

UK Elder Care

IN THE KNOW

E-Newsletter

June 2009



A MESSAGE FROM THE COORDINATOR

For those of you who completed our evaluations over the spring, we have the results compiled for you on the Elder Care web site – www.uky.edu/eldercare. Kay Gaines, staff assistant for Elder Care, conducted these surveys as part of her graduate coursework in Social Work. We conducted two surveys. The first survey was for the support group participants, with a 49% response rate. The second survey was about the experience of using Elder Care services, with an 18% response rate. We learned a great deal from your feedback. First, we need to better promote the services of Elder Care so employees understand the different services offered. We learned a lot of employees just don't have the time to participate in seminars and meetings because of the workload, although they could greatly benefit from participating. The Work-Life office will certainly be an advocate and promote these events when speaking to supervisors about ways they can support employees. On-Line support groups were also mentioned as a way to outreach to off campus employees as well as employees who need the support but can't get away from the office. Once again, thank you for participating in these surveys, and we will consider your suggestions for improving the services offered.



NEWS HIGHLIGHTS

Older Adults May Have Some Immunity to Swine Flu

Some older people may have partial immunity to the new H1N1 swine flu virus because of possible exposure to another H1N1 flu strain circulating prior to 1957.

"The further back you go in time, the more likely you are to have been exposed to H1N1 virus back before 1957, and there is a possibility that having exposure to that virus many years ago may allow you to have some [antibody] reaction to the new H1N1 that's now circulating," Dr. Daniel Jernigan, deputy director of CDC's Influenza Division, said during a teleconference.

That may explain why the new swine flu outbreak is striking a disproportionately large number of children and young adults. The regular seasonal flu typically takes the biggest toll among the very young and the elderly.

The current H1N1 virus is a distant genetic cousin of the more virulent H1N1 "Spanish flu" virus of 1918 that killed 20 million to 50 million people worldwide, and up to 500,000 in the United States. Seasonal versions of this virus circulated throughout the United States until it was replaced in 1957 by the H2N2 "Asian flu" pandemic virus, which caused 70,000 deaths in the United States.

In 1977, the H1N1 "Russian flu" virus emerged, but people exposed to H1N1 before 1957 were largely immune to this strain, according to the U.S. National Institute of Allergy and Infectious Diseases.

Jernigan said studies have found evidence of H1N1 antibody activity in blood from older people. "We can infer from that, to some degree, that there is some level of protection," he said. But he added a note of caution, saying that many years have passed and the new virus, although the same subtype, is different from the H1N1 seasonal flu virus circulating before 1957.

Jernigan also disagreed with an assessment Tuesday by the World Health Organization's director-general, Dr. Margaret Chan, who said production of an H1N1 swine flu vaccine could not begin until mid-July at the earliest, weeks later than previous estimates. Chan's reasoning: swine flu virus isn't growing very fast in laboratories, making it hard for scientists to get the key ingredient they need for a vaccine -- the "seed stock" from the virus. And she said it would then take months before a vaccine would be available, the *Associated Press* reported.

However, Jernigan said that in the United States, the steps needed to produce a swine flu vaccine are moving ahead on schedule, and a vaccine should be ready by the fall. "We are moving along and have not had significant delays here in the U.S. with the development of the vaccine candidates," he said. Jernigan noted that creating a vaccine for the new H1N1 flu is a complicated process. He also suggested making the regular, seasonal flu vaccine available earlier to Americans than its usual late September or early October introduction.

"At this point when to vaccinate [with the new H1N1 vaccine] is going to be driven largely by when it's available," Jernigan said. "If possible we want to have an earlier roll-out of the seasonal influenza vaccine, to make it easier for an additional vaccine if that's the ultimate policy," he said.

"For that reason we will be working closely with manufacturers and with multiple advisory committees through the federal government and with other partners to make sure that what is recommended in terms of timing is feasible and can be initiated, to offer the most protection to the most folks," Jernigan said.

In the United States, most cases of swine flu continue to be no worse than seasonal flu, health officials said. Testing has also found that the swine flu virus remains susceptible to two common antiviral drugs, Tamiflu and Relenza, according to the CDC. The new swine flu is a highly unusual mix of swine, bird and human flu viruses. Experts worry that, if the new flu virus mutates, people would have limited immunity to fight the infection.

The CDC is concerned with what will happen as the H1N1 virus moves into the Southern Hemisphere, where the flu season is about to start. The agency is also preparing for the virus' likely return in the fall to the Northern Hemisphere.

On Tuesday, U.S. health officials said that people hospitalized with the swine flu who have underlying health problems fare worse than otherwise healthy people who also have been hospitalized. This buttresses the belief that the swine flu is no more dangerous than regular flu, the officials said.

On Wednesday, the CDC was reporting 5,710 U.S. cases of swine flu in 48 states, including eight deaths. The two latest deaths include a 44-year-old man in Missouri -- the state's first such fatality -- and a 57-year-old woman in Arizona, that state's second confirmed swine flu death.

The World Health Organization on Wednesday was reporting 10,243 diagnosed cases in 41 countries, including at least 80 deaths, mostly in Mexico, believed to be the source of the outbreak.

Source: http://www.nlm.nih.gov/medlineplus/print/news/fullstory_84517.html

Medicare Information for Caregivers Now Available on NIHSeniorHealth

If you're caring for an older friend or family member, you've probably had questions about Medicare, the federal health insurance program for adults 65 and older and people under age 65 with disabilities. While you may know that Medicare helps pay for medical and prescription drug costs, you may want to become more familiar with the Medicare benefits and resources available to your friend or loved one. An easy-to-read overview, "Medicare Basics for Caregivers," is now available at NIHSeniorHealth.gov, the Web site for older adults from the National Institutes of Health. This brief, yet comprehensive introduction to Medicare gives caregivers the basics and helps them find answers to their questions.

The topic was developed with the Centers for Medicare and Medicaid Services based on its booklet, *Medicare Basics: A Guide for Families and Friends of People with Medicare*. "Knowing how Medicare works can help a person make better financial decisions about care," says Dr. Marie Bernard, deputy director of the National Institute on Aging. "A caregiver who is knowledgeable about Medicare can be an informed advocate for an older loved one who needs to access the benefits the program provides. The new 'Medicare Basics for Caregivers' topic on NIHSeniorHealth is an excellent source of concise, easy-to-understand information that will benefit both caregivers and their loved ones."

Caregivers and others needing a general introduction to Medicare can visit <http://nihseniorhealth.gov/medicare/toc.html> to find out about medical and hospital benefits, enrollment, billing, prescription drug costs, home health care and much more.

Source: <http://www.nih.gov/news/health/may2009/nia-13.htm>

Elderly Women With 'Dowager's Hump' May Be At Higher Risk Of Earlier Death

Hyperkyphosis, or "dowager's hump" the exaggerated forward curvature of the upper spine seen commonly in elderly women may predict earlier death in women whether or not they have vertebral osteoporosis, UCLA researchers have found.

In a study published in the May 19 issue of *Annals of Internal Medicine*, researchers found that older white women with both vertebral fractures and the increased spinal curvature that results in the bent-over posture characteristic of hyperkyphosis had an

elevated risk for earlier death. The finding was independent of other factors that included age and underlying spinal osteoporosis.

Women who had only hyperkyphosis, without vertebral fractures, did not show an increased risk for premature death.

Hyperkyphosis can be caused by a number of factors besides osteoporosis, including habitual poor posture and degenerative diseases of the muscles and intervertebral discs.

For the study, the researchers reviewed data on 610 women, age 67 to 93, from a cohort of 9,704 participants in the Study of Osteoporotic Fractures. The participants were recruited between 1986 and 1988 in Baltimore, Md.; Minneapolis, Minn.; Portland, Ore.; and Pennsylvania's Monongahela Valley. Researchers measured spinal curvature with a flexicurve and assessed vertebral fractures from spinal radiographs; they assessed mortality based on follow-ups averaging 13.5 years.

Adjusting for age, as well as osteoporosis-related factors such as low bone density, moderate and severe vertebral fractures, and the number of prevalent vertebral fractures, the researchers found that women with previous vertebral fractures and increasing degrees of spinal curvature were at increased mortality risk from the spinal condition, regardless of age, smoking, spinal bone-mineral density, or the number and severity of their spinal fractures.

These study findings provide evidence that it is not just vertebral fracture alone but the associated increased spinal curvature that may be most predictive of adverse health outcomes. Other studies linking hyperkyphosis to poor health, such as impaired physical function, increased fall risk, fractures and mortality, have been unable to exclude the possibility that vertebral fractures alone were the underlying explanation for the findings.

The researchers note several caveats. This study focused on women, though hyperkyphosis also affects men; measurements for vertebral fractures were based only on height ratios, which could lead to misclassification of other causes of height ratio decreases, such as Scheuermann disease; and the timing of the assessments could have affected the results, though it's unlikely to have made much difference.

However, this study demonstrates a possible association between hyperkyphosis and increased risk for earlier death independent of the number and severity of vertebral fractures or osteoporosis in older women, the researchers write.

Source: www.medicalnewstoday.com/articles/151328.php



UPCOMING EVENTS ON CAMPUS & IN THE COMMUNITY

CAMPUS EVENTS:

- **Health & Wellness Events:** *Start Moving Summer Challenge* starts June 3rd at Noon; *Weight Loss Matters* registration deadline June 11th. For more information

and to RSVP for appointments and programs, please visit www.uky.edu/HR/wellness

- **Caregivers Support Group (CARE Group):** UK employee caregivers will meet June 11th from 12 – 1:00 in Room 322 CTW Building. Anyone is welcome! For more information, call Janice Austin at 323-4600.

COMMUNITY EVENTS:

- **Pain Control, Medicare Part D, Extra Help & Use of Health Care Professionals for Savvy Seniors** presentation will be Tuesday, June 9 at 10:30 a.m. at the Lexington Senior Center. Mr. John Brislin is a Geriatric Consultant Pharmacist and he will also be available for individual consultations after his presentation. Call 278-6072 to schedule the consultation. There is no cost for this event.
- **Family Caregiver Training** sponsored by the Alzheimer's Association will be Friday, June 19th from 9am – 4pm in Lexington. This program is for those who have a friend or family member who has been diagnosed with Alzheimer's disease or a related dementia. Local and statewide experts in aging and Alzheimer's care will present on Alzheimer's disease, caregiving basics, legal decisions, and how to care for the caregiver. Registration is \$10 and includes lunch. Registration is required; call 1-800-272-3900.



CAREGIVER SURVIVAL GUIDE

Reducing Caregiver Stress

How we perceive and respond to an event is a significant factor in how we adjust and cope with it. The stress you feel is not only the result of your caregiving situation but also the result of your perception of it—whether you see the glass as half-full or half-empty. It is important to remember that you are not alone in your experiences.

Your level of stress is influenced by many factors, including the following:

- Whether your caregiving is voluntary. If you feel you had no choice in taking on the responsibilities, the chances are greater that you will experience strain, distress, and resentment.
- Your relationship with the care recipient. Sometimes people care for another with the hope of healing a relationship. If healing does not occur, you may feel regret and discouragement.
- Your coping abilities. How you coped with stress in the past predicts how you will cope now. Identify your current coping strengths so that you can build on them.
- Your caregiving situation. Some caregiving situations are more stressful than others. For example, caring for a person with dementia is often more stressful than caring for someone with a

- physical limitation.
- Whether support is available.

Steps to Managing Stress

1. *Recognize warning signs early.* These might include irritability, sleep problems, and forgetfulness. Know your own warning signs, and act to make changes. Don't wait until you are overwhelmed.
2. *Identify sources of stress.* Ask yourself, "What is causing stress for me?" Sources of stress might be too much to do, family disagreements, feelings of inadequacy, inability to say no.
3. *Identify what you can and cannot change.* Remember, we can only change ourselves; we cannot change another person. When you try to change things over which you have no control, you will only increase your sense of frustration. Ask yourself, "What do I have some control over? What can I change?" Even a small change can make a big difference. The challenge we face as caregivers is well expressed in words from the Serenity Prayer:
*...Grant me the serenity to
Accept the things I cannot change,
Courage to change the things I can,
And the wisdom to know the difference.*
4. *Take action.* Taking some action to reduce stress gives us back a sense of control. Stress reducers can be simple activities like walking and other forms of exercise, gardening, meditation, having coffee with a friend, joining a caregiver support group. Identify some stress reducers that work for you.

Taken from: [Taking Care of YOU: Self-Care for Family Caregivers](#)

www.caregiver.org



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