



ARTICLES

PAGES 1 TO 3ROLE OF SENSORS IN KEEPING SENIORS AT HOME
 PAGES 3 & 4.....LONELINESS AND HEALTH

Senior Safety News

In this issue we are featuring (1) The use of ‘technology’ in keeping seniors safe at home for a longer period of time and (2) the role of depression in maintaining health.

The Role of Technology

With the coming of the ‘boomer’ generation, resources for caring for seniors and keeping them living at home will come under ever increasing pressure.

The cost to the community and state will increase as more seniors need institutionalization due to falls and fires.



Technology use such as medical alert bracelets can help to keep seniors safe while living at home longer.

Loneliness and health

Our second article discusses the role of depression in effecting health and how to combat it.

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Sensors Help Keep the Elderly Safe and at Home

by John Leland -originally appeared in the NY Times, February 13, 2009

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.



But the devices, which can be expensive, remain largely unproven and are not usually covered by the government or private insurance plans. Doctors are not trained to treat patients using remote data and have no mechanism to be paid for doing so. And like all technologies, the devices — including motion sensors, pill compliance detectors and wireless devices that transmit data on blood pressure, weight, oxygen and glucose levels — may have unintended consequences, substituting electronic measurements for face-to-face contact with doctors, nurses and family members.

Ms. Branch, who has severe diabetes and heart disease, said she could not live on her own without the system,

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“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.” Without the sensors, Ms. Branch said, “I would probably be dead.” 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.

The cost for Ms. Branch’s basic system, supplied by a health care provider called New Courtland as part of a publicly financed program, is about \$100 a month, far less than a nursing home, where the costs to taxpayers can exceed \$200 a day. In the two years Mrs. Branch has had the system, she has fallen three times and been stuck once in the bathtub, each time unable to call for help without it.

“On an individual basis, we’ve demonstrated that they can be very effective,” said Brent Ridge, an assistant professor of geriatrics at Mount Sinai School of Medicine in New York. “But until they’re launched on a wide-scale basis, you just don’t know. Physicians might say, ‘I’m already overstretched, I don’t have time for all this data.’”

At a white ranch-style house Hayduk, 86, a retired Air greeted by a voice from a now time to record your vital using the device since 2006, through a program run by



in Middletown, N.J., Joseph Force lieutenant colonel, is small box: “Good morning. It is signs.” Mr. Hayduk has been after his second heart attack, Meridian Health.

He stepped on a scale. difficulty breathing today, voice asked. Mr. Hayduk me,” he said.

“Are you experiencing more compared to a usual day?” the pressed yes. “That’s normal for

“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. Mr. Marshall has high blood pressure and macular degeneration, and takes 10 pills a day. He cannot see a clock or work the buttons on most phones, so he uses a Jitterbug, a phone with big buttons and limited functions.

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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. “I’m answering the phone in meetings,” she said. “He’d forget whether he took a pill or whether he was supposed to take a pill.”

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. “I worry a lot,” Mr. Marshall said. “All my life. So this gives me peace of mind.” He added that knowing that a call was coming had helped him remember to take his medications before the phone rang.

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.

But until there is more research — and reimbursement — the technologies’ ultimate impact remains unknown. “It’s not that we need new technologies,” Dr. Kaye said. “We need to use what we have more creatively. It’s all cool — but is it going to be helpful?”

..... courtesy of New York Times

By Liz Szabo, USA TODAY

Jody Schoger felt utterly alone, “curled up like a turtle” in her hospital bed, where she was fighting a life-threatening infection after breast cancer surgery.

“I remember never even opening the blinds, just hibernating,” says Schoger, of The Woodlands, Texas. “I even started sleeping with the blankets pulled over my head. I was at the edge of the world.”

Like many people with serious illness, Schoger found herself cut off from family, friends and the “real” world outside the hospital, which began to feel like another planet. Although many people would have been happy to help, Schoger says, she never thought to call them. And though the hospital was filled with doctors, nurses and other patients, Schoger — facing her own mortality — felt very much alone.

FEELING LONELY: It’s contagious

As her story suggests, the pain of loneliness is caused less by being alone than by feeling alone, says John Cacioppo, director of the University of Chicago’s Center for Cognitive and Social Neuroscience.

Researchers are studying the causes and health effects of loneliness — both on the body and mind — in the hope of helping people and communities stay healthy and connected. Lonely people tend to have higher blood pressure and weaker immune systems, he says. Loneliness may even affect our genes. In lonely people, genes that promote inflammation are more active, while genes that reduce inflammation are less active, he says.

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Innate desire for companionship

Considering how humans evolved, it makes sense that feeling alone gives people stress, Cacioppo says. Humans evolved to depend on one another. Those who fail to connect with others are more likely to die without passing on their genes, Cacioppo says. In many ways, he says, the drive to avoid being alone is as strong as the need to alleviate hunger, thirst and pain.

The desire for companionship — and the fear of being ostracized — even motivates people to behave better, Cacioppo says.

“Loneliness is a biological process that contributes to being better social members of our species,” he says. “Think about what happens when you give a toddler a timeout. You basically make them feel lonely. Then they come back and are more likely to share, to be generous, to take the perspective of the other.”

Scientists don’t really know the effects, however, of longer periods of enforced isolation, such as solitary confinement, says Cacioppo, who is interviewed in a new National Geographic Channel Explorer episode that premieres Sunday.



Former inmate Josue Gonzales says it was hard to readjust to being in crowds after his release in October from the Colorado State Penitentiary. Gonzales served nearly a decade in prison, about half of that in solitary, after stealing a car and breaking into a house. “At first, when I got out, I didn’t even want to go to the restaurant that my family wanted to take me to,” says Gonzales, 29. “There were so many people in there. Then I got in there and sat down, and I got nervous and started shaking.”

Rebuilding connections

But psychologist Peter Suedfeld, professor emeritus at the University of British Columbia in Vancouver, Canada, notes that interviews with veterans of solitary confinement can be misleading. That’s partly because people sent to solitary confinement are likely to be very different from other people.

Gonzales, who now lives in Pueblo, Colo., recently got married and is looking for work. He says he’s trying to rebuild his social connections.

And Schoger — who has been cancer-free for 12 years — says she sometimes finds support in unexpected ways. “If any survivor posts something onto Twitter or Facebook that they’re ‘having a hard day,’ I can bet you 10 to 1 that he or she is surrounded by good wishes by day’s end,” she says. “Yet the survivor, the one who is ill, has to be willing to take that step. Once he or she does, the burden of illness and its perceived isolation fades away.”

.....Source: USA Today