THE CALL CAME ONE MORNING THREE YEARS AGO.
Rhonda’s 86-year-old mother Natalie (a true story, but not their real names) had been suffering from a number of health problems. She had a bad urinary tract infection. She was taking a number of medications, so many that Rhonda couldn’t remember them all. There was Darvocet (a pain medication that was taken off the market later that year). There was an anti-anxiety drug and a medication to relax her esophagus; she also took stool softeners.

This morning seemed to be a crisis. Natalie was dizzy and sick at her stomach. It wasn’t the physical symptoms that were so scary, however. “It was like her personality had changed. She just wasn’t Mama.”

Rhonda moved into her mother’s western Kentucky home for several weeks. Between her, her brother and sister, and sitters, they provided around-the-clock care for Natalie.

Rhonda thought that her mother’s doctors were just tinkering at the edges of her problems, putting little thought or care into her treatment: “The doctors added another nerve pill, and didn’t even get up to examine her.” Natalie got worse, coming down with kidney infections and suffering a fall that resulted in a mild fracture. They brought in home healthcare and rotated 24-hour care until her fracture healed.

Eventually, Rhonda decided to get more specialized help and made
an appointment for her mother to see a doctor in a university geriatric practice, even though it was a 100-mile drive.

In the course of a three-hour appointment, the geriatrician they saw told them that some of the medications Natalie was taking could cause confusion and were not appropriate for an older person to take. Blood work revealed that Natalie had deficiencies of both vitamin D and potassium.

The doctors changed some medications, reduced the doses of others, and replaced the stool softeners with a gentler one that didn’t leach out nutrients. With the changes, Natalie was greatly improved.

“She started getting a really good night’s sleep, we weren’t up and down” all night, Rhonda recalls. Natalie’s overall health improved, she seemed happier and less confused, “like a whole new personality,” and she was stronger. While in recent years she’s had a few hospitalizations, they haven’t been followed by the lengthy rehab stays (more than two weeks) she had needed in the past.

“They really thought she was dying, or wasn’t going to get better,” the doctor who treated her says. “They thought she had dementia. She did not—it was just the medicines.”

“The sign of successful aging is the ability to adapt, and make new friends. People who don’t adapt don’t do as well.”

The surest sign of all was a return to her favorite pastime. The hook was back in her hand. “Anytime she’s not crocheting, you know Mama’s not herself.”

Health issues that come with age
For older Kentuckians and the family members, friends, and professionals who care for them, health issues often become like Rhonda and Natalie’s: propelled by crisis, and plagued by misdiagnosis, ill-considered medications, and a lack of sensitivity to the unique nature of older people.

The good news: it doesn’t have to be that way. With thoughtful treatment and advance planning, it’s possible for aging adults to deal with health issues in a more considered way—even to make significant improvements in their health.

There’s no question that old age is, as they say, not for sissies.

One way of looking at the health of the aging population is as a case of the bills coming due on a lifetime of unhealthy behaviors. Just as the general Kentuckian population ranks poorly in a variety of important health measures, so do our seniors. In the Centers for Disease Control and Prevention’s 2013 report on The State of Aging and Health in America, Kentuckians over 65 ranked at or near the bottom for obesity, smoking, lack of physical activity, and number of unhealthy days during a year.

“I’m always amazed at people who expect their bodies to work at 70 the way they did at 30. We would never expect our cars to do that,” says Patrice Blanchard, a gerontologist who is the associate state director of Community Initiatives for AARP Kentucky.

“Everything changes. It doesn’t change for the worse, but it changes, and if we don’t pay attention to that, we don’t age well.”

And old age comes with its own unique challenges. Getting older increases the risk of certain diseases. Cancer, dementia, and arthritis affect older people to a much greater degree, according to Dr. Christian Furman, vice chair of Geriatric Medicine at the University of Louisville Medical School. She says one theory is that
Join the Kentucky Living Health Club if you are an aging adult or a caregiver who would like support from others similar to yourself.

Our goal is to help you improve your overall wellness—physical, mental, and social—and to provide support and information to caring family members.

Our last two KL Health Clubs were very successful and many members made life-changing improvements to their health. We know you can too!

HOW LONG IS MY COMMITMENT?
Four months—that’s right, it’s a four-month commitment to better health starting in December and lasting until March 31, but just think of the payoff!

HOW DOES IT WORK?
You register online and provide a goal and at least three action steps for achieving your goal.

You’ll receive detailed instructions for joining the KL Health Club Facebook group, which is a private online area that is not visible to any other Facebook users, nor is it searchable. It is completely private. You will be encouraged to post or send us updates at least monthly.

The first 150 completed memberships will receive our free Starter Kit (one per family). The Starter Kit will contain information and tools to help you on the journey over the next four months.

WHAT INFO WILL BE PROVIDED?
Kentucky Living magazine personnel and other healthcare professionals will join us online. The purpose of the club is not for healthcare advice, but for information to help you achieve your goals and to get support from others.

We will update the progress of KL Health Club members monthly in Kentucky Living magazine. In June 2014, a follow-up story will feature successes and how you did it!

THE PAYOFF?
The most important payoff, of course, is the improved wellness for you or a family member. But if you actively participate in the KL Health Club until March 31, the end of your four-month commitment, you will be registered for a grand prize random drawing for a $500 value in health products, services, or exercise equipment. There will also be other weekly prizes.

WHO CAN JOIN?
Adults age 18 or older can join. Although anyone can join the KL Health Club, employees and immediate family members of the Kentucky Association of Electric Cooperatives, Kentucky Living, and Kentucky’s electric cooperatives are ineligible for prize drawings.

HOW DO I JOIN?
Go to www.KentuckyLiving.com and click on “KL Health Club” to register online no later than December 6, 2013. You must be a registered user of Facebook and provide us with a link to your page in order to join.

You will be asked to include this information (which will not be shared): your name and age, whether you are a caregiver, address, phone number, the e-mail address you wish to use to access the KL Health Club on the private Facebook page, and the name of your electric co-op if applicable.

We recommend you always consult your physician before starting a new wellness program or making any changes affecting your health.
“there is a finite time that people can live, and we’re pushing that envelope more and more.”

Cells degenerate, she says, and one reason cancer becomes more prevalent is “because your cellular makeup gets weaker, and you can have mutations that cause your cells to grow faster—that’s what cancer is.” In similar fashion, a lifetime’s wear on joints makes them more susceptible to arthritis.

But it’s not just what’s happening inside the body. “Your whole social structure changes,” Furman says. Spouses and friends die; many people move from their longtime homes, leaving friends behind.

“The sign of successful aging is the ability to adapt, and make new friends. People who don’t adapt don’t do as well,” Furman says.

Social isolation can have profound health effects. The isolated are more susceptible to mental health issues such as depression and dementia.

Furman points to research that shows people don’t live as long without a spouse—not just because of loneliness, but because they lack someone monitoring their health and helping them with it. (She stopped short of endorsing nagging.) And the difficulty of cooking for one might cause the newly single person to not eat as well as before and lose weight, weakening his or her immune system and becoming more susceptible to infections.

Geriatricians such as Furman talk about a group of “geriatric syndromes”—a set of conditions that affect older people that don’t fall into the conventional categories of disease. They include falls; dementia; polypharmacy, or inappropriate use of prescription drugs (see The Risks of Taking Too Many Drugs, page 26); delirium; dizziness and loss of consciousness; visual and hearing impairment; and urinary incontinence.

“The purpose of having these classified as syndromes is it makes people realize ‘This is a big, big deal, we need to do something about it,”’ Furman says, so that doctors won’t downplay, for example, an episode of dizziness, but will pay closer attention.

The key point is that while these conditions are widespread, they may arise from a variety of different causes. Take, for example, one of the major syndromes, dementia.

The best-known form of dementia, Alzheimer’s disease, is a slow decline that appears to arise from so-called plaques and tangles that grow in the brain. But there are also vascular dementias that arise from strokes or other difficulties with blood being supplied to the brain; in those cases, diminished capacity progresses in a stair-step pattern. Some issues can mimic dementia—an adverse drug interaction, malnutrition (vitamin B12 deficiency is a major one), or an extended period of low blood sugar can
mimic dementia—but these are usually reversible if caught and treated in time.

Falls are serious business: according to the Centers for Disease Control and Prevention, every year one in three adults aged 65 years or older falls. Falls are older adults’ leading cause of death due to injury and the leading cause of nonfatal injuries. And even falls that don’t cause injuries can have a deleterious effect: the fear of falling can cause older people to limit their activities, leading to reduced mobility and a lack of physical fitness, making further falls even more likely.

As in so many other health categories, Kentucky ranks near the bottom of the statistics for falls. In 2010, only five states had more injuries from falls among adults 65 or older.

Furman says she treats a fall with no injuries as an opportunity to intervene before a more serious fall occurs. So she will look at medications, blood sugar, and blood pressure. Many older adults experience a sudden drop in blood pressure when they stand, which is why her practice takes standing blood pressure.

Sometimes weakness causes a fall, requiring physical or occupational therapy. “Sometimes it’s a hazard, like a slippery rug in their house, so we have to get home health out there to do a home safety assessment,” Furman says, to remove the hazard and perhaps install safety equipment such as grab bars.

This tendency to look at the health of older adults from multiple angles is a hallmark of geriatrics. “It is the disease plus the environment plus the social (aspect). You have to fix all of those things for someone to get better,” Furman says.

Unfortunately, while all doctors get some training in geriatrics, geriatric specialists are rare creatures. The American Geriatrics Society estimates that Kentucky’s current elderly population needs 248 geriatricians; there are 59 in the state, or 23 percent of the need (compared to a national percentage of 40 percent of need). And with the aging of the baby boomers projected to swell the ranks of the elderly, AGS projects Kentucky will need 387 geriatricians by 2030.

The lack of geriatricians is not the only obstacle to seniors’ health. Transportation is another big one, especially in a society built around the car. Gale Reece is the founding director of ITNBluegrass, an innovative Lexington nonprofit that provides rides to anyone 60 and over and any adult with vision impairments (see Healthcare Innovations, page 27).

Reece observes that as people live longer, they begin to outlive their ability to drive a car—with always acknowledging that fact. It’s a frightening prospect: “You’re driving a weapon.” And at the same time, we’ve designed our society so that it’s dependent on the car.

In a largely rural state, without widespread public transit, transportation to medical appointments is a particular problem. People in rural counties often have long drives to providers that may be as much as 100 miles away, adding expense in time and gas money to everything else involved in the appointment.

But the landscape of older Kentuckians’ health doesn’t only consist of problems. Innovative uses of technology and new methods of delivering care are being tested in places around the state, and may offer possibilities of reducing some of the burden of transportation and connecting medical expertise such as geriatrics with primary healthcare providers on the ground.

Dr. Demetra Antimisiaris, University of Louisville associate professor in the Department of Family and Geriatric Medicine, tells about medical research where Israeli doctor Doron Garfinkel studied a group of nursing home patients in their 80s and reduced their medications by almost three per patient. Their death rate dropped from 45 percent to 21 percent.

She describes the situation with apt irony: “If you could cut the mortality rate in half with a pill, everybody would be tripping all over themselves to get that pill.”

Never too late to get healthy
It appears there are some measures you can take against the most insidious of old-age diseases, Alzheimer’s. Doctors such as Furman and her colleague Laura Morton believe that activity—physical and mental—a healthy diet and lifestyle, and keeping a good social support group are important ways of staving off dementia.

“Whatever’s good for your heart is good for your brain; it keeps the oxygen and blood flow going to your brain more,” Furman says.

Morton says studies have shown that those things that exercise your mind seem to help prevent Alzheimer’s, especially when you learn something new. “Some people will say ‘I work a crossword puzzle’—well, they’ve been doing a crossword puzzle for 50 years,” Morton says. Switching over to the number-square puzzle
Dr. Demetra Antimisiaris, associate professor in the University of Louisville’s Department of Family and Geriatric Medicine, calls the sort of medication problem Rhonda’s mother Natalie suffered “the prescribing cascade.”

This prescribing cascade she refers to often begins with over-the-counter pain relievers that make the patient retain sodium, thus increasing his or her blood pressure.

These common nonsteroidal anti-inflammatory drugs (NSAIDs) include brands such as Motrin and Aleve, as well as aspirin. Celebrex, technically a COX-2 inhibitor that is by prescription, affects sodium levels in a similar way to NSAIDs.

Then the crucial mistake is when doctors start treating the high blood pressure with more prescriptions, such as prescribing blood pressure medications.

In this situation, Antimisiaris says, “The kidneys can get shut down really fast.”

Polypharmacy, which means “many drugs,” is one of the geriatric syndromes and is conventionally defined as taking five or more medications at once. But “Dr. Dee,” as she is known across the state, puts a finer point on it, defining polypharmacy as “taking more medications than is medically warranted.”

She attributes the growing problem to a culture-wide mindset she characterizes as “better living through chemistry/a pill for every ill”; longer life spans (which result in more chronic diseases); too-short office visits; and multiple healthcare providers who don’t communicate with one another, with no “captain of the ship to look at the overall regimen.”

Many prescriptions are what one might call “legacy” prescriptions. That’s where a patient’s doctors are reluctant to cancel previous doctors’ prescriptions (especially if the new doctors are specialists, charged with treating only one particular problem).

Dr. Antimisiaris advocates people on medicines do the following annually:

1. Bring all of your medications—including over-the-counter drugs and supplements — to your doctor or pharmacist and ask, “Are all of these okay to take together? Is there anything I don’t need?”

2. Go online and enter the names of your medications into one of the many free interaction checkers, to see how they get along together. Antimisiaris recommends Drugs.com; other drug interaction tools can be found on Medscape.com, NortonHealthcare.com, AARP.org, and DrugDigest.com.

3. Show all your drugs to all your healthcare providers—doctors, hospitals, dentists. Be sure to tell them how you’re actually taking those drugs, not just the way you’re supposed to be taking them. Antimisiaris says studies show that half of all patients are not adhering to their drug regimens, and the more medications they take, the less adherent they tend to be.

4. Report any symptom: a change in mood, sleep pattern, appetite, feeling confused. “The hallmark of drug-related side effects is a nonspecific symptom,” she says. “You have to report them, and ask, ‘Could this be my meds?’”

THE RISKS OF TAKING TOO MANY DRUGS

The result? “We have this kind of random uncontrolled experiment where we have infinite, unchecked combinations of drugs,” she says, including both prescriptions and over-the-counter medicines, many of which were previously prescription-only.

“Until the healthcare system fixes itself,” she says, “it’s really ‘buyer beware.’ It’s the patients’ duty to protect themselves.”

MEDICATION CHECKLIST

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4. Report any symptom: a change in mood, sleep pattern, appetite, feeling confused. “The hallmark of drug-related side effects is a nonspecific symptom,” she says. “You have to report them, and ask, ‘Could this be my meds?’”
Sudoku, taking a dance class (or an academic one), or learning a musical instrument can stretch your brain to make new connections.

It’s not just dementia that you can address. Furman emphasizes that the benefits of healthy living are available at every point in your life, in all the aspects of your health. “Even though you’ve already damaged organs in the past, it’s never too late,” says Furman. “It’s never too late to stop smoking, to stop drinking, to exercise, to change your behavior.”

Furman chooses an extreme case to make her point. A person with terminal lung cancer may decide there’s no reason, with that prognosis, to stop smoking. But quitting can make a difference in the quality of that patient’s final days: “You can die where you’re not struggling to breathe and coughing. As soon as you stop smoking, your cough gets better.”

Fortunately, you don’t have to be in such dire straits to experience a turnaround.

Nearly 10 years ago, her doctor diagnosed now 73-year-old Marilyn Lustik of Augusta with osteoporosis: she was losing bone density. Lustik started taking medicine for the condition (a series of different drugs over the decade). All of them had side effects she didn’t like—one time, she felt as if she were having a heart attack.

After reading that weightlifting was as good as or better than drugs for her condition, she began taking strength training classes from Lisa Capehart of Foster, an exercise physiologist who’s served as an advisor to the Kentucky Living Health Club. Composed of women in their 50s, 60s, and 70s, the class meets twice a week for an hour and uses dumbbells and a large stability ball. The women do strengthening exercises for all the major muscle groups, core and abdominal training, and about 15 minutes of cardio-respiratory exercise to strengthen the heart. Lustik had never regularly worked out with weights before.

“It doesn’t make any difference how old you are, you can get improvement,” Capehart says. She cites studies that show strength training helps the frail elderly with balance and mobility. Because they are stronger, it improves their ability to catch themselves when they start to fall.

“It’s not about competing in a body-building contest, it’s about being able to easily do the things you need to do,” Capehart says.

A year after she started, Lustik recalls, her bone scan showed she was totally normal. “I was delighted. I was able to go off that medicine,” she says. The next day, she brought Capehart a thank-you rosebush.

Healthcare innovations
The last time the 63-year-old farmer had seen a doctor—10 years earlier—he’d been told he had a heart condition. That was all he recalled, not what the condition was, and he’d
never been treated for it.

Within moments of listening to his chest, Allen Sizemore, a nurse practitioner at the Saint Joseph Primary Care Clinic in Campton, was alarmed. The man had atrial fibrillation—an irregular heartbeat that put him at increased risk of stroke.

Sizemore made sure the farmer left with a prescription for a medication that would control his a-fib. But the most interesting, and forward-looking, element of his treatment came a few weeks later.

Sizemore was able to schedule a telehealth consultation for the man with a Lexington cardiologist via an Internet connection (something similar to Skype, but on a secure, dedicated line).

The cardiologist asked general questions. In the Campton examining room, Sizemore used a Bluetooth-enabled stethoscope and an EKG, transmitting the results by Internet, so the cardiologist could hear and see what Sizemore did: “Just shy of the provider in Lexington or wherever touching the patient, it’s as if the patient is there.”

Then, following the appointment, Sizemore reviewed the specialist’s recommendations with the patient.

Sizemore adds that while many older patients seem a bit intimidated by the technology, everything’s been fine so far with the 63-year-old farmer.

At present, the clinic has connected with a pulmonologist as well as the heart doctor, but Sizemore envisions a time when other specialists such as endocrinologists and geriatricians will also be able to consult with the clinic’s patients over the Internet.

Wolfe County, where the clinic is located, is among the most medically underserved counties in the state. For example, statewide statistics show Kentucky has 1.4 medical specialists per 1,000 people. Fayette County has 5.1, Jefferson 3, while Wolfe County has virtually none: 0.1 per 1,000 people, in a county with just over 7,000 people.

Sizemore estimates half the clinic’s patients are older people; they’re also poor, and the ones too young for Medicare lack insurance. (The clinic and another in Powell County are funded by KentuckyOne Health as part of its charity care. Initial funding came from the Social Innovation Fund of the Corporation for National and Community Service and the Foundation for a Healthy Kentucky. KentuckyOne Health plans to open two more clinics.)

Sizemore is gratified by what telehealth is able to do for his clinic. “I leave this clinic every day just feeling
mesmerized with what we can do,” he says.

There are also amazing technological innovations coming soon. Alicia Heazlitt is the director of strategy and collaboration guru of InnovateLTC, a Louisville company that helps develop and bring to market cutting-edge products and services for the aging population.

One she mentions is a wearable patch, being developed by a San Diego company, that measures an individual’s level of hydration and connects to a monitoring system. It was originally intended for athletes, but it has great application for older adults. Dehydration is one of their leading causes of hospitalizations (increasingly so with age); the patch will allow nursing homes and other institutions to keep track of this vital (and otherwise hard to track) piece of information.

Maintaining a good social support group goes a long way in reducing feelings of isolation and depression as well as keeping dementia at bay. Photo: Stockbyte/Thinkstock

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Other applications take advantage of tracking electronic data to make it useful. DataStream of Louisville has developed a product called Know Your Colors, which arranges test results in an easily grasped, color-coded chart that allows patients to track their lab results. Another intriguing idea comes from a Maine-based nonprofit called ITNAmerica. Their existing model is already in Lexington as ITNBluegrass, providing “dignified transportation for seniors.” The organization provides transportation 24 hours a day, seven days a week, for a low fee; adults who still drive can provide rides for adults who’ve stopped, and the drivers can “bank” the rides they give for their own use in later years. (Learn more about this service or volunteering online at www.ITNBluegrass.com.)

The parent company ITNAmerica is developing a software called ITNEverywhere that founder Katherine Freund believes “will do for community mobility what eBay did for flea markets,” allowing people in rural areas to connect in advance for ridesharing (for example, allowing a commuter to give people rides to healthcare).

**Delivery of care is changing**

When Heazlitt starts talking about the exciting innovations in healthcare, however, she talks less about technology and more about “new care delivery models”—ingenious ways of providing healthcare in ways that hold down costs while improving access and quality of care.

Starting next year, most Americans will be required to have health insurance. Open enrollment through Kynect (Kentucky’s Healthcare Connection) began October 1, 2013, and runs through March 31, 2014, with coverage beginning as soon as January 2014. For more information, see the resources listing on page 33.

Currently there are also affordable care organizations and bundled pay-ment methods, which bring together healthcare providers in a region to charge a single rate for a procedure (as opposed to the typical fee-for-service model that adds charges each step of the way).

Humana Inc. and Norton Healthcare have a pilot ACO (Accountable Care Organization) in Louisville. They’re “outcome-based.” Heazlitt explains the concept, using herself as an example: rather than simply identifying a patient’s disease, the focus of the providers is on “what is Alicia’s best outcome, and how can we measure that, and how can we incentivize everybody involved in Alicia’s care plan to deliver the best care to her at the instant of care, and stay accountable for 30 days after discharge?”

Another element is what’s called transitional care. “You need a concierge to go through our healthcare system,” Heazlitt says. She sees nurse practitioners and physicians’ assistants taking that role, navigating patients toward the “optimal care pathway.”

She says emerging companies are taking advantage of increased transparency of healthcare information, such as Open Placement (www.openplacement.com) and Carelinx (www.carelinx.com), which help match care providers such as nursing homes and assisted living with patients’ individual needs; and CoPatient (www.copatient.com), which audits customers’ medical bills for errors.

The greatest change coming—one that drives many of the other changes—is the demographic one. The baby boomers, who are retiring at a rate of 12,000 daily, will be the largest elderly population ever, totaling some 78 million. It’s a group much larger than the present supply of either skilled nursing home beds (1.6 million) or assisted living beds (about 2.3 million). These statistics explain why “aging in place” is one of...
the buzz terms in the field.

“The baby boomers are probably going to turn the medical world upside down,” says Dr. Laura Morton of University of Louisville Geriatrics.

“That senior center model, where you have one location, and it’s sort of prescribed and pretty rigid...people being much more mobile, they’re not going to come. They can connect in other ways to people,” she says. “That time of ‘Let’s go to the senior center and play shuffleboard,’ that doesn’t appeal. The baby boomers are going to find that boring. People are going to be less interested in that model, and won’t engage with it.”

Ray Dickison is the senior executive director for Christian Care Communities (www.christiancarecommunities.org), a nonprofit provider with nine senior living communities and long-term care facilities across Kentucky—Grayson, Corbin, Lexington, Louisville, Taylorsville, Owensboro, and Hopkinsville.

Dickison believes that those boomers who will require skilled care will prefer “less institutional” choices than present models.

One example that points to the changing delivery of care: Christian Care Communities recently broke ground for a model nursing facility in Midway, the first such model endorsed by The Green House Project (www.thegreenhouseproject.org) in the state of Kentucky.

It is a small household model for skilled nursing care in which 12 people or so share a house and receive “person-directed” care, which can accommodate an individual’s schedule and other preferences, rather than dictating conditions such as wake-up and mealtimes.

Advance planning

The experts I consulted about healthcare planning used an unexpected term.

“I see it as a gift you’re giving your family,” says Dickison.

He uses that word because of the “heart-wrenching” conversations he’s observed in which family members grapple with whether to prolong a loved one’s life, based on half-remembered conversations that took

The important thing is to talk about what you want well in advance “before anybody’s sick.”

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IT'S SOMEWHERE BETWEEN A ROUTINE JOKE AND A TRUE WORRY: when you misplace your keys or can't readily produce a name, you say, “I’m coming down with Alzheimer’s.”

But Dr. Laura Morton, an assistant professor of Geriatric Medicine at the University of Louisville Medical School, says such momentary lapses are normal.

The worrisome signs of dementia are more unusual. Leaving your keys in the freezer. Forgetting to pay a bill when you’ve been doing it all your life. Getting lost when you’re driving. Forgetting a family member’s name.

“Those are the things that people just brush aside and say, ‘Oh, Grandma, she’s just old,’” Morton says. “That’s not normal aging. When it interferes with daily life, that’s a problem.”

To learn more about dementia, go to KentuckyLiving.com and type “Alzheimer’s or just aging?” or “Memory loss at the holidays” in the Article Search box to locate previous Smart Health columns.
Health Insurance
Kynect
www.kynect.ky.gov
(855) 4kynect (459-6328)
TTY: (855) 326-4654

Kynect is a program run by the Office of the Kentucky Health Benefit Exchange within the Cabinet for Health and Family Services. Beginning January 2014, most Americans will be required to have health insurance or pay a penalty. Open enrollment through Kynect runs October 1, 2013, through March 31, 2014. Kynect makes it easier for individuals and employees of small businesses to comparison shop for health insurance based on price and quality. By using Kynect, you may be eligible for payment assistance to help cover the costs of coverage for you and your family. Kynect will also check to see if you are eligible for programs like Medicaid or the Kentucky Children’s Health Insurance Program.

If you have insurance through your business or employer, you may not need the services of Kynect.

General Aging Resources
Cabinet for Health and Family Services
Department for Aging and Independent Living
275 E. Main St., 3E-E
Frankfort, KY 40621
Phone: (502) 564-6930
Fax: (502) 564-4595
TTY: (888) 642-1137
www.chfs.ky.gov/dail/areaagenciesonaging.htm

The department monitors and provides information and services in partnership with the 15 Area Agencies on Aging and Independent Living, and contracts with providers for senior center services and activities such as home-delivered meals, in-home care, respite care, transportation, and health promotion.

AARP Kentucky
Communications
10401 Linn Station Road, Suite 121
Louisville, KY 40223
(866) 295-7275
www.aarp.org/ky

Download a 36-page booklet at www.aarp.org directed at caregivers by clicking on “A to Z” at the top, then scroll down to Prepare to Care: A Resource Guide for Families. It includes resources as well as useful checklists—a needs assessment guide, health information, personal, home maintenance, medication chart, financial information—that you can complete to help you better care for your loved one.

Or call for a free printed copy at (866) 295-7275, extension #53439, by leaving your full name, address, and phone number.

American Geriatrics Society Health in Aging
www.healthinaging.org
www.americangeriatrics.org

Centers for Disease Control and Prevention
www.cdc.gov/features/agingandhealth
Aging and Health in America, 2013

National Hospice and Palliative Care Organization
www.nhpco.org/resources

Kentucky Association of Hospice and Palliative Care
www.kah.org (click on “Find a Hospice Provider” for locations by county)

Hospice is a concept of care that provides comfort and support to patients and their families, often in the patient’s home, when he or she is seriously sick or terminally ill.

Advance Planning
Office of Attorney General
http://ag.ky.gov
Search “Living Wills” to download a Kentucky Living Will Packet, which includes the form you can complete and have notarized for a living will directive and healthcare surrogate designation.

Baptist Health Louisville
www.baptisteast.com/advancedirectives
Q&A on advance directives—durable powers of attorney, living wills, healthcare surrogate designations, and organ donation—available in Kentucky.

American Bar Association Commission on Law and Aging
www.americanbar.org/
Type “advance planning tool kit” in the search box to read 10 “tools” that will help you discover and communicate what is important to you if you are faced with serious illness.

The Conversation Project
www.thecommunicationproject.org
This organization, started by columnist Ellen Goodman and a group of colleagues, is dedicated to helping people talk openly about end-of-life decisions.

Polypharmacy
University of Louisville Geriatrics
Polypharmacy Initiative
www.polypharmacyinitiative.com
A program dedicated to fighting inappropriate medication prescribing and use in older adults, it provides information on the risks of over-medication, symptoms, medication safety, and more. See page 26, “The Risks of Taking Too Many Drugs,” for more on the Polypharmacy Initiative.

Dementia
Alzheimer’s Association
www.alz.org

Home Safety and Preventing Falls
AARP’s Create the Good
www.createthegood.org/how-to-guides
Click on the Home Safety Tips and Tools project, on left choose Home Safety Checklists.

Centers for Disease Control
www.cdc.gov/publications
Click on “F,” then Falls, Older Adults. On the left, under Publications & Resources, you can download several resources.

ONLINE
More on aging successfully
To learn how to set up a plan to shut down online digital accounts after you’re gone, information on depression, and the FAST way to recognize the symptoms of stroke, go to www.KentuckyLiving.com and type “aging tools” in the Keyword Search box.
a healthcare surrogate and authorizes the surrogate to make financial decisions.

The advance directive “can be very simple or it could be very detailed,” says Dickison. And as long as you’re still able to make decisions, you can change it at any time.

The chief issues people address in advance directives are what are often called “heroic measures”—ways of keeping a person alive that include artificial breathing and artificial feeding and provision of fluids. (They also may address posthumous organ donation.)

Many people have ethical or religious principles that guide their decisions. For others, it’s a question of deciding “Are Some Conditions Worse than Death?” as a toolkit from the American Bar Association’s Commission on Law and Aging puts it bluntly.

It’s especially difficult when patients have conditions such as dementia. “What happens with dementia is you lose the ability to swallow, you forget how to eat, and you start losing weight,” Furman says. The American Geriatrics Society recommends hand feeding for adults with difficulty swallowing, noting that there’s little evidence feeding tubes produce better results, and that some dementia patients need to be restrained physically or with drugs to keep them from pulling out feeding tubes.

Morton expresses one of the key questions about end-of-life care this way: How would you define quality of life for yourself? What makes life worth living for you?

“Some people will choose quantity over any quality, so long as they’re living longer. I have patients who say ‘I don’t care if I can’t talk, I’m on a feeding tube. I want to keep on living.’

“Others would say, ‘If I’m bed-bound, or in a nursing home, then I wouldn’t want to live that way.’

“I had a very ill patient who said if she couldn’t have chocolate, she wouldn’t want to live. So when she couldn’t eat anymore, it was time for me to change the way I was proceeding and pursue more comfort and hospice care.

“Quality of life is so hard to define, that’s why we want people to talk to their loved ones or their friends or whoever will make the decision for them, because it is such an individual thing.”

There are many online resources to help think through advance planning issues. See page 33 for Resources for Aging and Health.

**Everyday healthcare and safety**

The issues the advance directive considers could hardly be more dramatic.

But there is a good deal of more mundane planning that older adults and their caregivers can put in place to ensure a healthier and more secure life as they age.

AARP has a useful booklet called Prepare to Care aimed at caregivers that looks at a whole range of issues, including medical planning for helping an aging parent manage. (To find out how to get a copy, see AARP Kentucky on the resource list on page 33.)

“It’s also important to prepare our homes so that we can age well,” says Patrice Blanchard, a gerontologist with AARP Kentucky. AARP and the Centers for Disease Control and Prevention have checklists online to help make your home safer, preventing falls and otherwise enabling better health.

“A simple thing like increasing lighting makes a huge difference,” Blanchard says. “Say you’re supposed to be taking your pills. You’ve got the bottle and it’s got tiny little writing on it and trying to read it in so-called ‘normal’ light. You aren’t going to read it correctly; a 3 could be an 8, or vice versa.”

If you don’t plan, you’re at the mercy of circumstances. Donna Farmer, director of The Pillars Assisted Living Community in Shelbyville, part of Masonic Homes of Kentucky, says she frequently sees situations where a parent breaks a hip and then the children have to decide, “What are we going to do with Mom and Dad?”—when the family has never considered these questions before.

Dickison puts it in basic terms: do you like choosing for yourself? “You don’t have as many options unless you plan. And I don’t think people are largely going to be satisfied with that.”

**Celebrate your victories, your loved ones, your memories, your wisdom, your accomplishments, your dreams—your wonderful life!**

Photo: Brand X Pictures