

# Alliance

# Handshake

July 2013

Falls among older adults is a major problem. Falls are the leading cause of injury deaths as well as the most common cause of nonfatal injuries and hospital admissions.

There are several steps that you can take to protect your independence and reduce the risk of falling to include:

- Exercise regularly: Exercise programs such as Tai Chi that increase strength and improve balance are especially good.
- Ask your doctor or pharmacist to review your medicines both prescription and over the counter to reduce side effects and interactions.
- Have your eyes checked at least once a year.
- Improve the lighting in your home.
- Reduce hazards in your home that may lead to falls.

-William Van Ry

## Debunking the Myths of Older Adult Falls

Many people think falls are a normal part of aging. The truth is, they're not.

Most falls can be prevented—and you have the power to reduce your risk.

Exercising, managing your medications, having your vision checked, and making your living environment safer are all steps you can take to prevent a fall.

## Memory Game



It is very important to exercise the mind as well as the body. With each edition of our newsletter, we will include a memory word game for you to complete.

## Word Game



Last issues word: **BROODING**

bind	boor	ring	dong	goon
bingo	boring	robin	donor	grid
bird	born	robing	door	grin
boding	boron	rondo	drip	grind
bond	brig	rood	indoor	groin
bong	bring	odor	iron	
bongo	brio	ding	gird	
booing	brood	dingo	gobo	
boon	rind	doing	good	

The average is 36 words. Did you meet or beat this standard?

Can you find 24 words in next issues word **DOUBLET?**

To promote greater awareness and understanding here are 10 common myths—and the reality—about older adult falls:

### **Myth 1: Falling happens to other people, not to me.**

**Reality:** Many people think, "It won't happen to me." But the truth is that 1 in 3 older adults—about 12 million—fall every year in the U.S.

### **Myth 2: Falling is something normal that happens as you get older.**

**Reality:** Falling is not a normal part of aging. Strength and balance exercises, managing your medications, having your vision checked and making your living environment safer are all steps you can take to prevent a fall.

### **Myth 3: If I limit my activity, I won't fall.**

**Reality:** Some people believe that the best way to prevent falls is to stay at home and limit activity. Not true. Performing physical activities will actually help you stay independent, as your strength and range of motion benefit from remaining active. Social activities are also good for your overall health.

### **Myth 4: As long as I stay at home, I can avoid falling.**

**Reality:** Over half of all falls take place at home. Inspect your home for fall risks. Fix simple but serious hazards such as clutter, throw rugs, and poor lighting. Make simple home modifications, such as adding grab bars in the bathroom, a second handrail on stairs, and non-slip paint on outdoor steps.

### **Myth 5: Muscle strength and flexibility can't be regained.**

**Reality:** While we do lose muscle as we age, exercise can partially restore strength and flexibility. It's never too late to start an exercise program. Even if you've been a "couch potato" your whole life, becoming active now will benefit you in many ways—including protection from falls.

### **Myth 6: Taking medication doesn't increase my risk of falling.**

**Reality:** Taking any medication may increase your risk of falling. Medications affect people in many different ways and can sometimes make you dizzy or sleepy. Be careful when starting a new medication. Talk to your health care provider about potential side effects or interactions of your medications.

### **Myth 7: I don't need to get my vision checked every year.**

**Reality:** Vision is another key risk factor for falls. Aging is associated with some forms of vision loss that increase risk of falling and injury. People with vision problems are more than twice as likely to fall as those without visual impairment. Have your eyes checked at least once a year and update your eyeglasses. For those with low vision there are programs and assistive devices that can help. Ask your optometrist for a referral.

### **Myth 8: Using a walker or cane will make me more dependent.**

**Reality:** Walking aids are very important in helping many older adults maintain or

improve their mobility. However, make sure you use these devices safely. Have a physical therapist fit the walker or cane to you and instruct you in its safe use.

**Myth 9: I don't need to talk to family members or my health care provider if I'm concerned about my risk of falling. I don't want to alarm them, and I want to keep my independence.**

**Reality:** Fall prevention is a team effort. Bring it up with your doctor, family, and anyone else who is in a position to help.

## *Mobile Doctors*

Mobile Doctors is a group of doctors that specialize in treating elderly and disabled patients who are unable to visit a doctor's office.

Mobile Doctors provides quality medical care in the comfort of the patient's home. The cost of the visit is typically covered by Medicare and many other insurance plans.

All the doctors are fully licensed and credentialed. Primary point verification is done on the doctors' educational background, work references, licensing, medical malpractice history, and insurance.

A Mobile Doctors physician can be your Primary Care Doctor or work with your existing doctor to provide a full range of medical services.

For more information, telephone **816-994-0073**.

They want to help you maintain your mobility and reduce your risk of falling.

**Myth 10: I don't need to talk to my parent, spouse, or other older adult if I'm concerned about their risk of falling. It will hurt their feelings, and it's none of my business.**

**Reality:** Let them know about your concerns and offer support to help them maintain the highest degree of independence possible. There are many things you can do, including removing hazards in the home, finding a fall prevention program in the community, or setting up a vision exam.

## *Hydration in Elders: More Than Just a Glass of Water*

As we enter the warmest part of the year, it is important to drink enough fluids. Not drinking enough fluids can cause unwanted symptoms, complications from existing disease conditions and may account for many hospitalizations. Water and juices are the best; coffee, tea and colas with caffeine as well as alcoholic drinks cause the body to lose fluids and are recommended only in small amounts.

Elders are at risk for dehydration for many reasons:

**Age related.** There is less water in the older body, greater difficulty for the older kidney to maintain fluid balance and less thirst sensations in older folks in general.

**Disease-related reasons** for dehydration range from the complex to the simple. Infections such as pneumonia, chronic obstructive pulmonary disease (COPD) and urinary tract infections increase the need for fluids due to fevers and the overproduction of mucus. Some diseases, such as congestive heart failure, renal disease, stroke or

other neurological disorders and diabetes, cause changes in the function of various hormones that regulate the fluid balance in the body. Also, there are acute reasons for dehydration such as prolonged vomiting or diarrhea, over-aggressive diuretic therapy and poor compliance to medication regimens.

**Environmental reasons.** A decrease in mobility for those with arthritis, diminished vision or confined to bed rest . Those with diminished appetite or reluctance to bother others for something as simple as assistance in getting a sip of water are definitely at risk.

**Medication reasons.** May cause increased fluid losses through the kidneys. Diuretics, sedatives and laxatives are common, necessary drugs that require close attention to fluid intake.

**Psychosocial reasons.** This is the elder who is cognitively impaired, and possibly unable to drink without full assistance, or those who may intentionally restrict fluid intake in the hopes of decreasing the risk of incontinence.

**Economic reasons.** This may include the lack of financial resources to maintain nutritional and fluid intake, extreme or prolonged weather fluctuations and the possibility of elder abuse.

How could you tell if your loved one might be becoming dehydrated? Ask yourself if they have any of the above mentioned risk factors. If they complain of nausea, are lethargic, have headaches, vomiting or dizziness, these could all be signs of dehydration. Call your doctor if your loved one has any or all of these symptoms.



**Alliance**