

JUNE 2010

# THE BUZZ



## SENIOR SAFETY AWARENESS

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#### SENIORS AND DEPRESSION

While aging is no easy journey, clinical depression is not a required companion. Depression is more than sadness -- it is a mood that persists and continues to interfere with ordinary functioning.

#### Risk Factors

Seniors often encounter life experiences and physical changes that raise the risk of developing depression. Factors include:

- ..... diminished capabilities
- ..... leaving their longtime home,
- ..... retirement from active work
- ..... Side effects from medications
- ..... Chronic conditions or severe illnesses
- ..... loss of a soiyse
- ..... Social isolation
- ..... Suffering from chronic pain
- ..... Vascular changes in the brain
- ..... History of depression

#### Common Signs of Depression

If a person is depressed, he or she may sleep too little or too much; lose interest in food; find it difficult to concentrate and become easily confused; grow irritable; withdraw; feel hopeless; lose interest in activities he or she previously enjoyed; and/or become less attentive to personal care.

#### Diagnosis

Depression increases the risk of developing other illnesses and can leave seniors at a greater risk for suicide. Take the self-administered Geriatric Depression Scale (GDS) to gain an idea of the extent of any symptoms you or someone you love is experiencing. If the symptoms have lasted longer than two weeks, don't delay in contacting your doctor. Ask for a geriatric medical evaluation to rule out physical reasons for symptoms of depression and to receive treatment for depression, if diagnosed.

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#### Barriers to Treatment

Some seniors believe that depression is a weakness, not a true medical condition. Accepting help may be difficult but it is a first step in treating your condition. Fear of side effects or cost may keep other seniors from seeking treatment. Believing that you still have reasons to live can go a long way in achieving treatment success.

#### Treatment Options

Your doctor may treat your depression with antidepressant medications, psychotherapy, or a combination of both. You may also benefit from joining support groups. Doctors may discontinue or switch other medications that have a tendency to intensify depressed conditions.

In addition to medical treatments, you may seek out activities, new or old, that spark an interest. Try daily exercise (under your doctor's care), listening to or participating in music, gardening, or spending time with a pet. Reminisce with other seniors or younger people. Keep humor in your life.

#### Advice for the Journey

If it seems that your closest companions on your journey are hopelessness and lethargy, you are probably depressed. Seek help so you may leave behind your depression. Discover with renewed interest the life still waiting for you.

#### AGING: STUDY LINKS FALLS TO LACK OF SLEEP

By *NICHOLAS BAKALAR*  
Published: *September 15, 2008*

Women over 70 who get five hours of sleep a night or less may be more likely to fall than those who sleep seven to eight hours, according to a new study.

Researchers measured the sleep time of 2,978 women by equipping them with an actigraph, a watch-size device worn on the wrist that measures periods of activity and inactivity. Then they tracked them for an average of 12 months, recording the number of falls each suffered.

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The study is in the Sept. 8 issue of The Archives of Internal Medicine.

After controlling for age, body mass, alcohol use, sleep medications and many other variables, they found that women who slept less than five hours a night were about 47 percent more likely to have fallen twice or more in the course of the



study.

Analysis showed that while a variety of factors associated with poor sleep might increase the risk of falls — depression, balance or gait problems — these things explained some, but not all, of the relationship. The association with shorter nighttime sleep remained an independent risk factor.

“People think getting less sleep is just a normal aspect of aging,” said Katie L. Stone, the lead author and a scientist at the California Pacific Medical Center Research Institute. “But you should bring it to the attention of your physician. There are options available for treatment.”

.....New York Times

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**AGING EYES AND GLASSES**

*DATE UPDATED: DECEMBER 17, 2006*

AS EYES AGE, THEIR LENSES BECOME LESS FLEXIBLE, AND THEY SLOWLY LOSE THEIR ABILITY TO FOCUS ON NEARBY OBJECTS. IT'S AN ONGOING, LIFELONG PROCESS CALLED PRESBYOPIA, WHICH YOU BEGIN TO NOTICE BETWEEN AGES 40 AND 45, WHEN THE CONDITION STARTS TO AFFECT CLOSE-UP TASKS SUCH AS READING. IT REQUIRES SOME ATTITUDE ADJUSTMENT -- ESPECIALLY IF HAVE TO START WEARING GLASSES FOR THE FIRST TIME.

"IT'S AN ADAPTATION PROCESS BECAUSE THE WAY YOU FUNCTION HAS TO CHANGE," SAYS MICHAEL CHO, O.D., CHIEF OF OPHTHALMIC MATERIALS SERVICES AND ASSISTANT PROFESSOR AT THE UNIVERSITY OF ALABAMA AT BIRMINGHAM. "UNTIL NOW, YOU COULD CHOOSE YOUR OWN WORKING DISTANCE-YOU COULD HOLD THINGS WHEREVER YOU WANTED, AND YOUR EYES WOULD ADJUST. BUT OPTICAL LENSES CAN'T MIMIC WHAT THE EYES ACTUALLY DO. GLASSES CAN HELP YOU FOCUS, BUT THEY DON'T HAVE THE DEPTH OF FOCUS YOUR EYE MUSCLES PROVIDE."

SO, EVEN WITH GLASSES, YOU MAY STILL HAVE TO ADJUST-HOLDING READING MATERIAL AT A CERTAIN DISTANCE, RAISING OR LOWERING YOUR EYES OR MOVING YOUR COMPUTER TERMINAL-TO COMPENSATE FOR VISION CHANGES.

FORTUNATELY, THERE ARE CORRECTIVE LENSES THAT CAN MAKE THOSE ADJUSTMENTS LESS COMPLICATED. LIGHTWEIGHT LENSES PUT THE CORRECTION IN YOUR GLASSES EXACTLY WHERE YOU NEED IT FOR YOUR COMFORT.

SINGLE POWER LENSES CORRECT FOR ONLY ONE VISUAL DEFICIENCY SUCH AS NEARSIGHTEDNESS, FARSIGHTEDNESS OR ASTIGMATISM. GLASSES WORN ONLY FOR READING ARE AN EXAMPLE OF SINGLE POWER LENSES. PEOPLE WITH MORE THAN ONE VISION PROBLEM NEED MULTIFOCAL LENSES. THE MOST COMMON SOLUTION FOR READING GLASSES IS THE BIFOCAL, A LENS WITH TWO DIFFERENT PRESCRIPTIONS-ONE ON THE LOWER HALF, IS YOUR READING PRESCRIPTION; AND ONE ON THE UPPER HALF IS YOUR PRESCRIPTION FOR DISTANCE VISION.

TRIFOCALS HAVE DISTANCE CORRECTION ON TOP, READING CORRECTION ON THE BOTTOM AND A BAND OF "INTERMEDIATE VISION" IN THE MIDDLE, FOR SEEING THINGS AT ARM'S LENGTH. INTERMEDIATE VISION CORRECTION CAN BE HELPFUL FOR PEOPLE WHO SPEND A LOT OF TIME WORKING AT A COMPUTER TERMINAL.

"READING A COMPUTER SCREEN IS A LOT DIFFERENT THAN READING A BOOK," CHO SAYS. "THE TERMINAL POSITION AND OFFICE LIGHTING ARE DETERMINING FACTORS FOR HOW WELL YOU CAN SEE IT. AN OPTION THAT IS BECOMING POPULAR IS TO WEAR TASK-SPECIFIC LENSES YOU KEEP AT YOUR DESK AND WEAR ONLY FOR WORKING ON YOUR COMPUTER. MANY PEOPLE DON'T LIKE TO HAVE TO CHANGE GLASSES IF THEY'RE UP AND DOWN FROM THEIR DESKS A LOT-BUT IT'S A POSITIVE SOLUTION TO THE PROBLEM FOR SOME PEOPLE."

WHAT YOU CAN DO

YOU CAN FURTHER EASE YOUR VISION ADJUSTMENT BY:

- GET A COMPLETE EYE EXAM IN WHICH YOUR EYES ARE DILATED. WHILE IT IS LIKELY THAT YOU ARE EXPERIENCING PRESBYOPIA, A COMPLETE EYE EXAM IS INDICATED UPON NOTING CHANGES IN VISION. THESE EXAMS HELP TO SCREEN FOR OTHER EYE DISEASE, SUCH AS CATARACTS, MACULAR DEGENERATION AND GLAUCOMA.
- USING MORE LIGHT THAN YOU'RE ACCUSTOMED TO WHEN YOU READ.
- KEEPING YOUR GLASSES CLEAN.
- HAVING YOUR GLASSES ADJUSTED IF THEY ARE SLIPPING DOWN YOUR NOSE OR ARE OTHERWISE UNCOMFORTABLE. "IT SOMETIMES TAKES FOUR TO SIX HOURS OF CONTINUOUS WEARING FOR PRESSURE POINTS TO OCCUR THAT YOU MAY NOT NOTICE DURING A NORMAL FITTING," CHO SAYS. "ALSO, AS TOUGH AS PEOPLE ARE ON THEIR GLASSES, NOBODY SHOULD EXPECT THEM TO STAY IN ADJUSTMENT FOR SIX MONTHS OR A YEAR. YOU'LL PROBABLY FIND A SMALL ADJUSTMENT WILL BRING BIG RELIEF."
- YOU SHOULD FIND ANOTHER DOCTOR IF YOUR OPTOMETRIST DOESN'T OFFER PERIODIC ADJUSTMENTS OR ASK LOTS OF QUESTIONS ABOUT YOUR LIFESTYLE AND INTERESTS WHEN EXAMINING YOU.

**AFTER ALL, YOUR EYES AREN'T GETTING ANY YOUNGER.**

**MAINTAINING GOOD EYESIGHT IS CRUCIAL TO STAYING AWARE AND AVOIDING FALLS. YOU SHOULD HAVE YOUR VISION CHECKED PERIODICALLY AND KEEP YOUR GLASSES IN GOOD WORKING ORDER**

**TIPS FOR AVOIDING FALLS AND LIVING AT HOME**  
 SEPTEMBER 26, 2008

THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC), IN CONJUNCTION WITH THE NATIONAL COUNCIL ON AGING (NCOA), HAS CONDUCTED MANY STUDIES RELATED TO PREVENTION OF FALLS AMONG SENIORS IN THE COMMUNITY. THE RESULT OF THESE STUDIES IS THE IMPLEMENTATION OF SEVERAL MODELS FOR HELPING SENIORS PREVENT FALLS.

UNINTENTIONAL FALLS ARE A THREAT TO THE LIVES, INDEPENDENCE AND HEALTH OF ADULTS AGES 65 AND OLDER. EVERY 18 SECONDS, AN OLDER ADULT IS TREATED IN AN EMERGENCY DEPARTMENT FOR A FALL, AND EVERY 35 MINUTES SOMEONE IN THIS POPULATION DIES AS A RESULT OF THEIR INJURIES.

ALTHOUGH ONE IN THREE OLDER ADULTS FALLS EACH YEAR IN THE UNITED STATES, FALLS ARE NOT AN INEVITABLE PART OF AGING. THERE ARE PROVEN STRATEGIES THAT CAN REDUCE FALLS AND HELP OLDER ADULTS LIVE BETTER AND LONGER.

**THE IMPLICATIONS FOR HEALTHFUL LIVING AMONG SENIORS**



NIORS ARE SIGNIFICANT. THERE ARE THREE AREAS WITHIN THE COMMUNITY AND AMONG SENIORS THAT ARE AFFECTED. THESE INCLUDE: (1) THE MEDICAL COSTS OF FALLS TO THE COMMUNITY, (2) THE DEGRADATION TO SENIORS PHYSICAL HEALTH AND (3) THE RESULTING MENTAL COSTS TO SENIORS DUE TO FALLS.

MEDICAL COSTS ARE SIGNIFICANT. STUDIES SHOW THAT THE ANNUAL COSTS TO THE MEDICAL COMMUNITY IN TREATING SENIORS WHO HAVE EXPERIENCED FALLS IS ROUGHLY \$19.7 MILLION ANNUALLY. THIS ONLY INCLUDES DIRECT TREATMENT OF INJURIES DUE TO FALLS. IN ADDITION TO COSTS IN THE MEDICAL COMMUNITY, THE STATE BEARS AN ADDITIONAL BURDEN OF INCREASED COSTS DUE TO PREMATURITY NEED FOR NURSING HOMES. THE IMPLEMENTATION OF SAFETY AWARENESS PROGRAMS AS PART OF A TOTAL HEALTHY LIFESTYLE BECOMES VERY COST EFFECTIVE.

THAT BEING SAID, THE RESULTS OF A FALL FOR A SENIOR CAN BE FAR REACHING. TRAUMA FROM FALLS CAN RESULT IN DEATH, PREMATURE ADMITTANCE TO NURSING HOME OR LOSS OF MOBILITY THAT RESULTS FROM FEAR OF FALLING IN THE FUTURE. AS WE AGE, IT TAKES OUR BODIES LONGER TO HEAL.

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THIS INCREASED HEALING TIME CAN LEAD TO A PERSON DRAWING INTO THEMSELVES AND AVOIDING INVOLVEMENT IN THE COMMUNITY. THE COST TO SENIORS THAT CAN RESULT FROM A FALL IS FAR-REACHING.

AS A RESULT OF THEIR STUDIES, THE CDC AND NCOA DEVELOPED SEVERAL MODELS FOR HELPING SENIORS AGE GRACEFULLY WHILE THEY CONTINUE TO LIVE AT HOME WITHIN THEIR COMMUNITIES. THIS 102 PAGE BOOK CAN BE DOWNLOADED FROM THE CDC WEBSITE AT [HTTP://WWW.CDC.GOV/NCIPC/PREVENTINGFALLS/CDCCOMPENDIUM\\_030508.PDF](http://www.cdc.gov/ncipc/preventingfalls/cdcompendum_030508.pdf). THESE COMMUNITY BASED MODELS HAVE BEEN PROVEN TO REDUCE THE INCIDENCE OF FALLS BY 30%

THIS ARTICLE WILL PARAPHRASE THE THEMES OF THESE MODELS IN ORDER TO PROVIDE SIMPLE TIPS FOR STAYING HEALTHY AND AWARE. WE NEED TO BE AWARE OF THREE LIFESTYLE COMPONENTS: (1) PREVENTATIVE HEALTHCARE, (2) EXERCISE AND (3) SAFETY AWARENESS IN THE HOME.

TIPS FOR AVOIDING FALLS AND LIVING AT HOME

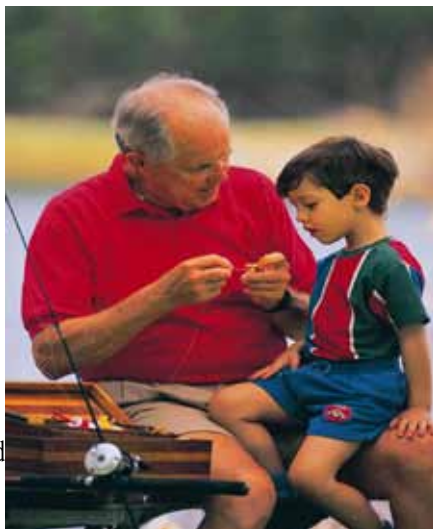
PREVENTATIVE HEALTHCARE

Many falls occur because of poor vision or due to secondary effects of medication cocktails.

Vision changes are part and parcel of aging. It is very important that seniors periodically visit their ophthalmologists periodically. Cataracts, macular degeneration and eyesight changes can be diagnosed and preventative intervention initiated so you can maintain healthy eyesight which is essential to fall prevention. You should consult with your ophthalmologist regularly

Reactions to medication oftentimes result in falls. you should review all your medications periodically with both your doctor and pharmacist. This includes ALL medication including vitamins and herbal remedies. You should be aware of the effects of each medication, as well as, effects due to combination of medications is essential. Your doctor and pharmacist are your allies in keeping you aware of the effects your prescriptions can have so that you can anticipate any problems before they happen.

Senior Safety Online has medication worksheets that can help you manage your prescriptions. These can be found at [http://www.seniorsafetyonline.com/home\\_prescription.html](http://www.seniorsafetyonline.com/home_prescription.html). These will help you organize your medication list when you visit their doctor or pharmacist.



THE ROLE OF EXERCISE

Exercise is essential to preventing falls. As we age our legs and belly area lose strength. This is like weakening the foundation of a house. In both cases the result is a fall whether it be a senior or a house. The CDC and NOA models emphasize exercise as a bulwark in preventing falls.



Exercise programs such as Tai Chi which emphasizes strength and balance are highly recommended and are part of all the CDC's exercise models. We suggest you find approved senior exercise programs dedicated to helping you improve your strength and balance. Many of these can be found in senior centers.

**One caveat: Under no circumstances should anyone begin an exercise program without consulting with their doctor.**

MAKING YOUR HOME SAFE

You should continuously review your home living areas to make sure they are well lit, kitchens and cabinets are designed for safe lifting, walkways are free of impediments, and stairways are designed to prevent falls. In addition, phones and lists of community resources should be designed to be accessible if a fall occurs. Senior Safety Online has lists that will help you become aware of dangers in your home's living areas. These are broken down into outside areas, bedroom, kitchen, stair and hall-ways, and living rooms. They can be found at [http://www.seniorsafetyonline.com/home\\_fallchklist.html](http://www.seniorsafetyonline.com/home_fallchklist.html). Feel free to print them out and keep them where you can review them periodically.

Safety awareness can result in a happy and hearse against loss and depression and a gateway to staying at home and in your community.