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Caregiver spotlight

Chris, 44, graduated from Holy Angel University in the Philippines. He immigrated to the U.S. in 2000 and began working at a local six-bed, residential care home.

In his three years with *Home Care Assistance*, Chris has worked with a number of clients with special needs, including an 89 year old man with middle stage Alzheimer's disease and a high profile quadriplegic at an upscale residence facility. This client is bed-bound, and Chris is responsible for transferring him from bed to wheelchair, assisting with showering, dressing and grooming. His client's wife has nothing but praise for Chris, complimenting him on his strength and ability to make her husband feel secure. Chris says,



"There is nothing else I would rather do. Caregiving is my calling from God."

He's been serving this client for more than a year and also works with another elderly couple. Thank you, Chris, for all you do!

The myth of accidental falls

How you can break the chain

Falls and their consequences are the leading cause of death in people 65 years and older. For people 85 and older, it's estimated that one in five falls results in death.

The accident myth

Until recently, most falls have been blamed on a single cause—precipitated by either a medical event or an “accident” related to the environment. Today, researchers know that falls are rarely the result of an isolated event. Rather, falls are complex events caused by the interaction of both internal and external factors.

Most falls represent the end result of a series of independent and often small risks. Individually, such risks pose no harm. Young and able-bodied people can manage avoiding many daily mishaps so naturally, they never even realize it. Eventually

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Did you know?

- One in every four households is involved in caring for a person over age 50.
- Senior citizens now represent 12.1 percent of the U.S. population. San Francisco (14.6%), Philadelphia (12.7%) and New York (11.9%) have the highest percentages of seniors and the highest median age, according to the U.S. Census Bureau.
- Employee absences and lost productivity due to caregiving now cost American employers \$11.4 billion to \$29 billion per year, as noted by the U.S. Department of Labor Statistics.

though, age, disability or compromised health not only creates its own risks, it can make it impossible to deal with even the simplest environmental risks.

Often, a fall “happens” (meaning, factors set it in motion) long before the victim encounters the event. As relatives and caregivers, it becomes our responsibility to recognize and correct those factors—both physiological and environmental—and break the chain of risk, before a fall occurs. Prevention is no accident.

Internal risk factors

A number of physiological and medical factors play a role in causing falls. Understanding these can help you reduce the risks from these and other factors. Here are a few major ones.



Changes in muscles and bones. Changes in muscles and joints not only make movement more difficult, they also make it harder to correct for a sudden loss of balance. Loss of strength in the legs or upper arms limits the ability to transfer in and out of bed or a chair.

Orthopedist prescribed orthotics, like knee braces, can do wonders for improving stability and balance.

Vision changes. As people get older it becomes harder for the eyes to adjust to varying levels of lightness and darkness. We become more sensitive to glare. Decreased depth perception also makes it hard to distinguish high-contrast patterns from actual elevation changes.

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Delirium—often the first sign of a UTI

A urinary tract infection can cause the same symptoms as dementia. In fact, the state of delirium (most notably confusion and impaired memory) that’s attributed to dementia is often the first sign of some acute health problem, especially a urinary tract infection.

A UTI is the most common infection in elderly people. Unlike younger people, older adults may have delirium due to an infection even in the absence of a high fever. In fact, up to 20% of elderly men and up to 35% of elderly women with a UTI display no other symptoms than delirium.

How to tell UTI-based delirium from dementia

Dementia is a degenerative mental condition that can take years to develop. Delirium, by comparison, comes on rapidly. In delirium, disturbed sleep,

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Falls (continued):

Balance problems. Aging naturally diminishes the body's natural automatic reflexes that enable people to properly interpret and re-orient their center of gravity as they move or walk. Changes in gait (such as walking with a narrower or wider stance than usual) increase the risk of catching a foot on an obstruction.

Cardiovascular difficulties. Numbness in the limbs affects the ability to sense the ground or command their limbs to adjust to it. Cardiovascular problems can also cause sudden loss of blood to the brain, resulting in fainting.

Medications. Many drugs (including alcohol) affect judgment and coordination. Tranquilizers can slow reflexes. Others increase the risk of fainting.

Chronic or acute diseases. Falls may often be the initial symptom of a disease. Degenerative disorders only compound the risk of falls.

Depression, stress or lack of sleep. Such issues can make people preoccupied and less alert to the dangers around them.

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You can help prevent falls in one of the most dangerous rooms in the home, by equipping your bathroom with readily available devices including secure hand rails, a raised toilet seat, a bathing chair, easy-to-reach shower controls, and non-slip shower/tub liners.

Delirium and UTIs (continued):

restlessness and agitation are much more common than in dementia. Symptoms of delirium include:

- Disturbed sleep
- Restlessness
- Fluctuating consciousness
- Difficulty concentrating and responding to external stimuli
- Impaired memory
- Confused thought and reasoning
- Disorientation to time, place or person
- Misinterpretations, illusions or hallucinations

Antibiotics for delirium?

Many elderly people (especially those with dementia) cannot reliably report classic UTI symptoms (such as itching, urinary burning, frequency or inability). A normal urinalysis (or even just an over-the-counter urine dipstick) can be very helpful in diagnosing or ruling out a UTI.

Delirium can also be caused by dehydration, drug interactions, drug overdoses and hypothermia.

The good news is that UTI-based delirium is highly treatable with antibiotics. If an elderly person in your care displays sudden symptoms of delirium such as acute agitation, be sure to ask your doctor to check for a UTI—and check often.

Left untreated, a UTI can lead to serious illness and death. On the other hand, if it is treated as dementia and not as a UTI, unnecessary medication may be administered, leading to added complications.

The caregiver advantage

Employing a consistent, regular caregiver can go a long way in helping to recognize the sudden behavioral changes that signal a UTI or other health problem. Furthermore, by providing careful toileting and bathing assistance, a caregiver can assure a more hygienic condition for elderly clients, greatly lowering their risk of contracting a UTI.

Falls (continued):

External risk factors

People’s environment (both indoors or outdoors) plays a major role in exposing them to falls. Falls in the bedroom bathroom, and dining areas are the most common places where falls happen—reflecting the amount of time spent in those areas.

Relocation—such as moving between a home and a nursing facility, hospital, or even a relative’s home—can greatly increase the risk of falls, particularly in frail older people. Lack of familiarity to floor surfaces and distance is only aggravated by a lack of expected visual clues for depth perception. Stress only makes it worse.

Within these areas, here are some major items to consider and things you can do to limit the risk these environmental factors play.

Lighting. Is there plenty of light in every room and along hallways and in stairways? Is there emergency lighting or a flashlight within easy reach?

Bathroom and kitchen. Are there grab bars in the tub or shower and by the toilet? Are there non-slip bath strips or mats in the tub or shower? A bath bench and a raised toilet seat are valuable additions. In kitchens, countertops should be glare-free. Often-used items should be kept within easy reach.

Flooring. Are all rugs (including bathroom rugs) tacked down or secured with nonskid pads? All carpeting should be low pile. Only no-wax cleaners

should be used on floors—and shine should be eliminated as much as possible to reduce glare.

Stairways. Hand rails are a necessity on both sides of stairways and outside steps. Care must be taken to ensure these hand rails are secure, so they do not wobble and induce a loss of balance. Steps should also have non-skid treads. Marking the edge of the first and the last step with a color strip provides a helpful visual clue.

Furniture and living areas. Arrange furniture so it doesn’t block walking areas. Make sure all electrical cords are out of the way. Special care should be taken to ensure that the floor is kept clear of all toys, games and even pet items.

What you can do to lessen the risks

While specific internal and external factors themselves seldom cause falls independently, the more you can do to manage, reduce or eliminate each risk will help prevent these factors from overlapping and causing a fall. Here are just a few ways you can help the elderly to defend themselves from situations that lead to falls.

Evidence suggests that falls can be reduced by 50% when an individual’s risks of falling are assessed and action taken to reduce them.

—British Medical Journal, January, 2008

Engage in regular physical activity. Helping elderly people remain physically active improves their balance, flexibility and strength, alleviates stress and depression, increases alertness and strengthens the heart and circulatory system. Even simple exercises such as stretching while in bed can improve the ability to stand, walk and even improve the reflexes needed to arrest impending falls.

Manage a healthy diet. While seniors tend to eat less than younger people, it’s important not to skip

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Falls (continued):

meals. It's best to eat a wide variety of healthy foods. Limit alcohol consumption, too, since it can adversely affect alertness and coordination.

Monitor medications. Use a log to keep track of the medications being taken by the person you're caring for. Learn their side effects, especially if they affect alertness or balance, as tranquilizers do. It's best to limit or avoid physical activities when under the effects of such medications.

Schedule regular checkups. Even if your loved one is feeling fine, it's important to have regular physical, vision and hearing exams. Eyeglasses and hearing aids should be worn as instructed and have the most up-to-date prescription.

Dress for success. Safety starts with sturdy shoes. Nonskid soles, flat bottoms and good support are essential. Walking around in socks or smooth soled slippers can be dangerous. Sunglasses and a broad-brimmed hat are also important to reduce glare.

Provide proper equipment. A doctor, physical therapist or a medical equipment supplier can help you choose the best cane, walker, or wheelchair. A power assisted seat-lift chair may be a wise furniture investment. You may also want to provide a personal emergency response device that a senior can activate, or hire a monitoring service that will call often and will send help if no one responds.

Learn more, and share the knowledge

Be sure to speak with your family and helpful neighbors, as well as the person you're caring for. Discuss the risks and how to prevent falls.

Call Home Care Assistance now toll-free at 1-800-536-2973 to receive a free pamphlet, *Preventing Slips and Falls in the Home.*

We can also recommend other books about falls:

Perkins-Carpenter, Betty. *How to Prevent Falls.* New York: Senior Fitness Productions, 2006.

Tideiksaar, Rein. *Falls in Older People: Prevention & Management.* Baltimore: Health Professionals Press, 2002.

Senior care news

Vitamin D2 reduces risk of falls in women

Vitamin D2 supplements appear to reduce the risk of falls among women over 65 with a history of falling and low blood vitamin D levels, especially during the winter, even for those living in sunny climates, according to a study reported in the *Archives of Internal Medicine*, January 14, 2008.

Depression triples heart attack deaths

Depression nearly triples the risk of death following a heart attack, even when accounting for other heart attack risk factors, according to research presented at the American College of Neuropsychopharmacology (ACNP) annual meeting in December of 2007.

Contact your local office 24/7

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