

An Anthology of
Timely Tidbits and Fascinating Factoids for

Savvy Jersey Seniors



Advice, Humor, and Miscellaneous Words of "Wisdom"
For & About Seniors

Volume 2, Number 9 • September 2021

Welcome! In this edition, you'll find:

- The first installment in a new series about what to look for in a nursing home—from nursing home legal expert Churchill Huston,
- More on the ins and outs of Medicare and Medicare Supplements, from senior insurance guru Lucille Bondi,
- Advice on dealing with "low vision," plus
- Insights on how a sympathetic ear may help your brain.

FYI: We're postponing our promised look at how you can get involved in your local community theater till next month. And don't forget that we always welcome your ideas for any topic that you'd like to see us tackle. Just drop us a note at savvyjerseyseniors@gmail.com.



A Sympathetic Ear May Help "Guard" Your Brain

Could the constancy of a sympathetic ear help guard your brain against the ravages of aging?

According to new research, people in their 40s and 50s who didn't have someone to listen to them had a mental ("cognitive") age that was four years older than those who had good listeners in their lives.

Having an ear to bend when you need to talk is definitely associated with greater cognitive resilience. That "resilience" is a measure of the brain's ability to function better than would be expected for the amount of aging or disease-related changes in the brain.

"Ask yourself if you truly have someone available to listen to you in a supportive way, and ask your loved ones the same," said Dr. Joel Salinas at the NYU Grossman School of Medicine. "Taking that simple action sets the process in motion for you to ultimately have better odds of long-term brain health and the best quality of life you can have."

If You Suffer from Chronic Pain, You're Not Alone

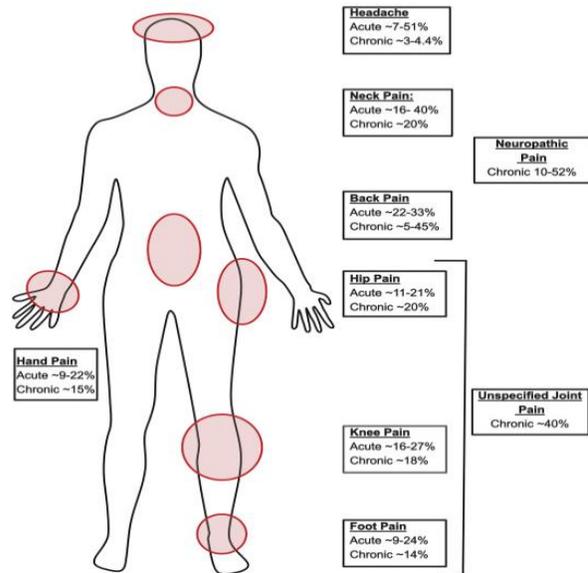
Chronic pain is among the most common chronic conditions in the United States. but estimates of its prevalence and impact vary widely.

In an article published in *Pain*, researchers from Brigham and Women's Hospital and Mass Eye and Ear reported that 50.2 million (20.5%) U.S. adults suffer from chronic pain.

Respondents with chronic pain reported missing significantly more workdays compared to those without chronic pain (10.3 days versus 2.8). Those with chronic pain also reported more limitations to their engagement in social activities and activities of daily living.

Back, hip, knee and foot pain were the most common sources of pain reported, and physical therapy and massage therapy were most commonly sought as treatments.

Prevalence of Pain in Adults aged 65 years or older by site of pain



New Series: What to Look for in A Nursing Home: Dehydration

We have asked nursing home negligence expert Churchill Huston, Esq. to point out some situations that you can look for as you assess the care your loved one is receiving in a nursing home. In this and future issues we'll look at what Huston has to say on topics such as malnutrition, bedsores, over-medication, under-staffing and the like.



Here are Churchill's thoughts on the important problem of dehydration.

"Dehydration has been linked with numerous health and safety problems in nursing home residents. Dehydration increases the resident's risk for falls, kidney failure, bedsores, swelling of the brain, shock, coma and even death. Getting your loved one enough fluid to meet their hydration needs is essential to their well-being and required by federal law.

"It is an easily preventable but potentially fatal medical condition and as a general rule we need to drink about two liters of water, or eight 8-ounce glasses of water a day to stay hydrated.

"Nursing home residents can become vulnerable to dehydration because of their medical conditions. It is imperative that the facility is aware of your family member's hydration status.

“What can you look for? Signs and symptoms of dehydration include a dry mouth or lips, a swollen tongue, fatigue, dizziness and confusion.

“What should the nursing home be looking for? Fever, increased heart rate and decreased blood pressure may also indicate someone is dehydrated. In addition to the clinical signs of dehydration, the nursing home can order laboratory tests of both blood and urine to determine if your loved one is dehydrated.



“Dehydration is often just the tip of the iceberg when it comes to signs and symptoms of abuse and neglect. You have every right to demand that your loved one’s nursing home provide them with sufficient fluid intake to meet their daily needs. If the facility can’t give your loved one enough water, what else is being missed?”

Next time, Churchill will look at the problem of malnutrition. In the meantime, if you have questions, you can reach Huston at (215) 845-5960 or at chh@nursinghomeneglectpa.com.



How to Deal with “Low Vision”

Eye diseases and conditions increases as you grow older, and some eye changes are more serious. Keep your eyes as healthy as possible by getting regular eye exams so any problems can be spotted early.

Low vision means you cannot fix your eyesight with glasses, contact lenses, or medication and it affects some people as they age. Signs of low vision include difficulty with:

- Seeing well enough to do everyday tasks like reading or cooking,
- Recognizing the faces of your friends or family,
- Reading street signs, and
- Lights that don’t seem as “bright.”

If you have any of these problems, ask your eye care professional to test you for low vision. In the meantime, here are some tips to help you deal with low vision:

- Brighten the lighting in your room.
- Write with bold, black felt-tip markers.
- Use paper with bold lines to help you write in a straight line.
- Put colored tape on the edge of any stairs in your home to help you see them and prevent you from falling.
- Install dark-colored light switches and electrical outlets so that you can see them easily against light-colored walls.
- Use motion lights that turn on when you enter a room. These may help you avoid accidents caused by poor lighting.
- Use clocks with large numbers and phones with large screens; put large-print labels on the microwave and stove.

Number of Unpaid Caregivers Continues to Rise

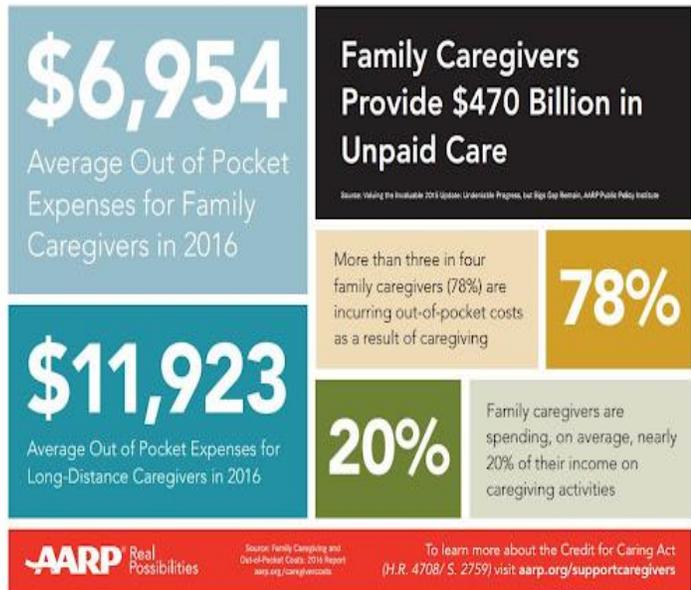
An estimated 53 million people served as unpaid caregivers in 2019, according to the latest data. That number, which excludes people caring for children without disabilities, is up from 43.5 million, the previous estimate made in 2015.

Caregivers support their loved ones and friends by voluntarily performing an array of duties. They help with activities of daily living, such as eating and getting dressed, along with a range of medical needs. They change bandages, make sure the person they're caring for is taking their drugs and monitor symptoms.

The report also observes that more than 6 in 10 caregivers are women, their average age is 49 and about 1 in 10 is a college student.

REPORT SPOTLIGHTS FINANCIAL TOLL OF FAMILY CAREGIVING

Credit for Caring Act Could Help



Smoke Alarms Save Lives

Approximately 3 out of 5 fire deaths happen in homes with no smoke alarms or no working smoke alarms. Smoke alarms are a key part of a home fire escape plan.



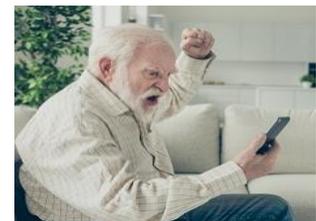
Here are some smoke alarm tips from the National Fire Protection Association:

- Install smoke alarms in every bedroom. They should also be outside each sleeping area and on every level of the home.
- Large homes may need extra smoke alarms.
- It's best to use interconnected smoke alarms. When one smoke alarm sounds, they all sound.
- Test all smoke alarms at least once a month.
- Current alarms on the market employ different types of technology. Multi-sensing alarms include smoke and carbon monoxide combined.
- Smoke alarms should be at least 10 feet from the kitchen stove.
- People who are deaf or hard-of-hearing can use special alarms which have strobe lights and bed shakers.
- Remember to replace all smoke alarms when they are 10 years old.

Wit & Wisdom ?

If you yelled continuously for 8 years, 7 months and 6 days you would have produced enough sound energy to heat one cup of coffee. (Hardly seems worth it.)

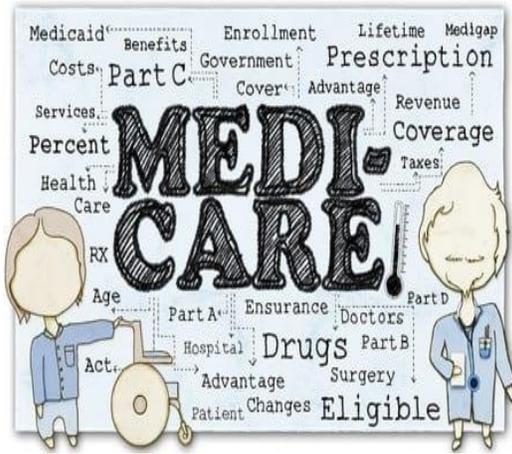
But if you passed gas consistently for 6 years and 9 months, you would produce enough gas to create the energy of an atomic bomb.



Medicare and Medigap Tips/Part 3:

When can you make changes to your Medicare coverage?

As we have been doing in recent issues, we once again asked *SJS* contributor Lucille Bondi of Lucille Bondi Insurance Solutions to comment and here's what she had to say.



"There are certain times when you can make these changes; some of these time periods are different depending on the type of Medicare plan.

"For Medicare Advantage (also known as Medicare Part C) and Medicare prescription drug plans (also known as Part D) there's an Annual Election Period (AEP) when you can enroll, disenroll, or change a plan.

"The Annual Election Period for Medicare Advantage and Medicare prescription drug coverage runs from October 15 to December 7 each year. If you don't sign up for one of these plans when you first become eligible for Medicare (during your Initial Enrollment Period), the AEP is generally your chance to make these changes, unless you qualify for a Special Election Period.

"Here's a quick rundown of what you can do during the Annual Election Period:

- Change to a Medicare Advantage plan from Original Medicare, Part A and Part B.
- Change from a Medicare Advantage plan to Original Medicare Part A and Part B.
- Change from one Medicare Advantage plan to another (regardless of whether either plan offers drug coverage).
- Enroll in Part D prescription drug plan.
- Change from one Medicare prescription drug plan to another.
- Opt out of Medicare prescription drug coverage completely.

"Changes that you make during the AEP go into effect January 1 of the following year," Lou adds.

Seeking the help of a professional will increase your knowledge, improve your selection, reduce your stress, and help you from making a wrong and/or costly decision. For assistance in solving the "Medicare Mystery," you can contact Lucille at 215-256-5954 or at bondimedicaresolutions.com. Consultations are free.



Second Thoughts on Metabolism Rates

Everyone knows that your metabolism peaks in your teenage years when you're fit, active and feeling your oats. And everyone knows that a person's metabolism slows down in middle age, as bodies start to expand and sag, and become less energetic.

It now appears that's all wrong. Your metabolism actually is at its highest when you're 1 year old. It then gradually declines through your childhood and teen years, until it reaches a surprisingly consistent level that people maintain throughout adulthood until they reach senior status, according to research published in *Science*.

"Energy expenditure is really stable throughout adulthood, from 20 to 60 years old," said Herman Pontzer at Duke University in Durham, N.C.

"People often want to blame obesity issues on metabolic rates — 'Oh, I have a slow metabolism.' This says no, actually, at least on a population level from a broad view, your metabolism is really stable throughout adulthood."

Onset of Rheumatoid Arthritis Highest In Older Adults

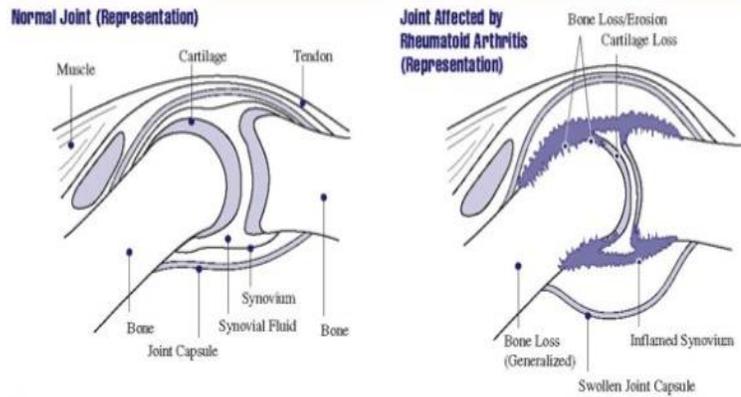
Rheumatoid arthritis (RA) is an autoimmune disease that occurs when the body's immune system mistakenly attacks healthy joints. It can begin at any age, but the chance of onset is highest in older adults.

The new onset of RA occurs most often in people who are in their 60s. RA that develops in older age is sometimes known as elderly onset RA, or EORA.

An estimated 1.9 million people in the United States have RA. In RA, the tissue lining the joints becomes thickened, resulting in swelling and pain. As time passes, the cartilage and bone can also become damaged. The signs may include:

- pain, aching, tenderness, swelling, or stiffness in more than one joint,
- the same symptoms on both sides of the body, such as in both shoulders or knees.

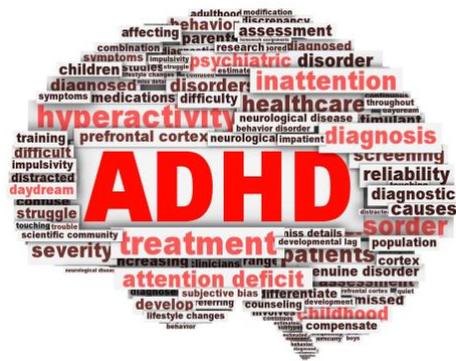
Figure 1. Normal Joint and Joint Affected by Rheumatoid Arthritis



Source: National Institute of Arthritis and Musculoskeletal and Skin Disease

Good News for ADHD Sufferers: It Typically Does NOT Get Worse with Age

Attention deficit hyperactivity disorder (ADHD) typically does not get worse with age if a person is aware of their symptoms and knows how to manage them. Some people only receive a diagnosis of ADHD when they are adults, as their parents, caregivers, or doctors may not have recognized their symptoms when they were children. Untreated ADHD could place a person at higher risk of developing mental health conditions, such as depression. It could also result in them having issues forming and maintaining relationships and succeeding in education.



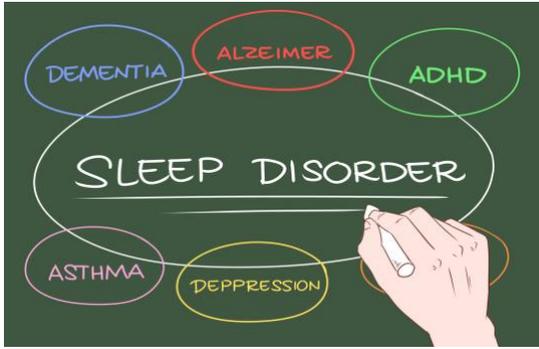
Adults with ADHD typically:

- find organization challenging,
- find it difficult to stay in the same job,
- struggle with timekeeping, which can lead to frequent lateness for work,
- are often restless, and
- often feel compelled to multitask but may be unable to complete tasks fully or to a high standard.

Adults with ADHD can go to support groups where they will meet other people with ADHD and receive guidance from counselors. This could be useful for those who received their diagnosis later in life.

Not-So-Good News: Sleep Disorders Can Take a Toll on Your Health

Sleep disorders are associated with significantly higher rates of health care utilization, conservatively placing an additional \$94.9 billion in costs each year to the United States health care system, according to a new study.



According to researchers, the number of medical visits and prescriptions filled were nearly doubled in people with sleep disorders such as sleep apnea and insomnia, compared to similar people without. Affected patients were also more likely to visit the emergency department and have more co-morbid medical conditions.

The analysis revealed that patients with sleep disorders attended more than 16 office visits and nearly 40 medication prescriptions per year, compared to nearly 9 visits and 22 prescriptions for those without a sleep disorder.

Sleep disorders can take a toll on health and quality of life in numerous ways. Individuals with certain sleep disorders experience decrease daytime functionality related to sleepiness, mental fog and an increased risk of motor vehicle accidents.

Really Bad News: 16% of Older Adults Are Victims of Elder Abuse

About 16% of older adults are victims of some form of mistreatment and the number of reported cases of elder abuse is steadily increasing.

Elder abuse involves intentional or unintentional acts that result in physical, emotional or financial harm to an individual who is 65 years or older. Stories about elder abuse, including torture, murder, fraud and embezzlement, abound.

Elder abuse occurs in many different settings: private homes, nursing homes, assisted living facilities and public places. Most perpetrators know their victims. Perpetrators include spouses, family members, acquaintances and health care professionals.

Many seniors might be reluctant to report abuse because of fear of retaliation, lack of cognitive or physical ability, or they don't want the abuser to get into trouble.

Nurses and other mandated professionals are required by law to report signs of elder abuse. Caregivers or individuals that have some responsibility of an elderly person should make a report if they suspect an issue.

If you suspect someone elderly is being abused, contact your county's Adult Protective Services.

Physical Signs of Elder Abuse

To learn more, visit ncea.acl.gov

The People Who Are Helping Make SJS Happen

Our contributors now include (in alphabetical order) Daryl Albury, Karen Berg, Lucille Bondi, Lou Ciavolella, Courtney Colletti, Churchill Huston, Antoinette Maciolek, Barry Sparks, Phyllis Weber, and Jared Willmann.

If you have story ideas, comments, kudos, or criticisms, you can e-mail us at savvyjerseyseniors.com.

