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ELDERCARE RESOURCE SERVICES



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"HELPING YOU HELP YOUR LOVED ONES"

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A FREE PUBLICATION ON ELDER ISSUES

STAY CONNECTED

Memory loss is difficult for both the senior and their family. As your relative's memory loss progresses it can change the relationship between mother and son, mother and daughter, and even siblings. There are times that the family members need to take over the chores of the house, medication reminders, and even assist with bathing, grooming, and dressing. And as the disease progresses it may become more difficult to converse with your aging relative. This is the time for creative solutions. Find unusual and different ways to communicate. For example, put on your relative's favorite music, hold their hand to

the beat of the music. Apply lavender lotion slowly on the skin, smell it together, and smile. Do not rush. Sit and make eye contact, complimenting your aging relative on how nice they look. Then look for signals or signs that your aging relative is responding. As the disease progresses it may become more difficult but it is important to find a way to connect. It can be through a touch, a hug, a kiss, a smile, with pictures of animals if someone loved animals, pictures of babies etc. Staying connected will make it easier for the family as the aging process continues and the memory loss progresses.

WHAT IS NEW?

Linda and Debbie attended the annual Alzheimer's Conference in May. There is a lot of money and research to better understand the disease. Vaccines are in the third testing cycles. The idea is to provide immunotherapy. There are changes in the brain 15 years before symptoms appear such as memory loss. However, there are no new medications coming out soon. The current medications help with the symptoms but are not curative. Some of the medications can allow someone to stay sharp for a year or more as each person responds to the meds differently.

ABOUT US

ElderCare Resource Services is a geriatric care management company co-owned by Linda Sullivan RN, CMC, and Debbie Gitter LCSW, C-SWCM. Our unique Nurse/Social Worker team is able to provide both psychosocial and medical consultation to our clients. Linda and Debbie work together on each case. Families can consult with either of us. We are strong advocates for our clients giving them information to make them better consumers; getting their relative the best care. Together we are able to assist our clients and their families with information on Community Services, Home Care, Assisted Living, and Nursing Homes. Linda and Debbie have over 35 years working with the geriatric population. Now is the time to plan for the future. Call us today if you have a question about our services. We'll be happy to chat. Look for our monthly column in the Metro West News Senior Q & A

HEARING LOSS

Hearing loss can be embarrassing for some people. As we age our hearing is affected. Eighty percent of people age 85 and older have hearing loss. Only 15-20% of people have hearing instruments. Hearing affects how we communicate with people. With

hearing loss it will affect what is being said and what is being stored in memory. If someone is storing incorrect information because they did not hear and then repeats that information, it could cause family members to be concerned about memory. It also

affects when someone is having their memory tested. Medicare will cover for one hearing test per year if it's medically necessary. Talk with the primary care physician if you feel your aging relative is having problems hearing. There are hearing aids and pocket talkers that can help.



Certified Members of:
National and New England Associations of Professional Geriatric Care Managers

**“Helping you help your loved ones”
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FREQUENTLY ASKED QUESTIONS

Q: I took my father to the doctor and he told me my father is having signs of delirium. Can you please explain what is going on?

A: Acute delirium often presents with a sudden temporary change in behaviors. It can last hours, weeks or even longer. Behavioral changes can present with anything from agitation to lethargy. Thinking can be distorted, disorganized and slow or even accelerated at times. Perception is distorted and hallucinations can also be present. It is difficult to distinguish between reality and misperceptions. The changes in behaviors are dramatic. Sometimes medications can help for agitation. Avoid overstimulation and adequately hydrate your father. Delirium can be reversible with treatment and time. If there is a diagnosis of dementia then delirium could be on-going as a result of memory loss. Consider an appoint-

ment with a geriatric Neurologist/Psychiatrist. There are some physicians who are both neurologist and psychiatrists who work with seniors. This is their specialty.

Q: My mother is depressed and has dementia. She is in the early stage of her memory loss. She has changed her daily routine as evidenced by not going with friends as much, isolating herself at home, and feeling hopeless. What can I do to help her?

A: Depression is very common with seniors who are diagnosed with a new disease. Your mother is aware of her memory loss and may be embarrassed to be with her friends and unable to keep up with the conversation. Many seniors stop doing what they once did because it is more difficult for them to

do. Consider having your mother talk with a clinical Social Worker who can spend time allowing your mother to talk about the change in her life. This is a major life change. Also talk with the primary care physician and consider seeing a Geriatric Psychiatrist who specializes in medications. In some situations the only way to improve mood is to start on an antidepressant. Depression can be reversible with the right treatment. Medications need to be adjusted with time. Depression coincides with life changes and is often abrupt. Many people can feel depressed and express that they feel sad, unmotivated, hopeless, helpless, or feelings of self-deprecation. Depression left untreated can affect memory loss. There is usually awareness of feeling sad. Often times the feelings are worse in the mornings.