

living INDEPENDENT

The Newsletter of INDEPENDENT YOU Senior Care

Winter 2017 Vol. 2 Issue 1

5 Signs of Vitamin D Deficiency

By Jefferey Morgan

Vitamin D deficiency is a pretty common condition. Sadly, very few people realize that their health is at risk, so they choose to ignore the side effects. Even though milk products have substantial quantities of vitamin D that is still not enough to maintain bone strength and stay healthy.

In fact, the main source of this vitamin is not food, but the sun. Only natural sunlight provides enough for your body to look and feel good. Unfortunately, older adults do not get outside much, and because they spend a lot of time indoors, it is easy for them to become deficient.

Here are five clear signs of vitamin D deficiency to watch out for:

Weak muscles: In aging adults, this deficiency is strongly linked to weak muscles. Older people are susceptible to developing a deficit due to several factors such as diminished exposure to direct sunlight, insufficient dietary intake, less-than-optimal intestinal absorption, and reduced skin thickness. Weakening of the muscles can manifest in different ways. In general, older adults feel a heaviness in their legs and difficulty with standing up and climbing stairs. The good news is that supplementation can help older adults compensate for these insufficiencies, and thus get back on their feet.



Mood changes: This is not your average vitamin. In fact, in its activated form, it is a hormone. After your skin has been exposed to UVB rays, it synthesizes the inactive form, which relocates to the kidneys and liver, where it is then activated and ready for use. This hormone helps assimilate calcium, and keeps bones, muscles and teeth in excellent condition. Studies have shown that it is also responsible for activating genes that control the release of neurotransmitters (serotonin, dopamine); thereby affecting the functions of the brain. Seniors who feel depressed and tired all the time may actually suffer from this deficiency.

Weight gain: Research claims that, together with a hormone called leptin, it helps regulate body weight. Leptin is manufactured inside the body's fat cells and works by delivering signals to the human brain, basically letting a person

know that they're full and they can stop eating. Vitamin D controls leptin levels inside the body, making sure that the right signals are sent to the brain. When someone is deficient, these signals get disrupted and the body doesn't know when to stop eating. This can make people overeat and gain weight.

Fatigue: Many older adults who feel tired do not realize that they might have a deficiency, so they choose to ignore their symptoms. Someone who has stiff joints and is constantly feeling fatigued might want to boost their intake (especially if they do not go outside much or do not eat many milk products). Apart from fatigue, this deficiency may also trigger pain in the legs and difficulty moving around the house.

Stomach problems: This deficiency may lead to inflammatory bowel disease, which is a chronic illness that causes swelling and irritation in the digestive tract. This condition is split into two main types: ulcerative colitis and Crohn's disease. Older adults are more predisposed to developing inflammatory bowel disease because they are susceptible to this deficiency. Gut problems are

unpleasant and they can also tamper with the fat absorption process. Since it falls into the category of fat-soluble vitamins, insufficiencies may trigger severe gastrointestinal problems.

Vitamin D is an extremely important nutrient that the body needs to function properly, and insufficiencies may trigger severe health problems. Older adults who get little sunlight should make a lifestyle change if they want to preserve their health, maintain strong bones and have a healthy digestive tract.

Exposure to more natural sunlight, especially in the morning, is a simple activity that will yield positive results. Take relaxing walks to the park and enjoy the beautiful weather. This will boost your mood and keep your bones strong and healthy. Supplements may be advised if your deficiency is extremely severe, but it is a decision you'll have to discuss with your physician before starting.

Jefferey Morgan writes for Nuique which offers Vegan Omega 3 Supplements and Natural Health Products. He has a great experience in writing about health and fitness related issues and poses a deep knowledge in this field.

Independent You announces personnel changes

As the New Year rolls in, Independent You would like to introduce new personnel within our office family.

In October we brought on a new scheduling coordinator, **Brittany Plummer**. Brittany will be responsible for filling all care giving shifts, handling vacation requests and tracking attendance. Brittany comes to us with a wealth of experience with office management and customer service skills.

At the same time we also brought on **Lisa Sharkey**, who will fill the position of clinical support. Lisa will be responsible for making sure all client records are kept up to date and properly maintained on the agency's computer program. Lisa will work directly with the nursing staff and care managers.

The agency also brought on an office manager, **Joan Davis, RN**. Joan will be responsible for variety of office tasks including handling telephone calls, tracking incidents/accidents, taking client

compliments and concerns and handling new client leads. We are fortunate to have Joan working with us. Her vast knowledge on a great many aspects of running a successful business will make her an asset to Independent You.

Our final addition to our team is **Judy Grumbly, RN, MSN, CCM**. Judy will serve as Director of Clinical Services, overseeing all of our care giving services. Judy comes to us with a wealth of experience, particularly in the home care business. Judy's previous position was as an executive director with another home health agency.

We are excited about our new team members and look forward to additional growth in 2017. We hope that as you interact with our agency, you will have the opportunity to meet these team members and see for yourself the excellent qualities they bring to Independent You.



12 Tips to Prepare the Elderly for Disaster

By Mario Sollitto

When a major disaster occurs, your community and your family's lives can change in an instant. When natural disasters, such as floods, fires, earthquakes, tornadoes, hurricanes, tsunamis and nuclear power plant explosions strike, they affect thousands of people every year. Equally as dangerous and unexpected are man-made threats: bombs, terrorist attacks and chemical warfare.

Here are some precautions to take to prepare your family, including elderly loved ones, for a disaster.

1. Learn about Potential Threats Learn what disasters or emergencies may occur in your area. These events can range from those affecting only your family, like a home fire or medical emergency, to those affecting your entire community, such as an earthquake or hurricane, depending on your geographical location.

2. Locate Community Resources Identify how local authorities will notify you during a disaster, whether through local radio, TV or NOAA Weather Radio stations. Learn about community response plans, evacuation plans, and designated emergency shelters. Familiarize yourself with NOAA weather alerts such as watches and warnings and what actions to take in each.

3. Plan Escape Routes Identify two ways to escape from every room. Practice your escape plan at least twice a year. Identify responsibilities for each member of your household and plan to work together as a team. Select a safe location away from the home where your family can meet after escaping.

Purchase escape ladders for rooms above ground level. If you see smoke or fire in your first escape route, use your second way out.

4. Establish a Communication Plan Your family may not be together when disaster strikes, so plan how you will contact one another. Think about how you will communicate in different situations.

5. Make an Emergency Kit You may need to survive on your own after a disaster. You can purchase a Red Cross emergency preparedness kit online or build your own. Assemble a disaster recovery kit and make sure everyone in the home knows where it is.

6. Maintain Your Disaster Supply Kit Just as important as putting your supplies together is maintaining them so they are safe to use when needed. Here are some tips to keep your supplies in good condition:

Keep canned foods in a dry place

where the temperature is cool.

Store boxed food in tightly closed plastic or metal containers to protect from pests and to extend its shelf life.

Throw out any canned items that becomes swollen, dented, or corroded.

Write the date on all containers you store. Use foods before they go bad, and replace them with fresh supplies.

Re-think your needs every year and update your kit as your family needs change.

Keep items in airtight plastic bags and put your entire disaster supplies kit in one or two easy-to-carry containers.

7. Make Emergency Contact Cards

Complete an emergency contact and health card for each family member and keep the cards handy in a wallet, purse, backpack, etc. Include information about medications, adaptive equipment, blood type, allergies, immunizations, and communication difficulties, as well as emergency contact information.

Emergency Kit Checklist

- Three-day supply of non-perishable food
- Three-day supply of water - one gallon of water per person, per day
- Portable, battery-powered radio or television and extra batteries
- Flashlight and extra batteries
- First aid kit and manual
- Sanitation and hygiene items (moist towelettes and toilet paper)
- Matches in a waterproof container
- Extra clothing
- Blankets
- Basic kitchen accessories and cooking utensils
- Manual can opener
- Multi-purpose tool, such as a Swiss army knife
- Photocopies of credit and identification cards
- Cash and coins
- Special needs items, such as prescription medications, eye glasses, contact lens solutions, and hearing aid batteries
- Cell phone with charger
- Whistle
- Extra set of car and house keys

8. Learn CPR Make sure that at least one member of your household is trained in first aid and CPR and knows how to use an automated external defibrillator (AED).

9. Check Fire Extinguishers Keep fire extinguishers in many rooms and mark your calendar with their expiration dates so you can recharge or replace them as needed.

10. Make Copies of Important Papers Duplicate important documents -- such as passport, drivers license, social security card, wills, deeds, financial statements, insurance information, marriage license and prescriptions -- and keep copies off-site, either in a safety deposit box or with someone you trust.

11. Consider an Elder's Special Needs

Elders and people with disabilities must take additional precautions.

Personal Care Assistance: If your parent receives assistance from a home healthcare agency, find out how they respond to an emergency. Designate backup or alternative providers that you can contact in an emergency.

Wheelchairs: If your parent is in a wheelchair or has mobility problems, plan for how he or she will evacuate and discuss it with your care providers. If you use a motorized wheelchair, have a manual wheelchair as a backup.

Blind or visually Impaired: Keep an extra cane by the bed and attach a whistle to it. Remind your parent to exercise caution when moving, as paths may have become obstructed.

Hearing Impaired: Keep extra batteries for hearing aids with emergency supplies. Store hearing aids in a container attached to the senior's nightstand or bedpost, so they can be located quickly after a disaster.

12. Plan for Pets Keep a phone list of pet-friendly hotels/motels, veterinarians and animal shelters that are along your evacuation routes.

My Parent Won't Shower or Change Clothes. What Should I Do?

By Carol Bradley Bursak

The issue of elders who were once reasonably clean adults refusing to take showers and wear fresh clothes is one that is far more common than most people think.

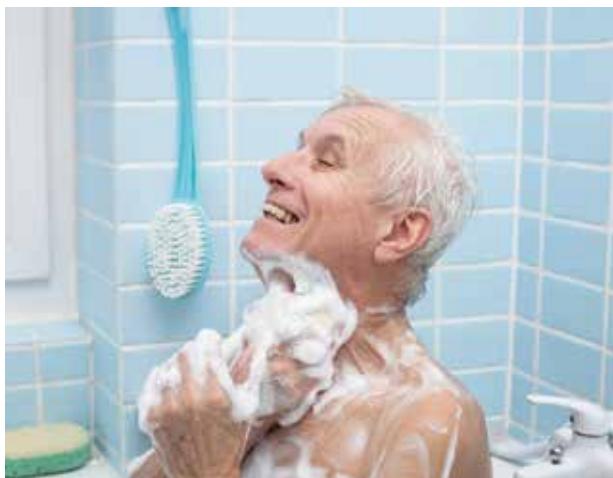
Sometimes the issue is depression. If we have a parent who no longer takes an interest in staying clean or wearing clean clothes, it's wise to look at depression first. A checkup with a doctor is a good idea, especially if low energy is also part of it, or if they just don't care about anything at all. Depression isn't always obvious to an observer.

Another factor is control. As people age, they lose more and more control over their lives. But one thing they generally can control is dressing and showers. The more they are nagged, the more they resist. "This younger generation is trying to take over everything. Well, they aren't telling me when to shower, that's for sure. Besides, I'm just fine!"

A third issue is a decreased sense of sight and smell. What your nose picks up as old sweat, they don't even notice. Not on themselves. Not on their mate. Their senses are not as acute as yours, or as theirs once were.

A fourth cause is memory. The days go by. They aren't marked with tons of activities as they were when they were young. If there isn't something special about Wednesday, well – it could be Tuesday or Thursday. They simply lose track of time and don't realize how long it's been since they showered.

Also, working in with memory is the fact that many of our elders didn't bathe or shower every day when they grew up. Once a week, it's bath time. Then, they forget what day it is, or even forget when they last took a bath or changed clothes. Time just slides by.



Another big issue can be fear or discomfort. Fear of slipping in the tub. Discomfort trying to get in and out. More serious is when a person with Alzheimer's or dementia is in the bathroom and doesn't understand why there is water running on them, or believes the drain that may suck them down. They just don't understand what you are trying to "do to them."

Why Won't Elderly Parents Bathe?

Okay. So what do you do about it?

While my mother-in-law was still in her apartment, she didn't remember to bathe and didn't change her clothes, though she'd look me in the eye and say she had. And she believed she had.

Some of this was memory. She thought she must have taken a bath somewhere along the line, so she said she did. However, I feel much of it was fear. She was afraid of the shower. She was afraid of getting in the tub. She was confused by it all. Denial was easier.

Also, she was an exceptionally modest woman, even for her generation. I knew that she didn't want a family member helping her take a bath. Far too intimate. Our "solution" was to get an in-home care agency to come in for the sole purpose of a bath. She grudgingly let "the girl" give her a shower the first time. I stayed in the apartment, but in the other room. Then, a different woman showed up the second time. My mother-in-law refused to let the home health worker in the house. She slammed the door and

that was that. No luck. We tried again. She gave in that time, but it was touch and go. So it went.

This behavior came from a woman who was typically very mild-mannered. She was sweet and gentle and not one to “act out,” as they say. The fourth time the agency sent someone, a woman of another race came to the door and my mother-in-law, who had never shown anything but love for others, suddenly became a bigot.

Actually, it’s all understandable. I wouldn’t want a stranger coming to the door and telling me he or she is going to give me a bath. But caregivers need to do something, and often an in-home agency can be a good choice. Some agencies are more careful than others about the consistency of caregivers. That helps immensely, as then that person arriving means “bath time,” and if the person’s memory isn’t too bad, they may even remember the caregiver who arrives. But we weren’t so fortunate.

Thankfully, a room at the nursing home we were waiting for opened up, and when my mother-in-law settled in there, she grew more comfortable, and baths were no longer a problem. It was part of the routine.

Ways to Convince a Senior Parent to Bathe

There are different approaches to take, once you’ve figured out why bathing is such a big deal. If a doctor finds the elder is depressed and antidepressants work, the problem may solve itself. A renewed interest in life may make the person more aware of needing (or wanting) a shower or bath and clean clothes. Energy may increase and that, too, helps.

If you find you are in a power struggle with the elder refusing to be “bossed around,” a little trickery can come in handy. If the elder has a good friend, it sometimes works to get the friend to give a call and say, “Hey, Mable. Shower up and put on your newest outfit. We need to go out and have lunch.” A

reason to get cleaned up for someone besides family, coupled by an “I don’t care what you smell or look like if you don’t” attitude by the son or daughter, can sometimes do the trick.

If you can still get them in the shower, but they are afraid of the water (or sitting in the tub), there are many types of shower chairs available. These are wise for anyone who is getting older or who may have arthritis or balance problems, as it decreases the risk of falls. A handheld shower head helps a lot with the fear factor if the person doesn’t have water pouring down from overhead.

However, if the person is in a demented state and afraid in the bath, then you or another person must move gently. Don’t insist on a shower or bath. Begin with just asking to wipe off the person’s face. Gradually move to under arms and other parts of the body, talking and telling them what you are doing, as you go. Be soothing. If they fight it or say stop, then stop. Try again later. You may at least get to a stage where there is an occasional sponge bath.

The thing to remember about cleanliness is that you may have to lower your standards. It’s hard. You know that at one time Mom would have been humiliated if she didn’t smell good, or had stains on her clothes. That part of you, due to kindness, wants to take over and have her look like she’d have wanted to look.

The other part, though, is that she is now in a different mode. Too much nagging is counterproductive. They will not take it as love. They will take it a criticism. So, compromise may be in order.

The main message? Outsiders understand better than you think they do. Do your best to help your elders look nice and stay clean. But don’t expect a pristine appearance. It’s often not realistic, and the issue may be more about your own ego than about the elder. Think it through, be honest with yourself, and find a way to live with what you must. It’s once again attitude adjustment time.

Little-Known Winter Dangers for Elders

From Aging Care.com

Falls and hypothermia are likely to top the list of caregiver concerns during the icy winter months. But, elderly loved ones are also at risk for some lesser known, but still impactful, hazards brought on by frigid weather.

Seasonal affective disorder and vitamin D deficiency can be hazardous to a senior's health. The good news is, they are both easily treatable if identified and dealt with properly.

Winter SADness

Feeling a bit glum may seem like an ordinary reaction to the fading glow of the holidays. But, when that feeling of sadness persists for more than a week or two, it might not be just the lack of festive lights and carols getting your elderly loved one down.

Seasonal Affective Disorder, also known by the acronym, SAD, is a form of depression that cycles with the seasons. It can occur during any time of the year, but it typically hits most people in the winter.

As the weather gradually gets colder and the days shorter, people affected by the winter-induced form of SAD will generally begin to feel the symptoms of depression, including; a loss of energy, an increased appetite and an enhanced feeling of lethargy and tiredness.

The hormonal changes that lead to depressive symptoms in people with SAD are usually caused by a decline in the amount of daylight during the winter and fall.

These effects can be compounded if a person primarily stays indoors and doesn't have the opportunity to venture out into the sun often.

Turning their Frown Upside Down

Like other forms of depression, SAD can be treated with antidepressant medications, which are most effective if started prior to the onset of symptoms

each year.

Another form of treatment designed to alleviate the symptoms of SAD is light therapy.

Light therapy utilizes a piece of equipment called a 'light box'—essentially a fluorescent lamp that gives off light similar to natural sunlight.

If your loved one is diagnosed with SAD, their doctor may instruct them to sit in front of the box for 30 to 45 minutes a day, usually in the morning, in order to make up for the lack of sunlight most people experience during the winter.

Though it is not always the go-to treatment for SAD, some studies have shown that light therapy has the potential to be as effective as antidepressant medication when it comes to treating the disorder.

Vitamin D Deficiency

Vitamin D is a vital nutrient that has been linked to bone health, cancer prevention, incontinence prevention, and diabetes prevention. A person can obtain vitamin D by eating certain foods (Salmon, beef, egg yolks, fortified cereals and juices), brief sun exposure, and by taking dietary supplements.

Lacking vitamin D is bad for a person's health at any age, but can be particularly dangerous for the elderly. Older people who don't get enough vitamin D have an increased risk for developing osteoporosis—a dangerous decrease in bone density that can contribute to broken bones.

Unfortunately for seniors, the National Institutes for Health has identified elderly people as an at-risk group for vitamin D deficiency.

Older people are less efficient at using sunlight to produce vitamin D, and are more likely to be housebound and unable to be exposed to enough sunlight to be beneficial. Also, certain medications taken by older people, such as the anti-inflammatory, prednisone, can inhibit their natural ability to produce and

continued on back page



703-999-3006 or visit us online at
independentyou.net

*Providing
personalized,
senior care
and care
management
services for
seniors who
wish to remain
independent*



(Depression cont'd)

metabolize vitamin D.

Experts are loath to prescribe extra time in the sun to a group of people more prone to developing skin cancer and it can be tricky to determine how much supplementation to suggest.

Making sure a senior is eating foods fortified with vitamin D is the safest way to help reduce or prevent a deficit. Certain varieties of milk, yogurt and juice all contain extra doses of the vitamin, but not so much as to pose a hazard to an elderly person's health.

If you are considering supplementation or extra time in the sun for your elderly loved one, consult with their doctor to come up with a proper plan of attack.



9489 A silver king court
fairfax, va. 22031