



**July/AUGUST
2009**

**Volunteer
Continuing
Education**

**LAKE HAVASU CITY
1963 McCulloch, #104
9:30 A.M.**

**Monday, July 13
Driving Safely**

**NOTE: The July 27 and 22
meetings will be held in
our new meeting room,
at the Hospice of Havasu
Resale Store, 232 London
Bridge Road.**

**Monday, July 27
Know Your Documentation**

**EVENING CLASS
July 22 - 5:30 p.m.
Know Your Documentation**

**AUGUST:
No Continuing Education**

**PARKER
26668 Mohave Rd.
11 A.M.**

**Tuesday, July 14
Driving Safely**

**Tuesday, July 28
Know Your Documentation**

**AUGUST:
No Continuing Education**

In Memory

James "Matt"
Stephenson
Born May 26, 1956
Died June 2, 2009

Husband of Denise

Caregivers & Parkinson's Disease

Tips on caring for patients -- and yourself

By Sandra Ray,
Staff Writer, Today's Caregiver

With more than one million people affected with Parkinson's disease in the United States today, there are many issues that caregivers are either facing now or will face in the future. Parkinson's disease is a slow, degenerative disease manifesting itself in stiff muscles, difficulty walking, and other movement-related issues over time.

With the majority of those who are diagnosed over the age of 60, there are still many people who are diagnosed as young as age 30. Caregivers need to be aware of not only the issues that Parkinson's poses for their loved ones, but ways that they can help mitigate the damage and help in quality of life decisions. Some of the areas where caregivers can assist include: medication management, exercise and diet, and reducing stress,

and even issues related to traveling.

What Caregivers can Expect:

In Parkinson's disease, the body's ability to produce and utilize a neurotransmitter named dopamine is affected. This particular neurotransmitter affects the body's ability to control movement and coordination, as well as regulating mood. The result is that body movements become more stiff and regimented over time.

The first noticeable symptom of Parkinson's is usually a slight tremor in the limbs. Over time, the patient will experience difficulty walking and may progress into a typical "Parkinson's Gait" – shuffling, head facing downward, and little or no swinging of the arms.

Medication Management:

One of the issues that caregivers can face is learning how to cope with the myriad of medications that their loved ones may need to take to help manage the disease.

Depending on the situation, your loved one may be able to manage taking medication with little

help from you. Dementia, of course, will require extra vigilance. Some of these ideas may help ease the medication worries:

- Keep medications in their original containers.
- Keep handy a list of medications that your loved one takes in case someone else needs to dispense medications for you.
- Take the list to each doctor appointment, especially if you are seeing a physician who isn't familiar with your situation.
- Consider using medication "minders" for time of day or days of the week to keep a good system in place.
- Keep other family members and friends informed about the medication schedule, especially if you are the sole caregiver.

Medications can be expensive, and if prescription insurance is an issue, consider applying to the patient assistance programs available through most of the pharmaceutical companies. Pharmaceutical companies are required to have patient assistance

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COPD: *Fourth leading cause of death in the U.S.*

COPD, or chronic obstructive pulmonary disease, is a progressive disease that makes it hard to breathe. "Progressive" means the disease gets worse over time.

COPD can cause coughing that produces large amounts of mucus (a slimy substance), wheezing, shortness of breath, chest tightness, and other symptoms.

Cigarette smoking is the leading cause of COPD. Most people who have COPD smoke or used to smoke. Long-term exposure to other lung irritants, such as air pollution, chemical fumes, or dust, also may contribute to COPD.

Overview

To understand COPD, it helps to understand how the lungs work. The air that you breathe goes down your windpipe into tubes in your lungs called bronchial

tubes, or airways.

The airways are shaped like an upside-down tree with many branches. At the end of the branches are tiny air sacs called alveoli.

The airways and air sacs are elastic. When you breathe in, each air sac fills up with air like a small balloon. When you breathe out, the air sac deflates and the air goes out.

In COPD, less air flows in and out of the airways because of one or more of the following:

- The airways and air sacs lose their elastic quality.

- The walls between many of the air sacs are destroyed.

- The walls of the airways become thick and inflamed (swollen).

- The airways make more mucus than usual, which tends to clog the airways.

In the United States, the term "COPD" includes two main conditions --

emphysema and chronic obstructive bronchitis.

In emphysema, the walls between many of the air sacs are damaged, causing them to lose their shape and become floppy. This damage also can destroy the walls of the air sacs, leading to fewer and larger air sacs instead of many tiny ones.

In chronic obstructive bronchitis, the lining of the airways is constantly irritated and inflamed. This causes the lining to thicken. Lots of thick mucus forms in the airways, making it hard to breathe.

Most people who have COPD have both emphysema and chronic obstructive bronchitis. Thus, the general term COPD is more accurate.

Outlook

COPD is a major cause of disability, and it's the fourth leading cause of death in the United States.

More than 12 million people are currently diagnosed with COPD. An additional 12 million likely have the disease and don't even know it.

COPD develops slowly. Symptoms often worsen over time and can limit your ability to do routine activities. Severe COPD may prevent you from doing even basic activities like walking, cooking, or taking care of yourself.

Most of the time, COPD is diagnosed in middle-aged or older people. The disease isn't passed from person to person -- you can't catch it from someone else.

COPD has no cure yet, and doctors don't know how to reverse the damage to the airways and lungs. However, treatments and lifestyle changes can help you feel better, stay more active, and slow the progress of the disease.

Hospice Philisophy and Ethics

1. The term hospice can be traced back to early Western Civilization.

2. The term was first applied to specialized care for dying patients in 1967 in a suburb of London

3. Hospice provides support and care in the end phase of incurable disease so that people may live comfortably and fully as possible.

4. A person needs a prognosis of six months to be admitted to a hospice program.

5. The patient can be referred to hospice by the primary physician, volunteers or family members.

6. Palliative care is comfort care.

7. In hospice, the "unit of care" is considered to be the patient and family.

8. The interdisciplinary team (IDT) is comprised of the Medical Director, nurse, social worker, chaplain, volunteer, family, CNA (certified nurses assistant), pharmacist, finance office and dietitian.

9. Hospice care offers patients comfort, dignity, autonomy, quality of life and empowerment.

10. Hospice of Havasu has a Caregiver Support Group as well as a Grief Support Group.

Psychosocial spiritual support

1. When a hospice patient wants to talk through the details and stories of the past years of life, a volunteer knows that life review is a common and helpful way for many patients to prepare for death.

2. Terminal illness and death are most likely to bring to the surface the basic health or ill-health of the family system.

3. When caring for a hospice patient, it is appropriate to talk about your religious faith if asked directly but then to redirect back to the needs/concerns of the patient.

4. When caring for the hospice patient it is important to accept them where they are and refer to the Chaplain when spiritual concerns arise.

5. When caring for

the hospice patient it is important to be clear that conversion or proselytizing goes against the philosophy of care.

6. A Hospice staff member or volunteer must never consider arranging

or providing for a patient recommendation of a funeral home or physician-guided suicide.

7. When patients or family members cry, a volunteer's first job is show a caring presence.

8. When a patient struggles and suffers after doctors and hospice staff have indicated that the patient is actively dying, it is because we cannot know without asking.



The concept of hospice care is well-known today, but there are differences in how it's delivered and in the agencies providing the care.

- ▶ Hospice of Havasu is a not-for-profit agency, able to aim **all** its resources at patients and programs, **not** the bottom line.
- ▶ Hospice of Havasu has **never** refused service to anyone because of an inability to pay.
- ▶ Hospice of Havasu has been delivering its unique blend of care and compassion only in Mohave and LaPaz county for 27 years, helping **thousands** of patients and families.
- ▶ Hospice of Havasu is available **round-the-clock**, seven days a week, for quality care, for admissions, for assistance.
- ▶ Hospice of Havasu is a Better Business Bureau Accredited Business, and **accredited** by national and state hospice organizations.
- ▶ Hospice of Havasu is **approved** by Medicare.
- ▶ Hospice of Havasu is operated, managed and staffed by **local** residents.

**It's an Important Decision.
Know the Differences.**

Parkinson's Disease

From front page

programs available through most of the pharmaceutical companies. Pharmaceutical companies are required to have patient assistance programs to help those who may not be able to afford chronic medications. To find out if your medications are covered by these programs, visit www.rxassist.org or www.needymeds.com.

Lifestyle Changes:

Parkinson's disease may not require a dramatic change in your lifestyle overnight, but there will need to be some adjustments made, especially as the disease progresses. For example, physical therapy may be needed in order to adjust to some of the debilitating effects of the movement difficulties that will become more apparent over time. Medication can manage some of these effects, but eventually the medications will lose their effectiveness and physical adjustments will need to be made. Physical therapy can help provide coping mechanisms for the days when your body simply will not move as you want it to.

Finding the right exercise program is important. Many people find that they are able to maintain a fairly active lifestyle, making minor accommodations in the beginning for Parkinson's. It is important, however, to consider slowing down or limiting certain types of activities due to the disease and its progression. There are many activities which require only minor adjustments in timing or scheduling that can keep

your lifestyle active without feeling that you are missing too much of your previous activities.

Diet is especially important. If your loved one is overweight, now is an excellent time to begin managing weight loss. Even though obesity itself is not a cause of Parkinson's disease, it can be a limiting factor in how much movement is possible as the disease progresses. Losing weight can help your body adjust quicker to movement-related issues and can help muscles adjust to the extra demands of the disease.

While dietary supplements like Vitamin E do virtually nothing to help with the disease management, changes in diet may be needed over time. If problems like swallowing do occur, changing the types of food in the diet may become critical.

Traveling with Parkinson's:

Many people feel that Parkinson's disease limits their ability to travel and enjoy the retirement or later years. Instead, people with Parkinson's can still travel – they just need to make a few extra planning steps in order to make their trip enjoyable. Here are a few tips to consider:

- If you're flying, arrive at the airport earlier than usual to compensate for movement difficulties that may arise as you navigate the security checkpoints and allow for last-minute gate changes by the airlines.

- Double-check your medication to make sure that you have more than you'll need for the trip.

- If you can't bring extra medication, check to see if your pharmacy is available in the town where you'll be traveling.

- Keep emergency numbers stored in more than one place. If possible, carry a small bag with extra medication and emergency phone numbers, including your physician's.

- Plan extra time on your vacation for rest. In the excitement of the trip, it's easy to overdo the amount of activity that is packed into one day.

There is no known cure for Parkinson's, although researchers are working on one every day.

Until a cure is found, the disease can be managed. The effectiveness of the treatment relies a great deal on the amount of planning and communication that takes place at home, as well as that done in the doctor's office.

JULY BIRTHDAYS

July 1 - Janice Will
July 3 - Faye Story
July 8 - Toni West-Zolezzi
July 10 - Charlotte Van Nierop
July 12 - Barbara Schoof
July 13 - Dorothy Beckman
June Shaner
July 21 - Fr. Peter Henry
July 25 - Jen Anderson
July 30 - Elaine Nicol
July 31 - Nita Gervais

AUGUST BIRTHDAYS

August 2 - Frances Gordon
Ed Koussa
Harry Smith
August 3 - Colleen Herwig
August 5 - Bob Anderson
Ivan Carver
August 13 - Jean Denoncourt
Judy Scartozzi
August 16 - Maria Wesley
August 17 - Jo Ann Doyle
Victoria Fielder
August 22 - Pamela Brookman
August 24 - Richard Goodwin
August 26 - Vera Youngling
August 28 - Marlene Mitts
August 29 - Miriam Pruter
August 31 - Bernie Forlenzo
Patricia Sauberan

Death and Dying: Final Stages Did You Know ...?

1. Extreme differences in a patient's temperature are common.
2. The patient may spend an increasing amount of time sleeping.
3. Oral secretions may become more profuse and collect in the back of the throat.
4. Breathing patterns may change to an irregular pace.
5. Many patients become confused to time, place and identity of persons nearby.
6. Incontinence is a common problem and occurs in muscles that relax.
7. Hospice should be called as death in the home is approaching.
8. The volunteer is a part of the interdisciplinary team and may be present at the time of death.
9. Sometimes it is best for the volunteer to let the family members be alone with the patient at the time of death.
10. Communication with the interdisciplinary team is important for the volunteers to maintain clarity of the patient/family goals and plan of care.