



# HILL COUNTRY Messenger

An Informative Publication from Hill Country Care Providers

## JACKIE'S MESSAGE

For those of us who work directly with the elderly, one of the most challenging tasks we encounter is ensuring that they receive proper nutrition. I would like to share some information about this common problem over the next couple of issues of the *Hill Country Messenger*.

As we know, decreased appetites can have many causes: cancer and/or cancer treatments, depression, medication effects, advanced stages of Alzheimer's or AIDS, lack of exercise, or from general malaise—just to name a few.

I have found that by offering high caloric foods such as milkshakes or ice cream (if not contraindicated) is most helpful. Also, this is not the time to try and increase the appetite by trying new foods—offer familiar and favorite foods. Additionally, we have found that the appetite is typically larger during the day, so offer the main meal at lunch. In some cases, you can also offer four to six small meals instead of three larger ones, which can be less overwhelming to someone suffering from poor health. While these seniors may have physical conditions that prohibit them from eating spicy foods, very few people like bland foods—so try to make your dishes robust.

Also try to make the dining experience as pleasant as possible. Make the meals *appear* appetizing. Garnishes can be added to the serving plates such as a melon slice, a small bunch of grapes, or other decorative fruits. Do they like music while they eat or, perhaps, conversation from the caregiver? Sometimes sitting directly in front of the person and showing them each spoonful may help to orient them.

Lastly, we always need to ask ourselves: is the individual receiving enough exercise to justify their food intake?

We welcome any comments you may have. Additionally, if we can be of any service to you in the future, please don't hesitate to contact us. In the meantime, please visit our web site.



Sincerely,  
Jackie Verdoorn  
RN, BSN, MSN, CMC

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## What is Texas Doing about Alzheimer's Disease?

(cont. from previous newsletter)

Organization of the Texas Alzheimer's Research Association (TARC) in 1999 was discussed in the previous newsletter. In 2008, University of Texas Health Science Center at San Antonio was added to TARC. Additional appropriations of several million dollars occurred approximately a year later. These two additions enabled recruitment of a large number of underserved groups. Additionally, other studies are being done in this group to evaluate the interaction between Alzheimer's and other health conditions such as heart disease, diabetes, and strokes. These are very significant studies since this population will greatly increase over the next several years. These programs, together with the ones previously discussed, offer Texas a unique opportunity to organize large databases of various participating demographics with accompanying scientific information.

Texas has a plan in place and is committed to Alzheimer's research. Continuing support of this research will position Texas as the forerunner in this field to find new ways to detect, delay, treat and ultimately prevent the disease. (*Texas State Plan on Alzheimer's Disease, P 14*).

*Texas State Plan on Alzheimer's Disease*

## Medication Issues of The Elderly

(cont. from previous newsletter)

Unique medication issues for this group were discussed in the previous newsletter. Is there something we can do to remedy this problem? First of all, always consider that any new symptom in the elderly may be a medication side effect. If unsure about this, ask the pharmacist as soon as the symptom is identified. If feasible, only one pharmacy should be used for dispensing medications. If at all possible, avoid calling the physician first regarding a symptom that may not need to be treated with further medication(s). Probe and ask the right questions; what medication are they taking and what for, who prescribed it, do they feel it is working, and what other medications (non-Rx medications) are being taken? The caregiver may need to assist with some of this information. Importantly, the caregiver needs to keep a record of the various physicians the individual is seeing as well as which physician prescribes which medications. Additionally, a list of all medications should be documented and given to all physicians they see.

The individual may need to continue a medication, but perhaps the dose can be lowered or given at different times than originally prescribed or in divided doses. It is particularly important to know which medications can be crushed, if necessary. For example, analgesics do not get crushed. Always check to see if, for example, analgesic or psychotropic medications are to be taken as a scheduled versus PRN medication. Additionally, know the actions and side effects of the medications and if monitoring must be done. For example, check vital signs prior to administration of cardiovascular medications or monitor food intake or fasting to the timeliness of a diabetic medication.

*Remember, your role should be that of an advocate for the senior as well as their voice, if necessary.*

## Did you Know...

- That the elderly are particularly at risk for noroviruses, also known as Norwalk-like viruses. According to the Travis County Health Department, during the winter months there is an increase in reports of acute gastroenteritis in long-term care facilities. According to CDC, noroviruses are extremely contagious, and account for at least of half of all GI outbreaks--nearly a quarter which occur in nursing homes and long-term care facilities. Make yourself familiar with the symptoms and control measures for this dangerous virus. Visit the [cdc.gov](http://cdc.gov) website.

- That walking about a mile a day can increase the size of your gray matter and decrease the chances of developing AD, according to a new study. Kirk Erickson, assistant professor at the University of Pittsburgh, stated that this is the first study that utilized a several-year span to assess this. Walking at least a mile a day enhanced the volume of several regions of the brain including the frontal lobe. The researchers also found that walking at least one mile a day reduced the risk of cognitive impairment, but walking more than one mile a day did not further improve brain volume.