

## Watchful caregiving: Older parents often need an extra set of eyes, ears and wheels

By Marilyn J. Shaw

Mira D. Alsterberg says she noticed her mother's dementia long before anyone else did, simply because she talked with her daily. "I wondered why she kept asking me this stuff."

Alsterberg's mother died in December 2007 after battling Alzheimer's disease. Her father, an ex-football player in an assisted living complex, is mentally sound but has troubles with mobility, Alsterberg says. She coordinates the schedules of her sisters to be sure her father, William Dranoff, is visited daily.

"You must be their patient advocate. Know their medicines and why they're taking them," the Chesterfield County resident says. "Know the signs and symptoms ... just to know what to be looking for."

Sixty percent of elders take four or more medications daily. Some see more than one doctor and take 10, 12 or 15 drugs a day, says Edward F. Ansello, director of the Virginia Center on Aging at Virginia Commonwealth University. That means a pharmacist may be just as important as physicians to your loved one. Oftentimes, pharmacists are willing to look at a list of medications and see whether the combination of drugs raises any issues, says Bill Peterson, a policy analyst with the Virginia Department for the Aging.

Helping seniors with their medication regime is just one kind of assistance that families and friends can provide.

"It's never too soon. ... Offer greater advocacy before they absolutely need it. The older adult then makes out better," advises Thelma Bland Watson, executive director of Senior Connections, the Richmond area agency that deals with aging.

Already, 30 million American households report caring for a person 50 or older. That number is expected to double in the next 25 years as the silver tsunami of baby boomers ages, says Ginger McDaniel, a spokeswoman for AARP Virginia. She expects long-term-care facilities to dot the landscape like child-care centers. By 2030, one in every five Virginians will be 65 or older.

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Aging, says Jane Kallio, a Richmond-area psychotherapist, “is the last great adventure. We have no idea how it’s going to play out.”

After her mother, Dorothy Jones, became a widow, Kallio invited her to move nearby. Jones lives independently but doesn’t drive. Her former home in Arizona put her at least two days’ travel time from family. If she required assistance or was injured and unresponsive, could she be assured her medical wishes would be followed?

“I’ve got to have an advocate,” Jones says. “I’m 85 and you don’t know what tomorrow brings.”

Advocacy on behalf of an older family member or friend “is a complicated issue because it is at the intersection of the health and legal systems,” says Karen Purcell, executive director of the Capital Area Health Education Center, which promotes health careers and access to primary care for medically underserved populations. She says it’s a triangle with the elder, the health provider, and the family member or friend.

Some adult children approach the new responsibility the wrong way, Kallio says. “They want to take care of [the older relative]. They infantilize, try to become their parents and do a role reversal. The roles don’t ever change – the child is always the child. The tasks change.”

Kallio provides transportation for “G-ma,” who gets to spend time with her daughter, grandchildren and great-grandchildren in Richmond.

Being her mother’s advocate affected Kallio, too. She left her childhood home at age 18. Between then and 2007, when her mother moved a mile from her Stratford Hills home, she had not spent more than five straight days with her parents. “I left home as a child. You need to develop that adult relationship with your parent,” she says. “Now I feel we’re much closer. I know her better. She knows me better.”

Volunteering a little help can go a long way toward keeping older relatives healthy and involved. It also can be less expensive.

Marian Dolliver, caregiver-support manager at Senior Connections, tells a story about a 90-year-old who insisted on cooking the Thanksgiving meal for the

entire family. Shortly after the meal, every guest became ill. Then someone looked in the refrigerator and saw all the long-past sell-by dates. “The refrigerator tells you a lot,” Dolliver notes.

But much of the sleuthing is not as easy.

“Never limit yourself to just one source of information,” Purcell says. “That means it’s going to take time. My sister-in-law, Jan, who is an advocate for her mother -- who lives in a retirement community with many levels of care -- feels like a caseworker, a health-care provider, and medical-library researcher. It ain't easy.”

One source of information, particularly for seniors suffering from chronic conditions, is medical records. Patients are permitted to get a copy of health records and lab reports. Elders can allow the release of these details to family members by updating privacy documents under HIPAA, the Health Insurance Portability and Accountability Act of 1996.

Older people can also benefit from having someone go with them to the doctor, says Dr. Anthony Fierro, a family-practice physician for 30 years. Relatives or friends can say to the doctor, “When he takes this medication with that, I see Dad getting confused,” Fierro notes.

Ansello, the director of the Virginia Center on Aging, adds, “Also, it makes for a more engaged conversation. ... More questions get asked and hopefully answered. There are four ears to hear instead of two.”

Still, Fierro almost always insists on seeing the patient alone first. “Sometimes they have something to say” that the patient doesn’t want the family member to hear. That approach is especially good, he says, in the few cases in which the advocate “won’t let Mom say how she feels.”

What else can be done to assist elders with their autonomy? Experts say documents such as living wills and health-care powers of attorney, which spell out the person’s care wishes, are important to create. These advance directives can help family members or friends avoid the expensive and traumatic process of petitioning a court for the right to handle another person’s medical and financial situations.



Ron Styles initially had a week to secure 24-hour care for his 83-year-old father, Paul, after a fall at their Henrico County home led to surgery and rehabilitation. His father's small nest egg, the cost of a facility and the need for state aid limited their options. Near the same time, Ron's sister, Paul's only daughter, died without insurance or having told her family of her final wishes. "My wife and I, we need to prepare ourselves. We're going to have to document everything," says Ron Styles, a retired IBM employee. "One thing I did with my son, I showed him where my [paperwork] is. ... My son was impressed."

And Paul Styles, his son says, is busy making friends at an assisted living facility in western Henrico and eagerly continuing his therapy.

Seniors also must be sure to communicate their wishes about care and end-of-life matters.

Dorothy Jones, the octogenarian who moved to Richmond from Arizona, found out that in Virginia, children and siblings have to agree to a person's wishes to be cremated. She had her daughter take her to a local funeral home shortly afterward to get her affairs in order. She made her wishes known to the family and then said, "My cremation is paid for. If you want anything else, you're going to have to pay for it."

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