

Your Employee Assistance Program is a support service that can help you take the first step toward change.

Problems of Elder Care

There are many warning signs an elder may display that indicate they require assistance with activities of daily living. The following short list highlights some of the more common signs to watch for. Each sign listed below is treated in greater detail in the text that follows this list:

Physical Problems

- Sensory problems (lost hearing, sight, smell etc.)
- Gait (walking) problems, difficulty walking or recent falls
- Chronic health problems (such as Diabetes, MS, Heart Disease, etc.)
- Trouble performing activities of daily living (ADLs) such as cooking, cleaning, shopping, dressing, bathing, and driving or using public transportation
- Other physical limitations (temporary or permanent)

Cognitive or Brain Problems

- Confusion
- Memory or Attention problems:
- Forgetting to take or mixing up medications
- Financial problems including not paying bills on time, or not being able to account for spending when this was not previously an issue
- Language problems
- Dementia (brain damage secondary to a condition such as Alzheimer's Disease)
- Pseudo-dementia (reversible cognitive decline secondary to depression)

Mood or Emotional Problems

- Depression
- Loss of interest in activities and relationships that used to be valued
- Social withdrawal
- Personality changes (moody, depressed, irritable, angry)

Physical Problems

Chronic health problems tend to become exacerbated in old age as the body's various systems become more rigid and fragile and less resilient. Elders who have lived with chronic illnesses for years may begin to display increasing impairment secondary to their conditions, or new illnesses may manifest, also creating impairments. Disease related impairments may be quite obvious, both to the elderly patient and to family members, or they may be rather subtle and require a doctor's tests to identify. Loss of vision secondary to Glaucoma, or amputation of limbs secondary to Diabetes are examples of the former, more obvious conditions, while gait (walking) disturbance associated with early-stage Parkinson's disease is an example of the later.

Any changes that impair an elder's ability to independently perform activities of daily living (ADLs) such as cooking, cleaning, shopping, dressing, bathing, and transporting themselves or using public transportation, will create a need for increased supervision and/or care. Some physical changes require relatively minor care adjustments. For example, hearing loss associated with age can often be compensated with hearing aides, and to some extend, vision loss may be treatable or correctable.
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However, other changes, such as total vision loss, or loss of kidney functioning (requiring regular dialysis treatment), come with larger care requirements and a corresponding loss of independence.

Cognitive or Brain Problems

Some mild degree of memory decline is normal with aging, but more severe memory problems may indicate dementia or other serious cognitive illnesses. Dementia involves a loss of cognitive (memory and attention) abilities due to brain damage secondary to illness. Symptoms of dementia can include memory impairment, and difficulty with language, movement, object or face or word recognition, and difficulty making judgments, regulating emotions or shifting attention from one subject to another. Importantly, dementia is not a part of regular aging – it is a physical disease of the brain.

There are several forms of dementia: vascular dementia occurs as a result of brain damage secondary to stroke. Other 'progressive' forms of dementia are associated with particular brain diseases such as Alzheimer's disease. Alzheimer's type dementia gradually and progressively compromises brain tissues, causing them to weaken and function erratically.

Mood or Emotional Problems

Aging can be stressful for a variety of reasons, including declining health, death or other loss of friends and partners, feelings of irrelevance, etc. These and other reasons make some elders vulnerable to depression, which can manifest in various ways including sad mood or irritability, social withdrawal, disengagement from activities that used to be enjoyed, suicidal thoughts (that may or may not be shared), feelings of worthlessness and helplessness, and a general slowing down of body movements and speech (which is sometimes referred to as "psychomotor retardation"). Depression can also produce what is called a Pseudo dementia. In Pseudo dementia, depression appears in the guise of memory problems; it may be mistake for an early dementia and not otherwise identified as a depression at all. Treatment of depression can reverse pseudo dementia symptoms, resulting in an increase on elders' memory and attention test scores.

Other Issues

There are a few other warning signs to look for that don't easily fit into the above categories:

Multiple Impairments - It is important to keep in mind that elders may sustain multiple impairments (e.g., have several diseases occur at the same time). While any one of these impairments might be manageable in isolation, their cumulative effect can be severe. An elder with mild memory problems and a medical condition requiring strict adherence to a medication regime is going to require daily supervision to make sure that medications are taken. That same elder might not require such intensive supervision if he or she had only one of these problems.

Multiple Drugs - It is also important to keep in mind that multiple doctors may be treating an elder for multiple health conditions. It is very unlikely that doctors are in communication with one another or has properly taken other doctor's prescriptions into account when dispensing their own prescriptions. Sometimes, elders' apparent decline in functioning is due to medication reactions caused by doses of medicine that are too high for elder's compromised systems, or which interact in toxic ways, causing a kind of poisoning.

Factors in the Eldercare Decision

Knowing that an elder requires care is one thing. Figuring out what sort of care arrangements can be made to address those care needs is another thing entirely. Learning answers to the following questions can aid your task of determining what care arrangements should be pursued:

- What types of care are available?
- What types of professional providers help to provide care?

- What sort of care do elders need at a minimum in order to insure their safety?
- What family attitudes and resources are available for providing (or not providing) care?