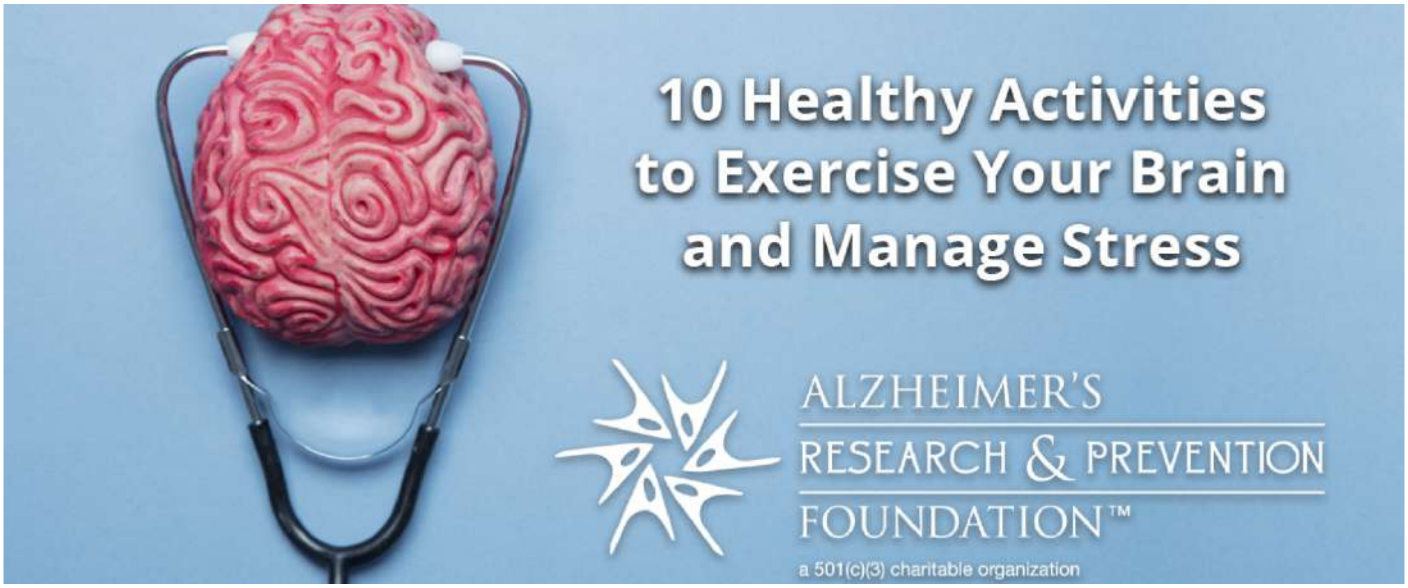

10 Simple Activities to Exercise Your Brain and Manage Stress

> ***"We have to realize that the era of the magic bullet — drugs for the treatment of Alzheimer's disease — is over. We need to take an integrative or holistic approach, like they do for heart disease. What works for the heart, works for the head."***
>
> *–Dr. Khalsa, ca. 1994*

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Brain stimulation is the best way to stay mentally active and reduce stress. Reducing stress will help prevent Alzheimer's and dementia as you age. And just like physical exercise, mental exercise is good for your overall health.

Here are a few activities you can do to keep an active and healthy mind.

Play Brain Games

- **Puzzles –** Try your hand at activities like crosswords, sudoku, scrabble, or even the traditional jigsaw puzzle to get your brain active. It will stimulate your strategical thinking and problem-solving skills.

- **Cards –** Playing a round or two of cards not only challenges your brain, it provides an opportunity to socialize with other people around you, making it a great stress-relieving activity. Try downloading a card game online to play with others from your smart phone.

- **Matching and Memory Games –** Find and practice morization techniques and put them to the test with memory games.

Engage in Creativity

- **Reading** – Get some reading in every day by reading the news or reading a good book. Consider joining a book club to stay engaged with others.

- **Writing** – This is another great way to practice memory. Try keeping a journal and write down what happened that day and how you felt about it. You could also write hand-written cards or letters. It's good for your mind, and it's heartfelt for anyone who receives one.

- **Arts and Crafts** – Painting, drawing, scrapbooking, knitting—all these activities involve creating something new that didn't exist before. This stimulates your brain to participate in creativity.

- **Music** – Playing an instrument or listening to music is another great way to engage in art in a way that will arouse your brain and your senses. It also will develop your ability to focus and, for the instrument players, hand-eye coordination.

Enjoy Light Physical Activity

Subscribe

- **Take a Walk –** This is a great way to exercise muscles and brain, which allows your muscles to be active, in a non-strenuous way. Even as little as 15 minutes a day can improve your mental health.

- **Stretch –** This another low active form of working your muscles to work your brain. It reminds your brain of different muscles it might not be used to working as much.

- **Do Yoga –** Yoga or Tai Chi are both great exercises that will improve your balance and agility, which are two important parts of keeping a healthy mind.

In Conclusion, Stay Proactive About Your Health!

We recommend just trying one of these activities to start staying proactive about your brain health. Staying mentally healthy and physically healthy is key in the fight against Alzheimer's disease.

To learn more, visit AlzheimersPrevention.org, donate, subscribe to our Newsletter, and read our blog. You can also follow Alzheimer's Research and Prevention Foundation on Facebook, Instagram, and Twitter.

To support our critically important work to help research the prevention of Alzheimer's disease, please visit our donation page.

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Alzheimer's Research & Prevention Foundation is a leading global Alzheimer's disease (AD) prevention organization, funding some of the most significant integrative medicine research on Alzheimer's prevention, while providing educational outreach to laypeople, healthcare providers and caregivers on the 4 Pillars of Alzheimer's Prevention®. Our research has been published in the prestigious Journal of Alzheimer's Disease, as well as other significant medical journals, such as The International Journal of Geriatric Psychiatry, Psychiatry Research, Nuclear Medicine Communications and Consciousness and Cognition.

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10 Ways to Love Your Brain

Growing evidence indicates that people can reduce their risk of cognitive decline by adopting key lifestyle habits. When possible, combine these habits to achieve maximum benefit for the brain and body. Start now. It's never too late or too early to incorporate healthy habits.

Break a sweat

Engage in regular cardiovascular exercise that elevates your heart rate and increases blood flow to the brain and body. Several studies have found an association between physical activity and reduced risk of cognitive decline.

Hit the books

Formal education in any stage of life will help reduce your risk of cognitive decline and dementia. For example, take a class at a local college, community center or online.

Butt out

Evidence shows that smoking increases risk of cognitive decline. Quitting smoking can reduce that risk to levels comparable to those who have not smoked.

Follow your heart

Evidence shows that risk factors for cardiovascular disease and stroke — obesity, high blood pressure and diabetes — negatively impact your cognitive health. Take care of your heart, and your brain just might follow.

Heads up!

Brain injury can raise your risk of cognitive decline and dementia. Wear a seat belt, use a helmet when playing contact sports or riding a bike, and take steps to prevent falls.

Fuel up right

Eat a healthy and balanced diet that is lower in fat and higher in vegetables and fruit to help reduce the risk of cognitive decline. Although research on diet and cognitive function is limited, certain diets, including Mediterranean and Mediterranean-DASH (Dietary Approaches to Stop Hypertension), may contribute to risk reduction.

Catch some Zzz's

Not getting enough sleep due to conditions like insomnia or sleep apnea may result in problems with memory and thinking.

Take care of your mental health

Some studies link a history of depression with increased risk of cognitive decline, so seek medical treatment if you have symptoms of depression, anxiety or other mental health concerns. Also, try to manage stress.

Buddy up

Staying socially engaged may support brain health. Pursue social activities that are meaningful to you. Find ways to be part of your local community — if you love animals, consider volunteering at a local shelter. If you enjoy singing, join a local choir or help at an after-school program. Or, just share activities with friends and family.

Stump yourself.

Challenge and activate your mind. Build a piece of furniture. Complete a jigsaw puzzle. Do something artistic. Play games, such as bridge, that make you think strategically. Challenging your mind may have short and long-term benefits for your brain.

alzheimer's association

Adopt a Healthy Diet

Eating a heart-healthy diet benefits both your body and your brain. In general, this is a diet that is lower in saturated fats. Research in the area of the relationship between diet and cognitive functioning is somewhat limited, but it does point to the benefits of two diets in particular: the DASH (Dietary Approaches to Stop Hypertension) diet and the Mediterranean diet. These diets can help reduce heart disease and may also be able to reduce risk of dementia.

▸ Dietary Approaches to Stop Hypertension (DASH) diet

▸ Mediterranean diet

The Dietary Approaches to Stop Hypertension (DASH)

The DASH diet aims to reduce blood pressure:

- Eat foods that are low in saturated fat, total fat and cholesterol, and high in fruits, vegetables and low-fat dairy.
- Consume whole grains, poultry, fish and nuts.
- Decrease your intake of fats, red meats, sweets, sugared beverages and sodium.

The Mediterranean diet

The Mediterranean diet incorporates different principles of healthy eating that are typically found in the areas bordering the Mediterranean Sea:

- Focus on fruit, vegetables, nuts and grains.
- Replace butter with healthy fats, like olive oil.

- Limit red meat.
- Use herbs to flavor food rather than salt.
- Eat fish and poultry at least twice a week.

Be a part of breakthrough research

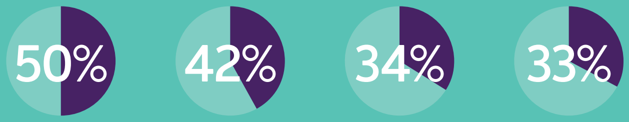
The Alzheimer's Association is launching a two-year clinical trial researching lifestyle intervention on protecting brain health and potentially reducing the risk of dementia. Our U.S. Study to Protect Brain Health Through Lifestyle Intervention to Reduce Risk (U.S. POINTER) trial will test if combining physical activity, healthy nutrition, social and intellectual challenge and improved self-management of medical conditions can protect cognitive function in older adults who are at increased risk for cognitive decline. Trial recruitment begins this year.

Learn More

2021 ALZHEIMER'S DISEASE FACTS AND FIGURES

DISCRIMINATION

is a barrier to Alzheimer's and dementia care. These populations reported discrimination when seeking health care:



50% of Black Americans

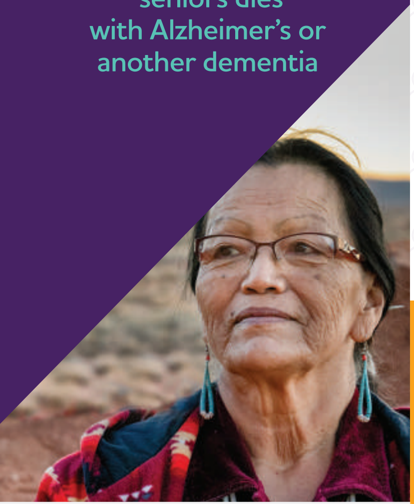
42% of Native Americans

34% of Asian Americans

33% of Hispanic Americans

1 IN 3

seniors dies with Alzheimer's or another dementia



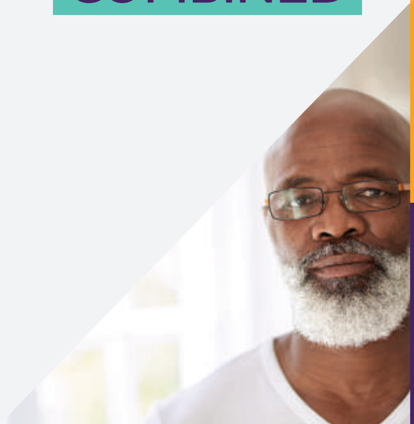
It kills more than

BREAST CANCER

+

PROSTATE CANCER

COMBINED



MORE THAN 6 MILLION

Americans are living with Alzheimer's

Between 2000 and 2019, deaths from heart disease have

DECREASED 7.3%

while deaths from Alzheimer's disease have

INCREASED 145%

Alzheimer's and dementia deaths have increased

16%

during the COVID-19 pandemic

In 2021, Alzheimer's and other dementias will cost the nation

$355 BILLION

By 2050, these costs could rise to more than

$1.1 TRILLION

OVER 11 MILLION

Americans provide unpaid care for people with Alzheimer's or other dementias

These caregivers provided an estimated 15.3 billion hours valued at nearly

$257 BILLION

alzheimer's association®

National Institute on Aging

CAUSES OF ALZHEIMER'S DISEASE

Assessing Risk for Alzheimer's Disease

Families have many things in common, including their genes, environment, and lifestyle. Together, these things may offer clues to diseases, like late- and early-onset Alzheimer's, that can run in a family.

Late-Onset Alzheimer's Disease

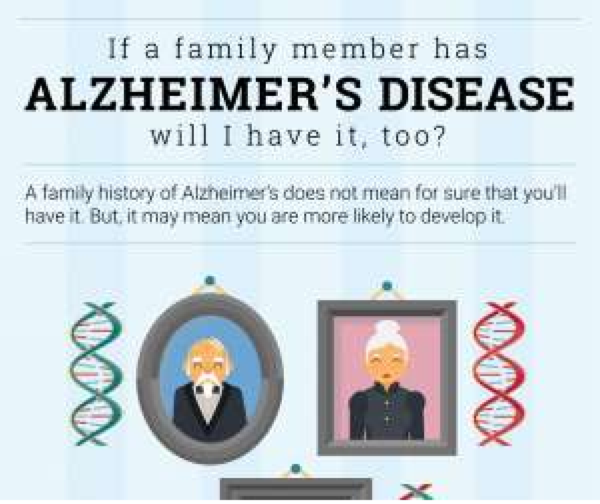
There is no test yet to predict if someone will get late-onset Alzheimer's, in which symptoms become apparent in a person's mid-60s. If someone is worried about changes in his or her memory or other problems with thinking, he or she should talk with a doctor.

A doctor may ask the patient to make a family health history. A family health history can help a person know if Alzheimer's disease runs in the family. It lists health facts about a person and close relatives. It is a written record of:

- A family's health conditions
- Lifestyle habits like smoking and exercise
- Where and how family members grew up

A family health history can show patterns of disease and risk factors. Try to include health facts about three generations—grandparents, parents, and children.

People can't change the genes they inherit from their parents, but they can change things like diet, physical activity, and medical care to prevent diseases that may run in the family.



If a family member has
ALZHEIMER'S DISEASE
will I have it, too?

A family history of Alzheimer's does not mean for sure that you'll have it. But, it may mean you are more likely to develop it.

Share this infographic and help spread the word about Alzheimer's genetics.

Steps to Maintain Cognitive Health

A doctor may suggest steps to stay healthy and watch for changes in memory and thinking. Steps include:

- Exercise regularly.
- Eat a healthy diet that is rich in fruits and vegetables.
- Spend time with family and friends.
- Keep one's mind active.
- Control type 2 diabetes.
- Keep blood pressure and cholesterol at healthy levels.

- Maintain a healthy body weight.
- Stop smoking.
- Get help for depression.
- Avoid drinking a lot of alcohol.
- Get plenty of sleep.

Early-Onset Alzheimer’s Disease

There is a test to learn if a person has one of the three genetic mutations associated with early-onset Alzheimer's disease, which occurs between a person’s 30s and mid-60s.

If someone has a family history of early-onset Alzheimer's, he or she should talk with a doctor about getting tested.

A doctor may suggest meeting first with a genetic counselor. This type of counselor helps people learn the risk of getting genetic conditions. They also help people make decisions about testing and what comes next.

Read about this topic in Spanish. Lea sobre este tema en español.

For More Information About Assessing Risk for Alzheimer's Disease

NIA Alzheimer’s and related Dementias Education and Referral (ADEAR) Center
800-438-4380 (toll-free)
adear@nia.nih.gov
www.nia.nih.gov/alzheimers
The NIA ADEAR Center offers information and free print publications about Alzheimer’s and related dementias for families, caregivers, and health professionals. ADEAR Center staff answer telephone, email, and written requests and make referrals to local and national resources.

Alzheimers.gov
www.alzheimers.gov
Explore the Alzheimers.gov portal for information and resources on Alzheimer’s and related dementias from across the federal government.

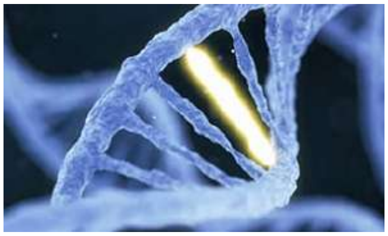
National Human Genome Research Institute
www.genome.gov/health

This content is provided by the NIH National Institute on Aging (NIA). NIA scientists and other experts review this content to ensure it is accurate and up to date.

Content reviewed: December 30, 2019

Related Articles

8 Frequently Asked Questions About Alzheimer's Disease



What Causes Alzheimer's Disease?

If you are interested in learning more about Alzheimer's & Dementia, please call us at 1-800-438-4380, Mon-Fri, 8:30 am-5:00 pm Eastern Time or send an email to adear@nia.nih.gov

Alzheimer Society

Brain-healthy tips to reduce your risk of dementia

8 min read

This page lists evidence-based tips and strategies to help you lead a healthy, balanced lifestyle that protects your brain and reduces your risk of dementia.

Your abilities, health and interests should be taken into consideration when making brain-healthy choices. If you have questions, speak to your doctor or healthcare provider, or get in touch with your local Society for some recommendations.

Why brain health is so important

Dementia develops when there are so many risk factors for the disease that they overwhelm the brain's ability to maintain and repair itself.

While there are some risk factors you cannot control, such as age and genetics, reducing the effects of risk factors that *can* be controlled makes good sense if you want to reduce your risk of dementia.

After all, the brain is one of your most vital organs. It plays a role in your every action and thought. Though you can't see it, your brain needs to be looked after and exercised regularly just like the rest of your body.

By following these tips and strategies, you're not only reducing your risk of dementia, you're also:

- Looking after your long-term brain health,
- Reducing your risk of other cognitive and chronic diseases, and
- Protecting your overall health!

Be physically active

People who exercise regularly are less likely to develop heart disease, stroke and diabetes – all risks associated with dementia.

Physical activity also pumps blood to the brain, which nourishes the cells with nutrients and oxygen, and may even encourage the development of new cells. As well, regular exercise helps to reduce stress and improve your mood.

Being physically active can reduce these risk factors for dementia:

- Depression
- Diabetes
- High blood pressure
- High cholesterol
- Obesity and lack of physical activity

Five tips for being physically active

1. **Start where you can and set reasonable goals**. If you feel you have little opportunity to exercise, start by adding a bit of physical activity into your daily routine. Choose a brisk walk to the store rather than driving the car, or take the stairs instead of the escalator or elevator for one or two floors.
2. **Think of it as "activity", not "exercise".** Choose activities and sports that you enjoy, and physical activity won't seem like a chore or task to tick off.
3. **Once you get going, aim for at least 150 minutes of moderate-to-vigourous physical activity per week**. Moderate activities could be walking a dog or going for a bicycle ride, while vigorous activities include swimming or going for a run. If you have reduced mobility, try activities that can help you maintain your balance and prevent falls, such as gentle yoga or tai chi.
4. **Consider aerobic activities.** Aerobic activities, such as walking, swimming, hiking and dancing, can help maintain general fitness. Many experts recommend walking as one of the safest and most effective forms of aerobic exercise.
5. **Plan out your physical activity with someone you know**. That way, you are more likely to keep active while you also gain the brain-healthy benefits of social interaction.

Be socially active

Staying connected socially helps you stay connected mentally. Research shows that regularly interacting with others may help lessen your risk of developing dementia.

Having an active social life also can reduce your stress, brighten your mood and keep your relationships strong.

Being socially active can reduce these risk factors for dementia:

- Depression
- Social isolation

Five tips for being socially active

1. **Make the most of your daily opportunities to socialize.** Chat with your taxi driver or store clerk; make conversation in the elevator.
2. **Practice a random act of kindness**. It could be as small as smiling at someone else passing by – paying your happiness forward will not only brighten someone else's day, but yours as well!
3. **Find time to volunteer.** Whether it's participating in service clubs or joining a hobby group, you'll find that there are many healthy benefits to volunteering. It can build self-esteem and confidence, and expand your network of social support.
4. **Combine social interaction with an activity.** It could be a physical activity like walking together or a fitness class, or it could be something like a book club or a play. Ask someone to try a brain-challenging game together. Enjoy yourself while you positively impact your brain health.
5. **Maintain old friendships and make new ones.** Stay social through work, volunteer activities, travel, hobbies, family and friends. Be open to new experiences – accept invitations and extend a few of your own. Keep up your old and new friendships through talking on the phone, chatting online via email or Facebook or even writing a letter.

Challenge your brain

Just as physical activity improves your body's ability to function, studies show that exercising your brain can help reduce your risk of dementia. By approaching daily routines in new ways, you engage new or rarely-used mental pathways.

It can be as simple as dialling a phone number with your less dominant hand or as complex as learning a new language. Remember, the goal is to give your brain a new experience and a workout every day.

Challenging your brain can reduce these risk factors for dementia:

- Depression
- Low levels of formal education
- Social isolation

Five tips for challenging your brain

1. **Pursue life-long learning**. By constantly learning new things and challenging your brain throughout your life, you can help build your cognitive reserve. Learning a new language and taking up new hobbies are good examples of brain-challenging activities.
2. **Play games that involve your mind**. Examples of brain-challenging games can include chess, tabletop games, video games, word and number puzzles, jigsaws, crosswords, sudoku and memory games. For games on your computer, your tablet or your phone, find games where you can play and interact with other people.
3. **Break your routine**. A small challenge to try out is changing up how you normally live your day. Take a different route to the store or change the order of your morning routine. Trying something different than you're used to may be more difficult than you think!
4. **Engage in cultural activities**. Check out what's happening in your area, like the latest exhibit or an upcoming concert. After the event, discuss what you saw with a friend.
5. **Cross-train your brain**. What's something you're *not* good at doing? Work to improve it and give your brain some flexibility. Try a variety of challenges instead of sticking to one particular area.

Follow a healthy diet

We know that healthy eating can reduce the risk of heart disease, stroke and diabetes. Since these conditions are risk factors for dementia, we can also say that another benefit of a good diet is good brain health.

Healthy dietary choices not only improve your general health, in the long-term nutritious food helps maintain brain function and fight cognitive decline.

Eating healthily can reduce these risk factors for dementia:

- Diabetes
- High alcohol consumption
- High cholesterol
- Obesity and lack of physical activity
- Poor diet

Five tips for eating healthily

1. **Try out the Mediterranean and the MIND diets**. These diets recommend limiting processed foods, meat, sweets and dairy, Instead, they emphasize eating more fruit, vegetables, legumes, whole grains, nuts, olive oil and fish.
2. **Enjoy a variety of foods in many different colours:**
    - **Blue and purple** fruits and vegetables tend to be packed with anti-oxidants. Blackberries, blueberries, purple cabbage and plums are all great food choices.
    - Go **green** every day with fruits and vegetables that are good for your brain and also benefit bones, teeth and vision. Green options include avocados, broccoli, celery, cucumbers, peas, spinach, pears, honeydew melon and many more.
    - Choose **white, tan and brown** fruits and vegetables such as bananas, cauliflower, potatoes, turnips, onions and garlic.
    - Add **orange and yellow** fruits and vegetables such as grapefruit, cantaloupe, butternut squash, peaches, papaya, oranges, sweet potatoes, yellow peppers and lemons to your plate.
    - Reach for **reds** every day. Beets, raspberries, red grapes, radishes, tomatoes, red peppers, watermelon, rhubarb, pomegranates and cherries are just a few excellent red choices.
3. **Find healthy ways to add flavour to your meals**. A healthy diet can be tasty! Herbs, spices, nuts and olives are all healthy add-on options.
4. **Be mindful of your eating habits**. Choose appropriate portion sizes, eat healthy snacks and drink plenty of water – Canada's Food Guide recommends that you make water your drink of choice.
5. **Plan meals in advance**. By developing healthy eating patterns, you don't leave your diet to chance. There are meal planning apps and websites that can help you plan ahead, cook your own food and decide what recipes work best even if you have a busy schedule.

Make conscious and safe choices

"Better to be safe than sorry!"

"All things in moderation."

These common sayings have more relevancy than ever when it come to making the right choices for your brain health! Our ability to maintain life-long brain health is very much influenced by the choices we make in our daily lives.

Research has found that, next to aging, lifestyle and environmental factors are the most influential factors in determining one's risk for Alzheimer's disease.

Therefore, it's important to protect your body, at any age, for lifelong brain health. Make safe choices that protect you from ailments and trauma that would otherwise increase your risk of dementia.

Making conscious and safe choices can reduce these risk factors for dementia:

- Head injuries
- Hearing loss
- High alcohol consumption
- Living near busy roads
- Smoking

Five tips for making conscious and safe choices

1. **Avoid habits that harm your body.** Examples of harmful habits include smoking, listening to music too loudly and excessive drinking. They might be fun in the short-term, but not in the long run!
2. **Protect your head.** Wear a helmet if you're engaging in intense physical activity like skating, skiing, skateboarding, rollerblading and cycling. Set a good example and ensure that children in your care wear appropriate helmets.
3. **Assess the safety of the environment around you**. Do you work or live in an area where you are continually exposed to risks such as loud sounds or vehicle pollution? Does your home have handrails or grab bars installed that improve accessibility and prevent falls? By being aware of potential dangers in your environment, you can take steps to counter them.
4. **Track your numbers**. Doing so will make it easier for you to keep your blood pressure, cholesterol, weight and blood sugar levels within recommended ranges. After all, all of these

conditions increase your risk for Alzheimer's disease.

5. **See your doctor regularly**. This will help you address specific health concerns you may have, including diet, hearing evaluations and physical activity.

Manage stress

Experiencing stress is a part of everyday life, but when it persists over time, it can cause vascular changes and chemical imbalances that are damaging to the brain and other cells in your body.

By managing or lowering your stress, you can improve your brain health and reduce your risk of dementia.

Managing your stress can reduce these risk factors for dementia:

- Depression
- High blood pressure

Five tips for managing stress

1. **Recognize the symptoms of chronic stress:**
    - **Emotional:** Depression, tension, anxiety, anger, worry and/or fear.
    - **Physical:** Headaches, fatigue, insomnia and/or sweating.
    - **Mental:** Poor concentration, memory loss, indecisiveness and/or confusion.
    - **Behavioural:** Fidgeting, overeating, alcohol and/or drug abuse.
2. **Take personal time for yourself**. Exercise, relaxation, entertainment, hobbies and socializing are essential parts of our health and well-being. Everyone needs to find a balance that limits stress and helps maintain optimal health. Methods could be through meditation, deep breathing, massage or physical exercise – the key is to explore a variety of techniques and find those that work for you.
3. **Set realistic expectations**. We often assume our expectations are reasonable, but this isn't always the case. By identifying what you can change and what cannot be changed, you can single out unrealistic expectations. Then, you can focus on what can benefit yourself right away.
4. **Get plenty of sleep.** You need at least seven hours of sleep per night. Sleep deprivation can significantly impair your memory, mood and function.

5. **Seek and accept support**. Reach out to a friend or family member that you trust. Talk about what's giving you stress. If symptoms of stress persist, contact your doctor.

More useful links and resources

Heads up for healthier brains. Alzheimer Society of Canada, 2015. Are you wondering what you can do to keep your brain healthy and reduce your risk of dementia? This handy, downloadable brochure tells you everything you need to know about the relationship between brain health and dementia.

Risk factors. Alzheimer Society of Canada, 2018. Read about risk factors for dementia in our downloadable, print-friendly infosheet. This sheet also contains strategies and lifestyle changes that can help you reduce your risk of developing dementia.

Being active. The Public Health Agency of Canada. This guide is designed to help Canadians improve their health, prevent disease and get the most out of life.

Brain health food guide: An evidence-based approach to healthy eating for the aging brain. Baycrest, 2017. This downloadable food guide provides more evidence-based tips for healthy eating, and was written in collaboration with nutritionists involved with the Canadian Consortium on Neurodegeneration in Aging (CCNA).

Canada's food guide. Government of Canada. Recently updated in 2019, Canada's food guide lists recommendations for healthy food choices, eating habits, recipes, tips and other resources.

Risk factors and prevention. Alzheimer's Society UK. This comprehensive webpage from the Alzheimer's Society UK has some helpful pieces of research and advice related to reducing your risk of dementia.

What can you do to keep your brain healthy? Trinity Brain Health, 2017. This short, three minute animated film shows you some activities you can do to maintain your brain health.

Your brain matters: The power of prevention. Dementia Australia. *Your Brain Matters* is an evidence-based program that advocates following five steps that maintain brain health and are associated with reduced risks of dementia.

The Brainability Programme. Learn more about protecting the brain and reducing the risk of dementia through the suggested tips from this website.

familydoctor.org

Brain Training for Seniors

familydoctor.org/brain-training-for-seniors

January 17, 2017

“Use it or lose it” commonly refers to the importance of exercising your body and staying fit. Exercising your brain is just as important. Your brain needs a regular workout, especially as you age. After the age of 65, your risk of developing dementia doubles approximately every five years.

Dementia is not a disease. It’s a collection of symptoms resulting from damaged brain cells caused by other diseases. These cells affect your memory, personality, and decision-making abilities. Brain damage can occur from a head injury, stroke, or disease, such as Alzheimer’s dementia (the no. 1 form of dementia). Other diseases, such as uncontrolled type 2 diabetes, can cause another form of dementia known as vascular dementia (the 2nd most common form of the condition). Vascular dementia is caused by poor blood supply to the brain. It also affects memory, personality, and decision-making abilities.

While some forms of dementia cannot be cured and the brain damage cannot be reversed, research shows that keeping your brain active with activity, a healthy diet, and physical exercise may help delay the onset of dementia. It also may help prevent brain damage caused by injury or disease. The earlier you start brain-training activity, the better the benefits.

Path to improved health

If you are healthy and younger than 65, stimulating your brain with activities and games can keep your mind sharp later in life (unless you develop a dementia-related disease or have a stroke or a head injury). If you currently have some form of dementia, brain games and "active mind" activity can still help.

There are plenty of online games and apps available to play on the computer, your cell phone, or tablet. Some are free and some require a one-time or monthly fee. Don't forget the benefits of playing simple board games, such as checkers, chess, matching games, or a jigsaw puzzle. Other puzzle games, such as Sudoku and crossword puzzles, are challenging, as well, and are often found in your local newspaper.

As you search for online games and apps, look for activities that stretch your short-term memory, listening, attention, language, logic, reaction time, hand-eye coordination, alphabetizing, and visual and special abilities. Consider adding brain-training activities that apply to your everyday life. For example:

- Write a to-do list and then memorize it.
- Listen to a new song and write down some of the lyrics.
- Draw a map from your home to the library.
- Research a new topic.

Other ways to challenge your brain include:

- Changing the way you do something. If you are right-handed and stir your coffee with that hand, trying to stir with your left hand.
- Read a how-to book.
- Learn a new language.
- Try a new craft or hobby.
- Learn to play a musical instrument.
- Take a class at your local college or community center.

It's important to supplement your brain activity with a healthy lifestyle, too.

- Maintain a healthy weight and eat healthy.
- Get moving with physical exercise.
- Don't smoke.
- Limit your alcohol.
- Get adequate sleep.
- Do your best to avoid injuries.
- Lower your stress.
- Follow your doctor's orders for managing your diseases or conditions.
- Focus on activities that support your mental health.
- Maintain an active social life by regularly spending time with friends, volunteering, or joining a club.

Things to consider

Brain training and lifestyle changes may be overwhelming. Don’t try to change everything at once. Start slow by choosing one brain game. If you can add more, that’s even better. If you find yourself getting bored with the same game, choose another one to stay active. Don’t give up. Change up your daily living routine, too. For example, if you always brush your teeth and then comb your hair, try reversing your routine. Do the same thing with your healthy living. Swap a fried food for the grilled version. Add five minutes to your exercise routine. Schedule your annual health exam and screenings. Make a date with a friend.

Unfortunately, there’s no guarantee that brain training and lifestyle changes will prevent all forms of dementia. It will not cure certain forms of dementia, such as Alzheimer’s disease. However, you can improve dementia that is tied directly to disease (such as uncontrolled type 2 diabetes) by managing the disease with medicine and healthy living.

Dementia may be difficult to spot on your own. Often, it takes a family member or close friend to notice changes. Unfortunately, there is not enough evidence to determine the pros and cons of physician screening for dementia, according to the American Academy of Family Physicians (AAFP). Certain medicines and depression can be tied to memory loss.

When to see your doctor

Don’t be concerned about occasional memory loss. That is normal. However, memory loss related to dementia grows worse over time and progresses at a faster rate. Signs that you or a loved one may be suffering from dementia might include:

- Memory loss of recent events or information. This might be noticeable if you or a loved one repeats the same question and can’t remember the answer.
- Forgetting how to perform familiar tasks, such as driving, cooking, or bathing.
- Language problems, such as not using the correct word.
- Not remembering how to get somewhere familiar or how you got there.
- Poor judgment for simple things, such as wearing a different shoe on each foot.
- An inability to think in abstract ways, such as understanding the purpose of money.
- Losing things and finding them in strange places, such as putting clothing in the refrigerator.
- Mood and personality changes that can turn a usually happy person into an angry, rude person, or a confident person into a fearful, suspicious person.
- Loss of interest in things that once mattered, such as time with friends and family or hobbies.
- Difficulty making choices.

Questions to ask your doctor

- How many hours a day should I spend playing brain games?
- Should I be concerned if I perform poorly on the brain games? Is that an indication of early dementia?
- What does it mean if I get tired after playing games?

- How can I tell if playing brain games is making a difference?
- Is it better to play brain games on your own or with a partner?

Resources

Alzheimer’s Association: Brain Health

Centers for Disease Control and Prevention: Healthy Brain Initiative

National Institute on Aging: Cognitive Health and Older Adults

NIH National Institute on Aging

COGNITIVE HEALTH

Cognitive Health and Older Adults

Cognitive health — the ability to clearly think, learn, and remember — is an important component of performing everyday activities. Cognitive health is just one aspect of overall brain health.

What Is Brain Health?

Brain health refers to how well a person's brain functions across several areas. Aspects of brain health include:

- Cognitive health — how well you think, learn, and remember
- Motor function — how well you make and control movements, including balance
- Emotional function — how well you interpret and respond to emotions (both pleasant and unpleasant)
- Tactile function — how well you feel and respond to sensations of touch — including pressure, pain, and temperature

Brain health can be affected by age-related changes in the brain, injuries such as stroke or traumatic brain injury, mood disorders such as depression, substance use disorder or addiction, and diseases such as Alzheimer's disease. While some factors affecting brain health cannot be changed, there are many lifestyle changes that might make a difference.

A growing body of scientific research suggests that the following steps are linked to cognitive health. Small changes may really add up: Making these part of your routine could help you function better.

- Take Care of Your Physical Health
- Manage High Blood Pressure
- Eat Healthy Foods
- Be Physically Active
- Keep Your Mind Active
- Stay Connected with Social Activities
- Manage Stress
- Reduce Risks to Cognitive Health

Research shows that a combination of these healthy lifestyle behaviors may also reduce the risk for Alzheimer's disease.

Take Care of Your Physical Health

Taking care of your physical health may help your cognitive health. You can:

- Get recommended health screenings.
- Manage chronic health problems like diabetes, high blood pressure, depression, and high cholesterol.
- Consult with your health care provider about the medicines you take and possible side effects on memory, sleep, and brain function.
- Reduce risk for brain injuries due to falls and other accidents.
- Limit use of alcohol (some medicines can be dangerous when mixed with alcohol).
- Quit smoking, if you currently smoke. Also avoid other nicotine products such as chewing tobacco.
- Get enough sleep, generally seven to eight hours each night.

Manage High Blood Pressure

Preventing or controlling high blood pressure, not only helps your heart, but may help your brain too. Decades of observational studies have shown that having high blood pressure in midlife — the 40s to early 60s — increases the risk of cognitive decline later in life. In addition, the SPRINT-MIND study, a nationwide clinical trial, showed that intensive lowering of blood pressure (even below the previous standard target of 140 for systolic blood pressure) lowers the risk for mild cognitive impairment, which is a risk factor for dementia.

High blood pressure often does not cause signs of illness that you can see or feel. Routine visits to your doctor will help pick up changes in your blood pressure, even though you might feel fine. To control or lower high blood pressure, your doctor may suggest exercise, changes in your diet, and if needed — medications. These steps can help protect your brain and your heart.

Eat Healthy Foods

A healthy diet can help reduce the risk of many chronic diseases such as heart disease or diabetes. It may also help keep your brain healthy.

In general, a healthy diet consists of fruits and vegetables; whole grains; lean meats, fish, and poultry; and low-fat or nonfat dairy products. You should also limit solid fats, sugar, and salt. Be sure to control portion sizes and drink enough water and other fluids.

Researchers are looking at whether a healthy diet can help preserve cognitive function or reduce the risk of Alzheimer's. For example, there is some evidence that people who eat a Mediterranean diet have a lower risk of developing dementia.

While scientists aren't sure yet why the Mediterranean diet might help the brain, its effect on improving cardiovascular health might in turn reduce dementia risk. In contrast, the typical Western diet often increases cardiovascular disease risk, possibly contributing to faster brain aging.

Researchers have developed and are testing another diet, called MIND, a combination of the Mediterranean and DASH (Dietary Approaches to Stop Hypertension) diets. According to observational studies of more than 900 dementia-free older adults, closely following the MIND diet was associated with a reduced risk of Alzheimer’s and a slower rate of cognitive decline.

Learn more about diet and prevention of Alzheimer’s disease.

Be Physically Active

Being physically active — through regular exercise, household chores, or other activities — has many benefits. It can help you:

- Keep and improve your strength
- Have more energy
- Improve your balance
- Prevent or delay heart disease, diabetes, and other concerns
- Perk up your mood and reduce depression

Studies link ongoing physical activity with benefits for the brain and cognition as well, although a strong link between physical activity and Alzheimer’s disease prevention has not yet been documented.

In one study, exercise stimulated the human brain's ability to maintain old network connections and make new ones that are vital to cognitive health. Other studies have shown that exercise increases the size of a brain structure important to memory and learning, resulting in better spatial memory. Aerobic exercise, such as brisk walking, is thought to be more beneficial to cognitive health than nonaerobic stretching and toning exercise. One study found that the more time spent doing a moderate levels of physical activity, the greater the increase in brain glucose metabolism — or how quickly the brain turns glucose into fuel — which may reduce the risk for developing Alzheimer’s disease.

Federal guidelines recommend that all adults get at least 150 minutes (2.5 hours) of physical activity each week. Walking is a good start. You can also join programs that teach you to move safely and prevent falls, which can lead to brain and other injuries. Check with your health care provider if you haven't been active and want to start a vigorous exercise program.

Clinical Trials on Exercise for Cognitive Health

Volunteers are needed for clinical trials that are testing different forms of exercise for cognitive health. By joining one of these studies, you may learn new ways to be physically active and also contribute useful information to help other older adults in the future! To learn more, visit the Alzheimers.gov Clinical Trials Finder to search for a trial in your area.

Keep Your Mind Active

Being intellectually engaged may benefit the brain. People who engage in personally meaningful activities, such as volunteering or hobbies, say they feel happier and healthier. Learning new skills may improve your thinking ability, too. For example, one study found that older adults who learned quilting or digital photography had more memory improvement than those who only socialized or did less cognitively demanding activities. Some of the research on engagement in activities such as music, theater, dance, and creative writing has shown promise for improving quality of life and well-being in older adults, from better memory and self-esteem to reduced stress and increased social interaction.

However, a recent, comprehensive report reviewing the design and findings of these and other studies did not find strong evidence that these types of activities have a lasting, beneficial effect on cognition. Additional research is needed, and in large numbers of diverse older adults, to be able to say definitively whether these activities may help reduce decline or maintain healthy cognition.

Lots of activities can keep your mind active. For example, read books and magazines. Play games. Take or teach a class. Learn a new skill or hobby. Work or volunteer. These types of mentally stimulating activities have not been proven to prevent serious cognitive impairment or Alzheimer's disease, but they can be fun! Plus, findings from observational studies suggest that some informal mentally stimulating activities, such as reading or playing games, may lower the risk of Alzheimer’s-related cognitive impairment and dementia.

Some scientists have argued that such activities may protect the brain by establishing "cognitive reserve." They may help the brain become more adaptable in some mental functions so it can compensate for age-related brain changes and health conditions that affect the brain.

Some types of cognitive training conducted in a research setting also seem to have benefits. For the Advanced Cognitive Training for Independent and Vital Elderly (ACTIVE) trial, healthy adults 65 and older participated in 10 sessions of memory training, reasoning training, or processing-speed training. The sessions improved participants' mental skills in the area in which they were trained with evidence suggesting these benefits persisted for two years.

Be wary of claims that playing certain computer and online games can improve your memory and other types of thinking as evidence to back up such claims is evolving. There is currently not enough evidence available to suggest that computer-based brain training applications offered commercially have the same impact on cognitive abilities as the ACTIVE study training. NIA and other organizations are supporting research to determine whether different types of cognitive training have lasting effects.

For more information, see Participating in Activities You Enjoy.

Stay Connected with Social Activities

Connecting with other people through social activities and community programs can keep your brain active and help you feel less isolated and more engaged with the world around you. Participating in social activities may lower the risk for some health problems and improve well-being.

People who engage in personally meaningful and productive activities with others tend to live longer, boost their mood, and have a sense of purpose. Studies show that these activities seem to help maintain their well-being and may improve their cognitive function.

So, visit with family and friends. Consider volunteering for a local organization or join a group focused on a hobby you enjoy. Join a walking group with other older adults.

Social Activities during COVID-19

During the COVID-19 pandemic, make sure any activities you plan follow CDC guidelines. Instead of in-person activities, consider other options like planning a video call with friends or family, having a picnic outside, or joining an online class or virtual book club.

Check out programs available through your Area Agency on Aging, senior center, or other community organizations. Increasingly, there are groups that meet online too, providing a way to connect from home with others who share your interests or to get support.

We don't know for sure yet if any of these actions can prevent or delay Alzheimer's and age-related cognitive decline. Still, some of these have been associated with reduced risk of cognitive impairment and dementia.

Manage Stress

Stress is a natural part of life. Short-term stress can even focus our thoughts and motivate us to take action. However, over time, chronic stress can change the brain, affect memory, and increase the risk for Alzheimer’s and related dementias. To help manage stress and build the ability to bounce back from stressful situations, there are many things you can do:

- Exercise regularly. Practicing tai chi or going for a walk, especially in nature, can restore a sense of well-being.
- Write in a journal. Putting your thoughts or worries on paper can help you let go of an issue or see a new solution.
- Try relaxation techniques. Practices such as mindfulness — which involves focusing awareness on the present moment without judgment — or breathing exercises can help your body relax. These can help lower blood pressure, lessen muscle tension, and reduce stress.
- Stay positive. Release grudges or things beyond your control, practice gratitude, or pause to enjoy the simple things, like the comfort of a cup of tea or the beauty of a sunrise.

Reduce Risks to Cognitive Health

Genetic, environmental, and lifestyle factors are all thought to influence cognitive health. Some of these factors may contribute to a decline in thinking skills and the ability to perform everyday tasks such as driving, paying bills, taking medicine, and cooking.

Genetic factors are passed down (inherited) from a parent to child and cannot be controlled. But many environmental and lifestyle factors *can* be changed or managed to reduce your risk. These factors include:

- Some physical and mental health problems, such as high blood pressure or depression
- Brain injuries, such as those due to falls or accidents
- Some medicines, or improper use of medicines
- Lack of physical activity
- Poor diet
- Smoking
- Drinking too much alcohol
- Sleep problems
- Social isolation and loneliness

What Is Dementia?

It’s normal to be a little more forgetful as we age. However, some difficulties with cognitive function, such as dementia and mild cognitive impairment (MCI) are more serious.

Dementia is the loss of cognitive functioning — thinking, remembering, and reasoning — and behavioral abilities to such an extent that it interferes with daily life and activities. Symptoms may include problems with language skills, visual perception, or paying attention. Some people have personality changes. There are different forms of dementia including Alzheimer's disease, frontotemporal disorders, and Lewy body dementia.

MCI is a condition in which people have more memory or thinking problems than other people their age but can still do their normal daily activities. People with MCI are more likely to develop Alzheimer's disease than those without. However, not everyone with MCI will develop Alzheimer's disease.

Physical and Mental Health Problems

Many health conditions affect the brain and pose risks to cognitive function. These conditions include:

- Heart disease and high blood pressure — can lead to stroke and changes in blood vessels in the brain that can lead to dementia
- Diabetes — damages blood vessels throughout the body, including in the brain; increases risk for stroke and heart attack; increases risk for Alzheimer's
- Alzheimer's disease and related dementias — cause a buildup of harmful proteins and other changes in the brain that lead to memory loss and other thinking problems
- Stroke — can damage blood vessels in the brain and increase risk for vascular dementia
- Depression — can lead to confusion or attention problems and has been linked to dementia
- Delirium — shows up as an acute state of confusion, often during a hospital stay, and is associated with subsequent cognitive decline

It's important to prevent or seek treatment for these health problems. They affect your brain as well as your body and receiving treatment for other conditions may help prevent or delay cognitive decline or thinking problems.

Brain Injuries

Older adults are at higher risk of falls, car accidents, and other accidents that can cause brain injury. Alcohol and certain medicines can affect a person's ability to drive safely and also increase the risk for accidents and brain injury. Learn about risks for falls and participate in fall prevention programs. Wear helmets and seat belts to help prevent head injuries as well. But don't let a fear of falling keep you from being active. Overcoming this fear can help you stay active, maintain your physical health, and prevent future falls.

Medicines

Some drugs and combinations of medicines can affect a person's thinking and the way the brain works. For example, certain ones can cause confusion, memory loss, hallucinations, and delusions in older adults.

Medicines can also interact with food, dietary supplements, alcohol, and other substances. Some of these interactions can affect how your brain functions. Drugs that can harm older adults' cognition include:

- Antihistamines for allergy relief
- Medicines for anxiety and depression
- Sleep aids

- Antipsychotics
- Muscle relaxants
- Some drugs that treat urinary incontinence
- Medications for relief of cramps in the stomach, intestines, and bladder

Talk with your doctor if you're concerned that your medications may be causing cognitive problems. Do not stop taking any medications you've been prescribed without first talking with your health care provider.

Lack of Physical Activity

Lack of exercise and other physical activity may increase your risk of diabetes, heart disease, depression, and stroke — all of which can harm the brain. In some studies, physical activity has been linked to improved cognitive performance and reduced risk for Alzheimer's disease. In general, staying active is known to lower the risk of high blood pressure, stroke, and symptoms of depression, all of which in turn can improve cognitive health.

Poor Diet

A number of studies link eating certain foods with keeping the brain healthy and suggest that other foods can increase health risk. For example, high-fat and high-sodium foods can lead to health problems, such as heart disease and diabetes, that can harm the brain.

Smoking

Smoking is harmful to your body and your brain. It raises the risk of heart attack, stroke, and lung disease. Quitting smoking at any age can improve your health.

Alcohol

Drinking too much alcohol affects the brain by slowing or impairing communication among brain cells. This can lead to slurred speech, fuzzy memory, drowsiness, and dizziness. Long-term effects may include changes in balance, memory, emotions, coordination, and body temperature. Staying away from alcohol can reverse some of these changes.

As people age, they may become more sensitive to alcohol's effects. The same amount of alcohol can have a greater effect on an older person than on someone who is younger. Also, some medicines can be dangerous when mixed with alcohol. Ask your doctor or pharmacist for more information.

Sleep Problems

At any age, getting a good night's sleep supports brain health. Sleep problems — not getting enough sleep, sleeping poorly, and sleep disorders — can lead to trouble with memory, concentration, and other cognitive functions.

Social Isolation and Loneliness

Social isolation and feeling lonely may be bad for brain health. Loneliness has been linked to higher risk for dementia, and less social activity has been linked to poorer cognitive function.

By taking steps now to reduce your risks for cognitive decline, you'll help to maintain your cognitive health for the future.

For More Information About Cognitive Health

NIA Alzheimer's and related Dementias Education and Referral (ADEAR) Center
800-438-4380 (toll-free)

adear@nia.nih.gov
www.nia.nih.gov/alzheimers
The NIA ADEAR Center offers information and free print publications about Alzheimer’s and related dementias for families, caregivers, and health professionals. ADEAR Center staff answer telephone, email, and written requests and make referrals to local and national resources.

McKnight Brain Research Foundation
407-237-4485
https://mcknightbrain.org/

Alzheimer's Association
800-272-3900 (toll-free)
866-403-3073 (TTY/toll-free)
info@alz.org
www.alz.org

Alzheimer’s Foundation of America
866-232-8484 (toll-free)
info@alzfdn.org
www.alzfdn.org

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Dementia

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What is dementia?

Dementia isn't a disease. It's a group of symptoms that can be caused by brain damage. Dementia often occurs in older people. However, it's not related to normal aging. Alzheimer's disease is the most common form of dementia.

Dementia makes it hard for people to remember, learn, and communicate. It may cause changes in mood and personality, such as depression. Early on, memory lapses and foggy thinking may bother someone who has dementia. Later, disruptive behavior and other problems can create a burden for caregivers and family. Over time, these changes make it hard for people who have dementia to care for themselves.

Symptoms of dementia

Symptoms of dementia may appear over time or all at once. Sometimes you may notice the symptoms in yourself. Sometimes those around you may notice them first. Either way, if you have two or more of the symptoms listed below, visit your doctor right away.

- **Recent memory loss.** It’s common to forget things for a while and remember them later. People who have dementia often forget things, but never remember them. They may cook a meal but forget to serve it. They might even forget that they cooked it.
- **Difficulty performing familiar tasks.** People who have dementia may struggle with simple things, like getting dressed. They may wake up and get dressed, then hours later get dressed again. They may forget how to tie their shoes or that milk needs to be refrigerated.
- **Problems with language.** People who have dementia may forget simple words or use the wrong words. This makes it hard for them to communicate and hard for others to know what they need.
- **Time and place.** People who have dementia may get lost on their own street. They may forget how they got to a certain place or how to get back home.
- **Being absent-minded.** Everyone gets distracted at times. People who have dementia can forget simple things. Examples are not putting on a coat before going outside when it’s cold or not using an umbrella when it rains.
- **Problems with abstract thinking.** Anyone can have trouble balancing a checkbook. People who have dementia may forget what the numbers are and what to do with them.
- **Misplacing things.** People who have dementia may put things in unusual places. They might put an iron in the freezer or a wristwatch in the sugar bowl. When they can’t find the things, they may get upset or accuse others of stealing.
- **Personality changes.** People who have dementia may have drastic changes in personality. They might become irritable, suspicious, fearful, or depressed.
- **Changes in mood.** Everyone is moody at times, but people who have dementia can have sudden mood swings. They may go from calm to tears to anger in a few minutes.
- **Loss of initiative.** People who have dementia may become passive. They might not want to go places or see other people.

What causes dementia?

Dementia is caused by the damage of brain cells. A brain disease, such as Alzheimer’s, could trigger dementia. A brain tumor, head injury, or strokecould cause dementia.

Dementia isn't the same as normal aging. As you get older, it becomes harder to recall information. Your short- and long-term and remote memories are less affected by aging. Your recent memory is more affected. For example, you may forget what you ate for breakfast or where you set your keys. These are normal changes.

A memory problem is serious when it affects your daily life. Memory problems that aren't part of normal aging include:

- Forgetting things more often than you used to.
- Forgetting how to do things you've done many times before.
- Trouble learning new things.
- Repeating phrases or stories in the same conversation.
- Trouble making choices or handling money.
- Not being able to keep track of what happens each day.

Talk to your doctor about any concerns you have. He or she can decide if a medicine or condition may be affecting your memory.

Doctors' Notes | Real stories by real family physicians

When a loved one has dementia, your family doctor can be a trusted resource and partner in their care. Read More

by Dr. Jason R. Woloski

How is dementia diagnosed?

Your doctor will do a physical exam and review your symptoms. He or she can do tests to find out if dementia is the cause of your symptoms. The sooner you do this, the sooner you can talk about treatment options.

If your family member shows signs, try to get them to see a doctor. You may want to go to the visit with them. This lets you speak with the doctor in private. You can tell them how your loved one is acting and learn about treatment.

Can dementia be prevented or avoided?

There is little you can do to prevent or avoid dementia. If you have a head injury or brain tumor, ask your doctor if there are lifestyle changes you can make. You'll want to take precautions to avoid additional head trauma or concussions. If you're at risk of stroke, talk to your doctor about possible preventions.

Currently, the American Academy of Family Physicians (AAFP) concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for cognitive impairment.

Dementia treatment

Some causes of dementia can be treated. However, once brain cells have been destroyed, they can't be replaced. Treatment may slow or stop more brain cell damage. When the cause of dementia can't be treated, the focus of care is on helping the person with their daily activities and reducing symptoms. Some medicines can help slow down the progression of dementia. Your family doctor will talk with you about treatment options.

Living with dementia

There is no cure for dementia. People who have dementia should learn how to manage symptoms. Dementia is hard for the people who have it, as well as the people who love them. It's important for family to learn about the condition and help their loved one. This may include visiting more, helping out, hiring medical care, or switching residences.

People who have dementia may become agitated for various reasons. Examples are frustrating or stressful situations, or a sudden change in surroundings. Simple things such as getting dressed or not remembering can lead to frustration. It's possible that a person who is irritable may try to hurt themselves or others. Try to avoid things or places in which your loved one might become frustrated. Try to make your loved one's tasks less difficult. You also can try to limit the number of difficult situations your loved one must face. For example, if taking a daily bath or shower causes problems, have him or he take one every other day. Or schedule difficult tasks for a time of day when your loved one tends to be less agitated. It's helpful to give frequent reassurance and avoid challenging them.

Some people who have dementia may have hallucinations. These can be scary or upsetting. Try to distract the person by involving them in a pleasant activity. It’s best not to argue or fight with them when they’re hallucinating. You don’t want to agitate them more.

If your loved one is having trouble sleeping, try the following:

- Make the person aware of what time of day it is. Place clocks where he or she can easily see them.
- Keep curtains or blinds open so he or she can tell if it’s daytime or nighttime.
- Limit the amount of caffeine he or she consumes.
- Try to help them get exercise every day.
- Don’t let them take too many naps during the day.
- Make their bedroom peaceful. It’s easier to sleep in a quiet room.
- At night, provide a nightlight or leave a dim light on. Total darkness can add to confusion.
- Ask the doctor about medicine to treat pain, such as for arthritis. Some conditions can interrupt a person’s sleep.

If your loved one is prone to wandering, try these solutions:

- Allow him or her to wander in a safe place, such as a fenced yard.
- Tell him or her not to leave the house by themselves. You can put a large stop sign on the door as a reminder.
- Install an alarm system that will sound when the door opens. You can set it so you’re alerted when this happens.
- Place special locks on the doors. Don’t use this method if your loved one is left home alone.
- Get a medical bracelet for him or her to wear. Include their name, address, medical conditions, and your phone number.
- Check in with him or her frequently by telephone and/or in person.

Questions to ask your doctor

- Does dementia run in families? Am I at risk?
- What types of medicines treat dementia? Are there any side effects?
- Are there any lifestyle changes that help improve the symptoms of dementia?
- Can you recommend a support group for people who have dementia and their families?

Resources

Centers for Disease Control and Prevention: What Is Dementia?

National Institutes of Health, MedlinePlus: Dementia

Nourish Your Brain

familydoctor.org/nourish-your-brain

December 1, 2010

Your cognitive health is determined by how well your brain can perform mental processes. These include remembering things, learning things, and using language. A healthy brain is just as important as a healthy body. Many of the things you do to keep your body healthy can also keep your brain healthy. It is also important to stay socially and mentally active.

What is cognitive decline?

Cognitive decline is when your brain doesn't work as well as it used to. For example, a person who is experiencing cognitive decline may have trouble learning, using language, or remembering things.

Some cognitive decline is a normal part of growing older. Cognitive decline that happens quickly or that affects day-to-day activities is called dementia. A head injury, a stroke, or disease (for example, Alzheimer's disease) can damage brain cells and lead to dementia.

As your body gets older, so does your brain. You can't stop normal cognitive decline, just as you can't stop other parts of normal aging. However, you do things to reduce your risk of decline. You can maintain your body and brain health by making healthy choices about your lifestyle, diet, and exercise. Healthy choices can also help prevent disease.

Path to improved health

There isn’t one specific diet that is best for brain health, but eating healthy is important for your overall health. Choosing foods that nourish your body and brain can help prevent or delay health problems, including conditions that increase your risks for dementia.

Tips to nourish your body and brain

- **Manage your weight.** Studies show that obesity, diabetes, high blood pressure, and high cholesterol can all increase your risk for dementia. To lose weight and keep it off, avoid short-term or “fad” diets. Instead, adopt a healthy way of thinking about and eating food.
- **Eat fruits, vegetables, and whole grains.** A diet that includes lots of fruits, vegetables, and whole grains can reduce your risk for chronic diseases, including heart disease, diabetes, and cancer. These same foods may also help protect brain function. The antioxidants in leafy greens, dark-skinned vegetables, and cruciferous vegetables (broccoli, cabbage, and turnips) may be especially protective. Vegetables including beets, broccoli, Brussels sprouts, cauliflower, eggplant, kale, red bell peppers, romaine lettuce, and spinach are good choices.
- **Avoid unhealthy fats.** Try not to eat any trans fats. These are man-made fats that are bad for you. Trans fats are often used in processed foods and store-bought baked goods. Read food labels carefully to check for trans fats. They will appear in the ingredient list as “hydrogenated vegetable oil” or “partially hydrogenated vegetable oil.”

Foods that are high in saturated fats (for example, red meat) can contribute to high cholesterol levels. Over time, high cholesterol can increase your risk for heart attack and stroke. When you do eat red meat, reduce your portion size. Choose poultry and fish more often.

You can also avoid unhealthy fats by using olive oil or canola oil when you are sautéing foods. Bake, broil, or roast your food instead of frying it.

- **Get your omega-3 fatty acids.** The most common source of omega-3 fatty acids is fatty fish (sardines, tuna, salmon, mackerel, and herring). Try to eat this type of fish once or twice a week.
- **Talk to your doctor about the risks and benefits of taking vitamins or supplements.** Your doctor might suggest a dietary supplement based on your overall health and the vitamins or minerals your diet lacks. If you are interested in taking another type of supplement, talk to your doctor about why you want to take it and what you hope it will do for you. He or she can help you figure out if a dietary supplement will interact with any medical conditions you have or any prescription or over-the-counter (OTC) medicine you are taking.

What else can I do to maintain my brain health?

You can stay active physically, socially, and mentally. Physical activity helps prevent disease and maintain blood flow to the brain. If you don’t already exercise, try to work up to 30 minutes of moderate activity into your schedule 5 times a week. Moderate activities include anything that gets your heart rate up. Walking, hiking, bicycling, and swimming are all good options. Choose something you enjoy doing.

Any activity you do with other people helps to stimulate your brain. A social activity can be as simple as having lunch with a friend or walking around the block with a neighbor. Volunteer opportunities in your community or church are good ways to be social. Another option is finding a club or social group that focuses on a sport, hobby, or topic you enjoy.

To keep your brain cells strong and active, it’s important to stay mentally active. Challenge yourself to learn something new. Read to stay informed and for fun. Enroll in a class at a local community college or adult education center. Or, challenge yourself in a different way by playing games, completing puzzles, or trying memory exercises.

Things to consider

It is normal for your memory to lag as you get older. Forgetting where you put your keys, for example, is not a sign of Alzheimer’s disease. Being unable to retrace your steps to find the keys could be a sign. Other signs include losing track of the date or the season, or difficulty completing familiar tasks.

There is currently no known cure for Alzheimer’s disease. Researchers are working to find a way to delay or prevent Alzheimer’s disease. Until then, taking care of your body and brain are the best ways to prolong cognitive health.

Questions for your doctor

- What could be causing my memory loss?
- Is it possible that my medications could be making my memory worse?
- Are there any medications that can help with memory loss?
- Is it safe for someone with cognitive decline to drive?
- My parent could have dementia. How can I talk to them about it?

Resources

Centers for Disease Control and Prevention: Healthy Aging

National Institute on Aging: Assessing Risk for Alzheimer’s Disease alzheimer's association®

Stay Mentally and Socially Active

Embrace lifestyle habits that improve your overall health, such as exercising, consuming a nutritious diet — and staying cognitively and socially active. Science suggests these may support brain health as well. It's never too late to make changes to achieve a healthier lifestyle — or too early to start.

- Mental activities
- Social activities

Mental activities

Mentally challenging activities, such as learning a new skill, adopting a new hobby or engaging in formal education, may have short and long-term benefits for your brain. To keep your mind active, it is important to participate in activities that expose your mind to new topics.

Challenge yourself to games with strategy or high-level reading material, or determine how to approach a familiar task in a more effective way. Selecting activities you enjoy will increase the likelihood that you will continue to engage in them over time.

Another way to stay mentally active is to get as much formal education as you can, at any point in life. Formal education is classroom-based learning administered by professionally trained teachers. Engaging in this type of education will help keep your brain healthy and may protect your brain from developing dementia. This could involve taking a class at a local college or community center that teaches a new topic, skill or hobby (e.g., learning a language or how to play an instrument).

Social activities

Social engagement is associated with reduced rates of disability and mortality, and may also reduce risk for depression. Remaining socially active may support brain health and possibly delay the onset of dementia. There are many ways to stay socially active in your community, and these activities will provide the greatest connection to others.

Participation in clubs, volunteer efforts and other community pursuits may be valuable in maintaining your overall health. Many of these social activities are low-cost or free, such as joining a walking group or book club in your neighborhood. Staying socially active can also be as simple as engaging with friends and family on a regular basis.

Pursue social activities that are meaningful to you. For instance, if you love animals, consider volunteering at a local shelter or with a rescue group. Or, get involved with our cause to end Alzheimer's by becoming a volunteer or advocate, or participating in a community event.

alzheimer's association

Stay Physically Active

Physical activity is a valuable part of any overall body wellness plan and is associated with a lower risk of cognitive decline. If it's safe for you, engage in cardiovascular exercise to elevate your heart rate. This will increase the blood flow to your brain and body, providing additional nourishment while reducing potential dementia risk factors such as high blood pressure, diabetes and high cholesterol.

Physical activities

Consider physical activities that may also be mentally or socially engaging, such as walking with a friend, taking a dance class, joining an exercise group or golfing. Incorporate activity that you enjoy so you will continue to engage in it. For example, bike riding, gardening or walking the dog. Adopting healthy exercise habits today will allow you to enjoy the lifelong benefits of regular physical activity. However, it's never too late to start — making healthy choices at any age is beneficial to your well-being. Always consult your doctor before starting any new exercise program.

Prevent falls

- Falls are the leading cause of fatal and non-fatal injuries in older adults, and one-third of adults over age 65 fall every year.
- Falls in which your head is injured may affect your brain's ability to function normally, causing unconsciousness, confusion and other symptoms.
- Engage in regular physical activity to improve your strength and balance and reduce your risk of falling.

- At home, cover or put objects out of the way that may increase your risk of tripping and falling, such as shoes or electrical cords.
- Turn on lights when you enter a room so you can clearly see obstacles. Consider installing extra lighting in areas that tend to be dark.

Take care of your health

New Research

For the first time, a large, randomized clinical trial has demonstrated a significant reduction in the risk for developing mild cognitive impairment and dementia through the treatment of high blood pressure.

Read More

Keep your heart healthy to help keep your brain healthy. Growing evidence suggests that many factors that increase the risk of heart disease also may increase the risk of dementia. These factors include smoking, obesity, diabetes, high cholesterol and high blood pressure.

- Visit your doctor regularly.
- Get your “numbers” checked, including weight, blood sugar, blood pressure and cholesterol. Actively seek treatment to keep yourself within healthy ranges.
- If you have diabetes, manage it properly.
- Stop smoking. If you don’t smoke, don’t start.
- Take action to minimize stress. Studies have found that regular physical activity decreases stress, increases your ability to manage stress and leads to better mood

overall.

- Get enough sleep. Inadequate sleep due to conditions like insomnia or sleep apnea can result in problems with memory and thinking.
- Avoid excess alcohol.
- Seek professional assistance to address anxiety, depression or other mental health concerns.

CAUSES OF ALZHEIMER’S DISEASE

What Happens to the Brain in Alzheimer's Disease?

The healthy human brain contains tens of billions of neurons—specialized cells that process and transmit information via electrical and chemical signals. They send messages between different parts of the brain, and from the brain to the muscles and organs of the body. Alzheimer’s disease disrupts this communication among neurons, resulting in loss of function and cell death.

Key Biological Processes in the Brain

Most neurons have three basic parts: a cell body, multiple dendrites, and an axon.

- The **cell body** contains the nucleus, which houses the genetic blueprint that directs and regulates the cell’s activities.
- **Dendrites** are branch-like structures that extend from the cell body and collect information from other neurons.
- The **axon** is a cable-like structure at the end of the cell body opposite the dendrites and transmits messages to other neurons.

The function and survival of neurons depend on several key biological processes:

- **Communication.** Neurons are constantly in touch with neighboring brain cells. When a neuron receives signals from other neurons, it generates an electrical charge that travels down the length of its axon and releases neurotransmitter chemicals across a tiny gap, called a synapse. Like a key fitting into a lock, each neurotransmitter molecule then binds to specific receptor sites on a dendrite of a nearby neuron. This process triggers chemical or electrical signals that either stimulate or inhibit activity in the neuron receiving the signal. Communication often occurs across networks of brain cells. In fact, scientists estimate that in the brain’s communications network, one neuron may have as many as 7,000 synaptic connections with other neurons.
- **Metabolism.** Metabolism—the breaking down of chemicals and nutrients within a cell—is critical to healthy cell function and survival. To perform this function, cells require energy in the form of oxygen and glucose, which are supplied by blood circulating through the brain. The brain has one of the richest blood supplies of any organ and consumes up to 20 percent of the energy used by the human body—more than any other organ.
- **Repair, remodeling, and regeneration.** Unlike many cells in the body, which are relatively short-lived, neurons have evolved to live a long time—more than 100 years in humans. As a result, neurons must constantly maintain and repair themselves. Neurons also continuously adjust, or “remodel,” their synaptic connections depending on how much stimulation they receive from other neurons. For example, they may strengthen or weaken synaptic connections, or even break down connections with one group of neurons and build new connections with a different group. Adult brains may even generate new neurons—a process called neurogenesis. Remodeling of synaptic connections and neurogenesis are important for learning, memory, and possibly brain repair.

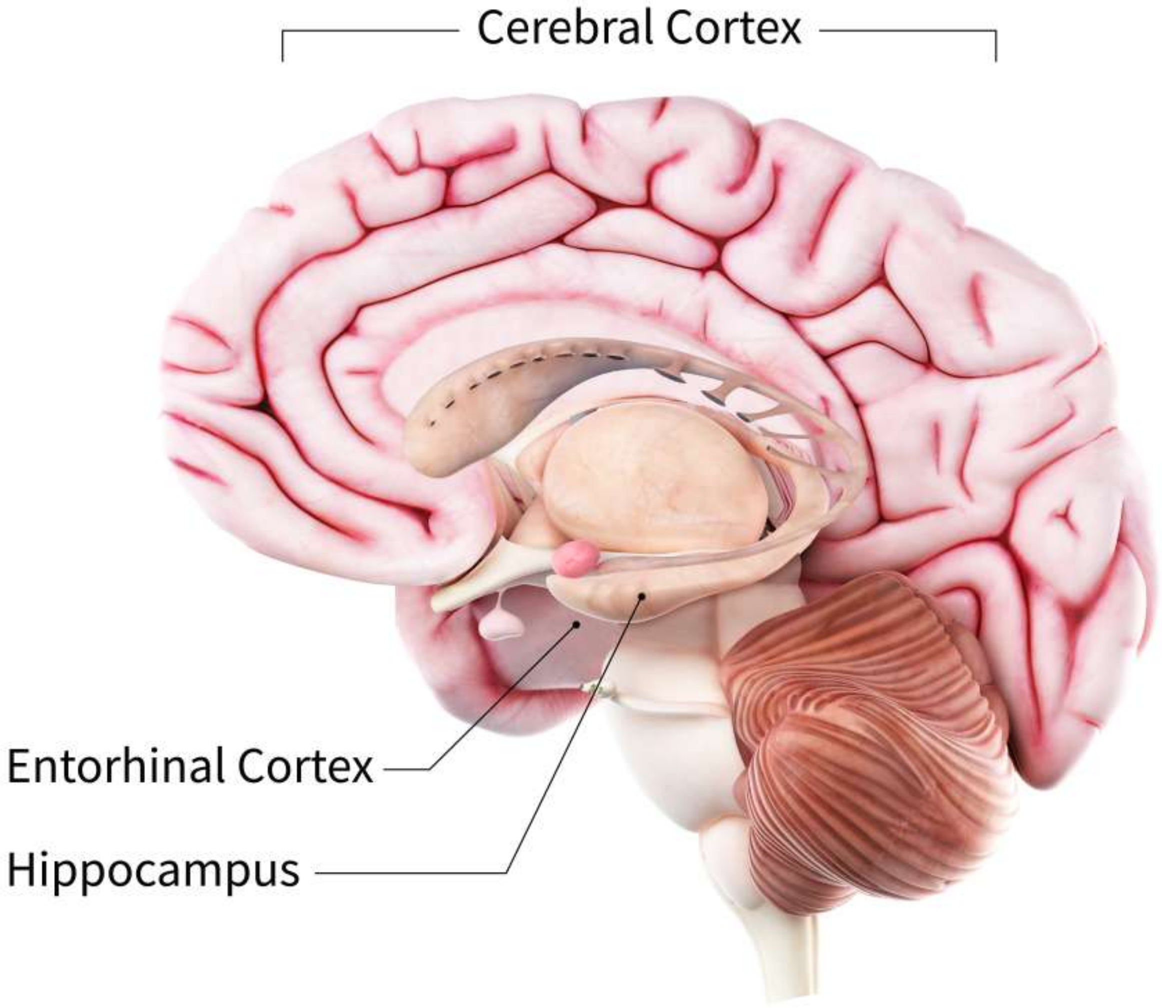
Neurons are a major player in the central nervous system, but other cell types are also key to healthy brain function. In fact, glial cells are by far the most numerous cells in the brain, outnumbering neurons by about 10 to 1. These cells, which come in various forms—such as microglia, astrocytes, and oligodendrocytes—surround and support the function and healthy of neurons. For example, microglia protect neurons from physical and chemical damage and are responsible for clearing foreign substances and cellular debris from the brain. To carry out these functions, glial cells often collaborate with blood vessels in the brain. Together, glial and blood vessel cells regulate the delicate balance within the brain to ensure that it functions at its best.

How Alzheimer's Changes the Brain

How Does Alzheimer's Disease Affect the Brain?

The brain typically shrinks to some degree in healthy aging but, surprisingly, does not lose neurons in large numbers. In Alzheimer's disease, however, damage is widespread, as many neurons stop functioning, lose connections with other neurons, and die. Alzheimer's disrupts processes vital to neurons and their networks, including communication, metabolism, and repair.

At first, Alzheimer's disease typically destroys neurons and their connections in parts of the brain involved in memory, including the entorhinal cortex and hippocampus. It later affects areas in the cerebral cortex responsible for language, reasoning, and social behavior. Eventually, many other areas of the brain are damaged. Over time, a person with Alzheimer's gradually loses his or her ability to live and function independently. Ultimately, the disease is fatal.



What Are the Main Characteristics of the Brain with Alzheimer’s?

Many molecular and cellular changes take place in the brain of a person with Alzheimer’s disease. These changes can be observed in brain tissue under the microscope after death. Investigations are underway to determine which changes may cause Alzheimer’s and which may be a result of the disease.

Amyloid Plaques

The beta-amyloid protein involved in Alzheimer’s comes in several different molecular forms that collect between neurons. It is formed from the breakdown of a larger protein, called amyloid precursor protein. One form, beta-amyloid 42, is thought to be especially toxic. In the Alzheimer’s brain, abnormal levels of this naturally occurring protein clump together to form plaques that collect between neurons and disrupt cell function. Research is ongoing to better understand how, and at what stage of the disease, the various forms of beta-amyloid influence Alzheimer’s.

Neurofibrillary Tangles

Neurofibrillary tangles are abnormal accumulations of a protein called tau that collect inside neurons. Healthy neurons, in part, are supported internally by structures called microtubules, which help guide nutrients and molecules from the cell body to the axon and dendrites. In healthy neurons, tau normally binds to and stabilizes microtubules. In Alzheimer’s disease, however, abnormal chemical changes cause tau to detach from microtubules and stick to other tau molecules, forming threads that eventually join to form tangles inside neurons. These tangles block the neuron's transport system, which harms the synaptic communication between neurons.

Emerging evidence suggests that Alzheimer's-related brain changes may result from a complex interplay among abnormal tau and beta-amyloid proteins and several other factors. It appears that abnormal tau accumulates in specific brain regions involved in memory. Beta-amyloid clumps into plaques between neurons. As the level of beta-amyloid reaches a tipping point, there is a rapid spread of tau throughout the brain.

Chronic Inflammation

Research suggests that chronic inflammation may be caused by the buildup of glial cells normally meant to help keep the brain free of debris. One type of glial cell, microglia, engulfs and destroys waste and toxins in a healthy brain. In Alzheimer's, microglia fail to clear away waste, debris, and protein collections, including beta-amyloid plaques. Researchers are trying to find out why microglia fail to perform this vital function in Alzheimer's.

One focus of study is a gene called TREM2. Normally, TREM2 tells the microglia cells to clear beta-amyloid plaques from the brain and helps fight inflammation in the brain. In the brains of people where this gene does not function normally, plaques build up between neurons. Astrocytes—another type of glial cell—are signaled to help clear the buildup of plaques and other cellular debris left behind. These microglia and astrocytes collect around the neurons but fail to perform their debris-clearing function. In addition, they release chemicals that cause chronic inflammation and further damage the neurons they are meant to protect.

Vascular Contributions to Alzheimer's Disease

People with dementia seldom have only Alzheimer's-related changes in their brains. Any number of vascular issues—problems that affect blood vessels, such as beta-amyloid deposits in brain arteries, atherosclerosis (hardening of the arteries), and mini-strokes—may also be at play.

Vascular problems may lead to reduced blood flow and oxygen to the brain, as well as a breakdown of the blood-brain barrier, which usually protects the brain from harmful agents while allowing in glucose and other necessary factors. In a person with Alzheimer's, a faulty blood-brain barrier prevents glucose from reaching the brain and prevents the clearing away of toxic beta-amyloid and tau proteins. This results in inflammation, which adds to vascular problems in the brain. Because it appears that Alzheimer's is both a cause and consequence of vascular problems in the brain, researchers are seeking interventions to disrupt this complicated and destructive cycle.

Loss of Neuronal Connections and Cell Death

In Alzheimer's disease, as neurons are injured and die throughout the brain, connections between networks of neurons may break down, and many brain regions begin to shrink. By the final stages of Alzheimer's, this process—called brain atrophy—is widespread, causing significant loss of brain volume.

Learn more about Alzheimer's disease from MedlinePlus.

For More Information About Alzheimer's Brain Changes

NIA Alzheimer's and related Dementias Education and Referral (ADEAR) Center
800-438-4380 (toll-free)
adear@nia.nih.gov
www.nia.nih.gov/alzheimers
The NIA ADEAR Center offers information and free print publications about Alzheimer's and related dementias for families, caregivers, and health professionals. ADEAR Center staff answer telephone, email, and written requests and make referrals to local and national resources.

Alzheimers.gov
www.alzheimers.gov
Explore the Alzheimers.gov portal for information and resources on Alzheimer's and related dementias from across the federal government.

This content is provided by the NIH National Institute on Aging (NIA). NIA scientists and other experts review this content to ensure it is accurate and up to date.

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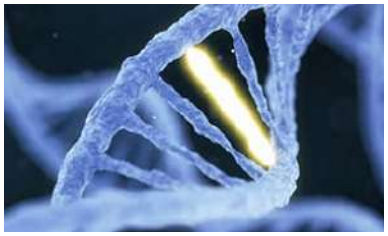
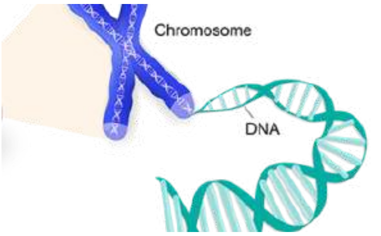
Related Articles



What Causes Alzheimer's Disease?

Alzheimer's Disease Fact Sheet



Alzheimer's Disease Genetics Fact Sheet

If you are interested in learning more about Alzheimer's & Dementia, please call us at 1-800-438-4380, Mon-Fri, 8:30 am-5:00 pm Eastern Time or send an email to adear@nia.nih.gov

Additional Resources for Caregiver Stress and Support

Family Caregiver Alliance
https://www.caregiver.org/

NIH National Institute on Aging – Caregiving
https://www.nia.nih.gov/health/caregiving

U.S. Department of Health and Human Services – Administration for Community Living
National Family Caregiver Support Program
https://acl.gov/programs/support-caregivers/national-family-caregiver-support-program

Eldercare Locator – Support Services
https://eldercare.acl.gov/Public/Resources/LearnMoreAbout/Support_Services.aspx

USA.gov – Caregiver Support
https://www.usa.gov/disability-caregiver

AARP – Family Caregiving
https://www.aarp.org/caregiving/

AARP – Guide for Family Caregivers in Michigan
https://states.aarp.org/michigan/caregiver-resources

Mayo Clinic - Caregiver Stress: Tips for Taking Care of Yourself
https://www.mayoclinic.org/healthy-lifestyle/stress-management/in-depth/caregiver-stress/art-20044784

Alzheimer's Association - Caregiver Stress
https://www.alz.org/help-support/caregiving/caregiver-health/caregiver-stress

Help Guide - Caregiver Stress and Burnout
https://www.helpguide.org/articles/stress/caregiver-stress-and-burnout.htm

Help Guide - Alzheimer's and Dementia Care: Help for Family Caregivers
https://www.helpguide.org/articles/alzheimers-dementia-aging/tips-for-alzheimers-caregivers.htm

Harvard Medical School – 4 Things You Can Do to Alleviate Caregiver Stress
https://www.health.harvard.edu/staying-healthy/4-things-you-can-do-to-alleviate-caregiver-stress

AARP – How to Find a Caregiver Support Group That's Right for You
https://www.aarp.org/caregiving/life-balance/info-2021/support-groups.html

National Institutes of Health / U.S. National Library of Medicine

MedlinePlus
Trusted Health Information for You

URL of this page: https://medlineplus.gov/caregiverhealth.html

Caregiver Health

Also called: Caring for the caregiver

What is a caregiver?

A caregiver [https://medlineplus.gov/caregivers.html] gives care to someone who needs help taking care of themselves. The person who needs help may be a child, an adult, or an older adult. They may need help because of an injury, chronic illness, or disability [https://medlineplus.gov/disabilities.html] .

Some caregivers are informal caregivers. They are usually family members or friends. Other caregivers are paid professionals. Caregivers may give care at home or in a hospital or other health care setting. Sometimes they are caregiving from a distance. The types of tasks that caregivers do may include

- Helping with daily tasks like bathing, eating, or taking medicine
- Arranging activities and medical care
- Making health and financial decisions

How does caregiving affect the caregiver?

Caregiving can be rewarding. It may help to strengthen connections to a loved one. You may feel fulfillment from helping someone else. But caregiving may also be stressful and sometimes even overwhelming. Caregiving may involve meeting complex demands without any training or help. You may also be working and have children or others to care for. To meet all of the demands, you might be putting your own needs and feelings aside. But that's not good for your long-term health. But you need to make sure that you are also taking care of yourself.

What is caregiver stress?

Many caregivers are affected by caregiver stress [https://medlineplus.gov/stress.html] . This is the stress that comes from the emotional and physical strain of caregiving. The signs include

- Feeling overwhelmed
- Feeling alone, isolated, or deserted by others
- Sleeping too much or too little
- Gaining or losing a lot of weight
- Feeling tired most of the time
- Losing interest in activities you used to enjoy
- Becoming easily irritated or angered
- Feeling worried or sad often
- Having headaches [https://medlineplus.gov/headache.html] or body aches often

- Turning to unhealthy behaviors like smoking [https://medlineplus.gov/smoking.html] or drinking too much alcohol [https://medlineplus.gov/alcohol.html]

How can caregiver stress affect my health?

Long-term caregiver stress may put you at risk for many different health problems. Some of these problems can be serious. They include

- Depression [https://medlineplus.gov/depression.html] and anxiety [https://medlineplus.gov/anxiety.html]
- A weak immune system
- Excess weight and obesity [https://medlineplus.gov/obesity.html]
- Chronic diseases such as heart disease [https://medlineplus.gov/heartdiseases.html] , cancer, diabetes [https://medlineplus.gov/diabetes.html] , or arthritis [https://medlineplus.gov/arthritis.html] . Depression and obesity can raise the risk of these diseases even more.
- Problems with short-term memory [https://medlineplus.gov/memory.html] or paying attention

What can I do to prevent or relieve caregiver stress?

Taking steps to prevent or relieve caregiver stress may help prevent health problems. Remember that if you feel better, you can take better care of your loved one. It will also be easier to focus on the rewards of caregiving. Some ways to help yourself include

- **Learning better ways to help your loved one.** For examples, hospitals offer classes that can teach you how to care for someone with an injury or illness.
- **Finding caregiving resources in your community to help you.** Many communities have adult daycare services or respite services. Using one of these can give you a break from your caregiving duties.
- **Asking for and accepting help.** Make a list of ways others can help you. Let helpers choose what they would like to do. For instance, someone might sit with the person you care for while you do an errand. Someone else might pick up groceries for you.
- **Joining a support group for caregivers.** A support group can allow you to share stories, pick up caregiving tips, and get support from others who face the same challenges as you do.
- **Being organized** to make caregiving more manageable. Make to-do lists and set a daily routine.
- **Staying in touch with family and friends.** It's important for you to have emotional support.
- **Taking care of your own health.** Try to find time to be physically active [https://medlineplus.gov/exerciseandphysicalfitness.html] on most days of the week, choose healthy foods, and get enough sleep [https://medlineplus.gov/healthysleep.html] . Make sure that you keep up with your medical care such as regular checkups [https://medlineplus.gov/healthcheckup.html] and screenings [https://medlineplus.gov/healthscreening.html] .
- **Considering taking a break from your job**, if you also work and are feeling overwhelmed. Under the federal Family and Medical Leave Act, eligible employees can take up to 12 weeks of unpaid leave per year to care for relatives. Check with your human resources office about your options.

Dept. of Health and Human Services Office on Women's Health

Start Here

- Caregiver Health [https://www.healthinaging.org/a-z-topic/caregiver-health] (AGS Foundation for Health in Aging)
- Caregiver Health and Wellness [https://familydoctor.org/caregiver-health-and-wellness/?adfree=true]
  (American Academy of Family Physicians)
  Also in Spanish [https://es.familydoctor.org/salud-y-bienestar-del-cuidador/?adfree=true]
- Caring for the Caregiver [https://www.cancer.gov/publications/patient-education/caring-for-the-caregiver]
  NIH (National Cancer Institute)

Also in Spanish [https://www.cancer.gov/espanol/publicaciones/educacion-para-pacientes/como-cuidarse]

- If You're about to Become a Cancer Caregiver [https://www.cancer.org/treatment/caregivers/if-youre-about-to-become-a-cancer-caregiver.html] (American Cancer Society)

Treatments and Therapies

- Taking Care of You: Self-Care for Family Caregivers [https://www.caregiver.org/resource/taking-care-you-self-care-family-caregivers/] (Family Caregiver Alliance)

- Taking Care of Yourself: Tips for Caregivers [https://www.nia.nih.gov/health/taking-care-yourself-tips-caregivers] NIH (National Institute on Aging)

Living With

- Coping with Caregiving: Take Care of Yourself While Caring for Others [https://newsinhealth.nih.gov/special-issues/seniors/coping-caregiving] NIH (National Institutes of Health)
  Also in Spanish [https://salud.nih.gov/recursos-de-salud/ediciones-especiales/adultos-mayor/como-lidiar-con-el-cuidado/]

Related Issues

- Caregiver Depression [https://www.alz.org/help-support/caregiving/caregiver-health/caregiver-depression] (Alzheimer's Association)

Specifics

- Caregiver Stress [https://www.alz.org/help-support/caregiving/caregiver-health/caregiver-stress] (Alzheimer's Association)

- Caregiver Stress [https://www.womenshealth.gov/a-z-topics/caregiver-stress] (Department of Health and Human Services, Office on Women's Health)
  Also in Spanish [https://espanol.womenshealth.gov/a-z-topics/caregiver-stress]

- Support for Caregivers of Cancer Patients [https://www.cancer.gov/about-cancer/coping/caregiver-support] NIH (National Cancer Institute)
  Also in Spanish [https://www.cancer.gov/espanol/cancer/sobrellevar/apoyo-a-quien-cuida]

- What Is Caregiver Burnout? [https://www.heart.org/-/media/files/health-topics/answers-by-heart/what-is-caregiver-burnout.pdf?la=en] Easy-to-Read (American Heart Association) - **PDF**

Clinical Trials

- ClinicalTrials.gov: Caregiver Burden [https://clinicaltrials.gov/search?recr=open&cond=caregiver+burden] NIH (National Institutes of Health)

Journal Articles

References and abstracts from MEDLINE/PubMed (National Library of Medicine)

- Article: Burden and social support in informal caregivers of people undergoing kidney... [https://www.ncbi.nlm.nih.gov/pubmed/34431939]

- Article: Burden and social support in informal caregivers of people undergoing kidney... [https://www.ncbi.nlm.nih.gov/pubmed/34320096]

- Article: Effects of case management intervention for people with dementia and their... [https://www.ncbi.nlm.nih.gov/pubmed/34265500]

- Caregiver Health -- see more articles [https://pubmed.ncbi.nlm.nih.gov/?term=(caregivers[majr]+OR+caregivers/psychology[majr])+AND+(mental+health[majr]+OR+social+support[mh]+OR+caregiver+burden[mh])+AND+english[la]+AND+humans[mh]+AND+(jsubsetk[text]+OR+jsubsetaim[text]+OR+patient+education+handout[pt]+OR+jsubsetn[text])+NOT+(letter[pt]+OR+editorial[pt]+OR+case+reports[pt])+AND+%22last+2+Years%22[edat]]

Related Health Topics

Alzheimer's Caregivers [https://medlineplus.gov/alzheimerscaregivers.html]

Caregivers [https://medlineplus.gov/caregivers.html]

National Institutes of Health

The primary NIH organization for research on *Caregiver Health* is the National Institute on Aging [https://www.nia.nih.gov/]

Caregiver Self-Assessment Questionnaire

How are YOU?

Caregivers are often so concerned with caring for the relative's needs that they lose sight of their own well-being. Please take just a moment to answer the following questions. Once you have answered the questions, turn the page to do a self-evaluation.

During the past week or so, I have …

1. Had trouble keeping my mind on what I was doing…. ☐Yes ☐No
2. Felt that I couldn't leave my relative alone…………......... ☐Yes ☐No
3. Had difficulty making decisions…………………….... ☐Yes ☐No
4. Felt completely overwhelmed…………….….. ☐Yes ☐No
5. Felt useful and needed …………….............. ☐Yes ☐No
6. Felt lonely……………….…...... ☐Yes ☐No
7. Been upset that my relative has changed so much from his/her former self………… ☐Yes ☐No
8. Felt a loss of privacy and/or personal time………………. ☐Yes ☐No
9. Been edgey or irritable…….. ☐Yes ☐No
10. Had sleep disturbed because of caring for my relative…... ☐Yes ☐No
11. Had a crying spell(s)………. ☐Yes ☐No
12. Felt strained between work and family responsibilities… ☐Yes ☐No
13. Had back pain……………… ☐Yes ☐No
14. Felt ill *(headaches, stomach problems or common cold)*….. ☐Yes ☐No
15. Been satisfied with the support my family has given me…………………………. ☐Yes ☐No
16. Found my relative's living situation to be inconvenient or a barrier to care……….. ☐Yes ☐No
17. On a scale of 1 to 10, with 1 being "not stressful" to 10 being "extremely stressful," please rate your current level of stress. ______________
18. On a scale of 1 to 10, with 1 being "very healthy" to 10 being "very ill," please rate your current health compared to what it was this time last year. ______________

Comments:

(Please feel free to comment or provide feedback.)

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AGS Geriatrics Healthcare Professionals
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Self-Evaluation

To determine the score:

1. Reverse score questions 5 and 15.
   For example, a "No" response should be counted as a "Yes" and a "Yes" response should be counted as a "No."
2. Total the number of "yes" responses.

To interpret the score

Chances are that you are experiencing a high degree of distress if any of the below is true:

- If you answered "Yes" to either or both questions 4 and 11
- If your total "Yes" scores = 10 or more
- If your score on question 17 is 6 or higher
- If your score on question 18 is 6 or higher

Next Steps

- Consider seeing a doctor for a check-up for yourself
- Consider having some relief from caregiving (Discuss with your healthcare provider or a social worker the resources available in your community.)
- Consider joining a support group

Valuable resources for caregivers

HealthinAging.org
(800) 563-4916 | www.healthinaging.org

Caregiver Action Network
(202) 454-3970 | www.caregiveraction.org

Eldercare Locator
(a national directory of community services)
(800) 677-1116 | www.eldercare.gov

Family Caregiver Alliance
(800) 445-8106 | www.caregiver.org

Medicare Hotline
(800) 633-4227 | www.medicare.gov

National Alliance for Caregiving
(301) 718-8444 | www.caregiving.org

Local resources and contacts:

AGS/HiAF 7.24.2014

This questionnaire was originally developed and tested by the American Medical Association.

A FACT SHEET FROM THE OFFICE ON WOMEN'S HEALTH

Caregiver Stress

A caregiver is anyone who provides care for another person in need, such as a child, an aging parent, a husband or wife, friend, or neighbor. Caregiving can be rewarding, but it can also be challenging. Stress from caregiving is common. Women especially are at risk for the harmful health effects of caregiver stress.

Q: What is caregiver stress?

A: Caregiver stress is due to the emotional and physical strain of caregiving. Caregivers report much higher levels of stress than people who are not caregivers. Many caregivers are providing help or are "on call" almost all day. Some caregivers may feel overwhelmed by the amount of care their aging, sick, or disabled family member needs.

Q: What are the signs and symptoms of caregiver stress?

A: Caregiver stress can take many forms. You may feel frustrated and angry one minute and helpless the next. You may make mistakes when giving medicines. Or you may turn to unhealthy behaviors like smoking or drinking too much alcohol.

Other signs and symptoms include:

- Feeling overwhelmed
- Feeling alone, isolated, or deserted by others
- Sleeping too much or too little
- Gaining or losing a lot of weight
- Feeling tired most of the time
- Losing interest in activities you used to enjoy
- Feeling worried or sad often
- Having headaches or body aches often

Q: How does caregiver stress affect my health?

A: Some of the ways stress affects caregivers include:

- **Depression and anxiety.** Women who are caregivers are more likely than men to develop symptoms of anxiety and depression.
- **Weak immune system.** Stressed caregivers may spend more days sick with the cold or flu. A weak immune system can also make vaccines such as flu shots less effective. Also, it may take longer to recover from surgery.
- **Obesity.** Stress causes more weight gain in women than in men. Obesity raises your risk for other health problems, including heart disease, stroke, and diabetes.
- **Higher risk for chronic diseases.** High levels of stress can raise your risk for health problems, such as heart disease, cancer, diabetes, or arthritis.
- **Problems with short-term memory or paying attention.** Caregivers of spouses with Alzheimer's disease are at higher risk for problems with short-term memory and focusing.

Q: What can I do to prevent or relieve stress?

A: Here are some tips to help you prevent or manage caregiver stress:

- Take a class that teaches you how to care for someone with an injury or illness. To find these classes, ask your doctor or call your local Area Agency on Aging.
- Find caregiving resources in your community to give you a break. Your community may have adult daycare services or respite services.
- Ask for and accept help. Make a list of ways others can help you, such as getting groceries or sitting with the person while you do an errand.
- Make to-do lists, and set a daily routine.
- Stay in touch with family and friends, and do things you enjoy with your loved ones.
- Take care of your health. See your doctor for checkups, find time to be physically active on most days of the week, choose healthy foods, and get enough sleep.
- Ask for and accept help. Make a list of ways others can help you, such as getting groceries or sitting with the person while you do an errand.

For more information…

For more information about caregiver stress, call the OWH Helpline at 800-994-9662 or contact the following organizations:

Centers for Medicare and Medicaid Services
800-633-4227 • *www.cms.hhs.gov*

Eldercare Locator, Administration on Aging, HHS
800-677-1116 • *www.eldercare.gov*

Family Caregiver Alliance
800-445-8106 • *www.caregiver.org*

National Alliance for Caregiving
301-718-8444 • *www.caregiving.org*

Caregiver Action Network
202-454-3970 • *www.caregiveraction.org*

ARCH National Respite Network and Resource Center
www.archrespite.org

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www.facebook.com/HHSOWH

www.twitter.com/WomensHealth

www.youtube.com/WomensHealthgov

Caregiving: Care for Yourself While Caring for Others

familydoctor.org/caregiving-care-caring-others

August 4, 2017

A caregiver is someone who gives basic care to a person who has a chronic medical or intellectual condition. A chronic condition is one that lasts for a long time or never goes away. Some examples of chronic conditions include:

- Children with special needs (cerebral palsy, Down syndrome, autism).
- Cancer.
- Effects of stroke.
- Multiple sclerosis.
- Arthritis.
- Diabetes.
- Alzheimer’s disease and other forms of dementia.

Caregivers help with many tasks. These include shopping, preparing and eating food, cleaning, taking medicine, bathing, and dressing. Caregivers also provide company and emotional support.

Some caregivers are paid. Many are friends or family members of the person who needs care. Providing care for a loved one can be rewarding. But it can also be very challenging.

Why is caregiving challenging?

Caring for a loved one who is seriously ill is never easy. You are often “on call” most of the time. It makes it hard to juggle the other parts of your life. This could include work, chores, caring for children, and caring for the person who is sick. You may feel like you don’t have any free time.

Caregiving is also hard because you often see many changes in your loved one:

- The person you’re caring for may not know you anymore.
- He or she may be too ill to talk or follow simple requests.
- He or she may have behavior problems, like yelling, hitting, or wandering away from home. This may be especially true if the person you’re caring for suffers from dementia.

You may have a hard time thinking of the person in the same way that you did before he or she became ill.

Is it normal to have many different feelings about being a caregiver?

Yes. It’s normal for you to have many different feelings about your role as a caregiver. At times, you may feel scared, sad, lonely, or unappreciated. You may feel angry and frustrated. You may feel guilty or feel that life isn’t fair. All of these feelings are normal.

As a caregiver, am I at risk for health problems?

Yes. Because being a caregiver is so hard, your health can suffer. You may feel stressed or overwhelmed by being a caregiver. You may find that you spend much of your time caring for others, but neglecting your own health.

Some of the tasks of being a caregiver can put extra strain on your body. This could include lifting or bathing your loved one. Being a caregiver also can cause financial stress. You may avoid going to the doctor so you don’t have to pay for visits or treatments. Or you might not have time to go to the doctor when you need to. All of these things can affect your emotional, mental, and physical health.

Studies show that caregivers have an increased risk for the following health problems:

- Alcohol, tobacco, and drug abuse.
- Anxiety disorders.
- Cancer.
- Diabetes.

- Heart disease.
- High blood pressure.
- High cholesterol.
- Heart attack.
- Heartburn.
- Infection.
- Obesity.
- Pain, such as muscle or joint pain, or headaches.
- Stress and depression.

How can I tell if caregiving is putting too much stress on me?

It’s normal to have a lot of conflicting feelings. It’s not normal for these feelings to last for a long time or to disrupt your life. Being a caregiver is hard. Some doctors think of caregivers as “hidden patients.” Studies show that caregivers are much more likely than noncaregivers to suffer from health problems. These could include stress overload, depression, anxiety, and other issues.

Path to improved well being

It is important to take care of yourself while you are taking care of your loved one. This will help prevent stress overload or depression. The following suggestions can help you invest in your own wellness.

Take care of your health

You may feel like you have to “do it all,” regardless of the toll it takes on you. But you can’t take care of anyone else if you don’t take care of yourself. Make wellness a priority by:

- Avoiding alcohol and tobacco.You may think they help in the short-term, but they can affect your sleep and cause health problems if you use them regularly.
- Eating a healthy, balanced diet.Your body needs nourishing food that will give you energy.
- Exercising regularly.Thirty to 60 minutes of exercise 3 to 5 times a week can give you more energy, reduce stress, and improve your mood.
- Getting plenty of sleep.Your body needs to recover physically and mentally every night. If you’re short on sleep, try to take naps when your loved one does.
- Managing stress.Stress affects your mental, emotional, and physical health. Learn ways to manage it so it doesn’t take over your life.

Visit your doctor for regular check-ups

Get regular check-ups, even if you don’t feel sick. Your doctor can help you stay healthy by providing preventive services. These include health tests, screenings, and vaccinations. He or she can give you advice appropriate for your age, sex, and medical and family history. These services help prevent disease and will help catch any medical conditions you do have early.

Educate yourself about your loved one’s medical condition

Find out all you can about the condition your loved one has, the treatment he or she is going through, and its side effects. Being informed can give you a sense of control. Your loved one’s doctor, support groups, the internet, and libraries are good resources for more information.

Stay organized

Caregiving is often a full-time job. But you may be doing it on top of other responsibilities. These could include a paid job or taking care of your children. Make a schedule with your family. This will help all of you stay organized and will help you manage the demands on your time. Don’t forget to schedule time for things you enjoy. These could include visiting with friends, or going out to dinner or a movie.

Take break

Accept that there is a limit to what you can do. If you are getting burned out or overwhelmed, have a plan. Keep a list of people who are willing to help. This list might include family members, friends, or temporary care workers. Reach out for help if you need it.

Talk to your family doctor

If you are overwhelmed, talk to your doctor. Don’t be ashamed or embarrassed about how you’re feeling. Tell your doctor about all of your symptoms. He or she can recommend coping methods, support groups, counseling, or medicine to help you feel better.

Talk to your loved one and your family

You may feel that you shouldn’t burden people with your feelings because you’re not the one who is sick. However, talking about the illness and how you feel can help relieve stress. Talk with your loved one, other family members, or friends who can provide support.

Look for help in your community

Community services provide different kinds of help. These include meal delivery, transportation, and legal or financial counseling. They also include home health care services such as physical therapy, nursing, or respite care for you. You can check your church or synagogue for services or volunteers who can help you. You can also ask for help from support organizations or join an online community.

Many local, county, or state governments have agencies on aging. They can help you locate programs and services in your area. The U.S. Administration on Aging offers information on area agencies and other services. This can be found through its online Eldercare Locator tool.

Join a support group

Support groups allow you to share your feelings and experiences with other people going through similar situations. Your doctor can suggest local support groups. Social media is a resource as well. Online tools, forums, and mobile apps are available to connect you with people in a similar situation.

Seek counseling

Recognizing that you need help takes strength and courage. Sometimes it’s helpful to talk with a counselor about how you’re feeling. Your doctor can refer you to a therapist who specializes in the kind of counseling you need

Things to consider

Sometimes the stress of caregiving for a loved one becomes overwhelming. This can lead to stress overload and even depression. Watch for these signs:

Signs of stress overload

- Feeling overwhelmed or helpless.
- Anxiety or irritability.
- Excessive anger toward the person you care for, your family, or yourself.
- Health problems (heartburn, headaches, or catching a series of colds or flu).
- Sleep problems (sleeping too much or not enough).
- Social withdrawal.
- Unhealthy behaviors, such as smoking or drinking too much alcohol.

Signs of depression

- Change in appetite, unintended weight loss or gain.
- Crying easily or for no reason.
- Feeling sad, hopeless, or helpless.
- Feeling slowed down, restless, or irritable.

- Feeling worthless or guilty.
- Headaches, backaches, or digestive problems.
- Loss of interest in sex.
- No interest or pleasure in things you used to enjoy.
- Sleep problems (sleeping too much or not enough).
- Trouble recalling things, concentrating, or making decisions.
- Thoughts about death or suicide.

If you think you are suffering from stress overload or depression, call your family doctor. He or she can help you manage your feelings and stress. This could be through stress management techniques, counseling, or medicine.

Questions to ask your doctor

- What can I do to prevent stress overload?
- Are there ways I can take a break from caregiving?
- What signs should I look for that I'm doing too much?
- Would a support group help me?
- Do I need medicine to cope with the stress of caregiving?

Resources

Centers for Disease Control and Prevention: Caregiving

National Institutes of Health, MedlinePlus: Caregivers

U.S. Administration on Aging: Eldercare Locator

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Dementia, Caregiving, and Controlling Frustration

By Family Caregiver Alliance

The Stresses of Caregiving

Caring for an individual with Alzheimer's disease or a related dementia can be challenging and, at times, overwhelming. Frustration is a normal and valid emotional response to many of the difficulties of being a caregiver. While some irritation may be part of everyday life as a caregiver, feeling extreme frustration can have serious consequences for you or the person you care for. Frustration and stress may negatively impact your physical health or cause you to be physically or verbally aggressive towards your loved one. If your caregiving situation is causing you extreme frustration or anger, you may want to explore some new techniques for coping.

When you are frustrated, it is important to distinguish between *what is and what is not within your power to change*. Frustration often arises out of trying to change an uncontrollable circumstance. As a caregiver of someone with dementia, you face many uncontrollable situations. Normal daily activities—dressing, bathing, and eating—may become sources of deep frustration for you. Behaviors often associated with dementia, like wandering or asking questions repeatedly, can be frustrating for caregivers but are uncontrollable behaviors for people with dementia. Unfortunately, you cannot simply change the behavior of a person suffering from dementia.

When dealing with an uncontrollable circumstance, you do control one thing: *how you respond to that circumstance*.

In order to respond without extreme frustration, you will need to:

- Learn to recognize the warnings signs of frustration.
- Intervene to calm yourself down physically.
- Modify your thoughts in a way that reduces your stress.
- Learn to communicate assertively.
- Learn to ask for help.

Warning Signs of Frustration

If you can recognize the warning signs of frustration, you can intervene and adjust your mood before you lose control. Some of the common warning signs of frustration include:

- Shortness of breath
- Knot in the throat
- Stomach cramps
- Chest pains
- Headache

- Compulsive eating
- Excessive alcohol consumption
- Increased smoking
- Lack of patience
- Desire to strike out

Calming Down Physically

When you become aware of the warning signs of frustration, you can intervene with an immediate activity to help you calm down. This gives you time to look at the situation more objectively and to choose how to respond in a more controlled way.

When you feel yourself becoming frustrated, try counting from one to ten slowly and taking a few deep breaths. If you are able, take a brief walk or go to another room and collect your thoughts. It is better to leave the situation, even for a moment, than to lose control or react in a way you will regret. If you think someone may be offended when you leave the room, you can tell that person you need to go to the restroom. You can also try calling a friend, praying, meditating, singing, listening to music, or taking a bath. Try experimenting with different responses to find out what works best for you and the person you care for.

The regular practice of relaxation techniques can also help prepare you for frustrating circumstances. If possible, try the following relaxation exercise for at least ten minutes each day:

Sit in a comfortable position in a quiet place. Take slow, deep breaths and relax the tension in your body. While you continue to take slow, deep breaths, you may want to imagine a safe and restful place and repeat a calming word or phrase.

Modifying Your Thoughts

As you take time out to collect your thoughts, try rethinking your situation in ways that reduce frustration. How you think often affects how you feel. Of course, feelings of frustration arise from difficult circumstances. If, however, you analyze your response to a frustrating situation, you will usually find some form of *maladaptive*—or negative—thinking that has the effect of increasing your frustration, preventing you from looking at your situation objectively, or finding a better way to deal with it.

Below are six major types of unhelpful thought patterns common among caregivers. Following each unhelpful thought pattern is an example of an *adaptive*—or more helpful—thought that can be used as self-defense against frustration. Familiarizing yourself with the unhelpful thought patterns and the adaptive responses can help you control your frustration.

Overgeneralization

You take one negative situation or characteristic and multiply it. For example, you're getting ready to take the person in your care to a doctor's appointment when you discover the car battery has died. You then conclude, "This always happens; something always goes wrong."

Adaptive response: "This does not happen all the time. Usually my car is working just fine. At times things don't happen the way I would like, but sometimes they do."

Discounting the Positive

You overlook the good things about your circumstances and yourself. For example, you might not allow yourself to feel good about caregiving by thinking, "I could do more" or "anyone could do what I do."

Adaptive response: "Caregiving is not easy. It takes courage, strength, and compassion to do what I do. I am not always perfect, but I do a lot and I am trying to be helpful."

Jumping to Conclusions

You reach a conclusion without having all the facts. You might do this in two ways:

1. **Mindreading:** We assume that others are thinking negative thoughts about us. For example, a friend doesn't return a phone call, and we assume that he or she is ignoring us or doesn't want to talk to us.

   Adaptive response: "I don't know what my friend is thinking. For all I know, she didn't get the message. Maybe she is busy or just forgot. If I want to know what she is thinking, I will have to ask her."

2. **Fortune-telling:** You predict a negative outcome in the future. For example, you will not try adult day care because you assume the person in your care will not enjoy it. You think, "He will never do that. Not a chance!"

   Adaptive response: "I cannot predict the future. I don't think he is going to like it, but I won't know for sure unless I try."

"Should" Statements

You try to motivate yourself using statements such as "I should call Mother more often" or "I shouldn't go to a movie because Mom might need me." What you think you "should" do is in conflict with what you want to do. You end up feeling guilty, depressed, or frustrated.

Adaptive response: "I would like to go to a movie. It's okay for me to take a break from caregiving and enjoy myself. I will ask a friend or neighbor to check in on Mom."

Labeling

You identify yourself or other people with one characteristic or action. For example, you put off doing the laundry and think, "I am lazy."

Adaptive response: "I am not lazy. Sometimes I don't do as much as I could, but that doesn't mean I am lazy. I often work hard and do the best that I can. Even I need a break sometimes."

Personalizing

You take responsibility for a negative occurrence that is beyond your control. For example, you might blame yourself when the person in your care requires hospitalization or placement in a facility.

Adaptive response: "Mom's condition has gotten to the point where I can no longer take care of her myself. It is her condition and not my shortcomings that require her to be in a nursing home."

Using the "Triple-Column Technique"

Unhelpful thought patterns are usually ingrained reactions or habits. To modify your negative thoughts, you will have to learn to recognize them, know why they are false, and talk back to them.

One helpful way to practice using more adaptive thinking processes is to use the "triple-column technique." Draw two lines down the center of a piece of paper to divide the paper into thirds. When you are feeling frustrated, take a personal "time out" and write your negative thoughts in the first column.

In the second column, try to identify the type of unhelpful pattern from the six examples above. In the third column, talk back to your negative thoughts with a more positive point of view. See below for examples.

Negative Thoughts

Thought Patterns

Adaptive Thoughts

(Caregiver burns dinner.) “I can’t do anything right!”
Overgeneralization
I’m not perfect, but nobody is perfect. Sometimes I make mistakes, and sometimes I do things well.

(Caregiver has coffee with a friend and spouse has accident at home.) “I’m selfish and rotten! If I had been home, he wouldn’t have fallen.”
Labeling; personalizing
I’m not selfish or rotten. I do a lot to take care of my husband, but I need to take care of myself as well. He might have fallen even if I had been home.

(Brother does not show up to take your Dad to the doctor.) “I knew I couldn’t trust him. I should just do it myself next time.”
Jumping to conclusions; should statements
I don’t know why he didn't come, but I need his help, so we’ll have to find ways for him to share the burden of Dad’s care.

Communicating Assertively

Good communication can reduce frustration by allowing you to express yourself while helping others to understand your limits and needs. *Assertive* communication is different from passive or aggressive communication. When you communicate passively, you may be keeping your own needs and desires inside to avoid conflict with others. While this may seem easier on the surface, the long-term result may be that others feel they can push you around to get their way.

When you communicate aggressively, you may be forcing your needs and desires onto others. While this allows you to express your feelings, aggressive communication generally makes others more defensive and less cooperative.

When you communicate assertively, you express your own needs and desires while respecting the needs and desires of others. Assertive communication allows both parties to engage in a dignified discussion about the issue at hand.

Keys to assertive communication are:

- Respecting your own feelings, needs, and desires.
- Standing up for your feelings without shaming, degrading, or humiliating the other person.
- Using “I” statements rather than “you” statements. For example, say, “I need a break” or "I would like to talk to you and work this out” instead of “You are irresponsible” or “You never help out!”
- Not using “should” statements. For example, say, “It’s important to me that promises be kept,” instead of "You should keep your promise.”

The Critical Step: Asking for Help

You cannot take on all the responsibilities of caregiving by yourself. It is essential that you ask for and accept help. Discuss your needs with family members and friends who might be willing to share caregiving responsibilities. People will not realize you need help if you do not explain your situation and ask for assistance. Remember, you have the right to ask for help and express your needs.

When to say "Yes"

Don't be afraid to say "Yes" if someone offers to help. Say "Yes" at the moment a person offers to help rather than saying "Maybe" and waiting until you are in a fix. Have a list handy of errands or tasks you need help with. Keep in mind that people feel useful and gratified when they are able to help others.

When to say "No"

Often, caregivers are pulled in multiple directions. In addition to the demands of caregiving, you may feel compelled to meet the demands of your immediate and extended family, your friends, and your employer. Learn how to say "No" to the demands of others when you are overwhelmed or need a break. It is your right to say "No" to extra demands on your time without feeling guilty.

Learning Effective Communication Techniques for Dementia Caregiving

Many families find it frustrating to communicate with a loved one who has dementia. The person with dementia may repeat questions over and over or mistake you for someone else. It is important to remember that the person with dementia cannot control behavior caused by their disease. They do not need to be corrected or grounded in "reality." You can distract them or just agree with them as a way to reduce your frustration.

It can be helpful, however, to learn more about dementia and effective communication techniques which will ease your frustration. For example, use simple, direct statements, and place yourself close when speaking to a person with a cognitive disorder. Try not to argue about unimportant things such as what the date is. Allow extra time to accomplish tasks such as dressing. Remember, people with dementia often react more to our feelings than to our words. Finding ways to be calm can help you to gain cooperation. See FCA's fact sheet *Caregiver's Guide to Understanding Dementia Behaviors* for more helpful strategies.

Self-Care to Prevent Frustration

Caregiving can be tiring and stressful. When you're caring for others, it's easy to forget to care for yourself. While it may be difficult to find time to focus on yourself and your needs, it is very important that you do so to prevent frustration and burnout. FCA's Fact Sheet: *Taking Care of YOU: Self-Care for Caregivers* offers additional information.

Here are three steps to taking better care of YOU:

1. Make Time for Yourself

You may feel guilty about needing or wanting time out for rest, socialization, and fun. However, everyone deserves regular and ongoing breaks from work, including caregivers. "Respite" providers can give you the opportunity to take the breaks you need. Respite breaks may be provided by in-home help, adult day care, "friendly visitor" programs, friends and neighbors, or other means. The important point is to allow yourself to take a break from caregiving. See Resources at the end of this fact sheet for organizations that might help you give yourself time off from caregiving.

2. Take Care of Yourself

Although caregiving may make it difficult to find time for yourself, it is important to eat well, exercise, get a good night's sleep, and attend to your own medical needs.

When you do not take care of yourself, you are prone to increased anxiety, depression, frustration, and physical distress that will make it more difficult to continue providing care.

3. Seek Outside Support

Sharing your feelings with a counselor, pastor, a support group, or with another caregiver in a similar situation can be a great way to release stress and get helpful advice. You may want to contact the organizations under Resources at the end of this fact sheet, or look in the community services section at the front of the *Yellow Pages*, under Counseling or Senior Services, to find services to help you get some caregiver support. The FCA fact sheet on *Community Care Options* also offers information.

Resources

Family Caregiver Alliance
National Center on Caregiving
(415) 434-3388 | (800) 445-8106
Website: www.caregiver.org
Email: info@caregiver.org
FCA CareJourney: www.caregiver.org/carejourney
Family Care Navigator: www.caregiver.org/family-care-navigator

Family Caregiver Alliance (FCA) seeks to improve the quality of life for caregivers through education, services, research, and advocacy. Through its National Center on Caregiving, FCA offers information on current social, public policy, and caregiving issues and provides assistance in the development of public and private programs for caregivers. For residents of the greater San Francisco Bay Area, FCA provides direct support services for caregivers of those with Alzheimer's disease, stroke, traumatic brain injury, Parkinson's, and other debilitating disorders that strike adults.

FCA Fact and Tip Sheets

A listing of all facts and tips is available online at www.caregiver.org/fact-sheets.

Caregiver's Guide to Understanding Dementia Behaviors
Hiring In-Home Help
Taking Care of YOU: Self-Care for Family Caregivers
Caregiving at Home: A Guide to Community Resources

Other Organizations and Links

Alzheimer's Association
www.alz.org

National Volunteer Caregiving Network
www.nvcnetwork.org
Visit website to find volunteer caregiving assistance.

ARCH National Respite Network and Resource Center
www.archrespite.org
Visit website to find local respite providers.

Eldercare Locator
eldercare.acl.gov

Visit website or call to find your local Area Agency on Aging and services for the elderly and caregivers, including respite care providers.

Source URL: https://www.caregiver.org/dementia-caregiving-and-controlling-frustration

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Depression and Caregiving

By Family Caregiver Alliance and reviewed by Beth MacLeod, Licensed Clinical Social Worker (LCSW)

Introduction

Many people with symptoms of depression don't describe themselves as feeling depressed. Some people don't recognize the symptoms in themselves, while others may have a hard time admitting they feel depressed. It can be embarrassing to talk about. An individual may feel like a failure or that people will judge them. But here's what you need to know: for caregivers, depression is more common than you might think, and it's a normal response to a difficult situation. It is not unusual for caregivers to develop mild or more serious depression as a result of the constant demands they face while providing care.

Depression is an extremely complex condition with many research studies underway to pinpoint the cause(es). Known contributing factors include genetic characteristics, hormone levels, environmental triggers, certain medications, the effects of living with a major illness, grief and loss due to the the death of a loved one, having experienced physical or emotional abuse, living with someone with serious depression, and other factors. Not everyone will experience the negative feelings that go with depression. But we know that in an effort to provide the best possible care for a family member or friend, caregivers often sacrifice their own physical and emotional needs. The complex and varied aspects involved with providing care can strain even the most capable person. Feelings of overwhelm, agitation, anxiety, distress, pessimism, isolation, exhaustion—and sometimes guilt for having these feelings—can exact a heavy toll.

Everyone has negative thoughts or feelings that come and go over time, but when these feelings become more intense and leave you drained of energy, tearful or irritable towards a loved one, it may well be a warning sign of depression. Concerns about depression arise when the emptiness and crying don't go away, or when those negative feelings are unrelenting.

Unfortunately, feelings of depression are often seen as a sign of weakness rather than a sign that something is out of balance. Comments from others such as "snap out of it" or "it's all in your head" are not helpful, and reflect a belief that mental health concerns are not real. Ignoring or denying your feelings will not make them go away.

Early attention to symptoms of depression through exercise, a healthy diet, positive support of family and friends, or consultation with a trained health or mental health professional may help to prevent the development of a more serious depression over time.

Symptoms of Depression

People experience depression in different ways. Some may feel classic symptoms, like sadness and hopelessness. Others may have signs that you might not equate with depression, such as extreme fatigue or irritability. The type and degree of symptoms vary by individual and can change over time. Consider these common symptoms of depression. Have you experienced any of the following for longer than two weeks?

- Feeling sad, tearful, empty, hopeless
- Changes in eating habits—weight loss and no appetite or cravings with weight gain
- Changes in sleep—too much sleep or not enough
- Feeling tired all the time, difficulty being motivated to do anything
- A loss of interest in people and/or activities that once brought you pleasure
- Feeling numb
- Becoming easily agitated or angered
- Feeling that nothing you do is good enough
- Increase in alcohol or drug consumption
- Excessive time on the Internet
- Trouble focusing, thinking, or planning—as if your head was filled with fog
- Neglecting your physical well-being and appearance
- Thoughts of running away, or escaping from the situation
- Thoughts of death or suicide, ideas of how to end your life
- Ongoing physical symptoms that do not respond to treatment, such as headaches, digestive disorders, and chronic neck and back pain

Special Caregiver Concerns

- **Caring for a person with dementia can be all consuming.** Researchers have found that a person who provides care for someone with dementia is twice as likely to suffer from depression as a person providing care for someone without dementia. Not only do caregivers spend significantly more hours per week providing care, they report more employment problems, personal stress, mental and physical health problems, lack of sleep, less time to do the things they enjoy, less time to spend with other family members, and more family conflict than non-dementia caregivers.

  As stressful as the deterioration of a loved one’s mental and physical abilities may be for the caregiver, dealing with dementia-related behavior is an even bigger contributor to developing depression. Dementia-related symptoms such as wandering, agitation, hoarding, embarrassing conduct. and resistance or non-cooperation from the loved one makes every day challenging and makes it harder for a caregiver to get rest or assistance in providing care. The more severe the case of dementia, the more likely the caregiver is to experience depression. It is critical for caregivers, especially in these situations, to receive consistent and dependable support and respite.

- **Women experience depression at a higher rate than men.** Women, primarily wives and daughters, provide the majority of caregiving. In the United States, approximately 12 million women experience clinical depression each year, at approximately twice the rate of men. If you think depression is all in your head, think again. Physical factors like menopause, childbirth, PMS, thyroid disease, and nutritional deficiencies in iron, vitamin D, and Omega-3 fatty acids can all cause depression.

A Mental Health America study found that many women do not seek treatment for depression because they are embarrassed or in denial about being depressed. In fact, 41% of women surveyed cited embarrassment or shame as barriers to treatment. Keep in mind that doctors have heard it all. It is important to both your mental and physical health to get a complete physical exam. Take time during the exam to bring up the subject of depression if you suspect you are experiencing symptoms of depression.

- **Men who are caregivers deal with depression differently.** Men are less likely to admit to depression and doctors are less likely to diagnose depression in men. Men will more often "self-treat" their depressive symptoms of anger, irritability, or feelings of powerlessness with alcohol or overwork. Although male caregivers tend to be more willing than female caregivers to hire outside help for assistance with home care duties, they tend to have fewer friends to confide in or positive activities to engage in outside the home. The mistaken assumption that depressive symptoms are a sign of weakness can make it especially difficult for men to seek help.
- **Military and veteran caregivers are at risk of depression.** Military and veteran caregivers experience depression nearly twice the rate of non-military caregivers. The more severe the mental and/or physical health conditions of the veteran, the more demands you face as a caregiver. Conditions like dementia, traumatic brain injury, and post-traumatic stress disorder (TBI and PTSD) can be particularly challenging for caregivers. Trying to cope with daily life in addition to watching out for the veteran's triggers, or helping them cope with their own stress, can lead you to feel overwhelmed and increase feelings of depression, particularly feelings of helplessness and hopelessness. As a military caregiver, you may not have other people in your life who understand the experience of caring for a service member, particularly younger caregivers whose peers are unlikely to be facing the same kinds of challenges. You may have even moved to have better access to VA benefits, or to a region that is more supportive to your veteran's needs, which can make you feel even more isolated and less likely to have help from people you know and trust. That doesn't mean help isn't available. The first step is to talk to your doctor who can refer you to a mental health professional and can prescribe medications as appropriate.
- **Lack of sleep contributes to depression.** While sleep needs vary, most people need eight hours a day. Loss of sleep as a result of caring for a loved one can lead to serious depression. The important thing to remember is that even though you may not be able to get your loved one to rest throughout the night, you can arrange to get much needed sleep. Hiring a respite worker or engaging a friend to be with your loved one while you take a nap, finding a day care center, or scheduling a stay over with another family member for a few nights, are a few ways to keep your caregiving commitment while getting the sleep you need.
- **Depression can persist after placement in a care facility.** Making the decision to move a loved one to a care center is very stressful. While many caregivers are finally able to catch up on much needed rest, the loneliness, guilt, and monitoring the care a loved one receives in this new location can add new stress. Many caregivers feel depressed at the time of placement and some continue to feel depressed for some time after.

People assume that once caregiving is over, the stress from providing hands-on care will go away. Yet, researchers found that even three years after the death of a spouse with dementia, some former caregivers continued to experience depression and loneliness. In an effort to return their life to normal, former caregivers may need to seek help for depression as well.

What to Do if You Think You Have Depression

Depression deserves to be treated with the same attention afforded any other illness, such as diabetes or high blood pressure. Likewise, the best way to figure out what is causing symptoms is to talk to a qualified professional, like your doctor. If you feel uncomfortable using the term depression, tell your doctor that you are “feeling blue” or “feeling down,” and describe your personal experience and symptoms. The more specific you can be, the better your doctor can help you. The important thing is to make it a priority during your appointment and be as honest as possible so your doctor can help you.

It’s not uncommon for a person receiving care to suffer from undiagnosed depression. Everything can feel worse than it is from their perspective adding to any daily caregiving challenges you may be experiencing. If you suspect this is the case in your caregiving situation, look for an opportunity to share your concern with them. If they are reluctant to talk about it with you, encourage a trusted friend to talk with them or consider leaving a message for their doctor regarding your concern prior to their next appointment.

How Is Depression Treated?

The first step to getting the best treatment for depression is to meet with a mental health professional such as a psychologist, social worker, or other licensed therapist. At the same time, schedule a physical exam with your doctor. Certain medications, as well as some medical conditions such as viral infection, can cause the same symptoms as depression, and should be evaluated by a physician. The exam should include lab tests and an interview that tests for mental status to determine if speech, memory, or thought patterns have been affected.

Although a physician may prescribe antidepressant medication, medication alone is not the most effective treatment for depression. Concurrent guidance of a mental health professional is strongly recommended. The therapist or counselor will listen to your concerns, screen you for symptoms of depression, and assist you in developing ways to address your stress and build new coping patterns.

One way to find a professional is to ask a friend for the name of someone they know and trust. You may also find someone by asking your minister or rabbi, your doctor, or if you are employed, you may check your employer’s health insurance provider list or Employee Assistance Program (EAP). In addition, national organizations can provide contact information for mental health professionals in your community. (See “Finding a Professional in Your Area” in this fact sheet.)

It is important to trust and feel comfortable with the professional you see. It is not uncommon to request a free introductory phone or in-person meeting to help determine if the professional is the right match for your particular needs and style. It is appropriate to clarify:

- What the cost will be
- How much your insurance will pay
- How many scheduled sessions you should expect to have with the mental health therapist

Any treatment should be evaluated regularly to ensure that it continues to contribute towards your improved health and growth.

Treatment Options

Upon review of a physical and mental health evaluation, a course of treatment may be recommended. Primary treatment options are psychotherapy (also referred to as mental health therapy and talk therapy) and antidepressant medication. These treatments may be used alone or in combination with one another. The most frequent treatment for depressive symptoms that have progressed beyond the mild stage is antidepressant medication, which provides relatively quick symptom relief. Critical to treatment for depression is the concurrent use of psychotherapy along with medication. Discussing your situation with a therapist can open up new self-awareness for addressing a particular emotional concern and provide guidance to address challenges in getting and staying healthy.

When choosing a therapist, be sure to ask about their experience working with family caregivers and their understanding of caregiving-related stressors.

If drug therapy is recommended, a certain amount of trial and error is necessary to find the right type and dosage of medication for each individual, and it may take several weeks before effects are felt. Good communication between patient and doctor is important. Older adults should be especially careful to watch for medication side effects caused from too high a dosage or interactions with other medications.

Complementary and Alternative Therapies

Many complementary medicines and alternative therapies are promoted for coping with depression. Some have been tested in scientific clinical trials, but many have not. Here is an overview of some of the most common therapies:

Physical Exercise: Exercise has been found to reduce the effects of depression. Walking three times a week for 30 to 45 minutes has been linked to reducing or alleviating symptoms of depression. If that seems like a lot of time you don’t have, then start with 15 minutes once a week. The important message is to get started with a regular exercise activity.

It is unknown whether physical activity prevents the onset of depression or just helps modify the effects. Arranging time for exercise is sometimes difficult for caregivers. It is often seen as a “value added” activity—something to do when everything else is done. You might consider adding it to your “to do” list, asking a friend to give you a “walk date” each week as a gift, or requesting that your doctor write a prescription for walking or joining an exercise class. All the research shows that for a healthier life, it makes good sense to make time for exercise.

Mind-Body Techniques: There is a growing body of research showing that our thoughts, beliefs, and feelings can have a direct impact on our health, and our physical health can impact our mental state. Your mind and body are interrelated. Implementing mind-body techniques into your routine may help alleviate depression.

Even 5 to 10 minutes of any of these techniques may be beneficial. These are some to try:

- Meditation
- Prayer
- Deep breathing
- Acupuncture
- Yoga

- Massage
- Listening to music
- Creating art
- Guided imagery
- Journaling

Supplements: Herbal “over-the-counter” treatments such as St. John’s Wart (Hypericum perforatum) and other supplements such as SAMe and omega-3 fatty acids are under study and/or in popular use in the US and Europe for treating depressive symptoms. At present, for nonprescription drugs in the US, there are no established criteria for determining the amount of active ingredient a company puts in their product or what dose is right for a given person. Effectiveness of a product is difficult to determine, and the effects of a product can have negative side effects. For example, the US Food and Drug Administration issued a warning stating that St. John’s wort may affect the metabolic pathway used by many prescription drugs prescribed to treat a number of conditions, including heart disease, depression, and HIV infections.

If you are taking any herbal supplements or considering taking them, talk with your health care provider to ensure they will not interfere with any other treatment you are receiving.

Light Therapy: Caregivers who feel “the blues” when confined indoors or in response to winter’s gray days may suffer from Seasonal Affective Disorder (SAD), also referred to as “winter depression.” As seasons change, there is a shift in our biological internal clocks or circadian rhythms, partly in response to the changes in sunlight patterns. This can cause our biological clocks to be out of sync with our daily schedules. People with SAD have a difficult time adjusting to the shortage of sunlight in the winter months. SAD symptoms are most pronounced in January and February, when the days are shortest. SAD is often misdiagnosed as hypothyroidism, hypoglycemia, infectious mononucleosis, and other viral infections.

Light therapy, using specially designed bright fluorescent lights, has been shown to reverse SAD’s depressive symptoms. Experts believe that the light therapy works by altering the levels of certain brain chemicals, specifically melatonin. Antidepressant medication along with other treatments, including exercise, may be helpful as well. If you experience mild depressive symptoms seasonally, experiment with increasing the light in your surroundings, using lamps or other sources. If the symptoms are strong enough to impair your day-to-day functioning, seek out a mental health professional with expertise in treating SAD.

Paying for Treatment

Private health insurance and Medicare may pay for some mental health care, and the Affordable Care Act (ACA) has increased insurance coverage for mental health benefits. Policies vary widely, so it’s best to call the mental health professional directly to find out if they accept your insurance for payment. Health insurance providers will usually list mental health professionals in the same insurance material that lists health plan medical doctors. Medicare recipients will find the booklet titled, “Medicare and Your Mental Health Benefits” a helpful source of information. See the Resources section of this fact sheet to find out how to obtain a copy.

The “covered services” of the insurance plan will specify mental health coverage for inpatient (hospital, treatment center) and outpatient (professional’s office) care, how many visits are paid for, and at what rate of reimbursement. Employed caregivers may also have access to an Employee Assistance Program, where licensed professionals (usually psychologists and social workers) are available for confidential sessions to discuss personal or professional problems.

Professionals who don’t accept insurance are called “out-of-network providers,” and they may be able to provide you with a receipt that you can submit to your insurance for partial reimbursement. Check with the professional to see if this is an option. If so, you’ll have to contact your insurance company to make sure they’ll cover some of the cost. They may require you to meet a deductible before they will start paying.

Caregivers without health insurance or who pay out-of-pocket for care will find that fees vary by professional and region, with psychiatrists and psychologists charging at the higher end of the fee scale, and therapists and social workers offering services at a more moderate rate. Some professionals offer a sliding scale fee, meaning they may slide their fee down to meet your need. There may also be low-fee clinics that have a set low fee or will apply a fee based on your ability to pay. In these settings, you are often meeting with a mental health intern who is being supervised by a licensed mental health provider. In any case, find out what the fee is up front to avoid any misunderstandings later on.

Strategies to Help Yourself

Depressive disorders can make one feel exhausted, helpless, and hopeless. Such negative thoughts and feelings make some people feel like giving up. It is important to realize that these negative views are part of the depression and may not accurately reflect the situation. Below are guidelines adapted from the National Institute of Mental Health offering recommendations for dealing with depression. Set realistic goals in light of the depression. You may not be able to accomplish as much as you are accustomed to when you are feeling well.

- Break large tasks into small ones, set some priorities, and do what you can as you can.
- Try to be with other people and to confide in someone you know and trust; it is often better than suffering alone.
- Participate in activities that may make you feel better, such as exercise, going to a movie or ballgame, or attending a religious, social, or community event.
- Expect your mood to improve gradually, not immediately. Feeling better takes time.
- It is advisable to postpone important decisions until the depression has lifted. Before deciding to make a significant transition—change jobs, get married or divorced—discuss it with others who know you well and can offer another view of your situation.
- People rarely "snap out of" a depression. People who expect you to do this are misguided in their understanding of your condition.
- Remember, positive thinking and the practice of new coping patterns will replace the negative thinking that is part of the depression. The negative thinking will be reduced as your depression responds to treatment.
- Say “yes” to offers of help and engagement by family and friends who you know and trust.

Direct assistance in providing care for your loved one, such as respite care relief, as well as positive feedback from others, positive self-talk, and recreational activities are linked to lower levels of depression. Look for classes and support groups available through caregiver support organizations to help you learn or practice effective problem-solving and coping strategies needed for caregiving. For your health and the health of those around you, take some time to care for yourself.

Resources

Family Caregiver Alliance
National Center on Caregiving
(415) 434-3388 | (800) 445-8106
Website: www.caregiver.org
E-mail: info@caregiver.org
FCA CareJourney: www.caregiver.org/carejourney
Family Care Navigator: www.caregiver.org/family-care-navigator

Family Caregiver Alliance (FCA) seeks to improve the quality of life for caregivers through education, services, research, and advocacy. Through its National Center on Caregiving, FCA offers information on current social, public policy, and caregiving issues and provides assistance in the development of public and private programs for caregivers. For residents of the greater San Francisco Bay Area, FCA provides direct support services for caregivers of those with Alzheimer's disease, stroke, traumatic brain injury, Parkinson's, and other debilitating health conditions that strike adults.

Finding a Professional in Your Area

Psychiatrist (MD): A psychiatrist is a medical doctor who specializes in the diagnosis, treatment, and prevention of mental illnesses, including substance abuse and addiction.

- **American Psychiatric Association**
  www.psych.org
  Provides free information on depression and referrals to psychiatrists in your area.

Psychologist (PhD): Licensed to practice psychotherapy and has special training in psychological testing. Although referred to as "doctor," a psychologist cannot prescribe medications.

- **American Psychological Association**
  www.apa.org
  Visit APA's website for more information about depression, or call the toll-free number to be referred to a psychologist in your area.

Licensed Clinical Social Worker (LCSW.): Licensed to practice psychotherapy, with special training in addressing the person-in-environment. Has specialized training in human behavior, family behavior, psychology, and problem solving. Has a Master's degree in Social Work (MSW) with two years of supervised post-graduate work providing clinical treatment.

- **National Association of Social Workers**
  www.naswdc.org
  Provides free information on depression and referrals to social workers in your area.

Licensed Marriage and Family Therapists (LMFT): Licensed to practice psychotherapy and is trained to diagnose and treat mental health issues. Works with individuals, couples, families and groups. Has a Master's degree in Counseling Psychology with supervised postgraduate work.

- **American Association of Marriage and Family Therapists**
  www.aamft.org
  Visit their website to find a therapist in your area.

Note: Additional professionals may be licensed to practice psychotherapy in your state or county. Check with the local mental health department or hospital in your community for more information.

Other Organizations and Links

Medicare
www.medicare.gov
Call 1-800-MEDICARE (1-800-633-4227) to request a copy of “Medicare and Your Mental Health Benefits.”

National Institute of Mental Health
www.nimh.nih.gov
Provides free information on depression and other mental illnesses in English and Spanish.

National Institute for Complimentary and Integrative Health
nccam.nih.gov

Recommended Reading

The Caregiver Helpbook: Powerful Tools for Caregiving
www.powerfultoolsforcaregivers.org

Caring for Yourself While Caring for Your Aging Parents, Third Edition: How to Help, How to Survive, Claire Berman. 3rd ed. New York: Henry Holt, 2005.

Help support Family Caregiver Alliance by choosing FCA as your Amazon Smile Charity!

This fact sheet was prepared by Family Caregiver Alliance and reviewed by Beth MacLeod, Licensed Clinical Social Worker (LCSW) in private practice specializing in care consultation and psychotherapy, clinical supervisor for professionals in aging and those working with family caregivers.

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Finding Quality Nursing Home Care

Nearly 1.6 million older Americans live in nursing homes.
The move to a nursing home can be difficult for older adults and their family members. If you're considering moving an older relative to a nursing home, HealthinAging.org experts offer the following advice for finding the best possible care.

Before you choose a nursing facility

Check licensure, certifications, qualifications, and care

When touring a nursing home:

- Ask to see the nursing home's license.
- Ask if the nursing home is Medicare and/or Medicaid certified.
- Ask about the services the nursing home offers. For example, does it provide wound management for residents who develop bedsores? Some nursing homes has physician wound consultants and others have home-grown wound teams. How about physical rehabilitation services? Do they have a special unit for older adults with dementia?

Try to meet with the nursing home administrator and nursing director. These two leadership positions are very important to maintaining quality care in the nursing home. Social workers also play an important role in the nursing home and in communicating with family and caregivers.

Get to know the staff, particularly social workers

When visiting a nursing home, think about your comfort with staffers:

- Are they friendly? Do they answer questions from both residents and family members?
- Are routine care planning meetings held at convenient times for family?

It's important to get to know the staff and create a "partnership relationship" with those who will be caring for your family member. The better the communication and interaction between staff and relatives, the better residents will fare.

Check out facility cleanliness and safety. Here are some things to look for in a nursing home:

- Are there handrails in the bathing areas and hallways?
- Are there plenty of safe walking areas inside and outside?
- Are there enough staff working at a given time?
- Are there emergency and evacuation plans in place in case of fires, floods and other hazards?
- Are the bed rails or guard rails on nursing home beds raised up? Raised rails on beds pose a serious injury risk for older adults, and should rarely be used to restrain patients. Likewise, residents sitting in chairs should not be restrained with seat belts or trays.

Make sure residents with special nutritional needs are well nourished

Find out how staff help residents who have special dietary needs or who are unable to feed themselves. Some questions you can ask are:

- Does the staff try to feed residents out of bed? What strategies do they use to do so?
- Does the nursing home accommodate special dietary needs, such as for people with food allergies or special medical conditions?
- Take a look at the dining room and how the food is served. Is it served on trays or from steam tables?

Evaluate routines and activities

Residents in nursing homes who don't have dementia or other cognitive problems should be able to make choices about their daily routines. For example, they can decide when to go to bed, and when to bathe.

In special care units for residents with dementia, however, it is especially important that the nursing home follows a consistent routine. Staff in the special care unit should have training in dealing with behavioral and psychological symptoms of dementia.

You should also consider the range of activities offered. Activities help nursing home residents remain social and stimulated. These may include:

- arts and craft classes
- chair exercise programs
- religious services
- discussion groups
- entertainment (for example, such as musical and dance performances or movie nights)

Ask the nursing home if they can provide other activities if the existing options are not a good fit.

After choosing a facility

Keep visiting!

Seeing family is very important for your family member's well-being. So make frequent social visits. Your visits will help your family member feel happier and comforted by your presence. He or she will also feel more settled in his or her new home.

If you make regular visits you're also more likely to notice signs of new health problems or injuries or other changes in your family member that may be overlooked by staff. You are also more likely to notice changes in the nursing home staff that could affect quality of care.

Visit the nursing station often

Try to stop at the nursing station each time you visit. You can monitor your family member's daily activities and ask about any changes in medications, diet, behavior, sleep or exercise.

You or another caregiver should be contacted immediately if a problem occurs, such as if your family member falls or begins wandering. As a caregiver, you have the right to be informed.

Be on the lookout for signs of neglect or abuse

If you see an older adult—your family member or any other resident—who is wearing dirty clothing, looks malnourished, or appears to have untreated health problems, you can take the following steps:

- Speak to the charge nurse, the nursing supervisor, the director of nursing, or director of social work.
- If you are still unhappy with how the matter was handled, contact an ombudsman (someone who is in charge of looking into poor administration or possible violation of rights).
- In extreme cases, call the Department of Health.

Nursing homes are required to post information on how you can report complaints. You should be able to find numbers to call from the nursing home.

In addition, pressure ulcers (also known as "bed sores") can be evidence of possible neglect. Pressure ulcers are a painful breakdown of the skin that results in mild redness and swelling or, in extreme cases, in deep wounds and infection. Bruises may be signs of abuse.

For additional information and to compare nursing homes in your area, visit the Medicare's Nursing Home Compare website at https://www.medicare.gov/nursinghomecompare

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Info@healthinaging.org

CAREGIVING

Frequently Asked Questions About Caregiving

On this page:

- I'm new to caregiving. Where do I start?
- How do I help organize important paperwork and get affairs in order?
- How can I help my older parents from afar?
- How can I find caregiving resources in my area?
- How do I choose a long-term care facility?
- How can we pay for long-term care?
- Can I get paid to take care of a family member?
- How do I make an older person's home safer?
- How can I talk with an older person's doctor?
- I'm overwhelmed and exhausted. How can I get a break from caregiving?
- What do I do if I suspect an older person is being mistreated?

I'm new to caregiving. Where do I start?

Caregiving can be overwhelming, especially when you're starting out. Take a deep breath! Then tackle one task at a time.

First, assess your loved one's needs. What types of help are needed? Ask family members and friends to share tasks. Look for resources in your community, such as home health care or adult day care centers. The Eldercare Locator can help you find in-home help; transportation; resources to install ramps, grab bars, or other home modifications; and other resources in your area. It can also help you learn about options for paying for care.

Learn more about getting started with caregiving.

How do I help organize important paperwork and get affairs in order?

> My mother was recently diagnosed with Alzheimer's. Her doctor recommended we make plans now for her future while she is still

> well enough to tell us what she prefers. My sister and I agree, but how do we start?

It can be helpful to know where your loved one's important papers are stored so you can find them when you need them. *Getting Your Affairs in Order* has a list of legal, financial, and personal records you'll want to locate and organize.

Another tip: Get formal permission from your loved one to talk with his or her lawyer, bank, and healthcare providers in advance. Many of these institutions have their own forms that must be signed with your loved one's consent.

Learn more about advance care planning and legal and financial planning for people with Alzheimer's.

How can I help my older parents from afar?

If you live an hour or more away from a person who needs care, you are a long-distance caregiver. There are a number of jobs you can take on even if you live far away. You can arrange and coordinate care in the person's home or long-term care facility, help with finances, organize legal and financial paperwork, or help make the home safer. You can also research local resources and learn how to make the most of your limited time when you visit an older relative far away.

You can also hire a geriatric care manager—a specially trained professional who can help your family identify needs and make a plan to meet those needs.

Get more tips about long-distance caregiving.

How can I find caregiving resources in my area?

> My husband of 40 years fell and broke his hip. Now he is very weak and needs a lot of help around the house. I have congestive heart failure and can't help him as much as he would like. My neighbor has been a great help with meals and groceries, but neither of us can drive. How can I get help with transportation and in-home care?

Whatever kind of help your loved one needs—for example, with personal care, transportation, or meal preparation—it may be available in your community. You can get more information from your local Area Agency on Aging , local and State offices on aging or social services, tribal organization, or nearby senior center.

Here are some places to start looking for help:

- Eldercare Locator, **1-800-677-1116** (toll-free)
- Family Care Navigator , **1-800-445-8106** (toll-free)
- Your State government's website

Find more caregiving resources at NIA's Caregiving Portal.

How do I choose a long-term care facility?

Sometimes, an older person you care for can no longer live safely in his or her own home. Some may move in with family or friends. People who require lots of help might move to a residential facility, such as an assisted living facility, nursing home, or continuing care retirement community. But how can you find a place that will take good care of the older person you love and meet his or her needs? If possible, it's best to plan ahead for long-term care.

Learn about different types of long-term care. Then, visit facilities and ask questions. Note how comfortable and content the residents seem and how they interact with the staff.

Learn more about choosing a nursing home.

How can we pay for long-term care?

Many caregivers and older adults worry about the cost of long-term care. These expenses can use up a significant part of monthly income, even for families who thought they had saved enough. How people pay for long-term care depends on their financial situation and the kinds of services they use. Often, they rely on a variety of payment sources, including personal funds, Federal and State government programs, and private financing options. Veterans may also be eligible for assistance through the U.S. Department of Veterans Affairs.

Learn more about paying for long-term care.

Can I get paid to take care of a family member?

Family caregivers make a lot of sacrifices to care for older or sick relatives. Some even quit their jobs to care for a loved one full-time. Your state may offer help to certain caregivers. Programs vary, so contact your local Area Agency on Aging to find out what programs are available in your neighborhood. Veterans, Medicaid recipients, and people living with certain diseases may also be eligible for financial assistance through Federal, State, and private organizations.

How do I make an older person's home safer?

> My dad is 72 and had a stroke 3 months ago. He's just about ready to be released from rehab and will come home. How do I make my dad's house more accessible for his new condition?

Talk with the person’s doctors and social workers about how his or her health might make it harder to get around and take care of themselves at home. Local and State offices on aging and social service agencies may be able to provide or tell you about services to make the home easier and safer to live in. Think about things like ramps at the front and back doors, grab bars in the shower and next to the toilet, and handles on doors and faucets that are easier to use.

Get tips on making a home safe and accessible.

How can I talk with an older person’s doctor?

> My great-aunt has no problems getting to her doctor’s appointments, but she always seems to forget what the doctor told her to do. How can I help her remember?

Many older adults find it helpful to bring a family member or friend with them to the doctor’s office. Just remember to get formal permission from your relative to speak with his or her healthcare providers. Before the appointment, you can help your relative prepare for the visit, write down concerns, and go over what to say to the doctor. During the visit, you can take notes. After the appointment, review what the doctor said to help your loved one remember.

Read more about how friends and family can help during a doctor’s visit.

I’m overwhelmed and exhausted. How can I get a break from caregiving?

> My uncle is 78 and has dementia with Lewy bodies. My aunt had been taking care of him, but after she died, I’ve had to step up. But it’s been hard to juggle work, my own family, and my uncle’s care. I’m overwhelmed and exhausted. I need help.

Taking care of a sick family member is hard work. But taking care of yourself is important too. When you feel overwhelmed and exhausted, you can’t be a good caregiver to your loved one. All caregivers need a break from time to time. Take a walk, talk with friends, or get some sleep. Eating healthy foods and staying physically active will help you stay healthy. Joining a caregiver support group—either in your community or online—can help you feel less alone and gives you a chance to exchange stories and ideas. Don't be afraid to ask for help from family members or friends. Respite care services may also be an option.

Learn more about respite care.

What do I do if I suspect an older person is being mistreated?

Abuse can happen to anyone, no matter the person's age, sex, race, religion, or ethnic background. Abuse can be physical, emotional, financial, or sexual, and it can happen at a facility, at a family member's house, or at home.

Learn to protect the people you love from elder abuse.

For more information about caregiving, visit NIA's Caregiving Portal.

Share this infographic and help spread the word about caring for yourself while caring for others.

This content is provided by the National Institute on Aging (NIA), part of the National Institutes of Health. NIA scientists and other experts review this content to ensure that it is accurate, authoritative, and up to date.

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Getting Started with Long-Distance Caregiving

Taking Care of Yourself: Tips for Caregivers

How to Share Caregiving Responsibilities with Family Members

How to Be the Best Caregiver You Can Be

Many of us know an older person with a serious illness or an ongoing health problem. In fact, half of all adult Americans have at least one chronic condition for which they need help from a caregiver, family member, or friend.

If you've wondered how to show an older person that you care or how you can help them, here are some tips on how to be the best "care coach" or "care champion" you can be.

1 Build Confidence

Help the person you're caring for strengthen their confidence that they can get through their treatment. Support them in believing that they'll benefit by undergoing the treatment or rehabilitation, as difficult as it can be at times.

2 Start with small steps

For example, encourage someone dealing with chemotherapy to take just a few sips of water or soup so they get needed fluids, even when nausea or lack of appetite makes it difficult. If they have had a stroke or other mobility problem, help them take just a few steps, with the ultimate goal of getting to the bathroom.

3 Provide repeated encouragement

Tell them that they can eat some soup or take that short walk to the bathroom, and continue to reinforce the idea. Your encouragement should be realistic and repetitive.

4 Remember their successes

Even when they feel that it's impossible to eat any soup or take any steps today, remind them gently that they did it yesterday and can do it again today.

5 Exercise compassion

When the person you're caring for is going through chemotherapy or other difficult treatment, sometimes the best way to help is to just sit and talk with them during their treatment—that helps take their mind off the process. Or take them out for a milkshake when that's all they can eat. For someone who has had a stroke, help them manage their fear of falling by supporting them when they get up from a wheelchair.

6 Avoid useless gestures

Try not to say things like "let me know if I can do anything" or "call me if there is anything I can do." When someone is sick, they're unlikely to ask for help. Take the initiative to provide concrete help.

7 Don’t hesitate to act

Never be afraid to just DO or SAY something. Don’t avoid getting in touch with someone to let them know you’ve heard about their illness. Don’t hesitate because you’re afraid you’re intruding on the person’s privacy. If you heard about their illness, it is no secret. Never fear calling or sending an email or a card. Show you care in any and every way. You’ll know by their response if it helps. Social support is critical to building their confidence and helping them get through their treatment or cope with an ongoing illness.

8 Offer words of encouragement

Think of things that may have helped you through difficult situations in the past and share them. This may be something as simple as sharing a favorite quote from a book that helped you put things in perspective or gave you hope in difficult times. Such words of encouragement can help the person you’re caring for cope with their own challenges in treatment. You can also share your experiences about things that have helped you be resilient and bounce back during challenging times.

9 Check in often to show you care

Check in repeatedly with the person you’re caring for. Educate yourself about their illness and the course of treatment they face. Then call, email, or visit with them at times you know will be most difficult for them.

For example, with cancer treatment, the day of treatment may not be as hard as the days after, when the symptoms really hit. Find out their treatment schedule and check in with them then.

10 Take care of yourself

When you become a care coach, the first and most important step is for you to take care of yourself. You can’t possibly give support to someone else unless you’re strong yourself. Set limits if you need to and make sure to do the things that keep you happy and healthy.

11 Ask questions about care procedures you are not comfortable doing

You may have to provide hands-on care that you are not comfortable doing, such as giving someone an injection or taking care of a wound. Do not be afraid to ask questions of healthcare providers, even if you have been instructed previously on the procedure. Make sure you feel comfortable and confident so that this type of care does not cause you anxiety or stress.

This tip sheet is inspired by Barbara Resnick, PhD, RN, an advanced nurse practitioner, educator, and researcher with an interest in physical activity and functional performance, restorative care nursing programs, and innovations in long-term care. This is based on her personal experiences as both a caregiver and a care recipient.

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National Institute on Aging

LONG-DISTANCE CAREGIVING

How to Share Caregiving Responsibilities with Family Members

Caring for an older family member often requires teamwork. While one sibling might be local and take on most of the everyday caregiving responsibilities, a long-distance caregiver can also have an important role.

As a long-distance caregiver, you can provide important respite to the primary caregiver and support to the aging family member.

Talk About Caregiving Responsibilities

First, try to define the caregiving responsibilities. You could start by setting up a family meeting and, if it makes sense, include the care recipient in the discussion. This is best done when there is not an emergency. A calm conversation about what kind of care is wanted and needed now, and what might be needed in the future, can help avoid a lot of confusion.

Decide who will be responsible for which tasks. Many families find the best first step is to name a primary caregiver, even if one is not needed immediately. That way the primary caregiver can step in if there is a crisis.

Agree in advance how each of your efforts can complement one another so that you can be an effective team. Ideally, each of you will be able to take on tasks best suited to your skills or interests.

Consider Your Strengths When Sharing Caregiving Responsibilities

When thinking about who should be responsible for what, start with your strengths. Consider what you are particularly good at and how those skills might help in the current situation:

- Are you good at finding information, keeping people up-to-date on changing conditions, and offering cheer, whether on the phone or with a computer?
- Are you good at supervising and leading others?
- Are you comfortable speaking with medical staff and interpreting what they say to others?
- Is your strongest suit doing the numbers—paying bills, keeping track of bank statements, and reviewing insurance policies and reimbursement reports?
- Are you the one in the family who can fix anything, while no one else knows the difference between pliers and a wrench?

Consider Your Limits When Sharing Caregiving Responsibilities

When thinking about who should be responsible for what, consider your limits. Ask yourself the following:

- How often, both mentally and financially, can you afford to travel?
- Are you emotionally prepared to take on what may feel like a reversal of roles between you and your parent—taking care of your parent instead of your parent taking care of you? Can you continue to respect your parent's independence?
- Can you be both calm and assertive when communicating from a distance?
- How will your decision to take on caregiving responsibilities affect your work and home life?

Be realistic about how much you can do and what you are willing to do. Think about your schedule and how it might be adapted to give respite to a primary caregiver. For example, you might try to coordinate holiday and vacation times. Remember that over time, responsibilities may need to be revised to reflect changes in the situation, your care recipient's needs, and each family member's abilities and limitations.

How to Support a Local Caregiver from Far Away

A spouse or the sibling who lives closest to an aging parent often becomes the primary caregiver. Long-distance caregivers can help by providing emotional support and occasional respite to the primary caregiver. Ask the primary caregiver what you can do to help. Staying in contact with your parents by phone or email might also take some pressure off your parent or sibling. Just listening may not sound like much help, but often it is.

Long-distance caregivers can also play a part in arranging for professional caregivers, hiring home health and nursing aides, or locating care in an assisted living facility or nursing home (also known as a skilled nursing facility).

Six Tips for Long-Distance Caregiving

Anyone who is caring for a friend, relative or parent from far away can be considered a **long-distance caregiver**. Whether you are helping with **finances**, arranging for **care**, or providing **emotional support**, long-distance caregiving can bring a host of **unique challenges**.

Read and share this infographic and help spread the word about these six tips for long-distance caregiving.

Long-distance caregivers may find they can be helpful by handling things online—for example, researching health problems or medicines, paying bills, or keeping family and friends updated. Some long-distance caregivers help a parent pay for care; others step in to manage finances.

How to Help a Parent Who Is the Primary Caregiver

A primary caregiver—especially a spouse—may be hesitant to ask for help or a break. Be sure to acknowledge how important the caregiver has been for the care recipient. Also, discuss the physical and emotional effects caregiving can have on people. Although caregiving can be satisfying, it also can be very hard work.

Offer to arrange for respite care. Respite care will give your parent a break from caregiving responsibilities. It can be arranged for just an afternoon or for several days. Care can be provided in the family home, through an adult day services program, or at a skilled nursing facility.

The ARCH National Respite Locator Service can help you find services in your parents' community. You might suggest contacting the Well Spouse Association. It offers support to the wives, husbands, and partners of chronically ill or disabled people and has a nationwide listing of local support groups.

Your parents may need more help from home-based care to continue to live in their own home. Some people find it hard to have paid caregivers in the house, but most also say that the assistance is invaluable. If the primary caregiver is reluctant, point out that with an in-home aide, she may have more energy to devote to caregiving and some time for herself. Suggest she try it for a short time, and then decide.

In time, the person receiving care may have to move to assisted living or a nursing home. If that happens, the primary caregiver will need your support. You can help select a facility. The primary caregiver may need help adjusting to the person's absence or to living alone at home. Just listening may not sound like much help, but often it is.

For More Information About Caregiving

National Respite Locator Service
www.archrespite.org/respitelocator

Well Spouse Association
800-838-0879 (toll-free)
info@wellspouse.org
www.wellspouse.org

Caregiver Action Network
202-454-3970
info@caregiveraction.org
www.caregiveraction.org

Eldercare Locator
800-677-1116 (toll-free)
eldercarelocator@n4a.org
https://eldercare.acl.gov

Family Caregiver Alliance
800-445-8106 (toll-free)
info@caregiver.org
www.caregiver.org

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Taking Care of YOU: Self-Care for Family Caregivers

By Family Caregiver Alliance

First, Care for Yourself

On an airplane, an oxygen mask descends in front of you. What do you do? As we all know, the first rule is to put on your own oxygen mask before you assist anyone else. Only when we first help ourselves can we effectively help others. Caring for yourself is one of the most important—and one of the most often forgotten—things you can do as a caregiver. When your needs are taken care of, the person you care for will benefit, too.

Effects of Caregiving on Health and Well-Being

We hear this often: “My husband is the person with Alzheimer's, but now I'm the one in the hospital!” Such a situation is all too common. Researchers know a lot about the effects of caregiving on health and well-being. For example, if you are a caregiving spouse between the ages of 66 and 96 and are experiencing mental or emotional strain, you have a risk of dying that is 63 percent higher than that of people your age who are not caregivers.[1] The combination of loss, prolonged stress, the physical demands of caregiving, and the biological vulnerabilities that come with age place you at risk for significant health problems as well as an earlier death.

Older caregivers are not the only ones who put their health and well-being at risk. If you are a baby boomer who has assumed a caregiver role for your parents while simultaneously juggling work and raising adolescent children, you face an increased risk for depression, chronic illness, and a possible decline in quality of life.

But despite these risks, family caregivers of any age are less likely than non-caregivers to practice preventive healthcare and self-care behavior. Regardless of age, sex, and race and ethnicity, caregivers report problems attending to their own health and well-being while managing caregiving responsibilities. They report:

- Sleep deprivation
- Poor eating habits
- Failure to exercise
- Failure to stay in bed when ill
- Postponement of or failure to make medical appointments for themselves

Family caregivers are also at increased risk for depression and excessive use of alcohol, tobacco, and other drugs. Caregiving can be an emotional roller coaster. On the one hand, caring for your family member demonstrates love and commitment and can be a very rewarding personal experience. On the other hand, exhaustion, worry, inadequate resources, and continuous care demands are enormously stressful. Caregivers are more likely to have a chronic illness than are non-caregivers, namely high cholesterol, high blood pressure, and a tendency to be overweight. Studies show that an estimated 46 percent to 59 percent of caregivers are clinically depressed.

Taking Responsibility for Your Own Care

You cannot stop the impact of a chronic or progressive illness or a debilitating injury on someone for whom you care. But there is a great deal that you can do to take responsibility for your personal well-being and to get your own needs met.

Identifying Personal Barriers

Many times, attitudes and beliefs form personal barriers that stand in the way of caring for yourself. Not taking care of yourself may be a lifelong pattern, with taking care of others an easier option. However, as a family caregiver you must ask yourself: “What good will I be to the person I care for if I become ill? If I die?” Breaking old patterns and overcoming obstacles is not an easy proposition, but it can be done—regardless of your age or situation. The first task in removing personal barriers to self-care is to identify what is in your way. For example:

- Do you think you are being selfish if you put your needs first?
- Is it frightening to think of your own needs? What is the fear about?
- Do you have trouble asking for what you need? Do you feel inadequate if you ask for help?
- Do you feel you have to prove that you are worthy of the care recipient's affection? Do you do too much as a result?

Sometimes caregivers have misconceptions that increase their stress and get in the way of good self-care. Here are some of the most commonly expressed:

- I am responsible for my parent's health.
- If I don’t do it, no one will.
- If I do it right, I will get the love, attention, and respect I deserve.
- Our family always takes care of their own.
- I promised my father I would always take care of my mother.

“I never do anything right,” or “There’s no way I could find the time to exercise” are examples of negative *self-talk*, another possible barrier that can cause unnecessary anxiety. Instead, try positive statements: “I’m good at giving John a bath.” “I can exercise for 15 minutes a day.” Remember, your mind tends to believe what you tell it.

Because we base our behavior on our thoughts and beliefs, attitudes and misconceptions like those noted above can cause caregivers to continually attempt to do what cannot be done, to control what cannot be controlled. The result is feelings of continued failure and frustration and, often, an inclination to ignore your own needs. Ask yourself what might be getting in your way and keeping you from taking care of yourself.

Moving Forward

Once you’ve started to identify any personal barriers to good self-care, you can begin to change your behavior, moving forward one small step at a time. Following are some effective tools for self-care that can start you on your way.

Tool #1: Reducing Personal Stress

How we perceive and respond to an event is a significant factor in how we adjust and cope with it. The stress you feel is not only the result of your caregiving situation but also the result of your perception of it—whether you see the glass as half-full or half-empty. It is important to remember that you are not alone in your experiences.

Your level of stress is influenced by many factors, including the following:

- Whether your caregiving is voluntary. If you feel you had no choice in taking on the responsibilities, the chances are greater that you will experience strain, distress, and resentment.
- Your relationship with the care recipient. Sometimes people care for another with the hope of healing a relationship. If healing does not occur, you may feel regret and discouragement.
- Your coping abilities. How you coped with stress in the past predicts how you will cope now. Identify your current coping strengths so that you can build on them.
- Your caregiving situation. Some caregiving situations are more stressful than others. For example, caring for a person with dementia is often more stressful than caring for someone with a physical limitation.
- Whether or not support is available.

Steps to Managing Stress

1. Recognize warning signs early. These might include irritability, sleep problems, and forgetfulness. Know your own warning signs, and act to make changes. Don’t wait until you are overwhelmed.
2. Identify sources of stress. Ask yourself, “What is causing stress for me?” Sources of stress might be that you have too much to do, family disagreements, feelings of inadequacy, or the inability to say no.
3. Identify what you can and cannot change. Remember, we can only change ourselves; we cannot change another person. When you try to change things over which you have no control, you will only increase your sense of frustration. Ask yourself, “What do I have some control over? What can I change?” Even a small change can make a big difference. The challenge we face as caregivers is well expressed in the following words modified from the original Serenity Prayer (attributed to American theologian Reinhold Niebuhr):

   “*God grant me the serenity to accept the things I cannot change,*
   Courage to change the things I can,
   and (the) wisdom to know the difference.”

4. Take action. Taking some action to reduce stress gives us back a sense of control. Stress reducers can be simple activities like walking and other forms of exercise, gardening, meditation, or having coffee with a friend. Identify some stress reducers that work for you.

Tool #2: Setting Goals

Setting goals or deciding what you would like to accomplish in the next three to six months is an important tool for taking care of yourself. Here are some sample goals you might set:

- Take a break from caregiving.
- Get help with caregiving tasks like bathing and preparing meals.
- Engage in activities that will make you feel more healthy.
- Goals are generally too big to work on all at once. We are more likely to reach a goal if we break it down into smaller action steps. Once you've set a goal, ask yourself, “What steps do I take to reach my goal?” Make an action plan by deciding which step you will take first, and when. Then get started!

Example (Goal and Action Steps):
Goal: Feel more healthy.
Possible action steps:

1. Make an appointment for a physical checkup.
2. Take a half-hour break once during the week.
3. Walk three times a week for 10 minutes.

Tool #3: Seeking Solutions

Seeking solutions to difficult situations is, of course, one of the most important tools in caregiving. Once you’ve identified a problem, taking action to solve it can change the situation and also change your attitude to a more positive one, giving you more confidence in your abilities.

Steps for Seeking Solutions

1. Identify the problem. Look at the situation with an open mind. The real problem might not be what first comes to mind. For example, you think that the problem is simply that you are tired all the time, when the more basic difficulty is your belief that “no one can care for John like I can.” The problem? Thinking that you have to do everything yourself.
2. List possible solutions. One idea is to try a different perspective: “Even though someone else provides help to John in a different way than I do, it can be just as good.” Ask a friend to help. Call Family Caregiver Alliance or the Eldercare Locator (see Resources list) and ask about agencies in your area that could help provide care.
3. Select one solution from the list. Then try it!
4. Evaluate the results. Ask yourself how well your choice worked.
5. Try a second solution. If your first idea didn’t work, select another. But don’t give up on the first; sometimes an idea just needs fine-tuning.
6. Use other resources. Ask friends, family members, and professionals for suggestions.
7. If nothing seems to help, accept that the problem may not be solvable now. You can revisit it at another time.

Note: All too often, we jump from Step 1 to Step 7 and then feel defeated and stuck. Concentrate on keeping an open mind while listing and experimenting with possible solutions.

Tool #4: Communicating Constructively

Being able to communicate constructively is one of a caregiver’s most important tools. When you communicate in ways that are clear, assertive, and constructive, you will be heard and get the help and support you need. The box below shows basic guidelines for good communication.

Communication Guidelines

- Use “I” messages rather than “you” messages. Saying “I feel angry” rather than “You made me angry” enables you to express your feelings without blaming others or causing them to become defensive.
- Respect the rights and feelings of others. Do not say something that will violate another person’s rights or intentionally hurt the person’s feelings. Recognize that the other person has the right to express feelings.
- Be clear and specific. Speak directly to the person. Don’t hint or hope the person will guess what you need. Other people are not mind readers. When you speak directly about what you need or feel, you are taking the risk that the other person might disagree or say no to your request, but that action also shows respect for the other person’s opinion. When both parties speak directly, the chances of reaching understanding are greater.
- Be a good listener. Listening is the most important aspect of communication.

Tool #5: Asking for and Accepting Help

When people have asked if they can be of help to you, how often have you replied, “Thank you, but I'm fine.” Many caregivers don’t know how to marshal the goodwill of others and are reluctant to ask for help. You may not wish to “burden” others or admit that you can't handle everything yourself.

Be prepared with a mental list of ways that others could help you. For example, someone could take the person you care for on a 15-minute walk a couple of times a week. Your neighbor could pick up a few things for you at the grocery store. A relative could fill out some insurance papers. When you break down the jobs into very simple tasks, it is easier for people to help. And they do want to help. It is up to you to tell them how.

Help can come from community resources, family, friends, and professionals. Ask them. Don’t wait until you are overwhelmed and exhausted or your health fails. Reaching out for help when you need it is a sign of personal strength.

Tips on How to Ask

- Consider the person’s special abilities and interests. If you know a friend enjoys cooking but dislikes driving, your chances of getting help improve if you ask for help with meal preparation.
- Resist asking the same person repeatedly. Do you keep asking the same person because she has trouble saying no?
- Pick the best time to make a request. Timing is important. A person who is tired and stressed might not be available to help out. Wait for a better time.
- Prepare a list of things that need doing. The list might include errands, yard work, or a visit with your loved one. Let the “helper” choose what she would like to do.

- Be prepared for hesitance or refusal. It can be upsetting for the caregiver when a person is unable or unwilling to help. But in the long run, it would do more harm to the relationship if the person helps only because he doesn’t want to upset you. To the person who seems hesitant, simply say, “Why don’t you think about it.” Try not to take it personally when a request is turned down. The person is turning down the task, not you. Try not to let a refusal prevent you from asking for help again. The person who refused today may be happy to help at another time.
- Avoid weakening your request. “It’s only a thought, but would you consider staying with Grandma while I went to church?” This request sounds like it’s not very important to you. Use “I” statements to make specific requests: “I would like to go to church on Sunday. Would you stay with Grandma from 9 a.m. until noon?”

Tool #6: Talking to the Physician

In addition to taking on the household chores, shopping, transportation, and personal care, 37 percent of caregivers also administer medications, injections, and medical treatment to the person for whom they care. Some 77 percent of those caregivers report the need to ask for advice about the medications and medical treatments. The person they usually turn to is their physician.

But while caregivers will discuss their loved one’s care with the physician, caregivers seldom talk about their own health, which is equally important. Building a partnership with a physician that addresses the health needs of the care recipient and the caregiver is crucial. The responsibility of this partnership ideally is shared between you, the caregiver, the physician, and other healthcare staff. However, it will often fall to you to be assertive, using good communication skills, to ensure that everyone’s needs are met—including your own.

Tips on Communicating with Your Physician

- Prepare questions ahead of time. Make a list of your most important concerns and problems. Issues you might want to discuss with the physician are changes in symptoms, medications or general health of the care recipient, your own comfort in your caregiving situation, or specific help you need to provide care. The physician only sees a moment in time with the patient. Make sure you let him/her know what your concerns are in terms of daily care/health.
- Enlist the help of the nurse. Many caregiving questions relate more to nursing than to medicine. In particular, the nurse can answer questions about various tests and examinations, preparing for surgical procedures, providing personal care, and managing medications at home.
- Make sure your appointment meets your needs. For example, the first appointment in the morning or after lunch are the best times to reduce your waiting time or accommodate numerous questions. When you schedule your appointment, be sure you convey clearly the reasons for your visit so that enough time is allowed.
- Call ahead. Before the appointment, check to see if the doctor is on schedule. Remind the receptionist of special needs when you arrive at the office.
- Take someone with you. A companion can ask questions you feel uncomfortable asking and can help you remember what the physician and nurse said.
- Use assertive communication and “I” messages. Enlist the medical care team as partners in care. Present what you need, what your concerns are, and how the doctor and/or nurse can help. Use specific, clear “I” statements like the following: “I need to know more about the diagnosis; I will feel better prepared for the future if I know what's in store for me.” Or “I am feeling rundown. I'd like to make an appointment for myself and my husband next week.” Or “I

need a way for my mother to sleep at night as I am now exhausted being up every two hours at night with her."

Tool #7: Starting to Exercise

You may be reluctant to start exercising, even though you've heard it's one of the healthiest things you can do. Perhaps you think that physical exercise might harm you, or that it is only for people who are young and able to do things like jogging. Fortunately, research suggests that you can maintain or at least partly restore endurance, balance, strength, and flexibility through everyday physical activities like walking and gardening. Even household chores can improve your health. The key is to increase your physical activity by exercising and using your own muscle power.

Exercise promotes better sleep, reduces tension and depression, and increases energy and alertness. If finding time for exercise is a problem, incorporate it into your daily activity. Perhaps the care recipient can walk or do stretching exercise with you. If necessary, do frequent short exercises instead of those that require large blocks of time. Find activities you enjoy.

Walking, one of the best and easiest exercises, is a great way to get started. Besides its physical benefits, walking helps to reduce psychological tension. Walking 20 minutes a day, three times a week, is very beneficial. If you can't get away for that long, try to walk for as long as you can on however many days you can. Work walking into your life. Walk around the mall, to the store, or a nearby park. Walk around the block with a friend.

Tool #8: Learning from Our Emotions

It is a strength to recognize when your emotions are controlling you (instead of you controlling your emotions). Our emotions are messages to which we need to listen. They exist for a reason. However negative or painful, our feelings are useful tools for understanding what is happening to us. Even feelings such as guilt, anger, and resentment contain important messages. Learn from them, then take appropriate action.

For example, when you cannot enjoy activities you previously enjoyed, and your emotional pain overshadows all pleasure, it is time to seek treatment for depression—especially if you are having thoughts of suicide. Speaking with your physician is the first step. (See the FCA fact sheet *Depression and Caregiving*.)

Caregiving often involves a range of emotions. Some feelings are more comfortable than others. When you find that your emotions are intense, they might mean the following:

- That you need to make a change in your caregiving situation.
- That you are grieving a loss.
- That you are experiencing increased stress.
- That you need to be assertive and ask for what you need.

Summing Up

Remember, it is not selfish to focus on your own needs and desires when you are a caregiver—it's an important part of the job. You are responsible for your own self-care. Focus on the following self-care practices:

- Learn and use stress-reduction techniques, e.g. meditation, prayer, yoga, Tai Chi.
- Attend to your own healthcare needs.
- Get proper rest and nutrition.
- Exercise regularly, even if only for 10 minutes at a time.
- Take time off without feeling guilty.
- Participate in pleasant, nurturing activities, such as reading a good book, taking a warm bath.
- Seek and accept the support of others.
- Seek supportive counseling when you need it, or talk to a trusted counselor, friend, or pastor.
- Identify and acknowledge your feelings, you have a right to ALL of them.
- Change the negative ways you view situations.
- Set goals.

It's up to you!

Resources

Family Caregiver Alliance
National Center on Caregiving
(415) 434-3388 | (800) 445-8106
Website: www.caregiver.org
Email: info@caregiver.org
FCA CareJourney: www.caregiver.org/carejourney
Family Care Navigator: www.caregiver.org/family-care-navigator

Family Caregiver Alliance (FCA) seeks to improve the quality of life for caregivers through education, services, research and advocacy. Through its National Center on Caregiving, FCA offers information on current social, public policy and caregiving issues and provides assistance in the development of public and private programs for caregivers. For residents of the greater San Francisco Bay Area, FCA provides direct support services for caregivers of those with Alzheimer's disease, stroke, traumatic brain injury, Parkinson's and other debilitating disorders that strike adults.

FCA Fact and Tip Sheets

A listing of all facts and tips is available online at www.caregiver.org/fact-sheets.

Depression and Caregiving
Dementia, Caregiving, and Controlling Frustration

Other Organizations and Links

AARP
www.aarp.org

Administration for Community Living
For caregiver support groups, respite providers, and other caregiving services.
www.acl.gov

Eldercare Locator
eldercare.acl.gov
(800) 677-1116

ARCH National Respite Network and Resource Center
www.archrespite.org

Recommended Reading

The Caregiver Helpbook: Powerful Tools for Caregivers
www.powerfultoolsforcaregivers.org

Who Says Men Don't Care?
Gambone, James, PhD, Rhonda Travland, MS, 2011
www.MaleGuideForCaregiving.com

How To Be a Resilient Caregiver
lifework.arizona.edu/ec/caregiver_manual_now_available_online

Passages in Caregiving
Sheehy, Gail, Harper Collins, 2010

Credits

[1] Shultz, Richard and Beach, Scott (1999). *Caregiving as A Risk for Mortality: The Caregiver Health Effects Study.* JAMA, December 15, 1999, vol. 282, No. 23.

A special thank you the Powerful Tools for Caregivers program for permission to use information from *The Caregiver Helpbook* and their *Powerful Tools for Caregivers Class Leader Tips Manual. The Caregiver Helpbook* is highly recommended reading for caregivers.

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NIH National Institute on Aging

CAREGIVING

Taking Care of Yourself: Tips for Caregivers

Taking care of yourself is one of the most important things you can do as a caregiver. Make sure you're eating healthy, being active, and taking time for yourself.

Dealing with Feelings of Frustration and Guilt

Caregiving, especially from a distance, is likely to bring out many different emotions, both positive and negative. Feeling frustrated and angry with everyone, from the care recipient to the doctors, is a common experience. Anger could be a sign that you are overwhelmed or that you are trying to do too much. If you can, give yourself a break: take a walk, talk with your friends, get some sleep—try to do something for yourself.

Although they may not feel as physically exhausted and drained as the primary, hands-on caregiver, long-distance caregivers may still be worried and anxious. Sometimes, long-distance caregivers feel guilty about not being closer, not doing enough, not having enough time with the person, and perhaps even feeling jealous of those who do. Many long-distance caregivers also find that worrying about being able to afford to take time off from work, being away from family, or the cost of travel increases these frustrations. Remember that you are doing the best you can given the circumstances and that you can only do what you can do. It may help to know that these are feelings shared by many other long-distance caregivers—you are not alone in this.

Taking Care of Yourself

Taking care of yourself if one of the most important things you can do as a caregiver. Make sure you are making time for yourself, eating healthy foods, and being active. Consider joining a caregiver support group, either in your own community or online. Meeting other caregivers can relieve your sense of isolation and will give you a chance to exchange stories and ideas. If you need help, don't be afraid to ask for it.

Caregiving is not easy for anyone—not for the caregiver and not for the care recipient. There are sacrifices and adjustments for everyone. When you don't live where the care is needed, it may be especially hard to feel that what you are doing is enough and that what you are doing is important. It often is.

Share this infographic and help spread the word about caring for yourself while caring for others.

Learn about sharing caregiving responsibilities with friends and family.

For More Information About Caregiver Health

Family Caregiver Alliance
800-445-8106 (toll-free)
info@caregiver.org
www.caregiver.org

This content is provided by the National Institute on Aging (NIA), part of the National Institutes of Health. NIA scientists and other experts review this content to ensure that it is accurate, authoritative, and up to date.

Content reviewed: May 02, 2017

RELATED ARTICLES

How to Share Caregiving Responsibilities with Family Members

Doctor's Appointments: Tips for Caregivers

Advance Care Planning: Healthcare Directives

Tips for Avoiding Caregiver Burnout

As many as 43.5 million Americans care for older parents, grandparents, spouses, and other older adults. Some older adults need only a little assistance, such as help with shoveling snow or rides to and from the grocery store. Others need a lot of help with daily activities like eating, bathing, dressing, taking medications, and managing money. Over time, some older adults with increasing medical problems often need significant help from caregivers in performing activities of basic living.

While caring for an older family member can be one of the most rewarding experiences of a lifetime, it can also become stressful at times. This is especially true if the older adult has dementia or needs around-the-clock care. Most caregivers are spouses/partners or adult children. They may have health problems of their own, have children to care for, work outside the home, or all of these. The additional duties of providing care for an older person can lead to excessive physical or emotional fatigue, called "caregiver burnout."

It is important to get help before caregiving becomes overwhelming. If you're caring for an older adult, the American Geriatrics Society's Health in Aging Foundation suggests the following:

Get information

It's likely that an older person you care for has multiple health problems. They may take quite a few medications and see several different healthcare providers to manage these conditions. This can make managing their care more complicated for you as a caregiver.

It's helpful to accompany the older adult to their medical appointments to learn about their health problems and how these are likely to change over time. As a first step in learning more, HealthinAging.org has a wealth of information on health conditions and needs unique to older adults that can help you be a better informed and prepared caregiver.

Help the older adult help themselves

You can make it possible for an older person to keep doing certain things independently by doing things as simple as putting a no-slip seat in the shower or bathtub; installing "grab bars" in the bathroom and near the bed; moving frequently used items to lower shelves; or getting easy-grip can openers and other utensils.

Ask trustworthy family, friends and neighbors for assistance

Ask family and friends for help, and accept help if it is offered. Explain what needs to be done, but try not to criticize if others don't care for the older person in exactly the same way you would. The important thing is that their needs are getting met.

Take care of yourself, too

Take time to eat well, exercise, and relax and enjoy yourself - these are key to avoiding burnout. Look into "respite" programs to allow yourself a short break. Also know the warning signs of depression and get help if needed. (See https://www.healthinaging.org/a-z-topic/depression for more information.)

Don't take it personally

If an older person has dementia or other mental or emotional problems, they may get angry or say hurtful things. Remind yourself that this is because of the disease. Try not to take it to heart.

Talk about it

Talking about your experiences and feelings can make caregiving less stressful. Consider joining a caregiver support group in your area.

Contact professionals & organizations that assist caregivers

A wide range of programs, agencies, organizations, and individuals in your community can help you manage the challenges of caring for an older person. This assistance may be free, or available at low cost.

The following agencies and people can help you find the help you need:

Eldercare Locator

Visit www.eldercare.gov to search for community services by zip code, city, or topic. Or call 800-677-1116 to speak with an Information Specialist.

You can find your local Area Agency on Aging through the Eldercare Locator. Among other things, an Area Agency on Aging caseworker can visit you and the older person and give you information about different sources for the help you need, how much this help might cost, and how you can get financial help.

Social workers

Social workers at hospitals, clinics, and home health agencies, as well as specially trained geriatric care managers, can help, too. The Aging Life Care Association (www.aginglifecare.org) can provide more information on geriatric care managers. (Note: Insurance usually does not cover the cost of geriatric care manager assistance.)

Other Community Resouces

Your local United Way and faith-based organizations can also help you find assistance.

Look into a Program of All Inclusive Care for the Elderly (PACE) program in your area, which can provide adult day care and medical care all under one roof.

Among other things, these groups and individuals can help you find the following kinds of help:

- **Financial** assistance and advice on paying for the services the older adult needs, including assistance completing paper work.
- **Transportation** to take the older adult shopping or to and from medical appointments.
- **Meals** including help preparing meals or having meals delivered.
- **Home medical services** including visits from house call physicians, registered nurses, private duty nurses, nurses aides, and/or a hospice team, to manage medical problems in the comfort of home.
- **Respite care services** which send trained helpers to the older adult's home so you can take a break.
- **Reliable "home helpers"** who can visit the older person for an hour or two at a time to help with bathing, light housekeeping, cooking, and errands.
- **Adult day care** centers where older adults can go for several hours during the day for care supervised by healthcare staff. This care usually includes social programs, recreation, and meals. Special adult day care programs are available for people with dementia, depression, and social problems.

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**Expert Information from
Healthcare Professionals Who
Specialize in the Care of Older Adults**

**TIP
SHEET**

Tips for the Long-Distance Caregiver

Of the 34 million Americans who care for older family members, roughly 15 percent are long-distance caregivers. These caregivers live at least an hour's drive from the older adults they are providing care for, typically their parents. Some caregivers are helping to care for siblings.

Many caregivers also work and some are raising children at the same time. And others juggle all three roles. If you're caring for an older person from a distance, here is a checklist to help you through this process.

☑ Schedule a family meeting

You and other family members should discuss what your older relative needs, who can help, and in what ways. Have the meeting by phone or Internet if that is easier.

☑ Choose a primary caregiver

A primary caregiver's job is to look at the big picture and help ensure that the older relative is getting the care needed. You and your family can choose who the primary caregiver should be at the family meeting. To avoid caregiver burnout, consider taking turns being the primary caregiver, if possible.

☑ Consider sharing responsibilities among family members

You and other family members can take turns visiting and taking care of chores for your older relative. You can also take turns checking in by phone. Family members who live far away can still help. They might be able to pay for a weekly housekeeping service or another type of help.

☑ Hire a geriatric care manager

Geriatric care managers are licensed nurses or social workers who specialize in the care of older people. They can evaluate an older person's needs. They can also find and coordinate necessary services in their communities. See the Aging Life Care Association for more information (http://www.aginglifecare.org/).

☑ Look into house call services

If your older relative needs regular medical care, but is too frail to travel to a healthcare provider's office, look into house call visits. These are usually covered by Medicare. Various agencies, such as local hospitals, may offer them in your area. Search online for "physician house calls" and the name of your town or zip code to help locate services.

☑ Ask the older person to appoint a power of attorney

A power of attorney allows a designated person to make decisions on behalf of the older adult if he or she is unable to do so. This can be important for the older relative to have his or her wishes considered for decisions about health care, finances, and legal needs.

☑ Ask others for help

If the older adult has friendly neighbors, ask them if they can help keep an eye out for the older person. If the older adult has attended a local senior center, church, temple, mosque, or other faith-based organization, ask for their help as well.

Use the Eldercare Locator to find a range of services for older adults (https://eldercare.acl.gov, or call 800-677-1116.)

☑ Get the older person an "emergency call button" or a specialized phone

The button will send a message to an emergency service if the user pushes it. A special cell phone designed just for older adults may be easier to use than a regular smart phone.

☑ Have someone check food storage areas

The older adult may not be aware when food has spoiled or is past its expiration date. The refrigerator, freezer, and pantry should all be checked on a regular basis to prevent any problems.

☑ Continually assess safety and independence

Ask the older adult, and any others involved with caregiving, to report any difficulties with daily activities, such as preparing meals, managing medications, or bathing.

☑ Remember to take care of yourself

Being a caregiver can be demanding — especially when you're doing it from a distance. Make sure you take care of yourself too. Try joining a caregiver support group in your community or look online for more support and tips. You can find these on the Eldercare Locator (https://eldercare.acl.gov).

Visit www.HealthinAging.org for more caregiver resources, including tips on avoiding caregiver burnout.

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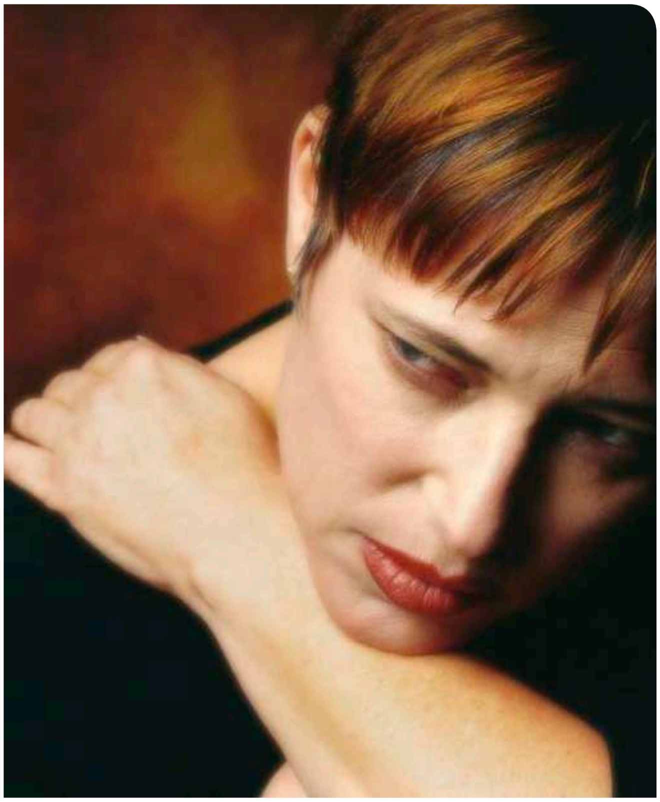
What Is Caregiver Burnout?

Caregiver burnout is caused by too much long-term stress. It occurs when you feel overwhelmed and can't meet constant demands. As the stress continues, you begin to lose the interest or motivation that led you to take on a certain role.

Your emotional and psychological health can affect your physical health. Many caregivers don't take time to care for themselves. They begin to show signs of caregiver burnout.

Your healthy body, mind and spirit benefit your loved one just as they benefit you. Learn the signs of caregiver burnout and seek help if you're having them.



What are the signs of caregiver burnout?

As a caregiver, you're under a lot of stress. It's common for caregivers like you to let your health suffer. So, watch out for:

- Excessive use of alcohol, medications or sleeping pills
- Appetite changes — eating too much or too little
- Depression, hopelessness, feelings of alienation, lack of energy to do new things
- Losing control physically or emotionally
- Neglect or rough treatment of the person for whom you're caring
- Trouble falling or staying asleep
- Difficulty concentrating
- Missing appointments

If you recognize the warning signs of burnout, it will only get worse if you ignore them. Take steps to get your life back into balance.

How can I avoid burnout?

It takes a combination of things to avoid burnout. Taking care of your physical health is a good way to stay emotionally healthy. Start working towards achieving your health goals. Take it one day at a time and make small changes.

Follow the ABC's of preventing heart disease and stroke:

- **Avoid tobacco.**
- **Become more active.**
- **Choose good nutrition.**

This will go a long way toward healing your heart and strengthening your mind.

What do I do about depression?

Clinical depression is a serious illness and can keep you from being a good caregiver for your loved one. Depression is also common among survivors of heart and stroke events. It's important to learn the signs of depression and get help if you experience several of these

(continued)

symptoms for two weeks or more.

- Depressed mood
- Marked loss of interest or pleasure
- Feeling worthless or guilty
- Change in appetite or weight
- Loss of energy
- Fearfulness of activity
- Sleeping too much or too little
- Lack of interest in personal hygiene
- Lack of interest in sex
- Anxiety
- Tearfulness
- Easily distracted
- Agitation or restlessness
- Inability to concentrate or make decisions

Depression can often be treated with medication. If you need help dealing with your emotions, seek out a support group, counselor or physician. If you have thoughts of death or suicide, seek help immediately.

If you are suffering from depression, joining a support group may be an effective way to deal with your emotions.

HOW CAN I LEARN MORE?

1. Call **1-800-AHA-USA1** (1-800-242-8721), or visit **heart.org** to learn more about heart disease and stroke.
2. Sign up to get *Heart Insight*, a free magazine for heart patients and their families, at **heartinsight.org**.
3. Connect with others sharing similar journeys with heart disease and stroke by joining our Support Network at **heart.org/supportnetwork**.

Do you have questions for the doctor or nurse?

Take a few minutes to write your questions for the next time you see your healthcare provider.

For example:

I think that I have too many signs of depression. Is there a treatment that will help me feel better and provide better care for my loved one?

My Questions:

We have many other fact sheets to help you make healthier choices to reduce your risk, manage disease or care for a loved one. Visit **heart.org/answersbyheart** to learn more.

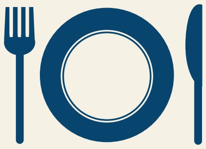
American Heart Association®
life is why™

CHOOSING HEALTHY FOODS ON HOLIDAYS AND SPECIAL OCCASIONS

Buffet Table Tips for People with Diabetes

Barbecues, picnics, potlucks, and family reunions are gatherings to enjoy and treasure. But if you have diabetes, these events can pose special challenges. How can you stick with your meal plan, yet join in the celebration and have some fun? You can do it! If you choose wisely and watch how much you eat, you can have a delicious meal and feel good, too. So, grab your plate and head for the buffet table.

WHEN YOU GO



- **Plan ahead.** Before you go, think about the foods that might be served. Decide which foods will help keep your blood sugar under control and which foods you want to avoid.
- **Check out all that's offered on the buffet.** Before you serve yourself, look at all the options first, then choose one or two favorite treats along with healthier items to round out your meal.
- **Watch your portions.** Many of your favorite foods may have a lot of fat, sugar, or salt. Take very small portions of deep-fried foods, fatty foods like bacon or pork, cheesy foods, and desserts.
- **Come prepared.** If possible, bring a low-fat main dish so you'll have something healthy to eat. Let people know what ingredients you used. This will be helpful for your friends and family members who are also trying to watch what they eat.
- **Focus on family and friends, instead of the food.** One trip to the buffet table may be enough if you make enjoying the company of your loved ones the focus of the day.

VEGETABLE TIPS

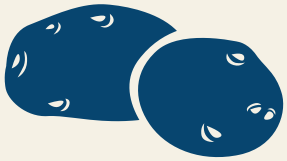
- **Fill half of a 10-inch plate** (the size of a regular dinner or paper plate) **with colorful, non-starchy vegetables**, such as broccoli, bell peppers, green beans, carrots, cabbage, eggplant, and spinach.
- **Choose fresh or steamed vegetables that are light on salad dressing, cheese, or cream.** If you can, make your own dressing for salads with a little olive oil and vinegar.
- **Watch out for vegetable dishes loaded with butter and cheese**, like casseroles and vegetables with sauce.
- **Take just a taste of vegetable dishes cooked with fats** like lard or high-fat meats such as ham hocks or pork belly.

NDEP National Diabetes Education Program

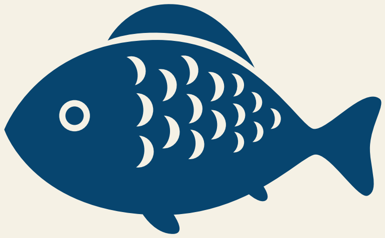
A program of the National Institutes of Health and the Centers for Disease Control and Prevention

GRAINS AND STARCHES

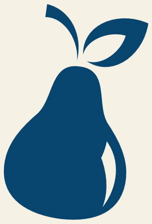
- Take only as much grain or starchy vegetables, such as rice, bread, potatoes, or green peas, to **fill ¼ of your plate**.
- **Choose high-fiber grains** like steamed rice (brown rice is better) and whole-grain breads like whole wheat and cornbread.
- **Avoid using butter or margarine** on bread, rice, and other grains and starches.
- **Take small portions or avoid starches with heavy sauces** like macaroni and cheese and potato salad.

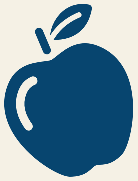


PROTEIN TIPS



- **Take 2-3 ounces of protein**, such as chicken or other lean meat, fish, or bean dishes (like three bean salad), to fill ¼ of your plate.
- **Pick dishes with baked or grilled lean meat** (like chicken without the skin or beef with the fat cut off), **fish, game, or shrimp**.
- **Try turkey burgers.** Top off your burgers and sandwiches with fresh veggies and mustard rather than mayonnaise and cheese.
- **Take just a taste of meats that are breaded**, fried, or cooked with a lot of fat or heavy sauces, like fried chicken or chicken fried steak.
- **Choose protein-rich bean dishes.** Baked beans and black-eyed peas are good choices. But take only small amounts of bean dishes cooked with added sugar and fat.





SWEET TIPS

- **Choose fresh fruits**, such as pears, apples, strawberries, or melons, or a fruit salad without sugar or whipped cream added. Fruit is an excellent source of fiber, vitamins, and minerals.
- **Have small servings of foods that are high in sugar and fat**, like cookies, cake, cobblers, or pies. Or skip the sweets altogether.

DRINK TIPS

- **Drink water, unsweetened coffee or tea, or other sugar-free beverages.**
- **If you drink alcoholic beverages**, have no more than one drink a day if you're a woman and no more than two drinks a day if you're a man.
- **Always eat food when drinking alcohol**, and never drink on an empty stomach.

National Diabetes Education Program
For more information call 1-800 CDC-INFO (800-232-4636).
TTY 1-(888) 232-6348 or visit www.cdc.gov/info.
To order resources, visit www.cdc.gov/diabetes/ndep.

July 2016

CDC'S NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION

Diabetes and Prediabetes

CDC works to prevent type 2 diabetes and improve the health of all people with diabetes.

More than 34 million Americans have diabetes. Another 88 million US adults have prediabetes, a serious health condition in which blood sugar levels are higher than normal, but not high enough yet to be diagnosed as type 2 diabetes. A person with prediabetes is at high risk of type 2 diabetes, heart disease, and stroke. Diabetes also increases the risk of heart disease and stroke and can lead to other serious complications, such as kidney failure, blindness, and amputation of a toe, foot, or leg.

People with diabetes spend more on health care, have fewer productive years, and miss more workdays compared to people who don't have diabetes. In 2017, the total estimated cost of diagnosed diabetes was $327 billion, including $237 billion in direct medical costs and $90 billion in absenteeism, reduced productivity, and inability to work.

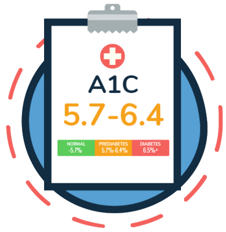
Some people are at higher risk of type 2 diabetes because they:

- Are overweight or have obesity.
- Are age 45 or older.
- Have a parent, brother, or sister with type 2 diabetes.
- Are physically active less than 3 times a week.
- Had gestational diabetes (diabetes during pregnancy) or gave birth to a baby who weighed more than 9 pounds.
- Are African American, Hispanic or Latino, American Indian, Alaska Native, Pacific Islander, or Asian American.

CDC's Division of Diabetes Translation is at the leading edge of the nation's efforts to end the devastation of diabetes. The division works with other federal agencies; state, local, and tribal health departments; health care providers; and community and faith organizations to identify people with prediabetes, prevent type 2 diabetes, prevent diabetes complications, and improve the health of all people with diabetes. These efforts have helped millions of Americans reduce their risk of type 2 diabetes and prevent or delay serious diabetes complications.

In the United States:

34.2 MILLION
people are living with diabetes.



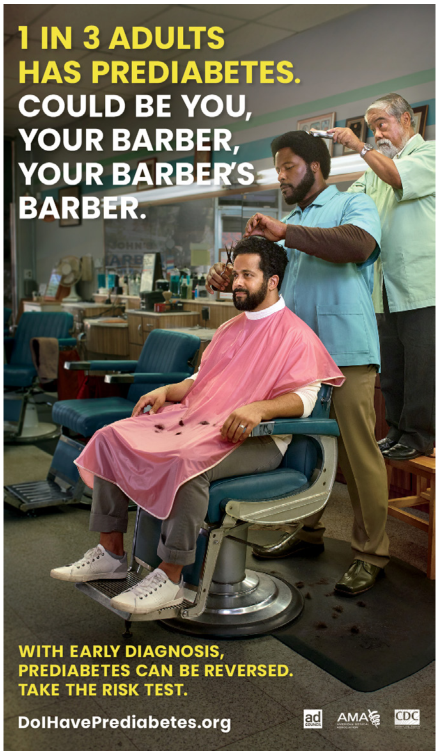
88 MILLION
adults have prediabetes.

$327 BILLION
is the annual estimated cost of diabetes.

Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion

@CDCChronic | www.cdc.gov/chronicdisease

The Nation's Risk Factors and CDC's Response



Some risk factors for type 2 diabetes can't be modified, such as age and family history, but some can, such as having prediabetes, being overweight, eating unhealthy food, being inactive, and smoking. CDC works to help people reduce those modifiable risk factors so they can prevent or delay developing type 2 diabetes and improve their overall health.

RISK FACTOR

Prediabetes

Prediabetes is a serious health condition in which blood sugar levels are higher than normal, but not high enough yet to be diagnosed as type 2 diabetes. A person with prediabetes is at high risk of type 2 diabetes, heart disease, and stroke. Of US adults, 88 million—more than 1 in 3—have prediabetes, and more than 8 in 10 of them don't know they have it.

CDC'S RESPONSE

CDC's National Diabetes Prevention Program (National DPP) is a public-private partnership working to build a nationwide system to deliver an affordable, evidence-based lifestyle change program proven to prevent or delay type 2 diabetes. Participants in the program learn to make healthy food choices, be more physically active, and find ways to cope with problems and stress. These lifestyle changes can cut their risk of developing type 2 diabetes by as much as 58% (71% for those 60 or older).

In April 2018, the lifestyle change program became a covered service for Medicare beneficiaries with prediabetes. This is the first preventive service model from the Center for Medicare & Medicaid Innovation that has been expanded into the Medicare program—a landmark for public health.

CDC funds all 50 states, the District of Columbia, national organizations, and several large city health departments to:

- Improve awareness of prediabetes among health care providers and people at risk.
- Increase access to and enrollment in the National DPP lifestyle change program.
- Increase coverage for the lifestyle change program among public and private payers and employers.
- Improve screening and testing for prediabetes and refer people who are eligible to the lifestyle change program.

In 2016, CDC partnered with the American Diabetes Association, the American Medical Association, and the Ad Council to launch the first national prediabetes awareness campaign. The ongoing campaign's humorous public service announcements encourage millions of people to find out their risk by taking a 1-minute test at DoIHavePrediabetes.org.

People at high risk are urged to ask their doctor for a simple blood test to confirm their results. The campaign website also provides links to sites nationwide that deliver the National DPP lifestyle change program.

RISK FACTOR

Overweight and Lack of Physical Activity

People who are overweight or have obesity are at increased risk of type 2 diabetes. In the United States, 72% of adults are overweight or have obesity. Although incidence has decreased in recent years, the number of adults with diagnosed diabetes has nearly doubled in the last 2 decades as the US population has increased, aged, and become more overweight.

Not getting enough physical activity can raise the risk of type 2 diabetes. That's because physical activity helps control blood sugar, weight, and blood pressure, as well as raise "good" cholesterol and lower "bad" cholesterol. It can also help people with diabetes prevent heart and blood flow problems, reducing the risk of heart disease and nerve damage, which are serious complications of diabetes. However, only 1 in 4 US adults and 1 in 5 high school students get enough physical activity.

CDC'S RESPONSE

CDC's [Division of Nutrition, Physical Activity, and Obesity]() develops and shares evidence-based approaches that help make healthy living easier for everyone, which can help people reduce their risk of type 2 diabetes. For example, the division works with hospitals to support breastfeeding mothers, child care centers to promote healthy eating standards, and workplaces to change policies so that employees have more healthy food choices.

To increase physical activity opportunities, the division partners with state and local governments to promote improvements in community design, such as sidewalks and parks, that make physical activity safer and more convenient for people of all ages and abilities.

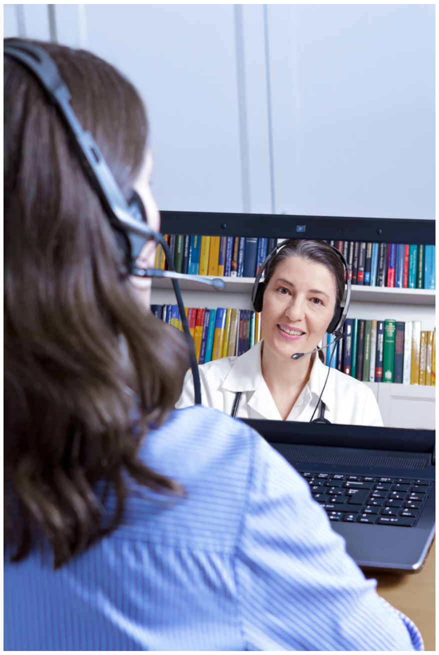
RISK FACTOR

Smoking

The risk of developing type 2 diabetes is 30% to 40% higher for current smokers than nonsmokers. Evidence shows that smoking is associated with increased belly fat, a known risk factor for type 2 diabetes. The more cigarettes a person smokes, the higher their risk of developing type 2 diabetes. People with diabetes who smoke are more likely than nonsmokers to have trouble managing their blood sugar.

People with diabetes who smoke also have higher risks of serious complications, such as heart disease, kidney disease, and poor blood flow in the legs and feet that can lead to infections, ulcers, and amputations. Other complications include retinopathy (eye disease that can cause

Smoking makes diabetes much worse. You can quit.
For free help, call 1-800-QUIT-NOW.
#CDCTips



blindness) and peripheral neuropathy (nerve damage in the arms and legs that causes numbness, pain, weakness, and poor coordination).

About 34 million US adults smoke cigarettes, and 58 million nonsmokers are exposed to secondhand smoke.

CDC'S RESPONSE

CDC's Office on Smoking and Health is at the forefront of the nation's efforts to reduce deaths and prevent chronic diseases that result from smoking, including type 2 diabetes. CDC and its partners promote efforts to prevent young people from starting to smoke, create smoke-free worksites and public spaces, help smokers quit, and reduce health disparities for groups with higher rates of chronic diseases caused by smoking.

Since 2012, CDC has been educating the public about the consequences of smoking and exposure to secondhand smoke and encouraging smokers to quit through its *Tips From Former Smokers*® (*Tips*®) education campaign. The *Tips* campaign features real people—not actors—who are living with serious health conditions caused by smoking and secondhand smoke exposure. It connects smokers with resources to help them quit, including a free national quitline (1-800-QUIT-NOW).

Diabetes Complications and CDC's Response

CDC strives to safeguard the health and improve the quality of life of all people with diabetes. Central to that effort is helping them prevent or reduce the severity of diabetes complications, including heart disease (the leading cause of early death among people with diabetes), kidney disease, blindness, and nerve damage that can lead to lower-limb amputations.

Diabetes self-management education and support (DSMES) services help people meet the challenges of self-care by providing them with the knowledge and skills to deal with daily diabetes management: eating healthy food, being active, checking their blood sugar, and managing stress. These programs have been shown to reduce A1C levels (average blood sugar over the last 2 to 3 months), reduce the onset and severity of diabetes complications, improve quality of life, and lower health care costs.

Diabetes is about 17% more prevalent in rural areas than urban ones, but 62% of rural counties do not have DSMES services. The use of telehealth (delivery of the program by phone, Internet, or videoconference) may allow more patients in rural areas to benefit from DSMES and the National DPP lifestyle change program. CDC funds state and local health departments to improve access to, participation in, and health benefit coverage for DSMES, with emphasis on programs that achieve Association of Diabetes Care & Education Specialists (formerly the American Association of Diabetes Educators) accreditation or American Diabetes Association recognition. These programs meet national quality standards and may be more sustainable because of reimbursement eligibility.

ENGLISH

DIABETES AND YOU:

All Medicines Matter!

It is important to manage your medicines when you have diabetes. Did you know your pharmacist and doctors can help you manage your medicines? The tips below will get you started.

Tips to Manage Your Medicines

1. **Take your medicines as directed. Talk with your pharmacist and your regular doctor if:**
   - You have any allergic reactions to your medicines.
   - You have any problems with your medicines, like forgetting to take them or having a hard time swallowing them, reading the labels, or affording them.
   - You have any changes in your diet or health.
   - You are pregnant or breastfeeding.
2. **Keep a list of all the medicines you take, and give your pharmacist and all of your health care providers a copy. Be sure the list includes:**
   - Medicines your doctor has prescribed for you.
   - Vitamins and herbal supplements.
   - Over-the-counter items, like aspirin, other pain medicine, or cold medicines. Over-the-counter medicines are ones you can buy off the shelf without a doctor's prescription.
3. **Tell your pharmacist about information you learn after visiting your dentist, eye doctor, foot doctor, or other member of your health care team.**
   - Tell your pharmacist about any new health problems.
   - Share new test results with your pharmacist.

How Can Medicine Help Your Diabetes?

- Medicine can help you control your diabetes and blood sugar. Blood sugar that is too high or too low can cause problems with teeth, eyes, and feet, as well as other serious health problems.
- Many people with chronic (lifelong) diseases like diabetes do not take their medicines correctly. This puts them at risk of more serious health problems.
- There are more than 30 different medicines for diabetes. They can be taken by mouth, needle, or pump.
- People with diabetes may need many medicines at once to help them. Doctors choose medicines to best meet people's diabetes needs.

How Can Pharmacists Help?

- Did you know that patients see their pharmacists up to seven times more often than their doctors?
- Pharmacists are often available all day, in the evening, and on weekends.

DIABETES AND YOU: All Medicines Matter!

Questions to Ask Your Pharmacist

- What are the brand and generic (nonbrand) names of my medicines?
- What are each of my medicines for?
- When should I take each medicine?
- How much should I take of each medicine?
- How long should I use this medicine, and can I stop using it if I feel better?
- What should I do if I miss a dose or take too much?
- When will the medicine start to work?
- What are the possible side effects?
- Will my over-the-counter medicines react with my prescription medicines and could they affect my blood sugar levels?
- Will this medicine take the place of anything I already take?
- Are there any other medicines, foods, drinks, or activities that I should avoid?
- Are there programs that can help me if I can't afford my medicines?
- Does the pharmacy have any other special programs that can help me manage my diabetes?
- What is the best way to use my blood glucose meter and other supplies?

✓ To-do List for Managing Your Medicines

☐ Make a list of all the medicines (prescription and over-the-counter), supplements, and vitamins you take, and give a copy to your pharmacist and regular doctor.

☐ Work with your pharmacist to make a plan to manage your medicine.

☐ Ask your insurance company or pharmacy if you can save money by filling your prescriptions online or by mail. If you have questions, call the phone number provided and ask to speak with a licensed pharmacist.

Manage Your ABCs!

Ask your health care team to help you set and reach goals to manage your blood sugar, blood pressure, and cholesterol—also known as the **ABCs** of diabetes. Teach your family about your diabetes and the **ABCs** so they can help you, too.

- **A1c:** The goal set for many people is less than 7% for this blood test, but your doctor might set different goals for you.
- **Bloodpressure:** High blood pressure causes heart disease. The goal is less than 140/90 mmHg for most people, but your doctor might set different goals for you.
- **Cholesterol:** LDL or "bad" cholesterol builds up and clogs your blood vessels. HDL or "good" cholesterol helps remove the "bad" cholesterol from your blood vessels. Ask what your cholesterol numbers should be.
- **Don't smoke:** Call 1-800-QUIT-NOW (1-800-784-8669) for support.

National Diabetes Education Program
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To order resources, visit **www.cdc.gov/diabetes/ndep**.

NDEP–133
January 2014

ENGLISH

DIABETES AND YOU:

Healthy Eyes Matter!

It is important to take good care of your eyes when you have diabetes. Did you know that diabetes can harm your eyes? The good news is that you can take steps to help keep your eyes healthy. The tips below will get you started.

Tips to Keep Your Eyes Healthy

1. **Get a dilated eye exam at least once a year and share the results with your primary care doctor.**
   - In this exam, you will get eye drops to make your pupils larger. Pupils are the black circles in the middle of your eyes. The drops are painless and help your eye doctor see inside your eyes to look for signs of health problems.
   - A dilated eye exam can help your eye doctor find and treat problems to keep you from losing your vision from diabetes.
   - Your eye doctor may take pictures of your eyes with a tool called retinal photography. This helps to see the retina, which is at the back part of your eyes.
   - Be sure to keep your next eye doctor appointment!
2. **Visit your eye doctor right away if you:**
   - See little black lines or spots that don't go away.
   - See any red spots.
   - See red fog.
   - Have a sudden change in how clearly you see.
   - Take longer than usual to adjust to darkness.

How Can Diabetes Harm Your Eyes?

- Diabetes is the main cause of blindness among people younger than 74 years.
- Serious eye problems happen more often among people with diabetes.
- It is important to find and treat eye problems early to protect your vision.

Where Do I Get a Dilated Eye Exam?

- You should schedule an appointment with an ophthalmologist or an optometrist for your yearly dilated exam. Both of these eye doctors can give you a dilated eye exam and check your eyes.

NDEP National Diabetes Education Program
A program of the National Institutes of Health and the Centers for Disease Control and Prevention

DIABETES AND YOU: Healthy Eyes Matter!

What Kinds of Eye Diseases Are Common Among People With Diabetes?

- **Retinopathy** causes small blood vessels in the retina (at the back of the eye) to get weak and possibly leak blood. This disease can cause blindness if it is not treated. There are no symptoms when this disease starts, so it is important to get your eyes checked regularly.
- **Cataract** causes a "clouding" of the lens of the eye that makes vision blurry. People with diabetes are more likely to get cataracts.
- **Glaucoma** causes pressure in the eye. If it is not treated, glaucoma can cause vision loss or blindness.

✓ To-do List for Healthy Eyes

- ☐ Get a dilated eye exam from your eye doctor at least once a year.
- ☐ Keep your next eye doctor appointment.
- ☐ Keep track of and tell your eye doctor about any changes in how you see.
- ☐ Talk with your eye doctor about the best ways to keep your eyes healthy.
- ☐ Ask your eye doctor to send your test results to your other doctors after every visit.
- ☐ Keep your blood sugar at a healthy level.

Manage Your ABCs!

Ask your health care team to help you set and reach goals to manage your blood sugar, blood pressure, and cholesterol—also known as the **ABCs** of diabetes. Teach your family about your diabetes and the **ABCs** so they can help you, too.

- **A1c:** The goal set for many people is less than 7% for this blood test, but your doctor might set different goals for you.
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National Institutes of Health

NDEP–131
January 2014

ENGLISH

DIABETES AND YOU:

Healthy Feet Matter!

It is important to take good care of your feet when you have diabetes. Did you know that diabetes can harm your feet? The good news is that you can take steps to help keep your feet healthy. The tips below will get you started.

Tips to Keep Your Feet Healthy

1. Have a podiatrist check your feet at least once a year.

- Work with your podiatrist to create a foot care plan to help you take care of your feet.
- Ask your podiatrist if you qualify for special shoes. These might be covered by Medicare or other insurance plans.
- Ask your podiatrist to send your exam results to your other doctors after every visit.
- Be sure to keep your next podiatrist appointment!

2. Check your feet every day.

- Set a time every day to look at your bare feet for calluses, cuts, sores, blisters, red spots, and swelling.
- Use a mirror to check the bottoms of your feet if you have trouble seeing your feet. You can also ask a family member to help you.

3. Wash your feet every day.

- Use warm water, not hot, to wash your feet. Do not soak your feet.
- Always check bath water with your hands first to make sure it is not too hot. Sometimes people with diabetes cannot feel how hot the water is with their feet.
- Dry your feet well. Be sure to dry between the toes.

How Can Diabetes Harm Your Feet?

- Diabetes is the main cause for nontraumatic loss of a toe, foot, or leg. Almost half of these cases could be prevented with daily foot care.
- People who have diabetes can lose feeling in their feet. When that happens, it can be hard to tell when you have a problem, like a blister, sore, callus, or cut on your foot.
- Diabetes can reduce the amount of blood flow to your feet. Numbness and less blood flow in the feet can slow the time it takes for sores to heal and can lead to foot problems.

What Is a Podiatrist?

A podiatrist is a medical doctor who specializes in finding and treating foot and ankle problems.

4. Keep the skin soft and smooth.

- Rub a thin coat of lotion over the tops and bottoms of your feet.
- Do not put lotion between your toes. Wetness between your toes can cause an infection.

DIABETES AND YOU: Healthy Feet Matter!

5. **Check with a podiatrist about the best way to trim your toenails and to care for corns and calluses.**
   - Over-the-counter products for corns and calluses or sharp objects may harm your skin. Do not use them.
   - Wear shoes and socks at all times.

6. **Do not walk barefoot. It is easy to step on something and hurt your feet.**
   - Wear shoes that fit well and protect your feet.
   - Check inside your shoes before you put them on to make sure the lining is smooth and there are no objects in them.

7. **Protect your feet from hot and cold.**
   - Wear shoes at the beach and on hot pavement.
   - Do not use hot water bottles or heating pads on your feet. You may burn your feet.

8. **Keep the blood in your feet flowing.**
   - Put your feet up on a chair, couch, or footrest when sitting.
   - Wiggle your toes and move your ankles up and down for 5 minutes, two or three times a day.
   - Do not cross your legs for long periods of time.

✓ To-do List for Healthy Feet

☐ Have a podiatrist examine your feet at least once a year.
☐ Keep your next podiatrist appointment.
☐ Ask your podiatrist to send your test results to your other doctors after every visit.
☐ Ask your primary care provider to check your feet at every visit.
☐ Check your feet every day.
☐ Keep your blood sugar at a healthy level.

Manage Your ABCs!

Ask your health care team to help you set and reach goals to manage your blood sugar, blood pressure, and cholesterol—also known as the **ABCs** of diabetes. Teach your family about your diabetes and the **ABCs** so they can help you, too.

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NIH National Institutes of Health
CDC Centers for Disease Control and Prevention

Must Know Health Info

Health Information from the Experts at Johns Hopkins Medicine

JOHNS HOPKINS
MEDICINE

Diabetes and Your Lifestyle

Most people with diabetes live full lives. Diabetes does not have to stand in the way. But, diabetes affects your way of life, such as how you eat and keep fit. It can also affect work and sex. Here are some tips for how to stay healthy and live well with diabetes. These tips may be helpful for patients and families.

Exercise

Exercise is good for your health! It is never too late to start getting fit. There are a lot of good things about exercise. Exercise helps your heart and lowers your blood pressure. It helps your body fight disease, helps you lose weight, and keeps your spirits up. Keeping fit is good for your diabetes. Your body's insulin use is better if you keep fit. You might need less medicine to control your blood sugar.

When you exercise, watch your blood sugar to make sure it does not go too low. You will need to balance your medicine and food. Plan the amount and the timing of your food and exercise. If you take insulin, you may need to take less when you exercise. You may need to eat more when you exercise so your blood sugar does not go low.

It can seem hard to start exercising. Many people feel this way. Here are some things you can do to make it easier to get started:

- Exercise a little bit at a time.
- Set a goal you can reach.
- Pick an exercise you like.

One good way to start exercising is to try walking. All you need to start walking is a good pair of walking shoes. If you have not exercised in a while, check with your doctor first. Start slowly and build up little by little as you get stronger.

Some exercises get the heart beating strong and fast. These are called "aerobic". You can walk, run, swim, bike, or dance for aerobic exercise.

Some people should talk to their doctors before starting. Check with your doctor first if:

- You are at risk for heart problems.
- You are older than 50.
- You do not usually exercise.

Exercise can change your blood sugar. Test your blood sugar before and after you work out. Over time you will learn how it affects your blood sugar. It is important that your heart does not beat too fast when you work out. Your doctor will help you figure out how fast your heart should beat when you work out.

Traveling

When you travel, be sure to have your supplies with you at all times. Make sure you can get to your supplies at all times. For example, do not put them in your checked luggage. You do not want your insulin to end up in Utah if you go to Maine! You may want to pack two sets of supplies. Keep one set with you, and put one set in your luggage.

In your travel supply kit, be sure to include:

- Your diabetes medicine (such as pills or insulin)
- Supplies for taking your medicine (such as needles or your pen for taking insulin)
- Your blood sugar monitor for checking your blood sugar
- Supplies for your monitor (test strips, the lancet device for pricking yourself, a replacement battery for your meter)
- Your Glucagon Kit if you use insulin.

Make sure you have some food with sugar with you in case your blood sugar gets too low. This is very important on car trips when you are driving. If you drive:

- Test your blood sugar before you start driving.
- Test your blood sugar every 2 hours during the trip.
- Eat some carbohydrates at the first signs of a low.

Employment and diabetes

You can find people with diabetes in all walks of life. Having diabetes should not stop you from doing most types of work. Employers cannot bar you from most types of work. But, it is up to you to keep your diabetes under control. This will help you perform on the job in the way that is expected of you.

It is not legal to ban you from a job because of diabetes. This is part of the "Americans with Disabilities Act." But, there are special cases. People with type 1 diabetes are not allowed to do some jobs. This is for the safety of others. One such job is airplane pilot. Local police units may not hire people with diabetes.

You do not have to tell your employer you have diabetes. But, if asked, it is best to tell the truth. At least 1 person who works with you should know you have diabetes. This can be helpful if you have low blood sugar at work. Some jobs have unusual hours or keep you on the go. You may need special plans to make sure you eat your meals at consistent times.

Diabetes and sexuality

Diabetes can affect your sex life. Diabetes lasts the rest of your life, and it affects your body. But it can also affect how you feel, think and relate to others.

Poor control of blood sugar leads to health problems. These health problems can get in the way of your sex life.

For women, diabetes can cause:

- dry vagina
- yeast infections
- menstrual periods that are not regular

These can get better with good control of blood sugar. Many couples find that products you can buy for dryness (called "supplemental lubricants") help. For some women, nerve disease (called "neuropathy") can take some of the pleasure out of sex.

For men, diabetes can make it hard to get an erection (called "impotence" or "erectile dysfunction"). It can affect the blood flow and nerves that play a part in an erection. Diabetes can affect how you feel. Feeling sad/blue or nervous/worried can affect sex.

There are many treatments for men that help with erection. Talk with your doctor about what may be right for you. There are many medicines that you and your doctor can choose from. Medicine can be taken as pills, and others as shots. If these treatments do not work, then there are implants for the penis as well.

Special issues for older adults

Some people have diabetes for a long time. This makes them more likely to have health problems from diabetes. Some may not know they have diabetes. Often they think their symptoms are from other things. Some may think their need to urinate frequently is from fluid pills (called “diuretics”). Some may think their weight loss is from not eating well. Some do not see a doctor until after they have problems. Then the doctor may test their blood sugar and find they have diabetes.

You may have to change the way you have been doing some things for a very long time. For example, you may have to change how you eat or how you keep fit. If you take medicine, watch for low blood sugar. It can cause falls because of dizziness. It may be hard to take your medicine or test your blood sugar due to:

- poor vision
- trouble moving your fingers or hands
- feeling depressed
- being confused.

Talk to your doctor or nurse if you have any of these problems. They can assist you with getting help.

*****Authored by Johns Hopkins University and Johns Hopkins Health System*****

U.S. FOOD & DRUG
ADMINISTRATION

Diabetes Medicines

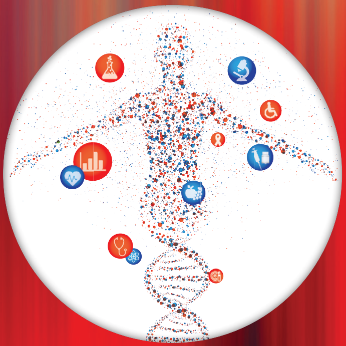
Diabetes can make it hard to control how much sugar (called glucose) is in your blood.

There is hope!

Some people with diabetes can take medicines to help keep their blood sugar at a healthy level.

This booklet gives some basic facts about diabetes medicines. Insulin is covered in a separate booklet. People with type 1 diabetes must use insulin.

Use this booklet to help you talk to your healthcare provider about the kind of medicine that is right for you.



FDA Office of Women's Health
www.fda.gov/womensdiabetes

Do not wait. Diabetes is a serious illness.

Diabetes can cause a heart attack, stroke, blindness, kidney disease, nerve damage, and other serious health problems. This is why it is so important for you to get treatment for your diabetes. Treatment can help prevent or slow some of these serious health problems.

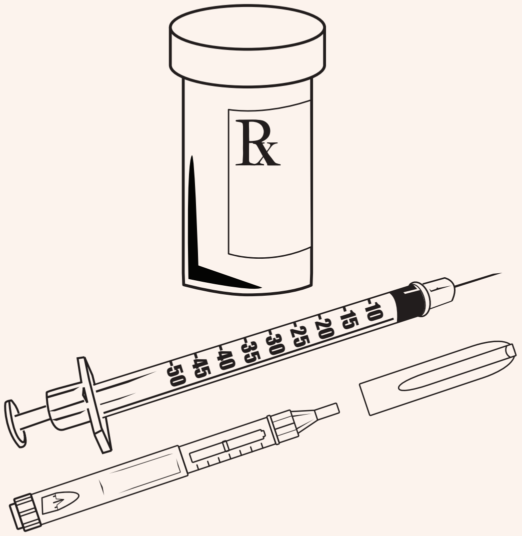
You can control your diabetes.

DIABETES TIPS

Talk to your healthcare provider **before** you change or stop taking your diabetes medicines.

Ask your healthcare provider about:

- your target blood sugar level.
- what you should do if your blood sugar gets too low or too high.
- how your diabetes medicines will affect your other medicines including birth control.



There are a few kinds of medicines used to treat diabetes. Each kind affects your body in a different way. Some diabetes medicines are taken as pills that you swallow. There are other medicines that you inject.

Some people with diabetes need to use medicines every day. What you need depends on your health and the type of diabetes you have. **Your healthcare provider can tell you if you need to use medicine to treat your diabetes.**

Do I Need To Take Diabetes Medicines?

Some people with diabetes need to use medicines every day. What you need depends on your health and the type of diabetes you have. **Your healthcare provider can tell you if you need to use medicine to treat your diabetes.**

Type 1 Diabetes	People with type 1 diabetes make very little or no insulin in their bodies. They must take insulin every day to stay alive.
Type 2 Diabetes	People with type 2 diabetes do not make enough insulin or do not use it well enough. Some people with type 2 diabetes can use pills or take other medicines as shots. Other people with type 2 diabetes need insulin to help control their diabetes.
Gestational Diabetes	Some women get diabetes for the first time when they become pregnant. This is called gestational (jes-TAY-shun-ul) diabetes. Some women with gestational diabetes need to use insulin to control their blood sugar.

What You Can Do About Side Effects

Diabetes medicines do not act the same in each person. These medicines can sometimes cause side effects. The side effects will depend on your body and the type of medicine you are taking. Follow these tips to help you learn how to handle the side effects.

- **Get the facts.** Ask your healthcare provider for the side effects, warnings, and other facts for the medicines you are taking. This booklet does not give all facts for each kind of diabetes medicine.
- **Speak up.** Tell someone about any problems you may be having with your medicines. Your doctor may change your medicine or give you tips to help you deal with the side effects.
- **Check the FDA website.** You can find current safety information about your medicine at: **www.fda.gov**
- **Report serious problems with your medicines.** You or your doctor can tell the FDA about serious problems with your medicines.

Report Online at: www.fda.gov/medwatch

Call 1-800-FDA-1088 to request a form.

DIABETES TIP

Talk to your doctor **before** you change or stop taking your diabetes medicines.

Diabetes Medicines

Different kinds of diabetes medicines are shown on the next few pages. These medicines are most often used to treat type 2 diabetes. The brand names and other names are given for each medicine. There are also some tips about each kind of diabetes medicine. Ask your healthcare provider to tell you the best way to take your medicines. They can also tell you about your medicine's side effects and warnings. **This guide does not give all side effects or warnings for each medicine.**

Meglitinides

How do they work? These pills help your body make more insulin around mealtime.

BRAND NAME	OTHER NAME
Prandin	repaglinide
Starlix	nateglinide

Some Things to Think About

Before you start taking these medicines, tell your healthcare provider if:

- you have liver or kidney problems.
- you are pregnant or breastfeeding.

Common Side Effects

- Hypoglycemia (blood sugar that is too low)

Alpha-Glucosidase Inhibitors

How do they work? These pills help your body digest sugar more slowly.

BRAND NAME	OTHER NAME
Glyset	miglitol
Precose	acarbose

Some Things to Think About

Before you start taking these medicines, tell your healthcare provider if:

- you have heart, liver, or kidney problems.
- you are pregnant or breastfeeding.

These medicines are not likely to cause low blood sugar or weight gain.

Common Side Effects

- Stomach Pain
- Diarrhea
- Gas
- Abnormal Liver Tests

Diabetes Medicines

Thiazolidinediones

How do they work? These pills help the cells in your body use glucose.

BRAND NAME	OTHER NAME
Actos	pioglitazone
Avandia	rosiglitazone

Some Things to Think About

- Before you start taking these medicines, tell your doctor if you have heart problems or heart failure.
- These medicines may raise your chance of having a broken bone (fracture).
- Before you take Actos, tell your doctor if you are a premenopausal woman (before the "change of life") who does not have periods regularly or at all. Actos may increase your chance of becoming pregnant. Talk to your doctor about birth control choices while taking Actos.

Common Side Effects

- Fluid Retention
- Weight Gain
- Heart Failure (heart cannot pump blood well)
- Anemia (low red blood cell counts)
- Upper Respiratory Tract Infection

DPP- 4 Inhibitors

How do they work? These pills help your body release more insulin.

BRAND NAME	OTHER NAME
Januvia	sitagliptin
Onglyza	saxagliptin
Nesina	alogliptin
Tradjenta	linagliptin

Some Things to Think About

- Call your doctor right away if you have severe stomach pain or vomiting. This may be a sign of a serious side effect.

Common Side Effects

- Upper Respiratory Infection
- Headache

Diabetes Medicines

Sulfonylureas

How do they work? These pills help your body make more insulin.

BRAND NAME	OTHER NAME
Amaryl	glimepiride
Diabeta Glynase	glyburide
Diabinese	chlorpropamide
Glucotrol Glucotrol XL (extended release)	glipizide
No brand name	tolbutamide
No brand name	tolazamide

Some Things to Think About

- Before you start taking these drugs, tell your doctor if you have heart, liver, or kidney problems.
- Older adults and people with kidney or liver problems may be more likely to have low blood sugar when taking these medicines.

Common Side Effects

- Hypoglycemia (blood sugar that is too low)
- Weight Gain
- Headache
- Dizziness

Biguanides

How do they work? These pills stop your liver from making too much sugar (glucose). They also help the sugar get into your cells.

BRAND NAME	OTHER NAME
Fortamet	metformin
Glucophage	metformin
Glucophage XR (long-lasting extended release)	metformin
Glumetza	metformin
Riomet	metformin

Some Things to Think About

- Talk to your doctor about your kidney health before you start and while you are taking this type of medicine.
- These medicines are not likely to cause low blood sugar or weight gain.
- People who drink a lot of alcohol and people with kidney problems may have a rare side effect called lactic acidosis (acid build up in the blood).

Common Side Effects

- Diarrhea
- Indigestion
- Nausea/Vomiting
- Gas
- Feeling Weak
- Headache

Dopamine Receptor Agonists

How do they work? This pill affects a chemical called dopamine in your cells. It is not clear how this pill works for diabetes.

BRAND NAME	OTHER NAME
Cycloset	bromocriptine

Some Things to Think About

- Do not take this medicine if you are breastfeeding.

Common Side Effects

- Nausea
- Headache
- Feel Very Tired
- Feel Dizzy
- Vomiting

Bile Acid Sequestrants

How do they work? It is not clear how this pill works for diabetes.

BRAND NAME	OTHER NAME
Welchol	colesevelam

Some Things to Think About

- This medicine is also used to treat high cholesterol.
- Tell your doctor if you are taking other cholesterol medicines.

Common Side Effects

- Constipation
- Dyspepsia (upset stomach/indigestion)
- Nausea

Diabetes Medicines

SGLT2 Inhibitors

How do they work? These pills affect the kidney to increase the amount of sugar that goes out in the urine.

BRAND NAME	OTHER NAME
Farxiga	dapagliflozin
Invokana	canagliflozin
Jardiance	empagliflozin
Steglatro	ertugliflozin

Some Things to Think About

- Do not take these drugs if you have severe kidney problems or are on dialysis.
- Before you take these drugs, tell your doctor if you have kidney or liver problems.

Common Side Effects

- Vaginal Yeast Infections
- Urinary Tract Infections
- Changes in Urination

Combination Medicines

These combinations are made up of two kinds of medicines. Ask your healthcare provider for the facts about the combination drug you are taking.

BRAND NAME	OTHER NAME
ActoPlus Met ActoPlus Met XR	pioglitazone and metformin
Avandamet	rosiglitazone and metformin
Avandaryl	rosiglitazone and glimepiride
Duetact	pioglitazone and glimepiride
Glucovance	glyburide and metformin
Glyxambi	empagliflozin and linagliptin
Invokamet Invokamet XR	canagliflozin and metformin
Janumet Janumet XR	sitagliptin and metformin
Jentadueto	linagliptin and metformin
Kazano	alogliptin and metformin
Kombiglyze Kombiglyze XR	saxagliptin and metformin
Metaglip	glipizide and metformin
Oseni	alogliptin and pioglitazone
PrandiMet	repaglinide and metformin
Xigduo XR	dapagliflozin and metformin

Diabetes Medicines

GLP-1 Receptor Agonists

These are medicines that you inject under your skin. These medicines should not be used instead of insulin.

BRAND NAME	OTHER NAME
Adlyxin	lixisenatide
Bydureon	exenatide
Byetta	exenatide
Ozempic	semaglutide
Tanzeum	albiglutide
Trulicity	dulaglutide
Victoza	liraglutide

Some Things to Think About

- These medicines are not the same as insulin.
- Some people feel nauseous when they first start taking these medicines.

Amylin Analog

This is a medicine that you inject under your skin. This medicine should not be used instead of insulin.

BRAND NAME	OTHER NAME
Symlin	pramlintide acetate

Some Things to Think About

- People who use insulin can also use Symlin.
- People with type 1 diabetes can use Symlin.
- Symlin should be taken in a separate injection. Do not mix Symlin and insulin in the same injection.
- This medicine is usually taken before meals.
- Some people feel nauseous when they first start taking this medicine.

My Diabetes Medicines

MEDICINE NAME	HOW MUCH DO I TAKE?	WHEN DO I TAKE IT?	IMPORTANT FACTS

Write down the facts about your diabetes medicines the next time you talk to your doctor, nurse, or diabetes educator.

- How will my medicines affect my blood sugar?
- Will it affect my other medicines?
- What are the side effects?
- What do I do if I start having side effects?
- What should I do if I am pregnant, planning to get pregnant, or breastfeeding?
- What else should I know about my diabetes medicines?

Sign Up For A Pregnancy Registry

Pregnancy Exposure Registries are research studies that collect information from women who take prescription medicines or vaccines during pregnancy.

Pregnancy registries can help women and their doctors learn more about how diabetes medicines affect women during pregnancy.

The FDA does not run pregnancy studies, but it keeps a list of registries.

Check to see if there is a registry for your diabetes medicine or other medicines at:

www.fda.gov/pregnancyregistries

This booklet should not be used in place of talking to your doctor or reading the label on your medicine. This booklet does not list all of the benefits or risks of taking these medicines. The drug and risk information in this booklet may change.
Check the FDA website for the latest facts on each medicine:

www.accessdata.fda.gov/scripts/cder/drugsatfda/

You Can Control Your Diabetes

Make a plan.
Work with your doctor, nurse, or diabetes educator to plan how you will manage your diabetes.

Use medicines wisely.
Ask your healthcare provider when and how to safely use your diabetes medicines or insulin.

Check your blood sugar.
Use your glucose meter to test your blood glucose (sugar) level during the day.

Be active and get exercise.
Dance, take a walk, or join an exercise class. Check with your healthcare provider about safe ways to be more active.

Watch what you eat.
Work with your healthcare team to make a meal plan just for you.

Watch your overall mental and physical health.
Work with your healthcare team to keep your feet, eyes, heart, and teeth healthy.

2018

This booklet was developed by the FDA Office of Women's Health.
To get other FDA diabetes resources, go to: www.fda.gov/womensdiabetes

Must Know Health Info
Health Information from the Experts at Johns Hopkins Medicine
JOHNS HOPKINS
MEDICINE

Diabetes Mellitus Type 2

What is it?

Diabetes is a common health problem in the U.S. and the world. In diabetes, the body does not use the food it digests well. It is hard for the body to use carbohydrates and fats. The main marker of diabetes is high blood sugar ("glucose"). Your blood sugar is kept in check by insulin. Insulin is a hormone that is made in the pancreas. When you get diabetes, it is related to two things:

- The amount of insulin your body makes
- How well your body's cells use insulin.

There are two different types of diabetes: type 1 and type 2. Only about 5% of people have type 1. Type 1 used to be called other names ("juvenile diabetes", "insulin-dependent diabetes"). In type 1, the pancreas does not make insulin. It usually starts as a child or teen. Type 2 often starts after age 40. Type 2 used to be called other names too ("adult-onset diabetes"). Obese teens can also get type 2. In type 2, your pancreas makes insulin. But, it does not make enough insulin. Or, your body cannot use the insulin as well. This often happens when you are obese. At first, your body will make more insulin to try to keep up. But, when the body can no longer keep up, diabetes comes on. Type 2 often runs in families.

Symptoms

Symptoms of type 2 come from high blood sugar. They include:

- Frequent urination
- Extreme thirst and hunger
- Weight loss
- More likely to get skin and vaginal infections
- Infections or cuts that heal very slowly or not at all.

Blood sugar that is not in control can lead to coma. There are two types of comas:

- The form that happens in type 1 diabetes (called “ketoacidosis”)
- The form that happens in type 2 diabetes (called “hyperosmolar”)

You may take insulin or pills to make your blood sugar go down. If your blood sugar drops too far you will get low blood sugar (called “hypoglycemia”). Low blood sugar has symptoms. They include:

- Sweating
- Trembling
- Dizziness
- Hunger
- Confusion
- Seizures
- Loss of consciousness.

Blood sugar that stays high leads to long term problems from diabetes. You may not notice these problems for years. These are some:

- Damage to the eyes (called “retinopathy”) can cause blindness.
- Damage to the nerves (called “neuropathy”) can cause numbness, tingling and pain in your feet, legs, and arms. Usually people feel it in the feet first.
- Damage to the kidneys (called “nephropathy”) can cause your kidneys to stop working. You need your kidneys to get rid of waste products.

You are also more likely to get heart disease. Your heart has arteries that carry blood to the rest of your body. The trouble comes on when your arteries get narrow (called “atherosclerosis”). Then, blood does not flow well to parts of the body. This can happen in different parts of the body: heart, brain, legs. And, it leads to different problems:

- Coronary heart disease (heart)
- Cerebrovascular disease (brain)
- Peripheral artery disease (legs)

Symptoms include:

- Chest pain
- Heart attack
- Heart failure
- Stroke
- Leg pain when you walk or exercise that feels better when you rest.

You may have trouble getting blood to your legs and feet. This can cause foot ulcers and infections. The ulcers and infection can cause tissue to die (called "gangrene"). This in turn may lead to amputation.

What your doctor looks for

Your doctor will look for signs of diabetes.

- Obesity, especially around the middle ("abdominal obesity"). This is a waist that is more than 40 inches around in men or 35 inches around in women.
- High blood pressure
- Signs of eye disease on eye examination
- Decreased feeling and reflexes in the legs
- Poor pulses in the feet
- Blisters, ulcers or infections of the feet
- Abnormal heart rhythm

Your doctor will also do lab tests.

- Fasting blood sugar (This tests your blood sugar before you have had anything to eat or drink.)
- Hemoglobin A1c (This test measures your average blood sugar level over the past 2 to 3 months.)
- Lipid profile (This measures cholesterol, triglycerides, HDL and LDL cholesterol. It tells how likely it is that your arteries are narrowed.)
- Blood creatinine and urine microalbumin (These tests look for signs of kidney disease.)

Your doctor may also do an eye exam. He/she will look for early signs of eye disease. Your doctor may also do a foot and ankle exam. He/she will touch your foot with a small wire. This tests whether you can feel the wire on your feet and ankles.

Diagnosis

Your doctor will use your fasting blood tests to see if you have diabetes. Your blood sugar should not be more than 126 mg/dl on this test. You have diabetes if:

- Your blood sugar is more than 126, and
- You number stays high on more than one fasting test.

Expected duration

There is no cure for diabetes. It lasts your whole life. Type 2 can get much better in some obese people who lose weight and keep it off.

Prevention

You can help prevent type 2 diabetes. You should keep your body weight within the normal range for your height. This is key if diabetes runs in your family. If you already have diabetes, it's not too late. You can delay or stop later problems (retinopathy, neuropathy, nephropathy). Be sure to keep tight control of your blood sugar. There are ways to lower your risk of heart problems. You should not smoke. Here are risk factors you can help control:

- High blood pressure
- High blood fats (cholesterol and triglycerides)
- Obesity

Treatment and management

In most people who have type 2 diabetes, treatment starts with weight. Diet and exercise are used for weight loss. The diet is like ones used to lower bad fats and stop risk of heart disease. Most people who have type 2 can control their blood sugar with pills at first. These include ones in the table. You may use pills for many years. But, over time, you may need insulin. Or, you may need insulin right away. You should talk to your doctor about which medicine is right for you. Metformin is suggested as the first one to try.

Medicine Class	Medicine Name	How it Works
Sulfonylureas	Repaglinide (Prandin) Nateglinide (Starlix)	Increases the amount of insulin released by your pancreas
Biguanide	Metformin (Glucophage)	Lowers the amount of sugar produced by the liver, Helps your body use insulin better
Thiazolidinediones**	Rosiglitazone (Avandia) Pioglitazone (Actos)	Helps your body use insulin better
Alpha-Glucosidase Inhibitors	Acarbose (Precose)	Delays the absorption of sugars from the intestine

The pills used to treat type 2 diabetes can have many side effects. See the table for the major ones.

Medicine	Side Effects
Sulfonylureas	Low Blood Sugar (Hypoglycemia) Weight Gain
Metformin + Insulin or Sulfonylureas	Low Blood Sugar (Hypoglycemia)
Thiazolidinedione + Insulin or Sulfonylureas	Low Blood Sugar (Hypoglycemia)
Metformin	Nausea and Diarrhea (less common if you take the medicine with a meal) Life threatening problems for people who already have liver or kidney disease

Thiazolindinediones	Can affect your liver so you need to have routine blood tests
Acarbose	Extreme gas and bloating

You should treat high “bad” cholesterol (LDL). Medicines that work to lower this are in the table.

Type of Medicine	**Medicine**
Statins to lower LDL cholesterol	Lovastatin, pravastatin, simvastatin, fluvastatin, atorvastatin, rosuvastatin
Bile acid sequestrants to lower LDL cholesterol	Cholestyramine (Questran), colestipol (Colestid), colesevelam (Welchol)
New medicine to lower LDL cholesterol	Ezetimibe (Zetia)
Medicines to lower triglycerides	Gemfibrozil, fenofibrate

To control diabetes you should watch your diet, keep fit, and take your pills. If this is not enough, you may need to take insulin each day. You may also need to stick to a meal plan and eat meals at regular times. This will lessen your chances of having low blood sugar.

Test your blood sugar each day. This is a key part of managing your diabetes. This is true no matter which medicines you take. You will use a tiny needle (called a “lancet”) to get a small bit of blood. The fingertip is usually the place that is used. The testing meter will tell you how much sugar is in your blood. You should know the “target ranges” for your blood sugar.

- 90 – 120 mg/dl before you have had anything to eat or drink
- 120 – 180 mg/dl after meals

If you know your blood sugar level you can choose types and amounts of food. You can also choose how to keep active. If your blood sugar is always in the target range, you are not “cured”. It means that you are doing a good job of managing your diabetes. You will have a better chance at a good quality of life. It is less likely that you will have long term problems from diabetes.

When to call your doctor

With diabetes, you are at higher risk for loss of body fluids (“dehydration”). Call the doctor if you have nausea or vomiting that lasts. Follow the testing schedule your doctor gives you for sick days. This should tell you how often to test:

- Your blood sugar
- Your urine for ketones.

Call your doctor right away if:

- You have blood sugars that are very high (more than 400 – 500 mg/dl). Your doctor may want you to call before it gets that high.
- You have large amounts of ketones in your urine.

Have your family call the doctor right away if you show these signs:

- Dehydration
- Dry skin
- Nausea
- Vomiting
- Confusion
- Coma

These are signs of severe high blood sugar problems (“ketoacidosis” and “hyperosmolar coma”).

Prognosis

Type 2 diabetes can have a good outcome. There are things you must do to help. Control your blood sugar. Maintain a normal weight. Reduce your risk factors for heart disease.

Additional information

For more information about diabetes, you can contact:

National Diabetes Information Clearinghouse
1 Information Way
Bethesda, MD 20892-3560
http://diabetes.niddk.nih.gov/

American Diabetes Association (ADA)
225 Broadway
San Diego, CA 92101
1-800-DIABETES (1-888-342-2383)
www.diabetes.org

****IMPORTANT NOTICE about the entire thiazolidinedione class of antidiabetic drugs, including rosiglitazone (Avandia) and pioglitazone (Actos).** Read the complete MedWatch 2007 safety summary including a link to FDA press release at:

http://www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/default.htm#rosi_pio

*****Authored by Johns Hopkins University and Johns Hopkins Health System*****

parent tips

We Can! Ways to Enhance Children's Activity & Nutrition

How Much Sugar and Calories are in Your Favorite Drink?

Many people don't realize just how much sugar and calories we drink in a day. Use this tip sheet to help your family make smart choices.

Drink (12-ounce serving)	Teaspoons of Sugar	Calories
Bottled Water	0 teaspoons	0
Diet Cola	0 teaspoons	0
Sugar-Free Drink Mix	0 teaspoons	0
Sugar-Free Lemonade	0 teaspoons	0
Unsweetened Tea	0 teaspoons	0
Sports Drink	2 teaspoons	75
Lemonade	6¼ teaspoons	105
Orange Juice	7½ teaspoons	160
Sweet Tea	8½ teaspoons	120
Powdered Drink Mix (with sugar)	9 teaspoons	145
Cola	10¼ teaspoons	150
Fruit Punch	11½ teaspoons	195
Root Beer	11½ teaspoons	170
Grape Juice	12 teaspoons	200
Orange Soda	13 teaspoons	210

We Can! is a program from the National Institutes of Health that offers resources for parents, caregivers and communities to help children 8-13 years old stay at a healthy weight through eating right, increasing physical activity, and reducing screen time.

To learn more, go to http://wecan.nhlbi.nih.gov or call 1-866-35-WECAN.

MANAGING **DIABETES**

5 Questions to Ask
Your Health Care Team

1. How do I manage my ABCs?

A: Get a regular **A**1C test to measure your average blood sugar over 2 to 3 months.

B: Try to keep your **b**lood pressure below 140/90 mm Hg (or the target your doctor sets).

C: Control your **c**holesterol levels.

s: Stop **s**moking or don't start.

Keeping your ABC numbers close to target levels can lower your risk of long-term health problems. Ask your health care team to help you set personal targets.

2. How will I know if my medicines are working?

Are your ABC numbers close to or at your target levels?

If the answer is yes, then your medicines and efforts are working. Keep up the good work!

If the answer is no, then meet with your health care team to see if your treatment plan needs to be changed. Be sure to take all of your medicines and blood sugar records when you meet with your care team. Bring prescription and over-the-counter medicines.

Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion

3. When and where can I learn more about how to manage my diabetes?

WHEN

The best times for diabetes education and support are:

- When you're first diagnosed with diabetes.
- Once a year when you review your educational, nutritional, and emotional needs.
- When new complications come up—for example, changes in your physical or emotional health or financial needs.
- During changes in your care—for example, changes to your health care team, treatment plan, or living situation.

WHERE

- Local diabetes education programs.
- Groups like the American Diabetes Association, Juvenile Diabetes Research Foundation, and Association of Diabetes Care & Education Specialists.
- Local diabetes support groups.

You can get help that matches your needs, goals, and life experiences.

Go to the **Find a Diabetes Education Program in Your Area** website to find programs that are recognized by the American Diabetes Association or accredited by the Association of Diabetes Care & Education Specialists.

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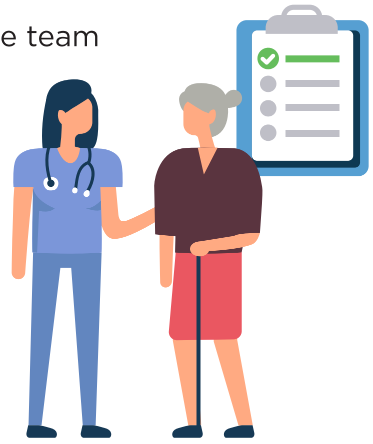
4. What vaccines should I have?

Getting vaccinated is an important part of staying healthy, especially when you have diabetes. That's because people with diabetes have a higher risk of serious health problems that vaccines can prevent.

Ask your health care team what vaccines you need and when.



5. When should I schedule health care appointments?

- See your regular health care team twice a year or more.
- See an eye doctor, foot doctor, and dentist once a year or more.

AT LEAST
1X A YEAR

EYE DOCTOR

FOOT DOCTOR

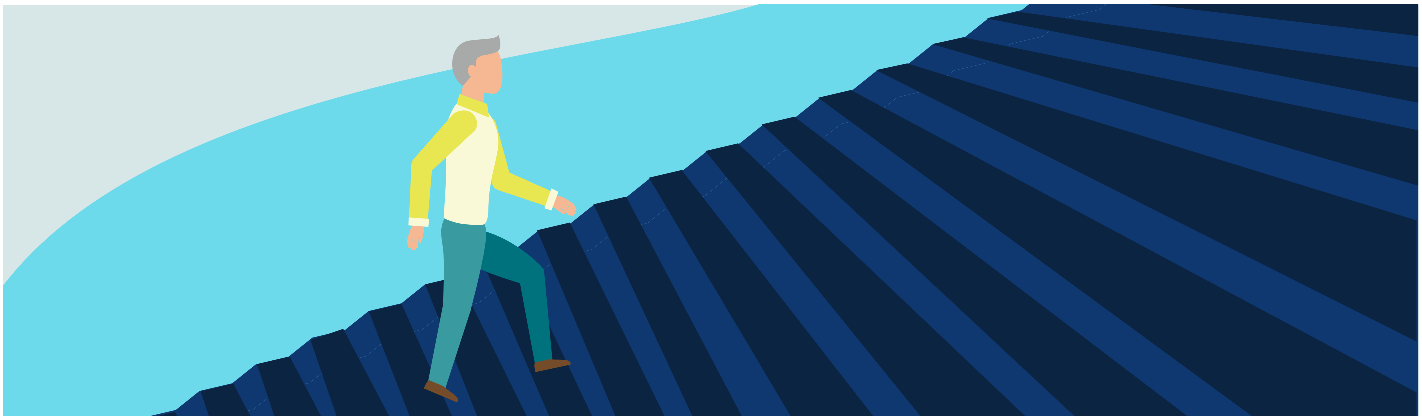
DENTIST

AT LEAST
2X A YEAR

DOCTOR

Regular health care helps you stay healthy, especially when you have diabetes. Ask to set up your next visit before you leave your health care provider's office.

When you have diabetes, you will have a lot to manage. But you can take it one step at a time. Your health care team will help you set goals and make a treatment plan you can stick with. Visit CDC's **Diabetes website** for information on how to manage your diabetes and live your healthiest life!



Steps to Help You
Stay Healthy With Diabetes

Follow these four steps to help you manage your diabetes, avoid complications, and live a long, active life. Use the worksheet on page 5 to keep track of your goals and progress. For more information, visit Living with Diabetes website.

STEP 1
Ask your doctor to refer you to Diabetes Self-Management Education and Support (DSMES) services.

DSMES services include a health care team that will teach you how to stay healthy and how to make what you learn a regular part of your life. DSMES services will help you make better decisions about your diabetes, work with your health care team to get the support you need, and learn the skills to take care of yourself.

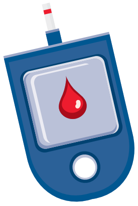
To find a DSMES program that is recognized by the American Diabetes Association or accredited by the Association of Diabetes Care & Education Specialists, go to the Find a Diabetes Education Program in Your Area website.

Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion

STEP 2

Know your diabetes ABCs.

Talk to your health care team about how to manage your ABC numbers—A1C, blood pressure, and cholesterol—and how to quit smoking. These actions can help lower your chance of having a heart attack, stroke, or other diabetes problems. Use the worksheet on page 5 to keep track of your ABC numbers.

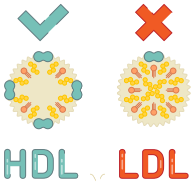


A IS FOR THE A1C TEST (A-ONE-C)

- A1C is a blood test that measures your average blood sugar level over the past 3 months. It is different from the blood sugar checks you might do each day.
- The A1C goal for many people with diabetes is below 7. Ask your health care team what your goal should be.

B IS FOR BLOOD PRESSURE

Blood pressure is the force of blood against the walls of your blood vessels. If your blood pressure gets too high, it makes your heart work too hard. Your blood pressure goal should be below 140/90 unless your doctor helps you set a different goal.



C IS FOR CHOLESTEROL (KO-LESS-TUH-RUHL)

There are two kinds of cholesterol in your blood: LDL and HDL. LDL or “bad” cholesterol can build up and clog your blood vessels. HDL or “good” cholesterol helps remove the “bad” cholesterol from your blood vessels.

- Ask your health care team what your cholesterol numbers should be.
- If your numbers are not where they should be, ask what you can do about it.

S IS FOR SMOKING

Smoking raises your blood sugar, blood pressure, and cholesterol levels. If you quit smoking, you’ll lower your risk of heart attack, stroke, nerve disease, kidney disease, and oral disease.

Ask your health care team about your ABCS.
Write your goals on the worksheet on page 5.

STEP 3

Learn how to live well with diabetes.

Learn coping skills.

- Having diabetes can be overwhelming at times. But there are things you can do to cope with diabetes and manage stress.

  Spend time with your friends or do something you enjoy—like gardening, taking a walk, working on a hobby, or listening to your favorite music. For other ideas, visit CDC's 10 Tips for Coping with Diabetes Distress website.
- Ask for help if you feel down. Talking about your feelings with a mental health counselor, support group, clergy member, friend, or family member who will listen to your concerns might help you feel better.
- If you feel down on most days, you may be depressed. Talk to your health care team, your spiritual counselor, or some other person you trust. They may be able help you get the support you need.

Make healthy food choices.

- Work with your health care team to make a meal plan that fits your life. Ask for a referral to a registered dietitian nutritionist (RDN) who knows about diabetes and can help you create a personal meal plan to meet your specific needs.
- Keep a food record or journal to keep track of how you are doing with your meal plan.
- Plan ahead. Plan your food each week so you have healthy options at home. When you go out, carry healthy snacks—like baby carrots, sliced apples, or nuts—with you.
- Ask your diabetes care and education specialist, RDN, or health care team for help learning skills such as reading nutrition facts and labels, managing portion size, and making healthy food choices when eating out.

Set goals for living well with diabetes. Write down your reasons to stay healthy, what you can do to meet your goals, and who can help you.

THREE REASONS TO MANAGE MY DIABETES:

1.

2.

3.

THREE THINGS I WILL WORK ON OVER THE NEXT 3 MONTHS TO REACH MY GOALS:

1.

2.

3.

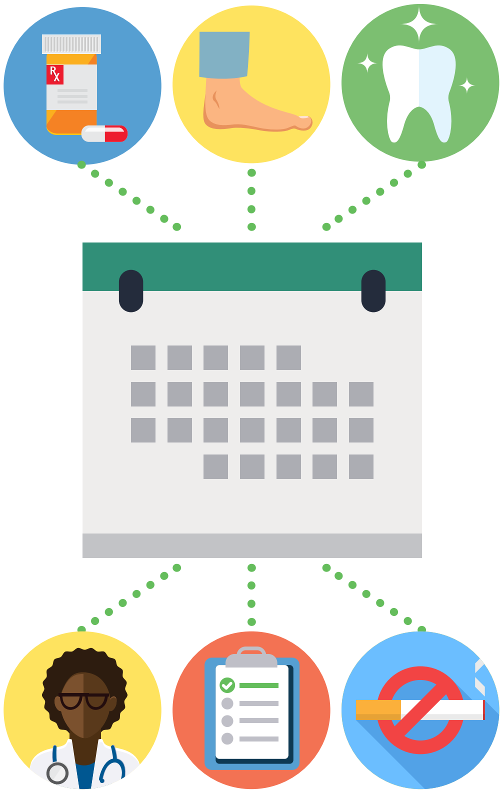
PEOPLE WHO CAN HELP ME MANAGE MY DIABETES AND REACH MY GOALS:

Be physically active.

- Set a goal to be physically active for 30 minutes most days of the week. Start slow by taking a 10-minute walk 3 times a day.
- Twice a week, work to increase your muscle strength. Use stretch bands, do yoga, or do heavy gardening like digging and planting with tools.

Know what to do every day.

- Take your medicines even when you feel good. Tell your doctor if you cannot afford your medicine or if you experience any side effects.
- Check your feet every day for cuts, blisters, red spots, and swelling. Call your health care team right away about any sores.
- Brush your teeth and floss every day to keep your mouth, teeth, and gums healthy.
- Ask your health care team how often and when to check your blood sugar.
- Keep track of your blood sugar and keep a record of your numbers.
- Check your blood pressure if your doctor tells you to and keep a record of your numbers.
- Don’t smoke. If you already smoke, ask for help to quit. Call 1-800-QUIT-NOW (1-800-784-8669).



STEP 4

Get routine care to stay healthy.

See your health care team at least twice a year to find and treat any problems early.

Follow the schedule of tests and check-ups on the worksheets on pages 5 and 6. If you have Medicare, check to see how your plan covers diabetes care.

For more information about living with diabetes, visit CDC’s Diabetes website.

My Diabetes Care Record

Write down goals to help you live well with diabetes. Get regular check-ups and write down the dates and results of all tests. Take this record with you to your health care visits.

A1C: Get this checked at least 2 times each year.

My A1C Goal:

A1C TEST DATE	A1C TEST RESULT

Blood Pressure: Get this checked at every visit.

My Blood Pressure Goal:

BLOOD PRESSURE DATE	BLOOD PRESSURE RESULT

Cholesterol: Get this checked 1 time each year.

My Cholesterol Goal:

CHOLESTEROL TEST DATE	CHOLESTEROL TEST RESULT

Ask your health care provider what exams and vaccinations you should have and how often you should have them. Use this worksheet to keep track of this information.

Exams, tests, and reviews you should have each visit.

EXAM, TEST, OR REVIEW	DATE	RESULTS	DATE	RESULTS	DATE	RESULTS
FOOT CHECK						
WEIGHT CHECK						
REVIEW SELF-CARE PLAN						
REVIEW MEDICINES						

Exams, vaccines, and tests you should have at least 1 time a year.

TYPE OF EXAM, VACCINE, OR TEST	DATE	RESULTS	DATE	RESULTS	DATE	RESULTS
DENTAL EXAM						
DILATED EYE EXAM						
COMPLETE FOOT EXAM						
FLU SHOT						
KIDNEY CHECK						

Vaccines as recommended by health care provider.

TYPE OF VACCINE	DATE	RESULTS	DATE	RESULTS	DATE	RESULTS
VACCINE:						
VACCINE:						
VACCINE:						
VACCINE:						

Managing Diabetes: Medicare Coverage & Resources

Find a Medicare Provider

Visit **Medicare.gov** to find and compare providers in your area.

10 Steps for People Living with Diabetes

Eat well
Find tips, strategies, and ideas for healthy eating.

Get active!
Be physically active to stay in control.

Maintain a healthy weight
Learn how to get to a healthy weight (and stay there).

Manage blood sugar
Know your numbers and how to stay on target.

Prevent complications
Learn how to prevent or delay related health problems.

Manage sick days
Take steps to protect your health.

Schedule your diabetes care
Put both your daily care and doctor visits on your calendar.

Be prepared!
Handle emergencies by thinking ahead.

Find out how diabetes & mental health are connected
Find out how they're connected.

Get education and support
Learn about diabetes self-management training.

Learn more about the 10 steps.

Medicare Coverage

Testing and supplies:

Find out if your diabetes test, item, or service is covered by Medicare.

Download the "What's covered" Medicare app available on the Apple Store or Google Play Store.

Medication:

Enroll in Medicare Part D for prescription drug coverage that covers diabetes supplies.

Self-management training:

Find classes in your area to help you with CDC's 10 Steps for People Living with Diabetes.

Help with Costs

Extra Help:

If you have a limited income, this program can help you pay for Medicare prescription drug program costs.

Medicare Savings Programs:

You can get help from your state paying your Medicare premiums.

Drug company patient assistance programs:

You may be able to get help if the company that makes your drugs offers patient assistance programs.

Need Help?

Call **1-800-MEDICARE** (1-800-633-4227)
TTY users can call **1-877-486-2048**

or visit **Medicare.gov**

or write to:
Medicare Contact Center Operations
PO Box 1270
Lawrence, KS 66044

También disponible en español:
https://es.medicare.gov/publications/

Paid for by the US Department of Health and Human Services.

Pub #12091 Revised on 8/13/20

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My Cholesterol Goal:

CHOLESTEROL TEST DATE	CHOLESTEROL TEST RESULT

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EXAM, TEST, OR REVIEW	DATE	RESULTS	DATE	RESULTS	DATE	RESULTS
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WEIGHT CHECK						
REVIEW SELF-CARE PLAN						
REVIEW MEDICINES						

Exams, vaccines, and tests you should have at least 1 time a year.

TYPE OF EXAM, VACCINE, OR TEST	DATE	RESULTS	DATE	RESULTS	DATE	RESULTS
DENTAL EXAM						
DILATED EYE EXAM						
COMPLETE FOOT EXAM						
FLU SHOT						
KIDNEY CHECK						

Vaccines as recommended by health care provider.

TYPE OF VACCINE	DATE	RESULTS	DATE	RESULTS	DATE	RESULTS
VACCINE:						
VACCINE:						
VACCINE:						
VACCINE:						

Must Know Health Info
Health Information from the Experts at Johns Hopkins Medicine
JOHNS HOPKINS MEDICINE

No More Carb Confusion

Choosing carbs ("carbohydrates") wisely helps you control your blood sugar and weight.

What is low-carb dieting? What can it do for you when you're trying to control your blood sugar and weight? It is true that heavy carb foods have a big impact on your blood sugar. But, watching how much you eat – of all kinds of foods – helps you control blood sugar best. This is true for foods dense in carbs too.

In the diet world, you may hear about "low-carb dieting." This is not the same as limiting carbs to manage blood sugar. Here is what you need to know about carbs and your diabetes.

Carbs and blood sugar

Things that influence how carbs affect your blood sugar after a meal are:

- How much carbs you ate
- The source of the carbs from foods you ate.

They influence how high and how fast blood sugar goes up after a meal.

To find how much carbs are in a food, check the nutrition label. You will see the amount of carbs measured in grams. Insulin is the key when it comes to carbs. You need insulin in order to break down carbs. It helps your body change carbs into energy you can store and use. Once you know – and count – your carbs, you can plan meals and keep your blood sugars on target.

Do not confuse counting carbs with low-carb diets like Atkins™ or South Beach™. These diets start with very few carbs for a short time. Then, they add more carbs after initial weight loss. But, they still remain low in carbs. For people with diabetes, counting carbs is a plan for your life. It is a long term way to control blood sugar, not a short term way to lose weight. Count your carbs every day. How much carbs you eat – each time you eat – affects your blood sugar. And, it affects your blood sugar over the next few hours.

Your body needs to get about half of its calories as carbs. This is true whether or not you have diabetes. The trick is knowing how much to eat at one time to keep blood sugar in control.

How many grams of carbs do you need?

The ADA (American Diabetes Association) gives some guidance if you have diabetes:

- Get about half (45 – 65%) of your total calories from carbs. Here is an example. What if your diet has you eat a certain number of calories a day (such as 2,000)? You should eat half (1,000) of the calories as carbs.
- Do not limit carbs to less than 130 grams in a day. This is about eight servings of 15 grams each.

Your body needs carbs for energy. Carbs also have fiber. They have vitamins and minerals that are good for you. And, your brain uses the sugar from carbs for fuel**.**

Carb-counting benefits

Special members of your health care team (a “nutritionist” or “diabetes educator”) can help you start counting carbs. Most people find counting carbs easy to learn. And, they learn to make changes as needed. A major 10-year study of people with type 1 diabetes found that:

- Counting carbs in your meal plan can keep blood sugars close to normal.
- Counting carbs gives you more options with food choices.

Know your carbs

What foods have carbs? These types of foods count as carbs:

- Sweets (candy, cakes and sugary drinks)
- Starches (breads, pasta, rice, crackers, cereal and starchy vegetables such as potatoes, peas, corn and legumes)
- Fruit and fruit juices

- Milk and yogurt.

One serving of carbs is about *15 grams*. This is not the same as the “serving size” on nutrition labels. Here is an example. A package of oatmeal may say 1 serving has *30 grams* of carbs (“carbohydrates”). But, 30 grams of carbs counts as 2 servings of carbs. So, the 1 serving of oatmeal would have 2 servings of carbs. Foods have different amounts of carbs. This influences the serving size or number of servings you can eat. There are some foods with 1 serving of carbs. Examples are:

- One small banana
- One slice of bread
- Half a cup of mashed potatoes.

People like counting carbs. You can eat your favorite foods once you know how the carb count. The amount of carbs you eat tells you how much you blood sugars will go up. You will know how many carbs you can eat in a meal—and keep blood sugar in your range. Figure that out by testing your blood sugar before your meal. Then, test your blood sugar 2 hours after your meal. Use the after meal test to tell if the amount of carbs worked. The amount worked if:

- Your blood sugar is in your range
- Your blood sugar is less than 50 points higher than before you ate.

Let’s say you start to count your carbs and test your blood sugar after you eat. You do this for a couple of weeks. You find that eating 45 grams of carbs in a meal is OK for your blood sugar. This means you can have three servings of carbs (at 15 grams apiece) per meal. Now you have some choices to make. Maybe you'd like two starches and a fruit (two slices of bread and a small orange) for lunch. Or you want a fruit, milk and a starch. The choice is yours. All you need to do is make sure your servings or units of measure are right. (Is that ½ cup or 1 cup of pasta?) If your portion size doubles, so will the carb content.

You do not have to keep all of this in your head. Start by learning a few carb counts for your favorite foods. Then a few things can help you. You can:

- Write them down
- Use flash cards
- Buy a pocket-sized carb guide (from grocery store checkout)
- Use online carb guides or tools.

“Good” carb, “bad” carb?

Use common sense to choose healthy carbs. An apple and a cookie can have the same amount of carbs. But, the apple is still better for you. Instead of candies and pies, choose breads, cereals, pasta, fruits or milk. It is OK to have a treat sometimes. But, remember the carbs in it count toward your total for the day.

Use nutrition labels to calculate carbs

When you eat prepared foods, read the label to know what you are eating. The label lists the total amount of carbs, per serving. The amount will be in grams. Look for the total amount of carbs **(“Total Carbohydrate”)** and not just the grams of sugar. This will be the amount of carbs per serving in the food. You need to decide how much you'll eat. For example, the serving size may be ¾ cup. But, you plan to eat 1½ cups. Then, you must double the total carbs listed for a serving. That is how you will know the amount of carbs you will be eating.

When you'll be eating out, plan ahead. Many eating places have nutrition facts for their foods. You may be able to get this online or at the restaurant. Before long you'll know the carbs for different foods. That makes it easy to order a meal within your carb budget.

Beware of low-carb marketing

You may see “low-carb,” “carb-wise” or “carb-fit” on foods you buy. These terms are used for marketing. But, the FDA (Food and Drug Administration) has not defined these terms. You may think you can eat more of these products, but think again. They tend to cost more. And, you will not need them once you get the hang of carb counting the foods you enjoy most. The product may have fewer carbs but have high fat and calories. Remember, too, that foods that say ‘sugar-free” are not free of carbs. Always focus on the grams of total carbs per serving. That is the number that matters. Then decide whether it is for you.

What are “net carbs”?

You may see the term “net carbs” on packaged foods. This came from the low-carb diet business. “Net carbs” starts with the total grams of carbs. Then, they subtract grams of fiber and some alcohols (“sugar alcohol” and “glycerin”). But, beware. This is more for marketing – it is not based so much on science. It encourages you to eat more of the foods that say they have few “net carbs.” People who count only the “net carbs” tend to think they can overeat. Instead, they could use carb counting and eat their favorite foods.

Balance your meals

Spread your day's carbs across your meals and snacks to keep your blood sugar even. Eat 3 to 4 servings of carbs at each meal. And, eat 1 to 2 servings in snacks. But, make sure you don't exceed your daily carb budget. (This depends on your weight and weight goals. Your health team may want you to do this a different way.) Do not forget about balanced meals, with:

- Carbs
- Some protein
- Vegetables
- Healthy fats.

Do not save all your carbs for a big feast or special occasion. This does not work. Overloading on carbs at one meal shows up in your blood sugar. The goal is even blood sugars through the day, from meal-to-meal.

Top tips for carb (carbohydrate) counting

1. **Check food labels.** This is the only way to count carbs accurately. To control blood sugar, a serving of carbs is 15 grams. This stays true! No matter what the label says about the carbs in 1 of its servings.
2. **Spread your carbs across meals and snacks for the day.** This controls blood sugar even more.
3. **Plan ahead for meals.** Know the nutrition content for the recipes you use and places you eat.
4. **Select a variety of carb sources.** Get most of them from the fruits, milk and starches groups.

*****Authored by Johns Hopkins University and Johns Hopkins Health System*****

American Diabetes Association®
Connected for Life

Nutrition for Life
Making Choices Using Food Labels

Nutrition Facts

Approx. 14 servings per container
Serving size 1 slice (48g)

Amount per serving
Calories 100

	% Daily Value*
Total Fat 0.5g	**1%**
Saturated Fat 0g	**0%**
Trans Fat 0g	
Cholesterol 0mg	**0%**
Sodium 115mg	**5%**
Total Carbohydrate 21g	**7%**
Dietary Fiber 4g	**15%**
Total Sugar 1g	
Includes 1g Added Sugars	**2%**
Protein 4g	
Vitamin D 0mcg	**0%**
Calcium 25mg	**0%**
Iron .7mg	**4%**
Potassium 60mg	**0%**

* The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.

INGREDIENTS:
WHOLE WHEAT FLOUR, WATER, CRACKED WHEAT, WHEAT BRAN, HONEY, MOLASSES, SOYBEAN OIL, SALT, YEAST

Things to Look for First

Servings per Container: Servings per container tells you how many servings are in the package.

Serving Size: The serving size is how much a person usually eats or drinks.

In this food label the container has 14 servings and each serving is 1 slice of bread.

Calories: Calories provide our bodies with energy. The three nutrients that provide calories are: carbohydrates, fats and protein.

How to Use the Serving Size Information

In this example, the serving size is 1 slice of bread, so 1 slice will provide you with 100 calories, 21 grams of carbs and the same amounts listed of all other items on the nutrition facts label.

If you eat 2 slices, you are having 2 servings. This means you get 2 times the nutrients, so: 200 calories, 42 grams of carbs and double the other items listed.

Ingredients: Ingredients are listed in descending order by weight. This means that the ingredient **used the most** is listed first and the ingredient that is **used the least** is listed last.

Continued >>

Nutrition for Life

Making Choices Using Food Labels (continued)

Nutrition Facts

Approx. 14 servings per container
Serving size 1 slice (48g)

Amount per serving **Calories**	**100**
	% Daily Value*
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Sodium 115mg	**5%**
Total Carbohydrate 21g	**7%**
Dietary Fiber 4g	**15%**
Total Sugar 1g	
Includes 1g Added Sugars	**2%**
Protein 4g	
Vitamin D 0mcg	**0%**
Calcium 25mg	**0%**
Iron .7mg	**4%**
Potassium 60mg	**0%**

* The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.

Percent Daily Value:

Daily Value (%DV) is based on the amount of the nutrient you should eat in a whole day. An easy rule of thumb:

- 5% DV or less per serving means you are getting a low source of that nutrient. For nutrients you want to get less of, such as sodium and saturated fat, look for less than 5% DV.
- 20% DV per serving or higher is considered a high source of the nutrient. For nutrients you want to get more of, such as fiber, vitamin D, calcium and iron, look for 20% DV or more.

Saturated Fat: This fat is typically found in animal products and tropical oils. Saturated fat can raise cholesterol and increases the risk of heart disease. Aim for foods low in saturated fat (less than 5% DV).

Sodium: The body uses sodium in many ways, but too much sodium can increase risk of high blood pressure and heart disease. Limit this number to less than 2300 mg per day (equal to about 1 teaspoon of salt). If you have been diagnosed with hypertension (high blood pressure) your goal may be lower.

Total Carbs: This number includes all carbs: sugar (natural and added), starch and fiber. The carbs you eat affect blood sugar levels, so use the total carbohydrate number if counting carbs. When eating carbs, choose carbs from vegetables, whole grains, legumes and fruits instead of from refined grains and added sugar.

Dietary Fiber: a type of carb, this nutrient can improve blood pressure, cholesterol and bowel function. Aim for foods high in fiber (more than 20% DV).

Added Sugars: This number shows the grams of sugar added to a product from sugar, syrups and caloric sweeteners. Aim for little to no added sugar when picking most food and beverages.

For more detailed information about the nutrition label and healthy eating, talk to your doctor, registered dietitian (RD/RDN) or certified diabetes care and education specialist (CDE/CDCES).

Diabetes Self-Management Education and Support Services—Start here to find local ADA-recognized diabetes education programs. These services focus on your concerns about diabetes. They will also empower you with the knowledge and skills to manage your diabetes. You can find a program in your area at **diabetes.org/findaprogram**.

SURGEON GENERAL'S REPORT
ON SMOKING & HEALTH
50TH ANNIVERSARY
1964 - 2014

SMOKING AND DIABETES

This fact sheet is for public health officials and others who are interested in learning about the impact of smoking on diabetes. People who want to lower their risk for diabetes, and people who already have diabetes, should not smoke.

WHAT YOU NEED TO KNOW ABOUT SMOKING AND DIABETES

The 2014 Surgeon General's Report has found that smoking is a cause of type 2 diabetes, which is also known as adult-onset diabetes. Smokers have a greater risk of developing type 2 diabetes than do nonsmokers. The risk of developing diabetes increases with the number of cigarettes smoked per day.

Diabetes is a disease that causes blood sugar levels in the body to be too high and puts the body at risk for many serious health conditions. More than 25 million adults suffer from diabetes in the United States, where the disease is the seventh leading cause of death. It is also a growing health crisis around the world.

HOW SMOKING CAUSES TYPE 2 DIABETES

Smoking increases inflammation in the body. Inflammation occurs when chemicals in cigarette smoke injure cells, causing swelling and interfering with proper cell function. Smoking also causes oxidative stress, a condition that occurs as chemicals from cigarette smoke combine with oxygen in the body. This causes damage to cells. Evidence strongly suggests that both inflammation and oxidative stress may be related to an increased risk of diabetes.

The evidence also shows that smoking is associated with a higher risk of abdominal obesity, or belly fat. Abdominal obesity is a known risk factor for diabetes because it encourages the production of cortisol, a hormone that increases blood sugar. Smokers tend to have higher concentrations of cortisol than nonsmokers.

WHAT SMOKING MEANS TO PEOPLE WITH DIABETES

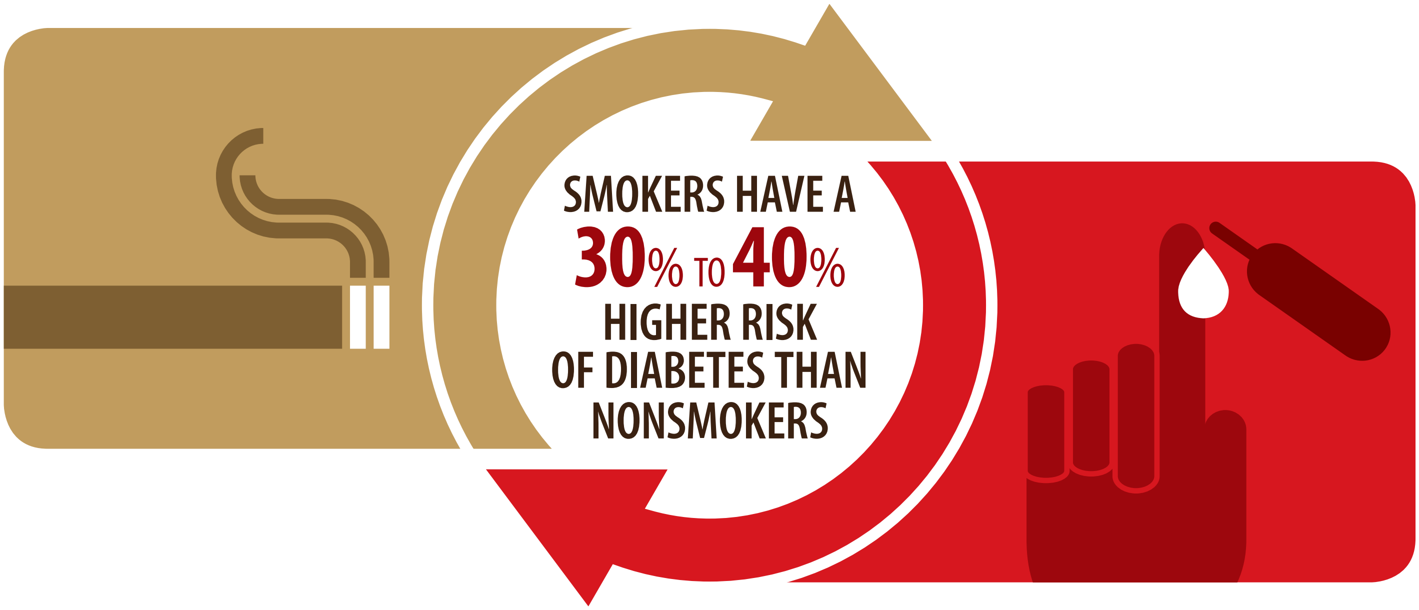
Studies have confirmed that when people with type 2 diabetes are exposed to high levels of nicotine, insulin (the hormone that lowers blood sugar levels) is less effective. People with diabetes who smoke need larger doses of insulin to control their blood sugar.

Smokers who have diabetes are more likely to have serious health problems, including:

- heart and kidney disease;
- poor blood flow in the legs and feet that can lead to foot infections, ulcers, and possible amputation of toes or feet;
- retinopathy (an eye disease that can cause blindness); and
- peripheral neuropathy (damaged nerves to the arms and legs that cause numbness, pain, weakness, and poor coordination).

Even though we don’t know exactly which smokers will develop type 2 diabetes, we do know that all diabetic smokers should quit smoking or using any type of tobacco product immediately. The health benefits of quitting begin right away. People with diabetes who quit have better control of their blood sugar. Studies have shown that insulin can start to become more effective at lowering blood sugar levels eight weeks after a smoker quits.

People who want to quit smoking can get help from their doctors. Free help is also available at 1-800-QUIT-NOW and at smokefree.gov and cdc.gov/tips.



SMOKERS HAVE A **30% TO 40%** HIGHER RISK OF DIABETES THAN NONSMOKERS

Most people find a combination of resources works best. Many smokers do not quit on their first attempt. Many need several tries to successfully quit. But the benefits are well worth it. Keep trying.

RESOURCES FOR QUITTING

- Call 1-800-QUIT-NOW.
- www.smokefree.gov
- www.cdc.gov/tips

Centers for Disease Control and Prevention
Office on Smoking and Health

Tips for Being Active With Diabetes

How Much Activity?

- Start by doing what you can do, and then look for ways to do more until you reach 150 minutes a week of activity.
- Find the time that works best for you to add up to 150 minutes. For example:
    - 30 minutes at one time five times a week.
    - 15 minutes at a time 10 times a week.
    - 10 minutes at a time several times a day.

Do It Your Way

- Brisk walking is a great way to be active.
- Try dancing, gardening, following a video, or taking a class.
- Be active with a friend or family member.
- Start with 10 minutes a day and build up over time.

Be Safe

- Check your blood sugar before you are physically active.
- Carry a snack with you in case your blood sugar goes too low.
- Carry identification that says you have diabetes.
- Wear shoes that fit well and are made for the kind of activity you do.
- Check your feet every day. Call your doctor or nurse if a cut, sore, blister, or bruise on your feet or toes does not go away after 2 days.

Ask Your Doctor or Nurse:

1. What physical activities are safe for me?
2. Are there any special things I need to do to protect my feet?
3. Do I need to make any changes in my medicines before I raise my level of physical activity? Do I need to eat a snack before I'm active?

One thing I will do to be more active before my next appointment:

Other notes from the doctor or nurse:

Tips for Eating Healthy With Diabetes

Eat Less Saturated Fat

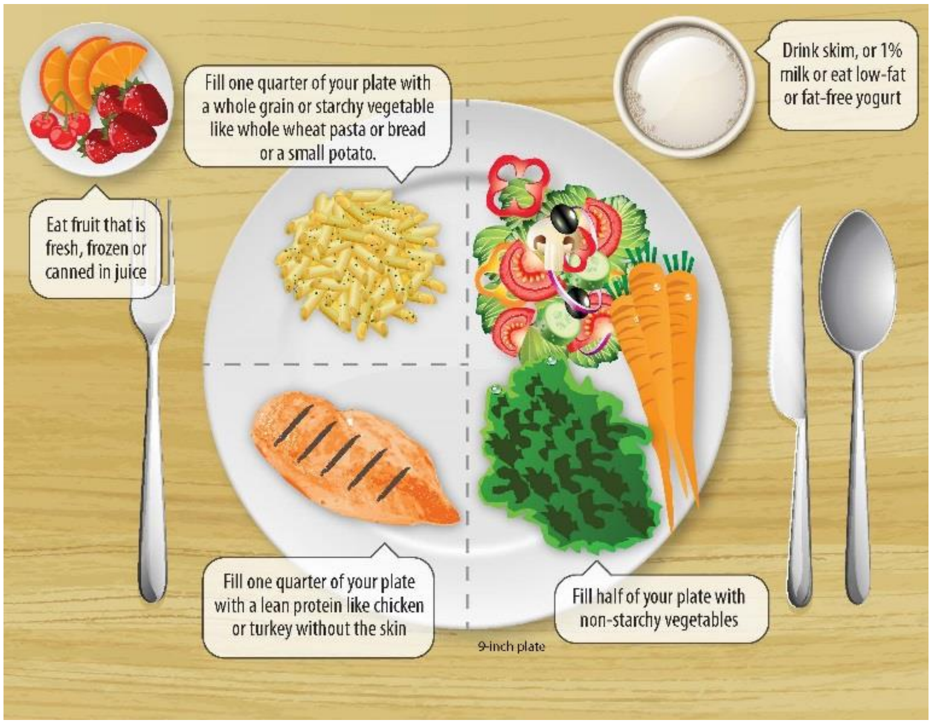
- Eat baked, broiled, or stewed fish and meats instead of fried.
- Use nonfat or low-fat salad dressing, mayo, and margarine.
- Try a food lower in fat in a favorite dish—for example, make mac and cheese with fat-free or low-fat cheese and milk.

Eat Less Sugar

- Drink water, sugar-free soda, or unsweetened iced tea instead of fruit drinks, regular soda, or sweet tea.
- Keep cold water in the fridge.
- Share dessert with someone else when you're eating out, instead of having a whole dessert.

Eat Healthy Portions

- When eating out, share a meal with someone else or put half in a box to take home.
- Eat slowly and take a break between bites.
- Do not skip meals—when you skip a meal, it's easy to overeat at the next meal.



One thing I will do to eat healthier before my next appointment:

Other notes from the doctor or nurse:

National Center for Chronic Disease Prevention and Health Promotion

Division of Diabetes Translation

American Diabetes Association® Connected for Life | Diabetes Advisor

Understanding Type 2 Diabetes

What is Diabetes?

Diabetes is a condition that causes blood sugar (blood glucose) levels to rise higher than normal. Hyperglycemia is the term doctors use to describe high blood sugar.

When you eat, your body breaks food down into glucose and sends it into the blood. Insulin, a hormone made in your pancreas, helps move the glucose from your blood into your blood cells as fuel for energy. Your pancreas is an organ in your abdomen (stomach).

There are three types of diabetes: type 1, type 2, and gestational diabetes (diabetes you have when you're pregnant).

What is type 2 diabetes?

In type 2 diabetes, your body has trouble using the insulin it's making. This is called insulin resistance and it causes your blood sugar to rise higher than normal. At first, your pancreas makes more insulin to make up for this. But over time, it isn't able to keep your blood sugar levels in a normal range. When blood sugar levels stay high for long periods of time, it increases your risk of other medical problems like heart attacks, kidney disease, blindness, and nerve pain.

What treatments are used for type 2 diabetes?

The goal of treatment is to help you feel good and prevent long term problems caused by diabetes. To meet these goals, your health care team will work with you to create a care plan that includes lifestyle changes and medications. Your care plan will help you reach your treatment goals. The best way to reach these goals is to:

- Have an eating plan that meets your needs and helps you reach your goals. What you eat, how much you eat, and when you eat are all important.
- Stay physically active and get regular exercise.
- Take your medications (both pills and injected medications) as prescribed by your doctor.

Type 2 diabetes changes over time. At first, healthy eating and physical activity may be enough to reach your targets. But most people end up needing medications, including insulin, at some point to manage their blood sugar, no matter how hard they work to reach their targets.

Needing to take medication, including insulin, to manage your type 2 diabetes does not mean you failed.

Taking medication is simply part of good diabetes management. The most important thing you can do to stay healthy with diabetes is manage your blood sugar well—and that means taking medication on schedule and making healthy lifestyle choices.

What causes type 2 diabetes?

Scientists do not know the exact cause of type 2 diabetes. However, developing type 2 diabetes has been linked with several risk factors. These include:

- A history of hyperglycemia (high blood sugar), such as prediabetes and/or gestational diabetes
- Are 45 or older
- Are Black, Hispanic/Latino, American Indian, Asian American, or Pacific Islander
- Have a parent, brother, or sister with diabetes
- Are overweight
- Are physically inactive
- Have high blood pressure or take medicine for high blood pressure
- Have low HDL cholesterol and/or high triglycerides
- Have been diagnosed with polycystic ovary syndrome

How will I know if my diabetes treatment is working?

Get an A1C blood test at least two times a year. This helps you and your health care team know how well you are managing your blood sugar levels. The A1C test is part of your "ABCs of diabetes"—an easy way to check how well your diabetes treatment is working. The ABCs of diabetes are:

A is for A1C or estimated average glucose (eAG)

Your A1C test tells you your average blood sugar for the past two to three months. Your health care provider may call this your estimated average glucose, also called your eAG. The eAG shows your A1C results in the same units (mg/dL) as the glucose meter you use at home.

B is for blood pressure

Your blood pressure numbers tell you the force of blood inside your blood vessels. When your blood pressure is high, your heart has to work harder.

C is for cholesterol

Your cholesterol numbers tell you about the amount of fats in your blood. Some kinds of cholesterol can raise your risk for heart attack and stroke.

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Diabetes Advisor

Understanding Your A1C Test

What is the A1C test?

The A1C is a blood test that tells you what your average blood sugar (blood glucose) levels have been for the past two to three months. It measures how much sugar is attached to your red blood cells. If your blood sugar is frequently high, more will be attached to your blood cells. Because you are always making new red blood cells to replace old ones, your A1C changes over time as your blood sugar levels change.

> “Because you are always making new red blood cells to replace old ones, your A1C changes over time as your blood sugar levels change.”

What is eAG?

eAG stands for estimated average glucose and is your estimated average blood sugar. This number translates an A1C test result into a number like the one you see when you test your blood sugar at home. For example, an A1C of 7% means that your average sugar for the last two to three months was about 154 mg/dL.

What does an A1C/eAG result mean?

Usually, your A1C gives you general trend in your blood sugar that matches what you see with your day-to-day blood sugar checks. Sometimes, however, your A1C result may seem higher or lower than you expected. That may be because you aren’t checking your blood sugar at times when it’s very high or very low.

Use the chart below to understand how your A1C result translates to eAG. First find your A1C number on the left. Then read across to learn your average blood sugar for the past two to three months.

A1C	Average Blood Glucose (eAG)
6%	126 mg/dL
6.5%	140 mg/dL
7%	154 mg/dL
7.5%	169 mg/dL
8%	183 mg/dL
8.5%	197 mg/dL
9%	212 mg/dL
9.5%	226 mg/dL
10%	240 mg/dL
10.5%	255 mg/dL

How often should I have an A1C?

Usually your doctor will measure your A1C at least twice a year. If your medication is changing, you are making other changes in how you take care of yourself, or other things might be affecting your blood sugar, you may have it checked more often.

What is a good target for A1C?

The American Diabetes Association® (ADA) recommends a target for A1C of less than 7% for most adults. You and your doctor may decide on a higher or lower target depending on your treatment goals and other factors. The closer you get to your target, the better your chances of preventing or delaying problems from diabetes that can develop over time. Studies have shown that for every one-point decrease in A1C levels, you reduce your risk of long-term diabetes complications by up to 40%.

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What if my A1C is different from what I expected?

If your A1C is different from what you expect, talk to your doctor. You may need to check your blood sugar more often or use a continuous glucose monitor (CGM) to get a better idea of how your blood sugar is changing throughout the day.

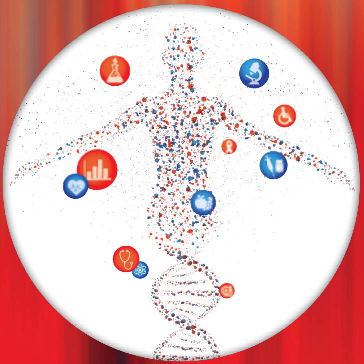
Do I still need to check my blood sugar with a meter if I get the A1C test regularly?

Yes. Both kinds of checking are important. You'll use your meter results to make day-to-day decisions. The A1C gives you an overall idea of what's going on and how your treatment plan is working at the times you aren't checking with your blood sugar.

U.S. FOOD & DRUG
ADMINISTRATION

Your Glucose Meter

Meters come in different sizes. Meters also come with different features. Some meters let you track and print out your test results. Others have audio and larger screens to help people who have problems seeing. The meter you choose should fit your lifestyle and your needs.



Glucose meters test and record how much sugar (called glucose) is in your blood. They help you track your blood sugar level at different times of the day and night.

Meters can help you know how well your diabetes medicines are working.

They can also help teach you how the food you eat and exercise can change your blood sugar level.

Three things you will need with your meter:

- **Lancet** — A small needle used to get a drop of blood from your finger or other part of your body.
- **Test Strip** — The strip goes in the meter. You put a drop of blood on the strip.
- **Control Solution** — Liquid used to make sure your meter is working right.

FDA Office of Women's Health
www.fda.gov/womensdiabetes

7 Helpful Tips For Testing Your Blood Sugar

1. Read the directions for your meter and test strips before you use them.

2. Wash your hands before you check your blood sugar.

Food or juice on your fingers could make the meter give you the wrong result.

3. Use the right test strip for your meter.

The meter may not work right or may give you the wrong result if you use the wrong test strip.

4. Write down your results and the date and time you tested.

Do this even if your meter tracks your numbers. Take the results with you when you go to your doctor.

5. Clean your meter as directed.

Some cleaning products may harm your meter.

6. Ask your healthcare provider if your medicines will change your blood sugar.

If you are a kidney patient on dialysis, the dialysis solution can change your blood sugar.

7. Take your meter with you when you go to your doctor.

This way you can test your blood sugar in front of the doctor or nurse to make sure you are doing it the right way. Your healthcare provider may be able to print out your blood sugar results from your meter.

This fact sheet was developed by the FDA Office of Women's Health.
To get other FDA diabetes resources, go to:
www.fda.gov/womensdiabetes

2018