

**WHAT TO DO WHEN AGING
PARENTS NEED HELP**

If your aging parents need help to stay safe and healthy, you might be unsure about how to handle the situation. Figuring out their needs, understanding the options, and making decisions can feel overwhelming. Focusing on something concrete helps you feel more in control of the situation. Use these 7 steps to turn the vague problem of “my aging parents need help” into a practical, realistic plan to help mom or dad be as healthy and happy as possible.

1. Assess your parent’s needs

Caring for a parent can feel overwhelming because you’re not sure exactly what needs to be done. To solve that problem, take a step back to understand how much help your parent needs with everyday life. Think about 8 key areas:

- Family support
- Home safety
- Medical needs
- Cognitive health
- Mobility
- Personal Hygiene
- Meal Preparation
- Social Interaction

How much support are they already getting in each category and how much help do they realistically need to stay safe and healthy? Write everything down in a caregiving notebook so you can keep track of their needs and figure out what services are needed. For example, let’s say your dad is managing diabetes and heart disease, has no other family nearby, is fairly isolated in a rural area, and hates to cook for himself. Plus, you live across the country so he’ll need help with medication management, transportation, and meals. To provide the support he needs, you might hire a driver for doctor’s appointments and errands, set up grocery or meal deliveries, and hire an in-home caregiver to prepare meals and make sure he’s taking his medicine.

2. Think about your own needs and abilities

Everyone is in a different place in their lives. Before you make the assumption that you can take care of all your parent’s needs by yourself, stop and think about your own situation and abilities.

- Does your health allow you to physically care for someone?
- Do you live close enough to visit as often as needed?
- Would you want to live with them, either in their house or yours?
- Do you have the kind of relationship that allows you to spend a lot of time together without creating negative feelings on either side?
- Do you have the personality to provide the type of care needed?
- Are you willing to learn how to provide that care?

We want our parents to be safe and healthy. And it’s not selfish or heartless if you’re not the best person to personally provide that care. By looking out for their health and safety and arranging the help they’ll need, you’re still being a supportive and caring child. It’s best to make an honest assessment early in the process so you don’t get yourself into a situation that’s not sustainable. If you take on too much and burn out physically or emotionally, you won’t be able to help your parent or yourself.

3. Include your parent in the process

Nobody wants to lose control of their life, especially someone who’s already concerned about losing independence. That’s why it’s so important to involve your parent as much as possible when you’re planning for their care. This helps them see you more as a partner rather than someone who’s swooping in to make changes. They’re likely to be resistant in the beginning, so it will probably take multiple conversations. As long as they’re not in immediate danger, try not to force changes too quickly. You might want to start

with less intrusive approaches and increase the level of help as you go. Unless it’s an emergency situation, get them used to accepting help by focusing on 1 or 2 critical needs. After that, slowly add on until they’re getting all the help they truly need.

4. Understand the financial situation

No matter what, caring for an older adult will cost money. It’s a good strategy to estimate future costs so you’ll be prepared. Think about the medical care they’re likely to need, the cost of their potential living situation (like assisted living vs moving in with you), and everyday costs like food, caregiving supplies, home safety modifications, etc. Once you have an idea of their financial position, you’ll know if they can afford the care they need or if they’ll need financial help. Government programs, Medicaid, and other programs are available to help pay for long term care. You may want to consult an elder law attorney or financial planner to help you with things like qualifying for Medicaid. Regardless, it’s best to plan ahead so they won’t get caught in a money crunch.

5. Take care of home safety basics

Safety hazards in the house add up over time, making it easier for older adults to trip, fall, or hurt themselves. Preventing falls will go a long way to keeping your parent independent for as long as possible. Simple fixes include:

- Making sure all floors and walkways are clear of clutter, cords, and rugs
- Adding grab bars in the bathroom and stair railings throughout
- Updating lights so all rooms are bright and switches are easily accessible
- Ensuring all appliances work well and are within easy reach
- Minimizing the need to use step-stools or bend down low

6. Make sure communication is simple and accessible

Another thing that keeps your parent safe is the ability to easily call for help and keep in touch with family and friends. On top of being a safety hazard, isolation and loneliness have a serious negative effect on overall health. Make sure their phone is easy to use and easily accessible. For some, keeping a simple mobile phone with pre-programmed numbers in their pocket is reassuring and easier to get to. Or, if your parent is open to the idea, consider a wearable medical alert device.

7. Explore available aging care options

Even after breaking down the steps, caring for your parent can be an overwhelming responsibility. Fortunately, there are many aging care options and helpful resources you can rely on.

Geriatric care managers – can act as consultants to guide you or they can manage all aspects of caring for your parent. Their experience could save you time, money, and headaches down the road.

In-home help – whether you hire privately or go through a home care agency, hired caregivers take care of seniors in their home.

Assisted living communities – if your parent isn’t able to live on their own or needs 24/7 care, assisted living and other senior housing options might be the right choice.

Geriatricians (geriatric doctors) – they specialize in caring for seniors and have more experience treating people with multiple chronic health conditions, dementia, and other conditions that primarily affect older adults

Area Agency on Aging – this is the county-level government office that serves local seniors. It’s a great starting point because they connect you with helpful local resources and government programs.

Dailycaring.com

The Nurturer

SPECIAL EDITION

A Newsletter for Family Caregivers in Randolph County Issue 21 - June 2023



Special Health Edition

This Special Health Edition of *The Nurturer* will focus on some of the health issues that many family caregivers face; either for the person they are caring for or for their own health.

We hope you enjoy the different format of this issue. The information and resources should be helpful to you on your caregiving journey. Taking care of your health and the health of your loved one will help prevent or increase health issues from occurring. As always, be sure to discuss any of these suggestions with your doctor.

Free copies of *The Nurturer* can normally be picked up at all Randolph Senior Adult Association locations, Randolph Health, Regional Consolidated Services and other community sites. For some, the newsletter may be more easily available online at www.senioradults.org.

To receive free quarterly copies of *The Nurturer* in the mail or via email, call 336-625-3389 or email: rcaa2@senioradults.org to be added to our mailing list.

Follow Randolph Senior Adults Association On Facebook



OUR PLACE ADULT DAY CARE

Our Place Adult Day Care is designed to aid in the care and quality of life for adults who live at home, yet require assistance with their daily living. **Our Place** provides

care during the day so that family members or caregivers can work, run errands, and get some rest. Caregivers can have peace of mind knowing that their loved one is being well cared for in a safe place. **Our Place** contributes to a richer, more enjoyable life by offering socialization and activities that promote mental and physical well-being, such as:

- **Discussion groups** (current events, weather, hobbies, etc.)
- **Exercise** (chair yoga, Chair Zumba, Walk About, etc.)
- **Arts and Crafts** (watercolors, sun catchers, drawing, etc.)
- **Games** (bingo, bean bag toss, card games, cornhole, etc.)
- **Music** (piano and singing, music therapy, etc.)
- **Educational programs** (gardening, cooking, trivia, etc.)

Our Place helps our participants to maintain or regain a responsible level of independence. Many of our participants see an improvement in mental and physical health while attending our program.

Our Place Adult Day Care is a non-profit organization and a part of Randolph Senior Adults Association. We serve adults, age 18 and over and are open Monday through Friday, 8:00am-4:30pm. We are located at 714 Farr Street, at the end of East Pritchard Street in Asheboro. **Our Place** is certified by the NC State Division of Aging and Adult Services.

Enrolling is quick and easy!

Please call 336-629-3787 with any questions or to apply.



This institution is an equal opportunity provider.



**RANDOLPH SENIOR ADULTS
LOCATIONS**

**ASHEBORO—MAIN OFFICE
ASHEBORO SENIOR CENTER**
The Harry and Jeanette Weinberg
Adult Resource & Education Center
347 W. Salisbury Street
Asheboro, NC 27203
336-625-3389 or 1-800-252-2899

ARCHDALE SENIOR CENTER
108 Park Drive
Archdale, NC 27263
336-431-1938

RANDLEMAN SENIOR CENTER
144 W. Academy Street
Randleman, NC 27317
336-498-4332

LIBERTY SENIOR CENTER
128 S. Fayetteville Street
Liberty, NC 27298
336-622-5844

OUR PLACE ADULT DAY CARE
714 Farr Street
Asheboro, NC 27203
336-629-3787

RCATS TRANSPORTATION
347 W. Salisbury Street
Asheboro, NC 27203
Randolph County - 336-629-7433
Montgomery County – 910-572-3430

Check Out Our Facebook Page



DEMENTIA RESOURCES

Alzheimer’s Association
1-800-272-3900 (24 hours/7 days)
alz.org

Dementia Alliance of NC
1-800-228-8738
dementianc.org

Positive Approach to Brain Change
1-877-877-1671
teepasnow.com

Lewy Body Dementia Association
LBD Caregiver Link: 800-539-9767
www.lbda.org

**Duke Dementia
Family Support Program**
1-800-646-2028
dukefamilysupport.org



**FREE FANS
AVAILABLE
FOR SENIORS AND
THE DISABLED**

Call your local senior center to reserve yours:

Asheboro	336-625-3389
Archdale	336-431-1938
Liberty	336-622-5844
Randleman	336-498-4332

Fans provided through funds from
Duke Energy Carolinas and Duke Energy Progress

*Due to the limited amount of fans we receive,
those who received one last year
will be put on a waiting list.*

Coping with Grief Before and After the Death

Grief is not experienced only after death. As a caregiver, you may be susceptible to two types of grief: anticipatory grief during your loved one’s illness, and then grief that occurs after the person dies. Many caregivers experience “anticipatory grief” as they observe the physical, psychological, and cognitive declines occurring as the illness progresses. For many caregivers of people with dementia this may be especially painful, as their loved one becomes almost unrecognizable compared to the person “they used to be.” After the death of a loved one, it can be difficult to see how to ever go on. The grief journey may seem like a mountain that is too difficult to climb. Here are some steps you can take that may help ease that journey. Many of these suggestions apply to both anticipatory grief and grief following the death:

Allow your grief

There may be no more important step than this. Appreciate, accept, and allow your grief as a natural response to facing the death of your loved one. Let yourself feel your pain. Grief is a mix of many uncomfortable feelings. You may feel sad, angry, or filled with remorse, regret, or longing. All these feelings are natural, especially when combined with the day-to-day challenges of caregiving.

Express your grief

Empty out your feelings. Cry when you need to cry. Be angry when you feel angry. Don’t suppress yourself or pretend to be stoic. While this can seem hard to do when focusing on the care of someone at the end of life, find safe outlets with a trusted friend, counselor, or someone from the hospice team. Grieving takes many forms, which are all acceptable unless your grief causes harm to yourself or others.

Be patient with yourself

Grief is a process and there are no timelines or stages. It can be difficult to think of moving past the experience of caregiving and loss, but it will be possible. Trust that you can and will cope with your loss.

Keep a journal

This is a powerful method for expressing pain, as well as a means for having private, intimate time with yourself. Some feelings may be too hard to speak aloud, like anger or regret. Journal writing can serve as a release as well as a meaningful expression of yourself.

Exercise daily

Move your body. Walking, dancing, swimming, or whatever activity pleases you, can help you feel better. Through exercise, you build your physical strength, release tension, enliven yourself, and keep yourself well. Exercise releases endorphins that will lift your mood. Caring for yourself while caring for someone who is dying is difficult but critical; even a brief walk each day will benefit both your emotional and physical health.

hospicefoundation.org

**What Are 10 Warning Signs
of Diabetes in Older Adults?**

Diabetes is a chronic disease that’s common among older adults, affecting an estimated 33% of people aged 65 and older. It happens when the body doesn’t produce enough insulin or is unable to use insulin properly—or a combination of the two. When your body has trouble with insulin, you end up with too much glucose in your bloodstream (hyperglycemia), which can eventually wreak havoc with your health.

The most common form of diabetes in older adults is type 2 diabetes. In fact, nearly half of all people with type 2 diabetes are people aged 65 or older.² While this condition is serious at any age, older adults with diabetes face unique challenges. This group is at greater risk for developing complications related to diabetes, including hypoglycemia, heart disease, and kidney failure. That’s why it’s important to learn about diabetes symptoms if you’re an older adult.

What are the symptoms of diabetes in older adults?

Diabetes signs and symptoms vary from person to person. Some people have such mild symptoms that they don’t notice them, while others have clear signs something is not quite right. Here are 10 diabetes warning signs to look out for.

Increased thirst and urination: Diabetes causes a buildup of excess glucose in your blood, which sends your kidneys into overdrive. As the kidneys work to filter out this glucose, excess glucose is excreted into your urine, drawing fluids from your body along with it. This can leave you feeling more thirsty than normal (polydipsia), which causes you to drink more liquid and urinate more frequently.

Excessive fatigue: Are you feeling more sluggish than usual lately? Another symptom of diabetes in older adults is extreme tiredness. This is because when your blood sugar levels are high, it’s harder for your body to convert glucose into energy. Another reason for fatigue could be diabetes-related dehydration.

Wounds that heal more slowly: Some older adults with diabetes notice that cuts and bruises seem to heal at a slower pace than usual. Another warning sign is the development of sores (especially on the feet) and skin infections that don’t resolve quickly. This may be due to impeded circulation caused by high blood glucose, which hinders the body’s natural healing process. Women who have diabetes may also experience more frequent bladder infections and vaginal yeast infections.

Dizziness and/or fainting: Older adults with diabetes may experience episodes of low blood sugar, a condition called hypoglycemia. Hypoglycemia is defined as a blood sugar level below 70 mg. When blood glucose levels plummet, it can cause weakness, dizziness, shakiness, confusion, and even fainting. People with diabetes can elevate their blood sugar quickly by drinking fruit juice or eating glucose tablets.

Headaches: Our brain requires consistent delivery of glucose to function properly, which is not always compatible with the blood sugar dips and spikes associated with diabetes. It’s no surprise that headaches are a common symptom of diabetes in older adults.

Tingling sensations in hands and feet: Roughly half of people with

diabetes have nerve damage, especially those who have been diabetic for many years.³ The medical name for this diabetes symptom is peripheral neuropathy, which can cause tingling, numbness, weakness, or even pain in hands and feet.

Blurry vision: High blood glucose levels can draw fluid out of the lenses of the eyes, making it difficult for them to focus. When not properly treated, this diabetes symptom can cause the creation of new blood vessels behind your retina, damaging existing vessels. Eventually, it can lead to partial or complete vision loss.

Gum problems: Another symptom of diabetes in older adults is red, swollen, painful gums. This is because diabetes can compromise your body’s immune system, increasing the likelihood of infection in your gums and in the bones that anchor your teeth. Some warning signs to look out for in addition to inflamed gums include loose teeth, sores, and pus-filled pockets in your gums.

Increased appetite: Have you noticed an unusual bump in your appetite, particularly when it comes to sugary foods? Another warning sign of diabetes in seniors is being hungrier than usual—a condition called polyphagia. Polyphagia happens when diabetes prevents dietary glucose from reaching your cells, leading you to feel hunger pangs even after you’ve eaten a big meal. This condition can trigger a frustrating cycle of eating more, which leads to higher blood sugar, which further increases your sugar cravings.

Dry mouth: Also known as xerostomia, dry mouth is another sign of diabetes in older adults. Often accompanied by dry, cracked lips and a rough-feeling tongue, this uncomfortable sensation occurs when your mouth is unable to produce enough saliva. This diabetes symptom may come and go with fluctuations in your blood sugar.

What should I do if I have symptoms of diabetes?
If you’re experiencing any of the diabetes symptoms listed above, tell your healthcare provider. They will likely use one or more of the following tests to screen you for diabetes:

A1C test: This test measures the average of your blood glucose levels over the course of two or three months.

Oral glucose tolerance test: With this diabetes test, your blood glucose is measured both before and two hours after you drink a glucose-containing liquid. The objective is to see how your body responds to the glucose.

Fasting plasma glucose test: For this blood test, you must refrain from eating for at least 8 hours. Another version of this test is the random plasma glucose test, which can be given at any time of day without the need for fasting.

If your test results show you have diabetes, your doctor will work with you to create a comprehensive diabetes management plan. With the right treatment, it is possible to lead a healthy, active, and enjoyable life with diabetes.

The American Diabetes Association recommends screening for diabetes every three years in adults aged 45+ (and people at any age with multiple risk factors, such as obesity). By getting screened regularly and watching out for diabetes symptoms, you can increase your chances of early detection, prevent serious complications, and stay healthy for longer.

National Council on Aging

Diabetes Resources

Diabetes Support Group
Third Monday each month – 4:00-5:00pm
Randolph Health
336-625-9400

American Diabetes Association
1-800-DIABETES (1-800-342-2383)
diabetes.org

Association of Diabetes Care & Education Specialists
1-800.338.3633
www.diabeteseducator.org/living-with-diabetes

PREVENTING ANOTHER STROKE

Each stroke survivor has their own unique set of risk factors that contributed to their stroke. Knowing the underlying cause of your stroke is important to preventing another one. Certain traits and lifestyle choices increase the chance of having a stroke. Although some risk factors can't be controlled, most can be managed.

Risk factors you can't control

- Increasing age
- Gender
- Race
- Family and personal medical history
- Prior stroke, TIA or heart attack

Risk factors you can manage or control

- High blood pressure
- Smoking
- Diabetes
- High cholesterol
- Physical inactivity
- Obesity and being overweight
- Carotid or other artery disease
- Atrial fibrillation (AFib) or other heart disease
- Excessive alcohol intake
- Illegal drug use
- Sleep apnea

You can greatly reduce your risk of another stroke with the right lifestyle choices and a good medical management plan.

Lifestyle choices

You can modify many of the risk factors you may have by the personal choices you make each day.

- Don't smoke or use other forms of tobacco and avoid second-hand smoke.
- Adults with chronic conditions or disabilities, who are able, should do at least 150 minutes a week of moderate intensity aerobic activity, preferably spread throughout the week. Regular physical activity can help control cholesterol, diabetes and weight. It can also help lower blood pressure and reduce your stroke risk.
- Try to reach and maintain a healthy weight. To lose weight, you need to take in less calories than you burn.
- Follow a heart-healthy diet that includes fruits and vegetables, whole-grains, fat-free or low-fat dairy products, skinless poultry, fish, non-tropical vegetable oils, legumes (dried beans and peas), and unsalted nuts and seeds. And limit your intake of saturated and trans fats, red meat, sodium and added sugars.
- If you drink alcohol, limit it to one drink a day for women or two drinks a day for men.

Healing from Stroke

Recreational therapy uses a holistic approach that combines the physical, social, cognitive and emotional functioning of people with disabilities. Having a little fun can have great benefits for people with disabilities after stroke. One example might be guiding someone with short term memory deficits, fine motor deficits and poor endurance through the card game *Concentration*. The survivor would use his or her affected hand to turn the cards while standing.

Music therapy may be more than "music to the ears" for stroke survivors. It can:

- Improve your balance and gait as well as speech, memory, attention and focus.
- Help organize motor movement if you can't control your muscles.
- Encourage you to move spontaneously in ways you wouldn't if you thought about it.

Singing and speech use a parallel mechanism, so skills used to sing words may carry over to regular speech. Songs that are popular, have predictable lyrics or from childhood may be easier to sing.

Spatial Inattention

This problem, often called neglect, can result in not paying attention to the side of your body affected by stroke. For example, you may not touch food on the left side of your plate or shave the left side of your face. In some cases, it can seem like there's no left side of the body because your brain is not processing information from that side very efficiently. Rehabilitation involves learning to scan from side to side – finding items on a table and a wall, for instance. This problem also affects the ability to judge space, so therapy may involve touching things at different distances or using a full-length mirror to help process visual information. This treatment should be practiced several minutes at a time, five times per week.

This and more information can be found on stroke.org

Stroke Symptoms

Spot a stroke F.A.S.T.

FACE DROOPING

Does one side of the face droop or is it numb? Ask the person to smile.

ARM WEAKNESS

Is one arm weak or numb? Ask the person to raise both arms. Does one arm drift downward?

SPEECH DIFFICULTY

Is speech slurred, are they unable to speak, or are they hard to understand? Ask the person to repeat a simple sentence, like "the sky is blue." Is the sentence repeated correctly?

TIME TO CALL 911

If the person shows any of these symptoms, even if the symptoms go away, call 911 and get them to the hospital immediately.

Heart.org

Stroke Resources

American Stroke Association

1-800-242-8721
stroke.org

NC Stroke Association

336-713-5052
ncstroke.org

National Stroke Association

1-800-STROKES (787-6537)
stroke.org

Parkinson's Disease Resources

Marilyn Usher Parkinson's Support Group

First Tuesday of each month – 10:30am
Episcopal Church of the Good Shepherd
Annette Caughron – 336-629-6397

Parkinson's Foundation

1-800-473-4636
parkinson.org

The Michael J. Fox Foundation

1-212-509-0995
michaelfox.org

American Parkinson Disease Association

1-800-223-2732
adpaparkinson.org

LSVT BIG Program

Functional Treatment for Parkinson's Disease

148 Pointe South Drive
Randleman, NC 27317
336-799-4435

7 Ways to Prevent Someone With Dementia From Getting Lost or Hurt

One of the most common safety concerns for people with dementia is that they will leave the house and get lost. In my 35 years of caregiving and work experience, no one I have encountered who is living with dementia just "wanders" aimlessly. In their minds, there's a reason: They are looking for something or someone; they believe they should be somewhere (work, home, picking up a child after school, etc.); they want to do something (I once lost an adult day-care client because he wanted to go fishing); they have an unmet need (hungry, thirsty, tired, lonely, etc.); or they are scared. We may not understand what they are thinking or why they are confused — and they may not be able to communicate it.

In more than a decade of caregiving for my dad, who had Alzheimer's, he disappeared twice. Both times, he was legitimately looking for someone. First, I was in a doctor's exam room with Mom, and he was in the waiting room with my niece. She wasn't paying attention, and he went to look for Mom. He went right out the back door (which someone had left open) and through two parking lots looking for us. Thankfully, I realized he was gone and figured out where he went quickly and spotted him in the distance. The second time, my niece was visiting my parents at their senior community and decided to wait for her mother to pick her up at the entrance to the community. Dad got worried about whether she had been picked up and walked out to look for her. When he didn't see her (she had been picked up), he went outside the entrance and up to the corner of a major road; then he couldn't figure out how to get back home. Fortunately, a neighbor driving by saw him asking stopped cars for help, recognized him and brought him home.

It's hard to express the sheer terror I felt in both situations. We were extremely lucky in these instances and I put more safeguards in place when they happened. Now there are even more readily available safety options to help. Even if we don't think our loved ones could get lost, we all need to be prepared. Here are some steps you can take to lower the risk:

1. Install alarms and alerts. Consider gadgets and technology that will alert you that your loved ones are up and about before they leave the home, such as audio and video monitors; floor mat or bed/chair pad alarms; motion-sensor alarms (in the home, near the door, inside and outside, by the driveway); or simple stick-on door chime alarms. If your security system has the option, set the alarm/chime to go off every time a door is opened. Some devices are designed specifically for those with dementia, such as a waterproof stick-on patch you can apply on the back of a person that has a transmitter — if the person gets too far away, it relays an alert to you via a small portable receiver. Even a simple motion-sensor light under the bed can alert you when your loved one is getting out of bed.

2. Make the home entry/exit safer. Make door handles more difficult to open by using door-lever safety locks or doorknob safety covers. Try installing deadbolt locks where they are harder to see — such as above eye level or below the "normal" placement. Consider a door guard or lock that blocks the door from being opened and is just a bit more complicated for someone living with dementia, but still simple enough for you to use easily.

Another option to try is to put a door-size poster on the door that looks like a bookcase or a brick wall — sometimes, the illusion that it is not a door is a deterrent. Just be sure that you have a way to exit safely in an emergency (including if something should happen to you, and your loved one needed to leave the home).

3. Make sure they can be identified Be sure your loved ones have some form of identification on them. Multiple forms of identification with emergency contact numbers and disclosure of their de-

mentia diagnosis (and any other health conditions) are a good idea, in case one form is removed or lost. You might get an ID bracelet or pendant, or one that laces into shoelaces or attaches to a watchband, as well as identification inside their clothing and in their wallet and on their phone. My boyfriend suggested a very simple Road ID bracelet with a comfortable wristband like the one he wore when he went running. I purchased one for my dad, and he wore it day and night for eight years, never trying to remove it. Be sure you have recent photos in case they are needed in a search effort.

4. Use GPS tracking If your loved ones have a smartphone, ensure there is a GPS installed that you can access if you can't find them, or if you need to track their progress when they travel alone. For example, use the Find My app (iPhone, Apple watch, laptop, iPad, or an air tag that you've attached to keys or other items) feature on Apple devices, or Find My Device and Find My Friends on Android devices. Other smartphone apps like Life360 Family Locator and Glypse for Auto help you track loved ones in real time. Another option is a device attached to the car dashboard, such as MotoSafety. You can attach trackers that don't require a smartphone to clothing, keys, wallets, cars (in the trunk or underneath the bumper) or just about anywhere, including shoe-sole inserts. Consider a medical alert device (or personal emergency response system — PERS), that has GPS capability so people can access help or be tracked wherever they go.

5. Pay attention to exits and safety hazards in the yard and garage. People who have dementia and visual/perceptual impairments may walk into glass doors, so place stickers on them. Fence in and add locked gates to the yard and, separately, the swimming pool. Monitor safety of pathways and steps, including for rain, snow and ice; and ensure adequate lighting. If the grill is a concern, lock the cover and access to gas tanks and all fire starters. Check the garage for safety hazards like gasoline, tools or ladders, and block access if they pose a danger. If your loved one can easily access a neighbor's yard, talk with the neighbor about safety issues.

6. Assess whether driving is safe. Many people drive for a while after a dementia diagnosis. If your loved ones are still driving, be sure to constantly monitor their judgment; vision and visual processing; safety; and driving/navigating skills. They may be able to operate the car safely, but unable to find their way around. Confer with his or her doctor and review AARP's We Need to Talk online seminar about discussing hanging up the keys with a loved one.

Be mindful that your loved ones know that when they stop driving, their independence is threatened. They may fear isolation, so be sure to have alternative transportation options available. Some caregivers must hide the car keys or remove the car from the home to prevent their loved ones from driving. Even if you don't think there's a chance they could get in the car and drive, it's a good idea to put a GPS tracker in it.

7. Flag access to bicycles, lawn mowers, tractors, golf carts. Keep in mind your loved ones might decide it's a good idea to ride one of these vehicles, especially if they are no longer driving cars. Be sure to monitor their ability to use them safely, and to block access if they can't. One can go quite a distance in one of these vehicles. Remember that abilities and needs can vary greatly among individuals with dementia, and safety concerns can change as the disease progresses. Continually assess your loved ones' risk for getting lost or injured if they leave the home. Do whatever you can to minimize the chance that they'll be in danger, and have a plan in place outlining what you'll do if they get lost, including notifying authorities, friends and family. Don't delay; preventive measures are well worth it when it comes to protecting our loved ones.

aarp.org



HOW TO HELP AN AGING DRIVER

ncseniordriver.org

Driving is a privilege adults of all ages often enjoy because it gives them a sense of independence and freedom. However, these benefits have to be balanced with the important responsibility of ensuring the safety of all road users. Despite what some people believe, older drivers as a whole are quite safe. Individuals do not become unsafe to drive simply because they've gotten older. Every driver must be assessed for safety based on their abilities rather than age. In many cases, individuals can drive safely well into advanced age. Research suggests that seniors who stop driving may experience an increase in feelings of isolation and depression and declines in their overall health. To prevent unnecessary emotional stress, it is important that seniors do not stop driving too early or simply because they've gotten older. The goal is to keep people driving for as long as they can safely do so. Decisions about driving should be made on a case-by-case basis. As a caregiver, you play an important role in guiding these individual decisions.

Fitness to Drive

Understanding warning signs and how to evaluate driving can help you and your loved one plan for their transportation future.

Physical and Medical Considerations

Understanding how aging, medical conditions, and medications can affect driving will help you work with your loved one to make the best decisions possible.

Promoting Safety

Understand what actions your loved one can take and how you can support their efforts to maintain the ability to drive safely as they age.

Conversations with Older Drivers

Discussing safe driving is an ongoing process that should be started before there are any serious concerns. Learn how to start these challenging conversations and encourage your loved one to be an active participant in their driving future.

Transportation Alternatives

Learn the transportation resources in North Carolina and tips for helping your loved one determine which transportation alternatives best fit their needs, lifestyle, and budget.

NC LICENSING POLICIES AND PRACTICES

North Carolina driver's licenses are renewed at fixed intervals. For individuals younger than 66, licenses are renewed every 8 years. For individuals 66 years and older, they are renewed every 5 years. For more information about license renewal, visit the NC DMV website.

Aside from more frequent renewals, NC DMV policies do not include any age-specific requirements or restrictions for obtaining a renewal. However, the NC DMV does have a Medical Review Unit that reviews specific cases where medical conditions may be impacting the ability of an individual to drive safely, regardless of age. Because seniors are at an increased risk of developing a medical condition that could impact driving, understanding the NC medical review process could help you know how to assist your loved one should they require a medical review.

Medical Review Drivers of any age who may have medical or mental health concerns may be referred to the DMV for an evaluation by the Medical Review Program. This program is designed to evaluate drivers who have impairments that may interfere with their ability to drive safely. According to the NC DMV, "The goal of the Medical Review Program is to help protect highway safety without causing unnecessary hardship on drivers."

How Referred A Medical Evaluation is started whenever the DMV receives a request for review. These requests come from driver license examiners, family or friends, physicians, law enforcement, the court system, or as a result of a crash report where a medical condition is noted as having contributed to the crash. Requests cannot be submitted anonymously. Caregivers should consider referral for medical review only after they have exhausted other avenues for intervention. If caregivers and loved ones can agree on limiting driving or to retire from driving, then a medical review may not be necessary.

What Drivers Can Expect Once a request has been made, the DMV may contact the driver and request that their doctor complete a medical evaluation form. This information, along with driving history, will be used by a Medical Review Unit, made up of physicians and nurses, to determine the next steps. In some cases, the Medical Review Unit may require additional road testing or an evaluation, such as meeting with a driver rehabilitation specialist or occupational therapist. The Medical Review Unit determines what, if any, driving restriction should apply based on the unique situation of each individual. Restrictions might include limiting speed, distance, or time of day. In some cases, the Medical Review Unit may determine the person is unable to continue driving. These determinations are temporary in some cases, such as when a medical condition improves.

Periodic Reviews and Release from Program The Medical Review Program may reassess drivers to evaluate changes in their medical conditions. The timeline for these additional evaluations depends on the individual circumstances and will be determined by the Medical Review Unit. These periodic reviews may result in continued restrictions, additional restrictions, or release from the Medical Review Program, depending on the unique set of circumstances. If a driver's condition is stable or has improved and they would like to be released from the Medical Review Program, they can mail a letter to the Medical Review Program requesting removal. The Medical Review Program may require updated medical documentation in order to be released.

How can you help? Medical Review can be an overwhelming process. Offer support and assistance in navigating the system and complying with requests for additional information

Talk to your loved one when you have concerns about their driving. Often, families can avoid the more formal Medical Review by agreeing to limits or a decision to stop driving. Do not assume that your loved one needs a Medical Review simply because they've gotten older. Base your concerns on observations rather than age alone.

FITNESS TO DRIVE

One of the most important things a caregiver can do is keep an eye out for warning signs of driving impairment and help the older driver assess their skills as necessary. If there are serious concerns about driving safety, seniors may need a professional evaluation to determine if they are still safe to drive and/or what adjustments can be made to improve safety. It is important to keep in mind that while the NC DMV may on occasion reassess a person's driving skills, examiners are not trained to assess medical fitness to drive. Because of this, caregivers should not rely on the DMV to make decisions about driving retirement for their loved ones.

Warning signs

Warning signs for potential driving impairment include both behind-the-wheel clues as well as signs of changes in an individual's behavior and reasoning abilities. It is important to keep in mind that drivers shouldn't be considered unsafe simply because they are older. Instead, concerns about safety should be based on observation of the person's behavior both on and off the road. Understanding the warning signs may help you better detect changes before they affect a driver's safety. In some cases, adjustments can be made to address the causes of concern, which may allow the senior to continue driving safely.

Warning signs directly related to driving:

- Becomes lost or confused when driving to familiar places or on familiar routes
- Feels nervous while driving or exhausted after driving
- Receives traffic violations, warnings, or has been involved in crashes or close calls
- Unexplained scrapes and dents on vehicles, mailboxes, fences, garage doors, etc.
- Difficulty negotiating sharp turns and intersections
- Difficulty merging onto freeways, turning onto busy streets, or gets easily confused in traffic
- Difficulty making right-of-way decisions (i.e. can't determine when or if to yield)
- Difficulty moving foot between pedals (ex: pressing on the brake and accelerator at the same time or hitting the gas pedal instead of the brake)
- Difficulty turning to see traffic, checking blind spots, or backing-up
- Misses stop signs, runs red lights, or slows/stops at green lights
- Difficulty seeing or reacting to pedestrians, bicyclists, road hazards, etc.
- Problems maintaining a consistent or appropriate speed (too slow or too fast)
- Other motorists frequently honk at driver
- Problems staying in their lane
- Difficulty judging distances

Warning signs related to changes in behavior or reasoning are often an indication that your loved one is experiencing a change in their physical or medical well being. It is important to recognize that these conditions can have a negative effect on driving. If you notice these, contact your loved one's doctor to discuss what you've noticed and see if there is a way to minimize these changes.

Warning signs include:

- Forgetfulness or memory loss
- Confusion or disorientation
- Difficulty with judgment or making decisions
- Fatigue
- Changes in vision or hearing
- Withdrawal from social situations
- Tripping or falling (can indicate changes in strength and coordination)
- Trouble with fine or gross motor skills (can be caused by stiff joints)
- Dizziness
- Accidents in home (ex: cuts or burns)
- Stops reading or engaging in activities previously enjoyed
- Changes in self-care (ex: not eating or grooming)
- Functional losses (walking, incontinence, swallowing)

How can you help?

- Observe your loved one's driving by riding along if possible.
- Don't assume they are unsafe simply because they are older.
- Make note of warning signs that might indicate safety concerns.
- Talk to your loved one about the best ways to stay safe behind the wheel before concerns emerge, if possible.



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