

Caring Matters

How Much Aging Do I Have to Put Up With?

By: Dr. Heather Palmer

Aging is inevitable. Everyday, bit-by-bit, we get older.

Fortunately, most of the changes go unnoticed until, all of a sudden, we realize we are not as young as we used to be. For some people this realization comes with the first grey hair or onset of wrinkles. For others, it is the decrease in hearing or the sudden dependence on reading glasses. Whatever the sign, most people accept and even joke about the physical changes associated with aging. This is not so, however, for cognitive aging. Changes in the way we think, remember and speak are taboo subjects, are *not* discussed and are certainly *not* joked about.

But is this fair? Our brain works very hard for us. Isn't it allowed, like all other organs, to get tired, and old, and work a little less efficiently?

Yes it is! And instead of denying cognitive aging, instead of covering up our cognitive blunders and hiding them to avoid embarrassment, we need to accept the notion of cognitive aging. We need to better understand what cognitive aging is and learn to communicate our concerns to family members, friends or our doctor.

Research has identified the following common cognitive changes associated with aging: processing speed slows down, encoding information in deep and meaningful ways takes more effort and, divided attention tasks are more difficult.

(See HOW MUCH on pg 2)

Approaching That Difficult Subject...

The Need for Home Care



How do you help your elderly loved one to get past family customs and cultural beliefs to accept assistance in their homes? How do you tell your loved one that you and your siblings are concerned about them living alone at home? How do you help them keep their independence

while getting them the help they need without appearing to be interfering in their lives or making decisions for them?

These are issues that will not disappear with time. Instead everyone involved ought to be proactive about such difficult topics. With some advance planning and open and frank discussions among the family, the problem-solving process actually can work well, however it will take some concentrated effort on your part, that of your siblings, and your loved one.

The first thing to recognize is that many of the conversations you will

(See DIFFICULT SUBJECT on pg 3)

In This Issue

Heather Palmer, PhD, on memory and aging - knowing if your cognitive abilities are normal.

Also included in this issue, advice on how to approach a family discussion on whether home care is required for a loved one, as well as informative articles on financial, and health matters, and seniors and diabetes.

Finally, an article on osteoporosis and of course, a little humour.

Director's Message



David Porter, CSA

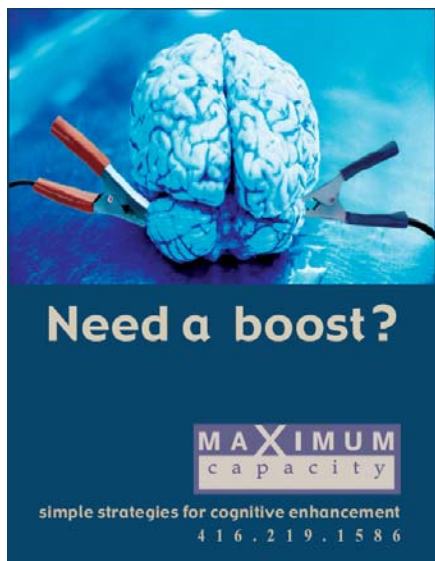
One of the fantastic things about my "work" is interacting with our Care Recipients, many of whom have lived exceptionally interesting lives.

I have encountered World War II veterans and bona fide aviation heroes and heard unimaginable but truly inspiring stories of surviving the Great Depression. Our Agency has provided care for individuals with remarkable tales of earning, losing and regaining fortunes. We have also served people who have overcome personal tragedy and achieved incredible personal triumph.

Our clientele includes retired business leaders, musicians, teachers, writers/publishers, actors, politicians, athletes, judges, lawyers,

(See MESSAGE on pg 4)

How Much Aging ... (continued)



What does that mean? In a nutshell, aging can cause us to think a little slower, remember a little less, and get a little muddled when we do more than one thing at a time. Surprised? I hope not. After all, compared to when we were younger, most of us run a little slower, bend a little less, and lose our breath going up stairs.

Just as some people age *physically* at different rates, people age *cognitively* at different rates too. While one person may have difficulty remembering names, another may forget what they had for lunch, not sure what the date is or get a little

lost or confused on the way home from the grocery store. So how do you know if your cognitive aging is normal or not? Comparing notes and openly communicating with peers and family members is an excellent way to gauge just how serious your 'slips' may be. And in the event you feel the changes you are experiencing are not the norm, please, speak to your doctor. There are many different causes for cognitive change, some simple and some more complex. Often these are curable or treatable.

Be 'head' strong. Play a proactive role in your aging. Stay mentally and physically active. Learn and practice strategies and techniques for cognitive enhancement. Talk about the changes; don't hide them. Just as you might decide to get a hearing aid, new reading glasses, cover up grey hair or apply daily anti-wrinkle cream, please accept the notion of cognitive aging and seek out solutions to help combat it.

If you know anyone who might like to receive Caring Matters please email us at: info@laservices.ca

Seniors and Diabetes



- Over 2.25 million Canadians are estimated to have diabetes.
- About one-third of adults with diabetes are unaware that they have the condition.
- Forty percent of Canadians with diabetes develop long-term complications.
- Diabetes accounts for 25,000 person years of life lost before age 75.
- Physical inactivity and unhealthy eating, leading to obesity, play a major role in the onset and progression of type 2 diabetes.
- Seniors represent almost 48% of the total number of people with the disease.

Source: Public Health Agency of Canada

Finance Matters...Transferring Trillions

There is much talk about the transfer of wealth in the coming years. But, what are the facts? What is known reliably from research?

While it is generally postulated that Canadian Baby Boomers are about to receive the greatest transfer of wealth in Canadian history, there are few available figures for Canada. In the United States, Boston College's Centre for Wealth and Philanthropy estimates that, boomers and their parents will

transfer wealth and other assets worth at least \$41 trillion U.S. to family members and charities over the next 47 years. Can we apply the "10% rule" here? If so, the number for Canada is \$4.1 trillion!

According to a recent Ipsos Reid survey in this country, there is potential for enormous family conflict, because a large number of Canadians have not prepared for this eventuality via their wills and other estate planning strategies.

The survey found that only 54% of Canadians have a will that describes how they want their possessions distributed. It also noted that nearly half of the participants (47%) say they have never had a detailed discussion with family about their final wishes and how they want things handled.

Some commentators feel that, while the younger group is afraid to appear "greedy" and the parents are afraid to "upset them" with talk of death

(see FINANCE on page 3)

Finance Matters *(cont from pg 2)*



and inheritance, the status quo is a recipe for disaster. In a newspaper interview, Eric Lidemark, President of the Vancouver Chapter of the Financial Advisors Association of Canada, said, "... people are probably more willing to talk about it (estate planning) these days, although they need some prodding and prompting. Many of them have good (financial) plans in place for themselves, but aren't really thinking about how that's going to get

to the next generation."

Edward Olkovich, a Toronto lawyer and estate planning author points out that huge tax bills can be avoided with some pre-emptive planning. His latest book, "Estate Planning in Six Simple Steps" discusses the process in terms of six strategic areas, namely:

- Create, change and "bullet proof" your Will.
- Reduce taxes and protect assets.
- Designate powers of attorney, and make health care directives.
- Avoid probate.
- Prepare trusts to protect your children.
- Choose the right Executor.

Source: Vancouver Sun, Nov 11, 2005

Approaching that Difficult Subject *(cont from page 1)*

be having will be emotionally laden, and must be handled with care.

Some examples of issues to consider when engaging in conversations focused on helping your loved one decide whether or not to use home care:

- Involve your loved one and ensure they are the focus of all discussions (assuming their mental capabilities are up to the task);
- Voice your opinions using "I" statements;
- Have a clear topic for every discussion;
- Be assertive about your thoughts;
- Be respectful of others' opinions, especially your loved one's;
- Realize it may take some time and several conversations to come to a consensus;
- Don't blame others or use "You" statements;
- Don't try to accomplish too much in one conversation and, don't

expect that this will be easy.

Setting up a family meeting can be a great opportunity to have a discussion about the care your loved one should be receiving, (or wants to receive). It may seem obvious, but remember that he/she is the one who will be making choices about their own life, not you or another family member, (unless of course, there is a very serious health concern and your loved one is being quite unreasonable and is disregarding this health concern). Your loved one should, therefore, always be the centre of every discussion. If they're not, it may be more difficult for you to find solutions that are acceptable to him or her.

You may find that your loved one, (and possibly other family members) resists the idea of a family meeting. If so, and they would like to put it off for a while, don't push them. Realize that they may need some time to prepare for such a discussion. Approach them

(See DIFFICULT SUBJECT on pg 4)

Health Matters

Women who arrive at hospital with chest pains or heart attacks are one-third less likely than men to get bypass surgery or other aggressive care, according to an international study led by researchers from Hamilton, Ontario.

Fewer such procedures for women did not result in more deaths, heart attacks or strokes in a 9-month follow-up period. However, women were significantly more likely than men to be re-hospitalized with chest pain.

Dr. Beth Abramson, a Toronto cardiologist and spokesperson for the Heart and Stroke Foundation, cautions against reading too much into the finds of no increase in death rates among women. "If we followed patients for even longer, I am not sure what we would see. We may not be seeing a difference in short-term death rates, but we take care of patients for two reasons: for death and disability. And, disability was clearly higher in women when we did not intervene."

The Study involved over 12,000 people from 28 countries. All subjects had acute coronary syndromes, including unstable angina, or chest pain and certain types of heart attacks that constitute some of the most frequent problems seen in emergency rooms.

Source: Heart and Stroke Foundation 11/05

"There is one good thing about reaching the age of 93. No peer pressure!"

Anonymous

Osteoporosis - Are You At Risk?

What is Osteoporosis?

Osteoporosis is a disease characterized by low bone mass and deterioration of bone tissue, causing bones to become thin and weak. This leads to increased risk of fracture, particularly of the hip, spine and wrist.

When bones are severely weakened by osteoporosis, even simple movements such as bending over and picking up a heavy bag of groceries can cause fractures.

Who is Affected?

- 1.4 million Canadians have osteoporosis, and another 2 million are at risk of developing the disease.
- One in 4 women over the age of 50 has osteoporosis.
- At least 1 in 8 men over 50 also has the disease.
- The disease can strike at any age.

Given the increasing proportion of older people in the population, the incidence of osteoporosis is expected to rise steeply over the next few decades. There is no cure for osteoporosis, but treatments available.

Difficult Subject

(cont from page 3)

in a week or two later and suggest another time to meet. If they continue to resist, be a bit more assertive, making sure that they understand that you (and your family) want this meeting because you care about them, and are concerned about their well being.

A family meeting demonstrates care and concern on the part of the family, and this show of support alone may be enough to convince your loved one that they should consider some form of home care before their health deteriorates.

How Can I Prevent Osteoporosis?

You can lower your risk of osteoporosis by taking the following steps:

- Know your risk factors and change the ones you can.
- Adults need 1000mg of calcium a day. Over the age of 50, Osteoporosis Canada recommends 1500 mg a day. If you can't get enough calcium in your diet, consider a calcium supplement. A typical Canadian diet, without dairy products or supplements gives you about 300 mg of calcium per day.
- Vitamin D helps your body absorb calcium. Exposure to sunlight, certain foods, and multivitamins can help you get the recommended amount - 400 international units (IUs) per day; 800 IUs For those over 50.

- Include regular weight-bearing exercises in your life (exercises where you support your body weight, such as walking, dancing or racquet sports).
- Stop smoking.
- If you are over 50, talk to your doctor about your risk factors for osteoporosis. If you have one major or two minor risk factors, a bone mineral density test is recommended.

Source: Osteoporosis Canada

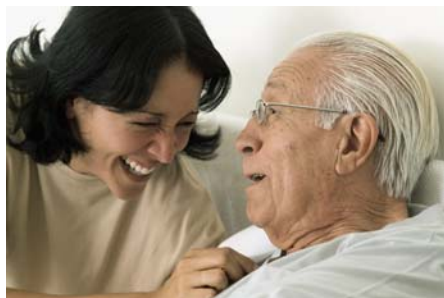


Message

(cont from page 1)

doctors, and homemakers together with new Canadians who love it here, have thrived, raised wonderful families and continue to lead fascinating and productive lives.

My "work" really isn't much of a work at all. I am a better person because of the people I have met and I thank you again for your ongoing support.



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