

# ELDER CARE UPDATES



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www.rochestereldercare.com

**Rochester Elder Care**  
Elder Care Management

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## **This Is The Last Straw...**

*by Debra Benson*

"This is the last straw. We have had mom at home with us for 2 years now. I have brushed her hair, done her laundry and cooked her food all with love in my heart. Now she can't make it to the bathroom and she may have to go to a home, I can't handle this." How many times have you heard this from caregivers? Incontinence usually precedes major life issues which may involve a residence change. Does it have to? Maybe not....

There are two kinds of incontinence, fecal and urine. For this article we will focus on urinary incontinence. A little "leaking" is a normal part of getting older, right? NO. Urinary incontinence (UI) can be indicative of a variety of medical issues. There are several types of UI: stress incontinence, urge incontinence, overflow incontinence, mixed (stress and urge) and functional incontinence.

Stress incontinence happens most frequently in women. A small amount of urine is released when one coughs, laughs or exercises. Urge incontinence is when one has a sudden onset or "urge" to go immediately and the bladder spontaneously contracts. Overflow incontinence occurs more in older men. This happens due to a blockage in the urethra, often caused by an enlarged prostate. The cause of functional incontinence usually involves mobility issues or medications.



**Karen Witkowicz**  
Elder Care Manager and  
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Why does this happen if it isn't a normal part of the golden years?

- Weakened pelvic muscles
- UTI's (usually in sudden onset UI, not established)
- Constipation
- Dehydration
- Different medicines, sedation, "water pills"
- Reduced mobility
- Neurological changes
- Enlarged prostate

So the question is what can be done about this? First and foremost a trip to the doctor is in order. If you hear from the doctor that urinary incontinence is normal, and are advised to wear an incontinence pad, please advocate for a second opinion. Treatment of

*Continued on back page...*

*"Excellent care for your loved one . . . . .*

*. . . . . Peace of mind for you."*

# ELDER CARE UPDATES

## OUR NEW NAME

**Karen Witkoiwicz,  
Elder Care Manager  
and Consultant**

**...is now...**

**Rochester Elder Care**

## Alzheimer's Disease vs. Researchers

There is exciting news in the fight against Alzheimer's disease! Scientists have found how a subtle change in the memory area of the brain appears to predict who will get Alzheimer's disease nine years before symptoms appear. Researchers scanned the brains of middle-aged and older people while they were still healthy. They found that lower energy usage in the hippocampus signaled Alzheimer's disease 85% of the time, thus finding an early predictor of the disease. This discovery still must be confirmed. It may provide scientists the information needed to search for therapies that may at least delay the onset.

Findings were presented at the first Alzheimer's prevention conference earlier this month that people who drink fruit or vegetable juice at least three times per week seem four times less likely to develop the disease than people who drink no juice. Juices contain high levels of polyphenols which are compounds that play a role in protecting the brain. For more information go to [www.alzheimer's.org](http://www.alzheimer's.org). □



## Incontinence

*Continued from front page...*

incontinence depends largely on the type of incontinence one has. The doctor should find out if there is an infection that is causing the problem such as a Urinary Tract Infection. This can simply be cleared with antibiotics in most cases. Pelvic exercises can be helpful in the case of stress incontinence. When one suffers from urge incontinence establishing a toileting schedule every few hours may help. Toileting schedules are often used in adult homes and assisted living communities. Biofeedback and the use of a voiding diary are used in newly diagnosed patients as well.

With any type of incontinence there is the option of the pharmacological approach. There are new drugs coming on the market all the time, however, there are side effects to many of them. If these treatments are unsuccessful there is always the option to see a urologist or an incontinence specialist for an assessment.

Unfortunately, UI brings on a host of other compounding peripheral problems for the senior such as embarrassment, isolation and depression. It is essential to get a proper diagnosis and treatment of UI so your senior can have the best quality of life possible. □

***Both of the organizations listed below can offer medical advice and tips for improving quality of life to those with incontinence issues.***

National Association for Continence  
P.O. Box 8306  
Spartanburg, SC 29305-8306  
1-800-BLADDER (1-800-252-3337)  
[www.nafc.org](http://www.nafc.org)

Simon Foundation for Continence  
P.O. 835-F  
Wilmette, IL 60091  
1-800-237-4666  
[www.simonfoundation.org](http://www.simonfoundation.org)

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