



The Family Caregivers' Grapevine

September/October 2011

A bi-monthly newsletter published by the
**Supporting Family Caregivers Across the
Lifespan Project**

Convincing your Loved One to go the Doctor

by *Kaleen McNamara*

Your mother has a suspicious mole on her back, but refuses to get it checked out, or your husband is short of breath and insists it's nothing. Refusing to go to the doctor is not uncommon at any age, but when you are responsible for the health of a loved one, having to force them to go to appointments can be incredibly burdensome. There could be a number of reasons why they don't want to go. They might be in denial about their condition, embarrassed, scared, or they might have a different perception of doctors and when to visit them.



Imagine your partner said to you "Hey, when everyone comes over for your birthday next week I'd like to show them some funny home movies of you". You might not feel comfortable being exposed like that in front of your kids, family and friends. This might be how your parent is feeling when you suggest they go to the doctor and share personal/possibly embarrassing information. One way to make things easier is to try to understand where their resistance is stemming from.

At a time when there is no urgent need to go to the doctor, sit down with them and try the following exercise. Ask, "What was it like to see the doctor when you were a kid?" Attitudes towards doctors are formed during childhood and can last lifetime. In 1930s, during the Great Depression, going to the doctor was something that only those with a lot of money could do. You might find that your loved one holds the opinion that you don't see a doctor unless there is no alternative, that hospitals are where you go when you die, or that men don't get sick or visit doctors. You may already have heard them say this kind of thing before. The aim is to get them talking about their core beliefs. You can ask follow up questions such as, "Do you think it's still like that now?". This can present an opportunity to remind them gently that doctors and medical technology have changed a lot over the years. Perhaps they had a bad experience with doctors in the past. Ask, "What was your best/worst experience with a doctor?" Sometimes one bad experience can be holding them back, but simply talking about it might make it easier to overcome, particularly if they know their fears are understood. Ask, "What would the perfect doctor be like?" Listen for specifics like gender, or age and listen for qualities like "good listener," and "trust worthy." (continued on page 2)



Convincing your Loved One to go the Doctor

by Kaleen McNamara (continued from page 1)

They may indicate they don't feel their current doctor listens to them and they feel frustrated, or shy if they don't know they can trust their doctor. Carefully explore their reasons. Finally, let them know that you now have a much better idea of why they don't like going to the doctor, but remind them that you care about them and their health. Ask, "If we find you a doctor you feel comfortable with and I go with you, can you imagine yourself going to an appointment?" You may be surprised by their answer. If they do agree to go but won't provide pertinent information on their own, ask yourself, "Can I ever imagine her speaking up about this to the doctor?" Many patients over 80 years old grew up with the idea that doctor knows best, and they may not ask questions or offer information. Acknowledge their feelings, "Mom, I know you are hoping the doctor will ask you about your bowel movements so you can tell him about your constipation and I know how uncomfortable it makes you, but this is too important to leave to chance." Ask, "Do you mind if I tell the doctor or have them ask you about your bowel movements at your next appointment?" If the person you are caring for wants you to participate in their medical care make sure they tell their doctor and ask the doctor to make a note of this in their file.

Tips on Accompanying your Loved One to the Doctor's.

by Kaleen McNamara

You've managed to convince your father to go to the doctor, but going there might not be easy for you either. Advanced preparation is the key to success. Before you go make a list of all the questions you want to ask and make notes of anything you want to mention such as changes in sleeping or eating habits, mood, or other behaviors. Be sure to include your loved ones' thoughts and questions as appropriate. Make sure you understand the details of their condition and any instructions the doctor gives you. If you aren't sure just ask. It will save you from stress in the long run.



Here are more tips to make the experience easier:

- Have a copy of their medical profile, including a list of health conditions and current medications.
- Make sure both of you have eaten before hand (unless they are instructed not to eat for a particular kind of test). Make sure they are dressed for the weather and the temperature inside the office. Is it hot outside but freezing inside from the air conditioning?
- Plan enough time to transfer them to and from the vehicle and make sure you can get them safely in and out of the vehicle you plan to use.
- Check the location of parking. If the distance is far to walk arrange to have a wheelchair available if necessary.
- Once in the office keep the care recipient engaged as this may help them relax.



Osteoporosis: Prevention and Treatment

by Shamim Confortin, BSc.Pharm., RPh.

Osteoporosis is a disease defined by a loss of bone mass that subsequently increases the risk of a fracture. It is a major public health concern that affects both women and men, and not only those who are elderly. Osteoporosis can have a significant impact on a person's quality of life. Fortunately, there are treatments available for clinical osteoporosis and there are many natural options for prevention. However, not all people at risk of a fracture are identified for osteoporosis prevention and treatment. There are many risk factors that contribute to the development of osteoporosis. Some are within our control such as smoking; excessive caffeine, alcohol, or salt intake; and a diet lacking in fruits, vegetables, or calcium. Other factors, we have limited control over, for instance, ancestry, age, prolonged use of oral steroids, and chronic disorders. Chronic disorders can include (but are not limited to) thyroid disorders, diabetes, rheumatoid arthritis, and premature menopause. The best defense against osteoporosis is to build strong and healthy bones during childhood and adolescence. Nonetheless good bone health must continue in adulthood and becomes especially important when menopause occurs. Regular weight-bearing exercise, adequate calcium and vitamin D intake, and fall prevention strategies are crucial.

One of the most common questions asked at the pharmacy is, "How much calcium should I take?" Postmenopausal women and men under 50 should get 200mg per day between diet and supplements. Premenopausal, pregnant or lactating women and men over 50 need a total of 1000mg per day. Consult a reliable food chart to ascertain how much calcium is ingested through your diet and then add a supplement accordingly. Calcium carbonate is most often recommended as it is affordable and available in many strengths. However, calcium carbonate requires an acid environment to be absorbed and individuals who have decreased acid secretion or who take medications such as ranitidine, pantoprazole, rabeprazole should take calcium citrate instead. If you are not sure which is best for you, consult your pharmacist to make certain that your calcium supplement does not impede the absorption of other medications. Vitamin D is also essential for the prevention and treatment of osteoporosis. The recommended dose for adults under 50 is between 400IU to 1000IU daily and for adults over 50, 800IU to 2000IU is recommended daily. Since the dosage varies dramatically in both categories you can ask your physician for a simple blood test to determine a more precise amount for you.

In Canada we have a number of effective therapies available for the treatment of osteoporosis, which involve using pharmacological agents to both prevent further bone loss and to build bone mass. Consult your doctor to select the best medication for you. Ask your pharmacist how to take your medication as many drug therapies have specific restrictions. Your pharmacist can also help you examine your risk factors for developing osteoporosis.



Taking Care of You

by Kaleen McNamara

By the time we make it to a certain age and have been responsible for taking care of ourselves for years it may seem redundant to say it still needs to be done when you are caring for someone else. However, even though we should all know how to care for ourselves by now, caregiving can be so overwhelming we begin to neglect our own needs. Caregiving can increase our stress level and work load and this makes it harder to balance our own needs.

Studies show that those caring for an elderly loved one are at higher risk of fatal health problems than others of the same age. Caregivers have a higher frequency of depression, chronic illness, and a declining quality of life. A big part of this is that caregivers at every age are less likely to practice self-care and are more likely to have poor diets, too little sleep, too little exercise, too little rest when ill, and too few doctor visits when health issues arise. The good news is there is A LOT you can do by recognizing this fact and reclaiming responsibility for your own care.

Everyone's caregiving situation is slightly different and the emotional reasons behind self neglect can vary. It may even be a lifelong pattern, but you must remember that the person you are caring for will only be worse off if your health deteriorates. Start by identifying what in your own mind has been allowing you to neglect your own care. For instance, do you feel you have to earn the affection of the care recipient? Do you think that you are being selfish if you put your own needs first? Do you feel anxious when you think about your own needs? What is the fear really about? Do you feel inadequate if you have to ask for help? Often time negative self-talk justifies neglecting our own needs. For instance, telling yourself things like "I am solely responsible for my parent's health; if I don't do this no one will; I never do anything right; or I could never find to time exercise". Once we identify these we can replace them with the reverse such as, "I am really good at preparing dad's dinner; I can find 15 minutes for a walk every day; I have people and resources around me for support; and I am not alone".

One of the first steps to take in order to protect your own health is to reduce your stress level. To do this, first you need to recognize the signs of stress. Signs can include irritability, feeling overwhelmed and tired, forgetfulness, problems sleeping (too much or too little), weight gain or loss, losing interest in usual pastimes and in socializing. Recognize your own symptoms and work to counteract them. What are your main sources of stress? Is it too much to do, a dispute with friends or family, financial worries, feeling inadequate, or some combination of these? Which ones are causing the most stress right now? Identify what you can and cannot change. Which ones do you have control over?(continued on page 5)

*Grant us
Serenity to
accept the
things we
cannot change,
Courage to
change the
things we can
and Wisdom to
know the
difference.*



Your Daily Dose of Laughter!

A true story—one of life's precious moments

In order to prepare her mother's Advanced Directives a woman brings home several brochures and other literature to her ageing mother, including one on artificial resuscitation. She asks her mom to start reading through them while she's out. An hour and a half later the woman comes home and asks her mom if she's read anything.

"I'm finished with all of it," her mom says.

"All of it!?" questions the woman.

"Yes," replies the mom.

"Well what did it say?" inquires the daughter.

"Don't worry, I know for sure I don't want any artificial Insemination," replies the mom.



Taking Care of You

by Kaleen McNamara (continued from page 4)

Once you identify areas where you can reduce stress, the next step is to take action.

If you have identified that you simply have too much to do, your next step will be to find ways to take a break. Caregiving is a job and like any other job you need to take a break on a regular basis to avoid burn out. It is not selfish to expect a break from caregiving.

Planning a break can seem impossible so setting this as a goal is good, but it needs to be broken down further into actions. So first set some goals: take a break, ask for help, feel more healthy. Then set action steps to reach these goals. For example, sit down to read three times a week; ask John to cook dinner once a week; take three, 15-minute walks per week. Breaking the goals down into actions will make them seem a lot more achievable.

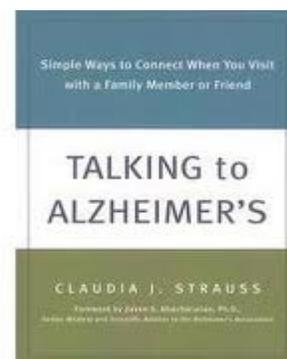
Some actions to help you take a break include the following:

Make a list of all the tasks that could be done by someone else (not worrying about who would do it at this stage). Make a list of all the people who could be asked to help, or who have offered help. Try to match tasks you need done to the people you can ask as this will lessen the chance that they will say no. For instance, if John really likes to cook ask him to come over and make dinner for your mom. When asking for help make sure you don't down play how important it is. Be assertive. Instead of, "I was just wondering if you might consider looking after Dad on Sunday, while I am in church?" Try instead, "I would like to go to church on Sunday, could you watch Dad from 9am to 11am?" Next look into respite services near you. There are resources out there to help caregivers take a break by providing care on a regular basis. For a list of respite services on the North Shore contact the Seniors' One-Stop Information Line at 604-983-3303, or stop in for a brochure at our office (North Shore Community Resources, Capilano Mall). Tackle each of your goals, one at a time, and this will guide you to a more balanced and healthier life.



Resource Review: Alzheimer's: Simple Ways to Connect When You Visit with a Family Member or Friend *by Kaleen McNamara*

Talking to Alzheimer's: Simple Ways to Connect When You Visit with a Family Member or Friend, despite a somewhat off putting main title, this book delivers exactly what the latter part of the title promises: practical, relevant and real advice to get more out of every exchange with an loved one suffering from Alzheimer's. The setting used in the book is assisted living, but the examples are useful for anyone who has a relationship with a person with dementia. The author, Claudia Strauss, is an award-winning communications consultant and educator. She was inspired to write this book after frequent visits to a dementia unit where she observed the frustration of visitors, residents and staff, and the loss of dignity suffered by those living with dementia due to poor communication and a lack of understanding. The underlying message is that there is a lot of potential for mutually enriching relationships.



The book is designed as a reference and not necessarily to be read from cover to cover. Rather, it's meant to be flipped through to relevant situations. It is organized into logical sections such as "Do's and Don'ts," "How to Respond," "Taking Care of You," and more. Each section provides specific examples of situations and what you can do or say in each situation. This book is perfect for anyone who wonders what to say when a loved asks difficult, or awkward questions, or how best to handle a variety of situations in a way that will leave the care receiver feeling respected and dignified.

Resource Reviews He's Doing This to Spite Me (DVD)

by Kaleen McNamara

He's Doing This to Spite Me, a 22-minute DVD, provides interviews with caregivers who offer personal examples of the emotions and situations that many caregivers must work through when caring for someone with dementia. The caregiver testimonials are interlaced with advice from professionals in dementia care. The video moves quickly through six sections: Anger, Memory Loss, Redefining the Relationship, Remaining Abilities, Acceptance and Leadership. It is especially useful for those new to caregiving and struggling to understand new and erratic behaviors. Additional scenarios and tips are provided in an accompanying brochure.



Both resources are practical guides to help make day-to-day realities easier and more enriching for both caregivers and receivers. Visit the Caregiver Resource Library at North Shore Community Resources (suite # 201 Capilano Mall) for these and other great books, DVDs and CDs for family caregivers. *For more information, contact Karyn at 604-982-3320.*



Legally Speaking: Changes in the Law effective September 1, 2011, Part 2

by Jackie Morris

In the last column, I discussed changes coming into effect on September 1, 2011, which will affect Representation Agreements. This time I will discuss changes to Enduring Powers of Attorney. As mentioned in previous columns, an Enduring Power of Attorney (PoA) is the preferred legal document to appoint a trusted person to act for you on financial and legal matters while you are alive. While the law still allows Representation Agreements to also cover financial matters, they are too cumbersome and are sometimes not accepted.

All PoA's signed before September 1, 2011 are "grandfathered". Here are some of the changes to take effect in September for new PoA's:

- The law now specifies a test to determine if you have the capacity to give a PoA. This test is similar to the one lawyers have applied for decades, but is now part of the law.
- If you are not capable of signing a PoA due to a physical and mental incapacity (i.e. you have had a stroke), there will be a procedure for someone to sign on your behalf.
- You will no longer need a lawyer/notary to prepare and witness a PoA. However, there are a number of issues that can make a non-lawyer PoA invalid. You need two witnesses and there are some restrictions on who they can be. You also need to use the correct form. If you might need the PoA to deal with real estate, only a form prepared and witnessed by a lawyer will be accepted by Land Titles. To be on the safe side, you should always have a lawyer-prepared form.
- There are new restrictions on who can be your attorney. For instance, the person cannot be someone paid to provide health or personal care at home, except your spouse or close relative, or anyone working at a health care facility.
- The law now specifies that an attorney must keep records of the assets and debts when he or she started acting for you, as well as copies of all documents that may be needed, if a full accounting is required. This was always a good idea, but is now required.
- An attorney must not dispose of an asset specifically gifted in your Will, if he or she knows of such a gift. If you have made specific gifts ("my piano to ..."), your attorney should be advised that the asset is gifted in your Will or given a copy of the Will (not the original.)
- Attorneys may not change your Will. Also they cannot change beneficiary designations on RRSPs, RRIFs or insurance policies, but may put the same designation on such matters, if reinvested or reinsured. This is not new, but now spelled out.
- Your attorney will be able to make gifts on your behalf—whether or not they are specified in your PoA, if you have sufficient assets to meet your needs and those of your dependents, you made similar gifts before you became incapacitated, and the annual total of the gifts is 10% of your taxable income or \$5,000, whichever is smaller (cont. p. 8).



Legally Speaking: Changes in the Law effective September 1, 2011, Part 2

by Jackie Morris (continued from page 7)

- If you usually make larger gifts, they should be specified in your Will.
- PoAs made in other Canadian provinces or territories, the US, UK and Northern Ireland, Australia or New Zealand may be valid in BC as of September 1. You will need to see a lawyer to review your form to see if it might qualify in BC and prepare a form which your “foreign” solicitor must sign. Practically speaking, this provision is only useful if you are now incapable of signing a BC PoA. It is not known if some banks or Land Titles will accept the “foreign” PoA.

Stay tuned for any further changes in the areas of Wills and Estates that may be proclaimed this year.

Moving to a Residential Care Facilities

Adapted from the Resource Guide for Family Caregivers: North Shore Edition

Residential care facilities (or nursing homes) provide protective, supervised environments, and access to 24-hour nursing care for people who can no longer live safely at home due to their physical or mental conditions. All residential care facilities must be licensed. Services usually include meals and assistance, professional nursing care or supervision, and medical management on a 24-hour basis. Staff members assist with daily activities such as bathing, dressing and participation in recreation activities. In contrast “assisted living” is a form of housing with hospitality services. Assisted living is for people who need support in daily activities but are still cognitively able to direct their own care.

In British Columbia, there are public and private residential care facilities. Publicly funded residential care facilities are managed based on a Priority Access system. Placement in a government subsidized facility is done according to need i.e. those in greater need of 24-hour care are given priority for the first available bed. In order to ensure timely placement of those in urgent need, waitlists are not available. Therefore, those who are offered beds must be prepared to move within 48 hours of being offered a space. Eligibility is determined by case managers through Vancouver Coastal Health and anyone can call to request an assessment, and this may be done over the phone or in person. On the North Shore contact The North Shore Home and Community Care at 604-986-7111.

Priority Access means that beds are given to those in greatest need. Although the health authority makes every effort to accommodate your choice of facility, your chosen facility may not be available when the placement is required. Since the goal of this system is to find a home for people at risk, as quickly as possible, people often cannot get placed in their first choice facility. Once placed in a facility for 60 days, residents can ask to have their name put on a transfer list for their preferred choice. (continued on page 9)



Moving to a Residential Care Facilities (continued from page 8)

Adapted from the Resource Guide for Family Caregivers: North Shore Edition

It is also possible to transfer to a facility in another region of BC, if the need arises. Case managers can explain the process of transferring from one health authority to another.

The cost to live in a subsidized residential care facility is roughly 80% of after tax income and dependant on the level of care required. Case managers, or discharge coordinators can prepare your financial assessment and provide information regarding the cost of various residential care facilities. For an assessment call Home and Community Care at 604-986-7111. In subsidized facilities residents are required to pay out of pocket for all fees not covered under provincial health care such as incontinence products, drugs, companion services and hair or aesthetic services. Ask the facility for a list of additional costs. Private care facilities are run as businesses and thus costs can vary and waitlists are available (monthly fees can range from \$4000 to \$6500+). Case managers have information regarding both public and private residential care facilities, or for current lists contact the Seniors' One-Stop at 604-983-3303.

Preparing for the Move to a Residential Care Facility

Source: Resource Guide for Family Caregivers: North Shore Edition

Once the decision has been made to move to a residential care facility people are faced with the question of "what next?" It is important to be as prepared as possible for the move when it arises. Preparation involves compiling a list of questions about facilities of interest and contacting facilities to arrange tours. Online resources exist to help assess and compared facilities based on several criteria. Two example checklists can be found at www.seniorcarehomes.com/assisted-living/senior-care-facility-checklist.html and [www.canhr.org/factsheets/rcfe fs/html/rcfe dementia fs.htm](http://www.canhr.org/factsheets/rcfe_fs/html/rcfe_dementia_fs.htm).

Question to ask include the following:

- What furnishings can you take?
- What are the room sizes?
- Are there limitations on furnishings or other personal items? Is there a list of recommended personal items?
- How frequent are laundry services?
- What recreation services are offered?

Emotional preparation is very important to consider. Facility placement is one of the most difficult decisions that families need to make – guilt, grief, anger, and anxiety are all normal responses. There are a number of internet-based resources that focus on emotional preparation for the caregiver and the care receiver. Elder Care Online has a variety of articles such as: *Moving into a Nursing Home: a Guide for Families*, by Peter Silin (www.ec-online.net/knowledge/articles/nursinghomemove.html) & *Helping your Elder Adjust to a Residential Facility*, by Geri Hall (www.ec-online.net/Knowledge/articles/adjusting.html).

The Family Caregivers' Grapevine is a bi-monthly publication intended to support family caregivers by promoting the importance of self-care while providing practical information and resources.

If you have any questions or feedback about the newsletter, please contact the editor at:
cindy.bouvet@nscr.bc.ca

The Supporting Caregivers Across the Lifespan Project is located at:

North Shore Community Resources

201-935 Marine Drive
(Capilano Mall)

North Vancouver, BC
V7P 1S3

Tel: 604-985-7138

Fax: 604-985-0645



**North Shore
Community Resources**

Connecting You to Community Services!

This project is funded by the Government of Canada's Social Development Partnerships Program. The opinions and interpretations in this publication are those of the authors and do not necessarily reflect those of the Government of Canada.

The Supporting Caregivers Across the Lifespan Project

The Supporting Caregivers Across the Lifespan Project works in partnership with the North Shore Caregiver Support Program. Together we provide a wide variety of educational workshops, caregiver support and resources for family and friends supporting someone with an illness or disability.

The Project provides:

- Education sessions for family caregivers
- Social recreation programs
- Expressive arts programming
- Tele-learning education sessions for family caregivers (educational workshops over the phone)
- Education for professionals working with family caregivers
- Education for employers

Additional activities provided by the Caregiver Support Program:

- Family Caregiver Network groups
- Stress management and relaxation workshops
- Telephone support and individual consultation
- Educational workshops
- Information and referral to community services
- Library with books, videos, and other educational resources

Are you a family caregiver?

You are if you provide a family member or friend who is chronically ill, elderly, palliative or living with a disability with **any** of the following types of assistance:

- **Personal Care:** dressing, bathing, eating
- **Household Work:** house cleaning, shopping, errands, preparing meals, yard work
- **Coordination of Care:** transportation, appointments, arranging services, visiting
- **Support:** phone check-in, supervision, emotional support
- **Nursing Care:** medication, changing dressings

You're not alone.

We're here to help.

For more information, contact Helen at 604-982-3313 or helen.wait@nscr.bc.ca.