

ARTICLES

PAGE 1 SENIOR SAFETY NEWS

PAGE 1 HEALTH CARE CRISES FOR ELDERLY

PAGE 2 ELECTRONICS AND LIVING AT HOME

PAGE 3 TIPS ON PREVENTING FALLS

PAGE 3 TAI CHI AND FALL PREVENTION

PAGE 4 PREVENT MEDICINE MIX UPS

PAGE 4 RISK OF DRUG INTERACTIONS

Senior Safety News

Senior Safety in the community

Recently, we have been approached by several community organizations asking to use our tools and tips for seniors in their neighborhoods. Senior Safety supports community organizations trying to keep seniors safety aware.

We will be glad to add logos to our posters and checklists for those community organizations that want them. Use the contact form on our website to get in touch with us and we will be help your organization.

Seminars

We are currently providing safety seminars in the Philadelphia metro region. We conducted a safety seminar for Local 47 of SEIU retirees. We have a seminar guide on our site for those of you who would want to conduct your own seminar.

The secret to success is to focus on just one subject and keep the seminar to about 20 to 30 minutes. Seminars should be conducted on an ongoing bases. For example, one seminar can focus on safety in the kitchen while another can focus on safety in the bedroom. Awareness is a product of ongoing reminders.

The seminar should be fun. Invite attendees to participate with their own ideas and experiences. Keep the attendees laughing and you will be successful.

Crisis Ahead for Elderly Health Care?

By Todd Zwillich
WebMD Health News

April 14, 2008 -- Experts warned Monday that the United States faces a massive health care shortage that threatens to leave millions of seniors without proper health care within the next three decades.

A report issued by the Institute of Medicine says that medical and nursing schools are training far too few doctors and nurses on how to care for the elderly. At the same time, other workers, such as nurses' aides and home health workers, remain undertrained and underpaid, the experts say.

The number of Americans over 65 years of age is expected to nearly double by 2030. At the same time, the number of doctors specializing in geriatrics has been falling and rests around 7,000 now, according to the report. Rowe said most policy makers focus on Medicare's financial condition without paying attention to a looming lack of care.

"Even if there is enough money, there isn't going to be anybody there to provide the care," said Rowe, a professor of health policy and management at the Mailman School of Public Health at Columbia University. "We've been in denial up until now about the second half."

The report says the country will need to triple its ranks of health care workers qualified to care for older persons by 2030. It calls for loan forgiveness and incentive plans to entice more doctors and nurses into geriatric specialties.

An internist who specializes in managing the multiple chronic diseases of old age earns an average of \$163,000 per year, compared with \$175,000 for the average internist with only general training, the report says.

The report also calls for higher salaries and more training for nursing aides and home health workers who shoulder much of the care for the elderly. Rowe warned that many of those workers don't make "a living wage" today.

In California, "there are higher training standards for dog groomers, crossing guards, and cosmetologists" than for home health workers, he said.



The workforce shortage has already led many home care agencies to rely on workers from developing countries. Susan A. Chapman, PhD, another of the report's authors, said

stop-gap measures won't be enough to fill needed slots in the coming years. "It's not going to be a viable solution. Even with more immigration we would not solve the crisis in the numbers of providers we are going to need," said Chapman.

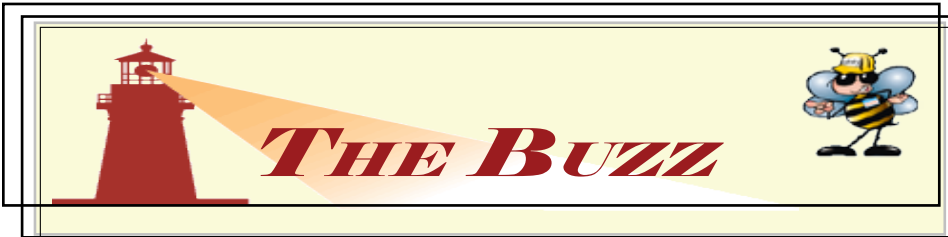
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ARTICLES

PAGE 1 SENIOR SAFETY NEWS
 PAGE 1 HEALTH CARE CRISES FOR ELDERLY
 PAGE 2 ELECTRONICS AND LIVING AT HOME
 PAGE 3 TIPS ON PREVENTING FALLS
 PAGE 3 TAI CHI AND FALL PREVENTION
 PAGE 4 PREVENT MEDICINE MIX UPS
 PAGE 4 RISK OF DRUG INTERACTIONS

Electronic devices helping people stay and live at home

Increasingly, many older people who live alone are not truly alone. They are being watched by a flurry of new technologies designed to enable them to live independently and avoid expensive trips to the emergency room or nursing homes.



Bertha Branch, 78, discovered the power of a system called eNeighbor when she fell

to the floor of her Philadelphia apartment late one night without her emergency alert pendant and could not phone for help.

A wireless sensor under Ms. Branch's bed detected that she had gotten up. Motion detectors in her bedroom and bathroom registered that she had not left the area in her usual pattern and relayed that information to a central monitoring system, prompting a call to her telephone to ask if she was all right. When she did not answer, that incited more calls — to a neighbor, to the building manager and finally to 911, which dispatched firefighters to break through her door. She had been on the floor less than an hour when they arrived.

Ms. Branch, who has severe diabetes and heart disease, said she could not live on her own without the system. "I lost a very close friend recently," she said. "She was also diabetic and she fell during the night. She didn't have the sensors. She went into a coma."

Stories like Ms. Branch's show the potential of relatively simple devices to provide comfort and independence to an aging population that is quickly outgrowing the resources of doctors, nurses, hospitals and health care dollars available to it.

At a white ranch-style house in Middletown, N.J., Joseph Hayduk, 86, a retired Air Force lieutenant colonel, is greeted by a voice from a small box: "Good morning. It is now time to record your vital signs." Mr. Hayduk has been using the device since 2006, after his second heart attack.

He stepped on a scale. "Are you experiencing more difficulty breathing today, compared to a usual day?" the voice asked. Mr. Hayduk pressed yes. "That's normal for me," he said. "Are your ankles more swollen than usual?" the machine asked. In patients with chronic heart failure, swelling or weight gain can indicate that they are retaining fluid. Mr. Hayduk pressed no. After a blood pressure reading, the device signaled that it had relayed the information to Meridian Health.

There, a nurse calls all 18 patients in the program daily, starting with the ones whose data call for urgent attention. One morning, Mr. Hayduk left the house before the nurse's call. As he sat on his neighbor's porch, he watched a police car pull up to his house to check on him.

Mr. Hayduk chuckled at the memory, but said that the system had allowed him to stay in his home of 37 years. "This system's invaluable to me, not only physically, but psychologically," he said. "I don't want to be in assisted living. That's for people in wheelchairs and walkers."

Philip Marshall, 85, another Meridian Health patient, uses a system tied to his cellphone to help him remember his medications.

Drug compliance is one of the biggest problems for the elderly, especially those with memory loss. Until Mr. Marshall got Meridian's Jitterbug system, his daughter Melanie, 55, said she had to leave work several times a month to help him with his drugs.

The system, which costs \$20 a month, calls him after he is scheduled to take a pill and asks if he has taken it; if not, it asks him why not and sends automated alerts to his daughters.

He added that knowing that a call was coming had helped him remember to take his medications before the phone rang.

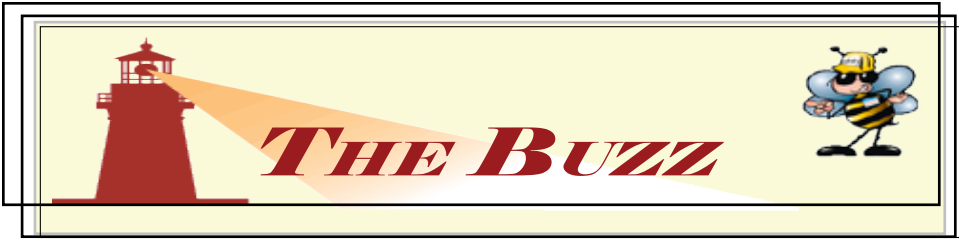
This is the ultimate goal of personal health monitoring — that people who know they are being watched may modify their behavior to better their health.

Raymond Carroll, 59, a retired school administrator, said he went online every day to check on his mother, Viola Carroll, 85, who lives in a building in Queens run by Selfhelp, a nonprofit organization that assists Holocaust survivors. Mr. Carroll checks the temperature of her apartment and calls if it is too hot. Since a system of motion detectors called Quiet Care was installed three years ago, on a grant from Selfhelp, he said he probably called more often but visited less.



Marvin Joss, whose mother, Ray, 89, is also in a Selfhelp building, said the system had helped improve their conversations. "In the past, I tried to spend more time on, 'How are you feeling?'" Mr. Joss said. "I still ask those questions, but now it's more to an idea of having a conversation, not trying to listen for clues about whether she's O.K. "

The future of these technologies, and the terabytes they gather, can involve unprecedented information about the whereabouts and well-being of older people. In a program with Intel, Dr. Kaye is combing motion data for patterns that indicate the onset of dementia, years before the decline shows up on cognitive tests.



ARTICLES	
PAGE 1	SENIOR SAFETY NEWS
PAGE 1	HEALTH CARE CRISES FOR ELDERLY
PAGE 2	ELECTRONICS AND LIVING AT HOME
PAGE 3	TIPS ON PREVENTING FALLS
PAGE 3	TAI CHI AND FALL PREVENTION
PAGE 4	PREVENT MEDICINE MIX UPS
PAGE 4	RISK OF DRUG INTERACTIONS

Top 25 Ways to Prevent Falls

Each year about one-third of all adults over the age of 65 will fall. Fortunately, there are things you can do to prevent falls. Many of these include:

1. Remove all loose wires, cords and throw rugs.
2. Keep floors free of clutter.
3. Be sure all carpets and area rugs have skid-proof backing or are tacked to the floor.
4. Do not use slippery wax on bare floors.
5. Keep furniture in its accustomed place.
6. Install grab bars on the bathroom walls beside the tub, shower and toilet.
7. Use a non-skid rubber mat in the shower or tub.
8. If you are unsteady on your feet, you may want to use a plastic chair with a back and non-skid legs in the shower or tub and use a hand-held shower head to bathe.
9. Use non-skid mats or rugs on the floor near the stove and sink.
10. Clean up spills as soon as they happen (in the kitchen and anywhere in the home).
- ROOM
11. Place light switches within reach of your bed and a night light between the bedroom and bathroom.
12. Keep a flashlight with fresh batteries beside your bed.
13. Keep stairwells well lit, with light switches at the top and the bottom.
14. Install sturdy handrails on both sides.
15. Mark the top and bottom steps with bright tape.
16. Make sure carpeting is secure.
17. Cover porch steps with gritty, weatherproof paint.
18. Install handrails on both sides of porch steps.
19. Place items you use most often within easy reach. This keeps you from having to do a lot of bending and stooping.
20. Use assistive devices to help avoid strain or injury. For example, use a long-handled grasping device to pick up items without bending or reaching. Use a pushcart to move heavy or hot items from the stove or countertop to the table.
21. If you must use a stepstool, use a sturdy one with a handrail and wide steps.
22. If you live alone, you should consider wearing a personal emergency response system (PERS). Also consider buying a portable telephone to take from room to room so you can call for help immediately if you fall.
23. Don't get up too quickly after eating, sitting or lying flat.
24. Talk to your healthcare professional or pharmacist about the side effects of drugs you take. Some can make you feel dizzy or drowsy.
25. If you are unsteady on your feet, use a cane or walker, even if you are going only a short distance



Tai chi, an ancient Chinese martial art, may improve senior citizens' strength and help them avoid falls. When we get to 65 we start losing muscle strength at a rate of up to two percent per year. It is effective in fall prevention for older people because of improvements in strength and balance.

The researchers tested tai chi in older adults. The slow, gentle, and continuous movements help them develop stronger muscles, better balance control, concentration, and psychological well-being.

They found benefits including:

- Stronger knees and ankles
- Better balance and flexibility
- Improved walking
- More confidence in the ability to avoid falls

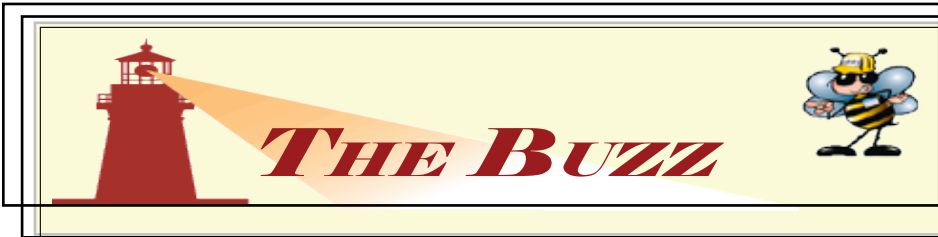
The tai chi students had fewer falls than others who didn't take the class. Tai chi uses slow, fluid body movements. It's not a jarring form of exercise. Health experts want everyone to get enough exercise. That includes older adults.

Every year, about 30% of people aged 65 and older and living on their own fall.

Seniors who fall and are seriously injured may take a long time to recover. Meanwhile, they may be sidelined from their normal routine. That can lead to physical decline and depression.

The tai chi students had stronger knees and ankles than their peers. They also improved in flexibility and walking. The tai chi group had fewer falls during the study.

This is not to say that taking Tai Chi will definitely help you prevent falls but it may and it's good for your body.



ARTICLES	
PAGE 1	SENIOR SAFETY NEWS
PAGE 1	HEALTH CARE CRISES FOR ELDERLY
PAGE 2	ELECTRONICS AND LIVING AT HOME
PAGE 3	TIPS ON PREVENTING FALLS
PAGE 3	TAI CHI AND FALL PREVENTION
PAGE 4	PREVENT MEDICINE MIX UPS
PAGE 4	RISK OF DRUG INTERACTIONS

The American Pharmacists Association suggests the following to prevent medicine mix-ups:

1. Be sure that your name is on every container of medication. If the medicine is for a child, be sure that the child's name is on the label.
2. Never take a medication out of its original container to store it.
3. Highlight the patient's name, the medication name and the expiration date (if any) with a marker so they can be easily seen. Use a different color marker for each member of the family.
4. Read the entire label every time you take medication yourself or give it to a family member.
5. If you have stopped taking a particular medicine but have some left, check with your pharmacist or doctor. Many medications should be taken until they are all gone, and having leftovers could indicate that the medication was not taken properly.
6. Properly dispose of any medicine that has not been used in six months.
7. Do not share medicines. Medication should be taken only by the patient for whom it was prescribed.
8. Keep a permanent, updated list of all medications taken by each family member as part of your family's history. Include both prescription and non-prescription medicines.



Risk of major drug interactions among older adults in community

Key point: Prescription and nonprescription drugs are commonly used by older, community-dwelling adults. Of these individuals, 4% are at risk for a major drug interaction.

Finer points: An analysis of a cross-sectional, nationally representative sample of 3,005 community-dwelling adults 57 to 85 years old was conducted to determine the prevalence and patterns of prescription and nonprescription medication use. Over 80% (95% CI 79.4%–83.5%) of those surveyed used at least one prescription medication, 42% (39.7%–44.8%) used at least one OTC medication, and 49% (46.2%–52.7%) used a dietary supplement. Only 9% (7.5%–10.0%) of participants were not taking any medication. The older the individual, the higher the prevalence of medication use for all categories; 89% of persons 75 to 85 years old were taking at least one prescription medication, while fewer than 5% were not taking any medication. Self-report health status did not dramatically affect dietary supplement use; however, those with poor health were much more likely to use prescription and nonprescription medications than those with very good to excellent health. The most commonly used dietary supplements were vitamins. More than 50% of individuals used five or more medications, and 29% of those sampled used more than five prescription medications.

Concurrent use of medications and supplements was observed in 68% (64.8%–71.1%) of individuals, and 1 out of 25 survey respondents were potentially at risk of a major drug interaction.

The rate of a medication interaction increased with age. The prevalence of a major interaction was significantly greater for men than women, and more than half of the interactions were with nonprescription medications. The most common interaction involved anticoagulant or antiplatelet medications. Other commonly observed interactions were between albuterol and a beta blocker, warfarin and simvastatin, lisinopril and potassium, and niacin and simvastatin.

What you need to know: Older adults are the largest per capita consumers of prescription medications and are at greatest risk for medication-related adverse events. Until now, data on the use of medications in older adults were limited. The authors found that 4% of older adults—about 2.2 million persons in the United States—were at risk for a major drug interaction. This study did not assess whether the prescriber was aware of the interaction identified.

Compared with an analysis conducted 10 years ago, the prevalence of overall medication use has not changed in older adults; however, the number of persons taking more than five medications has increased. This increase in polypharmacy is attributed to intensification of chronic disease management, increased access to medications because of policy changes (such as Medicare Part D), and the increasing availability of generics.

What your patients need to know: Tell patients that drug interactions can lead to serious adverse events and hospitalization. Encourage patients to talk to you or their prescribers before starting any medication, including OTC medications or dietary supplements.