



Winter Newsletter

Welcome to our third edition of the APA Quarterly Newsletter! We hope you enjoy the articles written by your fellow members of the APA, and maybe learn a thing or two in the process. And don't forget to check out the events, announcements and happenings as well!

Table of Contents

Announcements	1
Upcoming Events	1
Articles	
What Snoring May do For Your Senior's Health	3
How to Kick a Nicotine Habit - New Years' Resolution?	5
PTSDAD (Post-Traumatic Stress Disorder - Alzheimer's)	6
The Holiday Season with Dementia	8
Talking to Families About Hospice	9
Emptying Out a Loved One's Home	10



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The next edition of the Older Adults Resource Guide is scheduled for January, 2023. All businesses/agencies can place their information in the guide free of charge! Send your updates to Rob Jutze at rjutze@seniorimpact.com. If you would like to view your listing from the 2022 edition, the guide can be viewed at www.seniorimpact.com/cincinnati.

Now Accepting Nominations for APA Awards

The APA is once again recognizing outstanding professionals working in the field of aging. The winners will be honored at the [APA annual Awards Luncheon](#), on Wednesday, March 8th. Help us identify your peers for their outstanding work by nominating them for one of our awards. Awards will be given in three categories:

- Outstanding Service Provider in the Field of Aging
- Outstanding Project in the Field of Aging
- Outstanding Leader in the Field of Aging

To get started, download the nomination forms on our website, www.tristateapa.com

The deadline for nominations is January 15th, so there is no time like the present to get those nominations in! And be sure to mark your calendar for the Awards Luncheon in March so you can join us in honoring the winners. We hope to see you there!

Transitions Care Concierge, LLC is offering discounted CPR/BLS CERTIFICATION at your location to ALL Nurses and STNAs.

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We hope you have a joyous 2023!

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UPCOMING EVENTS

On January 26, the CE course "**Grow Through It: How to Remain Rooted, Connected and Even Grow Through Times of Adversity, Challenge and Change,**" will be offered via Zoom, from 12:00 - 1:15.

On March 30, the CE course "**Managing Conflict with Teams**" will also be offered from 8:00 - 10:00. The location has yet to be determined.

Save the date! Our **annual Awards Luncheon** will take place on March 8, from 11:00 - 1:00 at Seasons in Kenwood. Watch your in box for more details. We hope to see you there!

You can sign up for both events at tristateapa.com/events

We'd like to welcome our two "new" Board Members, Sylvia Dwertman and Tracey Collins! Both have served on the Board in the past, and Sylvia will be our new Board President, while Tracey will be our new President-elect. We'd also like to thank our outgoing Board President, Randy Quisenberry, for his hard work and dedication during his term. And a special thanks to our two outgoing Board members members, Angie Cotteral and Yvonne Scheiderer!

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What Snoring May Mean for Your Senior's Health

by Sylvia Dwertman,
Visiting Angels



Snoring is a common nighttime occurrence for many people, but if a senior loved one is snoring, it could be more than just an annoying disturbance. An underlying health issue may be the cause of chronic snoring, which can affect their sleep patterns, well-being, and overall quality of life.

Several conditions that cause snoring include:

- Congestion related to Allergies or URIs
- Excess Tissue in the Mouth and Throat
- Excess Alcohol Consumption
- Narrowed Nasal Passages
- Sleeping in a Position that Narrows Airways

Although snoring is not always serious, it can sometimes indicate a sleep disorder called obstructive sleep apnea (OSA).

What is Obstructive Sleep Apnea (OSA)?

OSA, a disorder that occurs when muscles in the throat relax and narrow or block the airway, can cause breathing to stop and start during sleep. The blockage triggers a brief awakening and disrupts restful sleep. People who have severe sleep apnea can experience stops and restarts in their breathing up to 30 times an hour for the entire night.

Symptoms of OSA include:

- Loud Snoring
- Excessive Daytime Sleepiness
- Noticeable Pauses in Breathing while Sleeping
- Waking up Gasping and Choking
- A Dry Mouth, Sore Throat, or Headache in the Morning
- Mood Changes, such as Depression or Irritability
- Memory Problems



Another less common type of sleep apnea is central sleep apnea. Though not caused by blocked airflow, central sleep apnea occurs when the brain fails to send proper signals to the muscles that control breathing during sleep. When an individual experiences central sleep apnea and OSA together, it is called “complex sleep apnea syndrome.”

If you suspect your older loved one has sleep apnea, schedule an appointment with a medical professional as soon as possible. A qualified physician will determine the root of your senior's snoring issues and recommend the appropriate treatment.

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Caregiver Support for Seniors with Sleep Apnea

As part of their sleep apnea treatment, seniors may need to make lifestyle changes such as:

- Losing Weight
- Getting More Exercise
- Quitting Smoking
- Avoiding Back Sleeping

An in-home caregiver can help seniors sleep safely and comfortably by reminding them to follow their doctor's recommendations. If a doctor prescribes a continuous positive airway pressure (CPAP) device or oral appliance, a caregiver can help your loved one use it correctly and clean it regularly.

Surgery is usually the last resort. If your loved one needs surgery to treat their sleep disorder, a personal caregiver will monitor their condition after the procedure to ensure they are recovering well.

Snoring is not always a severe problem in seniors, but scheduling a medical evaluation and reaching out for professional home care can help them get the rest they ultimately need.



Our New Members since October

Rachel Abshear, Ohio CEUS
Karena Barger, Right at Home
Jeremy Brown, Mallard Cove
Nan Cahill, Council on Aging
Mary Ann Detmer, Medmark Treatment Centers
at Lebanon
Jessica Fitzhugh, Right at Home
Esther Ford, Landmark Health
Jennifer Gibbs, Traditions Management
Sandy Hammond, Independent Medicare Agent
Sherry Herrick, A Better Solution to Home Care

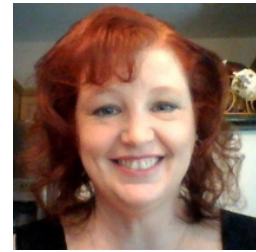
Isha Karmacharya, Miami University
Gary Lewis, Care Core Health
Lee Miller, QMedic
Jamie Nell, Provision Living at West Chester
Sharon Olthaus, Wellspring Health Care Center
Mary Pat Peterson, American Mercy Homecare
Tammy Price, Foundations Health Care
Heather Sabatalo, Evergreen Retirement
Ginger Sablock, West Chester Assisted Living &
Memory Care
Douglas Strand, Better World Research
Marti Surrey, Medicare Marti
Paul Tobillo, Amada Senior Care Cincinnati

Not yet an APA member and want more information?

tristateapa.com/join

How to Kick a Nicotine Habit – New Years' Resolution?

*by Mary Mendel,
Family Bridges Home Care*



On December 12, 2022, I proudly celebrated 10 years without a cigarette! I started smoking when I was 19 years old, and for 23 years, I thought that cigarettes were my answer to stress. I tried several times to quit, even using Chantix and Wellbutrin to try to help me cope. In the end, all I needed was me, some gumption and a radio. If you are trying to kick a habit this New Year, I hope my experience is helpful to you.

One of the worst parts of my addiction was that I “Relied” on cigarettes to be a part of certain situations. In my mind, I couldn’t drive without smoking, I had to smoke when I drank alcohol, movies were better with a smoke, and spending time outdoors was even better with nicotine. Eliminating some of these misconceptions helped me to reach my final goal. I stopped smoking in my home and car in early 2012, so I started realizing that I could go longer periods without smoking.

When I finally quit, cold-turkey, on December 12, 2012, I was smoking anywhere from 4 cigarettes to 2 packs per day. How did I successfully quit?

Step 1: I took a break from the things that were always associated with smoking. I refrained from going to parties and bars for the first few months. I stopped watching movies and TV shows where the characters smoked, (it took 8 years for me to have the courage to watch “Pulp Fiction” again) and I didn’t sit out by the firepit for several months.

Step 2: I set aside the money I would have spent on cigarettes and donated it monthly to my church’s mission of the month. This was an eye-opener for me, because I was spending over \$30 a month on this habit, which added up to over \$350 donated to charity. This small act became something to which I looked forward each month, and I was proud that I was able to keep up with it for a year.

Step 3: This was the toughest part. When I would have a craving for a cigarette, which was usually during a time of stress or celebration, I would sit in my car or a place where I could listen to music. First, I would ask myself, “Mary, why do you want a cigarette?” Then, I would honestly answer myself. “I want a cigarette because I am having a really bad day.” Then, I would ask myself, “How is smoking a cigarette going to change your day from bad to good? How is it going to change the things that made today a bad day?” Of course, the answer was, “It won’t.” Then, I made a deal with myself, I had to listen to one, entire song on the radio. Once the song was over, if I still needed a cig, I could have one. Needless to say, I never needed one after the song was over, and I have not needed one for 10 years.

Although I had unsuccessfully tried to quit in the past, I believe that what made all the difference was that I had an intense desire to quit, a plan for quitting, and I took things slowly and methodically. I am sure I looked like a crazy person, sitting in my car, talking to myself, but I can certainly say that I feel better, sing better and smell better, so it’s a good trade.

PTSDAD (Post Traumatic Stress Disorder- Alzheimer's Disease)

by Maria Deneau,
The Seasons



“Fight or flight...panic attacks...anxiety...getting stuck...depression...lack of self care...denial...”

These are all fallout behaviors of a long-term caregiver/ family member who has dealt with Alzheimer's Disease, but the behaviors look and feel a lot like PTSD. PTSD is usually thought of in the post military combat space, but I think people are now realizing that it can show up after any traumatic experience. In the healthcare arena, I can't think of a more apt place for PTSD to show its ugly face than in the caregiving world of Alzheimer's Disease. I like to call this related condition PTSDAD (Post Traumatic Stress Disorder from Alzheimer's Disease). I advocate with many who belong to this club, unfortunately, and I've seen firsthand how their lives are forever changed. Let's look at a clinical definition of PTSD so that you can compare it with PTSDAD:

“PTSD – Post-traumatic stress disorder (PTSD) is a mental health condition that's triggered by a terrifying event – either experiencing it or witnessing it. Symptoms may include flashbacks, nightmares and severe anxiety, as well as uncontrollable thoughts about the event. Some changes in physical and emotional reactions are: Being easily startled or frightened. Always being on guard for danger. Self-destructive behavior, such as drinking too much or driving too fast. Trouble sleeping. Trouble concentrating. Irritability, angry outbursts or aggressive behavior. Overwhelming guilt or shame.”

“PTSDAD – see above.”

Nailed it. Don't you think?

I was asked about what it feels like (PTSDAD) or why it occurs, from someone that I know at The Women's Alzheimer's Movement. I had to ponder this question carefully my own personal fallout from watching my Mother suffer from this disease and the effect that it had on my Dad and siblings was massive. My own PTSDAD began in the middle of my Mom's disease. I started to have crying jags out of nowhere and my nurse, friend and colleague told me that I needed to consider either going to a counselor or making an appointment with my physician. I was just coping with everything (not very well) and helping my Dad from a long distance, so I wasn't even the caregiver. She took my hand and told me that I was in the midst of situational depression. BAM! It was the first time that someone had acknowledged my struggle and it hit me right in the face- this was my ugly “Aha” moment, if you will. My perspective on life shifted quickly as I watched my Mom fade away. Life was fleeting. Life was in the “here and now”. The trauma itself was enough to invoke enlightenment. Enlightenment sounds like a pretty word with unicorns and rainbows, but that's not what it was for me at all- It was dark, raw and isolating.

My opinion on why this syndrome (PTSDAD) is so detrimental in the Alzheimer's and related dementias caregiving world, is because the disease usually plays out for a very long period of time, and the person suffering from the disease is not aware of the stress that the caregiver goes through. The caregiver just keeps going because they have no choice – sometimes they cannot fathom placing their loved one into a memory care community, thinking that caring for them at home is best. (sometimes that works out, sometimes it doesn't). The guilt and shame would be too much to bear – their perspective on “nursing homes or facilities” being not very realistic or, unfortunately, very realistic if they've had a bad experience. The latest statistics show that $\frac{2}{3}$ of caregivers are women and that caregiver burnout is a real disorder...the most horrifying statistic? Some caregivers die before the person with dementia, due to overwhelming stress or from not caring for themselves and their own healthcare needs. Whoa. Add in an extra sprinkling of the COVID-19 pandemic from the last few years and you've got the perfect storm.

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Now that I am almost 8 years into life post-Mom, 18 years after diagnosis mind you, I am recognizing this “syndrome” in other people that I know as they start to wrap their mind around long-term care. This driving force of anxiety and despair that just throws caregivers down into the proverbial ditch – stuck. I’ve seen a 23-year old cry for days on end while in Washington D.C. to advocate for Alzheimer’s with me, after losing her loved one that year. I’ve witnessed ongoing despair from a Granddaughter that lost her Grandmother to Alzheimer’s, on top of losing her Dad, dealing with alcoholism and the end of her marriage. She was her Grandma’s caregiver for many years and she had a difficult time moving forward. Today she is a strong voice for ending this disease. I’ve seen a 26-year old speak about losing most of the adults in his life to early onset Alzheimer’s disease. He has been a caregiver since he was 6-years old – there isn’t a dry eye in the room when he is finished speaking. More often than not, I see family members in complete denial about the next right step for their loved one. So what should you do if you know someone who is displaying PTSDAD or if you are recognizing this syndrome in yourself? First, I applaud you for reading this article you’re still reading, so that’s a positive step. Next, I would have to say that your own recovery from PTSDAD depends on what you are experiencing. Do you have anxiety or depression? Is guilt a big factor? Are you feeling isolated? Just overwhelming sadness and grief? Only you know the answer, but recognizing what is happening to you is a big step. Maybe you become defensive towards people who are concerned about you during this journey, thinking that “they don’t understand.” Reach out to them. Talk to them. Then talk some more. Then when you’re done, go ahead and talk. Don’t forget to talk! Did I mention talking about it?

Calling your doctor to say that you’ve been dealing with this as a caregiver or as a family member would be another huge, important step to take. Maybe it’s just getting a physical, and taking care of your whole being, and getting back to exercise and good nutrition. There are many options available to you, but you have to take that first step in asking for help.

I use humor like a weapon – it is my own personal “relief” and constant companion through the good and the bad of Alzheimer’s disease and related dementias. I have a lot of funny stories about Alzheimer’s from working in senior healthcare and from my own personal experiences with my Mom and my advocate friends...you know who you are! Humor is tough with this disease, but I know that it’s necessary to have in your toolbox as a caregiver – just know that whatever you are experiencing is probably normal. This disease is a giant truckload of awful and it is not something that anyone can go through alone without a lot of damage and baggage. Know that. Also know that you are not alone.

Until we can find a cure, or even a slowdown for Alzheimer’s disease, we all need to be aware of the effects from dealing with it as well. Check in on your friend whose mom has been newly diagnosed. If your own parent has been diagnosed, look in the mirror, ask yourself what YOU need. Oh, and don’t forget to talk about it! If you need to reach out to me, I am always available for anyone needing guidance and resources, or even if you just need someone to talk to. This truly is my own personal mission in life and I do enjoy helping others navigate this dementia journey. Don’t forget to laugh and talk about it...did I mention that yet?

It was another fun-filled and informative few months at our APA events! We hope to see you in 2023!



The Holiday Season with Dementia

*By Theresa Youngstrom
A Better Approach to Memory Care*



The holidays are meant to be a time of joy and celebration with friends and family. We make plans, set dates, arrange to travel or accommodate travelers. There are menus to select, traditions to maintain, decorations to show off and gifts to wrap. That is about the time someone with memory loss needs extra time or interrupts the planning with an off the wall idea or unreasonable need. Wait a minute!!! No one has time for this...

How dare they ruin my plans or choose a time like this to accuse me of stealing from them. Come on, Mom! Can't you see all I have going on right now? The answer may surprise you. What if they are actually doing the best they can, with the memory or brain power they have left? Have you considered the fact that Dementia means brain failure, so they have little ability to change the way their disease is moving?

There are things we can do to accommodate a person living with Dementia like manage their environment by trying to keep them in a friendly and familiar setting. We can be curious about what is upsetting them and use our assessment skills to consider what is going on from their point of view. We can arrange for pleasurable activities, place a pause on our agenda to serve their needs better, or add a scheduled nap to help them cope with a tired and declining brain.

There are definitely things we are unable to control or contain. Sadly, the brain is always changing, and we do not have the ability to slow the rate at which brain cells are dying once a diagnosis of some type of Dementia is given. Most people have well developed likes and dislikes, personality traits, and medical histories established, when we meet them. They also have changed abilities that the caregiver must learn to discern and work with. We know about food and fluid needs yet may not be able to make them eat right or drink and sleep on a schedule.

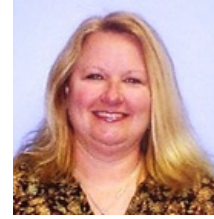
Let's stick to what we know and have some control over and position ourselves and our loved ones to win during the holidays. We may need to call a family meeting to encourage support. We should probably think smaller not larger and in a familiar place during their best time of the day.

Be prepared to go with plan B or not go at all if the situation changes or someone becomes upset. Apologize and take a humble position when the wheels fall off our plans. We may need to just let it go, to save the relationship. Consider a couple of smaller gatherings around the noon hour. Assign someone to the person living with dementia to monitor them and serve their needs during the event. Stay tuned-in, to head off big upsets and accommodate their needs with the extra patience and the love they deserve. Find ways to take care of yourself too by getting more help and accepting you cannot be everything to another person. You are important too so don't make the holidays a time to resent or regret. Instead plan to adjust your activities to serve both of your needs with compromise and realistic goals. They need you, true, but you need time for yourself to continue the journey with good health and a happy attitude about your situation. Happy Holidays...

If you'd like to have your event or announcement listed in the next APA Quarterly Newsletter, please email either Mary Mendel at Mary@FamilyBridges.com or Rob Jutze at Rjutze@SeniorImpact.com. We'd love to hear from you!

Talking to Families about Hospice

*By Jill Grissom,
Queen City Hospice*



Avoid beginning the conversation with the mere mention of the word “hospice.” Oftentimes the word itself can result in a family member becoming uncomfortable, defensive, and resisting any further discussion about it.

Why? This is usually because they do not understand what today’s hospice is and does.

The conversation can be initiated with the following suggestions. Then you can explain, “This what hospice care is all about.” Families may then feel more comfortable and receptive to further discussion and agree to an assessment by a hospice Admissions Nurse.

Suggested Questions to Ask

1. Your loved one is showing signs of decline. Would you be interested in him/her being assessed for extra care and additional support here where they live?
2. Are you aware that your loved one’s comfort can be expertly managed here to avoid being sent back and forth to the ER? (Oftentimes only to be sent right back)
3. Would you be interested in having ‘extra eyes and ears’ involved in your loved one’s care and be able to receive more frequent updates on how they’re doing?
4. Do you think it would benefit your loved one to have visitors more often to help brighten their days?

Assess your own comfort level as a healthcare professional in talking with patients & families about end-of-life care. If you are uncomfortable, chances are they will be as well. Talk with your hospice rep or nurse for advice and guidance.

Common Misunderstandings About Hospice

MYTH: Hospice means you are ready to die, or it must be within 6 months.

FACT: The rule of thumb for hospice eligibility is a life expectancy of 6 months or less IF the advanced disease process takes its normal course. However, hospice support oftentimes helps the patient do better for a longer period, but only if the hospice care is initiated sooner instead of holding off till their decline has advanced.

MYTH: Hospice comes in and just loads you up on drugs.

FACT: The specially trained hospice medical professionals determine the necessity of comfort medications, which are only used when the patient is in pain, experiencing anxiety and/or agitation, in respiratory distress, or anything else that is causing the patient discomfort.

MYTH: Hospice hastens the dying process.

FACT: The hospice focus is on managing the patient’s advanced disease process, so they can function comfortably and continue to enjoy life if possible.

MYTH: Hospice is a place.

FACT: While other hospices do have an inpatient unit, most focus on taking care of their patients right where they live: their own home, a nursing facility, an assisted living, a memory care facility, or in the hospital.

MYTH: Once you sign up for hospice, it cannot be revoked.

FACT: Hospice care can be discontinued if the patient decides to pursue more aggressive treatment, requires a procedure in an acute care setting, if their condition has improved with an extended prognosis, or no longer prefers to have hospice involved. It can be resumed when again needed.

Emptying Out a Loved One's Home

*By Pam Johnson,
Relocation Planners*



Emptying out a loved one's home is never quick or easy.

Based on experience, plus watching various friends and relatives go through similar processes of “de-domiciling,” here are some suggestions to think about that may make the process go more smoothly. There are many opportunities to recycle, upcycle, and recirculate when cleaning out a house – the tips focus on finding what you need to deal with, the sustainability will come from passing along useful things for reuse and handling recyclables responsibly.

The Main Goal: Get It Over With

You won't find good new homes or the best prices for every single item in the home. You may not be able to keep all of the memorabilia you want. You're likely to spend more money than you'd expected in the process of emptying out the home. If you finish the project with minimal arguing and physical injuries, you've done well!

You Can Optimize for Speed, Details, or Cost

With a houseful of possessions to go through, consider three ways of prioritizing your task.

- **Speed:** If time is of the essence, you can't agonize over each table, chair, painting, or old overcoat. There's just too much to deal with. And if you have emotional attachments to the stuff, be prepared to let go of those attachments.
- **Details:** If cataloging and accounting for every item is your priority, you're going to need a lot of time – and patience.
- **Cost:** If you or other family members don't want to, or can't, go through the house and decide what to do with the contents, consider hiring a local service to help. It can be costly, so if cost is an issue, you may want to hire a service to handle part of it and do the rest yourself.

A promotional graphic for the APA Career Center. It features a woman with curly hair smiling at a desk. The background is a mix of blue and white. Text overlays include: 'INTRODUCING THE NEW APA CAREER CENTER' in large blue letters, 'SEARCH JOBS' and 'ADD YOUR RESUME TO THE RESUME BANK' in yellow boxes, and 'POST AVAILABLE JOBS' in a blue box. At the bottom, there is a yellow bar with the APA logo and the text 'Sign up to receive notifications of new jobs: tristateapa.com/careers'.

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