



NEWSLETTER

FOR & ABOUT CAREGIVERS

CAREGIVER CONNECTIONS

JUNE 2021

Prescription Overload



Paula Span's "New Old Age" column from the June 7th New York Times (NYTimes.com) tackles the crucial issue of overprescribing medications to seniors. Two thirds of older people take more than five medications, often referred to as polypharmacy. This overload of prescription drugs may potentially be harmful, causing adverse side effects that can contribute to falls, cognitive impairment, hospitalization, and death. In older people, adverse drug reactions account for one in 11 hospital admissions.

Geriatricians have become interested in working to de prescribe medications by regularly reviewing their patients' medication regimens and tapering unnecessary medications. At long-term care facilities, the Drive to Deprescribe campaign was started by the Society for Post-Acute and Long-Term Care Medicine (AMDA) with a goal to decrease medication use in the 2,000 participating facilities by 25% within one year.

Deprescribing a medication is often more complex than prescribing a new one, partly because of the fragmented nature of the American medical system, in which specialists do not pay attention to the medications prescribed by other specialists. Additional barriers to deprescribing include the usually brief office visit which does not allow for the detailed conversation

One of the goals of the Adler Aphasia Center's newsletter is to connect our many caregivers who live across the New York-New Jersey metropolitan region who may not be able to attend the Center's caregiver support groups.

We hope to share suggestions for self-care, information about community resources, developments in aphasia knowledge, relevant medical advances, as well as caregiver happenings at the Adler Aphasia Center.

We welcome feedback, ideas, and suggestions. Please email your comments to Tamara Heimlich, PhD, Life Coach at Adler Aphasia Center at theimlich@adleraphasiacenter.org.

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required to address this issue, as well as the bias in medicine to treat by doing, rather than by removing treatment. Inertia may also contribute, as prescriptions are refilled year after year without remembering why a medication was prescribed in the first place, whether it is still necessary or effective, and whether its effects duplicate those of other medications.

Patients or their trusted caregivers are often the best advocates when it comes to decreasing polypharmacy. It is essential to regularly ask doctors to re-evaluate medications and bring prescription bottles, as well as

over the counter medications and vitamin supplements to every medical appointment. Ask questions about the length of time you are expected to be on each medication, and potential side effects. If possible, develop a relationship with your pharmacist who fills your prescriptions and consult with them, as well. Also, although it is filled with medical terminology, try to familiarize yourself with the list and classes of inappropriate drugs for seniors published by the American Geriatrics Society by clicking [here](#). ■



AGING IN PLACE

As the Covid-19 pandemic has further revealed the perils of living in nursing homes, numerous newspaper articles have been written about where people will live as the American population continues to age at a relatively rapid pace.

On May 21st, the NY Times (NYTimes.com) published an article titled "Aging in Place Comfortably and Stylishly." While it focused on building new homes for people who can afford to do so, it also provided general information and resources in order to retrofit an existing home to increase safety.

Below are some important points:

- According to the Centers for Disease Control and Prevention (CDC), \$50 billion is spent annually on medical costs related to injuries sustained in non-fatal falls by people aged 65 and older.
- With the aging of the baby boomers, born between 1946 and 1964, the U.S. Census Bureau predicts that people over the age of 65 will outnumber those under the age of 18 by 2034.

- Several small steps can be taken to modify an existing home to facilitate aging in place:
 - o Installing task lighting in the kitchen to accommodate poorer vision
 - o Installing non-slip tiles and grab bars in bathrooms
 - o Relocating electrical outlets from 12 inches off the ground to 18-24 inches off the ground to make them more accessible
- If you have the financial resources to build a new home, details to consider include:
 - o Single floor living without stairs
 - o Wider doorways to accommodate wheelchairs
 - o Doors with lever handles
 - o Walk in and roll in showers

- o Reachable and accessible kitchen appliances and storage
- o Living in a walkable community should driving no longer be possible
- Some companies have recently introduced products or services to address these issues:
 - o AARP introduced HomeFit, a free augmented reality app that can scan a room and make safety suggestions. It is an extension of AARP's HomeFit Guide which is free to download [here](#).
 - o In 2020 the retailer Lowe's introduced a line of merchandise called "Accessible Home" that complies with ADA standards and features items such as bed rails, shower seats, and non-slip mats.
 - o The Home Depot also introduced a program in

2020 called "Independent Living" that partners with National Seating and Mobility, offering virtual consultations for the installation of stair lifts and wheelchair ramps, for example. This program is available in New Jersey and select cities, but not yet throughout the country.

- o There are Certified Aging in Place Specialists who include professionals from varied fields, including designers, remodelers, architects and occupational therapists. Some specialists may be found on the National Association of Home Builders website, www.nahb.org.
- o During the pandemic, the building of accessory dwelling units (A.D.U.s), or small backyard cottages, has become popular to keep older family members near younger ones. These homes are built from scratch and involve the same decision-making processes that are required in building a larger home. ■



HUG SOMEONE!

As part of the 10-day Fresh Start Challenge, Tara Parker-Pope of the New York Times (NYTimes.com) focuses on an essential aspect of life that was noticeably absent between people from different households during the pandemic – human touch, especially hugging. Now that many people are vaccinated, she encourages people who may safely hug, to hold on to each other for five seconds longer than usual. She cites a large body of research that shows the health benefits of hugging, including lowered stress hormones, increased calming hormones, and a stronger immune response to the common cold. Frequent hugs may also be correlated with more social

support, which is also good for your emotional and physical well-being.

As we begin to venture out beyond our pandemic bubbles, expanding our social circles to include friends and family we haven't seen in a long time, it may feel like the most natural thing to do to hug someone for five (or ten, or twenty) seconds longer than we used to, and to reap the benefits of this simple but most human connection. ■



ASK ADLER

The world is beginning to open after a year of restrictions and pandemic isolation. It is refreshing, even exciting, to see people's faces while walking outside, and to get together in person with people you haven't seen in a year other than on Zoom. Even better than simply seeing people in 3-D is the joy and relief you feel when hugging them (see above).

As caregivers, returning to this kind of normalcy may seem more difficult, as your responsibilities over this past year may have become more involved. If you are retired, spending 24 hours a day, seven days a week at home with your family member with aphasia may have left you with fewer people with whom to talk. If you are a family caregiver working from home this year, the intensity of caregiving demands combined with the pressures of work, all in one space, may have left you exhausted. If you needed to physically go to work, dealing with the possibility of bringing illness home to your loved one was stressful enough, even before meeting the demands of caregiving. For each one of you, being responsible for the care of your loved one with aphasia is an ongoing activity, even though the pandemic is easing.

As we emerge from the restrictions and isolation, take a few moments to reflect on whether you can make any changes in your caregiving routine. Are you able to hire a paid caregiver for a few hours a day to give yourself time in which to simply breathe, or to socialize with friends, to pursue a lapsed or new hobby, or to just go to your doctor's appointments on your own? Are you able to safely leave your loved one home alone for half an hour to go out for a walk, if paid caregiving is not an option? Is there a local high school or college student who would like to get to know your loved one with aphasia, providing you with some respite in the process? Are you able to invite family and friends over to your home to resume socializing? If that isn't comfortable, is there an outdoor space where you can meet? If your family member is returning to outpatient therapy, what self-care activities can you engage in during this time, rather than running every errand and doing all the chores? Take a few moments to assess what you need to do for yourself so that you may remain healthy, so that you may feel good about yourself, and to remind yourself how valuable you are, not only as a caregiver, but as your own individual and precious self. ■

This newsletter is produced by Tamara Heimlich, PhD. Tamara is a Life Coach and Research Associate at the Adler Aphasia Center. Tamara received her BA in psychology from McGill University in Montreal, and her MA and PhD in Clinical Health Psychology from Yeshiva University. She completed her predoctoral internship in the Department of Rehabilitation Medicine at Mount Sinai Medical Center. She also served as the research coordinator for the Comprehensive Epilepsy Center at NYU Medical Center, working primarily on the Multicenter Study of Epilepsy Surgery. Tamara joined the Adler Aphasia Center as a volunteer in 2009, and later, in 2013, as an employee, assuming the role of research associate. In 2017, Tamara began offering life coaching sessions for members and caregivers, and later curated a speaker series to address the unique needs of the Center's caregivers.

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Adler Aphasia Center, a non-profit organization with three full service facilities based in Maywood, West Orange, and Toms River, NJ and ten Communication Groups located throughout the state, is an innovative post-rehabilitative therapeutic program that addresses the long-term needs of people with aphasia and their families. Aphasia is a communication disorder that impairs the expression and understanding of spoken language, reading and writing. It occurs most often from a stroke or other brain injury. It affects a person's ability to communicate, but not his or her intellect. For more information about our programs and services in Maywood, West Orange or Toms River, NJ, or for information about our Aphasia Communication Groups in Bridgewater, Haddonfield, Hammonton, Maywood, Monroe, Morristown, North Bergen, Scotch Plains and Toms River, NJ, visit our website at www.adleraphasiacenter.org or call 20.368.8585.