

Meeting the Needs of Our Elderly Parents

Question : Mary's father is 85 years old and lives alone in an apartment near Mary's home. Recently, his neighbors have been calling Mary, concerned because they found her father wandering the halls of the building in a state of confusion. The apartment manager has expressed concern to Mary as well about her father's ability to stay alone. Mary had promised her father years ago that she would never place him in a nursing home, but she also realizes that she is ill-prepared to provide the supervision he needs in her home. How can she best help her father?

Answer: It seems odd that we are suddenly faced with tough decisions about meeting the needs of our elderly parents. After all, for so many years, our parents guided our decisions, even long after we became adults and had children of our own. This role reversal often occurs follow a medical or psychiatric crisis, and we find ourselves thrown into the leadership role on behalf of our parents. This is awkward, to say the least.

Perhaps the most challenging part of making decisions for our parents is realizing that, in doing so, we may be defying our parents' wishes about how their lives should be. In most cases, parents wish their living arrangements to remain unchanged. As we attempt to please them, we may make promises that are unsafe or insufficient, instead of considering the most appropriate alternatives.

So where can Mary begin to develop a

plan for her father? Clearly, she is realizing that he can no longer live alone in his current situation. A possible solution might be that her father moves into her home. If he requires 24-hour supervision, she could possibly schedule sitters for him while she is at work. Another consideration might be for her to seek adult day care services outside her home, which would not only provide the necessary supervision, but would also increase her father's social contacts.

Often we may find that our parents; physical and custodial care needs far exceed what we can manage in our homes. While Mary had good intentions when promising never to consider a nursing home for her father, she is now upset that she may have to reverse this decision. Before making a hasty decision, she may benefit from consulting with nurse from a home health agency. Visiting nurses can assess her father's care needs and evaluated the home environment for strengths and limitations in managing her father's care. Nurses may also encourage use of other community resources, or even residential care, if her father's needs would best be satisfied in that manner.

The concept of residential living for aging parents has dramatically changed over the last 20 years. Nursing facilities used to be the only choice available to seniors. Nowadays, additional choices include personal care homes, senior apartment buildings, and assisted living facilities. The choice of facility is driven by the care needs of the individual. Mary would greatly benefit from information available from her local Area Agency on Aging (AAA) regarding residential settings in her community. Social workers from that agency can even provide as-

sistance to Mary in making decisions about appropriate arrangements for her father.

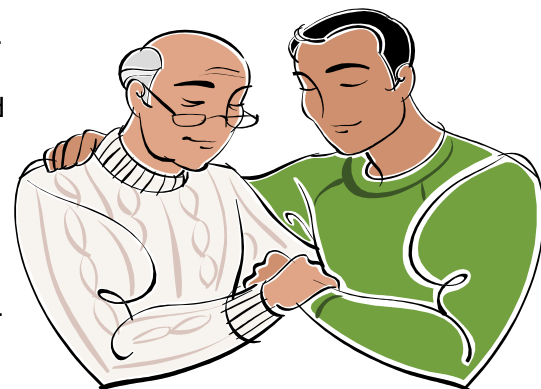
Caring for our aging parents can be a rewarding experience, even though the decisions that we face are difficult. The optimum goal is to insure that our parents are safe and their care needs are satisfied. Equally as important is that the plan allows family members the greatest opportunity to spend quality time with their loved ones, where the emphasis is on emotional support.

Submitted by: Ann Vergales, LCSW, QCSW

RESOURCES

www.aging.state.pa.us/aging
(Pennsylvania Department of Aging)
www.caregivingadvice.com

The 36-Hour Day: A Family Guide to Caring for Persons with Alzheimer Disease, Related Dementing Illnesses, and Memory Loss in Later Life, by Nancy L. Mace and Peter Rabins.



Elderly Parents, Cont.

Substance Abuse Among the Elderly

Question: Ever since Dad died earlier last summer, Mom seems to be more withdrawn and I've noticed that her infrequent sips of wine on special occasions have become a glass of wine with dinner, a glass of wine after dinner and a "sip" of wine before bed. Also, since I have been spending more time visiting, I have noticed that she is taking a lot of medications. Should I be concerned about the medications she is taking and the alcohol she is drinking?

Answer: Yes, in fact it is important that you are concerned about both issues. Recent census data suggests that about 17 percent of those 60 years and older either misuse or abuse alcohol, prescription medication or both. This represents a 12 percent increase in this population in the past year. Next to the 12 to 15 year old population, this is the fastest growing population of abusers today. It is estimated that the number of seniors abusing medications or alcohol will double by the year 2020.

This trend seems to be occurring for several reasons:

- (1) As the population of "baby boomers" reaches retirement age, the population pool will naturally increase;
- (2) Attitudes about drugs and alcohol among baby boomers is more relaxed because there has been more exposure and acceptance

of substance using behavior to "cure" common problems

- (3) The number and availability of prescription and over-the-counter drugs has increased significantly over the past twenty five years;
- (4) Changes in lifestyle, loss of mobility, or loss of partners and social outlets may lead to feelings of depression, loneliness and isolation. Use of drugs and alcohol to medicate these feelings is common.

Substance misuse becomes a concern for the aging population because, as people age, their sensitivity to the effects of drugs and alcohol increase as tolerance decreases. This occurs because the liver's ability to metabolize drugs from the bloodstream decreases with age, therefore, increasing the availability of drugs at receptor sites to produce an effect. Logically, the more drug available to receptors, the more exaggerated the pharmaceutical response, and the more dangerous the drug's effect.

Second, many seniors are taking multiple drugs to treat a variety of conditions and ailments. For example, my 83 year old mother takes as many as twelve medicines daily for her various medical conditions. The possibility of drug interactions increases as the number of drugs taken increases. Adding illegal drugs (such as cannabis) or alcohol, even in small amounts, can significantly interact or interfere or even compound the effects of prescribed

medications.

If you are caring for an aging parent or family member, a number of simple rules can reduce the risk of abuse or the effects of unwanted drug interactions. First, take an inventory of ALL medications being taken (both prescription and OTC medicines) and verify with the primary care physician that each medication is necessary. Often PCP's are not aware of all the medications their patients are taking. Second, take the opportunity to check for interactions between medications. This is easily done by taking medications to the local pharmacist or by checking online at websites such as www.drugs.com. Third, encourage seniors who are experiencing feelings of depression or loneliness to engage in activities that would stimulate creativity, problem solving, and interactions with peers. And finally, help the senior understand the interactions between alcohol and medications they are taking and encourage them to reduce or discontinue the use of alcohol and other non-essential drugs. Fortunately attitudes and acceptance of drug and alcohol treatment programs is gaining positive acceptance, and seniors, in general, are the most receptive and respond most positively to substance abuse intervention. So if you have an elderly family member who has begun misusing or abusing alcohol or drugs, try talking to them about your concerns, review with them the medications they are taking, share with them the information you have gathered about interactions, and if needed, invite them to participate in some type of help program.

Submitted by: James Eash, MSW