

# Boomers, Elders, and More E-Newsletter

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<http://vanderbilt.edu/child-family-center/>

## *Message from the Coordinator*

It's close to year's end. Only about three weeks left in 2016. As a family caregiver you may start to reflect on the previous 11 months and how your role as a family caregiver has changed over the months.

There are no two ways about it: Taking care of an aging parent or spouse is physically and emotionally draining. It is lonely, overwhelming and frustrating. You may think you cannot do it any longer. Family often don't acknowledge or appreciate all that you do. Caregiving seems thankless. You give your life for another, and no one seems to notice.

Despite all of this, you continue on. You wake up every day to face new challenges. You keep going. Why? Because you care. You give up your life to care for another. That is the ultimate act of love. It is a selfless, noble and generous thing to do – one that many people wouldn't take on.

So give yourself some credit. You are doing one of the most difficult, yet important jobs in the world. And you're not getting paid to do it. Realize how important your role as a caregiver is.

Never underestimate the impact you have on others. You're not going to get an award, and you may not even receive any acknowledgement for what you do, or what you sacrifice. But always remember: you are making a difference in someone's life every day.

Take the next few weeks to write down the accomplishments you have achieved in your loved one's life since January 2016. Being able to celebrate the achievements in your role as a family caregiver is significant in the continued success as a family caregiver.

(excerpts from <https://www.agingcare.com/articles/rewards-of-family-caregiving-140724.htm>)

Division of Administration

# Child & Family Center



# News Highlight

## Fewer Americans Suffering From Dementia, Study Finds

Rates have dropped over last decade, and better education might be one reason why

Here's some good news for America's seniors: Dementia rates have dropped dramatically over the last decade or so, according to a new study.

An analysis of responses from a study of more than 10,000 people aged 65 and older found the prevalence of dementia dropped about 24 percent between 2000 and 2012.

The reasons for the decline aren't clear, researchers say. But two factors stand out: The participants in 2012 had more years of schooling than those in 2000; and chronic conditions such as high blood pressure and diabetes were being controlled more aggressively.

"The decline in dementia risk among older adults that we found in our study—and that an increasing number of other studies around the world have found—does not mean that Alzheimer's and dementia have been solved," said lead researcher Dr. Kenneth Langa. He is a professor of medicine at the University of Michigan in Ann Arbor.

"But our results do provide some hope and optimism that we can do things now to decrease dementia risk, so that the future impact, while still very large, may not be as dire as previously expected," he said.

Dementia, an impairment of brain functions marked mainly by memory problems and personality changes, is still one of the most expensive chronic conditions, with a huge impact on patients and families, he added.

And while the researchers noted that dementia now affects an estimated 4 million to 5 million older adults in the United States every year, its impact will likely grow in the decades ahead as the number of older adults increases.

"We think that two factors were likely important in this trend toward better brain health in the United States," Langa said.

First, there was a significant increase in average educational attainment from about 12 years of schooling in 2000 to about 13 years in 2012.

"More education has been found to decrease dementia risk, likely by building cognitive reserve that allows people to better maintain their mental function as they age," he noted.

In addition, some evidence was found that more aggressive treatment of risk factors, such as high blood pressure and

diabetes, may have also played a role in decreasing dementia risk, Langa said.

Dr. Sam Gandy, director of the Center for Cognitive Health at Mount Sinai Hospital in New York City, agreed. "I am sure that this is correct," he said. "What we need now is to educate middle-aged people, since that's where the risk factors are most important. Unfortunately, as the baby boomers turn 80, I worry that the silver tsunami will swamp this benefit."

Although the rate at which older people develop dementia has dropped, another expert expects that decline to bottom out.

"There are different things that can cause dementia. Alzheimer's is the most common cause, but vascular dementia is a close runner up," said Keith Fargo, director of scientific programs and outreach at the Alzheimer's Association.

"Most people who have dementia probably have a little bit of both," he said. "They probably have the plaques and tangles of Alzheimer's, but they probably also have vascular damage in their brain."

Fargo suggested that the drop in the rate of dementia is largely due to the better control of cardiovascular risk factors.

"If you control those risk factors, it's natural to expect that rates of vascular dementia will go down. It's also reasonable to expect that Alzheimer's-related dementia may go down as well because now, instead of having both, you have Alzheimer's in an overall healthier brain," he explained.

"So maybe it takes you longer to develop dementia. But you could control everyone's cardiovascular risk down to zero and people are still going to have Alzheimer's and other dementias," Fargo said.

Langa stressed that even if a breakthrough medication that successfully treats Alzheimer's isn't found in the near future, there are still factors that can help decrease the risk of dementia and help people live longer lives with good mental function.

"Right now, the best evidence appears to support increased physical activity, keeping your brain active and engaged through education and social interactions, and keeping your blood pressure well controlled," he said.

source: [https://medlineplus.gov/news/fullstory\\_162136.html](https://medlineplus.gov/news/fullstory_162136.html)

# *How Family Caregivers Manage Their Anger*

Try to be clearheaded, compassionate and assertive in the face of frustration

Barry J. Jacobs

I once got huffy with the supervisor at my stepfather's nursing home for the poor care I thought he was receiving. Another day I impulsively dashed off an irate letter about a home health agency because I'd found its nurses' aides unreliable. I've fumed at my brother for not pitching in enough, and more than once yelled at my mother for refusing help she needed badly.

My quick anger has reared up repeatedly during my last six years as a family caregiver however much I've tried to conduct myself with calm resolve. I'm not proud of it. I have lost control when feeling most frustrated—those times when others made my hard job even more difficult through what seemed to be insensitivity, incompetence or uncooperativeness. But mouthing off in fury has never helped me much as a caregiver. To the contrary, those incidents alienated health care and social service professionals, incensed my brother and compounded my mother's suffering. I probably came off as self-righteous and belittling. Afterward, I always felt guilty.

Of course, none of us is an automation. It is normal, expectable and understandable to become angry whenever we're neglected, dismissed or attacked. As I heard recently from a harried caregiver in a support group, venting and ranting at the right time and place to others who share our feelings can give us a rare sense of acknowledgement and validation that helps us cope.

But too much anger not only hurts others' feelings: It colors our perceptions so that not even the positive, endearing moments of caring for a loved one can touch us.

There are ways for caregivers to thoughtfully harness their anger, rather than lose control of their emotions and have later regrets.

**Slow down and breathe.** It's a cliché to count to 10 before responding to stressful situations. But giving pause often leads to better decisions. Caregivers are best advised to stop and think through the potential consequences of their actions before lashing out. In those brief moments of reflection—with a few deep, cleansing breaths thrown in—better options than simply blowing up often become clear.

**Lead with empathy.** Putting ourselves in the shoes of those angering us may seem near-impossible when our dander is up. But it can help us better understand their motives and behaviors and take some of the sting away. If I could have empathized with the limitations and frustrations of the nursing supervisor on my stepfather's dementia unit, for example, I might not have confronted her so aggressively—and may have received more sympathy for my concerns.

**Acknowledge sadness.** A truism in psychology is that anger is often a cover for sadness. That is, it is frequently much easier for us to pound our fists in anger than to beat our chests in grief. The problem is that expressing anger can lead to defensiveness of schisms among family members. Commiserating together about the sadness that arises when seeing a loved one's decline is a surer way for family members to pull together, support one another and strengthen their relationships going forward.

**Turn anger into productive assertiveness.** Not all anger is bad. It can be an important signal to us that the caregiving plan is unjust or that we are being mistreated. But it shouldn't be a cue to attack in kind. Rather, it should spur us to think through how to express our concerns firmly and calmly so that those who are offending us are most likely to take in what we have to say. Hopefully, they then respond in a helpful way. If not, we may have to repeat the process—keeping our emotions under bridle, pausing to empathize and planning calmly how to improve a frustrating situation.

Source: [http://www.aarp.org/home-family/caregiving/info-2016/caregivers-anger-management-tips-bjj.html?cmp=EMC-DSO-NLC-RSS-CAREGIVING--CTRL-101716-P8-1523071&ET\\_CID=1523071&ET\\_RID=5730659&encparam=UmmWDIUXmqfwh6ETs4yZyu27nkgmdCsh7ymh1w4BhIE=](http://www.aarp.org/home-family/caregiving/info-2016/caregivers-anger-management-tips-bjj.html?cmp=EMC-DSO-NLC-RSS-CAREGIVING--CTRL-101716-P8-1523071&ET_CID=1523071&ET_RID=5730659&encparam=UmmWDIUXmqfwh6ETs4yZyu27nkgmdCsh7ymh1w4BhIE=)

## Preventing Burnout

By Pat Samples

I go and go and go, doing a million things for my loved one and trying to keep up with the other demands in my life. I go until I'm burned out and then I crash. It's a crazy cycle and it doesn't make sense to keep doing this to myself.

I don't burn out over one thing. A succession of tensions builds up until I can't push myself one more minute. When does this cycle start? Is it when I begin to skip meals? Is it when I am with certain people? Is it when I get a headache? The earlier I notice the presence of tension, the earlier I can detour myself from potential burnout. My tendency will be to think I'm too busy to stop and do anything about it. Or the tension will feel so familiar that it seems like no big deal. But if I take steps to relieve the tension when it first shows up, I will save myself tons of time later and eliminate the high price I pay for burnout.

*I watch for signs of tension and tend to them before they multiply.*



**If you need information or resources to assist you in your caregiving role, contact Stacey Bonner, Family Services Coordinator, at [stacey.l.bonner@vanderbilt.edu](mailto:stacey.l.bonner@vanderbilt.edu) or 936-1990.**