

UK Elder Care

IN THE KNOW

E-Newsletter
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NEWS HIGHLIGHTS

Cost of Long-Term Care Continues to Rise, 2008 Survey Finds

Costs for nursing homes, assisted living facilities and some in-home care services have risen for the fifth consecutive year and might continue to rise unless more long-term care workers can be found, according to a new survey by Genworth Financial.

A private room in a nursing home now costs \$76,460 a year or \$209 daily, a 17 percent increase since 2004, Genworth's 2008 Cost of Care survey found. A semiprivate room in a nursing home is now \$68,408.

The cost of assisted living facilities is shooting up even faster, having risen 25 percent since 2004 to a current average of \$36,090 a year for a one-bedroom unit. Assisted living costs ranged from a high of \$4,921 a month in New Jersey to a low of \$1,981 a month in Arkansas.

While the cost of in-home care by workers who are not certified by Medicare remained about the same, at an average hourly rate of \$18 for homemaker services and \$19 for home health aide services, the cost of a Medicare-certified home health aide rose to an average \$38 an hour.

The survey also priced adult day care for the first time, finding that the daily cost is averaging \$59, or about \$15,000 a year for five days a week of care. Adult day care facilities provide care and companionship outside of the home and give the elderly a chance to interact with peers. Sometimes based in a community center, the facilities can provide social or therapeutic activities and provide supervision for participants with cognitive problems.

The study, which was conducted by CareScout on behalf of Genworth, surveyed more than 40,000 providers in all 50 states and the District of Columbia between December 2007 and February 2008. In a companion report, Genworth says that the nation faces an impending caregiver shortage that could drive costs even higher. Genworth's Cost of Care survey features an interactive map allowing consumers to see long-term care costs and trends in their state. For both the survey and caregiver report, go to:

<http://www.genworth.com/costofcare>

Source: ElderLaw News From ElderLawAnswers, May 2008

The Secret to Long Life May Not Be in the Genes

A **research on the bone health** of one of the oldest persons in the world, who recently died at the **age of 114**, reveals that there were **no genetic modifications** which could have contributed to this longevity. The research team, directed by Universitat Autònoma de Barcelona professor Adolfo Díez Pérez, pointed out a **healthy lifestyle**, a Mediterranean diet, a temperate climate, and regular physical activity as the reasons for his excellent health.

The research team studied the bone mass and analyzed the genetics of a man with enviable health who at the time of the study was 113 years old. The research was carried out with four other members of his family: a 101-year-old brother, two daughters aged 81 and 77, and a nephew aged 85, all of them born and still living in a small town of the island of Menorca. The research findings were recently published in the *Journal of Gerontology* and reported that the man's **bones were in excellent condition**: his bone mass was normal, there were no anomalous curvatures, and he had never sustained a fracture.

With regard to the genetical analyses, researchers were **unsuccessful in finding any mutations** in the KLOTHO gene, which is generally related to a good level of mineral density and therefore healthy bones. Neither did they find any mutations in the LRP5 gene, which is associated with longevity. None of the members of the family who participated in the study presented any mutations in this gene.

The results of the research do not rule out the possibility that other genetic mutations could positively influence longevity. However, researchers do point out the fact that the excellent health of this family, and of the 113-year-old man in particular, is probably due to a **Mediterranean diet**, the **temperate climate** of the island, a **lack of stress** and **regular physical activity**. The article underlines the fact that until the age of 102, the man cycled every day and looked after the family orchard.

Source: National Council on Aging, May 2008

Study: Higher Drug Co-Pays Lead to Less Compliance

Increases in co-payments for potentially life-saving medications can significantly increase the odds that older adults will take them less often, suggests a study presented at the American Geriatrics Society's 2008 Annual Scientific Meeting.

Researchers examined what effect a 2002 Department of Veterans Affairs increase in co-payments from \$2 to \$7 per 30-day drug supply for many veterans had on medication compliance. Those who were exempt from co-pays served as a control group.

After the co-pay increase, the percentage of veterans who did not adhere to their cholesterol-lowering drug regimen was significantly higher in the co-pay group than in the control group, the researchers found. In addition, the odds that a veteran would stop taking the drugs for 90 days or longer were higher among the co-pay group than in the control group.

Source: National Council on Aging, May 2008



UPCOMING EVENTS ON CAMPUS & IN THE COMMUNITY

- **CARE Group meetings** are in three locations. The next meeting dates are: June 12th in 220 Scovell Hall, Suite 1; June 19th in UK Hospital, Rm. C110; and June 26th Peterson Service Building, Room 379. Meetings are from 12 – 1:00 p.m. If you are not presently attending please contact Elder Care for details and more information. Newcomers are welcome at anytime.
- **Family Caregiver Training**: Friday, June 27th at the Fayette County Extension Office from 9 a.m. – 4 p.m. This informational training is designed specifically for family caregivers and sponsored by the Alzheimer's Association, UK Alzheimer's Disease Center, and Bluegrass Area Agency on Aging. Cost is \$10.00. For information, call (800) 272-3900. Free respite by calling 269-8021 by June 21st.
- **Health & Wellness Events**: Walking Wednesday's each week you can meet at the corner of Rose and Washington at 12:10; Farmer's Market bus rides begin June 3 every Tuesday. Visit www.uky.edu/HR/Wellness to learn about other services and scheduled events and to RSVP.



CAREGIVER SURVIVAL GUIDE

Elder Substance Abuse May Be Hidden Alcohol and aging

Alcoholism is more hidden among older people for reasons that become clearer as we learn more about the aging process. To begin with, alcohol becomes more potent as the body ages and the ill effects of drinking are multiplied by drugs commonly prescribed for older people.

Poor health, depression, the loss of a loved one and feelings of isolation may also lead to a greater dependence on alcohol. And older drinkers are less likely to be constrained by the prospect of losing a job or a drunk-driving arrest. To make matters worse, many older people resist seeking help—they were brought up to “not talk about their problems.”

Diagnosis can be difficult

Alcohol abuse among older people is not easy to diagnose because many symptoms are similar to those associated with aging: tiredness, loss of appetite, forgetfulness, losing things, frequent falls, depression, dementia and incontinence. And adult children who did not see a drinking problem when they were growing up may be less likely to recognize one now.

For some older people isolation is a symptom, and for others it's the reverse. Drinking cocktails with friends is an encouraged form of socializing in many retirement communities.

But even after a problem is acknowledged, many families don't want to confront it. Some have the attitude: “At Dad's age, what's the harm? Just let him drink.” Or if drinking has been a life-long problem, family members may feel there's nothing anyone can do to change the situation now.

This is not to say that everyone who drinks regularly has a problem or that all problem-drinkers drink every day. And there's a difference between having a glass of wine at dinner and several

drinks. Look out for these specific behaviors:

- ▶ **Drinking to calm** one's nerves, forget worries or reduce depression.
- ▶ **Gulping down drinks** or frequently having more than a drink a day.
- ▶ **Lying about** or trying to hide one's drinking habits.
- ▶ **Getting hurt** or hurting someone else while drinking.
- ▶ **Acting irritable**, resentful or unreasonable when not drinking.

Treatment programs work

After years of heavy drinking, an older woman agreed to enter an outpatient treatment program only to please her children. But she soon realized that the decision had saved her life.

Indeed, when older people do seek help, their recovery rates are as good as for any other age group. Programs are particularly successful when older people meet with others of their own generation.

"We have different health issues, different emotional issues, different grief issues," said a 66-year-old man with a dual addiction to pain medication and alcohol. "We need more peace and quiet and a different pace."

A growing problem

In 2005, about 10 percent of Americans in drug treatment programs were over age 50, but this proportion will grow. Addiction specialists anticipate that a large number of baby boomers will need help in the years to come.

The challenge, as always, is to get an older relative to acknowledge that he or she has a problem and then to agree to get some help. Here are some suggestions:

- ▶ **Choose your words carefully.** Your relative may already be suffering from low self-esteem. Start by saying, "I'm concerned about you..." Lecturing rarely works.
- ▶ **Offer a message of hope.** Emphasize that treatment will improve the quality of your relative's life.
- ▶ **Describe the effects of drinking** in terms of what's most important to the individual: the health implications, what others may be saying, or how it affects other members of the family.
- ▶ **Use less threatening terms such as "drinking"** or "drinking problem." If alcohol abuse is a continuing problem, don't dredge up unhappy incidents from the past.
- ▶ **Get a doctor involved.** Encourage your relative to check on possible adverse effects of mixing alcohol and medicines—over-the-counter and herbal remedies as well as prescription drugs. This discussion with a doctor can be a signal that your relative may have a problem.
- ▶ **Talk about the dangers of drinking and driving** if this is a problem. Get tough, if need be. Warn the person that you will notify the Department of Motor Vehicles.
- ▶ **Don't expect drastic measures** such as throwing out liquor to work. Like all people with a drinking problem, older people will get help when they are ready.

▶ **Consider an intervention**, a meeting during which caring family members, friends and professionals state their concerns and offer a plan for treatment. The Council on Alcoholism and Drug Dependence can help you plan an intervention.

▶ **Check online resources** such as www.nia.nih.gov. Type in the keywords alcohol abuse

Source: Work and Family Life, May 2008



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