

Home Health Aide

D I G E S T™

Pre-/Post-Test

Bones & Joints

(Sep/Oct 2004 issue)

All questions in this quiz are based on articles in the September-October 2004 issue of *Home Health Aide Digest*. After completing the quiz, please turn it in to your supervisor. (Circle the one correct response for each question.)

1. Osteoarthritis of the knees and hands occurs most often in:

- a. Women.
- b. Men.
- c. Children.
- d. African American men.
- e. Equally among all groups.

2. (True/False) When a client with osteoarthritis is having bad pain, you can help by getting the client to move more quickly, and thus overcome the pain.

- a. True.
- b. False.

3. After receiving a joint replacement, a client will likely have an exercise program that should be followed. This exercise can help provide the following benefit(s):

- a. Increase joint motion and mobility.
- b. Reduce pain.
- c. Strengthen muscles.
- d. a & b.
- e. All of the above.

4. (True/False) If a blood clot forms after a joint replacement, symptoms often include numbness and loss of color.

- a. True.
- b. False.

5. A person may be suffering from fibromyalgia if the following symptom(s) is present:

- a. Muscle pain.
- b. Fatigue.
- c. Mood changes.
- d. All of the above.
- e. a & c.

6. You should inform your supervisor if a client with rheumatoid arthritis appears to be doing the following:

- a. Eating too much.
- b. Losing weight.
- c. Gaining weight.
- d. All of the above.
- e. a & c.

7. (True/False) A client with rheumatoid arthritis may have an increase in pain and other symptoms when humidity increases or barometric pressure decreases.

- a. True.
- b. False.

8. To prevent or slow the progress of osteoporosis, a person can:

- a. Stop smoking.
- b. Increase exercise.
- c. Take corticosteroids.
- d. All of the above.
- e. a & b.

9. Although diet is important in fighting osteoporosis, supplements may be needed. These should include

- a. Calcium.
- b. Lithium.
- c. Vitamin D.
- d. All of the above.
- e. a & c.

10. (True/False) Drugs for bone and joint problems are designed to work well with other prescription drugs and over-the-counter products. Therefore, an HHA should not be concerned when a client is taking other products with those drugs.

- a. True.
- b. False.

I began reading *Home Health Aide Digest* at _____ am/pm.

I finished reading *Home Health Aide Digest* at _____ am/pm.

_____ name

_____ date



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Home Health Aide

D I G E S T TM

Always LEARNING



Spirit Profile:
Judy Carlon

Go figure. Judy Carlon likes committee meetings!

Judy's first such meeting, with people from various home care disciplines, opened up to her a whole new world. "I was trying to understand all the rules, regulations, and strange words that I wasn't used to hearing," she recalls. As she did, she gained new respect for the other staff members at Visiting Nurse Association of Western

Michigan (VNAWM). "I was understanding and learning all the different rules each discipline and staff member needs to know to make everything work smoothly for the client—and to get payment for the work done. Plus, I was getting to know coworkers better!"

Learning seems to be a way of life for Judy. Her supervisor, Laurie Sefton, RN, observes, "Judy is always interested in learning ways to improve her clients' care."

Now on the agency's Ethics Committee, Judy says of her first session with that group, "I sat wide-eyed, listening." More learning.

**"People are never too
old to teach
you something.
I'm constantly learning
from clients."**

— Judy Carlon

Judy has been learning for a long time: Eight years at a hospital, 15 years at a nursing home, and 22 years at VNAWM. After more than four decades, she still looks forward to caring for clients. "I'm satisfied with my position," she says, "because it is an ongoing learning experience. I'm going to keep doing this as long as I can, because I really enjoy it."

Focus on Problems of the Bones and Joints

In the "olden days" many aches and pains were simply termed "lumbago." Now that we know better, the problems come under a host of categories and names. The term "arthritis" alone refers to over 100 diseases. Methods and drugs for coping with the pain and stiffness are just as varied.

Because most home care clients are advanced in years, many are likely to have some form of bone or joint pain, whether it be simple osteoarthritis, or the hard-to-pinpoint fibromyalgia. And, because joints wear out, joint replacement has become a common part of the aging process.

This issue of the *Digest* covers many of the typical bone and joint problems your clients face. The information should help you to be better prepared to spot problems, and to give helpful, sensitive care to each client.

Much has changed, of course, over Judy's two decades in home care. "Clients are in and out so quickly, instead of being with us for many months," she observes. And the time spent with each client has been

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Osteoarthritis

No.1 for Aches and Pains

by Suzanne P. Campbell, MS, QRC, CRC



"Arthritis" is a term that refers to more than 100 different diseases that affect the joints. This article will discuss the most common form of arthritis, osteoarthritis (OS-tee-oh-ar-THRY-tis), which is a degenerative disease of the joints. More than 16 million Americans have osteoarthritis and it is the leading cause of disability in the US. As a home health aide (HHA) who may have had many elderly clients, you will not be surprised to know that half of US residents over age 65 suffer with this disease.

Osteoarthritis of the knees and hands occurs most often in women, but it occurs equally in men and women when it affects the hips. There is no cure, but osteoarthritis can be managed with help from medical professionals, family members, and the client's own positive attitude.

Causes

Osteoarthritis is often called wear-and-tear arthritis. Many people develop it as they age, but it can have many causes. These may include:

- Physical trauma.
- Athletic overuse or injury.
- Obesity.
- Previously deformed joints.
- Heredity.
- Lack of activity.

Symptoms

Here are some of the signs a doctor looks for in diagnosing osteoarthritis:

- Pain or stiffness in or near a joint.
- Bony swelling in a joint.
- Cracking noises when a joint is moved.
- Inflammation in a joint.

Helping a client deal with pain

As an HHA, it is important to learn a client's pain levels and cycles. For many people, pain is worse in the morning or after a period of inactivity. For others, the pain may worsen later in the day after activity. You can help by giving the client extra time and help to complete activities of daily living (ADLs) when the pain is at its worst.

You can also help by suggesting ways in which a painful ADL can be modified. (The client's physical therapist may need to make suggestions about this, so consult with your supervisor.) Here are some ideas:

- Support devices for walking, such as a cane, walker, or crutches, can reduce strain on hips and knees.
- When writing, arthritic fingers can benefit from an extra-thick pen that reduces joint stress. There are also products to slip over or around a pen or pencil to make gripping easier.
- Special reaching devices give better leverage for many household tasks. (See the May/June 2002 *Home Health Aide Digest* for many useful ideas. Copies may be ordered by calling 800-340-3356.)
- Reduce the need to climb stairs by locating as many activities as possible on one floor.
- Check the house often for hazards such as a loose rug that may cause a fall.
- Handrails by the toilet and in the shower or tub provide extra support.

- A raised toilet makes sitting and rising easier.
- Make sure the home has at least one firm but comfortable chair with armrests and good back support. Soft chairs and couches are hard to get out of.
- A person with osteoarthritis of the hips or knees should not squat or kneel. These postures cause too much stress on the affected joints.
- A thick glove can reduce stress on hand joints when grasping a heavy tool or skillet.
- Proper shoes can help a person with hip or knee pain. Well-balanced athletic shoes give good support. Lace-up shoes tend to be safer than slip-ons. Dress shoes for a woman should have heels no higher than 1 inch.

For more information

The Arthritis Foundation
P.O. Box 7669, Atlanta, GA 30357-0669.
Phone 800-283-7800 or online at www.arthritis.org.

This information is intended to supplement your HHA training. However, your first duty is always to follow the policies and procedures prescribed by your current employer and/or state law. For more information, or if you have questions about this topic, consult your supervisor.

The Author

Suzanne P. Campbell, MS, CRC, QRC, is president of Careerwise, a rehabilitation consulting firm in Minneapolis, MN. Holding a BA in sociology and an MS in psychology, she has worked in the field of disability management for over 30 years. Suzanne, who is the editor of *Home Health Aide Digest*, may be contacted at scampbell@careerwise.info.

Making Pop-Tops (and Other Tasks)

Easier

for an Arthritis Patient

Food makers have begun putting their products in pop-top cans with pull tabs. For a person with arthritis, these cans may be hard to open. Here are some hints from the occupational therapists at Courage Center in Golden Valley, MN:

- ▶ A ring lid opener by Jokari is designed to solve this problem. It uses a big hook with a rubber handle (so fingers don't need to be used). It sells for about \$4 at stores such as Target or Kmart, as well as kitchen stores.
- ▶ Pump dispensers for soap, lotion, toothpaste, and shampoo can be helpful for those who have difficulty gripping. There are pump dispensers that can be mounted on shower walls, too. Check your local discount stores.
- ▶ Devices for loosening the seals on jars, sometimes called "jar poppers," are available inexpensively at stores such as Linens 'N' Things.
- ▶ To trim fingernails, suggest that your client use a toenail clipper rather than a fingernail clipper because it is usually larger, longer, and easier to grip.
- ▶ Check out www.SammonsPreston.com for other adaptive equipment.
- ▶ The May/June 2002 issue of *Home Health Aide Digest* focused on adaptive techniques and devices. Copies are available from the publisher (800-340-3356).

Joint Replacement

by Suzanne P. Campbell, MS, QRC, CRC



According to the Mayo Clinic, about half a million people in the United States have joint replacement surgery each year. The method used is called arthroplasty (AHR-thro-plas-tee), which means reforming of the joint. The joint is removed and replaced with an artificial implant called a prosthesis (pros-THEE-sis). As the US population ages and elder adults lead more active lifestyles, this procedure is expected to become more common.

Joint replacement is quite new. Although there are reports of joint replacements using ivory as early as 1890, total hip replacement was pioneered during the 1960s, and modern knee replacement was developed in the 1970s. Today, the life span of most hip or knee replacements is at least 10 to 15 years.

Hip and knee replacements are the most common, but other joints also are being implanted. These include finger, elbow, and shoulder joints.

Joint replacement usually is done to remove pain and improve physical function. For example, a person whose knees hurt may self-limit activities by sitting or lying down more often, walking very little, and avoiding stairs. This leads to loss of physical conditioning. It also can greatly limit activities that the person used to enjoy.

After surgery

In the 1960s, people stayed in bed for two to three weeks after hip replacement. Things have changed greatly. Today, physical therapy begins almost right away. The average

hospital stay for those having total hip or knee replacement is about five days.

As an HHA, you may find that when your client returns home after such a surgery, he will use a walker, cane, or crutches. These are necessary because the muscles surrounding the affected hip or knee are weak and the tissues need to heal. Your client may have been given a home exercise program to help improve joint motion and mobility, reduce pain, and strengthen muscles. You can help by encouraging the client to follow this program. He may be reluctant to do so because of the ongoing pain. If so, discuss with your supervisor some ways to safely help him.

Two possible complications—and how an HHA can help

Post-surgical complications can include many things such as failure or breakage of the prosthesis, but this is rare. Two problems for which you should watch include:

Infection: This can happen in the hospital, after the client returns home, or even years later. Because of this risk, a joint-replacement client may be required to take antibiotics before any invasive procedure, especially during the first two years after the replacement. These procedures include dental work, such as tooth cleaning, as well as surgeries and any medical procedures that involve a device being inserted into the body. **What you can do:** Watch your client for signs of

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Fibromyalgia

Fibromyalgia



by Cathy Kelly, RN, BS

Fibromyalgia (FY-bro-my-AL-gee-ah) is a condition affecting 2 percent of the population, but its cause is still unknown. It occurs more often in females than males. The most frequent symptoms are muscle pain, fatigue, and mood changes. It is one of a group of disorders that cause pain and stiffness around the joints and in muscles and bones, much like rheumatoid arthritis.

Fibromyalgia is hard to diagnose because it does not show up on x-rays or in blood tests, and it mimics many of the symptoms of other disorders. It is diagnosed by a doctor who takes a full medical history and performs a careful physical examination. Areas of pain and sensitivity common to clients with this condition are called "tender points." If a client has moderate to severe pain for three months in at least 11 of the 18 tender points, there is a presumptive diagnosis of fibromyalgia.

What are symptoms of fibromyalgia?

One of the most distressing traits of the disorder is overwhelming fatigue. In some cases, the fatigue is more crippling than the pain, because the person feels as if she never gets enough sleep to feel well-rested. Some

experts think that such a person may have a sleep disturbance that disrupts the "deep" phase of sleep. It is thought that this may actually lead to fibromyalgia, since interruption of this phase can cause chemical imbalances that affect muscle tissue and pain perception.

Mood disturbances and feelings of sadness are common; the person may even become depressed. These feelings may result from the constant fatigue and can also lead to trouble concentrating.

What other problems does fibromyalgia cause?

Other problems linked to fibromyalgia include:

- ▼ Headaches.
- ▼ Migraines.
- ▼ Pain in the jaw muscles (TMJ).
- ▼ Abdominal pain.
- ▼ Bloating.
- ▼ Irritable bowel syndrome (alternating constipation and diarrhea).
- ▼ Bladder spasms.
- ▼ Dizziness.
- ▼ Restless legs.

- ▼ Endometriosis (deterioration of the lining of the uterus).
- ▼ Numbness/tingling of the hands and feet.

What causes fibromyalgia?

While no one truly knows what causes fibromyalgia, some factors that may help to cause the disorder include:

- ▼ Infectious disease.
- ▼ Physical trauma (injury).
- ▼ Emotional trauma.
- ▼ Hormonal changes.
- ▼ Chemical imbalance.

How is fibromyalgia treated?

Treatments for the disorder include teaching a client to understand what activities or conditions trigger or aggravate her symptoms so that these things can be avoided if possible. Also helpful are:

Medications for pain and sleeplessness

Drugs such as NSAIDs (non-steroidal anti-inflammatory drugs); analgesics such as aspirin; COX-2 inhibitors such as Celebrex; or even drugs normally used for seizures (such as Neurontin)

Joint Replacement

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infection and report these to your supervisor immediately.

Blood clots: These can be caused by factors such as sluggish blood flow due to inactivity. **What you can do:**

Watch for marked swelling, redness, or pain in your client's calf or thigh. Report concerns to your supervisor.

For more information

The American Academy of Orthopaedic Surgeons, 6300 North River Rd., Rosemont, IL 60018.
Phone 800-346-AAOS
Web site www.aaos.org.

This information is intended to supplement your HHA training. However, your first duty is always to follow the policies and procedures prescribed by your current employer and/or state law. For more information, or if you have questions about this topic, consult your supervisor.

may reduce symptoms. Drugs to help the client fall asleep or to reduce depression or anxiety also may be prescribed. If your client is using any of these drugs, ask your supervisor about the side effects and warnings related to their use.

Exercise programs and relaxation techniques

Certain types of exercise may relax muscles, reduce pain, and promote a sense of well-being. Aerobic exercise, which increases breathing and heart rate, and Pilates (pi-LAH-teez), which works the muscles without stressing the joints, are good exercise regimens for fibromyalgia. Clients should begin slowly, for brief periods of time (e.g., 15 minutes), and increase the routine gradually. Methods for coping with stress, such as relaxation techniques, meditation, and massage therapy also may reduce symptoms.

How can an HHA help a client with fibromyalgia?

Observe your client and learn to recognize what factors increase her symptoms or reduce them. You may be able to help her adjust activities and thus break the spiral of pain and anxiety. Inform your supervisor if symptoms get worse. While there is no cure for this disorder, your knowledge of your client and her condition can make a positive difference in her quality of life.

For more information

Contact the Arthritis Foundation at www.arthritis.org, or call the Foundation at 800-283-7800.

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The Author

Cathy Kelly, RN, BS, is director of patient services and compliance for All Metro Health Care in Lynbrook, NY. She has been a member of Home Health Aide Digest's Editorial Board since 1998.

LIVING WITH **Rheumatoid Arthritis**

by Cathy Kelly, RN, BS

History ✓

Rheumatoid arthritis (ROO-ma-toyd ar-THRY-tis) differs from other forms of arthritis in that it can affect parts of the body other than the joints. Nearly 1 percent of the US population, or 2.1 million people, have RA. The disease occurs more in women than men and can begin as early as childhood. Generally, it affects people between 40 and 60 years of age. The onset can be rapid or gradual. While the cause is yet unknown, we do know that, in RA, the body attacks its own joints and other organs. This may be the result of a genetic abnormality, a virus, or a bacterium.

Research is being conducted to determine if a common germ to which everyone is exposed may cause an abnormal reaction of the immune system in some individuals, leading to RA. Early diagnosis is important, because permanent joint damage can occur in the first two years of the disease.

Symptoms ✓

People with RA customarily have stiffness lasting one hour or more upon arising from sleep in the morning. Because it is painful to move, muscle strength diminishes in the muscles surrounding the involved joints due to lack of use. Typically, swelling occurs in the same place on both sides of the body, such as in the wrists or hands. The condition can be aggravated by stress, temperature extremes, or strenuous exercise.

Symptoms seem to be more prevalent when there is an increase in humidity and a decrease in barometric pressure. This has led many sufferers to move to milder climates.

RA can lead to weight loss, loss of appetite, fatigue, low-grade fever, and anemia. It also can affect the heart, lungs, eyes, and blood vessels. A well-balanced diet is important to maintain optimal body weight. Notify your nursing supervisor if your client appears to be eating too much or too little, or if she is gaining or losing weight. It also is important for the person to stay as active as possible. Inactivity is the enemy of RA, causing pain and stiffness that does not improve after the patient begins moving around once again.

Treatment Goals ✓

The goals of treatment are to reduce pain, control joint damage, and decrease inflammation. Rest, activity, and medication are equally important in the management of RA. When the person is experiencing a flare, rest is recommended to allow the inflammation to subside. Small pillows under the neck or between the knees help the person to maintain normal body posture and prevent contractures that are so common in this disease. Acutely inflamed joints may be splinted to limit painful movement and prevent deformity.

During periods of relative wellness, moderate exercise is important to maintain joint health. Intermittent courses of physical therapy may help to strengthen muscles and promote mobility. The physical therapist may write a care plan for the person to follow at home, and the HHA may be asked to assist with the exercise regimen. The RA patient may even be referred to a recreational therapist to help her develop outside interests and

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Activity

Medication

Living With Rheumatoid Arthritis *continued from page 5*

activities that distract her from concentrating on the illness.

Eventually, severe joint damage may require surgical intervention including:

- ✓ Joint replacement.
- ✓ Arthroscopic surgery to repair damaged joints or tendons.
- ✓ Joint fusion, rendering the joint permanently immobile.

Activities of daily living ✓

Here are some ways to help RA sufferers in their daily lives:

- ✓ Clothing with zippers or hook-and-loop (Velcro) closures contributes to the person's independence.
- ✓ Elongated door handles are easier to grasp and turn.
- ✓ Walk-in showers rather than bathtubs may help.
- ✓ Rearranging the kitchen or closets may reduce the need for painful reaching.
- ✓ Devices such as eating utensils with large, padded handles may be helpful in encouraging self-feeding.
- ✓ Stairs can be managed with ramps and chair lifts.
- ✓ A handicapped-parking permit can reduce the amount of unnecessary walking.
- ✓ Counseling, for both the patient and his or her significant other, may identify treatment modalities, such as carefully timed pain medication, to promote comfort and relaxation before sexual activity.



(For additional suggestions, see the article on osteoarthritis elsewhere in this issue.)

Osteoporosis



by Suzanne R. Campbell, MS, CRC, QRC

Osteoporosis (OS-tee-oh-por-OH-sis) is the leading cause of bone fractures in older adults. Experts say that 1.5 million fractures occur each year in the US because of osteoporosis. The term "osteoporosis" literally means "porous bone." It is a condition in which bones grow weaker due to a loss of mass and structure. This weakness makes bones easier to break. Bone loss is a normal part of aging, but as women approach menopause, their drop in estrogen levels boosts that rate of bone loss.

Risk factors

No one is sure why some people lose more bone mass, or lose it more quickly, but some risk factors are known. People most likely to have the condition are:

- Women over age 50.
- People with thin or small frames.
- People with a family history of bone fractures, from even minor trauma.

Diagnosis and treatment

There is a safe and painless test for osteoporosis. It is called a dual energy absorptiometry (DXA or DEXA). This test measures bone density. It can detect areas of low bone density, rate chances of future bone fracture, monitor the effects of drugs, and measure rate of bone loss.

One of the most important treatments for osteoporosis begins at birth. A lifelong, adequate supply of calcium is the best preventive measure.

Several drugs have been approved for the treatment of osteoporosis which can increase bone density and mass. Your client's doctor will decide which are most suitable, if these are appropriate for your client.

Research has shown that people with osteoporosis can help themselves in several positive ways. They can:

- ✳ **Stop smoking.** People who smoke absorb less calcium from their food. Women who smoke have lower levels of estrogen.

Rheumatoid arthritis eventually touches every aspect of a patient's life. As an HHA, your understanding of this disease and awareness of your patient's symptoms, abilities, and disabilities can greatly enhance her quality of life. Careful observation, documentation, and reporting changes to your supervisor can allow the nurse to intervene before the person is in crisis. The assistance, support, and

encouragement that you provide may make the difference between severe disability and relative independence.

This information is intended to supplement your HHA training. However, your first duty is always to follow the policies and procedures prescribed by your current employer and/or state law. For more information, or if you have questions about this topic, consult your supervisor.

- ✦ **Exercise more.** This will increase muscle strength and bone health. Your client's doctor can suggest a proper level of exercise.
- ✦ **Reduce alcohol intake.** People who drink heavily may not eat properly and therefore may suffer from poor nutrition. They also are more prone to bone loss.
- ✦ **Increase intake of calcium and vitamin D.** Studies have shown that people with low calcium intake throughout their lives have higher fracture rates, lower bone mass, and more rapid bone loss. Vitamin D helps the body absorb calcium.
- ✦ **Avoid use of drugs such as corticosteroids or some anticonvulsants.** If these are prescribed, the person should discuss this concern with a medical provider, who may recommend a calcium supplement.

What can an HHA do to help?

Diet and exercise play a big part in improving the condition of a client with osteoporosis. If a specific type or amount of exercise has been prescribed, you can encourage that it be done. Remember, movement may be painful for your client, and avoiding pain is a natural human response. Encourage but be gentle. Offer to walk beside a client who is fearful of falling, or help her set small, achievable exercise goals. "Can you make it to the end of the front walk so we can check if the mail has come?"

If you assist with meal planning and preparation, increasing calcium and vitamin D intake will help your client become healthier. If you think a client needs to take supplements, talk to your supervisor.

The recommended calcium intake for people age 51-70 years is 1,200 mg.

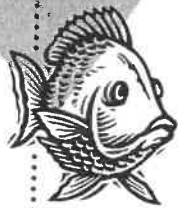
For those over 70 it is 1,500 mg. Taking calcium supplement tablets with food can help to increase absorption.

Adults need 400-800 IU of vitamin D daily, which is the amount found in most multivitamin tablets. Doses of more than 2,000 IU are considered harmful. Because we get vitamin D from sunlight, and because it often is not found in ordinary foods, many housebound people need to take vitamin D in the form of a supplement, particularly in the winter months.

Following are some good sources of calcium which you can encourage a client to eat. They include dairy products, preferably those which are low-fat, as well as some canned fish. Suggested foods, with their percentage of the recommended daily intake of calcium, include:

- Yogurt (1 cup plain): 40 percent.
- Cheese (1 ounce): 20 percent.
- Cottage cheese (1 cup): 16 percent.
- Milk (1 cup skim): 30 percent.

- Canned sardines and salmon also are rich in calcium because they contain the fish bones. A quarter-cup of canned salmon provides 10 percent of the body's daily calcium needs.



Note: Recent studies have shown that some fresh or frozen fish, including salmon raised on fish farms, contain high levels of mercury. As a result, canned fish has been suggested as a better source of protein and healthy Omega 3 oils, because they are harvested in the wild.

Additional Resources

National Osteoporosis Foundation:
Web site www.nof.org or telephone 202-223-2226.

National Institutes of Health
Osteoporosis and Related Bone Diseases National Resource Center:
Web site www.osteoporosis.org or telephone 800-624-BONE.

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What You Will Learn

After studying this issue of the Digest, you should:

1. Know about symptoms, treatments, and care for several common bone and joint problems.
2. Understand key ideas for helping such a client with movement and with performing suggested exercises.
3. Be able to recognize signs of problems that commonly occur after a joint replacement.
4. Be knowledgeable of the problems associated with rheumatoid arthritis, and how to help a client cope with activities of daily living.
5. Know important facts about nutrition, drugs, and exercise that can equip you to better help a client with osteoporosis.

Medication Matters

by Joy Morton, PharmD

Smart Moves for Bone and Joint Problems

Issues with bones and joints seem to cause never-ending problems for many home health clients. These conditions include such things as arthritis, osteoporosis, and having joint replacements. Pain, recurring infections, and limited mobility may limit activities.

There are several ways to cope with the problems caused by bone and joint issues. Bone strength can be improved by simple lifestyle changes including:

- Minimizing alcohol use.
- Exercising.
- Decreasing caffeine in the diet.
- Eliminating cigarettes.



Prescription medications

Pain and inflammation can be treated with medications prescribed by the client's doctor to treat bone and joint problems. For example, there are several types of medications used to prevent and treat the bone loss or softening of osteoporosis. These include:

- 1 Estrogen, which may reduce bone loss in postmenopausal women.
- 2 Alendronate (trade name Fosamax) and Risedronate (trade name Actonel), which reduce bone loss, increase bone density in the hips and spine, and decrease fractures due to osteoporosis. In both men and women, these drugs also can prevent osteoporosis caused by cortisone-related medications.
- 3 Raloxifene (trade name Evista), which is a modified estrogen.
- 4 Calcitonin, a naturally occurring hormone that is involved in calcium regulation and bone metabolism. Given as a spray or injection, it may reduce risk of spinal fractures.

Over-the-counter (OTC) medications

Arthritis is a condition of the joints that affects a client's mobility and may cause extreme chronic pain. In addition to prescription drugs, OTC products, often called NSAIDs, are used to decrease the swelling that can occur with arthritis. These products are usually labeled "pain relievers." There are many to choose from.

How an HHA can help

Important: Make sure your supervisor knows if a client uses any nonprescription medications. Harmful interactions can occur between drugs the client takes on a scheduled basis and those taken on an as-needed basis.

With so many different types of medications, your client may become confused about which is which. Encourage the client to read and follow advice from the pharmacist or doctor about how each should be taken.

Some drugs have very strict guidelines as to how they should be used. For example, some need to be taken at least an hour before breakfast and require that the client remain in an upright position for at least 30 minutes after taking a dose.

If you or your client have any questions about medication use, make sure those questions are discussed with your supervisor, who may refer the client to a pharmacist or doctor.

Making your client's life easier

Here are two other ways in which a pharmacist can make life easier for your client:

- 1 *Easy-open caps.* Medication vials often come with childproof caps that can be hard to open, especially for someone with arthritis. Asking the pharmacist for "easy-open" caps can take care of this extra burden.
- 2 *Med-sets.* These labeled boxes hold the client's medications for each day of the week. Med-sets reduce confusion, and can be easier to open than the usual vials.

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The Author

Joy Morton, PharmD, received her doctor of pharmacy degree from Creighton University in Omaha, NE. She has worked in both hospital and retail settings, and is currently employed by Coram Healthcare in Mendota Heights, MN.

Taking the

BITE

Out of the **Flu**



Protect yourself and your clients through vaccination

by Kyle Scott Enger, MPH

Hey, we're adults now. No more needles for us. We got vaccinated as kids, so we're done, right? Wrong!

It's true that most vaccines are meant for kids. Childhood vaccinations have prevented billions of illnesses and millions of deaths worldwide. However, adults still need to be vaccinated against diseases such as influenza.

Influenza (also called "flu") is a respiratory disease. It does not usually affect the digestive system. Though vomiting and diarrhea lasting a day or two is sometimes called "stomach flu," this is not caused by the influenza virus. Influenza often strikes abruptly with any mix of fever, sore throat, fatigue, muscle aches, and cough. Although most people get better after feeling bad for a few days, influenza still causes about 36,000 deaths in the US in an average year. Most of these deaths involve the elderly or persons who have various chronic diseases.

Influenza spreads very easily among people. It can travel through the air or on contaminated objects. If you're infected, you can even pass it to your clients a few days *before* you feel ill. Vaccination can keep this from happening.

To prevent influenza, you and your clients should get the vaccine each

year in October or November. This is because, in North America, influenza usually is most active from December to March. Nonetheless, it's better to get vaccinated late than to not do it at all. And, because the influenza virus changes quickly, last year's vaccine won't protect you against a current virus. A new vaccine is needed every year.

Two for the flu

There are two kinds of influenza vaccine: inactivated and live-attenuated. The *inactivated* vaccine made of proteins from killed influenza viruses. It is the most common and most affordable (\$25 or less per dose). It can be given to almost anyone, although persons allergic to eggs should not receive it. This vaccine is best for people with chronic illnesses (such as diabetes, asthma, immune system problems, kidney disease, heart disease, etc.) and for anyone over 50 years of age.

The *live-attenuated* vaccine, sold under the name FluMist, should be given only to healthy persons between 5 and 49 years of age. It contains live, but weakened, influenza viruses, and is inhaled through the nose. Because this vaccine contains live viruses, it may enable spread of the illness to people who have immune system problems. It costs almost twice as much as inactivated influenza vaccine, and may not be covered by insurance.

The influenza vaccine protects very well against influenza. However, it cannot protect against any other

diseases. Unfortunately, many diseases resemble influenza, and some people believe the myth that "flu" means being sick to the stomach. This means that sometimes people catch a different disease after getting vaccinated and wrongly think that the vaccine failed or that it made them sick.

Nearly everyone should get vaccinated against influenza. Vaccines are affordable and easy to get, and they keep people healthy and save lives. If you have any questions or concerns, discuss them with your doctor.

For more information

For further information about vaccination, visit the Centers for Disease Control and Prevention Web site at www.cdc.gov/nip or call the CDC's National Immunization Program at 800-232-8522.

This information is intended to supplement your HHA training. However, your first duty is always to follow the policies and procedures prescribed by your current employer and/or state law. For more information, or if you have questions about this topic, consult your supervisor.

The Author

Kyle Scott Enger received his master's degree in public health from the University of Michigan. He lives in Lansing, MI, where he works as an epidemiologist specializing in communicable disease and immunization. He also has done health education with the Peace Corps in Morocco.

vaccination

HEALTH CARE SAVVY

Caffeine a Shield for the Liver?

Caffeine good for the liver? Sounds unlikely, and yet researchers have found that caffeine seems to have a protective effect on the liver in those at risk of liver damage.

People have a high risk of liver injury if they drink alcohol excessively, have hepatitis B or hepatitis C, are obese, have iron overload, or have impaired glucose metabolism. A study of roughly 6,000 such adults showed that the more caffeine taken in by drinking coffee, tea, and other beverages, the lower the likelihood of liver injury. Even when the analysis was adjusted for other factors such as smoking, ethnicity, age, and sex, the results held up.

The findings were reported by Dr. James Everhart, who heads the Epidemiology and Clinical Trials Branch, Division of Digestive Diseases and Nutrition at the National Institute of Diabetes and Digestive and Kidney Disease. The study found, he said, that “the higher the consumption of caffeinated beverages, the lower the chance of the elevated liver enzymes that signal an increased risk of liver injury.”

If your client has one or more of the risk factors for liver damage, check with your supervisor about encouraging caffeinated drinks.

(Source: DGDispatch, 2004)



Staying (Yawn) Awake: More on Caffeine

Many of us help our eyes open in the morning by gulping a cup or two or three of coffee. This approach may work at the time, but apparently it is not the best way to stay awake and alert all day.

Pace yourself, say researchers from Rush University Medical Center at Brigham Women's Hospital and Harvard Medical School. Smaller doses of caffeine taken throughout the day work better to help you to stay awake, the research shows.

In the study, nearly 20 male participants were given either a caffeine pill or a placebo every hour after they woke up. The caffeine pills contained caffeine equal to about 2 ounces of coffee, and the amount was figured according to each person's body weight.

Those getting the caffeine pills, and therefore progressively building up their caffeine levels throughout the day, performed better on cognitive tests and had fewer accidental sleep incidents.

Interestingly, the caffeine group also reported feeling more tired than the placebo group. This proves, the researchers say, that caffeine is not a substitute for getting the sleep you need.

(Source: Sleep, 2004)

Vitamin D Fights Falls

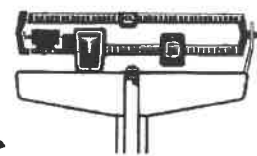
The simple act of taking a vitamin D supplement may help older people cut their risk of falls by more than 20 percent.

Since some but not all studies have borne out these findings, a group from Harvard Medical School in Boston analyzed data from 10 different studies that looked at the relationship between vitamin D and falls in the elderly. The group's analysis did indeed find a correlation. The researchers estimated that 15 subjects would need to take daily vitamin D supplements in order to prevent one person from falling.

Further study is needed to determine the type and dosage of vitamin D needed to help prevent falls. Watch for further news on this topic.

(Source: Reuters Health Information)

Weight Loss, Exercise Ease Arthritis



Arthritis is a very common problem, the leading cause of physical disability in adults. More than 70 million Americans suffer from it. Osteoarthritis, the most common kind, is characterized by joint damage and chronic pain. Typical treatments of drug therapy or surgery can present problems or be ineffective.

Good news comes, however, in new research from Wake Forest University, which shows that moderate weight loss, combined with exercise, helps in treating osteoarthritis of the knee in overweight adults. Participants in an 18-month program showed a 24 percent improvement in physical function.

In the study, 252 participants age 60 or older were divided into four groups: exercise only (which did aerobic and resistance exercises three times a week for one hour); dietary weight loss only (which attended regular meetings on

changing eating habits and reducing calorie consumption); dietary weight loss plus exercise; and a control group called "healthy lifestyle." The control group was taught about exercise and weight loss but did not take part in the programs.

At the end of the study, the group that worked on both weight loss and exercise showed the best gains in physical function, pain reduction, and mobility. This group also reported the greatest decline in knee pain.

Since treatment with anti-inflammatory drugs can have possibly serious long-term side effects, and surgery can be ineffective, this diet-and-exercise approach offers a healthy answer to the need for an alternative therapy.

(Source: *Arthritis & Rheumatism*, 2004)

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CARE TIPS

Another Option for Body Powder

I have found cornstarch to be very helpful as a powder substitute, especially on areas of the client's body that get moist most often (e.g., armpits, under the breasts, between the legs, and in abdominal folds). It helps to keep the client dry, and often is less irritating than regular powders or deodorants. As a bonus, it is fragrance-free, which can help a sensitive client. The cornstarch may be stored in an old powder container, or in a plastic or glass jar. It can be applied with a powder puff or cotton ball.

Thanks to Margaret Rowbotham, HHA, of At Home Health Care in Barnegat, NJ.

The Key to Zippers

I've learned over the years to put key rings on zippers for a client whose motor skills are poor. It has helped many to have a much easier time with zippers. Of course, I do this only if the client is willing to try it.

Thanks to Karen Myers, HHA, of Ontario County Home Health Agency in Canandaigua, NY.

Have a care tip you'd like to share with other HHAs? If we publish yours, we'll send you \$10! Send your client care tips (along with your name, address, phone number, and name of your agency) to:

Care Tips, Home Health Aide Digest,
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Spirit Profile *continued from cover*

compressed: "Years ago, we could spend two hours at a visit"—but not any more. Also, she notes, "People don't have family support systems like years ago. Someone may be living alone but has no one nearby who can give care."

While coping with large and rapid changes, Judy appreciates that VNAWM still stands firmly for its employees and clients. "Although the administrative staff has changed," she says, "the ideals of VNAWM have remained true to clients and to me. VNAWM puts the client first, and I'm important to the company. The management listens; they're responsive."

As she visits her home care and hospice clients each day, Judy always feels she gains benefits. "Every day is different. Even clients with the same diagnosis live and cope differently. My rewards are seeing some get better, being a help to their families, and knowing I'm appreciated by many."

"I'm satisfied with my position because it is an ongoing learning experience."

Notice that she said "many," not "all." The challenge, of course, is learning to cope while caring for a client who is intolerable. Judy recalls one who made work especially hard. An MS client ("they often have a hard time coping") who was intelligent and successful, the woman valued her appearance and had a strict schedule for everything. But, because she required help for everything, the client's demands made it hard for Judy to please her. And she almost never said thank-you to Judy.

Before each visit, Judy remembers, "I'd sit in my car and say, 'OK, Lord, here I go. You'll have to help me be nice.' Sometimes, during the visit, I'd have to retreat to the bathroom and scream silently, then go back to caring for her."

Of that predicament, Laurie Sefton says, "Judy, with much patience, continued to provide care for this client when all others refused to."

Sometimes Judy learns from fellow HHAs. "Some HHAs and I go out together once a month," she says. "We help each other to keep perspective. We learn that others have bad days, too."

At other times, she learns from clients. "People are never too old to teach me something," she insists. "I'm constantly learning. I've learned how important family care givers are to a client. I've even learned a verse to 'Jingle Bells' that I'd never known before."

Learning, of course, benefits Judy ("I've learned good lifting and bending techniques"), but it benefits clients even more, especially when it comes to preventing pain. "I've learned to move a person slowly," she explains, "and I tell them when I'm going to move them."

Judy has learned to recognize pain even when a client says nothing. "I assess them for any pain they have, because a client, especially one with dementia, may not always yell out in pain. Sometimes it's the way they move. Sometimes it's the look on their face. Other times they don't want to move a certain way," she observes:

Judy also has learned to give great skin care. "When I bathe or dress a client," she says, "I check their skin, especially problem areas. I also ask if there is any area that is painful, and then report all problems to the nurse right away." Judy is renowned at VNAWM for her wound prevention successes.

Not only that, but she has a sense of humor. And her clients love her. And her coworkers and supervisors are inspired by her.

So, when Judy passes along wisdom to other HHAs, it's worth noting:

- "You're never too old to learn."
- "Respect the client, the family, and your coworkers."
- "Do the best job you can."

No wonder a former client begged, "I want Judy back." Obviously, Judy has learned well.

The address of the office that nominated Judy Carlon is:

Visiting Nurse Association of
Western Michigan
1401 Cedar N.E.
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