

Growing Older

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Skin Care

Throughout our lives our skin needs care to keep it looking and feeling its best.

As we get older, our skin changes. It may thin and become looser. The oil glands may become smaller, giving out less oil.

DAILY CARE

Wash your skin with plain soap or soap substitute each day in luke-warm water. If you have sensitive skin, you can buy suitable soap from pharmacies, supermarkets or department stores. If you are unsure what sort of soap would be best for your skin, your doctor or a pharmacist can advise you.

After cleansing, it is a good idea to use a moisturising cream on your hands and face to reduce dryness. You do not need to spend a lot of money to get a product that will do the job. Your doctor or a pharmacist can recommend a suitable product.

Showers should be warm, not hot, and should last about 3 - 5 minutes. After a shower or bath, dry your feet carefully with a 'blotting' action, especially between the toes. If your toenails are too long, cut them straight across, level with the ends of your toes. It is unwise to gouge around the side of the nail for dirt or cut away corners. This increases the risk of ingrown toenails.

SUN PROTECTION

As we get older, our skin becomes more sensitive to damage from the sun. Such exposure can increase wrinkling, thinning of the skin and the risk of skin cancer. If going outdoors, it is a good idea to:

- apply a maximum protection (note that 30+ will soon be on labels) broadspectrum sunscreen (available from supermarkets or pharmacies) to exposed skin;
- wear a wide-brimmed hat;
- wear a long-sleeved garment with a close weave (a thin cotton shirt or blouse will keep you cool in summer);
- keep to shady spots, e.g. stand under a tree while waiting for a bus;
- create your own shade with an umbrella!

The summer sun does the most damage between 11am and 3pm, so it is wise to take extra care during this time.

COMMON PROBLEMS

Bruises and cuts

As we get older our skin may become more easily damaged by bruises, cuts and gashes. Taking care, and wearing protective clothing (gloves, long sleeves) for activities such as gardening, can help prevent injury.

Corns and calluses

Corns and calluses are lumps or outgrowths of horny skin on the soles of the feet or on the tops or sides of the toes. They are caused by pressure from bones and/or ill-fitting shoes. We are more likely to develop them as we age because our bones get out of alignment, causing pressure points.

If you have corns or calluses, it is recommended that you see your doctor or a podiatrist (also known as a chiropodist or foot-care specialist). He or she may recommend a corn pad, support shoes or an operation to re-align the bones.

Dermatitis

Dermatitis (red, itchy and cracked skin) is normally due to the skin being irritated by water (because it dries out the skin as it evaporates), soap and detergent.

To help prevent dermatitis, have short showers or baths and avoid over-washing with soap. Wear rubber gloves when doing the dishes or using household cleaners.

A moisturising cream can reduce itchiness. There are special creams available from a pharmacy or on prescription from a doctor if simple creams are not effective.

There is another common type of dermatitis, in which a red, scaly patch develops on the scalp, with increased oil in that area. It may start in the eyebrows, or on the nose or cheeks. Your doctor may prescribe a medicated cream or shampoo to help control the problem.

Dryness

Our skin produces less natural oil as we age, causing dryness. Dryness may also be due to the clotting of small skin flakes. A moisturising cream can soften the skin and reduce dryness.

Lumps and bumps

We all have a few lumps and bumps on our skin - most are harmless, although a nuisance. If they are unsightly or uncomfortable, your doctor may be able to remove them.

If you have a lot of bumps, especially if they turn into sores, see your doctor. They may be skin cancers.

Skin cancer

Skin cancer is extremely common in Australia. Skin cancers come in many shapes and sizes, and some are more serious than others.

If you develop a new or changing mole which grows in size and becomes irregular in colour and shape, see your doctor. Other skin cancers may appear as enlarging scabby sores and lumps which may bleed easily.

Most skin cancers can be cured when they are small. They can be removed in a simple procedure at a doctor's surgery. However, if they are left to grow bigger, they may become very painful and can endanger your life. You may need surgery in hospital.

* *Keeping fit after fifty*

Exercise is important all through our lives to help us stay healthy and active. With our bodies working more effectively, we will feel much more energetic and confident in everything we do.

Regular, gentle exercise provides the most benefits and is generally the most enjoyable. Whatever form of exercise you choose, start at a level which you know you can cope with. Aim to build up slowly to exercising three times a week, 20 to 30 minutes a session, for the best results.

It is advisable to visit your doctor before starting if you have a health problem, are recovering from a recent health problem, are planning on doing any strenuous exercise, or increasing the level of your exercise program.

THE BENEFITS OF EXERCISE

Exercise can improve the efficiency of our heart and lungs. This helps to:

- improve breathing;
- improve circulation;
- lower blood pressure.

Exercise also helps to:

- prevent stiffness in joints and generally reduces aches and pains;

- increase muscle tone and bone strength which, in turn, improves strength and co-ordination;
- improve balance and movement, which can help prevent falls.

BEFORE YOU START

Before you begin any regular exercise program, it is advisable to see a doctor for a check-up. This is very important if you:

- have a heart condition, chest pains or have had a stroke;
- have high blood pressure or high cholesterol;
- have balance problems or dizzy spells;
- are overweight;
- have not exercised recently;
- smoke;
- have had major surgery.

If you fit into any of these groups you may need to modify an exercise program to suit, or exercise under medical supervision. Your doctor or physiotherapist can advise you on this.

WHEN TO EXERCISE

The best time to exercise is when you are least stiff and least tired. After a warm bath or shower in the morning may be ideal, because the warm water will have reduced the stiffness.

WHEN NOT TO EXERCISE

It is unwise to exercise:

- immediately after meals or alcohol;
- if you are feeling ill, tired or are in pain;
- shortly before going to bed - it may make you feel too alert to sleep;
- if it is very hot or humid.

STRETCHING

Before any exercise routine, it is advisable to do ‘warm-up’ stretches for about five minutes. This helps prevent injury, soreness and pain later.

Hold the stretch for about 10 seconds. Avoid bouncing or stretching to the point where you feel pain - this can cause damage to the muscles.

After exercise, five minutes of ‘cool down’ stretches are recommended. This helps your body to return to its normal level of activity, prevents muscle soreness and helps you to relax.

WHEN TO STOP

Start exercising slowly and carefully.

To check that you are not overdoing it, see if you can whistle or talk normally during the exercise. If you can't, you are exercising too hard. Stop or slow down.

Stop exercising if you are in pain, short of breath, feeling dizzy or having chest palpitations.

It is a good idea to drink water before, during (if possible) and after exercise to replace the fluid lost through perspiration.

If you have arthritis, a mix of rest and exercise is recommended. If joints are inflamed, you need to rest. If a movement causes a joint to ache, stop that movement.

If you take a break from regular exercise (if you go on holidays or are unwell), start up again slowly.

SPECIAL EXERCISE PROGRAMS

If you have an injury or, for instance, have trouble walking or climbing stairs, it is advisable to see your doctor. He or she may refer you to a physiotherapist who can design an exercise program for you.

TYPES OF EXERCISE

Walking

Walking at an easy speed increases the fitness of your heart and lungs, boosts your energy levels and is very relaxing. It also gives your arms and legs a good work-out. There is very little risk of injury.

Walking is a weight-bearing exercise, which means it can help decrease the risk of osteoporosis.

Exercise classes

Gentle exercise programs are a safe, sociable way to keep fit and healthy. They are suitable for people who are starting regular exercise again.

Tell your instructor if you have a special condition, as often the exercises can be changed to suit. For instance, you may be able to exercise sitting in a chair.

The classes last for about 40 minutes to an hour and should be run by trained instructors.

If you prefer to exercise at home, you may find it useful to get a video or audio cassette with an appropriate exercise routine for your level of fitness.

Swimming

Swimming increases movement and strength. It works the arms and legs, and improves heart and breathing capacity.

Because you are supported by the water, it does not put stress on bones and joints. In fact, swimming can be very helpful for leg or back problems.

Swimming in warm water is soothing and helps to reduce stiffness and joint pains. If you have high blood pressure, it may be unwise to swim in a heated pool, as the warm water can increase your blood pressure.

Swimming is not recommended if you are incontinent or have skin lesions.

Water exercises (aquarhythmics or aquafitness)

Water exercise allows you to improve your movement while being supported by water. There is no jarring or straining of joints or muscles.

Water exercise is for men and women of all levels of fitness and mobility. It is particularly suitable for those who are overweight, have arthritis or an injury. The exercises are done standing in water, so you don't need to know how to swim.

Sport

You may prefer to play a sport a few times a week. Bowls helps to improve flexibility. If you play golf, walking briskly between shots gives extra fitness value. Tennis and other racquet sports are good for all-round fitness.

WHOM TO CONTACT

Metropolitan and Rural Health Services

Metropolitan and Rural Health Services can provide information on programs for fitness and wellbeing. Your local Metropolitan and Rural Health Services are listed in the NSW Government section of the telephone book under Health Department of NSW.

Community Health Centres

Community Health Centres can provide information on organising exercise activities in your area. They are listed in the main section of the telephone book under 'C'.

Lewisham Sports Clinic

Lewisham Sports Clinic runs gentle exercise programs.
Tel: (02) 9569 8011.

Local Councils

Local council community workers can provide information on organised exercise activities in your area.

Royal North Shore Hospital, Activities Department

The Hospital's Activities Department offers exercise activities as part of its ACTS program. For more information, phone (02) 9926 8367.

Waves and Inner West Waves

Waves and Inner West Waves conduct programs of gentle water activities for different levels of fitness.
Tel: (02) 9389 9800 or (02) 9515 3350.

A Healthy Diet

HEALTHY EATING PYRAMID

EAT IN SMALL AMOUNTS

- Sugar
- Butter/margarine (polyunsaturated, monosaturated)
- Reduced-fat spreads
- Oil (Canola, olive, polyunsaturated)



EAT MODERATELY

(including reduced fat and low fat varieties of dairy products)

- Lean meat, Eggs, Fish, Chicken (without skin), Nuts, Milk, Yoghurt, Cheese

EAT MOST

- Bread and cereals (including whole grain cereals) and wholemeal bread, rice and pasta
- Dried peas, beans, rice and pasta
- Vegetables, berry fruits, green/red/yellow peppers, brussel sprouts, cauliflower and cabbage, yellow/ orange/red vegetables, fruit, green leafy vegetables, legumes

EAT MOST

Breads and cereals

Breads and cereals, are low in fat and high in fibre, and contain starch, some protein, vitamins B1, niacin, folate, vitamin E, iron and zinc. You should include some of the following with all meals:

- wholemeal and mixed grain breads
- wholegrain crispbreads
- rolled oats
- ready-to-eat wholegrain breakfast cereals
- rice
- pasta
- barley
- bagels
- pita bread
- focaccia
- fruit bread
- crumpets
- pikelets
- scones

Vegetables & Fruit

These can include fresh, canned, frozen or dried. Vegetables are low in fat, high in fibre, rich in vitamins C and E, beta carotene, folate and iron. A variety of fruits and vegetables should be included with all meals.

- fruit
- citrus fruits, tropical fruits, kiwi fruit, berry fruits
- green, red and yellow peppers
- brussel sprouts
- cauliflower
- cabbage
- yellow, orange and red vegetables
- green leafy vegetables

Legumes

Legumes such as dried peas, beans and lentils are low in fat but are protein rich vegetables which are suitable as meat substitutes or extenders, and contain B group vitamins and iron.

EAT MODERATELY

Meat

The meat group products are high protein but contain significant amounts of fat. They contain niacin, vitamin B1, and riboflavin, iron and zinc. You should include one or two servings each day, but you can substitute with legumes including baked beans, kidney beans, soy beans, mixed beans and chick peas.

- lean meat
- chicken with the skin
- fish (this includes canned fish such as salmon and tuna)

Dairy foods

This group also provides protein and variable amounts of fat, plus riboflavin, vitamins A and B1, niacin, calcium and some zinc. You should include two or three servings of these foods daily - women are advised to include three servings because of their higher risk of developing osteoporosis.

- milk
- yoghurt
- cheese

One serving equals

- 250ml glass of milk (including low fat and reduced fat) or So Good
- 200 gram tub of yoghurt (including low fat)
- 40 grams cheddar cheese (including reduced fat).

EAT IN SMALL AMOUNTS

- butter
- margarine
- reduced fat spreads
- oils (canola, olive and polyunsaturated)
- sugar (white, raw, brown, glucose, maltose and lactose) (honey is 80% sugar).
- foods containing a lot of sugar (jam, lollies, sweet biscuits, cakes)

Butter and margarine are good sources of vitamin A and D. Vegetable oils, margarines and reduced fat spreads are made from vegetable oil and are a good source of Vitamin E. Butter contains some Vitamin E.

Table sugar contains no complex carbohydrates (starch or dietary fibre), vitamins or minerals.

USE LESS SALT

You need some salt in your diet, but you will get enough from salt that occurs naturally in foods such as meat, eggs, milk and vegetables. A high salt diet increases the risk of developing high blood pressure, a condition about half the Australian population over 60 years suffers.

Try using herbs and spices instead of salt to flavour food and buy reduced salt and low salt manufactured foods. Try not to use highly salted foods such as corned beef, bacon, luncheon sausage and snack foods such as potato chips.

WATER

Water is important to your diet, and as we age we don't always feel thirsty when our body needs water. Fluids can be taken as water, tea, coffee, mineral water, soda water, fruit juice or milk, at least six times daily.

FOODS HIGH IN FAT

Foods high in fat such as pies, pastries, fried and battered foods and snack food should only be eaten occasionally.

ALCOHOL

Always drink in moderation, and have two or three alcohol free days each week.

Women should drink no more than two standard drinks daily.

Men should drink no more than four standard drinks daily.

EXERCISE

Walk, swim or dance for half an hour, three to five times weekly. This will help keep the calcium in your bones and help control your blood pressure. Exercise is good for the heart and circulation and the lungs and breathing. Also read the section on exercise in this booklet.

FOODS TO KEEP IN THE CUPBOARD

Keep some of the following in the cupboard to make an easy meal.

- Baked beans
- Barley
- Canned asparagus
- Canned fish such as salmon, tuna, sardines
- Canned fruit
- Canned kidney beans
- Canned soup
- Canned tomatoes
- Dried fruit
- Long life custard
- Pasta
- Peanut butter
- Powdered or long life milk
- Ready-to-eat breakfast cereals
- Rice
- Rolled oats
- Spaghetti sauce
- Tomato salsa

IMPORTANT

- Enjoy regular meals
- Plan your meals and your shopping
- Don't skip meals and substitute with sweet biscuits and tea

* *For carers at home*

The time may come when you find yourself having to choose whether to become the carer for someone who is unable to manage living by themselves. It may be that your partner in life, or a close friend or relative, has become disabled through illness or injury or through the effects of getting older. We all like to care for those close to us, and often feel that we would do anything to keep them comfortable and happy, but becoming a carer is a very big step, particularly if it is unexpected and if you are not so young yourself. Some men will find the situation particularly challenging if they have to learn cooking and housekeeping for the first time.

Before you make up your mind, it may be useful to have a good talk to family members, to see how much help they will be able to give. You can also ask advice from your doctor and from local professional help agencies to see how much support and assistance will be available. Becoming a carer will almost certainly affect what you do, where you go, your moods and emotions. There will be times of happiness and great satisfaction. There will also be times when you are exhausted and feel depressed. By accepting your feelings and knowing that they are normal you will be able to deal with them. It is also important to share them with someone else whom you trust and who listens to you.

THE DIFFICULTIES

Anger/resentment

You may feel trapped and powerless, as though your life is not your own any more. Even simple things, such as having a cup

of tea without interruptions, may seem impossible. Feeling you lack the support of relatives and friends may make you angry. You may believe that they do not appreciate the effort you are making. You may also feel annoyed by other people telling you how to do things better.

Cheated

You may have had plans for travelling, for moving to live elsewhere or for spending time with your children and grandchildren. When you become a carer these plans may have to be delayed for years, which can lead to feelings of being cheated out of something you have worked hard for.

Uncertainty

The uncertainty of not knowing how long you will be needed as a carer may prevent you from making long-term plans. You may also get worried about what will happen to the person you love if you get sick.

Exhaustion

The person you are caring for may require constant care, or may need to be lifted or pushed in a wheelchair. There may be seemingly endless demands on you, so that you are always juggling your time and feel that you can't catch up. This can be very tiring, especially if there is no chance for a break.

Grief

You may feel that, little by little, you are losing something special from your relationship with the person you are caring for. You may not be able to do together the things you used to enjoy, such as going on outings or talking over the things that are worrying you. Slowly losing someone who is close to you in this way can cause feelings of grief, loss and anxiety.

Guilt

Making use of respite care, even if it is for only a short time, can cause feelings of guilt. The person being cared for may make you feel guilty about leaving them with someone else or

you may feel that no-one can offer the quality of care that you could. You may feel the same way if the time comes for the person you love to go into a nursing home. It can be hard to let go and trust someone else to take over as carer.

Loneliness and Isolation

You may find that some friends and relatives do not visit you anymore. They may be embarrassed, or do not know how to react to the person you are caring for. If you give up your job to become a carer, you may miss these social contacts and friendships as well.

THE BENEFITS

Satisfaction

Being a carer is a difficult job, but it can be satisfying seeing the person you love comfortable and well-cared for. You can see the rewards for all that hard work and be proud of having overcome many problems.

Encouragement

The small gains made by the person you are caring for may give you great pleasure and encouragement. You may feel that your special care has made life easier and more enjoyable for them.

Love

Some carers find that feeling loved and needed by a close friend or relative can be very comforting and can give their life purpose and direction.

Self-confidence

Caring for another person can be a great confidence booster. You may shine in many areas as a carer, home-maker, friend, nurse, teacher, diplomat and advocate.

Ways of Coping

You will need lots of support in your new role. If you find it hard to organise this on your own, talk to a social worker or to your doctor. They will be able to help you.

Let the family know you need their help and support

Talk to the family and say how much you will need and appreciate their assistance at this time. It's a good idea to share the caring role with them as soon as possible. This will set a routine for the person you are caring for, as well as for your relatives and friends.

Make full use of the community services that are available

Respite Care Services and Meals on Wheels may be available to you and may save you time and energy. In many communities there are regular courses held in the skills of caring.

Take regular breaks

It is not uncommon for carers who offer high level day and night care to 'burn out' because they are unable to unwind. You need to protect your own health and strength to be able to give it to others. Try to arrange to take regular breaks as a routine part of your schedule from the very start. This way you all become accustomed to someone else taking over your caring role on a regular basis. If you are worried about using Respite Care, think about trying it just once. If it does not work out, you can then consider other ways of doing things, but the help they offer can give you a much needed rest.

Ask a trusted friend or relative to act as a support person

You may need a shoulder to lean on while acting as a carer - ask a good friend if they will support you by listening to your

problems and offering advice. It may be a great help to talk things over with someone who is not involved.

Plan for the future

Some people find that their lives are empty when their caring role ends. A time of change may be just around the corner. Try to give some thought to what you would do if this happened. For instance, you may plan to take a long holiday, do volunteer work or move to live elsewhere.

Set limits for yourself

Some carers make the person at home the centre of their lives, devoting all their time and energy to them. This can lead to 'burn out' and exhaustion. If you feel you are moving towards breaking point, seek help at once. A social worker may be able to work through your problems or can put you in touch with other carers who have been in the same situation.

Set aside time for socialising

It is important to keep up contact with people outside the home. If you get an invitation to a dinner or party, see if you can arrange for someone to take over the caring role for those few hours.

Encourage the person you are caring for to look after themselves as much as possible. Encouraging the person you care for to look after themselves will increase their confidence and help prevent them from becoming totally dependent on you.

Learn to understand and relate to the person's needs and fears

Some people - particularly those suffering from some form of dementia - become confused and afraid and get frustrated when their carers expect them to act 'normally'. It can be very helpful for a carer to identify with and explore the details and

feelings attached to an incident in the person's mind, even when it may not have actually happened. This technique, which is called 'validation', can be very helpful in calming and reassuring disturbed people. Further information on the technique can be obtained from your doctor who can refer you to your local Geriatric Assessment Team (Geriatric Health Service).

SERVICES

Home and Community Care (HACC)

Home and Community Care is a government funded program which provides a range of support services for carers, older people and the disabled. You will be assessed and may be asked to pay a fee for some services, although you may still receive services if you are unable to pay. The organisation and availability of services varies from suburb to suburb, town to town, and you may find that not all of the following services are available in your area. HACC contact numbers are listed in the main section of the White Pages telephone book under 'Home & Community Care Program'. More information on HACC services can also be given by Community Health Centres, your doctor or the Aged Co-ordinator at your local council. Services may include:

Personal Care

Trained staff visit your home to help with personal tasks, such as dressing, bathing, feeding, etc.

Home Helpers

Home helpers assist with housework, such as cleaning, laundry and cooking.

Home Maintenance and/or Modification

Tradespeople can make repairs or small changes to the home, such as fitting handrails or mowing the lawn, to improve safety or make tasks easier.

Food

A hot, three-course lunch can be delivered to your home, five days a week, through Meals on Wheels. Some areas also provide shopping services.

Transport

If the person you care for is unable to get to the doctor or other appointments, transport services may be provided.

Respite Care

Respite care gives you the opportunity of having some time to yourself. It may be a few hours a week, or a few weeks a year. There are several types of respite care, including:

Community Respite Care

Community respite care is operated by Home and Community Care (see contact information listed above). It can provide you with shorter, more frequent breaks. The person may be cared for in your own home or in a day-care centre. You will be asked to pay a fee, but the service may still be given if you are unable to pay.

Residential Respite Care

Residential respite care can provide you with longer breaks. The person will either be cared for in a hostel or nursing home. To be accepted into a nursing home, the person must need 24-hour nursing care. Fees vary from place to place. For more information, contact your doctor.

Community Health Centres

Community Health Centres may have a physiotherapist, occupational therapist, social worker, psychologist and podiatrist on the staff. Fees are covered under Medicare. Community Health Centres are listed in the main section of the White Pages telephone book under 'C'.

Geriatric Assessment Teams (Geriatric Health Services)

A Geriatric Assessment Team is made up of doctors and therapists who can help to identify and obtain the best possible way of dealing with the situation. They can advise on, and help arrange respite care, nursing home admission and community services. To contact a Geriatric Assessment Team (Geriatric Health Service), see your doctor.

SUPPORT GROUPS

Financial Help

If you are the full-time carer of a frail elderly or disabled person who is receiving an age or invalid pension, you can claim a carer's pension. For more information, contact the Department of Social Security, listed in the Commonwealth Government section of the White Pages telephone book.

If you are caring for a person who would otherwise be in a nursing home, you can claim the Domiciliary Nursing Care Benefit. For more information, contact your doctor or the Commonwealth Department of Community Services and Health (listed in the Commonwealth Government section of the White Pages telephone book).

LOOKING AT OTHER OPTIONS

The time may come when you can no longer cope with the

demands of being a carer. Deciding that a nursing home may be able to provide better care for the person you love is difficult and painful. Feelings of relief at having someone else take over the caring role can often be mingled with guilt. Too often the decision is put off until the carer reaches breaking point. There is no 'right' or 'wrong' time to look at alternatives to home care. Every carer copes differently. If you feel ready to look at other options, it may be a good idea to contact a Geriatric Assessment Team (Geriatric Health Team). They can advise you on the best form of care available and help make arrangements. A social worker can also provide valuable advice.

Carers' Support Groups

Carers' support groups may be organised by hospitals, Community Health Centres and councils. You will be able to meet and share experiences with other carers who understand what you are going through.

Social Workers

A social worker can help you work through your problems, put you in touch with carer support groups or advise you on special courses you can take, e.g. stress management courses. You can contact a social worker through your doctor, community health centre or major hospitals.

NSW Carers Association

The NSW Carers Association provides support and information for carers. Their regular newsletters provide a wide range of supportive, helpful ideas and tips.
Tel: (02) 9299 1499 or 1800 817 023.

Alzheimer's Association

The Alzheimer's Association is a self-help organisation for relatives, friends and sufferers of Alzheimer's Disease and Related Disorders. It has a very large pool of printed and

videotaped information which can be reached through an extensive network of groups throughout NSW.

Tel: (02) 9805 0100 or 1800 639 331.

Stroke Recovery Association

The Stroke Recovery Association provides a resource and information centre containing books, videos and supportive advice. It also produces a newsletter providing useful information. The Association has 45 self-help clubs throughout the State. Tel: (02) 9550 0594.

Parkinsons NSW Inc.

Parkinsons NSW Inc. comprises 38 support groups across the State, producing information to help and encourage patients and relatives. Members also raise funds for research and for community education about the syndrome.

Tel: (02) 9736 7881 or 1800 644 189.

Motor Neurone Disease Association NSW

This Association provides support and advice for patients and carers through seminars, workshops, social activities and publications. Members also liaise with health professionals.

Tel: (02) 9743 5872.

The Brain Injury Association

The Association has a number of support groups in NSW that provide advocacy for patients as well as information, referral and advisory services. Members produce a quarterly newsletter covering their information network. Tel: (02) 9890 9032 or 1800 802 840.

Interchange Respite Care (NSW)

The Interchange Respite Care (NSW) group provides co-ordination, support and education services for 101 community based respite care programs for people with disabilities across NSW. For further information on contact names and addresses, phone (02) 9369 3245.

Gentle Exercise

Gentle home exercise takes on a very important role in our senior years. It helps us to stay active and mobile, and to maintain our independence in our own homes. Those of us who are confined to a wheelchair or who can't move about very easily, can still exercise. Many home exercises can be done safely while sitting. Just ten minutes of gentle home exercise each day, as given in this booklet, will bring rewards. Over time, tasks will become easier and we will become much more confident of our abilities.

SPECIAL EXERCISE PROGRAMS

A physiotherapist can develop a special home exercise program to suit your needs. This is helpful if you have trouble walking, climbing stairs or bending, for instance. For more information see a physiotherapist.

The benefits of exercise

Home exercises, done regularly over time, are designed to:

- improve movement in joints and generally reduce aches and pains;
- increase body strength, which improves balance and co-ordination;
- improve our ability to perform tasks;
- provide us with a sounder night's sleep;
- provide a feeling of well-being and achievement.

Before you start

The home exercises given in this booklet are quite safe to start any time.

However, it is advisable to consult your doctor before starting, if you have a health problem or are recovering from a recent problem, or if you plan to increase the level of your exercise program.

Exercise in an area which has good lighting, room to move and plenty of fresh air. Choose clothes that are comfortably loose, and sensible, low-heeled shoes.

When to exercise

Exercise when you are least stiff and least tired. After a bath or shower in the morning may be a good time, because the warm water helps to reduce stiffness.

When not to exercise

It is unwise to exercise:

- immediately after meals or alcohol;
- if you are feeling ill, tired or are in pain;
- shortly before going to bed;
- if it is very hot or humid.

Don't over do it

Stop exercising if you are in pain, short of breath, feeling dizzy or light-headed or having chest palpitations. If you suffer from arthritis, a mix of rest and exercise is best.

If joints are inflamed, you need to rest. If a certain movement causes a joint to ache, then it is advisable to stop that movement.

Home exercises

It is recommended that you exercise for at least 10 minutes a day. Aim to repeat each exercise four times. You may like to do all the exercises, or choose a new mix each day. There may be a little discomfort as the body adjusts to new movements, but this should settle.

SIMPLE CHAIR EXERCISES

Shoulders and Chest — improves breathing

Sit with both feet on the floor and arms by your sides. While taking a deep breath in through the nose, raise your arms from your sides towards the ceiling. Lower arms while breathing out through the mouth.

Elbows and Hands — helps arthritis of the hands

Place both hands in your lap. Bring both hands to your shoulders, curling fingers to make a fist. Then straighten out your arms, stretching your fingers.

Legs — improves strength; good for arthritis of the knees

Place both feet on the floor. Gently raise right leg and straighten knee. Lower leg. Repeat with left leg.

Knees — improves movement; good for arthritis of the knees

Place both feet on the floor. Gently take right foot forward and take left foot back, so it is under the chair. Return to starting position. Repeat, taking the left leg forward this time.

Ankles — helps circulation

Raise right knee, with both hands under your right thigh for support. Circle ankle in one direction and then the other, then move foot up and down. Lower leg. Repeat with left leg.

CHAIR-ASSISTED EXERCISES

Shoulders — improves movement

Face back of chair, with right hand on chair. Bend forward from your waist, keeping knees slightly bent (relaxed). Drop left arm down and circle gently, then swing arm from side to side gently. Repeat with left hand on chair and using right arm.

Knees and Hips — improves movement

Face back of chair, placing both hands on chair. Raise right knee up towards chest and lower. Repeat with left knee.

Hips — improves movement

Face back of chair, placing both hands on chair. Legs a comfortable distance apart. Take body weight onto right side, bending right knee. Return body to centre. Repeat to left side.

Hips — improves strength

Turn sideways to back of chair, left hand on chair. Lift right leg out to the side, keeping knee straight. Lower. Repeat with left leg.

Ankles — improves walking and balance

Face back of chair, placing both hands on chair. Place right leg forward, bending right knee. Take body weight forward onto right leg, keeping left leg back, knee straight, heel down. Repeat other side.

BED EXERCISES

These exercises can be done lying down on the bed or on the floor, with a pillow under your head. They are both good for back movement and early-morning stiffness.

Knee roll

Pull your legs up so your knees are bent, keeping your head and shoulders down. Slowly roll your knees to one side, then to the other side, in a gentle, rocking motion.

Single leg stretch

Pull your legs up so your knees are bent feet on bed. Slowly and gently pull your right knee up towards your chest. Lower. Repeat with the left leg.

* *Safe Use of Medicines*

As we grow older, many of us will be taking medicine to treat or control a condition. Used carefully, medicines are of great benefit and can help you enjoy life.

However, medicines are powerful and, if not used wisely, can cause harm. Unwise use of medicines may cause more problems than not being treated at all.

It is important to be fully informed about the medicines you are taking. After all, it is your body and you should know what is going into it!

EFFECTS OF AGEING

As we get older, our kidneys become less efficient in removing wastes, and organs become more sensitive to medicine.

Generally, our bodies cannot handle medicines as well as younger adults' bodies can. This is why older people tend to be given lower, and less frequent, doses.

VISITING THE DOCTOR

A visit to the doctor can sometimes be over so quickly that you can walk away without really knowing what is wrong with you or when to take your medicine! For instance, your doctor may have told you to take your medicine three times a day, but is that over a 24-hour period or during waking hours?

Don't be afraid to ask questions — take a list along if that helps.

You might like to ask:

What is wrong with me?’

How long will the problem last?’

What’s the name of the medicine?’

What’s the dose, how often should I take it and at what times?’

Do I have to take it for the rest of my life?’

What side effects should worry me?’

Your pharmacist can tell you what you should do if you miss a dose, or what special precautions you should take while using the medication.

Take a pen and paper and jot down the answers.

It is a good idea to show your doctor a list of all the medicines you are on, especially if he/she is not your regular doctor.

Make a note of both the brand name (e.g. Panadol) and the chemical name (e.g. paracetamol) from the label. Or, if it is easier, take the medicines in with you. This will help to ensure that you are not prescribed a similar medicine.

Visiting the Pharmacist

Ask the pharmacist to write what the medicine is for on the label (e.g. heart tablets, sleeping tablets etc.). If you have trouble with your eyesight, you can ask the pharmacist to type the label in big print.

When the pharmacist hands you your medicine, make sure you understand the directions on the label before you leave. If you don't, ask the pharmacist to explain them to you.

Some medicines need to be taken before meals, because if they are taken with meals, they may combine with food in the stomach and not be as effective as they should be. Others should be taken after food to prevent them irritating the stomach.

Also check you can open the container. If you have arthritis, you can ask for a top that is easy to remove.

If, when you get home, you are unsure about the directions, ring your doctor or the pharmacist — the telephone number is on the medicine label.

Taking your medicine

Take your medicine while sitting or standing. This will help it get through to your stomach. If you take tablets or capsules, swallow them with a full glass of water. This will help prevent them ‘sticking in your throat’ and causing tissue damage, and also help them to dissolve in your stomach.

Side effects

Medicines affect different people in different ways. If a medicine makes you feel sick in the stomach, or gives you a rash, headache or any other little upset, wait for a day. If you are still being affected after this time you may need to stop taking the drug. Ring your doctor and ask for advice. The medicine may not agree with you.

Taking many medicines

As we grow older we often need more medicines than we did when we were younger and the risk of having unpleasant side effects increases as we take more medicines. This is another reason for your doctor and pharmacist to be fully aware of all the medicines you are on.

If you are taking the same medicine for a long period, ask your doctor to review everything you are taking at least once a year.

Remembering

If you take a number of medicines at different times, it is easy to forget to take them. You may even find that you can't remember whether you have taken them or not!

There are a number of systems you can use that might be helpful. Some pharmacies will prepare your pills into special weekly packs.

Ask your pharmacist whether this service is available.

Over-the-Counter Medicines

Over-the-counter medicines are those you buy at the pharmacy or supermarket without a prescription from a doctor. For example, you may want to buy something for a cold.

It is better to buy these medicines from a pharmacy rather than a supermarket, because the pharmacist can advise you which will be best to go with your regular medicine.

If you have trouble reading the directions on the over-the-counter medicines, ask your pharmacist to write large-print instructions out for you. A magnifying glass can also be helpful.

“Borrowing “ Medicines

Never use other people's prescribed medicines, even if they appear to have the same problem. The medicine and the dose may be totally wrong for you. One man's medicine can be another man's poison!

Old Medicines

You should clean out your medicine cabinet every two years. Never use medicines that are no longer 'in life' - check the expiry date before use. Many medicines, especially antibiotics, liquid medicines, chest pain tablets, ear and eye drops have a shorter life once the container is opened.

You may be hesitant about throwing away medicines you have

paid good money for. However, medicines that are no longer 'in life' will not be effective in treating your condition and, in fact, can be dangerous.

Dispose of old medicines wisely, remembering that children or animals may get to them. You may be able to return old medicines to your pharmacist for safe disposal. Ring and check.

Storage

Medicines need to be stored in a cool dark place away from the light and out of reach of children (e.g. high up in the linen cupboard). If children are coming to visit, check each room to make sure that you have not left your medicines out on a table.

Don't store medicines in the bathroom - it is too humid. Keep medicines in their original, labelled containers. Please check the shelf-life or expiry date with your pharmacist.

Some medicines need to be stored in the refrigerator, but it will always say so on the container.

Managing Pain

Most of us have bouts of pain at different stages. They may be caused by an injury, an operation or disease and the pain may come and go very quickly or it may stay with us for a long time.

Persistent pain can take a lot of the ‘zing’ out of our lives. It can affect what we do, where we go and how we feel. It may make us feel depressed, as if we haven’t got the energy to do things anymore.

Learning about our pain — its cause, treatment options and ways of coping — can help us push ahead with our lives.

TYPES OF PAIN

There are three types of pain:

Acute

Acute pain usually has an obvious cause and can be easily treated. It may occur with injury, disease or after surgery. Treatment is usually given by your own doctor or a specialist. Pain killers, including strong ones for a short time, and other therapies may be used. If the pain does not go away within the normal healing time (about three months), then it is called chronic pain.

Chronic

Chronic pain is persistent. It may have no obvious cause and is often difficult to treat. Pain killers and other therapies may be recommended, but these may not get rid of your pain completely.

Cancer

Pain from cancer may be mild or severe, or you may get none at all. For some people with cancer, the pain may actually be caused by another condition, such as arthritis. In most cases, cancer pain can be relieved with pain killers and other therapies.

Where to go

Pain is a sign that something is not quite right and deserves to be checked out. Your own doctor is the best person to see in the first instance. He or she may:

- give you pain killers and other therapies;
- refer you to a specialist for further tests and treatment;
- refer you to a pain clinic.

Pain Clinics

Pain clinics are mainly for people who have cancer or chronic pain. A referral from your doctor is needed.

The clinic is staffed by specialists and therapists who will try to find all the causes of your pain. They will then offer you therapies for relief and help you find ways of reducing the effects pain is having on your life.

When the clinic staff have helped you as much as they can, you will be discharged and ongoing care will be provided by your own doctor.

PAIN RELIEF

A number of therapies may be used to help control pain. These include:

Medication

Pain killers and other medication may be used. Long-term use of pain killers needs to be carefully monitored by a doctor.

If you have arthritis, it is best to take pain killers before you start an activity that may bring on pain. You may also be given pills to reduce inflammation. If these do not work, see your doctor.

Using sedatives and tranquillisers is not encouraged.

Relaxation therapy

Muscle tension and anxious thoughts may make your pain worse. Relaxation therapy teaches you how to calm yourself through deep breathing, gentle exercises and tranquil thoughts. Listening to relaxation tapes may be helpful.

Education and counselling

It may be suggested that you attend a pain management program. These programs look at the effects pain has on your feelings, moods and relationships. They teach you about your pain so that you can cope better, be more independent and get more out of life. There are special education programs for those with arthritis.

Physiotherapy

Physiotherapy may be helpful where joints have become stiff and muscles have weakened. It aims at improving joint movement and the working of the muscles.

Thermal treatments

Thermal treatments, such as hot packs or heat lamps, may offer relief, especially from back pain and arthritis.

Hydrotherapy

Hydrotherapy is gentle exercise done in a heated pool. It allows you to improve your movement while being supported by water. There is no jarring or straining of joints or muscles. The warm water can soothe and help reduce stiffness and joint pain.

Occupational therapy

If you feel pain with a particular task, such as dressing, cooking, washing, shopping, going to the toilet etc., occupational therapy may help. The occupational therapist may suggest a different way of doing the task, or recommend changes to the home or special equipment to assist you.

TENS machine

A TENS machine is a battery-operated device for pain relief. It is about the size of a portable transistor radio. Electrodes are taped onto the skin near the painful area. You will feel a tingling sense of vibration. Some people find it effective in blocking out pain, especially from arthritis. Although it is not a permanent cure for pain, it may allow you a pain-free period which is great for your morale.

Alternative therapies

Alternative therapies include acupuncture, chiropractic, homoeopathy, naturopathy, osteopathy and self-hypnosis. They aim to promote the body's own healing capacity. Some people find them helpful, while others find them of no value. It is recommended you consult your doctor before using one of these therapies.

Self-help therapies

Gentle, regular exercise is one of the best ways you can help yourself. It can relieve many aches and pains and assist with movement, balance and flexibility. Ask your doctor or a physiotherapist about a suitable exercise program for you.

Plan your week so it includes activities you enjoy and can look forward to. You may arrange a visit with friends or relatives, do volunteer work (at a hospital or charity) or take up a hobby (art or craft). The pleasure of these activities can often override pain.

WILL YOUR PAIN BE CURED?

Whatever the treatment, it is unlikely it will get rid of all your pain forever. You may need to learn to accept that there will always be some pain.

The aim of most treatments is to improve our control over pain and help us get on with living our lives to the full.

* *Care of the feet*

Most people take their feet for granted until something goes wrong. Yet your feet play a vital role in the activities of day-to-day life. They deserve your care.

Your feet may hurt because they've been injured in one of two ways: directly or by aggravation of a fault in the foot.

DIRECT INJURY

Direct accidental injury is the most obvious kind. This may be caused by stubbing your toe or dropping an object on your foot.

One of the commonest causes of damage to feet in home life is the lawnmower. Wear strong boots when mowing, push rather than pull the mower towards you, and be particularly careful on slopes and slippery grass. If safety boots are appropriate for your work, don't neglect to wear them.

FAULTS IN THE FEET

Feet are designed to take the full weight of the body. They are flexible enough to spread the weight over the whole foot when you walk on a wide variety of surfaces. And they are padded in the places that take the weight.

Abnormalities in the way the feet carry our weight can arise from even a slight variation in the shape of the feet, or a minor peculiarity of gait. Over the years the feet will change to compensate for these abnormalities.

Eventually these changes may lead to painful symptoms from strain in the joints or from the skin's inability to take the pressure. Many foot problems come from this cause.

The daily activities of modern life make painful symptoms much more likely. Most of us spend almost all our time on flat, unyielding surfaces which place stress on the foot.

The kinds of foot covering - styles of shoes, socks, pantyhose - that are socially acceptable can also cause stress. This stress exaggerates any weaknesses already there, and problems arise much sooner.

If your feet have stiff joints from earlier injury or from neglect of proper exercise, they are also vulnerable to this kind of problem.

SPECIAL CASES

People who suffer from diabetes, diseases affecting circulation in the feet, rheumatism or arthritis need to take special care of feet and toe-nails. In the first two cases, the risk of infection is greater, particularly if there are minor cuts and bruises.

Sometimes these conditions affect the ability to feel, so you're not even aware that one of your feet has been injured. In such cases it is vital to inspect your feet daily and not to attempt treating any foot problem at home.

PROFESSIONAL HELP

If your feet need expert care, the person to consult is either your doctor or a registered podiatrist. Podiatrists, who used to be called chiropodists (and sometimes still are) are a group of people trained to care for feet and recognise mechanical faults.

They can design corrective devices to help the feet overcome the faults. They work as part of a general healthcare team. They may recognise a foot problem as a sign of some more general disorder.

COMMON FOOT PROBLEMS

CORNS AND CALLUSES are lumps or outgrowths of horny skin on the soles of the feet or on the tops or sides of the toes. They develop when one part of the foot has to carry too much weight because of a fault in how it functions, or when inappropriate shoes put pressure on a particular spot over a long period.

Don't treat such problems yourself without first seeking professional advice and trying to identify the origin of the symptoms. Otherwise they may keep recurring, and may worsen over a period of time.

INGROWN NAILS is a condition where the side of the nail penetrates the flesh, which may become infected. Often, debris builds up in the nail groove and causes swelling, heat, redness or pain.

The best way to avoid such problems is to make sure nails are cut straight across, level with the ends of toes. Avoid cramming feet into shoes or pantyhose that are too tight. Don't cut away the sides of toe-nails, and don't risk infection by treating painful toe-nails yourself.

A **BUNION** is a painful swelling of the joint of the big toes. It may occur when the big toe turns inwards over a long period, sometimes to compensate for a fault that has been aggravated by pressure on the big toe joint.

The tendency to develop bunions seems to be hereditary. So if a parent has bunions, it is a good idea for the child to have his or her feet assessed. If necessary, a corrective device can be devised before it is too late.

If you have a swelling or recurring pain in the joint of the big toe, seek professional advice. If a bunion is forming it may be possible to prevent it.

Once a bunion has developed beyond the point where it can be prevented, a podiatrist may design special shoes to fit the foot and reduce painful symptoms.

An orthopaedic surgeon may advise you to have an operation. This can make your foot look more presentable and fit into an ordinary shoe.

“ATHLETE’S FOOT” AND OTHER FUNGAL INFECTIONS

These infections may be just itchy, whitish skin between the toes, or they may become very severe with soggy white skin which easily rubs off, leaving cracks and raw surfaces.

Such infections need a small, even invisible break in the skin’s surface to take hold, and they thrive in a moist environment. Hence the importance of drying carefully between and under your toes.

Vinyl shoes can complicate fungal infections. Wear shoes with air vents if you are prone to these problems.

If you have one of these infections in an early stage, keep it clean and dry. If it continues to be a problem, consult your doctor.

PLANTAR WARTS are warts on the sole of the foot and are often very painful. They are caused by a virus and need professional treatment.

SORE FEET. Feet often get sore or weak from too much use. If you stand up for hours or walk for a long stretch in badly fitting or unsuitable shoes, your feet may swell.

They'll go down again if you take the shoes off, lie down and prop your feet up on a pillow.

Troublesome feet may also be a sign that something is wrong with another part of the body. Diseases of the heart or kidneys can make your feet swell.

If you have any concerns, see your doctor.

DAILY CARE

Wash your feet every day, and dry them carefully, especially between your toes. Take the extra 60 seconds. Use a thin towel, as thick bath towels may do more harm to soft skin between the toes.

In Australia, because we swim, shower and bathe so much, it may be worth using some moisturising lotion on the feet after washing and drying them.

Cut toe-nails straight across, and only to the tip of your toes. Don't gouge around the side of the nail for debris, and don't cut away corners. This allows the nail to grow into the side of the toes, so that you run the risk of infection.

Change socks or stockings every day. Avoid tight-fitting synthetics. Cotton, woollen or silk socks are better than nylon. If you wear pantyhose, leave a half-inch of stocking beyond the end of your toes.

Wear shoes that help your feet perform well, by providing:

- enough room for the toes to move - this means shoes or boots wide enough and high enough at the toes (but remember that loose shoes cause as many problems as tight ones)
- support at the ankle joints
- heels that are not too high

If your shoes have synthetic uppers, choose a style with air vents - or even punch some holes in the uppers, near where they join the sole.

People who jog or dance, or do anything that puts strain on the feet, need to pay special attention to their footwear. Incorrect shoes can make jogging or dancing a nightmare for your feet.

There are some simple exercises that can be done to keep the feet mobile and to prevent the shape sagging as the years go by. Walking on sand, grass or other uneven surfaces, preferably in bare feet, is the simplest.

For more formal, regular exercise, try drawing the toes up whilst not allowing the middle joints of the toes to bend. Try it on your fingers first.

When you know what to do and can control the toes, do it firmly and hold the effort while you count to five. Relax and repeat the exercise.

Keep it up for five minutes. Soon it will become almost automatic. All you have to do is to remember to do it. How about doing it whenever you clean your teeth?

This is an appliance you can make yourself or have a handyman make for you. It is a piece of ply about one centimetre thick and measuring 30cm wide by 40cm long.

Across the middle, glue and screw a long, thin piece of wood (25cm long x 5cm wide x 6.5cm high), so that you have made a see-saw. Now stand on the board and practise see-sawing. Don't fall off. Do it from side to side and then front to back.

When you have confidence, don't let the edges of the board touch the floor when you bend it down, but balance in that position for a few seconds before you go the other way.

IF YOU NEED PROFESSIONAL HELP

See your doctor or a podiatrist (chiropodist). Limited facilities for free podiatric services are available. Enquire at your nearest Community Health Centre or local Area Health Service for further information.

You can find out about chiropodists/podiatrists near you by ringing the Australian Podiatry Association on (02) 9698 3751. Or look up Chiropodists/Podiatrists in the Yellow Pages.

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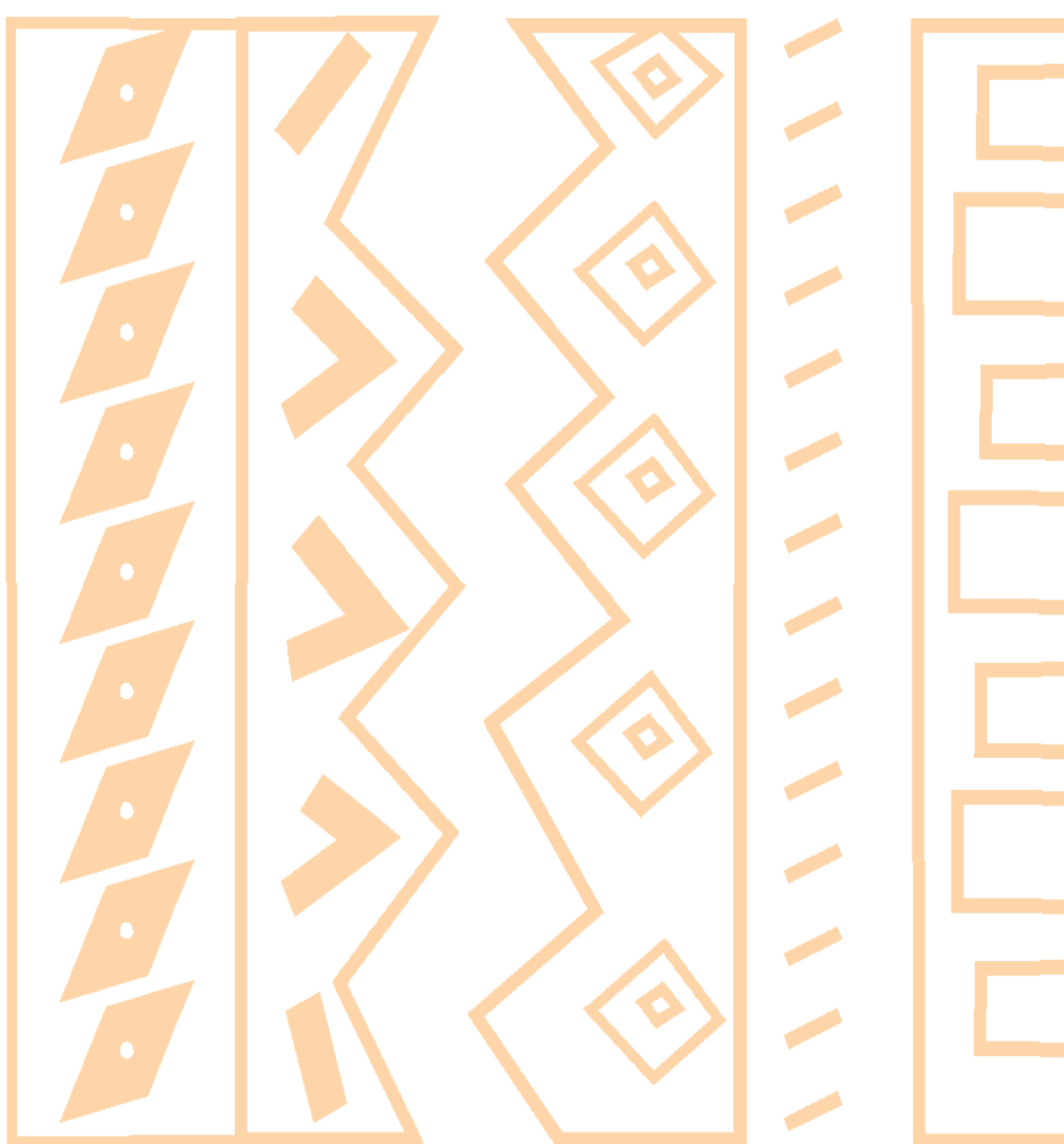
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