

# Boomers, Elders, and More E-Newsletter

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

## Message from the Coordinator

Do you know of a co-worker who is caring for a spouse or elderly parent, either local or long distance? Does that co-worker feel stressed out or isolated due to their caregiving situation?

Vanderbilt Child and Family Center offers a monthly caregiver support group. This caregiver's group meets regularly to provide an opportunity for caregivers to share their experiences with others. Not only will participants gain emotional support from others, but also will learn how to manage caregiver stress, gain coping skills, and receive information on specific issues. Caregiving can be stressful and demanding, especially on employed caregivers who must juggle their elder care responsibilities, job obligations, and their own immediate family commitments.

Meetings are informal and in a confidential atmosphere for caregivers to share their experiences. Meetings are open to Vanderbilt faculty and staff. We invite new members and hope you will help us spread the word about the group!

All meetings are held the second Wednesday of each month in Medical Center East from 12 p.m. to 1 p.m.

For more information, call Stacey Bonner, Family Services Coordinator, at 936-1990 or email [stacey.l.bonner@vanderbilt.edu](mailto:stacey.l.bonner@vanderbilt.edu).



# News Highlight

## Poor Vision and Dangerous Falls Plague Many U.S. Seniors

Year-long CDC study finds 1.3 million people over 65 with poor eyesight fell at least once

*By: E.J. Mundell*

Millions of American seniors have severe vision impairment, and with it comes the risk of a fall that could lead to disability, a new report finds.

About 2.8 million seniors are thought to have severe vision impairment - - defined as either blindness or difficulty seeing, even with eyeglasses, according to data from the U.S. Centers for Disease Control and Prevention.

About 1.3 million of these older, vision-challenged Americans fell at least once in 2014, the new CDC report said.

Experts say the link between vision and balance is crucial, especially as people age.

Falls “represent a major source of disability and can lead to prolonged recoveries and lengthy stays in hospitals and long-term care facilities,” said Dr. Robert Glatter, an emergency physician at Lenox Hill Hospital in New York City.

He said that hip and leg or arm fractures, as well as wounds that are slow to heal, mean falling can be disabling or even life-threatening for older people.

Vision checks are key to prevention, Glatter said. “Monitoring changes in visual acuity is a critical aspect of screening in older persons who live independently, for fall risk - - especially if they use canes or walkers,” he said.

The study was led by CDC investigator John Crews and involved 2014 federal data from the Behavioral Risk Factor Surveillance System.

Crews and colleagues found that fall risk among seniors rose significantly as vision failed. For example, while about 28 percent of seniors without severe vision trouble experienced at least one fall in 2014, that number jumped to almost 47 percent in people who had such eyesight issues.

Other health issues, such as chronic illness, gait problems, leg weakness and the use of multiple medicines, could push the risk of falling even higher, the researchers said.

And the financial cost? One 2013 study estimated the direct medical cost of falls among seniors at \$34 billion annually, the researchers said.

Luckily, simple prevention methods mean that many falls don't have to happen.

Dr. Gisele Wolf-Klein directs geriatric education at Northwell Health in New Hyde Park, N.Y. She offered up a ‘Top Ten’ list of ways people can avoid dangerous falls.

Have a family member or a friend come to take a “fresh look” at the home: they may point out an obstacle you hadn't identified, such as a throw rug or cable on the floor, which might cause someone to trip.

Replace light bulbs, to provide good lighting in all rooms, staircases and hallways.

Make sure prescription lenses have been recently upgraded by your ophthalmologist and avoid bifocal lenses, unless absolutely necessary.

Check the soles of your slippers: if they are worn out, replace them.

Rearrange your furniture so that your most needed items are within easy reach of your favorite chair.

Unclutter the home and dispose of items that are no longer meaningful to you.

Be careful of slippery surfaces in the kitchen and in the bathroom.

Participate regularly in an exercise balance program, such as Tai Chi.

Get a Life Alert system to summon help, in the event of a fall.

Source: [https://www.nlm.nih.gov/medlineplus/news/fullstory\\_158679.html](https://www.nlm.nih.gov/medlineplus/news/fullstory_158679.html)

## When Guilt Comes Knocking

By Kate Murphy, RN (writer for caregiver.com)

Goodness, isn't that a familiar word? You would think that mature rational adults like us would be above feeling "guilt" about the emotions our care giving can evoke. Not so. I am a mature and rational adult. I am a registered nurse who works with the elderly and their families. I counseled these same families on how to deal with the everyday issues, including guilt!

Yet, there I was, reduced at times to a quivering mass of jelly by a word or a look from my parent. I took care of my parents for over 17 years. And, it took every bit of those 17 years to realize how easily I reacted to the buttons my parents have "pushed" to get me to do what they wanted. It often caused untold hardship to my personal life, yet I refused to see it for what it was. Worse, I refused to take appropriate action to ensure that it did not happen again. It was finally through the wonder of this truly magical medium, the Internet, that I was able to recognize and deal with guilt. There were days that I would rather not live through it again, and there is still a little part of me that still feels a twinge every now and then. But I survived the journey, and I am here to tell every one of you out there that there is help for you.



We help each other. We support each other. And we make caregiving a little easier for each other. The fact that you are here is one of the first steps in getting that help. I am no expert. But I am a caregiver who has had to deal with all sorts of problems.

Dealing with Guilt—okay enough of the clichés you say. How DO you deal with the guilt, you may ask? Well, I can give you a list of references, but I found that just reading about something doesn't always cut it for me. So I will try to express here one or two of the things that I personally found helpful.

Once I was able to recognize that guilt existed within me, I had to also realize that no one gave it to me. Guilt is a self-made emotion. We do it to ourselves. We take those words, or actions of others and internalize them. Probably because we are looking for a reason to be guilty. Whatever the reason is that causes the guilt to develop, it is wasted energy. It is energy that we could be using for good, healthy, and, productive outlets.

**Kate's Rule number 1...NEVER GO TO SLEEP FEELING GUILTY!!!** Really, I mean it!! Each night before I go to sleep, I ask myself one question. Do I believe in my heart that I have done the best that I could today for my loved one and myself? Notice I said MYSELF. If I fail to do the best for me, how can I possibly be any good to anyone else? And never mind what others have to say about what you are doing or how you are doing it. YOU are the one providing care my dear, and YOU are the one living it everyday. What you believe about your actions is all that matters. And if you truly believe that you have done your best on this one day, then you have absolutely nothing to feel guilty about.

So the next time guilt comes knocking at your door, don't answer it. Leave it outside where it belongs. And when you put your head down on that pillow tonight, rest easy knowing that you are doing the very best that you can with what you have been given.

Source: [http://www.caregiver.com/articles/print/guilt\\_comes\\_knocking.htm](http://www.caregiver.com/articles/print/guilt_comes_knocking.htm)

## *Trusting My Decisions*

I've had to make many difficult decisions as a caregiver. Some haven't turned out the way I hoped, but most of them have worked out all right. When I started all this, I didn't know if I'd be able to figure out all the things I needed to, but I've done okay.

It's a good feeling to know I can trust myself to make good decisions. I have the ability to gather information and get advice if I need it. I can think through all the possible consequences for everyone affected and then make the decisions that need to be made. I know that no decision is going to bring perfect results. Sometimes the consequences will be unpleasant. But that doesn't make my decision wrong. It is the best decision I could make at the time. Whatever the consequences, the next step is simply to make a decision about how to respond to them.

*I stay peaceful through each decision.*

Daily Comforts for Caregivers by Pat Samples

## Upcoming Events

Cathy Maxwell, an assistant professor with Vanderbilt School of Nursing, will discuss how frailty can cause falls and how to recognize when an older adult is at risk.

Attendees will receive practical, hands-on tips to help prevent falls and injury in their loved ones. This month's Boomers, Elders, and More Lunchtime session will be held on Wednesday, June 15, 2016 from 12 p.m. to 1 p.m. in Medical Center East 8380A. Please feel free to bring your lunch.



Vanderbilt Family Resource Center's Caregiver Support group will be held on Wednesday, July 13, 2016 from 12 p.m. to 1 p.m. in Medical Center East Room 8380A. The caregiver support group is a time to share information and openly discuss your problems without judgment, to process your feelings, and to hear others talk about their experiences.

**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.**