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A Journey Toward Well-Being and Avoiding the Unexpected Reflections on aging

The journey in the aging population is often difficult, but the goal is well-being in the aging process. Most importantly is to plan ahead by trying to avoid the unexpected. General considerations are always good communication with your family and with others including friends and your advisors. General requirements are a will, advanced care directives and a trust. Letters of intent, letters of direction, letter of instruction (i.e. funeral arrangements, financial and personal affairs or personal effects) and videos concerning other diseases, concerns, objectives and details not in the trust (check with your lawyer) may be stated if mental capacity is present and witnessed by several uninterested people.

In the desire to have well-being, it is important to avoid, if possible, any medical diseases and if diseases are present, aggressively treat them with good care, patients' and families knowledge, understanding and patients' participation for achieving quality of life and best activities of daily living. To avoid diseases, an early lifestyle of regular exercise of five days a week, 60 to 80% maximum heart rate for an hour a day is ideal. Got new exercise app for your phone. This has been shown to delay progression of chronic disease, especially neurodegenerative disease. The second important avoidance is weight gain. If there is obesity, weight loss should be aggressively attempted along with diet control and exercise. Mental activity is key to maintaining a sharp and active mind and it should involve concentration on developing remote memory, recent memory, and participating in processing and sequencing. Yoga, dancing, singing and other activities have been shown to be of benefit along with reading and recall of reading activities. All of these must be done on an ongoing basis. Make it a lifestyle. The average male lifespan is 76 years and female is 81 years.

If there is a chronic or active medical disease (DAT, PD, diabetes, heart disease, vascular disease or cancer), consider attention to it early. Have an appropriate understanding and gain as much knowledge about the disease as possible. Get involved in appropriate support groups and education in classes. If needed, get a second opinion. In patients who have disease, they should maintain an ideal body weight and continue to do exercises as much as possible. There should be no smoking (reduces life expectancy by 10 years) and probably no drinking at all, or if drinking is present, limit to one drink a day. Also, good sleep patterns should be maintained and a workup for snoring or possible obstructive sleep apnea (if present, increases incidence of stroke, MI's and chronic diseases) should be carried out. Significant intake of water (eight glasses of water a day) should be maintained unless there is medical contraindication. Also, devise ways to reduce emotional stress (with spouse, children and their problems, step children and work) and if it is impairing mentally or socially, get counseling. If possible, put stress rumination and other detrimental thought patterns aside (easy to say, hard to do). A key factor is knowledge, understanding, family and spouse support and ongoing, recurrent analysis of your state of health and where you are in your healthcare format. Update your documents regularly. Document signer's current mental capacity. Being able to forget the past grievances, difficult experiences, forgiving others (turn the page and "forget it") is a sign of maturity, wisdom and a quiet mind. Meditation and/or praying does wonders.

A major question for everyone is; what places will you consider spending in a compromised lifestyle as an elderly person. There are four areas of residence where this journey can be taken. Home, independent living in a complex, an assisted living arrangement or a skilled facility. All of the above have individual considerations. For the home stay, it must be determined if private caregivers are needed or whether there is care companies that are used or combination of both. Each has its benefits and its distractions. Independent

living is possible for many with possible migration into an assisted-living pattern. Assisted-living pattern care is divided usually into the level of care and the place, such as private assisted-living companies, foundations, VA housing or other long-term medical opportunities. A skilled nursing facility is usually a corporation or a foundation and it can be with private added care or without private added care. Major considerations for the places to spend your aging years have several important factors:

1. Distance from spouse, children or family.
2. Effort and time that the children will have for involvement. Need to recognize boundaries of each player, privacy, intrusion, bullying, destructive behavior patterns (prior or presently with diagnosed known diseases) and factors of greed, money, power and control and potential of abuse.
3. Knowledge of the workings of caregivers and the caregiver companies.
4. Much of the decision will depend upon: 1) health of the patient and family, the reliability and health of the spouse, the time and effort that would be able to be put into the care and the emotional support that would be present, 2) economic capacity and 3) desire and capacity of the patient and/or caregiver (spouse, children, step children or relatives). Often changes to the site of care will need to be made depending on situational changes, economic capacity and health and capacity of the patient, family or spouse. Is there long term care insurance? Will economic regression be a factor for the children and their ability to help financially or emotionally and their concerns about inheritance?

Aging patients can get evaluations for making the above decisions by:

1. Caregiver companies.
2. Social service in hospitals or case managers or case managers from privately managed companies.
3. Family advisors, family or estate lawyers, accountants and financial advisors can help with suggestions. If conflicts are present in any of the people involved and if there are complicated behavioral and decision making issues and complex financial issues, it is often wise to have a lawyer involved early. Always be alert for abuse in any setting and abuse can be emotional, physical or sexual.
4. People need situational awareness and need to act on it and communicate with all involved (there may be major barriers). In out of control situations, especially in the home, call for free county social service evaluation to avoid or protect from emotional, physical or sexual abuse.

Considerations for Understanding the Aging Journey

First, learn from others. Use an opportunity to learn vicariously. Listen to other stories, get involved with good professional reliable advisors and update and change your documents as needed and periodically. This must be done prior to loss of cognitive ability and mental competency. When learning from others, there are certain considerations that must be taken:

1. What was real and not real in their story?
2. Factors that influence their journey.
 1. What was their preparation of their documents and were wishes known? Was this carefully done or was it incomplete? You must detail your wishes. Notary or no notary? Document signer's current mental capacity.
 2. Who are those involved, (a) spouses, (b) children, (c) lawyers, (d) relatives and (e) institutions?
3. What were the unexpected events that played a role? Were there economic losses for the aging parent or the children (what role are the spouses of the children playing). Were there illnesses in one or more of the spouses or children? Was there a person involved with a dual diagnosis with or without medication, and especially for children, with addiction, with a present or past issue (insist on AA meetings and a sponsor)? Was there an influence on the event because of the persons' capacity, the spouse's capacity or the children's capacity?

Second, there are often several scenarios that cause difficulty in the aging process. It is not always clear as to how and when and what decisions should be made. A few of the following scenarios may take place.

1. Mother and father are healthy and financially covered. They age without major chronic illness or loss of mental capacity. Their children are economically sound, healthy and stable, there are no outliers, and everyone knows the preferred plans including small details.
2. One spouse becomes ill and loses capacity, then the other one becomes ill or weakened with disease and/or loss of memory and the children find that they, as children, have different needs (maybe influenced by their spouses). The children's concepts and desires become at variance with their parents and specifics as to exactly how their parents care should be given are not detailed. This usually falls into where, when, why, and how is it going to be paid for, how long will the care be needed and what will be left as far as inheritance.
3. A second marriage takes place. One of the spouses has a loss a capacity or dies. There is a trust that is somewhat vague and stepchildren have different concepts of how the trust interacts with the healthy spouses' decision making process, economic aspects, and control of care as to place and level and how much and to what level and degree the children have control. It always is about past emotional baggage, power, control, ego and money. Often there is a concern of inheritance or economic support that the stepchildren are or will get. Unexpected added influence is from a stepchild's spouse or a major economic downturn (economic regression) can affect not only the impaired spouse, but also the children and their inheritance. There may be attempts by children or step children to deplete, use or steal from the estate for their own use.
4. Ill parents or some incapacity of the parents who have an only child or several children that developed medical illnesses that affect their capacity or who develop addictions or diseases or medical illness that affect the children and this is an influence on the ability for capacity of care to the parents. Must always have concern for occurrences of abuse, usually financial, but concern for emotional, physical or sexual abuse is always present. If concerns are real, notify the county social service department.
5. Prior indiscretions come to light and result in spouse abandonment (emotional, financial or distance) by one of the spouses.
6. Outside influences (caregivers or "friends") become significant and change the where, how and why of the care to the compromised parent. Often, this involves abuse, usually financial, but may also be emotional, physical or sexual. May possibly be a need for video monitoring in some situations.

Avoiding the Unexpected in Aging, Inheritance, Life's Journey and Maintaining Well Being

Purpose and overview

Bullet Points

- Brain storm or trial runs of your journey
- Health of all involved
- Economic capacity
- Situational awareness
- Economic regression
- Needs of all concerned
- Watch for Dual Diagnosis and addiction
- Communication (may be difficult)

1. Disease-

- a. Alzheimer's Disease
- b. Parkinson's Disease
- c. ALS
- d. Diabetes, hypertension, stroke, renal (obesity), cancer

2. Decisions and Directions

- a. Will, advanced healthcare directives, trust, letter of intent, letter of direction, letter of instruction
- b. Home, Independent living, assisted living, skilled facility

3. Unexpected disasters (Scenarios and Examples)

- a. Everyone is healthy
- b. One spouse is impaired
- c. Second marriage
- d. Both compromised
- e. Prior indiscretions
- f. Outside influences