

IN FOCUS

Understanding Urinary Incontinence in Elders

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Prevalence

Because urinary incontinence (UI) is much more common in older individuals, some people have regarded UI as an inevitable consequence of aging. Common estimates for the prevalence of urinary incontinence among individuals over 65 years of age who live in the community are around 30% for having any urinary incontinence within a year to 9% having severe incontinence, or having daily or nightly difficulty holding urine and often completely losing urine. Additionally, a recent national survey showed that 33% of assisted living residents experienced urinary incontinence. These data point out that UI is quite common, but not inevitable.

There are differences between men versus women and the frequency of UI. Men are less likely to be incontinent compared to their female counterparts of the same age, yet among the oldest, or those greater than 85 years of age, men and women may have nearly equal likelihood of having UI.

The Basics

As might be anticipated, the causes of UI in men and women are different. In women, stress urinary incontinence and urge urinary incontinence are common. Mixed UI, which consists of both stress and

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from our guest editor

Roger Dmochowski, MD

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Jean Wyman, PhD, RN, CNP, FAAN

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in this issue

During the aging process, physical changes take place no matter how healthy we are. Thankfully medical and technological advances can improve our well being on many levels. However, individuals must have a keen enough awareness of their bodies to notice when changes occur and take action by talking with a healthcare professional.

If health conditions are not managed or left untreated, they can become worse and potentially trigger other health issues. For this reason alone, responding to warning signs, such as pain, or feelings of discontent is crucial.

Read this issue to learn about **Mobility, Chronic Pain, and the Elderly**. Experts guide you through lifestyle changes that can help to manage incontinence, prevent injuries, and reach a safer, healthier state of living. ❖

urge UI, is also prevalent. Among men, urge UI and “overflow” UI are more common. It is quite rare for a woman to have “overflow” incontinence, and quite rare for a man who has not had prostate surgery to have stress incontinence. With increasing age, the prevalence of urge incontinence is higher. Additionally, frail older men and women may have fine working urinary bladders, but may be unable to successfully reach the bathroom; this is called functional UI. **Some individuals may have medical problems or take medications that can worsen UI.**

Assisted Daily Living (ADL)

Some assisted living facilities demand that clients be continent of bowel and bladder or be able to manage on their own using absorbent briefs and pads. Assisted living facilities must provide twenty-four-hour awake staff to provide oversight to meet scheduled and unscheduled needs, oversight of personal and supportive services, health-related services, social services, recreational activities, meals, housekeeping, and transportation.

The reasons that individuals who enter assisted living facilities might become incontinent include increasing frailty and functional changes of the bladder with age. As individuals age, they become more frail overall (i.e., less ability to walk safely and briskly, less ability to independently rise from a chair), and they may have functional changes in their bladder. These bladder changes could include an increase in bladder overactivity or spasms, and possibly related to this, a decrease in the overall capacity of the bladder. Older individuals complain that they get less warning that it is time to go to the bathroom.

Be Aware

Research studies show that individuals with urge UI in particular are more likely to suffer accidental falls. This can be linked to the fact that these individuals are rushing to the restroom and not taking the proper precaution to get there safely. UI is also associated with poor self-ratings of health

and higher rates of depression. However, this does not imply that those with depression are incontinent or vice versa.

Summary

Patients and family members should be aware that urinary incontinence is a common problem. Some family members react to their loved one’s incontinence by restricting outings or social gatherings for fear of embarrassment. It is exceedingly rare for an adult to intentionally be incontinent, so it is important that family members and patients avail themselves to an opportunity to find out more about UI and to be evaluated by a health professional. Research has shown that most individuals with UI never seek assistance or evaluation for their problem. Simple health education programs and access to consumer information can increase the likelihood that individuals will seek medical assistance for their problem.

While accessing the medical system may not provide a cure for UI, there are many things that can be done to help. In nearly all situations, something can be done to remedy the incontinence or ease the inconvenience and burden that causes. Not all assisted living facilities sweep the problem of UI under the rug, or escort their clients out the door. Often times, family members can contact leadership at assisting living facilities to find out what additional assistance might be available. ❖

American Chronic Pain Association (ACPA)

Do you experience pain regularly? Does the pain restrict you from certain activities? It may be time to seek help. The ACPA has resources to help individuals understand pain and find proper healthcare. Their program explains key factors in becoming a healthier, pain-free individual. Chronic pain can be treated. To assess or evaluate your level of pain, you or your healthcare provider can download the ACPA Quality of Life Scale by visiting: www.theacpa.org. For more information about the ACPA, call 1.800.533.3231, write to: PO Box 850, Rocklin, CA 95677, or email ACPA@pacbell.net.

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A HEALTHY BALANCE

Physical Activity: Important for Fall Prevention

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Prevalence

More than one-third of older adults will fall each year, and fall-related injuries from such may result in a disability. More serious injuries such as a hip fracture may cause loss of independence and early admission to a nursing home. Not all falls are serious. More often a person will get up, brush himself off, and be embarrassed that a fall happened.

The home setting is the primary location for falls. Over half of falls occur inside the home and on level surfaces. About 16% of falls occur on stairs, and 2-5% of accidental falls occur when performing hazardous activities such as climbing onto ladders. Approximately 5% of the falls occur in the bathroom. Falls in the bathroom tend to be more serious because the person falls in a limited space and onto hard surfaces.

The Link to Incontinence

About 75% of falls occur during routine daily activities, and in the presence of one or more environmental hazards. Environmental hazards like extension cords, low tables or pets cause a foot to trip. Environmental hazards such as throw rugs or spills on the floor can cause a slip.

Many personal fall risk factors have been identified. Examples include poor muscle strength, arthritis, poor vision, stroke, decreased judgment, taking more than four

medications, and a fear of falling. A single risk factor may not cause a fall, but combined with other factors, the risk of falls increases. Recently, researchers and clinicians recognized urinary incontinence as a fall risk factor. Older people with urge urinary incontinence have greater risk of falls and fractures because of the need to rush to the bathroom. This problem is compounded with nocturia, a condition where an individual wakes to use the restroom, because the person may quickly get out of bed and not turn on a light. A quick movement from lying down to standing up can cause a drop in blood pressure and dizziness; and not turning on a light increases the chances to trip over an obstacle. Lastly, incontinence may have a negative impact on the person's social life by decreasing activity which results in poor balance and muscle strength and de-conditioning.

Prevention

Just as doing pelvic floor muscle exercises to reduce incontinent episodes is important, likewise physical activity and general fitness are key to help reduce the likelihood of falls. Physical activity programs for older adults include a stretching component for flexibility. For more active older adults, walking, swimming, exercise bike, bike riding, Tai Chi, ball room dancing

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Containment Swim Brief

Discovery Trekking Outfitters is a Canadian-based company that designs and sells unique products for an active lifestyle. The containment swim brief is a comfortable, yet durable undergarment for individuals with urinary or bowel incontinence. It is available in an array of colors and sizes suitable for children and adults. Discovery Trekking Outfitters can even accommodate custom size requests. To view the product options or order, visit: www.discoverytrekking.com or call (250) 286-6577.

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Mobility: Stretching is Key

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Background

The natural process of aging has an effect on muscles and joints.

Muscles atrophy, or shrink and lose mass. The water content in tendons decreases making the tendons stiffer. Both of these can affect the range of motion or flexibility of the joints in the body. Remaining active can counteract these effects. It helps to maintain independence and ability to perform activities of daily living such as bathing, dressing, cooking and cleaning.

Impaired flexibility caused by tight muscles can lead to decreased mobility, therefore making it more difficult to perform everyday activities. For example, tight calf muscles can decrease the range of motion in the ankle, which affects the ability to point the toes or flex the foot. Decreased ankle flexibility impacts the ability to stand up from a chair or toilet, safely handle stairs and to avoid falls while walking. Stretching can improve flexibility by lengthening muscles thereby increasing a joint's range of motion. The American Academy of Orthopedic Surgeons agrees that joint flexibility can be achieved by stretching regularly.

If stretching is not done correctly, more harm than good will result. Stretching should follow a warm up period which can include walking or arm pumping. Stretches should be performed in a slow, steady manner, holding the stretch for 30 seconds. Bouncing can lead to small, micro tears in the muscle and therefore should not be done. Stretching should not hurt. If pain occurs when stretching, stop immediately. Perform stretches at least three times per week. Joints af-

ected by tight muscles which may impact everyday activities can be the ankles, knees and shoulders. Important stretches include hamstrings (the muscle on the back of the upper leg), calf muscles and shoulder muscles.

Hamstring stretch: Sit on the floor or on the bed with one leg out in front and the other leg bent. Keeping the knee of the outstretched leg straight, lean forward reaching for your toes. Hold the stretch for 30 seconds then relax. Repeat three times. Repeat with other leg.

Calf stretch: Sitting with leg outstretched in front, hold a towel in both hands and loop around the foot just under the toes. Keeping the knee straight, pull towel toward chest feeling the stretch in the calf muscle. Hold stretch 30 seconds, then relax. Repeat 3 times. Repeat with other leg.

Shoulder stretch: This can be done standing or sitting, reach both arms up over head, clasp hands and point palms toward the ceiling. Hold stretch for 30 seconds.

A stretching program can have an increased benefit when added to endurance exercise (walking, cycling or swimming) and resistance exercises (weight training). Endurance exercises can improve the aerobic capacity and resistance training can increase muscle mass. All three types of exercises can decrease the ill-effects of the natural aging process. As with any exercise program, always consult with your physician before beginning. ❖

FOLDaCUP

Life-Tech[®], Inc. offers the convenience of a collapsible container made to accurately measure urine when outside of a physician's office - whether at home or on the go. The device's lightweight, compact design allows individuals to easily keep a bladder diary even with out of town plans. Foldacup has an easy to read, measuring cup appearance. Please visit www.life-tech.com, call 1.800.231.9841, or write P.O. Box 1849, Stafford, TX 77477 to learn more.

PERSONALLY SPEAKING

In August 1991, at age 78, I went to my doctor in Asheville, N.C. for a physical. I felt as though I was in perfect health, though my physician told me that my prostate was enlarged. It was then that we talked about the side effects of an enlarged prostate, and I realized it had been enlarged for some time.

From there I was sent to a urologist. From the test I underwent there, I learned that I had prostate cancer. But thankfully the cancer had not spread. I wanted to have surgery as I felt this was my best option to avoid any future confrontations with cancer. However, during my surgery my nerves were severely damaged. I developed serious stress incontinence as a result.

The urologist called one day. After learning about my persistent symptoms, he explained that he could help. Upon my visit, he gave me a penile compression device, a mechanism that wraps around the penis to stop the flow of urine. The doctor did not inform me that it would be best to remove all clothing and get into the bathtub when removing the device. Therefore, I was very unimpressed with its capabilities. The first time I used the device was also the last.

Later that year in October, I read an article in the newspaper by Katherine Jeter, NAFC founder. At that time, the National Association For Continence was known as Help for Incontinence People (HIP). I had a one hour visit with her, and she told me about pelvic muscle exercises, or Kegel exercises, and importance of avoiding certain food and drinks. She came to Asheville and spoke to my support group and surprised everyone with the same instruction she gave me during my visit.

For the past fifteen years, I have done Kegel exercises and watched my diet. I am now 93 years old and still very active. I wear an extremely light disposable absorbent product for the rare occasion that I need it. I have good control over my bladder. Thanks to Katherine Jeter and NAFC. ❖

-- Carlton in Colorado

Falls Management Tools

Health Professions Press now offers the *Essential Falls Management Series*. This set of CD-ROM teaching tools stresses the importance of fall prevention and assists administrators, managers, nurses, and healthcare facility staff in fall management. The tutorial includes a variety of activities and ideas to integrate in a current curriculum.

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IN THE SPOTLIGHT

American Pain Foundation

By visiting the American Pain Foundation (APF) Web site, you can download its new booklet, "Treatment Options: A Guide for People Living with Pain." Whether you are living with pain without treatment or have been diagnosed and treated for pain by a healthcare provider already, this educational tool with benefit you. It explains how to talk with a healthcare provider about pain, the treatment options available and the importance of pain management.

Chapters offer detailed information about creating a treatment plan based on an individual's mental, emotional and physical health history. A psychological and social health section explains that sometimes eliminating stressful factors in life, such as an unhealthy relationship, can reduce pain and help those living with pain to regain control over their lives. It is important to talk to a trained professional about chronic pain to receive proper treatment. Increase your knowledge about pain today by visiting www.painfoundation.org. ❖

Reducing Home Hazards Results in Less Risk of Injury

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The Concern

Falls are a major concern. More than half of falls occur in and around the home. Each year nearly 2 billion people enter the emergency room for a fall. Hip and wrist fractures are among the most common types of injuries from falls. Each year, approximately 12,000 people age 65+ have a fatal fall. Not only are the injuries and deaths a concern, but also the associated costs of care. In the US, health care costs for fall related injuries have been estimated at upwards of \$20 billion per year.

A person's attributes as well as their environment can contribute to falls. Common risk factors for falls include poor vision, increasing age, a history of falls, being female, taking multiple medications, and fear of falling. Changes in vision, balance, and sensation can further contribute to the risk of falls. For example, people with decreased sensation in their feet may not be aware that other senses such as vision may be helping their body to remain upright when moving around. A sudden sound or sight which results in a quick head movement to detect the disturbance can result in disorienting the body's positioning. Also some particular health conditions such as multiple sclerosis and Parkinson's disease are associated with a greater risk of falling, and require measures to minimize fall-related injury.

Get Organized

Within the environment, hazards such as clutter, uneven surfaces, wet slippery surfaces, or unexpected objects such as pets or toys can increase fall risk. Also the lack of environmental

supports such as stairs without handrails can be problematic. However, changes can be made to one's home to decrease risk of falls and offer support to help reduce injury in the event of a trip or slip. In the home environment, night lights can be used to find the way to the bathroom at night. Supports to the upper body such as handrails and grab bars can be used to assist with transferring and moving throughout the home. Seats with arms can offer a place to rest, as well as support for pushing up from a seated to standing position. Seats can be used in many rooms of the home if a rest is needed. A kitchen chair may be used to prepare meals while seated. A bath seat or transfer bench may be used in the tub or shower for transferring in and out or showering while seated.

Family may be the first to become concerned about an older adult who appears to be at risk of falling. Even though they are able to identify the problem, they may not know what can be done to make the home safer. Assessment is used to better specify what might be the source of the fall risk. For the home environment, several simple safety checklists are available. Checklists can often be completed as a screening tool for families to identify what changes might be made. A professional assessment is recommended for more thorough understanding of the situation. Occupational therapists and other rehabilitation professionals, who understand the interaction of a person and their environment, can assist families in planning how the environment can be supportive with both current health and anticipated changes in the future. The American Occupational Therapy Association has recently begun awarding a Specialty Certification in Environment Modifications (SCEM) to occupational therapy practitioners who demonstrate advanced skills in this area.

Where to Get Help

Implementing home modifications can be a complex process. There are several organizations that operate locally which may or may not offer home modifications depending on the location. Rebuilding Together is a national organization that provides home repair and modifications to low-income families through

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ACKNOWLEDGEMENTS

NAFC wants to acknowledge the dedication and contribution of our current and past interns. With these bright and motivated students, we have finished many projects, jumped into new endeavors, and have hopefully given them a valuable experience to take away to their successful futures.

2006

William Lechner, a psychology major at the College of Charleston, possessed great passion and confidence as he helped complete two major projects that will serve as comprehensive resources for men: our new male stress urinary incontinence leaflet and our new leaflet and Web site material on enlarged prostate.

Sasha Salters, a biology major at the College of Charleston, contributed greatly to a diverse set of projects; she learned about the needs and concerns of women while entering data from our survey on pelvic organ prolapse, she assisted in fundraising and campaign planning, and compiled statistics and updated content for our revised media kit.

Katie Koval, a pre-med student at Duke University, spent a great deal of effort on our new fecal incontinence leaflet and Web site material. She exhibited a tremendous amount of commitment as she put together content on pediatric bedwetting, a new leaflet and section of our Web site. Finally, she was chiefly responsible for researching new products for our latest publication of Discoveries® 2007.

Discoveries® 2007 was passed to Megan Drake, a biology major at the College of Charleston, who has done a wonderful job with researching, editing, and compiling product literature. She has been in direct contact with industry representatives to ensure that Discoveries® 2007 is a thorough and accurate guide book for our constituents.

Branden Gary, a business administration major at the College of Charleston, whizzed through databases and Excel

documents as he edited our accounting and media databases as well as updated our contact database. He also demonstrated a precise attention to detail helping to identify broken links on our Web site.

2005

Nicole Cadwell, a graduate of the College of Charleston, was involved in preliminary publicity and media planning for our 2005 educational forum at Duke University Medical Center.

Baylee Fidler, a graduate of the College of Charleston, played a significant role in our 2005 forum at Duke. She put together a planning calendar of action steps, helped with publicity and promotions associated with the forum, researched the details and logistics of mailing the 'Save the Date' card that she created for the event, and spent considerable time compiling information for our Discoveries® 2006.

Courtney Brown, a graduate of the College of Charleston, devoted her energy to the production of the Caregiver's Desk Reference®. She was highly involved with the entire process; she contacted guest authors, edited content for a consistent text, researched and wrote text, and visited assisted living facilities to gather feedback from directors of healthcare.

Vanessa Singleton, a graduate of the College of Charleston, was always dependable and a pleasure to work with. She assisted NAFC's Membership and Fund Development Manager in drafting cause-marketing letters and grant proposals.

2004

Paula Passarella, a graduate of the College of Charleston, helped produce our women's pelvic muscle exercise kit. She updated copy for the manual, outlined the script for the video production, and researched box companies to ensure

continued on page next page. . .

Osteoporosis Resource Online

Diet and exercise have an important role in overall health and have direct effects on our bones. The International Osteoporosis Foundation (IOF) has a new Web site, entitled "Bon Apétit! The role of food and nutrition in building and maintaining strong bones" that thoroughly explains osteoporosis, a bone degenerating disease. The site is filled with informative topics including the prevention, diagnosis, and treatment for the disease. Because low density bones are susceptible to injury, IOF offers tips for preventing falls. Sections such as training, education, guidelines, and events for healthcare providers are featured as well. Please go online and visit www.iofbonehealth.org to learn more about what you can do to remain strong.

Acknowledgements...

a cost effective and educational production.

Karen Kennedy, a graduate of the College of Charleston, showed a strong work ethic as she assisted staff with publicity, media relations, and on the ground logistics for our Charleston, SC forum in the spring of 2004.

Melanie Edwards, a graduate of Clemson University, did much of leg work associated with the publication of NAFC's 2004-2005 Resource Guide®. Her contributions involved contacting companies for updated information, researching organizations and data entry.

Rena Frulla, a graduate of the College of Charleston, tapped into our working database, Raiser's Edge, to identify constituent diagnoses based on their contact and order history. She also spent time at the public library gathering information to increase our resource section of the 2004-2005 Resource Guide®.

We strongly believe that our internships are a mutually beneficial experience for both NAFC and college students. Thanks to our interns for the tremendous work they all accomplished at NAFC! ❖

A Healthy Balance...

and even low-intensity exercise improves balance, and muscle strength. A physician checkup is recommended for those persons who are beginning a program.

Older adults with limited mobility who are living at home, in assisted living facilities or nursing homes, can improve their mobility, flexibility and strength through low-impact exercises. These exercises can be done in bed, sitting in a chair or holding onto a chair. Such activities include moving the head to the shoulder, raising the heels or toes off the floor, lifting the knees up, making arm circles, lifting and moving the arms in different directions, and bending the trunk of the body. Walking is another an enjoyable activity. Resistance can be added by using rubberized tubing, a towel or a scarf. Weights can be added to the wrists and ankles.

These activities can be performed alone or with a group and with music to make the activity more enjoyable. A physical therapist, occupational therapist or activity director can design the activity program to ensure that it is appropriate. For any activity program, a minimum of six weeks is needed before seeing a change in muscle strength.

Additional Fall Prevention Strategies

If an individual is taking medicine, a physician should review all of them and develop a medication schedule to decrease nocturia and reduce the potential of falling due to medication interaction. Other activities to reduce falls include removal of hazards and obstacles that might cause a fall, use of a night light, and eyeglass prescription checked at least yearly. Washing the prescription glasses daily is also recommended. Using the arms on the chair to push up and sit down, and using hand rails reduces the potential for falls. Regular toileting can be helpful in preventing falls as well as this habit can eliminate the need to rush to the restroom.

For those who have a fear of falling, the fear is all right as long as it does not cause a decrease in activity. Staying active and healthy is the best way to improve continence outcomes, reduce falls and maintain a good quality of life. ❖

FROM THE PATIENTS

Roger Dmochowski, MD

Lately my husband is experiencing what seems to be urinary incontinence. I have been incontinent for years and received help for it some time ago. However, my husband is very private and does not like to talk about it. How do you recommend I talk with him and perhaps our healthcare provider about the changes taking place? And would you guide me to get a second opinion if I am not satisfied with my primary care physician or even a specialist's advice?

Everyone handles incontinence in a unique and very private way. Clearly, you have managed this problem directly and in a manner that was required by the bother this symptom caused you. Your husband, however, may not be bothered to a level which would require medical consultation. Incontinence in men can be caused by a variety of conditions that do not occur in women. Many men experience urinary incontinence due to enlargement of the prostate and bladder changes caused by this enlargement of the prostate. However, other causes for incontinence can include neurologic problems, as well as other more significant problems, such as diabetes.

Although you have had a focused conversation with your husband, it is necessary for him to be ready to confront this issue before approaching a medical caregiver. And though you may be concerned for him, until he reaches a point of life disruption and bother, he may not be willing to discuss this concern with total strangers. Simple open-ended questions regarding changes in a person's life caused by the urinary leakage, including activities which can no longer be done and those that must be curtailed due to the problem, are possibly the best way to actually get to the degree of bother a person is experiencing from their incontinence. Certainly a very important component of a medical consultation is a second opinion, but there must be willingness on the part of the person suffering from the condition so that an appropriate level of advice can be obtained.

Many men experience what is called post-void dribbling or loss of urine after the urinary flow is complete. This is not actually incontinence but simply urine being trapped in the urinary channel after urination due to enlargement of the prostate. Unfortunately, this becomes a very chronic problem and is not easily rectified by either surgery or medicines. It is very important to distinguish this from other types of incontinence that a person may be experiencing.

I have had severe arthritis for some time. Recently I have experienced some urinary incontinence as well. Is there a medication available that treats chronic pain and incontinence? Are there medications that may complicate matters? What are my options?

Arthritis and urinary incontinence unfortunately coexist in many people. Chronic pain from arthritis is a significant limiting physical aspect especially in a person who has significant urinary symptoms with strong desire to reach bathroom facilities (urge urinary incontinence). There has been a variety of medicines identified that may have positive aspects both for pain and incontinence. Recent attempts to establish new medicines unfortunately have not been successful due either lack of efficacy or side effects. An older generation of medicines which is known as tricyclic antidepressants have some benefit for pain and urinary symptoms. These medicines must be used with some caution though, because of potential side effects for other organs such as the heart especially in older individuals. Therefore, although these medicines may be useful for individuals with both the problem of chronic pain and urinary incontinence, they can also raise other issues as adverse events of taking these medicines.

It is very important to consult with your physician regarding options for these circumstances as oftentimes unfortunately separate treatments must be undertaken for these conditions given the separate underlying causes of these problems and the fact that we really lack a global treatment for all of these entities with any single medicine. ❖

See more *From the Patients* on the back inside cover....

Guide to Long Term Care Planning

For individuals seeking long term elder care, the National Care Planning Council has a Web site filled with invaluable resources. The easy-to-navigate site, Guide to Long Term Care Planning, has a homepage that clearly displays each of its chapters. Its main focal points are understanding and planning for long term care.

The section dedicated to helping individuals *understand* long term care covers topics such as: caregiving, adult day care, assisted living, nursing homes, hospice care, Medicaid, Medicare, depression in elder care recipients, and elder abuse. An extensive list of links to other reputable resources further defines and supports the site's contents. Chapters on the site that expand on the *planning* phases of long term care include information explaining the need and process of a long term care plan. Advice on matters such as cost, insurance, wills, reverse mortgages and care managers can be found as well.

If you or someone you love is considering long term care, make note of www.longtermcarelink.net/eldercare.htm. You may also call the National Care Planning Editor, Tom Day, at (801) 298-8676 or email to tomday@longtermcarelink.net.



Healthy Weight Week

This time of year is often a reminder to get on track with personal goals. After the holiday season, one common resolution is to lead a healthier lifestyle. Eating nutritious meals, exercising regularly, getting an adequate amount of sleep, and losing weight are essential for health. Why not make a pledge to join others in celebrating Healthy Weight Week? Urge your community to recognize January 21-27, 2007, and visit <http://www.healthyweight.net/hww.htm> for details.

Collective Voice...

adults, and Independent Living Centers provide services for people with disabilities. Check to see if you have one of these agencies in your local area, if they provide home modifications, and what the qualifications are for their programs.

Other people may have the resources to pay for home modifications out of pocket and will need to find someone knowledgeable to provide the services. Because contractors are increasingly interested in providing home modifications, the National Association of Home Builders started a program called the Certified Aging-in-Place Specialist (CAPS). The CAPS designation has been awarded to builders, occupational therapists, and other types of professionals.

Conclusion

Homes with safety features and physical supports are a start toward reducing the risk of falls. Home modification interventions are most effective when other fall risk factors are also addressed such as balance and mobility and health management. These prevention and intervention strategies have the potential to not only reduce the costs and concerns on society, but also help people at risk of falling to feel more secure and add to their quality of daily living. ❖

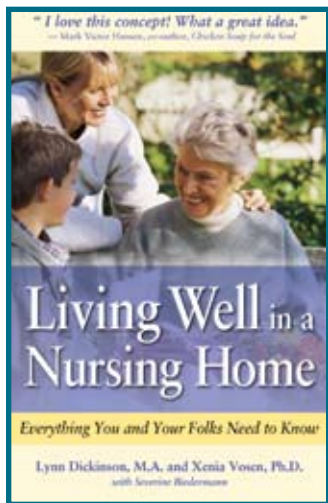
NIHSeniorHealth

Fall Prevention Resources

The National Institutes of Health (NIH) SeniorHealth is a web-based program developed by National Institute on Aging and the National Library of Medicine that offers guidance on a number of topics including: arthritis, balance problems, diabetes, exercise for older adults, high blood pressure, osteoporosis, prostate cancer and sleep. NIHSeniorHealth recently added a new section, called Falls and Older Adults. This resource offers information such as risk factors for falls and measures individuals can take to prevent them from occurring. Its layout is specifically designed for seniors and gives Web site visitors the ability to seek answers to important health questions. Visit www.nihseniorhealth.gov to gain insight today.

FROM THE HEADQUARTERS

Living Well in a Nursing Home, by Lynn Dickinson, MA, and Xenia Vosen, PhD, is principally about the process of deciding to move a loved one to an extended care facility – methodically, with understanding, and without guilt. Vosen, a gerontologist and owner of several nursing homes, has teamed up with an entertainment publicist and motivational coach as her co-author in an unusual but highly effective combination of talents. Together, they first outline no-nonsense exercises that illuminate signs that a loved one needs extra care beyond what family members can easily or willingly provide. After assessing whether home care is a workable option, the authors give guidelines for evaluating and choosing the best fitting long-term care option. Laced with humanizing stories from Vosen’s real-life experiences, the book offers valuable advice and perspective on how to honestly and objectively manage the search and eventual “move-in” to a facility, including consensus-building with all involved family members.



The title of the book is, however, a bit misleading in that discussion covers the full gambit of all types of extended care, from group homes and assisted living to skilled nursing care for the frail elderly with severely impaired mobility. The use of the pronoun “you”, intended to speak to everyone involved in the decision, at times seems to talk as if the would be resident is not present. Other times, the authors speak directly to the resident. The constant “flip flop” can

leave the reader wondering who exactly is supposed to be following all of the steps outlined by the book. This can be disconcerting.

Despite such distractions, the book achieves its chief objective of looking squarely at the positive aspects of life in an extended care facility such as a nursing home, treating the care team on staff with sensitivity and empathy. If everyone facing such a decision were to read this book in advance of addressing the decision, there would be far less family tension and conflict and far sounder choices made in the long run across America. Thank goodness such a handbook has been published!

Available through Hunter House Publishers, the book can be ordered from most retail bookstores, by calling 1-800-266-5592, or from www.hunterhouse.com. ❖

Nancy Muller

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Executive Director



Upcoming NAFC Leaflets

Childhood and Adult Bedwetting

A brochure explaining the causes, management and treatment of bedwetting, or nocturnal enuresis.

Nocturia

Waking two or more times per night is a condition called nocturia. This publication explains why this occurs and how it can be treated and managed.