



COMING of AGE

A Publication of the Saskatoon Council on Aging

Council Focuses on Improving the Quality of Seniors' Lives

What are top priorities in improving quality of life for seniors? To provide some answers, Wilma Mollard's Long-Range Planning Committee invited three health care professionals to speak to the Council on Aging's board of directors.

Peggy McLeod of the University of Saskatchewan College of Nursing listed several health risks and ways of alleviating them, but said that isolation of seniors is a serious problem. Climate, loss of friends, lack of mobility and transportation, and depression are all contributing factors.

Susan Wagner of the Saskatoon Health Board spoke about program development within the board, which is now establishing procedures and task forces to address specific issues and proposals from the public. She said the shortage of beds for long-term care of persons with memory loss is a major concern.

"Who speaks for the elderly?" asked Eliot Paus-Jensen of the Geriatric Assessment Unit at Royal University Hospital. Other people are deciding for seniors what they must do and there is formidable pressure to institutionalize the frail elderly. She spoke of "insults to people's autonomy just because they are elderly."

The Long-Range Planning Committee will present a report to the Board of Directors for its consideration. The problems of elder abuse and unmet needs of caregivers are continuing projects of Council, as are the danger of alcohol and drug abuse. Additional subjects are difficulties

with housing and transportation, illiteracy, low income. The committee suggests that most of these subjects relate in some way to the isolation of seniors.

The committee will set up small-group creative planning discussions at the annual meeting April 22 to react to the report and suggest ways of reducing the isolation of some older people.



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Caregivers under stress

By Mary Helen Richards

Today the people who look after a failing family member or close friend are called "informal caregivers," people who struggle to preserve the quality of life for someone they love.

Usually caregivers are seniors or part of the sandwich generation who still have children at home. Too busy caring for others, they tend to ignore their own needs.

A recent Day for Caregivers was designed to share information about these often-neglected people and discover ways to help them. It was the second annual day-long event sponsored by the Seniors Network, a group of professionals from health and social service agencies. It was chaired by Barb Engel of Catholic Family Services.

The stress experienced by caregivers was emphasized by Debra Lesyk, head of nursing at the Saskatoon Community Clinic. They can feel resentment at intrusions on their own time and privacy, irritation at the added responsibilities, anger at the downhill progression of a loved one, and guilt for having these feelings at all.

"No one who has not cared for an ill, helpless, confused old person

can comprehend the helplessness, rage and frustration that is often experienced by the family or caregiver," she said.

Add to these emotions the physical cost of more and more work with less and less rest, and the caregiver's own health becomes seriously impaired. The end result can be two dependent persons.

Ms. Lesyk said caregivers must reach out for help, and it is up to the community to ensure that support services are in place. Respite care, counselling, health information and

self-help groups all help to ease the burden.

In small-group meetings, caregivers themselves emphasized these needs and added a few more.

Financial assistance such as in-

creased income tax deductions for care given to a disabled dependent was mentioned.

"We pay for everything, drugs, home care, sitters," said one man. "They want people to stay out of hospitals, but they don't give us enough help to do it."

"You tell us to take care of ourselves, but how?" a woman argued. "We don't have enough energy left for that."

Other caregivers offered suggestions: Families must meet together, allocate responsibilities, make plans. Look for institutional care beds before an emergency occurs and while the loved one is well enough to make the adjustment.

All agreed that caregivers need support and recognition for the work they do. As a result of these workshops and the self-help groups, people who give care are learning how to take care.

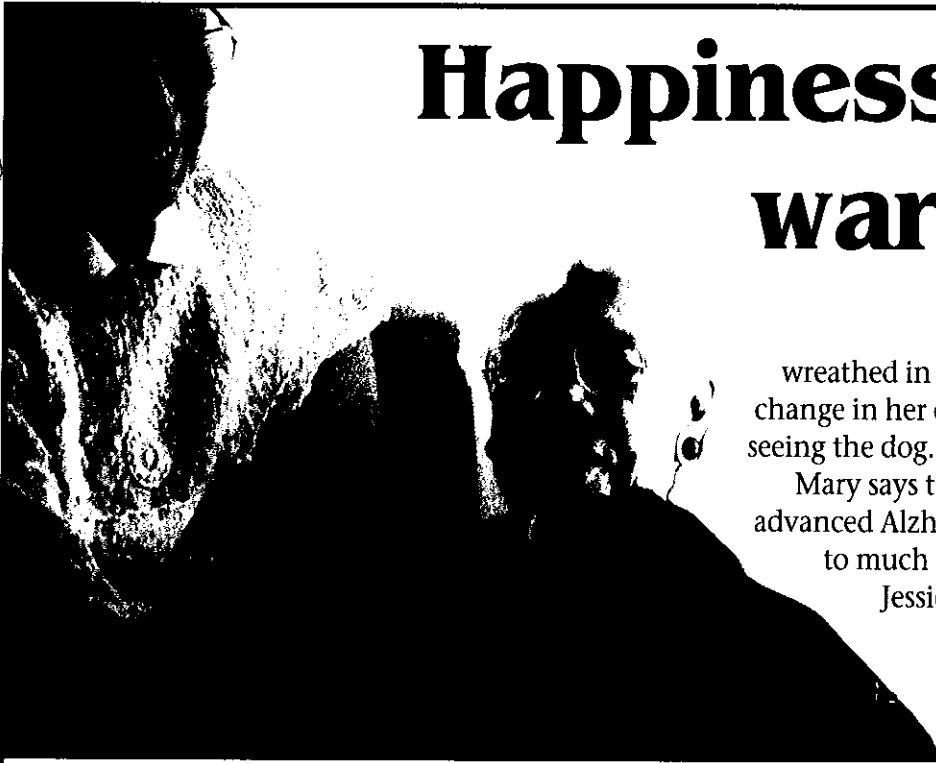
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Publications Chairman.....Margaret Mack
Publications Committee.....Wilma Mollard, Mary Helen Richards
Editorial Consultant.....Jenni Mortin
Photography.....Mary Helen Richards

Happiness is a warm puppy



wreathed in smiles. She couldn't speak, but the change in her demeanor told of her happiness at seeing the dog.

Mary says that even some patients with advanced Alzheimer's disease, who don't respond to much else, will smile and laugh when Jessie is brought to see them.

Helen Elliott, co-ordinator of volunteers at Sherbrooke and a great believer in the pet therapy program, agrees. She says

that sometimes a visiting pet will bring back memories for

patients who seem to have lost much of their past.

Besides the pets which come to visit, three cats, an angora rabbit and a budgerigar live at Sherbrooke, and Helen calls them "bridges for communication". They facilitate relationships among patients, staff and visitors, easing what can sometimes be a difficult situation.

They also give patients something to be concerned about other than themselves. Some have become more mobile because of the pets, she says; taking lettuce left over from lunch to the rabbit, or just going to visit.

Dogs are the most successful animals for a visiting pet therapy program, says Helen. She checks each out carefully before it is accepted, looking for a "cool, calm and collected animal" with an even temperament which won't react negatively if its ears are tweaked or its tail pulled.

Jessie certainly fills the bill. The gentle little dog seems to touch some deeply buried chord in people. Maybe she brings back happy memories of childhood pets; maybe it's her unconditional acceptance of disabled people.

Whatever it is that Jessie does, it helps the patients and the staff at Sherbrooke to enjoy their days a little more. She's a bringer of joy — and she does her job well.

Mildred Paul, right, welcomes visit from Mary Levers and Jessie

By Ginnie Lawman

It's hard for Jessie and Mary to get much past the front door at Sherbrooke Community Centre. Wheelchairs appear as if from nowhere and hands reach out to touch Jessie's soft coat. Everyone seems to want to stop and say hello. The smiles and greetings make it obvious that she is a very welcome visitor.

Jessie, a four-year-old black and brown spaniel/terrier crossbreed, visits patients and staff at Sherbrooke once a week. She and her owner, Mary Levers, have been one of many pet/volunteer pairs since Jessie was a pup.

The afternoon I accompanied them on their rounds was filled with smiles and outstretched hands. Jessie is small enough to sit on a lap, and since many people at Sherbrooke are in wheelchairs, there are lots of laps around.

Jessie sits patiently while eager hands stroke her and scratch her ears. Her big brown eyes look closely into the faces leaning towards her. The communication is definitely two-way.

I watched people's faces light up at the sight of this small, warm, friendly animal. One woman, who had been wandering with a faraway look, walked purposefully over to pet Jessie, her face

Alcoholism and aging

Alcoholism cannot be cured — but several physical, psychological and social factors can be treated to control its progress, Michael Woods of SADAC told a recent Council workshop on drugs and aging.

First, in acute cases, alcoholics should be in a facility for several days to rid their bodies of alcohol and receive medicine to prevent convulsions, produce a healthy appetite and encourage sleep. High-strength nutrients are given.

Secondly, to discourage patients from returning to alcohol, some physicians prescribe the drug disulfiramantabuse. Patients who drink while taking it experience violent headaches, nausea and other discomforts.

Thirdly, counselling. There are several types of therapy, individual or group psychotherapy and family therapy.

The alcoholic is often a

lonely person, full of guilt and burdened by disappointments. Psychotherapy helps build trust and enable the patient to handle problems better. Family therapy helps family members come to terms with their reaction to the alcoholism and helps build self-esteem by rebuilding healthier family relationships.

Alcoholics Anonymous is a voluntary fellowship of alcoholic people whose sole purpose is to help themselves and others to get sober, stay sober and mind their lives. It is a spiritual approach.

Family and friends have a responsibility to help the alcoholic take control over his/her own life and enjoy a better quality of life.

Alcohol abuse among the elderly is receiving increased attention. Data suggests

that untreated alcohol abuse is more serious among older persons than was recognized and is likely to grow as the Baby Boomers age.

While there may be less drinking among seniors generally, there appears

to be a hidden alcohol problem among some seniors, often discovered when they seek medical attention for other problems. It has been suggested that many of the criteria used in

Signs, symptoms of problems attributed to aging and alcohol:

- * Memory loss
- * Confusion
- * Depression
- * Multiple problems
- * Unsteady gait
- * Incidence of accidents
- * Poor nutrition
- * Loss of family/friends
- * Social isolation

- SADAC

screening and diagnosis of alcohol abuse and alcoholism are inappropriate for seniors, leading to underestimates of the extent of the problem.

Self-reports of consumption may not be accurate because of memory problems, difficulties in mental over-aging and higher levels of denial of unfavorable characteristics among older persons. There is an increased sensitivity to alcohol.

Because of body changes there is slower processing of the alcohol, resulting in more toxic effects. Alcohol's effects are a greater problem when combined with drugs.

Reasons for alcohol use:

- Enjoyment
- Improves appetite
- Health problems
- Problems with daily activities
- Family separations
- Isolation
- Feelings of uselessness
- Socialization
- Reduces fears
- Loss of self-esteem
- Increased leisure time
- Depression from losses
- Financial worries
- Availability of alcohol

-SADAC

Informing seniors is best guard against financial abuse, study finds

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The Saskatoon Committee on Abuse of the Elderly, with funding from the Saskatoon Council on Aging, contracted Susan Robertson to research the financial exploitation of seniors in Saskatoon.

The project had two objectives:

- * To collect information from people in the financial community about the nature and prevalence of such exploitation in Saskatoon.

- * To determine the extent to which people in the financial industry can and do intervene when confronted with instances of financial exploitation of senior clients.

Ms. Robertson is to submit her final report to the committee this month. She is still collecting data, but she gathered some preliminary findings.

Of particular interest, she says, is the discovery that people in the financial industry see only

a small number of suspected cases of financial exploitation of senior clients, and even fewer instances in which such exploitation has been confirmed.

When providing this information to her, however, several people in the industry noted that there are limitations on their capacity to detect and respond to the problem. These limitations include people's expectations about the rights and responsibilities of clients and personnel, the legal regulations to which financial institutions are subject, and the fact that financial exploitation is not easily defined and may appear in different forms.

When a stranger initiates financial exploitation of seniors, involving elements of coercion or fraud, the guidelines for financial personnel are clear.

If the exploitation involves a senior's family members or close acquaintances and is in the form of a loan or gift of money that the senior may not be able to afford, the course of action is not at all clear. According to some financial personnel, the only clear guideline is that they have no authority to interfere in the transactions of clients who are presumed to be competent.

Generally, persons surveyed believe that financial personnel should emphasize prevention, in the form of informing seniors about financial exploitation. To do otherwise is to jeopardize relationships with clients and ultimately risk breaking the law.

Some respondents suggested that co-operation between members of the Committee on Abuse of the Elderly and representatives of the financial community may serve as a basis for developing information packages and distributing them to senior clients.

Tips to prevent financial abuse

Know your finances: Keep track of monthly income and expenditures. Make financial plans.

Know your bank: Know and be known by the staff. Ask about charges, services, safeguards. Check your statements, examine cancelled cheques.

Use direct deposit for monthly pension cheques.

Keep little cash at home or in your purse; pay by cheque.

Do not keep your Personal Identification Number (PIN) with your automatic teller card.

Make a will. Get legal advice when drafting it.

Take time to read and understand what you sign.

Get sound legal and financial advice before you start a joint account, give power of attorney, or sign over your property.

Coping With Growing Older

By Margaret Mack

Aging is a gift of the 20th century. The key ingredients in coping with growing older are our outlook, our lifelong lifestyle, our ability to anticipate and plan for change. Changing times require changes in our attitudes, our beliefs, our skills and our knowledge about the future.

The combination of technology and globalization has created a lightning-quick chain of reaction to events.

“Old age” has meant fossilization, but today this definition ignores the fact that we older citizens have survived one of the fastest-changing times recorded in centuries, as we see when we examine the Change Clock.

Imagine a clock face with 60 minutes on it. Let this clock stand for the time during which humans have had access to writing systems — so it represents about 3,000 years. Each minute represent 50 years.

On our clock, there were no significant media changes until about nine minutes ago; that was when the printing press came into use.

About three minutes ago, the telegraph, pho-

tograph and locomotive arrived. Two minutes ago: the telephone, rotary press, motion pictures, automobile, airplane and radio. One minute ago, the talking picture.

Television has appeared in the last ten seconds, the computer in the last five, and communication satellites in the last second. The laser beam — perhaps the most potent communication method of all — appeared only a fraction of a second ago.

In other words, change isn't new; what is new is the degree of change. As our clock-face metaphor was intended to suggest, about three minutes ago there developed a qualitative difference in the character of change: Change changed. (Adapted from Postman and Weingartner)

We are getting older and we may as well enjoy it. Old age is the time to take risks and initiate social change.

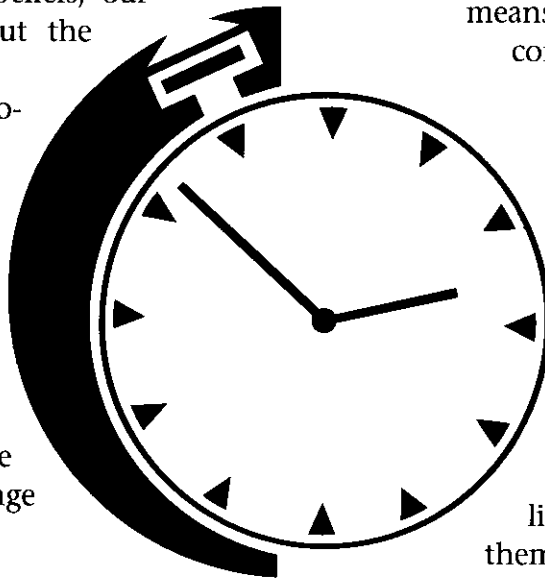
Seniors need to assert their right to be heard and make their own choices on how to live their lives. To achieve “self-empowerment” means understanding that you control your life, that it is not controlled by other people or outside circumstances.

Talent should be nurtured and encouraged rather than commanded. Older citizens need to be encouraged to continue using the knowledge they have built over a lifetime instead of letting them rot in early retirement.

We are in the Age of People Power. The right to choose is already the dominant metaphor of the 1990s. The 21st century may prove to be the Age of Choice.

Seniors need more than competent health care and a decent pension; they need a well-defined constructive role to play in society.

Lifelong learning, lifespan education, education for successful aging will become more and more important as time goes on.



Age can affect driving

Tips for Senior Drivers

By Jenni Martin

Older drivers are involved in more collisions than middle-aged motorists when the record is based on actual kilometres driven, says the Canada Safety Council, which sponsors National Seniors' Safety Week each fall.

About 2.5 million Canadian drivers are over 55, the Council says, pointing to changes caused by aging which affect the ability to drive safely: reduced vision, particularly at night; decreased depth perception; disabilities which limit movement and slow response to sudden traffic changes.

Saskatoon driving instructor Edith Klassen of Klassen Driving School Ltd. considers 55 a bit young to call people 'older drivers,' and says she finds that "not only seniors but all people become sloppy in their driving unless they make a strong effort to correct it."

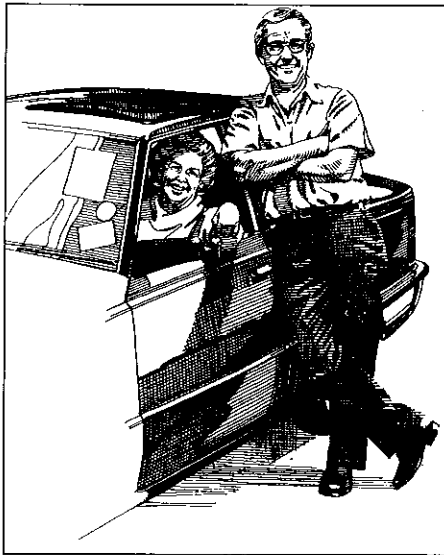
After 18 years of teaching drivers of all ages, especially youth, she would like all drivers to be re-tested every five years because of that tendency to sloppiness. She thinks seniors should be re-tested regularly after age 70.

She has found that senior drivers may not keep up with changing signs and lights and what they mean, and may therefore be confused by new signs.

Often people drive by habit, rather than looking for signs.

Seniors should work on shoulder checking, rather than just rely on rear-view mirrors, she says.

"People — especially men — who have driven for years don't shoulder check. But elderly women who have taken up driving because their husbands are ill, for example, do shoulder check because they have learned to in a driving course."



If arthritis or similar problems make such checks difficult, seniors should get right-hand mirrors for their cars, she adds.

The Safety Council says that because of their slower reaction times, senior drivers should allow a minimum following distance of three seconds in good weather, more in bad weather.

Mrs. Klassen suggests they ease up on their turning and keep

their eyes very alert, looking farther ahead. She says all drivers should do that. "Look a block ahead at least and then closer in a regular search pattern. Aim high and get the big picture, we tell students."

Vision and hearing changes can sneak up without senior drivers realizing it. The Safety Council urges periodic eye checks and taking time to adjust to new glasses, as well as avoiding eyeglass frames with wide side pieces which can restrict side vision.

"Try to avoid driving at dusk, the most difficult time of day to see."

It suggests using a hearing aid if necessary, and keeping radio, air conditioner and heater as low as possible to reduce noise, and the window down slightly to hear warning signals.

Mrs. Klassen always worries when she sees short drivers looking through the steering wheel instead of over it. "I just feel like stopping them and saying, 'Please get a fat cushion!'"

The Safety Council suggests seniors check with their doctor or pharmacist to ensure any drugs they are taking will not interfere with their ability to drive.

Anyone interested in driver refresher courses for people over 55 can call the Saskatoon and District Safety Council, at 343-0668, or president Gordon Wiwchar, 966-7077.

About that hugging . . .

Our lighthearted look at hugging in the last issue of *Coming of Age* struck a serious response from one reader, whose letter said in part:

"Many, many of us have to live without that physical contact with other human beings. The older we get, the more this is so ... we can live interesting, full lives even though for many, many of us 4 hugs a day from anyone are nigh unto impossible. Sure, I get hugs from children, grandchildren, brothers, sisters — but the total would not reach 20 a year and I myself have lived like that for 25 years at least and I do more than survive. Sure — I wish I could get more hugs — but the

reality is that it's not possible and I'm not alone in this."

The letter raised a serious point and it deserves a serious reply.

Warm physical contact is a basic need for all ages. We can live without it but we should recognize the importance of the need for physical affection in our lives.

Substitutes to Hug

Many of us seniors are without partners, living alone or with other than family members. So we find substitutes.

Some have a pet dog or cat that can be stroked and loved. Others find a close friend who really likes to be hugged.

Still others volunteer their services to a hospital children's ward or the Crisis Nursery. There are small children and babies who must have physical contact, must be held and rocked, in order to feel safe and get well. For them, being held is more than a pleasure; it's a major factor in their recovery and growth.

Really, the point of the advice about hugging was that to get hugs you must give them. Remember the times of deep sorrow or great joy when friends hugged you, and how good it felt? Do this for someone else. The need for warm personal relationships is there in us all.

Mary Helen Richards

BOOK REVIEW

WHEN I AM AN OLD WOMAN I SHALL WEAR PURPLE: AN ANTHOLOGY OF SHORT STORIES AND POETRY.

Second edition, edited by Sandra Martz.
Papier Mache Press, Watsonville, Cal.,
1987.

Remember 'Warning' by Jenny Joseph which appeared in our first issue of *Coming of Age*? Now it is the title poem in this anthology for, and about, women and aging. Jenny explains that she wrote the poem many years ago, thinking as a middle-aged woman loaded with work and responsibilities who fantasizes about finally being free of constraints.

And the rest of the poems and stories are in this vein: sad, funny, always brave; mother, daughter, granddaughter, friend in intertwined relationships. The poem

'For My Mother' says: "I sharpen more and more to your/Likeness every year — I watch my aging face/In a speeding time lapse/Become yours." And in another, "You ask yourself/What Mother's face is doing/in the mirror."

A four-liner entitled 'Maybe at Eighty':

They say wisdom comes as you age -
Now I'm in a real jam -
At sixty I should be a sage -
Look what a fool I am!

One woman says to her friend,
"We're getting older and we should try our best." But the friend replies, "No, I did that for forty years. That's half my life ... The next forty years are mine."

Recognizing the growing importance of issues on aging, the editor has assembled works telling of the rich and varied world of midlife and beyond.

Mary Helen Richards