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MAKE YOUR CONTRIBUTIONS COUNT

By Marguerite Perfett

After post-holiday donations have been hung, shelved, or displayed, and before spring cleaning castoffs begin to arrive, here are some hints for donors who want to make their contributions count.

First, the manager of one thrift shop advises, ask yourself why you're parting with an item. Do you really want to benefit someone, or do you just want that item out of your home, closet, or garage?

"Some people consider us a dumping ground," the manager pointed out. "They don't want to take large, useless, or bulky items to a landfill, and may instead leave them here, usually at night. That creates a problem for us in disposition and transport. Donated clothing is sometimes dirty, ripped, and without buttons or zippers. We won't consider offering this kind of merchandise to our consumers."

The manager explained that some maintenance costs are defrayed by sending unsuitable clothing to a recycling center that pays a small fee per pound.

If your thrift shop has a food pantry, never contribute outdated food items. They will be immediately disposed of by the staff.

What happens in a thrift shop

If you volunteered in a store's clothing, household, or toy area, work would include bringing in donated items left overnight in large plastic bags and boxes, or, if brought in during the day, received by an employee.

Each item is carefully examined. Usable toys and housewares are separated. Electrical items are tested. Household furniture is scrutinized to be displayed in an appropriate showroom setting. Clothing is sorted and hung on plastic hangers and then strung on rolling racks. Grouping like garments makes for easier placement in the clothing area.

Thrift shops are treasure troves for consumers. A leisurely tour of a typical thrift shop showroom might reveal 78-rpm albums for a collector. There may be dresses for a bride and her attendants. Faux fur coats can be found, as well as muscle shirts. There might be an elaborately trimmed infant outfit, or trousers once belonging to an elegant gentleman. You might be able to complete that set of glassware for which you're missing a piece. Bikes and exercise equipment have their place on the floor, as well as sofas and side chairs. Outgrown children's clothing is ready for another wearer. Vintage items for future theater productions are treasures for a property manager.

Patrons can often find specials every day of the week, and a senior discount day is sometimes available.

Many nonprofit thrift shops use the help of dedicated volunteers, many of whom are older adults. Consider asking your favorite thrift shop whether volunteers are welcome.

“We cherish our volunteers,” this manager said, “and we are extremely grateful for donations. But, if you think you want to add to a center like ours, please remember that the articles you give should be something you would want for yourself!”

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STAY SAFE IN COLD WEATHER!

Why you need to stay warm

If you are like most older people, you feel cold every now and then during the winter. What you may not know is that just being really cold can make you very sick.

Older adults can lose body heat fast—faster than when they were young. A big chill can turn into a dangerous problem before an older person even knows what's happening. Doctors call this serious problem hypothermia.

Being outside in the cold, or even being in a very cold house, can lead to hypothermia. Hypothermia is what happens when your body temperature gets very low. For an older person, a body temperature colder than 95 degrees can cause many health problems, such as heart attack, kidney problems, liver damage, or worse. You can take steps to lower your chance of getting hypothermia.

In the house

- Set your heat at 68 degrees or higher. To save on heating bills, close off rooms you are not using. Close the vents and shut the doors in these rooms. Place a rolled towel in front of all doors to keep out drafts.
- Make sure your house isn't losing heat through windows. Keep your blinds and curtains closed. If you have gaps around windows, try using weather stripping or caulk to keep the cold air out.
- To keep warm at home, wear long johns under your clothes. Throw a blanket over your legs. Wear socks and slippers.
- When you go to bed, wear long johns under your pajamas and use extra covers. Wear a cap or hat.
- Ask family or friends to check on you during cold weather.

Outdoors

- Dress for the weather if you have to go out on chilly, cold, or damp days.
- Wear loose layers of clothing. The air between the layers helps keep you warm.
- Put on a hat and scarf. You lose a lot of body heat when your head and neck are uncovered.
- Stay inside when it is very windy out. A high wind can quickly lower your body temperature.

Look for the signs of hypothermia

Early signs

Cold feet and hands

Puffy or swollen face

Pale skin

Shivering (In some cases, a person with hypothermia does not shiver.)

Slower-than-normal speech or slurring of words

Acting sleepy

Being angry or confused

Later signs

Moving slowly, trouble walking, or clumsiness

Stiff and jerky arm or leg movements

Slow heartbeat that is not regular

Slow, shallow breathing

Blacking out or losing consciousness

Call 911 right away if you think someone has warning signs of hypothermia. Until medical help arrives, wrap the person in a warm blanket. Do not rub the person's legs or arms. Do not try to warm the person in a bath, and do not use a heating pad.

What can make hypothermia easier to get?

Diabetes, thyroid problems, Parkinson's disease, or arthritis are common problems for older people. These health concerns can make it harder for an older person's body to stay warm.

Talk to your doctor about your health problems and hypothermia. Your doctor can tell you how to stay warm enough even when it's cold outside.

Some medicines used by older people can make it easy to get hypothermia. This includes medicines you get from your doctor, as well as those you buy over the counter. Talk to your doctor before you stop taking any medicine.

Getting help

You may be able to get help paying your heating bill through the Low-Income Home Energy Assistance Program. Call Kansas Social and Rehabilitation Services toll-free at 800-432-0043 or visit www.srskansas.org.

For more information on help in your area, check with your local area Agency on Aging. To find it, call toll-free 800-677-1116 or visit www.eldercare.gov.

To learn more about health and aging, contact the National Institute on Aging Information Center: Call toll-free 800-222-2225 or visit www.nia.nih.gov/HealthInformation.

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MAKING THE NURSING HOME DECISION: TWO PERSPECTIVES

Love Is Doing What People Need, Not What They Want

An Excerpt from When Love Gets Tough, by Doug Manning, which may be available at your library, bookstore, or Alzheimer's Association.

I wish I had a nickel for every time I have said, "My folks will never go to a nursing home." My exact words were, "I know there is nothing wrong with nursing homes, but neither my parents nor my wife's parents will ever go to one of them. They will have a home in my home for as long as they live."

That was my boast. Last year, my mother-in-law spent the last months of her life in a nursing home. My parents now live in a retirement center. The chances are very good that one of my parents will one day live in a nursing home. I am now eating crow.

I have gone through some rather drastic changes in my thinking. I am not alone in this change. Most of us never intended to place our parents in a nursing home. Most of us have made statements similar to mine, only to be forced to face the unreality of our boast. It is not an easy change to make. It is never made without guilt and fear.

My change came gradually. It began with an observation. Our neighbor could not face the thought of her mother going to a nursing home. Her mother lay in a coma and required constant care. These folks had to build a new house in order to accommodate the needs of her mother. Fortunately, they were financially able to construct such a home. After the house was built and the family settled, it became evident that the wife could not handle the demands of such care on a full-time, 24-hour basis. She had to have some relief.

The answer was for her to get a job to get out of the house at least part of the time. The wife went to work and a nurse was hired to take care of the mother during the day. This provided some relief, but the wife's schedule was still almost more than a human could bear. She worked at a full-time job outside the home and then returned to be the homemaker and the night nurse until time to go to work the next day.

I watched the effect of this plan over a period of four years. The wife did not have to face the guilt of placing her mother in a home, but the cost of avoiding this guilt was giving up her whole life. She thought she was doing all this for her mother. In reality, she did it for herself. She desperately tried to avoid the guilt of a hard decision.

The husband was also affected. He had very little life of his own. The house became his whole world. There could be no vacations, no nights out, no weekends off. Every decision had to be made in light of how care could be provided for the mother. The mother's life had limited quality. Her presence in the home diminished the quality of life for everyone else.

Perhaps the most tragic figure in this drama was the wife's father. The neighbors lived next to us for several months before I knew the father even existed. His whole life consisted of sitting in a room next to his comatose wife and watching television. He had no one to talk with. He participated in no social activities. He just sat and withered away.

We moved from the city before this story ended. I always thought the father would probably die before the mother. He seemed dead already as far as any quality of life was concerned.

Nothing in our house fit the need. Our bathroom doors would not allow entrance to a wheelchair. The bath fixtures were not equipped for an elderly person. We found ourselves tensely walking on eggshells. We could not be noisy. Our meals were not the right type for her. It became evident we could not meet her needs, not even the evident physical needs. Nor could we provide for her emotional or social needs. Our world failed to match her world and her needs. We wanted to meet them. We loved her deeply. She was a dear lady.

It became evident to my wife and me that we had to make a decision based upon her mother's needs. The decision could not be based on making us feel good about ourselves. We had to face the fact that no matter how much we might care or how much we wanted to help, we just could not provide for the special needs of our loved one.

Love is doing what people need—not just what they want. Love is doing what people need—not what we want. In spite of what she wanted or what we wanted, we decided to place her in a nursing home. A nursing home could provide what we could not. Such things as 'round-the-clock nurses on duty, bath facilities designed for her, social contact with people with similar interests, and activities designed for people of her age and her condition would be provided for her.

We found a nursing home in our city. The home was equipped and seemed to have all the facilities she would need. Before we made the final decision, she had to be hospitalized. After a lengthy stay in the hospital, she was moved to a nursing home.

It was still not easy. The nursing home seemed to be a strange setting for all of us. The roommate presented a problem. The adjustments we all had to make were still ahead of us. The only thing that helped us was the knowledge that we had no other option if her needs were to be met.

We clung to the idea that love is doing what people need. If we loved this lady, we had to make this tough decision and live with it.

On the surface, it seems that love would mean we would care for our loved ones at home no matter what the cost. This might be true if the cost was ours alone. The fact is, the cost is not ours alone. The people we take into our home must also pay a cost. It costs their privacy. It costs them social contact. It costs them the meeting of their physical needs. They may never recognize these costs. They may never agree with the decision. They may never see the wisdom of the decision. When they do not understand or agree, we still must make the decision based on what is best for them as we see it.

It is not an easy decision under the best of circumstances. It is a terribly hard decision when the loved one does not agree. The only comfort I found, and the only comfort I could give, was for us to concentrate on the needs and provide for them.

Another Viewpoint (*author unknown*)

The decision to place someone in a nursing home is a hard one and needs support. If the family is unavailable, bring them together and consult with them. In our experience, it is important to lend weight to the opinion of the primary caregiver. Often times those of us more distant from the care situation are less prepared to consider placement. But we must ask if we are ready to assume the caregiving role. If not, it is helpful to realize what a difficult issue this is and to support the caregiver in his or her decision.

Some people care for their patient successfully in their own home through the course of the disease; others successfully place the patient in the care of others. In my experience, there are three broad issues which influence this decision:

1) The patient. We are all different people, and if tomorrow we all develop Alzheimer's disease, we will still be different. Add this to the vagaries of the disease progress itself and we find tremendous variation in patients. Some patients are simply easier to care for than others. Some are less troubled with anxiety, hallucinations, or wandering, while others are more agitated or prone to difficult behaviors. We had a regular volunteer who cared for her husband at home until the end. He was ambulatory until about two weeks before he died. Helen put a head set on him and played country music, and he seemed quite content much of the time. While he was incontinent and thoroughly confused, he simply wasn't a "difficult" patient. Other patients exhibit frequent combativeness, delusions, paranoia, and other behaviors that add to the caregiver's stress.

2) The real-world situation. If you have a large house and extensive financial resources, it may not be difficult to keep the patient at home. You could hire live-in care and not have your life overly disrupted. On the other hand, if you are a single parent with two children in a two-bedroom apartment, you may not be able to manage bringing your demented parent into your home, regardless of your wishes.

3) Personal coping skills. People cope with varying amounts of stress with varying ease. This is not good or bad, rather it is a capacity about which we should be realistic. Some caregivers never seem to adjust to the chronic irrationality on the part of the patient. Some people, both family and professional, are simply not cut out to care for dementia patients. Some of us cannot let go of the desire to make the patient into the person they used to be, to press them back into the reality they used to know.

In weighing all of these issues, it may help to keep in mind that we didn't make this problem and we cannot solve it. We make the decisions with the options that we have. Don't waste time beating yourself up about what is not possible. It also may be helpful to keep in mind that you are making the best decision possible for someone who cannot decide for himself or herself. Indeed, if some day we find ourselves in the situation faced by our patient, don't we hope that we have someone who will struggle honestly with the options and make the best choice for us?