

Deciding when your loved one is not safe to live alone

It's a common story. The whole family is gathered for the holidays. You are staying with your aging parents for a few days and you start to see things that are a little off or out of place.

Maybe most of the food in the refrigerator is expired or the laundry hasn't been done in a while.

Or you've noticed that Mom is having trouble getting up from a chair or Dad has lost his keys multiple times during the weekend.

These incidents could be signs that it's no longer safe for your loved one to live alone.

But how do you know for sure?

Here are a number of factors to consider.

First, study your loved one's physical condition. Recent drastic weight loss, unexplained bruises or a marked loss of balance or strength may indicate that Mom is having trouble taking care of herself.

Also keep an eye out for decreased grooming or a lack of clean clothes. These signs may be subtle but they can illustrate early physical limitations that can be dangerous.

Some specific signs to look for include:

- body odor;

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- disheveled appearance;

- wrinkled or dirty clothing;

- poor diet/no interest in cooking;

- difficulty negotiating stairs or steps;

- and difficulty keeping balance.

Other considerations are cognitive signs.

Forgetfulness and confusion are red flags that should never be overlooked.

These could be the first signs of dementia.

Does Dad forget to take his medications?

Has Mom gotten lost on her way to church?

Never take these signs for granted.

Some other signs could include:

- missing important deadlines or appointments;

- doubt and confusion when doing familiar tasks;

- forgetfulness;

- lack of interest in favorite activities;

- fluctuations in temperament or extreme mood swings;

- forgetting to take prescribed medications;

- and signs of depression and feelings of isolation.

Some signs are easiest to see in your loved one's home.

Look around for objects that are out of place or for signs of neglect.

If there are new characteristics that are not as they have been in the past, this could signal that Mom or Dad need help with daily chores. Other signs could include:

- spoiled or expired food in the refrigerator;

- strong smell in the house;

- dirt, extreme untidiness or excess laundry;

- overflowing unopened mail;

- calls from bill collectors or late payment notices;

- and unexplained dents and scratches on the car or in the home.

If you've experienced enough of these signs to decide that your loved one is no longer able to live alone, the resulting conversation will be difficult.

However, it's best to have it before anything dangerous happens.

Making Mom or Dad part of the decision-making process will make it easier for them to accept.

There are plenty of options that you and your



Submitted photo

Talking to a loved one about other options besides living alone when the signs point to that as necessary can be difficult.

loved one can review.

If Mom just needs some help taking care of her home, you can hire a home-care service to help with daily living needs like grocery shopping and cleaning.

For medical services like medication management or wound care, you'll need to hire a home health care service.

LSS Home Health Care provides top-notch and dignified medical care by highly trained medical professionals.

Other options may be to enroll your loved one in an adult day center or move your parent into your home.

For those who need 24-hour help or are feeling isolated, an assisted living facility may be the best decision.

The team at Lutheran Village Assisted Living in Ashland would be happy to show you the benefits of moving Mom into a place where she is safe, well-cared for and among friends.

All of these options

have pros and cons. Take the time to explore all the possibilities available. Ashland Area Agency on Aging has many helpful resources to help you make the best decision for your family, visit www.aaa5ohio.org.

For more information on LSS Home Health Care and Lutheran Village of Ashland, contact Brenda Cutlip at 419-632-5453 or bcutlip@lssco.org.

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The intersection between mental illness among elderly care-recipients and elder abuse

With funding from the Margaret Clark Morgan Foundation, the Mental Health and Recovery Board of Ashland County and the Ashland County Older Adult Behavioral Health Coalition are actively engaged in the development and implementation of an elder abuse and caregiver support resource initiative (Project RESOURCE).

This article focuses on one key feature being examined in this initiative; specifically, the intersection between mental illness among elderly care-recipients and elder abuse.

Prevalence rates for elder abuse

The National Center on Elder Abuse reports that 1 in 10 seniors are victims of elder abuse, neglect and exploitation.

Information on overall rates of abuse in nursing homes is limited.

In one dated study by Broyles that is highlighted in a research brief by NCEA, more than 40 percent of nursing home residents indicated that they had been abused and 95 percent reported that they had been neglected or observed another resident being neglected.

In their Cornell University-Weill Cornell Medical College study, Pillemer and Lachs (2014) reported that about 20 percent of nursing home residents were abused by other residents.

The NCEA reports that the most common forms of complaints related to elder abuse in nursing homes, based on 2010 NORS data, are physical abuse (29 percent), resident-to-resident abuse (22 percent), psychological abuse (21 percent) and neglect (14 percent).

Mental illness increases the risk of being abused

Mental health problems are associated with a higher risk of being abused among community-dwelling elders and nursing home residents.

Prevalence rates on elder abuse among individuals with dementia is readily available.

For example, the NCEA indicates that rates of elder abuse among those living with dementia ranges from 34 percent to 62 percent.

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In contrast, however, and highlighted by Jones (2015), data on prevalence rates for abuse against elderly individuals with mental illnesses are scarce, with one report revealing that 27 percent of victims had a mental illness.

Problematic behaviors (e.g., aggression) and increased caregiving needs (e.g., elder engaging in less self-care) associated with mental illness may arise (Cooper and Livingston, 2014), creating increased time demands and stress, sometimes overwhelming stress, for their caregivers.

Caregiver stress and burnout may place the vulnerable caregiver at risk of engaging in abusive behaviors, unless preventive measures (e.g., respite care and support from others) are in place.

Additionally, mental disorders may play a role in confusion, inability to articulate concerns, perceived incompetence, impaired judgment, isolation, decreased feeling of self-empowerment, all placing a vulnerable elder at risk of elder abuse and financial exploitation.

Mental health problems arise when and after being abused

Possible consequences of elder abuse include changes in behavior (e.g., aggressiveness), psychological stress, depression, withdrawal, decreased self-esteem, confusion, inattention to personal appearance and hygiene, personality changes, anxiety and post-traumatic stress disorder.

Indicators of elder abuse may look like the emergence or exacerbation of mental illness, cognitive decline and dementia, or may be attributed erroneously to the aging process.

Meeting the resultant mental health needs of abused elders may entail psychosocial interventions, counseling, trauma-informed mental health care, psychiatric care, mediation between abused elders and family members and, in limited instances, psychotropic drug use.

Resident-to-resident abuse in nursing homes

Resident-to-resident abuse in long-term care facilities is associated with dementia and/or mental illness among victims and/or perpetrators. Issues needing to be addressed — to prevent this form of abuse — revolve around (1) using behavioral management and psychosocial strategies to deal with behavioral problems rather than relying unnecessarily on psychotropic drug use, (2) making optimal environmental modifications and (3) making suitable roommate assignments.

Training of nursing home staff should focus on person-centered dementia care, appropriate responses to residents engaging in abusive behaviors, safety, behavioral modification, identifying residents' needs that have not been met satisfactorily, awareness of common mental health problems and staff stress management.

Overuse of antipsychotics in nursing homes

Indicators of possible elder abuse include inappropriate and overuse of psychotropic agents among seniors, resulting in adverse side effects such as sedation and extreme confusion.

In response to legislation, requirements by Medicare and Medicaid, and outcry by advocates, researchers and others, nursing homes have made some progress in preventing overuse of psychotropic medications, particularly with respect to use of antipsychotic agents among individuals living with dementia.

Nevertheless, the rate of antipsychotic use in nursing homes remains high and is problematic.

As far as identifying who may be blamed for overuse of antipsychotic agents, the issue is complicated — do we blame pharmaceutical companies, an ineffective mental health system, physicians, nursing home administration and nursing staff or family members?

Nursing homes are required to document the rationale for prescribing psychotropic drugs and utilization patterns (e.g., efforts to engage in medication optimization such as (1) decreasing the number of drugs used, (2) decreasing

dosages, (3) using these powerful drugs for the shortest period — to the extent that is possible), and are more engaged in the use of non-medication strategies to deal with residents' behavioral problems.

For more information about medication optimization, read the Three Legs of the Stool document on the MHRB website (www.ashlandmhrb.org).

Reporting elder abuse

Call Adult Protective Services (419-282-5001) if elder abuse is suspected.

In Ohio, requirements for responding to such reports are limited to investigation.

Note that it may be necessary for individuals other than victims living with dementia and/or mental illness to report suspected elder abuse in light of possible isolation, inability to recognize or report elder abuse and fear of retaliation by suspected perpetrators.

When elder abuse is suspected in nursing homes, including resident-to-resident abuse, contact the Ohio Department of Aging Long-term Care Ombudsman Programs (800-282-1206, www.elderrights@age.ohio.gov). In the Mansfield area, including Ashland County, call 800-860-5799 (www.aaa5ohio.org/services).

As part of Project RESOURCE, books will be donated and placed at up to four locations in Ashland County, including Ashland Public Library, Loudonville Public Library, Salvation Army Kroc Center and Ashland County Council on Aging. In addition, information on elder abuse, caregiver resilience and caregiver stress will be posted on the MHRB website.

The community will be informed when these resources are readily accessible by the community in the upcoming months.

For more information about Project RESOURCE, contact David Ross, associate director, or Hillary Wertman, special projects coordinator, MHRB, 419-281-3139.

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