Senior Living

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Raising Grandchildren

In 2021, the Census showed there were an estimated 6.7 million grandparents living with a grandchild under 18, with more than 2 million grandparents responsible for that child's basic care.

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On its own, it's a complicated enough situation. But usually, that's in response to an even more complicating factor, such as divorce, death or a family crisis.

LEGAL AND FINANCIAL RESPONSIBILITIES

Grandparents can have legal difficulties in getting custody or guardianship of the child, which is necessary to enroll children in school and access medical care, among other things. Grandparents are often on fixed incomes and can face financial difficulties when it comes to raising children again. Organizations such as Grandfamilies.org and the AARP may be able to help grandparents facing difficulties raising their grandchildren.

DIFFICULTIES FOR GRANDCHILDREN

Children raised by grandparents can often display developmental, physical, behavioral, academic and emotional difficulties, the American Association for Marriage and Family Therapy says. That includes traditional illnesses such as depression and anxiety, learning disabilities and aggression in addition to feelings of anger, rejection and guilt resulting from the circumstances that led to the change in guardianship. The association says family therapy can help both sides cope with their feelings, resolve problems and improve relationships.

SUPPORTING FAMILIES

The AAMFT says grandparents raising grandchildren should have a solid support system. Look for community groups, churches, school groups and other organizations that can offer help for grandparents, parents and children. The child's social worker or the school guidance counselor are both great places to start the search.

There are lots of benefits to grandparents raising grandchildren, AAMFT says. Grandparents may see this as a chance to parent again and derive satisfaction from having a close relationship with their grandchildren as they grow and develop. It may give some grandparents a sense of joy and purpose. For grandchildren, being raised by grandparents may offer them more of a sense of safety and stability. They may have more opportunity for family relationships and gain more of a sense of cultural identity and community than they would have with their parents.

Relationships with Adult Children

Every generation experiences changes in world view, but global events such as the COVID-19 pandemic and domestic and international politics are more polarizing than ever, leading to rifts among older parents and their adult children.

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Here are a few ways to improve those relationships before communication shuts down.

RE-EVALUATE YOUR ROLE

Being a parent when your child is, well, a child, is a natural role. Friction happens, however, when parents fail to acknowledge that their children have become adults. As children grow up, parents should gradually shift to a more adult communication pattern instead of a parent-to-child communication pattern. Be aware of word choice, tone and the role assumed when communicating.

COMMUNICATE ABOUT COMMUNICATING

Talking about communication can help establish that adult-to-adult pattern. Talk to your children about your ability to communicate and listen without judging. Take responsibility for your own thoughts and feelings. Try using statements such as, "I feel frustrated," or "I feel overwhelmed" to help frame the conversation.

BE RESPECTFUL, EVEN WHEN IT'S TOUGH

Don't allow anyone to cross the line into disrespect, hostility or condescension, least of all yourself. Make a consistent effort to show adult children respect and model the relationship you'd like to have. When someone crosses a line, try setting a healthy boundary by disengaging and stating firmly, "Please don't talk to me that way." It may take some time; hold the line and be patient.

AVOIDING CONFLICT

Mental health experts say there are five ways to resolve conflict. Avoidance is where you choose not to address a challenge or conflict and it's rarely productive. Over time, avoidance can lead to resentment and other negative feelings that can make the issue larger than it would've been.

Competition is where both sides in a conflict adopt a win/lose mindset. It then becomes very difficult to reach an outcome both sides will be happy with. Compromise is appropriate in some situations, Orange County Health Psychologists say, but it's not the healthiest form of resolution. Both sides have to give up something they want to overcome the larger issue.

Accommodation is similar to compromise, but it usually leads to solutions more in favor of one side than the other. Use this form of conflict resolution with care. Collaboration is the last and healthiest way to resolve conflict, experts say, and it begins with defining a common goal or objective. If both sides can agree on a goal, solutions will eventually become clear.

Managing Diabetes in Seniors

More than 38 million Americans, or about 11% of the population, have diabetes, and more than 29% of Americans over the age of 65 are diabetic.

There are two types of diabetes in older adults, type 1 and type 2. Type 1 diabetics make little or no insulin. It's a condition more common in children and young adults, but some older adults can develop the disease, too. Type 2 diabetes happens when the body's cells don't use insulin properly. It's most common in middle-aged and older adults, but can also affect children.

RISK FACTORS

Chances of type 2 diabetes are higher with a family history of diabetes; if you are overweight; have a history of gestational diabetes; or are African-American, Native American, Asian-American, Hispanic or Latino, or Pacific Islander.

SYMPTOMS OF DIABETES

Symptoms of diabetes include:

- Feeling tired.
- Increased hunger or thirst.
- Losing weight without trying.
- Urinating often.
- Numbness or tingling in hands or feet.
- Blurred vision.
- Skin infections.
- Slow healing from cuts and bruises.

STAYING HEALTHY WITH DIABETES

Diabetes can be managed with lifestyle changes and medication such as pills or insulin injections. Patients should track their glucose levels and keep an eye out for very high or very low blood glucose levels. Blood glucose is affected by the food you eat, so make healthy food choices when you can. Get plenty of exercise, which can also improve glucose levels, and take medicines as prescribed, even if you feel good.

People with type 2 diabetes may be at greater risk for cancer, depression and dementia. Patients should manage their blood pressure carefully as high blood pressure can increase the risk for heart diseases and damage the eyes and kidneys. Cholesterol should be carefully managed and patients should stop smoking.

Eye and kidney health are both important for diabetics, so have them checked regularly to ensure they're working their best. Have all recommended vaccines regularly and take extra care with teeth, gums and skin. It's important to maintain good foot health. Keep feet clean by washing them and wearing shoes and socks at all times. Look for injuries on the feet and see a health care provider as soon as you can.

Managing Multiple Prescriptions

Older people may have to take multiple medications at several different times of the day.

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It can be easy for patients to take too high or low of a dose, take medications when they don't need them, not take medication as directed, or take drugs that interact poorly with one another. People with four or more medications are at higher risk for medication-related problems, the Mayo Clinic says, such as falls.

Adult children or caregivers can assist seniors in managing their medications, Mayo says, and it offers these tips to help keep everything straight. These trusted friends or family members must have access to the patient's medical records. This will allow someone to help in case something goes wrong.

BE INFORMED ABOUT MEDICATIONS

Get the patient's medication list directly from their primary care providers. Compare the lists to the containers in their home. Talk the patient through each medication so everyone knows how and why it is taken.

Certain medications may require special monitoring, such as those used to control pain, anxiety, mood and sleep. Blood pressure and diabetes medications can be problematic if used improperly or not adjusted appropriately as conditions change.

TALK TO THE PHARMACY

Many pharmacies offer individual dose packaging options, Mayo says, and that can help patients better manage daily medications. It offers an easy way for friends and family to make sure doses haven't been missed. If your pharmacy doesn't have this service, consider purchasing a medication planner that stores scheduled doses of medication, often down to morning and evening doses. You can ask about medication synchronization, which allows patients to fill most medications at one time. This may help patients and caregivers keep better track of medications.

A comprehensive medication review may be in order with the patient's primary care provider. During that visit, a clinical pharmacist or other professional will review medications to ensure all the medications are right for the patient.

ASK ABOUT VITAMINS AND SUPPLEMENTS

Talk to the pharmacist or other health care provider before adding any vitamins and supplements to a patient's routine. Even though most drugs can be purchased over the counter, they may have interactions with prescribed medications.

Staying Safe Behind the Wheel

The number of motor vehicle deaths involving people over the age of 65 has increased 40% over the past decade, according to the National Safety Council.

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Based on CDC data, in 2023, older adult motor vehicle deaths included 464 non-traffic deaths; 6,408 vehicle occupant traffic deaths; 652 motorcyclist traffic deaths; 1,848 pedestrian traffic deaths; 211 bicyclist traffic deaths; and 4 other or unspecified traffic deaths.

OPEN COMMUNICATION

Even if an older person isn't experiencing problems driving, it's important to have open lines of communication, the National Highway Traffic Safety Administration says. Don't delay the talk until the person's driving has become dangerous. NHTSA says to take three steps to keep communication open. Start by collecting information on what is happening with the older driver, including driving observations. Some area agencies on aging may have resources to help evaluate safe driving for seniors.

Next, make a plan to help enhance the independence and decision-making capabilities of the older adult while also maximizing community safety. Decide whether there are places the person can continue to drive successfully and have options for when they aren't able to drive. Talk to community agencies about helping with transportation options.

Lastly, follow through on the plan, making sure the older driver is deeply involved in every step. Review the plan periodically to make sure it's still working for everyone.

ADAPTING VEHICLES

Sometimes, vehicles can be adapted to help older patients stay mobile, especially if they have a disability that would otherwise keep them from driving. Available technology includes swivel seats, hand controls for vehicle operation and more. There are agencies that can help older people pay for the adaptations they need to stay safe. The driver will need training on how to operate adaptive equipment and perhaps a few sessions with a driver rehabilitation specialist.

DRIVER ASSESSMENTS

Decisions about a person's ability to drive shouldn't be based on age alone, NHTSA says, but changes in vision, physical fitness and reflexes may cause concerns. Poor vision can lead to poor driving; older people and caregivers should be alert for signs an older driver is having more difficulty seeing, such as problems reading highway or street signs, trouble seeing lane lines or other pavement markings, and discomfort with driving at night.

Diminished strength, coordination and flexibility can result in driving issues. Look for signs an older driver has difficulty looking over their shoulder to change lanes or looking left and right at intersections; trouble moving feet from the gas pedal to the brake pedal and vice versa; falls; difficulty raising arms or pain in knees, legs or ankles.

Slower reaction times can lead to problems behind the wheel for older drivers. If an older driver seems overwhelmed by signs, signals, road markings and traffic; have difficulty judging space and gaps in traffic; often gets lost or becomes confused; are slow to see cars coming out of driveways or side streets, they may need an assessment by a professional.

Local agencies on aging can provide resources about having an older driver independently assessed for driving ability.

New Arthritis Treatments

More than half of adults aged 50-80 reported being told they have arthritis by a health care professional, the University of Michigan National Poll on Healthy Aging says.

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About a third of those report a diagnosis of osteoarthritis, which can also be called bone-on-bone or degenerative arthritis.

NEW TREATMENTS FOR OSTEOARTHRITIS

Scientists at Henry Ford Health + Michigan State University Health Sciences published about new treatments in Nature Communications earlier this year. The researchers identified a circulating microRNA, miR-126-3p, that is a mechanistic biomarker of osteoarthritis of the knee. The microRNA plays a role in reducing blood vessel formation, reducing the severity of knee osteoarthritis. It's not just a signal of the disease, scientists say, but potentially a contributor. The discovery of miR-126-3p means blood tests can be developed to detect osteoarthritis of the knee and slow or even stop progression.

A Northwestern University research team developed a new material that appears to be capable of regenerating cartilage lost to osteoarthritis. It looks like a rubbery goo, Northwestern says, and is made of hyaluronic acid and a bioactive peptide that binds to protein and is essential for cartilage growth. When injected into animals' knee joints, researchers observed evidence of repair, including the growth of new cartilage containing natural biopolymers to enable pain-free joints.

Allegro NV announced promising preclinical results for an injectable shock-absorbing gel, hydrocelin, which could potentially be a new treatment for osteoarthritis. Hydrocelin includes microparticles that act as shock absorbers, simulating the function of synovial fluid and reducing impact on joint surfaces, providing pain relief and helping to protect cartilage.

CURRENT TREATMENTS

Medications, some available over the counter, can help relieve osteoarthritis pain. Acetaminophen, nonsteroidal anti-inflammatory drugs (NSAIDs), and prescription strength duloxetine can all treat chronic pain. Physical and occupational therapies can also help, as can transcutaneous electrical nerve stimulation (TENS).

Sometimes, other procedures such as cortisone injections, realigning the bones, osteotomy operations, and even joint replacement can help relieve pain for patients and give them a better quality of life. Be aware that cortisone injections may be limited to three or four per year, the Mayo Clinic says, because it can worsen joint damage over time.

Benefits You Might Miss

Senior citizens are often living on limited means, but the AARP and other organizations are here to help. Here are some benefits older people can take advantage of.

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SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)

Formerly known as food stamps, SNAP can help senior citizens stretch their food budgets. Now usually available in an easy-to-use card, as many as 5 million older adults are missing out on more than $6 billion in SNAP assistance, the National Council on Aging says.

Other programs to look into: The Commodity Supplemental Food Program, the Seniors Farmers' Market Nutrition Program and Meals on Wheels.

MEDICAID

Medicaid can provide seniors with medical care and other services, depending on the state you live in. It covers things such as health insurance, home and community-based services, long-term care and more. Medicare Savings Programs may also be available to cover some costs related to health care.

Other programs: The Extra Help program to help pay for Medicare Part D premiums, deductibles and prescription copayments; state pharmaceutical assistance programs; and patient assistance programs from drug manufacturers.

LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

This program can help seniors with utility bills. It gives priority to seniors, people with disabilities and households with young children.

Other programs: Weatherization Assistance Program (WAP), local utility company discounts and the Lifeline phone discount program.

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP)

For unemployed adults over 55 years of age, this program provides employment and job training assistance to get older people back into the work force. Through SCSEP, participants are matched with part-time jobs and community service organizations. These often lead to full-time jobs.

Other programs: Supplemental Security Income (SSI), Tax Counseling for the Elderly, Legal Aid for the Elderly and property tax relief.

PUBLIC TRANSPORTATION

Every community has its own transportation resources available for older adults. Contact organizations such as your local agency on aging or the 211 service to find public transportation options. The National Aging and Disability Transportation Center is a technical assistance center that promotes the availability and accessibility of transportation options for seniors, people with disabilities and caregivers. Call them at 866-983-3222 or nadtc.org.