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**PUT EMERGENCY "ICE"
CONTACT IN YOUR CELL PHONE**

The Medical Society of the State of New York (MSSNY) is joining the American College of Emergency Physicians (ACEP) in urging all Americans to enter into their cell phone address book, the name and phone number of a person or persons who should be contacted In Case of an Emergency (ICE). This simple procedure could assure that the people you would want to know are notified if you are in an accident, suddenly become ill or are incapacitated for some other reason. It also gives physicians and other healthcare workers access to someone who might know critical information about your medical history if you are unable to give it yourself.

Physicians, other medical staff, police officers and emergency rescue teams now usually check a person's cell phone when they are trying to find out more about an emergency victim. Cell phones have replaced address books for many people; so it is a logical place to check for the identity of family and friends.

The name in the cell phone entry can just be "ICE" or it can be "ICE John Smith." MSSNY and ACEP also advise listing more than one contact. You can list them as "ICE 1", "ICE 2," etc. or you can list "ICE John DOE," "ICE mom" etc. Whatever method you choose, be sure to have the listing start with "ICE."

Ideally, your ICE contact will have a list of all your MAD information (Medicines, Allergies and Doctors) as well as know who your health care proxy is and have a copy of the document.

You should likewise try to have the MAD information with you as often as possible - in your wallet, in your brief case, in your personal file at work, etc. MSSNY recommends having this information in more than one easily accessible place. ICE and MAD could someday help your life.

This information is provided by the Medical Society of the State of New York (MSSNY). For more health-related information and referrals to physicians in your community, log on to MSSNY's website at www.mssny.org or contact your local county medical society.



**HAPPY
HALLOWEEN!**



OCTOBER

“Talk About Prescriptions” Month

REDUCE YOUR RISK OF REACTIONS TO PRESCRIPTION DRUGS

Ask key questions of your doctor and/or pharmacist to become a knowledgeable patient

(ARA) Most of us have taken a prescription medication for one condition or another at some point. While we may get a brief explanation from our doctor about the drug, most people will not take the extra steps to ensure they are using the medication as safely or effectively as they can be. In fact, by taking a few simple steps- and asking some basic questions- patients can greatly reduce the chance of harm that may be caused by drug interactions, allergies, or other potential problems.

The U.S. Pharmacopoeia - an official public standards-setting body for prescription and over-the-counter medications in the United States- recommends the following "things to know" about any prescription medications you are taking:

- **Know why you are taking a medication.** Although it sounds obvious, many people do not fully understand their diagnosis or condition- the reason they're taking the medication in the first place. Ask your doctor to explain your condition in detail to you, and how he or she expects the medication to improve the course of your illness or its symptoms.

- **Know what to expect.** Ask when you should expect to start feeling better or see an improvement, as well as potential side effects that may occur. Find out what you should do if you are not seeing the expected results within a certain time frame or are experiencing side effects.

- **Know how to take the medication.** Your doctor or pharmacist should give you instructions for taking

your medication. These are also listed on the bottle. However, it may require some extra vigilance to ensure you're getting the most out of your medication. For instance, if you are supposed to take a medication three times a day, ask if this means with breakfast, lunch and dinner, or every eight hours. This can impact how effective the medication is.

You should also ask whether you should get a refill; whether you can stop taking the medication once you start to feel better; what to do if you miss a dose; how to minimize any side effects; and whether there are any special blood or other tests required while you are taking the medication, e.g., a liver test if you are on a "statin" drug.

- **Know about the medication.** Patients should know the category of drugs the medicine belongs to, the brand and generic name, the active ingredients it contains (some people are allergic to certain ones), and any potential complications it may cause if you are pregnant. Also important are any potential interactions with foods (grapefruit, milk and spinach are some common ones), other prescription medicines, pain medications, antihistamines, decongestants, or vitamins, minerals or other supplements. Detailed information about a medication is available in the information packet/insert stapled to the prescription bag. Patients should read this to get a good idea of what the medication is and understand important precautions to take.

- **Know your pharmacist.** While you may be accustomed to asking your doctor questions, you may not have the same relationship with your pharmacist. However, your pharmacist is a key part of your treatment team- and the expert on topics such as how the medication prescribed will treat your condition, possible side effects, drug interactions and allergic reactions. Ask to speak to your pharmacist when getting a prescription filled. He or she is a wealth of information and often your most valuable resource.

One other important point is to keep an up-to-date list of all medications you are on and their dosages. This should be shared with your doctors, pharmacist and a family member or trusted friend. This can help prevent dangerous drug interactions and may be critical should a medical emergency occur.

For brochures on patient safety and more information about prescription medications, visit www.usp.org and select "I am a Consumer."

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HAPPY THANKSGIVING!



NOVEMBER

“Hypertension Awareness Month”

KEEPING BLOOD PRESSURE LOW IS ESSENTIAL FOR GOOD HEALTH

More than 65 million American adults- 1 in 3- have high blood pressure. Nearly 60 million Americans are over age 55, which means they have a 90 percent likelihood of developing high blood pressure in their lifetimes. Those who suffer from diabetes- 18 million Americans- and adults who are overweight or obese- 122 million Americans- have an increased chance of developing high blood pressure. High blood pressure (also called hypertension) can lead to numerous life-threatening conditions, including heart disease, stroke and kidney failure.

What is high blood pressure?

Blood pressure is the force of blood against the walls of arteries. When that force remains too strong, it becomes a life-threatening condition- high blood pressure or hypertension. It makes the heart work too hard, hardens the walls of arteries, and can cause the brain to hemorrhage or the kidneys to function poorly or not at all.

A blood pressure reading of 140/90 mmHg or above is considered high. Normal blood pressure is less than 120/80 mmHg. Systolic blood pressure, the top number in a blood pressure reading, which represents the pressure of blood in the vessels when the heart beats, is key to watch, especially in older adults. Research shows that the effective treatment of high systolic blood pressure saves lives and greatly reduces illness.

Why care about high blood pressure?

Anyone can develop high blood pressure, but these factors increase the risk: being overweight or obese, being physically inactive, high salt and sodium intake, low potassium intake (due to not eating enough fruits and vegetables), excessive alcohol consumption and

diabetes. Also, certain groups are more prone to develop high blood pressure. Besides older adults, African Americans are more likely to develop high blood pressure than any other racial or ethnic group and tend to develop it earlier and more severely than others. Furthermore, more women than men have died of cardiovascular diseases (CVD) every year since 1984. CVD kills as many women each year as the next 16 causes of death combined, including breast cancer.

What toll has high blood pressure taken?

- High blood pressure can lead to numerous life-threatening conditions, including heart disease, stroke and kidney failure, the #1, #3 and #9 causes of death in the United States.
- High blood pressure is a factor in 67 percent of heart attacks in the US.
- High blood pressure is a factor in 77 percent of strokes- the #3 cause of death in the US.
- High blood pressure precedes 74 percent of cases of heart failure in the US.
- High blood pressure is the second leading cause of chronic kidney failure in the United States - responsible for 26 percent of all cases.
- High blood pressure affects circulation- creating a higher risk for mental deterioration and Alzheimer's disease.

How do you prevent and control high blood pressure?

Simple and often modest lifestyle changes can help prevent and control high blood pressure, as well as improve overall health and quality of life:

- Have it checked at every doctor visit
- Maintain a healthy weight
- Avoid foods high in sodium
- Drink alcohol in moderation or not at all
- Control blood sugar if you have diabetes
- Take medication as directed
- Control stress
- Do not smoke
- Exercise
- Eat healthy

It is important to take high blood pressure seriously and to work with your physician if it is too high. For more information, visit the websites of the National Heart, Lung and Blood Institute at www.nhlbi.nih.gov and the Centers for Disease Control at www.cdc.gov/bloodpressure.

This information is provided by the Medical Society of the State of New York (MSSNY). For more health-related information and referrals to physicians in your community, log on to MSSNY's website at www.mssny.org or contact your local county medical society.

NOVEMBER

“National Alzheimer’s Disease Awareness Month”

WHAT IS DEMENTIA?

- It is NOT part of normal aging! It is a disease!
- It is more than just forgetfulness- which is part of normal aging.
- It makes independent life impossible.

DEMENTIA

- is an umbrella term that includes many cognitive loss conditions
- includes some reversible conditions- so should be checked out carefully.

ALZHEIMER'S DISEASE

- is the most common type of dementia
- is caused by damage to nerves in the brain and their eventual death
- has an expected progression with individual variations- about 8-12 years
- will get worse over time- we can't stop it!
- is a terminal disease- there is NO known cure at this time!

VASCULAR DEMENTIA (MULTI-INFARCT)

- is caused by damage to the blood supply to the nerves in the brain
- is spotty and not predictable
- may not change in severity for long periods, but there are sudden changes

LEWY BODY DEMENTIA

- problems with movements- falls and stiffness
- visual hallucinations and nightmares
- fluctuations in performance- day/day

FRONTAL-TEMPORAL DEMENTIAS

- problem behaviors- poor impulse control
- difficulty with word finding
- rapid changes in feelings and behaviors

Symptoms Common to Most Dementias... Over time...

- It affects a person's entire life... it causes the brain to shrink and stop working
- It steals memories- the most recent first, but eventually almost all...
- It steals your ability to use language...leaves you with some 'skills'
- It steals your ability to understand what others mean and say.
- It steals reasoning and logic.
- It robs you of relationships.
- It makes even the 'familiar' seem odd and scary
- It steals your ability to care for yourself and move around safely
- It robs you of impulse control- takes away emotional and mood control.

DRUG TREATMENT FOR ALZHEIMERS

- Drugs to improve chemicals in the brain so nerve activity might happen
- Drugs to treat depression
- Drugs to control distressing hallucinations, severe paranoia, or unprovoked violence.
- No vaccines or cures...yet.
- No way to stop the disease...yet.

PREVENTION

- Have a good family history for staying alert and 'with it'- genetics do play a part
- Eat healthy and moderately (Heart-Smart)
- Exercise your body- 100 minutes/wk (consult your MD first)
- Exercise your brain- challenge yourself
- Eat fish- at least once a week
- Control your BP and sugar and weight

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DECEMBER

THE SOLUTIONS TO NEW YEARS' RESOLUTIONS

As we conclude the year 2008 and continue our journey on to 2009, only two conclusions can definitely be made: the earth has successfully completed one more revolution around the sun and we will reflect and realize that our lives are not all they are cracked up to be...until the clock strikes 12:00 on January first. At this magical hour, let the dreaming begin. "From this moment on I will exercise and eat nutritionally so that I may develop a body like (pick your favorite movie star or athlete _____). I will make time for myself so that I may emphatically pursue my lifelong desire to become (pick your lifelong obsession) a (an) _____ and this time I will stick to it and actually achieve my goals".

Now that I've hopefully gotten your adrenaline level peaked to the next level, let's get back to reality. At this stage in your lives, you've either followed through on all your resolutions and are content with your station in life...or you are reading this with a danish in one hand and an article from Muscle and Fitness or Shape magazine in the other; or maybe you are the type who has spent all of your discretionary income on "get rich quick" books. Whatever your personal or professional ambitions, let's take the next few minutes to map out a strategy for you to accomplish these goals.

Goals. The first thing you want to do is have one. What is your passion, your dream, what would make you spring out of bed in the morning with unbridled enthusiasm? When you have found your desire, write it down on a blank sheet of paper entitled, "my passion and goals".

Have a plan. Now that you know where you're going, let's map out how you are going to get there. Have specific and attainable goals broken down into a five year, one year and daily to do list. It's consistency that will play a major part in your success. If you work at your dream for a specified amount of time every day, you will accomplish more than if you work at an exhausting pace whenever you "get in the mood."

Tempo. It is important not to let process interfere with purpose. Don't just work for the sake of working. Become goal oriented. Don't use more than three cliches in a sentence. You should not be toiling in the trenches for no reason. Ask yourself, what are my goals? What am I trying to accomplish? Have I set deadlines? Know what your objectives are and do whatever has to be done to get there.

Tension. To increase positive tension and reduce procrastination, tell everybody your plan for greatness (without becoming over-bearing) as well as your estimated time of arrival. After putting yourself "on the line" by bragging about when you expect to achieve success, friends and family will occasionally question your accomplishments. This should either help to propel you into action or force you into avoiding any future contact with family and friends.

Enjoy yourself. This is your dream, so enjoy your expedition. Learn to schedule time for work but also don't forget time for play and recreation. Every successful journey needs a break. Why do you think they have rest stops on the interstate?

Joel Weintraub is a humorous educator who has managed to combine the formerly disparate fields of humor, health and productivity. For additional information you can contact Joel at 610-825-2179 or www.joelweintraub.com

10 Questions to Ask Before Hiring a Real Estate Broker

It is often difficult to sell your home on your own and chances are, you will want to employ a real estate broker to do it for you. Consider asking the following questions before committing to hire a broker.

1) Is the broker licensed?

It is a requirement in many states that a real estate broker be licensed. In states where a license is required, a broker may not be able to collect a commission fee unless currently licensed.

2) Will you be dealing with an agent or a broker?

Most often, sellers deal with an agent. An agent is usually an employee of a broker. Be aware that agents cannot negotiate a commission without the consent of a broker.

3) What is the broker's commission rate and fees?

Broker commission rates vary, are negotiable and may be reduced as the property's price increases. Some brokers may be willing to accept a flat fee. Know what you want to pay before negotiating. Never pay money up front.

4) Is the broker full time or part time?

You may not be able to get the attention you need from a part time broker or agent. Make sure that you get the exposure you want.

5) What does the broker estimate the value of your home to be?

Beware of brokers who offer a high listing, they may just be using it to get your business and then lower the price later. Ask the broker for a printout of all recent selling prices and original listing prices of homes in your area.

6) Is the receipt of commission based on closing the sale and receipt of purchase price?

You should be sure that the commission agreement states that the commission is payable only if the sale closes and you receive the purchase price. Be sure that the agreement is in writing and made when you hire the broker.

7) What happens if you find a buyer for your home?

Some broker agreements will still require the payment of a commission even though you found a buyer for your home. You may want to consider requesting that this item be removed from the agreement.

8) How long will your contract be active?

The broker may consider a contract of 90 days or less, as opposed to the more common exclusive contracts which last 6 or more months. Pay attention to the length of time you must wait to hire another broker.

9) Is the broker familiar with your neighborhood?

The broker should be aware of the sales in your neighborhood and other defining features such as tax rates and school district information.

10) How often will the broker show your home, host open houses and advertise the sale of your home?

You want maximum publicity for your sale property; make sure you get it. Ask if your home will be listed on Multiple Listing Service (MLS) and in both premium and free listings.

Shop around and interview as many brokers as you feel necessary. As in any other business, there are good and not so good real estate brokers and agents. Always keep in mind that the commission agreement may be negotiable — don't be afraid to ask a broker to modify the agreement. Remember to GET IT ALL IN WRITING, no verbal promises. It is a good idea to speak to a qualified real estate attorney before signing a commission agreement or binder.

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INCONTINENCE

Incontinence, or loss of bladder or bowel control, is a symptom- not a disease. Many conditions can cause incontinence, including pregnancy, childbirth, pelvic surgery, neurological diseases, and degenerative changes associated with aging. It is estimated that 25 million adult Americans experience transient or chronic urinary incontinence.

The urinary system is composed of two kidneys, two ureters, a bladder, and a urethra. Normally, the bladder stores urine produced by the kidneys until it is convenient to urinate, but when any part of the urinary system malfunctions, incontinence can result.

People with incontinence may experience emotional and physical discomfort. Many people affected by loss of bladder or bowl control isolate themselves and lose self-esteem. However, approximately 80% of those affected by urinary incontinence can be cured or improved.

Sometimes simple changes in diet or eliminating medications can cure incontinence. Treatment frequently involves a combination of medicine, behavioral modification, pelvic muscle re-education, collection devices, and absorbent products. Despite high success rates in treatment, only one out of every twelve people affected seeks help.

The three major categories of treatment are: behavioral, pharmacological, and surgical.

Behavioral methods include the following:

- **Scheduled Toileting** involves going to the bathroom every 2-4 hours to maintain a regular voiding schedule. The goal is simply to stay dry.
- **Bladder Retaining** includes scheduled toileting, but the length of time between bathroom trips is gradually increased. This trains the bladder to delay voiding for larger time intervals.

- **Pelvic Muscle Rehabilitation** involves pelvic muscle exercises (PME). PMEs may be used alone or with other therapies.

Pharmacologic therapy (medications) involves physicians prescribing medications to help control incontinence. Sometimes they will take a person off a drug that is causing or contributing to incontinence. Of course, only a healthcare professional should tell you to stop using a prescribed drug.

Surgical treatment should be performed only after any appropriate non-surgical treatments have failed. The type of operation recommended depends on the type and cause of incontinence. Have your healthcare professional thoroughly discuss any procedure needed.

For those people whose incontinence cannot be cured or for those who are awaiting treatment, there are other devices or products to help manage incontinence.

National Association For Continence is a national, private, non-profit organization dedicated to improving the quality of life of people with incontinence. NAFC's objectives are to destigmatize incontinence, to promote preventive measures, to motivate individuals to seek treatment, and to provide collaborative advocacy and service for those who are affected by this problem.
www.nafc.org

Merry Christmas
and
Happy Chanukah!