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**Senior Safety News**

**Changes on the site.**

As we expand safety awareness into the senior community, we will be increasing the number of our posters. These are designed to be used in senior centers, retiree clubs and other senior meeting places.

We added a new page to the site. The Safety Services page is an added service to seniors living in the community. The two services that we are going to introduce are: (1) Affordable Financial Counseling and (2) Medical Alert Systems. These will be coming soon!

**Why are we offering these services?**

Financial distress is a contributing factor to everyday stress that can lead to accidents.

Regardless of all precautions, falls, fires and other trauma happen. Many seniors die due to falls and many more visit emergency rooms each year due to falls alone. Incidents of death or major trauma can be reduced if the appropriate help is summoned immediately.

Senior Safety's goal is to keep seniors healthy and living at home. Aging in place and with grace allows people to live in dignity with family and friends.

**Access to affordable financial counseling is unavailable to most seniors.**

We have partnered with a firm that has provided individual counseling to over 70,000 individuals. This service is **affordable**, confidential with **unlimited access** to bonded, licensed counselors. The subjects covered are up to the senior and the advice is based on individual needs.

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**This service does not sell any product.** Click here to [Read more](#).

**Modern day technology gives seniors instant access to immediate help with the press of a thumb.**

Medical alert systems can and have saved many people from major trauma and death. They help seniors living at home stay safe and avoid assisted living.

We have partnered with a firm that has served the senior and disabled communities for over 25 years. This service can be purchased through Senior Safety at an almost 30% discount when compared to the same service offered by other organizations. To read more [click here](#).

It is our hope that these services will help some of our seniors live happily at home as long as possible.

**Grandma Proofing the Home**

Our parents are getting old. They still want to live on their own, as independent as possible, but we worry. Illness, falls, dementia, all sorts of things can make the place where our parents live less safe than it could be.

While not all elderly slow down or suffer ailments that restrict their lifestyles, many do. With a few simple adjustments at home, their safety and security can be increased and they can be free to enjoy their

The elderly can move slower and their steps can be smaller than younger folks. Look around and see where that might be important to remember. Throw rugs are a danger. Small ups or downs between different rooms can pose a challenge.

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Coffee tables and other furniture that are knee high are a tripping hazard. Steps outside or sidewalks may have fallen into disrepair.

Work with your elder to remove or replace things that can trip. Repair or cover properly any unevenness between rooms. Broken steps should be fixed, as should sidewalks that your loved one will use.



Because the elderly may have trouble seeing, be sure that bathrooms, stairways, hallways and doorways are well lit. Consider using motion sensing switches so that your loved one does not have to reach for a switch.

The elderly often move from place to place by using furniture as a support. Take a look around and make sure the furniture they might use to lean on is solid and will not move unexpectedly on them. Walking routes should be clear of anything that might pose a barrier or block a direct move from support to support.

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**THE BUZZ**

**SENIOR SAFETY AWARENESS**

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Every stair should have a railing, a strong, sturdy rail. Bathrooms can be remodeled to provide rails and a number of manufacturers make “mobility friendly” showers and tubs.

It might be time to go through the cupboards and closets and rearrange what is in them. Frequently needed items should be within easy reach and not require a stool or stepladder to get. In fact, you should consider hiding the stepladder.

Give some thought to your loved one’s ability to drive. Everyone has seen the elderly gentleman pull up to a store, get out, and grab a walker from the back seat to go into the store. You need to have an honest, frequent discussion with your elderly relatives about their realistic ability.

The elderly respond to illness and injuries differently than younger people. The first thing to remember is that your loved one has been in their body for a long time. Take any complaint seriously, because they know the difference between their normal and what is not normal. Little things like dizziness can mean a serious infection or a cardiac complication. A fall can mean that they forgot to take their medicine or that they took too much.

If your parents are growing less mobile, consider one of the programs where they carry a button around their neck or on their wrist that can summon help in an emergency.

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Be prepared for the occasional false alarm, such as falling asleep on the button or forgetting to reset the machine before going out for the day.



Many elderly will not accept the changes as they age. You can dialog with your loved ones about their needs and their choices. You will have to talk with them, not to them, and you will have to pay attention to some of the little things they may not be able to. Stay involved with your elderly loved ones and that will keep them safer.

..... *Centers for Disease Control and Prevention*

**Talk to your physician if you experience a fall**

A fall is one of the most common events that threaten the independence of older adults. Each year, up to a third of older adults living in the community suffers a fall. This number increases to almost two thirds among older adults who have a history of a fall in the past year. About half of all people in nursing homes fall each year.

Most falls result in a minor injury of some type, most often bruises and scrapes. However, 10—15% of falls result in a broken bone or other serious injury. Only half of older adults who fall are able to get up without help.

Complications resulting from falls are the number one cause of death from injury in both men and women aged 65 and older. The risk of dying from a fall increases with age.

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In general, falls are associated with decreased function, greater chances of going to a nursing home, increased use of medical services, and the development of a fear of falling.

Because many falls result in injury, they often mean going to the emergency department. Research from the early 1990s shows that almost 8% of people aged 70 and older go to emergency departments each year because of an injury related to a fall. Close to a third of these people are admitted to the hospital, staying around 8 days.  
 Evaluation of Falls

Evaluating a fall is very similar to evaluating a walking problem (see Evaluation of Walking Problems). The first step is to tell your healthcare provider that you fell, especially if you have fallen more than once. Unfortunately, many falls are never brought to the attention of a doctor or nurse, even in nursing homes. The cause of a fall should always be investigated to avoid another fall(s) in the future.

Tell your healthcare provider what you were doing when you fell, how you felt before you fell (eg, lightheaded, unbalanced, dizzy), whether you passed out, and when and where you fell. Information on lighting, floor covering, door thresholds, footwear, clutter, railings, and furniture is also important.

Your healthcare provider will perform a physical examination, looking for the same types of things that are often associated with walking problems (see Assessment of Walking Problems), and measure your blood pressure. More sophisticated tests may be required (eg, heart tests, neurologic tests, CAT scan, x-rays of the spine, etc) if problems in a specific area are suspected.

.....*Source American Geriatrics Society*



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**CASES; For Elderly, A Little Fall, A Big Worry**

By ANNE MARIE VALINOTI, M.D  
 Published: July 29, 2008

“She’s 88 and tripped and fell yesterday,” the emergency room doctor told me when I answered the page. “She was on the floor about 15 hours when her family found her.”

“What did she break?” I asked.

“Nothing,” he said, as I recall. “But she’s too weak to stand, and we can’t send her home since she lives alone.” The “little old lady found on the floor” is a staple of hospital admissions, and Martha, a patient in our group practice, was hardly the first I had cared for. The causes of falls in the elderly are myriad, as are the consequences. But frankly, they’re at the bottom of my list of fascinating new cases.

Often, my role as an internist consists mainly of arranging for physical therapy in the hospital and social work intervention if needed to ensure a safe discharge plan. It is much less exciting than, say, managing bacterial sepsis or a pulmonary embolism. Resigned, I drove over to the In the emergency room, chart. “Her family is here,” her lab results -- her CPK is



This was interesting. Creat-an enzyme found in muscle injured or inflamed, the level not usually worrisome, but muscle injury.

That injury, called rhabdomy-survivors of the London blitz rescued after a limb had been

masonry, later died of kidney failure. A British physician, Eric Bywaters, determined that the crushed muscle cells leaked the protein myoglobin into the blood, where it was then able to poison the kidneys. He published his findings in 1941.

hospital to meet Martha. Martha’s nurse handed me the he told me. “And I just got 32,000.”

ine phosphokinase, or CPK, is cells in the body. If a muscle is will rise. Small elevations are large ones signify extensive

olysis, was first described in in World War II who, though crushed or pinned under fallen

The level of CPK in Martha’s blood was through the roof. Though she had not been pulled from rubble, by quietly lying on her bedroom floor for so many hours, her leg pinned beneath her, she risked complications as severe as those of any victim of a building collapse.

I went to examine Martha and found her surrounded by her concerned family. She was an alert, elderly woman who, according to her daughter, lived independently without difficulty. Her family lived nearby, saw her frequently and called daily. In fact, they had called her twice while she lay on the floor, unable to get up. Twice, Martha had answered the phone and said nothing about her predicament. “Typical,” her daughter told me. “She didn’t want to worry us.”

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There was plenty to worry about now. Large intravenous infusions of sodium bicarbonate will sometimes prevent kidney damage in rhabdomyolysis, but this is easier said than done in an 88-year-old. The treatment could overwhelm her heart, resulting in a buildup of fluid in the lungs, which itself can be fatal. Hospital-acquired infections, delirium and blood clots were other lurking dangers. The potential for complications was daunting, as it so often is with elderly patients.

This was not going to be easy to communicate to her family. Martha looked well -- tired after her ordeal but otherwise none the worse for wear. The tea-colored urine in the catheter bag was the only ominous sign of the assault on her kidneys. Her son and daughter had been relieved that there were no fractures. Before the lab tests came back, this was going to be a simple hospital admission for physical therapy.

The family listened as I explained the diagnosis, the treatment and the risks involved. Martha would be admitted to an intensive care unit where she could be monitored, especially for signs of heart failure.

Fortunately, Martha's renal function remained stable after her hospital admission. This was in stark contrast to my last patient with rhabdomyolysis, who spent weeks in the hospital enduring uncomfortable dialysis until his failing kidneys recovered. Last year a patient in our practice died from complications of rhabdomyolysis.

**Program Reduces Falls by Elderly, Study Finds**

By OHN MAR  
 Published: August 11, 2008

Falls among the elderly, a common source of injuries, have largely been considered inevitable. But a recent large-scale study shows that a combination of adjusting treatment, assessing risk and educating patients can substantially reduce serious falls.

The study, by Dr. Mary E. Tinetti and her colleagues at the Yale School of Medicine, compared two similar regions of Connecticut. For four years in the experimental region, the researchers asked clinicians to assess their patients' risk of falls and to consider medication reduction and other prevention measures like strength training, vision adjustment and blood pressure treatment. The rate of serious falls by the elderly in that region was 11 percent less than that in the region that followed normal care. That lower rate of falls translated to 1,800 fewer emergency visits by the elderly, the researchers said, saving more than \$21 million in health care costs. The study was published July 17 in *The New England Journal of Medicine*.

Dr. Tinetti said it was not possible to estimate the cost of the prevention program itself, adding that many of the strategies should be part of standard care.

Dr. Tinetti said in an e-mail interview, "Asking about whether the person has fallen in the last few months and whether he or she experiences difficulty or unsteadiness while moving around; and if so, checking blood pressure lying, and standing; reviewing medications and reducing the number and dose; checking the person walking and etc. should be part of good standard practice."

Falls account for 10 percent of emergency visits and 6 percent of hospitalizations among people 65 years or older.

Given the positive results, Dr. Tinetti said she and her colleagues were working on distributing information on fall prevention along with suggested changes in practice.

..... *Source New York Times*