the early stage of dementia. On the other side of this page, it shows how you can help in the middle and late stages.

Giving Personal Care in the Early Stage of Dementia			
<i>What the Person Might Do</i>	<i>Helpful Things To Do</i>	<i>Giving Emotional Help</i>	<i>Keeping Safe</i>
<ul style="list-style-type: none">• Can do most things, but...• Might sometimes forget to do personal care tasks like eating or bathing.• Might remember to do them, but forget <i>how</i> to do them.	<ul style="list-style-type: none">• Have the same routine every day.• Allow more time to do things.• Label common items and places, like a sign on the bathroom door.	<ul style="list-style-type: none">• Be encouraging.• Be gentle.• Avoid telling them they forgot something.• Avoid telling them they did something wrong.	<ul style="list-style-type: none">• Install a shower chair.• Install grab bars in the bathroom.• Get a non-slip shower mat.

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Giving Personal Care in the Middle Stages of Dementia

<i>What the Person Might Do</i>	<i>Helpful Things To Do</i>	<i>Giving Emotional Help</i>	<i>Keeping Safe</i>
<ul style="list-style-type: none"> • Need more reminders to do personal care. • Need more help with personal care. • Might resist help. 	<ul style="list-style-type: none"> • Set up supplies before starting care activities. • Make things simple, like clothes without zippers or buttons. • Show the person what you want them to do. • If they become upset, stop. Wait a few minutes and try again. 	<ul style="list-style-type: none"> • Let the person be as independent as they can. Don't do the task for the person if they are trying to do it themselves. • Give simple instructions in a calm voice. 	<ul style="list-style-type: none"> • Never leave the person alone in the shower or tub. • Lower water temperature to avoid burns. • Clear clutter from the floor.

Giving Personal Care in the Late Stage of Dementia

<i>What the Person Might Do</i>	<i>Helpful Things To Do</i>	<i>Giving Emotional Help</i>	<i>Keeping Safe</i>
<ul style="list-style-type: none"> • Be completely dependent. • Need total care, not just help, with everything. • Might not be able to tell you if something hurts. • Might resist care. 	<ul style="list-style-type: none"> • Use signs and picture so the person can see what you want them to do. • Tell the person, step-by-step, what you are going to do. • Focus on the person you are helping, not the task you are doing. • Stay calm. Keep the person comfortable. 	<ul style="list-style-type: none"> • Be alert for moans or grunts that could mean something hurts. • Watch for facial expressions that could mean something hurts. • If you are causing discomfort, try something different—like a sponge bath instead of a shower. 	<ul style="list-style-type: none"> • Never leave the person alone during personal care. • Use safe grooming tools, such as plastic combs instead of metal combs and electric razors instead of real razor blades.

Useful Websites

More advice on personal care: <http://www.alz.org>

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Tips for Providing Older Adult Care

Spirituality in Dementia

A diagnosis of dementia can make people feel helpless and hopeless. It is common to worry about time, money for dementia care, and what will happen in the future. For some people, being spiritual can help with these worries.

Being spiritual is about paying attention to the parts of life that are not tied to the body or material things. For some, being spiritual can help them keep their values in mind, and add meaning to their lives. Being spiritual may be part of one's religious beliefs. But, a person does not have to be religious to be spiritual.

Some studies show that spiritual beliefs can slow the changes in memory and behavior that come with dementia. This may be because being spiritual can help the person:

- Cope with changes and worries.
- Hold on to a sense of who they are.
- Keep a positive attitude.

Familiar spiritual practices, such as a song or prayer, can provide comfort at later stages of the disease, even if the person cannot speak. Other ways spirituality can provide comfort for individuals with dementia and their caregivers are listed below.

Spirituality can provide comfort

It can help bring focus to the present, and reduce worry about the future.

It can remind the person living with dementia and their caregivers of their personal values when making decisions about dementia care.

If the person or their caregiver are part of a religious or spiritual community, it can help them to stay connected with others.

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A person's spiritual beliefs may stay the same or change when living with a serious disease. Some will become more spiritual. Others will become less spiritual. When possible, caregivers should consider the person's spiritual beliefs when providing care.

Tips for caregivers
If possible, ask questions about the person's spiritual beliefs. Write them down, and share them with anyone who provides care so these beliefs can be included in the person's care.
Talk to the person about their hopes, fears, joys, and sorrows. This can help the caregiver to know how to connect with the person.
If the person is a member of a religious or spiritual community, invite leaders from that community to visit. The person also may be able to attend services, ceremonies or other spiritual celebrations for much of the disease.
If the person's spiritual practice includes songs, prayers or other activities, include these in the person's daily schedule.

It is okay if caregivers do not know a person's spiritual beliefs. Showing care and affection can provide many of the same benefits. For example, take time when speaking with the person. Give them time to answer any questions. Be comfortable with periods of silence. It can help to speak in a warm and welcoming tone of voice. Make eye contact and hold their hand.

Remember, persons living with dementia never lose the desire to love and be loved.

Resources:

Clergy Against Alzheimer's, www.usagainstalzheimer.org; see also their book: "Seasons of Caring: Meditations for Alzheimer's and Dementia Caregivers"

American Society on Aging: Forum on Religion, Spirituality, and Aging (FORSA), www.asaging.org/forum-religion-spirituality-and-aging-forsa

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Care Partner Information ~ Tips for Providing Older Adult Care

Edited by an interprofessional team from the University of Arizona Center on Aging



Care Partner Information

Tips for Providing Older Adult Care

Telling Others About Dementia

Many people feel worried and scared to tell others about a dementia diagnosis. They fear how they will be treated. But talking about a dementia diagnosis can be helpful — now and in the future.

Why tell others about your dementia diagnosis?

- In the early stages, it is helpful to have friends and family who know about the diagnosis. People who know can listen, give support, and tell the person that they are loved.
- If others know about dementia, they can help the person to make plans for when dementia gets worse. When dementia gets worse, friends and family who helped make care plans can speak up for the person to make sure they get the care they need and want.
- A lot of people don't know that dementia is a disease, just like diabetes is a disease. Sometimes, they will blame the person living with dementia for the changes caused by the disease. Talking openly about dementia can help them know about the changes and be more willing to help.

Who should be told about dementia?

Some people only talk with close family and friends about their diagnosis. Some may tell neighbors, coworkers or others they know. It is up to the person living with dementia to decide who to tell and when. The person may want to think about:

- Who they feel close to and trust.
- Who they feel will support them.

Call the Alzheimer's Association helpline at 1-800-272-3900 or visit www.alz.org.

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Decide What to Say

It can be hard to find the right words to talk about a dementia diagnosis. Sometimes it helps to practice what to say before telling others.

Ways to tell people about a dementia diagnosis
“I have a disease that makes it hard to think and remember.”
“I have dementia, but I’m still me. I can still love and feel. I can still do many of the things I’ve always done.”
“I have a disease that causes memory problems. Please be patient if I say the same thing again and again, or forget something you said.”

Tips for telling others about dementia

- Plan when and how to tell others. Decide if it is better to tell others one at a time, or as a group. Expect to have more than one talk over time.
- Find a quiet place to tell others. They may have strong feelings about the diagnosis.
- Explain that Alzheimer’s disease is a brain disease, not a mental illness. Share facts about dementia.
- Invite family or friends to dementia support groups.
- It is also important to tell children and teens about Alzheimer’s disease. Decide when and how it would be best to tell them.

How will others react?

Many people will offer love and support to help the person cope. Others may spend less time with the person. Often, this is because they do not know what to say or how to act. That can be hurtful. Giving facts about dementia may help.

Get more help

The Alzheimer’s Association has up-to-date information and facts about dementia that may help. They can provide more tips on how to tell others about a dementia diagnosis. The helpline and website are on the prior page.

- Who will respect their privacy.

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Tips for Providing Older Adult Care

Testing for Dementia

In the early stages of dementia, many people often don't know there is anything wrong. Many think memory problems are a normal part of aging. Or, they might know there is a problem with their memory, but not tell anyone about it.

If someone is having memory problems, they should get tested. Testing can help the person to know if it really is dementia, or something else. For example, memory problems can also be caused by depression, medicine side effects, thyroid problems, too little of the right vitamins in the diet, or alcohol use. These problems can sometimes be fixed.

No single test can prove that a person has dementia. A complete exam is needed. This can be done by many kinds of doctors. The best place to start is talking to a primary care doctor.

Home Tests for Dementia

Many dementia tests can be ordered online or by mail. The results from these tests are not always right. It is best to go to a doctor who will check for lots of things that may cause memory loss.

What Happens When Getting Checked for Dementia?

The doctor will ask about any current or past illnesses. These might include high blood pressure, diabetes, strokes, head injury, and others. They will also ask about medicines being taken. And, they may ask about diet, exercise, smoking, and use of alcohol. It is important to tell the doctor if other family members have had dementia.

Next, the doctor will check if the person is thinking clearly. They may ask the patient to remember things, draw things, explain things, or solve simple problems. They will also find out if the person knows where they are and what day it is.

After that, the doctor will do a physical exam. They will check the heart, lungs, and other things. Usually, they also do a blood test.

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The person may also get brain scans (pictures of the brain), called CT or MRI. These pictures can help show if the brain looks like dementia is present, or if some other condition is causing memory problems. Sometimes there may be need for an extra evaluation by certain types of specialists.

Picking the Right Provider

Not all health care providers see many patients with dementia. Some are not comfortable telling patients they have dementia. In fact, less than half of seniors diagnosed with dementia, or their families, report actually being told they have dementia. So, before making an appointment to see someone about memory problems, ask how often they see patients who are getting checked for dementia.

How to Choose a Doctor for Dementia Testing

Ask the Area Agency on Aging for a list of local geriatricians (doctors who focus on older adults)

Talk to the Alzheimer’s Association.

Ask if the provider takes the person’s insurance. Without insurance, dementia checks can cost a lot.

If the person has a doctor they like, call them first. Ask if the doctor is comfortable testing patients for dementia. If not, ask for a referral.

Many hospitals have memory clinics where people can get checked for dementia. These clinics have doctors who specialize in dementia.

Prepare for the visit:

- Bring a list of medical problems and how long they have been present.
- Bring a copy of the person’s health history.
- Bring a list of medications, vitamins, and herbal remedies.

Testing and Diagnosis Can Bring Better Quality of Life

Testing for dementia can be stressful. But early testing and knowing about dementia can help patients and their loved ones live higher quality lives. By knowing and planning ahead, they can avoid unnecessary problems, and live how they choose.

Useful Websites

Alzheimer’s Association: <http://www.alz.org/facts/>

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Alzheimer’s disease and Related Dementia ~ Care Partner Information

Edited by an interprofessional team from the University of Arizona Center on Aging,
Alzheimer’s Association - Desert Southwest Chapter and Community Caregivers



Care Partner Information

Tips for Providing Older Adult Care

Unmet Needs in Persons Living with Dementia

Over time, persons living with dementia can find it hard to tell others what they need. They may show frustration about needs that are unmet. They may wander, hit, or refuse care because they may have no other way to let people know what they need. These actions can be hard for care partners. If these actions are common, care partners can feel “burnt out.”

Common Unmet Needs in Persons Living With Dementia	
Pain or discomfort	Tiredness
Hunger or thirst	Sadness or depression
Loneliness	Toileting
Boredom	Dental, vision or hearing care needs

Finding out what the person needs can help stop these actions. Ask family, friends, and other care partners to help.

Check basic needs first, such as toileting, hunger, thirst and pain.

Find what may be causing the person to act the way they are. Pay attention to the time of day or location of the action. Think about what is going on around them, such as too much noise, or bright lights that may cause scary shadows. Think about the person’s habits, and what they like. This may give a clue about their needs, and what may be causing the actions.

Understand what started it—often called a “trigger.” Make note of anything that makes the actions better or worse. Keep track of changes to the person’s medical condition or medications that might cause the actions. How the care partner responds to the actions may also make it better or worse.

Learning what needs are not being met takes time and can be frustrating. For some persons living with dementia, these actions may continue even if all of their needs are met.

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Many strong feelings can come up when giving care, such as anger. Often care partners don't feel like they have time to take care of themselves and their feelings. If strong feelings go on, care partners may stop treating the person with care and respect. Follow these steps to help with strong emotions:

Step 1. Be aware of feelings that may change how care is given.

Pay close attention to physical signs of strong feelings, such as knots in the stomach, a stiff jaw, or making fists with the hands. When a strong feeling is felt, try to name the feeling. Think about the cause. The feeling may be from something other than caregiving, such as a fight with a friend. Or, it may be caused by something that happened in the past with the person needing care. Naming a feeling and what may have caused it can make it less scary.

Step 2. Take care of feelings.

Once a care partner notes a feeling that may get in the way of good care, it is important to address it. A few slow deep breaths may help the care partner to calm down. At times, the care partner may need to take a break from caregiving. If no one else is available to give care, make sure the person's basic needs are met, and that they are safe. Then, take a moment alone to calm the strong feelings, and lower the stress.

Step 3. Make a plan.

Think about what can be done to deal with stress when caregiving. It may be listening to a favorite song. It may be making plans to do something you like. Taking time away from caregiving helps to lower stress.

Good ways to lower stress
Change locations. Go for a walk in a park or go to a store.
Stay active.
Make time for things that are enjoyable. Read, watch a movie, or spend time with friends or family.
Think of something to be thankful for each day.

Step 4. Be kind to yourself.

The person with dementia is doing the best they can. Care partners should try not to take the actions personally. They should remind themselves that they are giving the best care they can.

Written By: Debbie Dyjak RN, BSN, MS

Care Partner Information ~ Tips for Providing Older Adult Care

Edited by an interprofessional team from the University of Arizona Center on Aging



Care Partner Information

Tips for Providing Older Adult Care

Wandering

People with dementia may wander. They get confused about where they are or where they want to go, and they walk away or get lost. Sometimes people with dementia will try to find a place they once were or look for something that they don't own any more. Or, sometimes they just walk somewhere because they are bored or unhappy. Anyone with memory problems can wander.

Wandering can be dangerous when people get lost or go places where they can get hurt. Sometimes people with dementia will take a car and drive somewhere and get lost or get in an accident.

While anyone with dementia can wander at any time without warning, below are some things that might mean the person is more at risk for wandering.

Clues That a Person with Dementia is at Risk for Wandering

Coming back from a walk or drive later than usual.

Asking to go home when they are already home.

Asking to go to work when they aren't working anymore.

Walking back and forth or pacing.

Getting lost at home – like not being able to find the bathroom.

Being more confused when in public places.

When caring for someone who shows those clues, there are things to try that make it less likely they will wander and get lost. These things don't work all the time, but they can help. They are listed on the next page.

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Things to Do to Make Wandering Less Likely

Keep the same schedule every day that includes exercising and being active.

Make sure the person is comfortable. Make sure they don't have to go to the bathroom, or that they aren't hungry or thirsty.

Avoid places that are very busy like the mall or grocery stores.

Use chimes on the doors and windows that let you know when they open.

Hide the car keys.

Never leave the person alone at home or in the car.

It is a good idea to have a plan in case the person does wander. The table below shows what should be in the plan.

Have a plan in case the person wanders

Let your neighbors know that the person you are caring for might wander. They should call you if they see the person walking out in the street.

Keep a list of people to call in an emergency.

Keep a recent photo of the person in a place you can find easily, in case you need to show it to the police.

Get the person ID jewelry and put contact information in their wallet or pockets.

Have the person wear a GPS tracking device.

When making a plan to keep the person safe from wandering, do not do anything that can put the person in danger. Don't lock them in the house. Don't use medicine to make them sleepy. If the person wanders or goes missing, it is important to stay calm. Look around the area where the person was last seen and call 911. Once the person is found, don't be angry with them. They didn't wander on purpose. People with dementia do things like this, and they can't help it.

Written By: Kelly A Raach Alzheimer's Association—Desert Southwest Chapter
Alzheimer's disease and Related Dementia ~ Care Partner Information

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Alzheimer's Association - Desert Southwest Chapter and Community Caregivers



Care Partner Information

Tips for Providing Older Adult Care

What is Dementia?

Dementia is Changes in Memory, Thinking, and Communication That Affect Daily Life

Dementia means severe changes in memory, thinking, and communication. Alzheimer's disease is the most common type of dementia. But there are other types, too. In the past, people used the word "senile" instead of dementia.

The risk of dementia goes up with age, but it is not part of normal aging. We all have a little trouble with memory and thinking when we get older. But when those changes are bad enough to affect daily activities, they are not normal. They mean someone may have dementia.

A person may have dementia if they show two or more of the warning signs listed here.

10 Warning Signs of Dementia	
<i>Warning Signs</i>	<i>Examples</i>
1. Agitation	Being nervous and worried when there is no reason to be.
2. Behavior changes	Acting strangely. Doing things they normally wouldn't do.
3. Disorganization	Getting mixed up. Doing things in the wrong order.
4. Disorientation	Being confused about where they are, or getting lost.
5. Memory loss	Forgetting things. Asking the same question again and again.
6. Movement problems	Problems walking, picking things up, being uncoordinated.
7. Paranoia	Being afraid or suspicious when there is no reason to be.
8. Poor judgment	Deciding to do something that is risky or doesn't make sense.
9. Problems thinking	Forgetting how to count money.
10. Sexual actions	Doing or saying inappropriate things about sex.

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Get A Check Up

See your doctor if you or someone you care about has two or more of the warning signs. The doctor can check to see what is the cause, because it's not always dementia. Sometimes those signs can be caused by a problem that can be treated.

If it is dementia, and not something that can be fixed, finding out early is important. That's because Alzheimer's disease and other dementias get worse over time. Finding out early gives time to plan for the future.

Why Do People Get Dementia?

Many things can lead to dementia. Some can't be changed, but others can. By changing the ones you can, the chance of dementia goes down.

Things You Can Change	Things You Cannot Change
Blood pressure. High or low blood pressure may increase your risk of dementia.	Family history. If a close relative has had dementia, you are at higher risk. You can be tested to see if you are at high risk.
Heavy alcohol use. More than 2 drinks a day may increase your risk of dementia.	Age. As you age, the risk of dementia goes up, especially after age 65.
Diabetes. Having diabetes can increase risk of dementia. Controlling blood sugar can help.	Head injury. Serious head injuries, such as severe concussions, can increase the risk of dementia.
Obesity. Being overweight may increase your risk of dementia.	Down syndrome. People with Down syndrome are at higher risk of dementia.
Smoking. Smoking increases your risk of developing dementia. Don't smoke.	
High cholesterol. High cholesterol levels place you at increased risk for dementia.	
Low vitamin B12. Low level increase the risk of dementia. Your doctor can check this.	

Useful Websites

Alzheimer's Association: http://www.alz.org/national/documents/checklist_10signs.pdf

National Health Service of the UK: http://www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=106

National Institutes of Aging: <http://www.nia.nih.gov/health/publication/forgetfulness>

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Alzheimer's disease and Related Dementia ~ Care Partner Information

Edited by an interprofessional team from the University of Arizona Center on Aging,
Alzheimer's Association - Desert Southwest Chapter and Community Caregivers

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Care Partner Information

Tips for Providing Older Adult Care

When it may be Time to Stop Treatment

Advice for Families

At some point, people with dementia will be unable to care for themselves. They may not take medicine. They may not feed themselves. They may not eat or drink at all. They may become inactive. Some people with dementia want to live as long as possible, even if they are bedbound and can't think. Others may wish to stop treatment when they cannot function on their own. Everyone has the right to decide what treatment is right for them.

Stopping Treatment May Include:

- Stopping medications for dementia
- Stopping medications for other health problems
- Deciding not to treat infections with antibiotics
- Not forcing food or water
- Not calling 911, and not going to the emergency room or hospital when sick

Even if those treatments are stopped, treatment to relieve pain and assure comfort should always continue.

Advance Planning

As people living with dementia become less able to make their own decisions, they must rely on others. It is very helpful if they have signed papers that name someone to make decisions for them. They should also discuss their end-of-life wishes with that person and with their families. That will make it easier for others to know if, and when, to stop treatment.

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Some people don't plan in advance and it often creates problems because families might not know what the person wants. In fact, different members of the family might think different things should happen. This can cause arguments between family members, which can make a difficult situation harder for everyone.

Deciding to stop treatment is always a hard decision. It helps if families discuss this option with the person's health care provider. Seeking advice from a clergy member, social worker, or someone from the Alzheimer's Association may help. When families don't agree on what to do, a family meeting with a someone outside of the family can help.

Advice for Paid Care Partners

Paid care partners often help provide care for people with dementia. They may become close to the patient and the family. They may have strong feelings about stopping treatment, and may or may not agree with the family's decision. This can be stressful. But, it is not the paid care partner's role to pressure the family, or to discuss their decision. It is important that they support the family, not give their opinions. A smile, sitting together quietly, or a hand on the back may provide the best support.

Here are some helpful things that care partners can say:

- "This is very difficult. I know you will make the best decisions possible."
- "It might help to discuss this with your doctor or nurse."
- "The Alzheimer's Association, a clergy member, or social worker might be able to help decide what to do."

It is very important that paid care partners don't give advice or opinions to the family or the patient.

Remember that these issues should be kept private. You can discuss concerns with your supervisor. You can write out your feelings. You can discuss your feelings with a friend or counselor without naming names or specifics. Taking care of others can be difficult. Don't forget to take care of yourself!

Useful Websites:

Alzheimer's Association – Information on end-of-life decisions:

https://www.alz.org/national/documents/brochure_endoflifedecisions.pdf

~~Some people don't plan in advance and it often creates problems because families might not~~

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Tips for Providing Older Adult Care

The Discharge Journey: From Hospital to Home

A discharge is when a person leaves the hospital to go home. People can also be discharged from the emergency department (ED), nursing home or rehabilitation center.

Older adults and their caregivers need to know how to help the person to keep getting better. It is important to ask the questions below. Ask for the answers in writing.

What medications should they take, and what should they stop taking?

It is common for a person's medications to change. They need to know what new medications to take, and what to stop taking. Ask the doctor or nurse to write down the full list of what the person should take, what it is used for, side-effects, and when and how to take it. Ask where to pick up any medications on the list that are not in hand. Do not take any medications that are not on the new list.

What medical equipment does the older adult need?

An older adult sometimes needs a wheelchair, oxygen tank, or other medical equipment that they did not use before. Make sure to know what is needed, where to get it, and when and how to use it. Medicare will cover some of these expenses, but not all of them. It is important to ask if the item can be paid for by Medicare or the person's private insurance. If it cannot, the person may have to pay for it out-of-pocket.

What signs or symptoms should the patient look out for?

Patients discharged to home may get worse, or develop a new illness. Ask the doctor about what signs or symptoms to look for, and what to do if the person has those signs or symptoms.

What care is needed, and for how long?

Older adults may not be able to do all of the same things they did before. They may need more help walking, cooking, or doing other activities. They may also need special care, such as wound care. Ask where and how to get the needed care. If a family member must provide part or all of the care, be sure they know how. Tell the doctor or nurse if the needed care cannot be provided at home by a family member. One should not feel pressured to care for an older adult if they are not prepared — even if it is for a spouse or parent. It is okay to ask for help!

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When does the patient need a follow up appointment?

Sometimes the date of the next medical appointment is written on the discharge papers. Other times, the patient or their family member will have to call to schedule it. Before going home, make sure to know when and where the next appointment is, or who to call to schedule it.

Is home health or other care support available?

It can be hard for a family caregiver to meet all of the new care needs after a discharge. One option is home health care. Home health care is when a nurse or physical therapist visits the home to help with medical care. Home health can be paid for by Medicare if the patient qualifies, and the services are ordered by a doctor. Ask if the doctor requested home health care services. Find out what care will be provided, and for how long. Other care support may be offered by local community services and volunteer programs. Most of the time, these services can only help with non-medical care needs. To find other care support services in the area, use the Eldercare Locator, listed below.

Who can be called with questions about care?

It is common to have more questions once at home. It is important to know who to call. Many hospitals have “transition specialists,” or paid nurses and social workers that can provide help to the patient and their caregiver after a discharge. Ask if the hospital has this service, if it is paid for by insurance, and how to contact them. If transition specialists are not available, ask who can be called if additional help is needed.

What if the patient does not seem healthy enough to go home?

Patients and caregivers who think they are being asked to leave the hospital too soon can get help. In these cases, Medicare can help with a special group called the Beneficiary and Family Centered Care Quality Improvement Organization (BFCC-QIO).

Individuals living in the western Pacific states (including Arizona, Nevada and Idaho), the Northeast (except Delaware, Maryland and Washington DC), and Puerto Rico should call Livanta at 866-815-5440. Individuals living in Delaware, Maryland, Washington DC., the South, Midwest and Rocky Mountain regions should call KePRO at 844-430-9504. Complaints can also be made by calling 1-800-MEDICARE.

Patients and caregivers who think they are being asked to leave a nursing home or rehabilitation center too soon can also get help from a local ombudsman program. Use the ElderCare Locator to find a local ombudsman: 1-800-677-1116 or www.eldercare.gov. If possible, call before the person is discharged to home.

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Care Partner Information ~ Tips for Providing Older Adult Care

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Care Partner Information

Tips for Providing Older Adult Care

Elder Abuse

Elder Abuse is any action (done on purpose or by accident) that hurts an older adult, or puts them at risk of getting hurt. There are different kinds of elder abuse.

Type of Abuse	What Is It?	Warning Signs
Physical	Someone uses force to hurt the older adult.	Unexplained bruises or cuts in places they would not normally be found; the reasons the older adult gives for the bruises or cuts don't seem likely; the older adult may seem afraid, or won't talk openly in front of a certain caregiver or family member.
Emotional	Someone uses words to threaten, scare, or be mean to the older adult all the time.	The older adult seems depressed, nervous, or afraid to make eye contact; they might work hard to make sure a certain caregiver or family member is happy, and seem nervous if that person is not happy.
Sexual	Someone forces sex on the older adult.	The older adult may be afraid of a certain person or place; they might have bruises/marks on their private body areas.
Financial	Someone steals the older adult's money or property.	The older adult may have missing money or personal items; they might take out a new loan for someone else; they might stop talking to longtime friends or family; they might only talk to a new friend or a new caregiver.
Neglect	Someone is not providing basic care or safety for the older adult.	The older adult might have bed sores, lose a lot of weight, have dirty hair, skin or clothes. They might live somewhere that is unclean or unsafe.
Self-Neglect	The older adult is not taking care of themselves.	The older adult might not shower or dress in clean clothes; they might live somewhere unsafe; they might not take their medicines the right way, or at all.

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People who hurt older adults (abusers) can be family members, including adult children and spouses, paid or unpaid caregivers, strangers, or new “friends.” Often older adults will not tell anyone they are being hurt because they are afraid of what will happen to them; they worry about the abuse getting worse; they worry about causing trouble or getting someone in trouble; they might feel ashamed, or believe the abuse is their fault.

If the older adult has a caregiver at home

Caregiving is a stressful job. It can make a caregiver feel overwhelmed, depressed, tired and lonely. Many caregivers have their own health problems. To reduce their risk of hurting the older adult they are caring for, it is important for caregivers to take care of themselves:

• Eat well	• Make time to be active - every day is best
• Get regular health checks	• Make time for hobbies
• Spend time with friends and family	• Ask for help from community resources

If the older adult lives away from home

If the older adult needs to move into a nursing or assisted living home, be sure to talk with other older adults who live there to see if they are happy and think the care provided is good. Ask how many and which staff members will be taking care of your loved one. After the older adult moves in, here are some other things to do:

What You Can Do To Prevent Abuse if the Older Adult Lives Away from Home

- Visit often - at different times during the day and night.
- Watch for new bruises, or changes in behavior.
- Make a list of valuables. Check often to be sure they are still there.
- Keep bank statements or other important information in a locked safe or with a trusted family member.

- If you think an older adult is being abused or is in danger call 911

Useful Websites

National Center on Elder Abuse: <https://ncea.acl.gov>

National Committee for the Prevention of Elder Abuse: www.preventelderabuse.org

Eldercare Locator: www.eldercare.gov or call 1-800-677-1116

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Care Partner Information ~ Tips for Providing Older Adult Care

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Care Partner Information

Tips for Providing Older Adult Care

End of Life Care

As older adults approach the end of their life, it can be difficult for care partners to provide all of the care that is needed. Hospice can help.

What is hospice?

Hospice is special care for people who are in the last few months of life. Care is provided by healthcare providers with special training. They can provide care at the person's home. Or, they can give care at a hospice center. Hospice focuses on the whole person, including their physical, emotional, and spiritual needs. The goal is to keep the person comfortable in the last months and weeks of their life. This helps a person to enjoy the remainder of their life, and also supports caregivers.

What Hospice Can Do	
Help plan and coordinate care.	Give care partners a break.
Make sure the patient is comfortable and pain free.	Answer questions about death and dying.
Provide emotional support for the family before their loved one dies.	Provide emotional support for the family - up to a year after their loved one has died.

When is it time for hospice?

A doctor can help decide if someone is at the end of their life, and ready for hospice. A person can choose hospice if they have been told by a doctor that they have six months or less to live. They do not have to be bed-bound to get help from hospice. It is better to start hospice care sooner, rather than later. It can improve comfort and pleasure for both patients and their families. Most insurance plans, including Medicare, will pay for hospice care. The older adult's doctor can give comfort care along with the hospice staff.

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When is hospice not a good choice?

Hospice is not for patients who want to continue treatments that aim to cure the disease, such as chemotherapy. In that case, palliative care may be better. Palliative care can help support seriously ill patients and their families at any stage of illness.

Important Conversations

Talking about the end of life can be hard, but it can bring peace of mind and reduce stress. In some cultures, people think talking about death will invite it sooner. But these talks make it possible for the person to have the kind of care they want, where they want, and have any special wishes granted.

Topics for Important Conversations	
Who do they want with them at the end of life?	What are they willing to go through for more time?
What type of care do they want and not want?	Do they want to donate their organs?
Where do they want to live and to die?	What are the person's funeral preferences?

Legal Documents Everyone Should Have

Everyone should have a few important documents (paperwork). These documents help caregivers when the older adult can no longer make decisions. Documents are different in each state. It is important to make sure the older adult's documents are legal in their current state of residence.

Type of Document	What It Does
Power of Attorney	Names one person to manage the personal affairs and money when the older adult cannot.
Medical Power of Attorney	Names one person to make medical decisions when the older adult cannot. An alternate person can be added.
Mental Health Power of Attorney	Names one person to make mental health decisions for the older adult when they cannot. An alternate person can be added.
Advance Directives/Living Will	Details what kind of medical care the older adult wants, such as whether they want CPR.
Will	States what the older adult wants done with their money and belongings after they die.

Useful Websites

Hospice Foundation of America: <http://hospicefoundation.org/>

National Institute on Aging: <https://www.nia.nih.gov/health/end-of-life>

Health in Aging Foundation: <http://www.healthinaging.org/resources/resource:guide-to-advance-directives-1/>

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Care Partner Information ~ Tips for Providing Older Adult Care

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Care Partner Information

Tips for Providing Older Adult Care

Falls

Falls are very common. One out of three older adults will fall each year. Falls can be very serious. They can cause broken bones, like hip fractures, bruises, and head injuries. A fall can also make it hard to walk or move, which can take away an older adult's independence. People who fall are often afraid of falling again. Sometimes this fear can cause older adults to be less active, or to shuffle their feet when they walk. This can weaken muscles and make it more likely the older adult will fall again.

Tips for Preventing Falls

Most falls in older adults are caused by many things. These include some medications and balance problems. Most of the time it takes several changes to prevent falls. The table below lists some changes to prevent falls. These tips can help even if the older adult has not fallen in the past. You might not know if someone you care for has fallen. About half of older adults who fall don't report it. Using these tips with everyone is best.

Changes with Aging and What to Do	
Exercise	Encourage physical activity. Include exercises that help with balance and strength. Most local Area Agencies on Aging offer fall prevention programs.
Strong Bones	Talk to a healthcare provider about calcium and vitamin D treatment for the older adult. Also ask about getting checked for osteoporosis.
Foot Care	Foot pain, long nails, and numb or burning feet can cause falls. Wear shoes in the home.
Eye Care	Poor vision can cause falls. See an eye doctor at least once a year. Wear glasses if needed.
Medications	Some medications can cause dizziness, weakness, and poor balance. Taking multiple medications also increases risk. Talk with the healthcare provider.
Changing Positions	Many people get light-headed when standing up. Change positions slowly. Give the person time to adjust.

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Change the environment

Making some changes at home will also help to reduce fall risk.

Environment	Improvements that can prevent falls
Lighting	Indoor and outdoor lighting should be bright. Use night lights in hallways and bathrooms, and light switches near chairs and beds.
Flooring	Remove or adjust loose rugs so they cannot bunch or slide. Check carpet to be sure it is installed correctly. Repair any cracks in the floor. Avoid shiny or slippery hard surfaces. Use surfaces with a rough finish.
Bathrooms	Put in handrails by the toilets and in bathtubs or showers. Place suction cup mats on bathtub or shower floors. Use floor mats that have a rubber backing. Consider using a shower seat.
Stairs	When possible, limit the older adult's living to the main floor. If stairs are used, install weight-bearing hand rails on both sides of staircases just below elbow height. Also make sure all stairways are well lit and that any carpet is secure on every step.
Furniture	Bed handles can be installed on bed frames to assist older adults to get in and out of bed. Chairs should have arm rests that are sturdy and extend to the front of the seat cushion to be used as support when standing. Chairs should not be so low that hips are below the knees when sitting.
Canes and walkers	Many older adults use a cane or walker to help with balance, but do not use it properly. This can increase their fall risk. Older adults who fall while using a cane or walker are more likely to get hurt. Physical therapists can help with the selection of a cane or walker. They can assist with fit and provide education on proper use.
Clutter	Pick up clutter to ensure walkways are as wide as possible and no tripping hazards, especially in hallways and stairways.

Falls in older adults are common and serious. Older adults should talk with their primary care provider to learn about their risk of falling. Together they can make a plan to prevent falls and remain independent.

Useful Websites

Fall Prevention Center of Excellence: <http://stopfalls.org/>

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Care Partner Information ~ Tips for Providing Older Adult Care

Edited by an interprofessional team from the University of Arizona Center on Aging



Care Partner Information

Tips for Providing Older Adult Care

Food Safety and Nutrition

Some changes with age affect hunger and eating. Some of these changes are normal. Some of these changes are caused by diseases that are common with aging. The table below lists some of these changes.

Less able to taste and smell	Dry mouth
It is hard to chew	It is hard to swallow
Heartburn	Less thirst

Some changes can be unsafe. If smell and taste are lower, it is hard to tell if food has spoiled. Eating spoiled food makes people sick. It is important to date and label foods, and check dates before eating. Throw out all old foods.

It is also unsafe when it is hard to chew and swallow. Choking is common for older adults. Dentures can make choking more likely. Older adults should take small bites and chew food slowly. If an older adult chokes, call 911. If trained, use the Heimlich maneuver when the choking person cannot speak or cough. Go to a doctor even after the person stops choking to make sure they are not hurt.

Many older adults also do not drink as much water as they need. This is because they do not feel thirsty. If the person drinks too little water they can feel dizzy and fall. It is important for older adults to drink water all day, even if they do not feel thirsty.

Quick Tips

- Be aware that some foods cannot be taken with some medications. Ask the doctor or pharmacist if the person should not eat some foods.
- Drink lots of water. Drink more water on hot days.
- Vitamin pills cannot replace healthy food. Eat lots of fresh fruits and vegetables.
- Take small bites and chew well to not choke.

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Older adults should eat foods that are healthy, and are low in fat and sugar. An easy tip is to eat foods that have lots of natural color. These foods have more vitamins. For example, an orange yam has more vitamins than a white potato.

Food	Examples	Best Choices	Tips
Fruit	berries, apples	fresh, when possible	<ul style="list-style-type: none"> • Try not to add sugar • Eat many types with different colors • Fresh is best. Frozen and canned in juice are okay. • If it is hard to chew, cook or blend fruits to make them soft.
Vegetables	kale, broccoli, carrots, beets	fresh, when possible	<ul style="list-style-type: none"> • Eat many types with different colors • Fresh is best. Frozen and canned are okay. • If it is hard to chew, cook or blend vegetables to make them soft.
Grains	rice, oatmeal, pasta, bread	whole grain	<ul style="list-style-type: none"> • Try to eat cereals and grains that do not have added sugar.
Dairy	milk, cheese, yogurt	fat-free or low-fat	<ul style="list-style-type: none"> • Try plain yogurt and add fresh fruit. This will have less sugar than flavored yogurt.
Protein	beans, nuts, tofu, meat, fish, eggs	lean cuts	<ul style="list-style-type: none"> • Eat very little red meat or high fat meat. • Try more meals without meat. Use beans, lentils, nuts or tofu instead.
Fats	oils, nuts, avocado	unsaturated fats	<ul style="list-style-type: none"> • Choose plant fats, like olive oil. • Eat less animal fats, like butter.

Vitamins taken as pills, liquids, or gummies do not replace of a healthy diet. But some older adults need more vitamin D and calcium, even with a healthy diet. Ask a doctor if extra vitamin D or calcium is needed.

Useful Websites

Choking, National Safety Council:

http://www.nsc.org/safety_home/HomeandRecreationalSafety/Pages/Choking.aspx

Food Poisoning, Medline Plus: <http://www.nlm.nih.gov/medlineplus/ency/article/001652.htm>

Healthy Eating Tips for Seniors, National Council on Aging: <https://www.ncoa.org/economic-security/benefits/food-and-nutrition/senior-nutrition/>

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Care Partner Information ~ Tips for Providing Older Adult Care

Edited by an interprofessional team from the University of Arizona Center on Aging



Care Partner Information

Tips for Providing Older Adult Care

Family Medical Leave Act

The Family Medical Leave Act, or FMLA, is a federal law that helps workers keep their jobs when they need time off for their own health condition, or the health of a family member.

FMLA can also be used to care for a spouse, child or parent with a serious health need. FMLA can't be used to care for a grandparent or in-law, or other relative.

FMLA Protects Workers

FMLA requires that employers make sure the person has their same job, or an equal job, when they return from leave. A job is "equivalent" if it has similar pay, hours, responsibility, job conditions, and job security to the previous job. Also, employers can't make decisions about a worker's hiring, promotion or discipline because of their use of FMLA.

When to use FMLA

In order to use FMLA to care for a family member, the worker's child, spouse or parent must have a "serious health condition." FMLA can't be used for common illnesses that only last a short time, such as a cold.

FLMA Medical Form

Employers can request that the worker or family member's doctor to fill out a form that explains the health condition. The table below lists the questions the doctor must answer about the worker's health.

FMLA medical forms ask doctors:
When the serious health condition began
If the person stayed overnight in a hospital or another health care center
If the person needs ongoing medical treatment
How long FMLA may be needed
If FMLA is needed all at once or a few days at a time

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Health Records are Private

Even if the employer asks for a doctor to complete the form, the person's health records are still private. The employee does not have to provide details about the health condition.

How to Request FMLA

Not everyone who works can use FMLA. To use FMLA, an employee must have:

- Worked for their current employer for a total of 12 months.
- Worked at least 1,250 hours in the past 12 months. This is at least 24 hours per week, on average.
- An employer that has more than 50 employees in a 75 mile radius. Government agencies, and public and private schools with fewer than 50 employees are also covered by FMLA.

Anyone interested in taking FMLA should talk to their employer's human resources or personnel department to see if they can request FMLA.

Most of the time, the employee is required to request leave at least 30 days before it is needed. In cases of a medical emergency, FMLA can be used with short notice.

FMLA is Not Paid Time Off

FMLA gives workers up to 12 weeks of unpaid leave each year. The 12 weeks can be taken all at once, or in smaller amounts of time. For example, if a parent with a serious illness needs help getting to monthly doctor's visits in a different city, a family caregiver can use a few days of FMLA each month to take them.

Workers with vacation or sick time can use it as part of FMLA, and will get paid for those hours. Under the law, employers may require that workers use all of their vacation or sick time before taking unpaid leave. Vacation and sick time taken under FMLA will count as part of the 12 weeks.

Worker's Benefits on Unpaid FMLA Leave

Health care benefits will continue as normal while on unpaid FMLA leave. If employees usually pay part of the cost of insurance, they will need to continue to pay this amount. This means employees on unpaid leave may have to send money to the employer to pay their portion, since it can't be deducted from their paycheck as usual.

Employees do not earn additional paid sick or vacation time while on unpaid leave for FMLA.

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Care Partner Information ~ Tips for Providing Older Adult Care

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Care Partner Information

Tips for Providing Older Adult Care

Active Aging: Gardening

It is important for older adults to stay active for as long as they can. This sheet describes how caregivers can help older adults stay active by gardening. These tips can be used at home, at a care facility, in a community garden, or other places that serve older adults.



Gardening can be enjoyed by people of all ages. It is good for older adults because it is an activity they can do inside or outside.

Gardening uses all five senses: touch, sight, sound, smell and even taste. Use of these senses can help older adults feel more connected. This is also true for people with dementia. Watching a seed grow into a plant can add meaning to an older adult's day.

Benefits of gardening

Gardening is also a good way for older adults to get exercise.

Digging, planting, weeding and watering can help a person move better. These activities can help with hand-eye coordination. They can also increase the amount of time the person is able to do other activities.

Older adults with arthritis, vision loss, and other challenges with aging can have fun gardening with some simple changes to tools and planters. These changes are described on the next page.

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A few changes to the garden can make it easier for older adults. For example, build garden boxes so older adults can reach the plants from a chair or wheelchair. Build the box so it is about 2 feet tall. Make sure the box is not too wide. A seated person should be able to reach the middle from both sides. The picture at right provides one example of how to build a garden box for older adults.



Ask at a local plant store about types of plants and garden beds that work best for the season and local climate.

Garden Tips
Choose plants that are easy to grow. If the older adult likes flowers, pick plants that flower. Or, they can grow a fruit or vegetable they like to eat.
Put chairs around the garden so it is easy to rest.
Make sure the path to the garden is wide, smooth and flat so that it is easy for older adults using walkers, canes or wheelchairs.

Tool tips

Tip	Why?	Trick
Use hand tools with large, soft grips.	These are easier to hold.	Plumbing foam can be cut and taped onto each grip.
Use tools that have colorful grips.	It makes it easier for people with vision loss to see them.	Use colored duct tape. Make each type of tool a different color. For example, make shovels red, and rakes yellow.

Reference

For more information, visit <https://www.gardeningknowhow.com/special/accessible/>

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Care Partner Information ~ Tips for Providing Older Adult Care

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Care Partner Information

Tips for Providing Older Adult Care

Grief and Loss

Loss can happen at any age, but it is more common as people get older. Common losses for older adults are the deaths of loved ones, loss of a job and income, loss of health, and loss of independence. Sometimes, many losses happen in a short time. This can make it harder to cope with each loss.

Grief is the emotional response for loss. Everyone grieves differently. It is thought that there are five common emotions for grief. These are described in the table below. Some people may have one or two of these. Some may have all five. These emotions do not happen in any order.

Emotion	How a person reacts	What a person thinks
Denial and Isolation	Will not accept the loss. Stays away from social activities and people.	“This can’t be happening.”
Anger	Thinks the loss is not fair. Can feel angry about everything.	“Why me?” “Who is to blame?”
Bargaining	Asks a higher power to change what has happened.	“If you stop this from happening, I will...”
Depression	May be sad all the time. May not be able to do normal daily activities.	“What is the point of doing anything?”
Acceptance	Finds peace with what has happened. Accepts the loss.	“I still feel sad, but it will be okay.”

Grief may include physical symptoms. Some common symptoms are:

- Physical pain, such as headaches or an upset stomach
- Low energy, and not being able to sleep
- Less interest in eating
- Being distracted or forgetful
- Having a hard time concentrating
- Changes in the person’s spirituality

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Tips for Helping Older Adults With Grief and Loss

Below are some tips to help older adults cope with grief.

- **Help them stay connected to friends and family.** Spend time with the person. Offer to invite others to visit, such as members of the person's faith community. Suggest joining a support group. Suggest volunteering for a cause they choose.
- **Be available to listen when they are ready.** Let them talk openly about their feelings. Do not give advice. Listen without judgement. Do not compare their experience to what others have experienced. Do not compare their feelings with how others feel.
- **Suggest they write about their emotions.** Sometimes writing down thoughts and feelings can make them less powerful.
- **Join them in healthy activities they enjoy.** Travel, play a game, take a walk, or cook a healthy meal with them.
- **Encourage them to start a new activity or hobby.** Perhaps they want to learn to draw, or play an instrument. Look for free or low-cost classes at nearby senior centers or community recreation centers.
- **Help the person with daily chores,** such as grocery shopping and cleaning.
- **Schedule daily exercise.** Join them for a walk or a swim. Try a fitness class together.
- **If the grief is caused by the death of a loved one, honor the deceased person.** Ask if they want to celebrate the person's birthday, enjoy their favorite foods, or make a memory book.

Grieving takes time. There is no set length of how long grief lasts. But some people are not able to recover from grief. Watch for signs of depression or anxiety, such as when the person stops taking care of them self, or talks a lot about death. If the person shows signs of depression or anxiety that gets worse over time, ask a health care provider or mental health professional for help. If the loss is a death, local hospice services host support groups to help family members with the grieving process. Over time, most people will start to feel better.

Useful Resources

Area Agencies on Aging have a complete list of local grief and loss support groups. Use the Eldercare Locator for find the local agency: www.eldercare.gov or 1-800-677-1116.

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Care Partner Information ~ Tips for Providing Older Adult Care

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Care Partner Information

Tips for Providing Older Adult Care

Health Information Privacy Rules

All information about a patient's health is private. Health information can only be shared if a person agrees. Doctors and nurses cannot share information with other doctors and nurses unless the patient has said they can, or if there is an important medical reason to share. This is called a "need to know." Doctors and nurses cannot even tell a person's family or close friends unless the patient says they can.

What is HIPAA?

A law called HIPAA (Health Insurance Portability and Accountability Act) makes the rules about sharing health information. HIPAA gives patients the right to see their own health records. HIPAA also lets patients decide who else can see their records.

The information that cannot not be shared unless the patient says it can includes:

- Diagnosis (what is wrong with the person)
- Prognosis (what is likely to happen to the person)
- Exam results
- Blood test and x-ray results
- What medicine a person is taking
- Hospital records and office records, including electronic records

What does HIPAA mean for patients and their caregivers?

HIPAA is important because it protects patient privacy. But it can also make it harder to know how to care for an older adult. Caregivers may want to know what medicine the person is taking, or how the medicine should be taken. They may want to know about side effects. Doctors and nurses can only share this information if the patient says they can.

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How does the patient tell nurses and doctors they can share health information?

The patient has to fill out a special form that names who the doctors and nurses can share information with. Ask at the clinic or the hospital for these forms. Signed forms should be copied and given to other clinics, pharmacies, and hospitals where the patient gets care. Family members and other care partners should also keep copies.

What if the person cannot complete the form to share information?

Things can happen at any age that make it so the person cannot agree to share health information. Sometimes a doctor or nurse can share information with a caregiver when it is in the best interest of the patient. Other times, the caregiver may have to go to court where a judge will decide if the information can be shared. If you have trouble getting the information you need, start by talking to a social worker or patient representative at the clinic, hospital, or health insurance plan.

Remember, anything shared between a person and healthcare providers is private. Health matters should be shared only with those who have a medical “need to know.”

Important Facts About HIPAA

- Family members or friends do not have the right to know medical information unless the patient says they can.
- Patients should think about who they want to share medical information with. Then they should fill out forms at the clinic or hospital that say it is okay.
- It is a good idea to fill out forms to share health information years before it may be needed. You can change your mind about who can see health information at any time.
- Look over HIPAA forms once per year, or more often if the health of the person has changed.
- Make sure the clinic, pharmacy, and hospital have copies of the forms.

Useful Websites

HIPAA: Questions and Answers for Family Caregivers

http://www.nextstepincare.org/uploads/File/NSIC_HIPAA_4.24.pdf

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Care Partner Information

Tips for Providing Older Adult Care

Hearing Loss in Older Adults

Hearing loss is common in older adults. Yet, many people do not know they have hearing loss because hearing is lost little by little over time. Most older adults do not lose all of their hearing. Some sounds are just harder to hear, such as women's or children's voices. Often the person thinks everyone else is mumbling.

It is important to know if an older adult has hearing loss because it can lead to other problems. Many older adults are embarrassed by hearing loss. They may spend less time with others and feel lonely. They also may feel lonely when they are with others, because it is hard to join the conversation. Hearing loss also can impact safety. For example, it can be harder to hear fire alarms or car horns. It also can be harder to hear advice from doctors or pharmacists.

Someone with hearing loss may...

Ask "What?" a lot when others are talking.

Complain that people are mumbling.

Have a hard time hearing people on the telephone.

Talk loudly, or play the radio or TV really loud.

Hold their hand up to their ear, or lean in to the person speaking.

Say things that do not make sense in the conversation.

Reasons for Hearing Loss in Older Adults

Ear drum problems are a main cause of hearing loss in older adults. The problems often start in young adults and continue over many years.

- **Workplace noise.** People who work near machines or other loud noises are more likely to have hearing loss. Protective ear muffs should be used when working near loud noises to help prevent hearing loss.
- **Loud music.** Many people also play music loud enough to cause hearing loss when in their cars, at home, or listening on ear buds or headphones. Live music also can cause hearing loss. Lower the volume, and wear ear plugs to concerts to help protect hearing.

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Other things may also increase the chances of hearing loss. But these are less likely than loud noises to lead to hearing loss.

- **Chronic disease.** Older adults who have high blood pressure or diabetes may be more likely to have hearing loss. These diseases can damage nerves and small blood vessels that are needed for hearing.
- **Some medications** may lead to hearing loss in some people. Talk to a doctor about any changes in hearing after starting a new medication.

How to Treat Hearing Loss in Older Adults

A person with changes in hearing should talk to their doctor. In some cases, hearing loss is caused by too much wax or an ear infection, and can be treated. The type of hearing loss caused by age and hearing damage cannot be fixed. But it can be helped with hearing aids and therapy that teaches a person to listen differently and read lips. Below are tips to improve communication with someone who has hearing loss.

How to Talk to Someone with Hearing Loss

Turn off TVs or radios. Move away from other noises.

Make sure the person can see the speakers face so they can lip read.

Speak slowly and clearly. Do not shout.

Speak in a deeper voice

Use short sentences.

If the person does not understand, change the order of the words or use different words that mean the same thing.

If they can hear better with one ear, try to speak to that side.

Use hands to point and gesture.

Ask if they understood what was said.

Write the message.

Useful Websites

Hearing Health Professional near you:

http://www.hearingloss.org/support_resources/search-professionals

National Institute on Deafness and Communication Disorders (NIDCD):

<https://www.nidcd.nih.gov/health/age-related-hearing-loss>

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Tips for Providing Older Adult Care

Social Isolation and Loneliness

Social isolation is when someone does not have a lot of contact with other people. Loneliness is the feeling of being alone — even if they are with other people. Social isolation and loneliness do not go hand-in-hand. Not everyone who is alone feels lonely. However, many older adults are both socially isolated and lonely. Either can be bad for a person's health and quality of life. There are many reasons an older adult might be isolated or lonely, including depression. Start by looking into why the person is isolated or lonely, and ways to help.

Below are some reasons older adults are isolated or lonely, and tips that can help.

- **Retirement.** Even if the older adult chose to retire, they can feel isolated from less daily contact with others. **Tip:** Finding a new social group or volunteering can help.
- **Widowhood.** After the death of a spouse or long-term partner, new widows and widowers often live alone for the first time in years, or maybe for the first time ever. **Tip:** Peer support programs can help by matching the person with a senior volunteer who can spend time playing cards, talking, or doing other fun activities.
- **Moving.** Older adults move for many reasons, such as to a smaller house, to a retirement community, or to be closer to family. Some of these moves are by choice, and some are not. All of these moves can change a person's social contacts and may increase isolation and loneliness. **Tip:** Look for social groups in the new community with shared interests. For example, a book club, a group that plays cards, or a faith-based group.
- **Loss of hearing or vision.** Changes to hearing or vision can lead to loneliness and isolation. When older adults lose their vision, it is harder to participate in the same activities — inside and outside the home. Many older adults do not know they have hearing loss because it happens slowly. **Tip:** For those with vision loss, offer to take them to their usual activities. When speaking to an older adult with hearing loss, look directly at them and speak clearly, slowly, and in a lower pitched voice. It is easier for a person with hearing loss to participate in a conversation if the room is quiet, and others speak one at a time. Hearing aids or over-the-counter hearing products also can help.

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Caregiver isolation and loneliness

Caregivers can feel more isolated as the person they are caring for needs more help. Often caregivers feel like no one else will do a good job caring for the person. Or they feel guilty when they take time for themselves. Many friends and family members may want to help, but they do not know what to do, or how to ask what is needed. Caregivers may want to write a list of things friends and family can do, and ask them for help.

Support groups for caregivers can also help. Support groups can lead to new friendships with people who share the same experience. These friends may also have new ideas to help with caregiving.

Chronic disease, disability and isolation

As chronic diseases and disability get worse, it is common for older adults and their caregivers to be isolated and feel lonely. Both the older adult and their family caregiver often cut back or stop going to work, participating in hobbies or social activities. Sometimes friends and family may stop visiting because it is hard to see a loved one’s health get worse. Sometimes older adults will “self-isolate.” This is when they choose to stop seeing friends and family.

Reasons people with chronic disease and disability isolate themselves
Depression — it is more common in those with chronic disease
They do not want to burden family or friends with their care needs
They can no longer get around easily — it is easier to stay home

For those who are lonely, it is important to help the person to connect deeply with others, not just have more contacts. Below are some other tips to help.

- Plan visits from friends or family in small settings that are comfortable for the older adult.
- Help the person do the activities and hobbies they enjoy. Identify and, if possible, find solutions for any limitations to doing the activity, such as costs or transportation.
- Focus on the relationship, not the activity.

Useful Resources
 Use the Eldercare Locator to find local support services for older adults and caregivers:
www.eldercare.gov or 1-800-677-1116.



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Care Partner Information

Tips for Providing Older Adult Care

Caring for LGBT Older Adults

Caring for older adults provides a chance to work with many people of different religions, cultures, races, or politics. Other differences are sexual identity and being in the LGBT community. Learning about these differences can improve the care and better meet the needs of different individuals.

What is LGBT?

LGBT stands for “lesbian,” “gay,” “bisexual” and “transgender.” Sometimes other letters are added that can mean different things to different people. The terms defined below are commonly used by older adults.

Lesbian	A woman who loves and forms sexual partnerships with women.
Gay	A man who loves and forms sexual partnerships with men. “Gay” can be used to describe all members of the LGBT community.
Bisexual	Someone who is attracted to both men and women. They may love or have sexual partners who are men or women.
Transgender	Someone who does not identify as the sex listed on their birth certificate.

There are millions of Americans who identify as LGBT. It is hard to know exactly how many LGBT people are in the U.S. because some people who have same-sex relationships may not feel connected to the LGBT community, or may prefer to keep their sexual identity private.

Each group in the LGBT community is different. But they all share some things in common that may be helpful for care partners to understand. These are described on the next page.

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Families of choice

Many in the LGBT community have family ties with people who are not from the families they grew up with. These “families of choice” often form because the person’s family that raised them does not know about or accept that the person is in the LGBT community. LGBT community members have the right to tell care partners who is and who is not part of their family. This means the person’s partner should be treated as a spouse, even if they are not legally married.

Protect their privacy

It is important to remember that not all family or friends of the older adult may know the person’s sexual identity. Sexual identity should never be shared unless the person says it is okay — not even with doctors or other care partners. Providing good care means respecting what older adults tell their friends and family, and respecting privacy.

Stigma and fear of discrimination

Stigma is when people think less of someone because they belong to a certain group or have certain traits. Discrimination is treating a person unfairly because they belong to a certain group or have certain traits. Stigma leads to discrimination. Those in the LGBT community have faced stigma and discrimination in many settings, such as work places, and in health care. Many LGBT older adults have had poor health care because of stigma and discrimination by nurses, doctors and other care partners. Many avoid care until the last minute for fear of being treated badly. Care partners should make sure their opinions about members of the LGBT community do not lead them to provide bad care.

Fear of judgement

Many LBGT older adults have lived their entire lives “in the closet.” This means they hide their sexual identities from their families, friends, co-workers and neighbors for fear others will judge them. In health care it is hard to hide this identity. Telling others about the person’s sexual identity is called “outing” the person, and is wrong. Care partners may also need to speak up for the person’s rights to privacy and fair treatment when others are not treating the person well.

It can be hard to work with people who have different beliefs, cultures and sexual identities. But it also can be a joy to learn from and about different people. Providing good care means learning about and respecting these differences.

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Care Partner Information

Tips for Providing Older Adult Care

Making the Most of a Doctor Visit

It is important for older adults and their care providers to prepare for a health care visit. Most visits are short, and it is easy to forget to talk about something important. Some people like to bring a family member or friend to the visit to help remember what to say, and what the doctor says. It is important that the patient gets to talk with the doctor, not just the care partner. Be sure to plan who is going to say what.

To plan for a doctor's visit, write down the top 3 health concerns. Also make note of any health changes since the last visit. The table below lists some important changes to discuss.

Tell the doctor about any changes to:	
memory, thinking or mood	daily activity
walking, balance or falls	bathroom habits
hunger or weight	personal safety
medications (new or changed)	sleep

For each health problem, the doctor should ask for more details. The table at right lists some questions the doctor may ask. Be prepared to answer these questions.

The doctor may ask about the patient's health goals. They will ask what the patient would like to see happen, and what they want to avoid.

It is also important for the patient to tell the doctor who they want to make medical decisions if the patient is unable to do so.

Questions the doctor may ask
When did you first noticed this change?
Have you had this problem before?
When and how often does it happen?
What makes it better or worse?
Do you notice any other symptoms?
Have you seen other doctors for this concern? What treatment did they provide?

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Many people have one or more serious illnesses, and see more than one doctor. Sometimes medications for one illness can make another illness worse. Bring every medication in the bottle it came in so the doctor can make sure all the medications work well together. Also bring any health items that the patient uses to the doctor's appointment. Below is a list of items to bring.



What to bring to a doctor visit
Eye glasses, hearing aids
Canes or walkers
List of all other doctors or therapists you see
All medications, including a list of over-the-counter medications
Insurance card

It is also a good idea to ask the doctor questions. Below is a list of 3 good questions to ask.

Questions to Ask the Doctor
What are my main problems?
What do I need to do?
Why is it important for me to do this?

These questions help patients and their care partners to better understand health issues, and what they need to do to stay healthy. It is okay to take notes, or ask the doctor to write down what they say. If the patient or caregiver has a hard time hearing or understanding what the doctor says, they should tell the doctor.

Remember, not every health concern should be treated with a pill. Patients should consider different types of treatments, like physical therapy. It can take time for the patient and doctor to figure out how best to treat health issues. Expect to come back to the doctor for more than one visit. More visits to the doctor also helps the patient and doctor get to know and trust each other better.

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Care Partner Information

Tips for Providing Older Adult Care

Medications and Falls

Falls are a common cause of injury in older adults. But falls are not a “normal” part of aging. All adults age 65 and older should be checked for fall risk each year.

Sometimes a fall can be caused by medications, or “meds.” Older adults taking four or more meds are more likely to fall. Meds can be prescribed by a healthcare provider, or sold “over-the-counter” at a store. When starting new meds, an older adult should be alert for any changes in thinking, sight or balance. Meds can also make them dizzy or sleepy. Any of these changes could lead to a fall.

One way to prevent falls is to reduce the amount of meds taken by the older adult. But it is unsafe to stop taking prescription meds without first talking to a healthcare provider. Older adults should keep a list of all of their meds in a wallet or purse to share with their healthcare providers at each visit.

It is also a good idea to use only one pharmacy. Then the pharmacist can check to make sure all of their meds are safe to take together. When more than one pharmacy is involved, elders can share their list of meds with the pharmacist when picking up any new medication so they can check to see if they can all be safely taken together. Pharmacists can help older adults know more about their meds and how to take them safely.

Tips to prevent falls from medications

Ask the healthcare provider to review the medication list at every visit.

Talk to the healthcare provider about reducing some of the medications.

Use only one pharmacy for all prescriptions.

Carry a list of all medications and when each is taken to share with the healthcare provider and pharmacist.

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Common medicines that may cause symptoms that can lead to a fall are listed in the table below. Some of these are prescribed by a healthcare provider. Others are sold “over-the-counter.” Just because something is sold over-the-counter does not mean it is safe for older adults. Some have ingredients that can cause a fall.

Benadryl and sleep aids that use Benadryl are dangerous for older adults, as they can cause confusion and drowsiness. Many of these medications have “P.M.” in the label. As a rule, older adults should avoid any meds that contain Benadryl. Read med labels carefully and ask the pharmacists or another healthcare provider to suggest safer substitutions. Often there are other over the counter drugs that are just as effective, and can be taken safely.

Medications that can cause falls	
Type	Common Use
Antidepressants	Depression
Antihypertensives	High blood pressure
Antipsychotics	Behavioral health problems
Benzodiazepines	Anxiety
Antihistamines	Allergies
Cholinesterase inhibitors	Dementia
Diuretics	High blood pressure or heart failure
Nonsteroidal anti-inflammatory drugs	Swelling or Pain
Sedatives and hypnotics	Sleep

Medications can help keep older adults healthy, but should be used with care. Elders should:

- 1) Work closely with their healthcare team
- 2) Keep an up-to-date med list
- 3) Try to get all meds at one pharmacy
- 4) Avoid dangerous drugs such as Benadryl.

By doing so, medication-related falls can be minimized.

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Care Partner Information ~ Tips for Providing Older Adult Care
 Edited by an interprofessional team from the University of Arizona Center on Aging

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Care Partner Information

Tips for Providing Older Adult Care

Older Adults and Pets

Pets can be good for older adults. Pets can keep them company and help them feel less depressed or nervous. They can also help an older adult stay active. But, there are important things to think about if an older adult has a pet, or wants to get a pet.

Is the older adult able to care for a pet?

Pet care takes time and money. The pet needs food and fresh water every day. It may also need exercise, like a walk. It may need vaccines and other health care supplies. It is important to pick a pet that fits the person's abilities and living space. For example, a large dog or a puppy with a lot of energy may not be a good pet for someone who lives in a small apartment, uses a walker, or is at risk for falls. Some pets are easier to care for than others. If a cat or dog is not a good fit, think about a bird, fish or another pet.

Good questions to ask about getting or keeping a pet.

Who will care for the pet? The older adult, a family caregiver or someone else?

Does the older adult or their family caregiver have money to pay for pet care?

Does the kind of pet match the older adult's abilities?

Does the older adult live in an apartment or home that would be safe and comfortable for the pet? If renting a home or apartment, what types of pets are allowed? Is there an extra fee?

How does the pet get along with paid caregivers, first responders or others who help the older adult in the home?

Does the older adult travel or do they spend a lot of time away from the home? Can the pet go along? If not, who will care for the pet while the older adult is away?

Does the older adult need their own pet, or can they get the same joy by visiting the pets of friends or neighbors, or volunteering at an animal shelter?

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Safety

It is also important to think about the safety of the older adult and the pet. The table below lists some ways to keep older adults and their pets safe.

Safety for older adults and pets
Falls. Pets can get under foot and cause a fall. Be careful when walking or moving near a pet. Dogs may pull on a leash without warning. Be aware of tripping on a leash. If the pet likes to pull on the leash, try a training class.
Plan for emergencies. Have a plan for who will take care of a pet in emergencies. Put a note on the fridge (next to other important papers such as living wills and medication lists) to tell first responders that there is a pet in the home. List the name and phone number for the person who has agreed to care for the pet in case of an emergency.
Other pets and people. Not all pets like other people or animals. Keep other people and pets safe by gently, but firmly warning others not to get too close. If the pet doesn't like strangers, put it on a leash or in another room when visitors stop by. Make sure to have proof that the pet is up to date on its required vaccinations.
Weather and wild animals. Hot weather can put pets at risk of overheating. Make sure pets have plenty of water and a place to cool down when the weather is hot. If the weather is very cold or wet, be sure the pet has a warm, dry and safe place to be. Also be sure that wild animals, such as coyotes, cannot get into fenced yards or other places where a pet is kept.

Finding a new home for a pet

If an older adult is no longer able to provide good care for a pet, think about asking others to help. For example, a neighbor may be willing to walk a dog or clean a litter box. Sometimes this may help the older adult be able to keep the pet.

In some cases, the older adult may need to find the pet a new home. Giving up a pet may be hard. Try asking friends and family, neighborhood or church groups, or using social media to find someone who will adopt the pet. Check to see if the new owner would allow the older adult to visit the pet. Several animal breeds also have special rescue groups that have foster families who can take the pet until it is adopted. If no one can be found to adopt the pet, they can be taken to local humane societies, or animal shelters.

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Care Partner Information

Tips for Providing Older Adult Care

Oral Health

Taking care of the teeth, tongue and gums is called oral care. Good oral care is an important part of staying healthy. It is important to prevent oral diseases whether an older adult has natural teeth or dentures.

Examples of how oral health is connected to physical health

Saliva helps to protect teeth and gums from infection. But some types of diseases, medical treatments and medications can lower the amount of saliva and lead to dry mouth.

Diabetes and high blood sugar can make gum disease more likely. Gum disease, like other infections, makes it harder to control blood sugar.

Heart burn can cause sores on the gums, throat, and mouth, and damage the teeth.

Bad oral health can make heart disease and stroke more likely.

Lung infections can be caused when bad germs from an infection in the mouth get into the lungs.

Good oral care also helps to prevent cavities and to keep natural teeth. Keeping natural teeth is best. If teeth are lost, replacing them or using dentures is important for chewing food, speaking clearly and feeling comfortable smiling.

Cost of care

Oral health care can be expensive if a person doesn't have dental insurance and has to pay "out of pocket." Original Medicare does not pay for dental health care needs, but some Medicare Advantage plans do.

Some community health centers provide dental care at a lower cost. Other communities may have volunteer dentists who provide free or low cost dental care to older adults. Local oral health programs for older adults can be found at:

Eldercare Locator, www.eldercare.gov or 1-800-677-1116, or

Dental Lifeline Network, www.dentallifeline.org

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How to care for natural teeth

- Gently brush teeth twice a day with a soft bristle toothbrush. Brush every side of every tooth.
- Use a toothpaste with fluoride. Fluoride protects teeth from decay.
- Use dental floss or a water flosser to clean between the teeth.
- Visit the dentist every 6 months for an exam and teeth cleaning.

Older adults should drink water regularly to keep the mouth moist. Saliva substitutes also can help with dry mouth. Some dentists may recommend fluoride varnishes twice a year. Fluoride varnish is quick, safe, and gives the teeth extra protection.

How to care for dentures

- Rinse dentures with water after each meal. Brush dentures with soft denture brush every day. When cleaning dentures, fill the sink with water or put a folded towel in the sink to keep the dentures from breaking if they drop. Do not use denture cleaning solutions on dentures that have metal parts. Never clean dentures with household cleaners or bleach.
- Take dentures out of the mouth at night to let the gums rest. Always soak the dentures in cool water or dental cleaning solution. Use only water if the dentures have metal parts. Dentures that dry out can warp and will not fit as well. Poor fitting dentures and wearing dentures all the time can lead to bone loss.
- Clean the gums, natural teeth, tongue and roof of the mouth twice a day with a soft toothbrush or gauze.
- Visit the dentist every 6 months to check the denture fit. Dentures may not fit as well if the person has lost weight.

Care partner tips

Changes in physical and mental abilities can make it harder for some to keep up with oral care. Small changes can help:

- For arthritis, try toothbrushes with large, easy to hold handles.
- For changes in thinking and memory, break the process into small steps. Remind the older adult of each step as it is needed.
- If a care partner must provide oral care, make sure the older adult is comfortable. Tell them each step before doing it. Go slow and be gentle. Stop if the older adult is in pain. Report bleeding or sores to a dentist.
- If the older adult resists care, address pain first. Then try to distract them with singing or have them hold something they like. If this does not help, stop and try again later.

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Care Partner Information ~ Tips for Providing Older Adult Care

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Care Partner Information

Tips for Providing Older Adult Care

Osteoporosis

Osteoporosis is a condition that causes bones to become weak and brittle. About half of adults age 65 and older have this condition. This can make them more likely to break a bone if they fall.

The risk of osteoporosis is higher in women, especially those who are small and thin. Other risk factors include older age, family history, low hormone levels, smoking, drinking, and not getting enough exercise. Exercises that can help include walking, running and lifting weights. Vitamin D and calcium also can help make bones stronger.

Older adults should ask their healthcare providers about getting checked for osteoporosis. This is done using a “DEXA scan,” which is a bone x-ray. If bones are weak, there is medication that can help.

Getting Checked for Osteoporosis	
Who	All adults over age 65.
What	A bone x-ray, using a DEXA scan.
When	The earlier the better to help reduce the risk of breaking a bone.
Why	Medications can help reduce the risk of breaking a bone.
How	Talk to a healthcare provider about having a bone x-ray to check for osteoporosis.

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Vitamin D

Vitamin D can help to improve muscle and bone strength, which reduces the chances of a fall. It also helps the body to absorb calcium. Other things, such as cod liver oil, can help the body take in Vitamin D. Older adults should talk to their healthcare provider about adding Vitamin D to their diet and before taking it as a pill.

Vitamin D		
Who	How Much	Foods Rich with Vitamin D
Adults aged 51 to 70	600 international units (IU) daily	Eggs Milk Portabella mushrooms
Adults older than 70 years	800 international units (IU) daily	Salmon Tofu Tuna

Calcium can help bones and teeth stay strong and healthy. Not having enough calcium in your diet can lead to osteoporosis. Older adults need more calcium than younger adults. Calcium is mostly found in dairy products. Older adults should talk to their healthcare provider about

Calcium		
Who	How Much	Foods Rich with Calcium
Men aged 51 to 70	1000 milligrams (mg) daily	Dairy (milk, cheese, yogurt) Leafy greens (spinach, kale, collards) Oatmeal
Women older than 50, and males older than 70 years	1,200 milligrams (mg) daily	Salmon Tofu White beans

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Tips for Providing Older Adult Care

Physical Activity

Physical activity is very important for everyone, even older adults. Physical activity keeps our muscles, joints, and everything inside of us working better. It also helps people sleep better, and it can improve our mood.

It helps older adults to be stronger, able to move easily, and helps prevent falls. It can help them stay healthy, be independent, and live in their own home for as long as possible. All older adults need a mix of activity that increases the heart rate and strengthens muscle.

All healthy older adults should follow one of the following exercise plans:

Option 1:

2 hours 30 minutes per week:

Moderate activity that increases the heart rate (aerobic activity), such as brisk walking.

2 or more days per week:

Muscle strengthening exercises for all muscle groups (back, legs, hips, chest, abs, arms)

Option 2:

1 hour and 15 minutes per week:

Vigorous activity that increases the heart rate (aerobic activity), such as running.

2 or more days per week:

Muscle strengthening exercises for all muscle groups (back, legs, hips, chest, abs, arms)

It is important to wear comfortable clothes and shoes that fit well. For safety, it is a good idea to wear a medical alert pendant and an ID bracelet with an emergency contact's phone number. It is also a good idea to pay attention to the weather. Don't exercise outside if it is too hot or too cold. Always drink lots of water before and after exercise.

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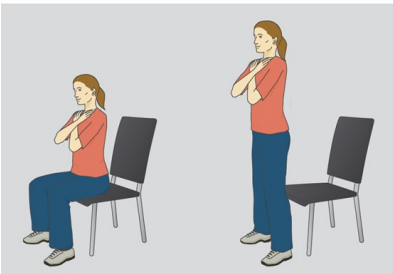
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Some older adults are very active and healthy. Others are just starting to become active. Here are some **beginning exercises** that are safe for older adults to try at home. Start with one set, then increase as the person gets stronger.

Toe Stands



Hold the back of a sturdy chair and stand with feet hip width apart. Lift your heels as much as possible, then bring them back to floor. Repeat this movement 10 times for one set. Rock back on your heels and lift your toes to stretch between sets.



Sit on a sturdy chair and cross your arms on the chest. Rise from the chair to a fully up right position and then slowly return to a sitting position. Repeat this movement 10 times for one set. If needed, use an armrest to make this exercise easier.

Chair Sit to Stand to Sit



Hold the handrail of a staircase for safety. Step up on a step one foot at a time. Step down one foot at a time. Repeat 10 times alternating the leading foot. Rest and repeat another 10 times for one set.

Useful Websites

Centers for Disease Control and Prevention: <https://www.cdc.gov/physicalactivity/>

National Institutes of Health: <https://www.nia.nih.gov/health/exercise-physical-activity>

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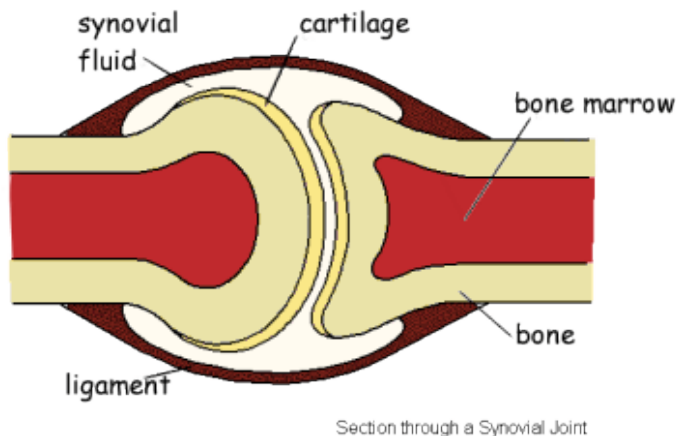
Tips for Providing Older Adult Care

Range of Motion in Older Adults

Range of motion is how well someone can move the joints in their body. Most people lose some range of motion as they get older. Some reasons for this are tight muscles, injury, pain, arthritis, or lack of activity.

Often older adults do not know how much range of motion they've lost until it is hard to do things like walk, shower, get dressed, or cook.

Less range of motion makes it more likely a person will fall and get hurt. The best way to protect range of motion is to keep moving, even when it is hard.



What joints do

Joints, such as hips, knees, and elbows, are very important for range of motion. Joints connect and cushion bones with tissue and fluid. As people age, their joints can lose fluid and tissue. This can cause pain and stiffness.

Motion is like lotion for joints. Movement helps to “grease” the joints, which makes it easier and less painful to move. This is why joints may feel stiff after a long car ride, and move better after a long walk.

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Protect the ability to move

The best way to keep range of motion is to be active every day. It is important to try new activities so the body is challenged. Everyone — young and old — should do activities that improve strength, flexibility, and balance. Lifting weights or doing yoga can help build strength. Yoga or Tai chi (pronounced tie chee) can help with balance.



Many people do not stretch enough when they exercise. To prevent injury, stretching should be done after exercising when the muscles and joints are warm. Slowly move into a stretch and hold the position for about a minute. Stay still and try not to bounce when in a stretch because it can cause an injury. Stretches may be hard, but should never be painful.

Walking is a great exercise for older adults. Try walking at a shopping mall. Malls are safe places to walk, even when the weather is too hot or too cold. For those who can't walk, some exercises for range of motion can be done while lying in bed or sitting in a chair or wheelchair.



Improve range of motion

If an older adult has lost some range of motion, it's a good idea to talk to a doctor before starting new exercises. The doctor will be able to check for problems in the muscles, joints, or brain that may limit motion. The doctor may refer the person to physical therapy. They also may know about local programs to help older adults improve movement and fitness.

Check with local recreation centers to learn more about fitness classes for older adults.

Resources

Physical activity guidelines for older adults: www.cdc.gov/physicalactivity/basics/older_adults

Silver Sneakers: www.silversneakers.com

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Tips for Providing Older Adult Care

Taking Medications Safely

Almost half of all older adults take more than five different medications every day. Each medication has rules to follow in order to stay safe and healthy. Following the different rules for each is very important, but sometimes it can be hard to do.

Types of Medications

Medications can include those prescribed (given or ordered) by your doctor or nurse, “over-the-counter” medications, and herbal.

Three Types of Medications (Pills or other Treatments)	
Prescription	Medications such as pills, creams, ointments or injections, ordered by a doctor or nurse and filled by a pharmacist.
Over-the-counter (OTC)	Medications sold without a prescription. These include aspirin, pain relievers, laxatives, and cold medicines. Be careful when mixing over-the-counter and prescription medications because it can cause bad side effects.
Herbal	Herbal medications and products sold without needing a prescription. These include vitamins, dietary supplements and teas. “Natural” does not always mean safe. Many herbal medications can make prescription medications weaker, or cause bad side effects.

Medications come in many forms. These include pills or capsules that can be swallowed, chewed or dissolved, liquids, patches, creams, inhalers, solutions that are injected, suppositories, ointments, and eye drops or ear drops.

Keep all medications in one location except those that must be kept cold in the refrigerator. Keep medications away from sunlight, heat, steam and moisture. Keep medications away from children and others with poor judgment, such as those with dementia. Avoid mixing medications into one bottle or reusing empty bottles for other medications.

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Watch for side effects

Medications can have side effects that might make an older adult feel sick, act unusual or have trouble doing daily activities. Side effects can be sleeping too much or too little, acting confused, being sad or depressed, feeling dizzy or weak, not wanting to eat, having trouble talking or remembering things, and bathroom-related problems. A health care provider should be told right away about any of these symptoms because it may be a side effect of a medication.

Medication list

Keep an up-to-date list of all medications (prescription, over-the-counter, herbal and vitamins) in your purse or wallet. Include the medication name, how much is taken, and how often the medication is taken. If you have any allergies to foods or medications, add this to the list. Take the list to all health care visits and emergency room visits. Keep a copy of the list on the refrigerator. Many communities have programs where first responders, like 911 paramedics, are trained to look at the refrigerator for medication lists. They can make sure the medication list goes with the older adult to the hospital. This can save time in an emergency, and help doctors

A Pharmacist Can...	
<ul style="list-style-type: none"> Review a medication list to make sure all medications are right 	<ul style="list-style-type: none"> Provide easy to open bottle tops and labels in large print
<ul style="list-style-type: none"> Give advice on different medication forms available, such as liquids, skin patches or suppositories 	<ul style="list-style-type: none"> Help set up a pill reminder system. This can be a simple plastic container, or a high-tech container that beeps when it's time to take a pill
<ul style="list-style-type: none"> Help develop a plan to work medication schedules into daily routines 	<ul style="list-style-type: none"> Cut pills in half if the dose should be 1/2 of a pill

provide better care.

Do NOT put medications in the trash or toilet

Medications can harm our environment if they get into the soil and water. Medications that are not used, or out of date, should be taken to a prescription drug drop-off. Most communities have one at the police department. Some pharmacies also will take back old medications to get rid of in a safe way.

Useful Websites

- Pima Council on Aging: (520) 790-7262 <https://www.pcoa.org/>
- Pima County Medication Disposal program: (520) 724-7911 <http://www.disposeamed.pima.gov>

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Tips for Providing Older Adult Care

Understanding Long-Term Care

Many people need help to care for an older adult. For example, they may need someone to come into the home to help. Or, it may be best for the older adult to move to a facility that provides care. These are both “long-term care.” There are many types of long-term care. Medicare pays for some types of care. Long-term care insurance and Medicaid pay for some types of care. And the individual or family must pay for some types of care. Call the person’s insurances to learn what types of care each will pay.

Care for older adults who live at home

Care options for older adults who live at home		
Type	Care provided	What it is
In Home	Companion Services	Someone visits to spend time with the older adult.
	Personal Care Services	Someone visits to help with bathing, dressing, eating, or other personal care.
	Homemaker Services	Someone helps with housekeeping, shopping, or preparing meals.
	Home Health Care (Also called Skilled Care)	A nurse or other care provider helps with medical needs.
	Hospice Care	Special care for patients near the end-of-life. Care focuses on reducing pain or discomfort, and provides support for family and caregivers. Hospice care can be in the home or at a care facility.
Community Center	Adult Day Center	A daytime program at a community center with activities. Some programs also offer personal care or health care.

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Care for older adults outside the home

Another type of long-term care is when the older adult moves out of their home and lives somewhere else. This is called “residential care.”

The table below describes the types of care outside the home.

Type of residential care	What it is
Independent Living Also called “Retirement Housing”	Older adults live on their own, but with support for meals, activities, and transportation.
Assisted Living	Older adults live in their own room in a facility with many other older adults. Care can include meals, group activities, transportation, help with medications, and personal care. Some assisted living centers have areas called “memory care.” These areas provide care for people with dementia.
Group Home Also called “Adult Care Home”	Older adults live in a regular house with a private or shared bedroom. Paid caregivers are there 24 hours a day. The type of care can be small things like help with meals. Or, care can be things like help with dressing, toileting, and other personal care.
Skilled Nursing Also called “Nursing Home”	Rooms may be private or shared. Nurses work 24 hours a day to help care for older adults with many medical needs.
Continuing Care Community Also called “Life Care”	These can provide independent living, assisted living, and skilled nursing (see above). A person can start in independent living and change to have more care when they need it.
Hospice Care	Special care for patients near the end-of-life. Care focuses on reducing pain or discomfort, and provides support to family and caregivers. Hospice care can be in the home, or at a care facility.

Useful Websites

US Department of Health and Human Services have information on long-term care:

<https://longtermcare.acl.gov/>

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Care Partner Information

Tips for Providing Older Adult Care

Understanding Medicare

Medicare is a national health insurance program for U.S. residents. Most people can sign up for the program if they:

- Are 65 years or older and have worked and paid taxes in the U.S. for at least 10 years, or
- Have been receiving Social Security Disability Insurance (SSDI) for at least 2 years, or
- Have end stage kidney disease at any age

Like most health insurance, Medicare has three types of costs, described in the box below.

Premium	The monthly or annual fee (cost) to have health insurance.
Deductible	A set amount that must be paid by the patient “out of pocket” each year before insurance will pay for health care costs.
Copay, Coinsurance	<u>Payments that the patient must pay after the deductible is paid.</u> Copay is the name of the payment for either a visit, or for a product. Coinsurance is the name of the payment that is the percentage of total care costs.

Medicare also has different plans or “parts” that pay for different health care costs. Each part of Medicare has different costs for the patient. Parts A and B are called “Original Medicare.” Part C is called a “Medicare Advantage Plan.”

Patients must know what Medicare parts or plans they have, and what types of care it covers. Patients also need to know if the doctor or hospital accepts the insurance plan. If the plan is not accepted, the insurance will pay nothing. It is important to review insurance plans carefully to know when insurance will pay for treatment, and when it will not.

It is up to each person to pick either “Original Medicare” or a “Medicare Advantage Plan”. On the next page are some examples of the types of care and costs that come with each part.

Medicare can be confusing. Personal help is available.

Each state has a State Health Insurance Assistance Program (SHIP) that can provide free counseling on Medicare coverage and help with claims and appeals. To find the local SHIP call the Medicare number, **1-800-medicare**, or visit **www.medicare.gov**.

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Medicare Part A. (hospital insurance)

For most people, Part A has no premium, or yearly fee. Part A helps with:

- **Hospital care.** Free for 60 days after paying a yearly deductible.
- **Nursing home care** after a hospital stay is free for 20 days after paying the yearly deductible. After 20 days the patient pays a fee for each day. After 100 days the patient pays all the costs of care.
- **Home health care.** Care is free if ordered by a doctor and not needed 24-hours a day.
- **Hospice.** Hospice care is free. Patients may be charged a copay for prescription drugs.

Medicare Part B. (medical insurance)

Part B has a yearly fee that is taken out of the person's social security check. It helps with:

- **Doctor fees, lab tests, x-rays.** Most preventive care is free. For other care, patients pay 20% of the cost, after paying the yearly deductible.
- **Medical supplies.** Patients pay 20% of the cost, after paying the yearly deductible.

Medicare Part C: Medicare Advantage Plan

These plans cost less than original Medicare, but patients can only go to certain doctors and hospitals in the area. The plans are sold by private insurance companies and are different in each state. Most help pay for hospital care, nursing home care, doctors fees, prescription medications and hospice care. Some also help with dental, vision, hearing, or care that promotes health, such as gym memberships.

Medicare Part D: (prescription drug insurance)

Anyone who has "original Medicare" (parts A and B) must buy part D in order to have insurance help pay for prescription drugs. These plans have a monthly premium and a copay for each prescription. People with Medicare Advantage Plans (Part C) don't need to buy Part D.

Other health insurance:

Medigap is a second insurance that a patient can buy to help pay for their portion of health care costs, such as deductibles and coinsurance. Medigap is for those who buy parts A, B and D. Patients with Medicare Advantage Plans (Part C) can't buy Medigap plans.

Long-Term Care Insurance is sold by private companies. It can help pay the costs of long-term nursing home care, which Medicare will not pay.

Written by: Scott Hawthornthwaite & Barry Weiss, MD

Care Partner Information ~ Tips for Providing Older Adult Care

Edited by an interprofessional team from the University of Arizona Center on Aging



Care Partner Information

Tips for Providing Older Adult Care

Urgent Care Centers

Urgent care centers are medical care centers that can take care of most minor health needs. But urgent care centers cannot treat serious medical emergencies. Anyone with a serious medical emergency should go to the nearest hospital emergency room, or call 911.

Urgent care centers are good for treating one-time health needs. Patients who have many health problems should not use an urgent care center for normal doctor visits. These patients should have a primary care doctor that knows them well and can help manage their health.

Below is a list of the types of care urgent care centers can provide, and what they cannot provide.

Urgent care can:
Treat mild sickness, such as a cold or flu
Treat minor injuries, such as a sprained ankle
Give immunizations such as flu shots
Take x-rays, blood tests or urine tests
Do sports or work physicals

Urgent care <u>cannot</u> :
Treat serious health emergencies, such as a heart attack
Treat chronic illnesses like diabetes or high blood pressure
Refill prescription medications
Treat pain that needs prescription medications.
Replace the need for a primary care doctor

Using urgent care for minor health needs has several benefits:

- Patients can “walk-in” and see a doctor without an appointment. Most have fairly short wait times.
- Many urgent care centers open early and stay open late. Check the hours of the urgent care center before visiting.
- Urgent care costs less than emergency rooms.
- Urgent care centers accept some types of health insurance. Always ask if they accept the person’s health insurance before visiting.

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Urgent Care Centers should not be used for emotional and psychological help

Urgent care centers and emergency departments treat physical health issues. If the person needs mental or emotional help, call a local crisis line. The National Alliance on Mental Illness (NAMI) can provide information about local resources at www.nami.org or 1-800-950-NAMI. If the person talks about suicide or there are other safety concerns, call 911.

How to find local urgent care centers

The best time to find an urgent care center is **before** it is needed. Ask for recommendations from doctors, neighbors, friends or co-workers. In smaller cities, there may only be one or two choices. In large cities, it is a good idea to look in the phone book or online to find urgent care centers that are nearby. After locating nearby urgent care centers, call or visit their websites to find out more information. The chart below provides some questions to ask of urgent care centers to find the best fit.

Questions to ask before choosing an urgent care center
How close is the urgent care center?
When are they open?
What types of care can they provide? What can't provide?
How long is the average wait time?
When are the busy times of day?
Will they take the person's health insurance?
What paperwork should the person bring to a visit? Can any paperwork be filled out before the visit?

After Going to Urgent Care

Make sure to understand any medical instructions before leaving the urgent care center. If the doctor prescribed any medications, ask if they can be filled at the urgent care center, or need to be picked up at a pharmacy. Always tell the person's primary care doctor about any visits to urgent care. Be sure to tell the primary care doctor about any new medications or treatments prescribed by the urgent care doctor.

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Care Partner Information

Tips for Providing Older Adult Care

Using a Cane

Many older adults use a cane to help with balance, injuries or mild pain. Different types of canes work better for different needs. A doctor, physical therapist or other health care provider can help pick the best cane for the person, and show them how to correctly use it. When used right, a cane can help with pain or prevent a fall. But if a cane is not used right, it can cause more problems.

Types of Canes

Standard Canes

Standard canes are the most common type of cane. They are made of wood or aluminum and have a rubber tip at the bottom. The handle may be shaped like a hook or flat. Standard canes are good for people who need just a little help. They are not good for people with pain who need to lean on the cane a lot.



Multiple-Legged Canes

Some canes have three or four legs at the bottom. This type of cane stands on its own when the person is not using it. The person does not have to lean the cane on a chair or wall, or bend over to pick it up. The extra legs also make it more stable when standing or walking. These canes are better for people who have pain on one side, and need to lean on the cane a lot.

Some multiple-legged canes also have an a second hand grip half-way down. These are called “sit-to-stand” canes. They can provide extra support for those who need extra help getting up or sitting down.



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Care Partner Information

It is important to make sure the cane is the right height for the person. Some canes can be made taller or shorter, but others cannot. Make sure the cane is the right size before using it.

How to Fit a Cane



Stand with the cane next to the stronger leg with the arm hanging straight down by the side. The top of the cane should be at the same height that the wrist bends. The elbow should bend a little when the cane is held in the hand.



How to Use a Cane

Hold the cane on the same side as the stronger “good” leg. This helps keep the weight on the stronger side. Do not use the cane on the side with pain or weakness. This can cause a fall.

How to Walk With a Cane

Take a step with the weaker or “bad” leg and bring the cane forward at the same time. Carefully place the cane to make sure it will not slip. If the cane has three or four legs, all legs should be flat on the ground before putting weight on the weak side. Last, bring your strong leg forward while leaning your weight through the arm holding the cane.

How to Go Up Curbs and Stairs

1. Hold the cane on the good side, and stand close to the curb or stair. Grab the handrail with the free hand.
2. Put the cane on top of the curb or stair. Make sure the cane bottom is placed flat.
3. Next, step up with the stronger leg. Then lift the weak leg up to the same stair. (If there is no handrail, place the cane on the upper step at the same time or after placing the weaker leg).

How to Go Down Curbs and Stairs

1. Hold the cane on the good side, and stand with toes behind the top step. Grab the hand rail with the free hand.
2. Put the cane down one step, and then step down with the weak leg.
3. Use the stronger leg to lower onto the stair. (If there is no rail, place the cane on the lower step at the same time or after lowering the stronger leg).

A good way to remember which leg goes first when going up and down stairs is “Up with the Good, Down with the Bad.”

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Care Partner Information

Tips for Providing Older Adult Care

Using a Walker

Many older adults need some support when walking. Different types of walkers work better for different needs. A doctor, physical therapist or other health care provider can help pick the best walker for the person's needs, and show them how to correctly use it. Using a walker in the right way can help older adults stay mobile and prevent falls. But if a walker is not used in the right way, it can cause problems.

Standard Walkers

A standard walker has four legs with rubber tips and no wheels. It can fold up, so it takes less space in a car or home. This type of walker is best for people who need to put a lot of weight on the walker. But some older adults do not like standard walkers because they have to pick it up to move it with every step.



Walkers With Two Wheels

Some walkers have two wheels on the front, and two legs on the back that can slide. These walkers also can fold up when they are not in use. People walk more naturally with walkers that have two front wheels, compared to walkers with no wheels. This is because they do not have to stop and pick it up with each step. But the fixed front wheels make it hard to turn.

Walkers with Three Wheels

Some walkers have three wheels. These walkers help with balance almost as much as walkers with four wheels. They are lighter than walkers with four wheels, and are easier to turn and move in small spaces.



Walkers With a Seat and Four Wheels

Walkers with a seat are good for people who easily get tired when they walk and need to rest. The four wheels rotate, so it is easy to turn. But, both three-wheel and four-wheel walkers can be harder to use because they have handbrakes. They are not stable for people who need to put weight on the walker. They also are not good for people with dementia, who may forget to brake.

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Care Partner Information

It is important to make sure the walker is the right fit. If it is too short or too tall it can increase the chances of a fall.

How to Fit a Walker

Stand between the two hand rails with arms hanging straight. The hand grips should be level with the creases on the inside of the wrist. The elbows should bend a little when the hands are on the grips. For walkers with a seat, make sure the hand rails are wider than the person's hips when they are seated.



How to Walk with a Walker

Place walker in front with the open side facing the person. Stand up straight with the elbows next to the body and hands on the grips. Step forward with the weaker leg. Keep the body inside the walker and push straight down on the hand grips. Next, bring the stronger leg forward. Move the walker forward and step into it one leg at a time. Take small steps to turn.

If the person needs the walker for support, start by pushing the walker about one step ahead and leaning a little forward. Be careful not to walk behind the walker and push it like a cart. When using a walker with four wheels, always lock the wheels before sitting. Do not try to move the walker when seated.

How to Go Up and Down Curbs

Going up and down curbs with a standard or two-wheeled walker takes a lot of practice. Walkers with seats are heavy, so never use them on curbs. It is best to always try to use a ramp or elevator when possible. Also, never use any walker on an escalator.

To go up curbs:

1. Stand close to the curb.
2. Place the walker on top. Make sure all four legs of the walker are flat on the curb.
3. Step up with the stronger leg first, then bring the other foot up on the curb.

To go down curbs:

1. Stand with toes behind the edge of the curb.
2. Place the walker down. Make sure all four legs are flat on the ground.
3. Step down with the weaker leg first. Use the stronger leg to lower down and bring the other foot to the same level.

A good rule to remember when going up or down curbs is “Up with the good (leg), down with the bad (leg).”

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Care Partner Information

Tips for Providing Older Adult Care

Who do I call for help?

Finding the right help for older adults can be hard. Local government, health care, health insurance and many different organizations provide help for older adults. The type of help from each of these places can be different in each city or town. This makes it hard to know where to find the right help.

Below is a list of common questions when caring for older adults, and some tips on where to find help.

Will health insurance pay for this?

Different types of insurance pay for different types of care. Medicare, Medicaid, private health insurance, or long-term care insurance each pay for different things. For example, Medicare will not pay for ongoing care in the home. But Medicare may pay for a walker and physical therapy. In-home care may be paid by Medicaid or long-term care insurance. If the person is a veteran, or the spouse or child of a veteran, they can get some of their care paid for by the Veterans Administration (VA).

Keeping track of who pays for what is hard. The first step is to know what types of insurance the person has. Keep a list of the phone numbers and member ID numbers for each type of insurance. Clinic and social service staff can help find out if needed care will be paid by the insurance. For Medicare, each state has special counselors who can help.

When and how should the person take this medication?

It can be hard to remember why each medication is needed, or when and how it should be used. Some of this information is on the bottle, but it can be hard to read. Doctors and pharmacists can answer these questions. Ask them at your next visit to the clinic or pharmacy. The doctor or pharmacist can print out information for you. It is also okay to ask questions by phone. Write the answers in words that can be understood by everyone who helps the person with medication. After writing the answer, take time to say it back to make sure it is right.

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Can someone help with caregiving for a while?

All caregivers need a break. Special care called “respite” can help. Respite is short-term care that gives the caregiver a break. Respite can be for a few hours, or a few days. For more about this type of care, see the Care Partner sheet “Respite Care.” To know what types of respite care are in the area, contact the local Area Agency on Aging. They have information about respite care, support groups and other help for family caregivers. The contact information is at the bottom of this sheet.

What should I do if I think an older adult is treated badly?

If an older adult is treated badly it might be elder abuse. If you think an elder is being abused, it should be reported now. Every state has an agency that takes care of elder abuse cases. In many states it is called Adult Protective Services or APS. Abuse can be reported by calling 911 or the APS office. The local APS number is listed on the Elder Care Locator: www.eldercare.gov

Who do I call when the older adult I care for has challenging behaviors?

Older adults with dementia can have challenging behaviors. These are easier to manage if the caregiver knows what to do. Small changes in how care is provided can make a big difference. Classes and support groups can help. They are available through local caregiver coalitions and the Alzheimer’s Association.

Find the local Alzheimer’s Association office at <http://www.alz.org/apps/findus.asp>

Other resources can be found through the Family Care Navigator: www.caregiver.org

Still need help?

Every region of every state has an Area Agency on Aging. These agencies were created by federal law to help older adults in the local area. They have trained staff that can answer almost any question about help for older adults in the area.

To find the local Area Agency on Aging:

Call 1-800-677-1116

Use the Elder Care Locator: www.eldercare.gov.

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