



OLLI TIMES

OLLI AT FSU'S MONTHLY NEWSMAGAZINE

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SEPTEMBER 2021

FALL SHOWCASE AND REGISTRATION HIGHLIGHT SEPTEMBER OLLI SCHEDULE; IN-PERSON CLASSES CANCELLED DUE TO COVID

This year's Fall Showcase, featuring class offerings, will be posted virtually on our website, oli.fsu.edu, on Tuesday, September 14. Registration online will begin the following Wednesday, September 15, beginning at 10 a. m, EST. Classes begin the week of October 4.

"By this time, you should have received your Course flyer, so you have a complete picture of what your OLLI has planned for the Fall," Executive Director Debra Herman said. OLLI

will be offering more than 35 classes, with more than a dozen from the Panama City campus

Plans for in-person classes on Wednesday have been cancelled due to COVID, she noted, but hopefully on-campus classes will be held in the Spring.

"September is always an exciting time because it gives all of our members the opportunity to see what has been planned for many months," she added. "See you at OLLI."

ROBOCALLS MAKING YOU CRAZY? HERE ARE 5 WAYS TO STOP THEM FOR GOOD

From USA Today 2021

Remember back in the day when your phone rang, and you would answer it? Robocallers have ruined that. Now, we stare suspiciously at every call and send unknown numbers, even when it looks local, straight to voicemail. And for good reason.

So far, in 2021, scammers have made 22 billion calls nationwide. That's roughly 67 calls to every man, woman and child in America. Answering calls from an unknown number invites a scammer – and in many cases, actual criminals – into your life.

Here are the five most straightforward ways to block robocalls and eventually get them to – mostly, hopefully, fingers crossed – stop calling us for good.

The FTC says robocalling – which it defines as calls meant to sell your something without your express permission – is illegal, period. Full stop.

1. Don't answer. Ever.

Never pick up a call you suspect is spam. Every single time you engage, even a little, it paints a giant red target on your head and means you will get more calls, period.

Every time you engage with a scam caller, you're encouraging a criminal industry to continue harassing us all.

I know it's tempting to "try to mess around with the scammers." I've heard from hundreds of people throughout the years who think they've found the exact right way to annoy the annoy-ers – and oh, isn't that great fun?

But the truth is, every single time you engage, even a little, it paints a giant red target on your head and means you will get more calls, period.

According to the FTC, robocalls trying to sell you something are illegal unless the company trying to sell you something got written permission, directly from you, to call you that way.

The FTC says robocalling – which it defines as calls meant to sell your something without your express permission – is illegal, period. Full stop.

Of course, there are a few exceptions, including political calls about candidates running for office, charities asking for donations, reminders from a pharmacy to refill a prescription or automated calls about a flight getting canceled, along with a few specific other cases.

But all those calls about your car warranty running out, owing money to the IRS, or even that text message about a package you need to pick up? Those are more than likely big old spammy scammers – the whole lot of them.

Pro Tips:

- If you see a call coming in from a number you don't know, don't pick it up. If you get an unsolicited text message asking you to click on any link, call any number – or engage with it in any way – don't fall for it.
- If you get a message from a company that sounds real-ish, look up the company phone number and call them yourself. Don't trust any unsolicited call or text.
- If you're getting overwhelmed with spam texts, forward the message to the number 7726 — which spells "spam" — and prompts your carrier to investigate it.

2. Filter calls using your phone's tools

Not ready to subscribe to a service to filter out unwanted robocallers? If you have an iPhone, you can change your settings to block everyone except people in your contacts list, numbers you've called and ones Siri recognizes from your emails and texts.

Make your smartphone do more of the heavy lifting. Android and iOS devices have standard built-in settings to filter unwanted calls.

For iOS: Go to Settings > Phone > and turn on Silence Unknown Callers.

This feature still lets calls get through that come from your contacts, numbers you've called, and numbers Siri recognizes from your email and text messages.

Yes, you run the risk of missing a legitimate call, but 99% of the time, a genuine caller (versus Autobot or scammer) will leave a message (and you can call them back as soon as you finish dinner).

For Android: Tap the phone icon > then the three dots in the top right of the screen > Settings > scroll down to "Caller ID and spam," > enable "Filter spam calls."

Android phones vary by device, but most have similar settings.

3. Use your carrier's call-blocking tools

New regulations mandate that cell carriers provide the STIR/SHAKEN standard technology to block known spammers or alert you when the call is probably a scam. Your plan usually includes this, but you might have to opt-in or install an additional app.

AT&T's ActiveArmor is a security suite that comes as part of your cellphone plan to proactively detect and prevent many of the most common threats. Most people will need to download the free AT&T Call Protect app to customize robocall protection and create a personal block list. You can also add the AT&T Mobile Security app, which provides breach reports, along with other additional functions. To make sure you have them on and enabled, go to the app store, download both apps, and follow on-screen prompts to get them up and running.

T-Mobile/Sprint Scam ID and Scam Block: These are the two free anti-robocall tools you'll need to take an extra step to enable on your smartphone. Scam ID tags suspicious calls and Scam Block stops the calls before they ring through to your phone.

To activate Scam ID: Dial #ONI# (#664#) > press the call button.

To activate Scam Block: Dial #ONB# (#662#) > press the call button.

Verizon's Call Filter helps customers know whether an incoming call is spam or legitimate.

Verizon Call Filter: This one automatically detects spam and blocks suspicious calls on a wide variety of phones. Most Verizon phones come preloaded with the Call Filter app

already enabled. If you check your settings and don't see it already at work on your device, you can download it from the App or Google Play stores. Smaller carriers have until June 30th to implement similar technology under the TRACED Act, so your protection still might be on its way.

Basic apps not cutting it for you?

The big carriers also offer free and premium versions of additional robocall blocking worth checking out including:

AT&T Mobile Security: Free basic version, \$4/month/line premium version; free with some plans

Sprint/T-Mobile ScamShield: Free basic version, \$4/month/line premium version

Verizon Call Filter: Free basic version, \$3/month/line, \$8/month for 3+lines.

4. Use a third-party, dedicated scam-stopping app

RoboKiller uses an algorithm to figure out if a call is fake, then blocks and reroutes it to its own automated "Answer Bots," which proceed to go all "Crank Yankers" on the spammer.

If you just want to end the insanity, there are some great third-party apps to explore. They all use a variety of sophisticated algorithms, lists of known fake numbers, and other

proprietary tech magic to flag and filter scam calls.

Here are three of the best:

► **Hiya:** Free basic version, \$3/month or \$15/year premium version. (iOS, Android)

It's tough to beat this free app that also powers AT&T's Call Protect app. When a call comes in, Hiya analyzes the number in real-time and compares it with a massive database. When it spots a spoofed or scammed line, it automatically blocks the number. You can also report and block numbers through the app.

► **Nomorobo:** Free two-week trial, \$2/month, free for VoIP landlines (iOS, Android)

NoMoRobo was so effective during the author's 2017 test of robocall apps that it kept working even after she stopped subscribing.

Similar to Hiya, Nomorobo uses algorithms and a massive database to filter legitimate calls from scams. If an incoming call gets flagged, the app intercepts it and hangs up after your phone rings once. This was my favorite of all of the robocall apps when I did a several-monthlong, in-depth review in 2017. The app did such a good job, I stopped getting robocalls for a few years, even after I stopped paying for it.

► **RoboKiller:** Free one-week trial, \$5/month, \$40/year (Check for special offers.) (iOS, Android)

This app offers a bit of vengeance with a side of humor – at the scammers' expense. It uses an algorithm to figure out whether the call is fake, then blocks and reroutes it to its own automated "Answer Bots." One minute that poor, unsuspecting criminal is trying to rob you blind, and the next, he's talking to a man whose wife is about to give birth, a smuggler on a canoe, or even a certain former president who loves to troll the trolls.

The whole idea behind this app is to waste the scammers' time and maybe even shame them into finding another profession.

Caveat emptor time: All third-party apps come with a word of warning to read their privacy policy before downloading. TechCrunch reported in 2019 that some of them shared users' phone numbers with analytics firms without explicit consent.

5. Sue 'em

OK, this one is a long shot, but man, would it ever bring some sweet, sweet justice.

It's the DoNotPay app's (iOS, Online) Robo Revenge feature. Think of it as a sort of digital scammer sting operation.

Robo Revenge generates a burner credit card number to give to the scammer on the other end of the line,

who'll give up their contact information when they try to use it. The service then creates legal documents and walks you through how to sue the scammer for up to \$3,000.

It won't stop the overseas robocallers who are beyond the reach of our laws. Still, slowing U.S. companies knowingly skirting the rules due to weak enforcement could be a satisfying start.

THE PRESIDENT'S PAGE

Harriet Waas
President, OLLI Advisory Council



What an amazing summer! We are truly a spirited group and while times continue to challenge us, we continue to do the best we can to stay involved and remain healthy.

Even as the pandemic continues, Fall of 2021 will offer Zoom classes, many virtual and in-person tours and activities using specific FSU guidelines, and club meetings. Your online OLLI Catalog is now on the OLLI website at olli.fsu.edu. In addition, you will receive a summary of classes via mail. Please check your

new OLLI Catalog as members will be required to register online to participate in clubs, and send a request for information to each club Chair.

While the pandemic has forced us to change the way we do things, the business of OLLI continues in creative ways. We will have a Virtual OLLI Showcase this Fall which will be available on the OLLI website on Tuesday, September 14. Members will be able to hear each instructor present information about the classes they plan

to teach, just as in the live Showcases of previous times.

The OLLI Advisory Council holds meetings via Zoom to continue the planning and business of OLLI. Many of you have taken advantage of the free special presentations we've been offering by Zoom. We aim to select subjects of general interest, or relating to important current events such as the COVID pandemic. If you have expertise or experiences that would make for an interesting presentation, we encourage you to share your knowledge in a one- to two-hour Zoom lecture.

If you'd like to discuss the possibility or if you have ideas for topics you'd like to see covered, please contact Fran Conaway, franconaway32312@gmail.com, or Carroll Bewley, carroll.bewley@gmail.com.

OLLI volunteers have worked tirelessly to increase class offerings, add clubs and special activities, special lectures, social events and on and on.

Please consider becoming an OLLI volunteer and join an OLLI committee, or create a new club in your area of interest. You might be surprised at the number of OLLI members who share those same interests. If you would like to volunteer, please contact one of our officers (Harriet Waas waas01@comcast.net ; Jack Mapstone rjmap@comcast.net; Bruce Bechard brucebechard@yahoo.com; John Kilgore kilgorejhn@comcast.net) or our OLLI Director, Debra Herman at dherman@fsu.edu.

Throughout this Fall semester, please take care of yourself, stay healthy and continue to stay active and involved!

FROM THE WRITERS' CLUB

Oz Sestina—Susan Lester

(Note to the reader: A Sestina is a type of poem with a very specific organizational scheme. Writing one is rather like working out a complicated puzzle. Here is one of mine.)

Slouch shouldered, Uncle Henry ties
Dorothy's shoes in tender ritual while
the final kiss of light before the storm
darkens, and winds bear down with
gusts that break the corn-crop's brittle-
back.

Henry's hands loop the laces at center, making them round and tight, as if there's time for beauty before the storm. "We have no time," Aunt Em warns. "Fetch the dog; forget the shoes." Toto has sped into the house, and centered himself in the midst of the bed, on a kiss of comforters that swaddle him front to back, prompting him, when touched, to growl like a scared bear thus bringing his animal reason to bear: that all comfort and safety and supper-times have come to him from within this house.

"*Back, back!*" he barks at the rush of Dorothy's worn shoes, and "Back" he barks at the cellar's humid kiss, burrowing deeper into in the bed's center as the house loosens and inclines off-center twisting free of Earth, allowing air to bear its weight like laughter or cloud fluff, or a kiss that returns in memory time after time, like a home where someone always

ties your shoes or hugs you tight just because you have come back

The little house rides on the cyclone's wide back, then crash-lands in Oz, though not in its center and accidentally kills a witch with silver shoes. A good witch gives the shoes to Dorothy to bear-or wear on the yellow-brick road for a time.

She also gives Dorothy a protective kiss which all Oz honors, lest the magic of that kiss be lost to everyone and never come back. The rest: the brains, the heart, the courage, the time to reach the fake wizard at the land's center Dorothy finds on her own. She knows how to bear the practical, yet walk in magic shoes.

The pure silver shoes and the protective kiss, which all of Oz honors, will bear her back home to that center-self she lost the first time.

MONDAY BOOK CLUB CONTINUES ZOOM OPTION FOR THE FALL; SETS PROGRAMS FOR REST OF 2021

The Monday Book Club will meet via Zoom for the September 2021 meeting, and probably will be Zooming for the rest of the semester.

The meetings are on the second Monday of each month from 11:00a.m. until 12:30 p.m. Please register online for the Monday Book Club and then send an email to Nancy O'Farrell, Chair,

nancyofarrell047@gmail.com, to make sure that you are on our email contact list. A Zoom link will be emailed in advance of each meeting, with a reminder of the link emailed the morning of the meeting. We welcome OLLI members who live outside the Tallahassee area to attend virtually, especially our friends over at PC30A!

The meeting dates and books we will be discussing as follow: September 13 This Is How It Always Is by Laurie Frankel October 11 *Lab Girl by Hope Jahren November 8 Behind the

Beautiful Forevers by Katherine Boo December 13 The Wonder Boys of Whistle Stop by Fannie Flagg
*October 11 is Indigenous Peoples Day.

WEDNESDAY BOOK CLUB TO MEET VIA ZOOM; SETS PROGRAMS THROUGH JUNE

By Laurie Svec

The Wednesday Book Club has decided to continue its meetings via Zoom for the next several months, starting on September 8th. Later in the year, we will reconsider the possibility of meeting in person.

To join subsequent meetings, please register with OLLI (starting September 15th) for the Fall Semester, and then also register online for the Wednesday Book Club. Then be sure to send an email to Laurie Svec, Chair, at ollibookclub@gmail.com to get on the email contact list for our discussion meetings during the Fall Semester.

(Even if you have participated in this Book Club before, please email Laurie to let her know that you have re-upped for Fall 2021.) The book schedule for the year is noted below. Traveling Book Club bags will be available for three of the books on our list: **Anxious People**, **Celestial Bodies** and **The Four Winds**.

If you are an AARP member, you can read installments of October's

selection, **The Boy in the Field** by Margot Livesay, on their website after logging in. Midtown Reader has this book list and offers a discount to OLLI Book Club members wishing to purchase a book on the list.

September 8 **The Dutch House** by Ann Patchet

October 13 **The Boy in the Field** by Margot Livesay

November 10 **The Book of Lost Names** by Kristen Harmel

December 8 **News of the World** by Paulete Jiles

January 12 **Anxious People*** by Fredrik Backman

February 9 **Celestial Bodies*** by Jokha Alharthi

March 9 **Buried Seeds** by Donna Meredith

April 13 **The Plague of Doves** by Louise Erdrich

May 11 **Lost Roses** by Martha Hall Kelly

June 8 **The Four Winds*** by Kristin Hannah

*Traveling Book Club available

SPECIAL TO THE TIMES

THE HEALTH CARE PROMISES WE CANNOT KEEP

By Judith Graham, Kaiser Health News 2019

“I’ll never take away your independence,” he’d told his mother, Rosemary, then 71, who lived alone on Cape Cod, Mass., in a much-loved cottage.

That was before Rosemary started calling Perrin and his brother, confused and disoriented, when she was out driving. Her Alzheimer’s disease was progressing.

Worried about the potential for a dangerous accident, Perrin took away his mother’s car keys, then got rid of her car. She was furious.

For family caregivers, this is a common, anxiety-provoking dilemma. They’ll promise Mom or Dad that they can stay at home through the end of their lives and never go to assisted living or a nursing home. Or they’ll commit to taking care of a spouse’s needs and not bringing paid help into the home. Or they’ll vow to pursue every possible medical intervention in a medical crisis.

Eventually, though, the unforeseen will arise — after a devastating stroke or a heart attack, for instance, or a diagnosis of advanced cancer or dementia — and these promises will be broken.

Mom or Dad will need more care than can be arranged at home. A husband or wife won’t be able to handle mounting responsibilities and will need to bring in help. A judgment call — “this will only prolong suffering, there’s no point in doing more” — will be made at the bedside of someone who is dying.

“We want to give loved ones who are sick or dying everything we think they want — but we can’t,” said Barbara Karnes, 78, an end-of-life educator and hospice nurse based in Vancouver, Wash. “And then, we feel we’ve failed them and guilt can stay with us for the rest of our lives.”

She hasn’t forgotten an experience with her mother-in-law, Vi, who moved in with Karnes, her husband

and two children after becoming a widow 30 years ago. At the time, Vi was in her 70s, weak and frail. Karnes was working full time and keeping the household going.

“My mother-in-law and I got into a disagreement, I don’t remember what it was about. But I remember her saying to me, ‘You promised you would take care of me,’ and making it clear that she felt I’d let her down. And I said, ‘I know, I was wrong — I can’t do it all,’” she remembered. “I still feel bad about that.”

“No caregiver I know sets out to deceive another person: It’s just that none of us have a crystal ball or can predict what the future will hold,” she said. “And the best we can do isn’t always as much as we thought was possible.” “We have to figure out a way to forgive ourselves.”

Richard Narad, 64, a professor of health services administration at California State University, spent months after his wife’s death in December 2011 mentally reviewing the last hours of her life before achieving a measure of peace.

His wife, April, was diagnosed with Type 1 diabetes at age 5 and was legally blind when the couple married in 1994. A year later, she had the first of a series of strokes. Eventually, April was diagnosed with congestive heart

failure. In the last 18 months of her life, she was hospitalized 13 times.

April Narad had told her husband she wanted “full code” status in the event of an emergency — in other words, “do everything possible to keep me alive.” But she was nervous about his willingness to honor her wishes because his own end-of-life views differed from hers.

“I think certain care is futile and you need to give up earlier,” he explained.

In the end, April was rushed to the hospital one night after dinner, gasping for breath. There, Narad directed medical staff to pursue “full code” interventions. But when a physician came out to tell him that death appeared inevitable, Narad remembers saying, “Well, if that’s the case, just call it.”

Had he broken a promise to insist that other treatments be tried? Narad spent months wondering but eventually accepted that he acted in good faith and couldn’t have saved April’s life.

With illness, older couples can end up re-evaluating commitments they’ve made. Kathy Bell, 66, of Silver Spring, Md., promised her husband, Bruce Riggs, 82, that she’d stay with him “through all the changes in our lives” when they married in 1987. Then in

August 2011, he received a diagnosis of Alzheimer's.

The couple moved into a senior living facility, but as Riggs' condition worsened he had to go to a memory care facility in 2014. The following year, Bell had lunch with a man whose wife lived at the same facility. He told her his therapist had recommended he start dating.

"That planted the idea of possibly doing this myself at some point," Bell said, and two years ago she met a man who has become a regular companion.

Does she feel she's broken her promise to her husband, who was committed to a monogamous marriage? "No, I don't," Bell said, adding that "it's not clear whether he knows me at this point. He doesn't talk. The way I view it: I still love him. I still go to see him. I'm still taking care of him."

Promises can be explicit — spoken aloud — or implicit, understood without direct communication. Both kinds can inspire regret.

Debra Hallisey, 62, a caregiver consultant based in Lawrenceville, N.J., describes making an unspoken promise to her father, Don, when he was diagnosed with congestive heart failure in 2014. Their agreement, which was never voiced: Neither would tell Hallisey's mother, Doris —

who has diabetes, mobility issues and is legally blind — how sick he was.

"I knew he was shielding [Mom] from knowing the truth. When she would ask questions, he wouldn't say anything," Hallisey said. Because her mother was disabled, Hallisey accompanied her father to doctor's appointments.

When Hallisey's father died in February 2015, Doris was profoundly shocked and Hallisey was overcome by remorse. "It was then, I said to my mother, 'Mommy, there are no more secrets. If something is wrong, I am going to tell you, and together we're going to determine the best thing to do,'" she said.

In line with that promise, Hallisey has been direct with her mother, who uses a walker to get around her home in Somerset, N.J., and has round-the-clock home care. If and when Doris becomes unable to walk, she'll have to move, Hallisey has said.

"I've told her, 'Mommy, I'll do everything to keep you in this house, but you have to use your walker and work at staying strong. A wheelchair won't work in your house,'" Hallisey said. "I know that keeping her at home is a promise I may not be able to keep."

Matt Perrin made the decision to move his mother, Rosemary, to assisted living in 2017, after realizing he

couldn't coordinate care for her escalating needs at a distance. (Rosemary lived on Cape Cod; Perrin lived in New Hampshire.) Because he'd vowed to protect her independence, "I felt so guilty — a guilt that I had never felt before," he admitted. Rosemary resisted the move

passionately, but after a few months settled into her new home. "I felt relief then, and I still do," Perrin said. "I wish I didn't make that promise to my mom, and I wish she weren't living with Alzheimer's. But I'm thankful that she's in a place that's really good for her, all things considered."

DECLUTTERING AND DOWNSIZING: A GUIDE FOR SENIORS AND THEIR LOVED ONES

From Redfin blog 2021

There are all kinds of benefits to downsizing in your golden years — lower energy bills, a smaller space to clean and maintain, and the potential of moving closer to loved ones. It's a wonderful way to open the door to the next stage of your life. Even so, decluttering and downsizing can be a difficult and sometimes painful experience for older adults. Saying goodbye to the home they've raised a family in doesn't come easily.

This guide is designed to make the decluttering and downsizing process as simple as possible for aging adults and their loved ones. It will help you prepare for the transition, as well as offer advice to loved ones on what they can do to help. Keep the lines of communication open, take it one step at a time, and don't rush into anything before you're ready.

Step One: Determine the area and size of the new home

It's important to establish exactly where your loved one is headed. Not only will it affect just how much they should (or must) declutter and downsize, it adds an exciting element to the process. So whether they want to move to Dallas, TX to live with loved ones, or downsize to a condo in Miami, instead of focusing on leaving their old home behind, your downsizing parent can look forward to the new one.

Of course, where the older adult moves to will depend on any number of factors. Mobility and ability restrictions, caregiving needs, location of loved ones, and budget will all play a role. Using a mortgage calculator can assist you in finding the right home for your loved one. Your

loved one's preferences are also crucial to the equation and should be taken into consideration at each step. There will likely need to be compromises, especially if budget concerns are an issue, so be prepared to have multiple conversations to work out all the details. Keep in mind that the arrangements can look just about any way you want them to — many retirement communities and assisted living facilities offer personalized options to meet any need or comfort — so it's important to make sure everyone feels comfortable with them.

There are five main options for seniors looking to downsize:

- Buying a smaller house or condo with home modifications applied as necessary
- Renting a smaller home
- Moving in with a loved one (adult child, sibling, etc.)
- Moving into a retirement community
- In-home care
- Entering assisted living

The sooner you discuss what decluttering and downsizing will actually look like, the more time everyone will have to evaluate all of the options. Don't force the conversation if your loved one seems resistant to the idea; unless your aging parent or family member has had a recent medical or caregiving issue that

could hinder their quality of life, there's no need to rush into talking about it. Bring the topic up again at a later date, potentially with additional support from family or friends. It shouldn't feel like an intervention or anyone trying to make decisions for your loved one, but a group of people who genuinely want to help figure out a positive solution to their living situation.

Step Two: Declutter and organize

It's amazing the number of things you can acquire over the course of a lifetime. From an endless array of dishes to closets full of linens to the many mementos and knickknacks of a life well-lived, addressing where all these items will go can be overwhelming. It's also an incredibly emotional process for everyone involved. These aren't just objects, they're memories; they're what's made the house a home for all these years. It's important to acknowledge and respect this loss. Go into the process prepared to part with plenty, but giving yourself room to keep the items that mean most.

The most straightforward way to sort through items is to ask yourself four questions about the item:

- Do I need it or want it?
- Does it have sentimental value?
- Do I use it often?

- Do I have another item that performs the same function?

Do I need it or want it?

You don't have to throw away everything you could live without, but you should be pretty strict about your definition of need. If you have a bread maker that's been sitting in the cabinet untouched for years, don't feel like you "should" keep it just because it was a Hanukkah gift. Think realistically about the years ahead: will you use it more than a few times? Are you genuinely excited for the few times you'll use it? Will it make an important difference in your life to hold onto the item? It's okay to say yes, but it is also okay to decide you don't need it. decluttering and downsizing is about simplifying, so make a decision and feel confident in sticking to it.

Does it have sentimental value?

The hardest items to part with will be the ones directly tied to beloved memories with your family and friends. Still, if you kept absolutely everything of sentimental value, decluttering and downsizing would be impossible. Use the packing and sorting process as a way to reflect and let go. As you and a loved one go through your things, talk about them and the memories they conjure up.

Do I use this item often?

There are going to be some items you're simply used to having around, but ultimately don't use very much. Think about your day-to-day routine: which items do you use the most? When looking around your house, which objects have been merely functional décor? Additionally, consider whether where you're going will have a valuable replacement — just because you've always used a traditional toaster doesn't mean you can't adapt to your daughter's toaster oven, for instance. Continue to be realistic about the future, keeping in mind that there might be someone else who would get much more use out of the item than you might.

Do I have another item that performs the same function?

Whether it's two blenders or a dozen winter coats, duplicate items are the easiest way to declutter and downsize. Choose the newest or best-functioning electronics, and a reasonable amount of more practical items like towels, blankets, outerwear, and other clothing. Use the opportunity to clean out your closet and embrace the opportunity to minimize. Hiring a senior move manager, professional organizer, or declutterer can make a world of difference during this process and make the transition much more simple.

Step 3: Find new homes for the items you aren't keeping

Moving expenses can become pricey. Yard sales are a great way to make some extra money to help fund the move, and a great way to find new homes for your things quickly. Choose a day that's likely to be nice, even if it's somewhat far in the future. Having your yard sale on a nice day is likely to draw in more customers who are looking for bargains.

Donate any remaining items that did not sell during your yard sale. Many charities and organizations can even pick up boxes directly from your home. It can feel impersonal and somewhat distressing sometimes — even with a yard sale, your items tend to go to neighbors you're familiar with — but it's important to focus on the end result. Someone in need will truly benefit from your donation and appreciate it each and every day.

Step 4: Prepare for the move

After you have taken the time to declutter and get rid of unwanted items you can start to think about packing and making the move to your new home. Moving can be stressful and difficult. Hiring a senior move manager or transition specialist to assist you with this transition can be very beneficial. They can help make your move as stress-free as possible

and will be there by your side throughout the entire process.

Step 5: Say goodbye to the house

Just as aging adults have to say goodbye to their possessions, the time will come to say goodbye to the house, as well. It will be a difficult process, but one with plenty of love and support from family and friends.

The truth is, there's not necessarily a right or wrong way to say goodbye to the family home. Discuss what will work best for your family in an open and honest setting; don't feel ashamed if you're having trouble. It's vital that the entire family supports one another throughout the decluttering and downsizing process, so don't be afraid to ask for or offer help.

However the goodbyes are said, make it a point to bid farewell. You're closing a major, important chapter of your life. It's OK to feel sad, even as if you've suffered a loss, but don't lose sight of the exciting next step that lies ahead.

Step 6: Make the transition

No matter where you are headed, your new home won't feel like home right away. Do what you can to bring in the most important items first, those that will make you feel especially comforted. Move-in day should be a family affair, even if you already have

help from a senior move manager or movers. Any family member who is able to should stop by to help out, bring food and refreshments, troubleshoot issues, and simply make the occasion a happy one. Keep the mood as light and exciting as possible: focus on the fact that it's a new beginning rather than an end.

You should check in on your loved ones regularly to discuss how things are going. You don't have to stop by every day, but a nightly call for the first week or two can certainly make aging adults feel less lonely. It's especially

important if they've just moved to an assisted living facility or nursing home. Find the balance between hovering and checking-in, even rotating responsibility among family members.

Decluttering and downsizing is often one of the best choices an aging parent can make, but it's their decision when and if they want to. Ease into the idea and keep the conversation ongoing. It will be painful, but the inevitable sting of leaving the family home should never stop anyone from simplified and happier living.

COMMON PROBLEMS FACED BY THE ELDERLY IN THE U.S.

From Family Matters 2018

Many people look forward to retirement, viewing it as a time to finally relax, slow down, and peacefully enjoy life.

While it's true that the golden years can be some of the best years of life, there are still some significant challenges.

Older adults face particular problems due to their age and life circumstances. Here are some of the most common problems faced by seniors:

Physical and Mental Health

Many older adults maintain good health and are fully able to function both physically and mentally well into their later years. However, the biological effects of aging do lead to more physical and mental health problems among the senior population than in younger age groups.

As we age, muscles and bones begin to weaken, we lose eyesight and hearing, and mobility often becomes limited.

Seniors also suffer from dementia, including Alzheimer's disease, which affects about 10 percent of people over age 65, increasing to 32 percent of people 85 and older.

Due to physical or mental health conditions, about two-thirds of all people 65 or older need assistance with at least one "daily living" activity such as bathing or preparing a meal.

Declining health can be difficult for many older adults to accept, as they wonder how long they will be able to do the things they enjoy and fear losing their independence.

Health Care Costs/Nursing Home Care

If the senior population has more health problems, it makes sense that they also require more health care.

Older adults visit the doctor and stay in the hospital more often than other age groups. Medicare helps cover some health care costs for seniors, however most are left to pay for about half of their medical bills on their own, which can cost thousands of dollars each year.

Additionally, Medicare does not cover the cost of long-term care such as home care or nursing home care, or for mental health services.

Residential nursing homes are still a primary option for seniors who need around-the-clock care.

Nursing homes are not only extremely costly, they also often have a reputation for providing substandard care.

Many nursing homes struggle with under-staffing issues, which can lead to neglect or abuse of the residents.

Because residents are often in poor physical or mental condition, they can do little to help themselves if they are being mistreated or not properly cared for.

If a nursing home is the best option for your loved one, it's important to research a place with a good reputation and stay involved in your loved one's care.

Financial Security

Once older adults become poor they are more likely than younger people to remain poor due to having less job opportunities that would allow them to move out of poverty.

Upon retirement, most seniors lived on a fixed income, which, along with the constantly increasing cost of living can pose many financial restrictions. They may no longer be able to afford the same lifestyle they had been accustomed to.

Additionally, many worry about sudden bills such as an unexpected medical expense that can cause them to fall behind.

Many older adults receive social security benefits that help supplement their income. However, two-thirds of those who survive solely on social security payments live below the official poverty level.

Bereavement, Social Isolation, and Loneliness

Seniors tend to have fewer opportunities for social engagement than younger age groups.

They retire from jobs, children move away, friends and spouses pass away, and eventually they may become housebound if they lose the ability to drive or become ill.

Bereavement is always a difficult experience, but because so many seniors lose a spouse, it is a particular problem in their lives.

The grief that follows the loss of a spouse can last many years and can involve anxiety, depression, loneliness and other issues. Of all these problems, loneliness is perhaps the most common and the most difficult to overcome.

According to the most recent U.S. Census 28% of people aged 65 and older lived alone, with numbers estimated to be much higher now.

Studies show seniors who live alone often experience social isolation and chronic feelings of loneliness, which cause depression, illness, and even death.

Elder Abuse

It's hard to tell exactly how many seniors are affected by elder abuse due to the fact that few report it. It's estimated, however, that at least 10 percent of older Americans have suffered from at least one form of abuse, which amounts to hundreds of thousands of cases per year.

Sadly, some seniors are victims of abuse committed by their own relatives. Such abuse involves physical or sexual violence, psychological or emotional abuse, neglect, and/or financial exploitation.

Elder abuse poses a serious health problem for those affected, and it may even increase their chances of dying. Staying closely involved in your loved one's life can help prevent them from being abused or taken advantage of.

PREVENT BACK PAIN

From MyHealthFinder2020

One of the best ways to prevent back pain is to keep your back muscles strong. Follow these steps to help protect your back and prevent back pain:

- Do back-strengthening and stretching exercises at least 2 days a week.
- Stand and sit up straight.
- Avoid heavy lifting. If you do lift something heavy, bend your knees and keep your back straight. This way, your leg muscles will do most of the work.
- Get active and eat a balanced diet. Being overweight can strain your back. Getting active and eating healthy can help you stay at a healthy weight.

There are different types of back pain.

Back pain can be acute (short term) or chronic (long term). It can feel like a sudden, sharp pain or a dull, constant ache.

Acute back pain lasts from a few days to a few weeks. It's often caused by an accident, fall, or lifting something that's too heavy. Acute back pain usually gets better on its own, without any treatment. Find out when to call a doctor or nurse about back pain.

Chronic back pain lasts for more than 3 months. It's much less common than acute back pain. Most chronic back pain can be treated without surgery.

Find out about ways to treat back pain. Am I at Risk?

Who gets back pain?

Most people have back pain at some point in their lives. It's one of the most common reasons people visit a doctor or nurse. You are more likely to experience back pain as you get older. Many people hurt their backs when they lift, push, or pull something that's too heavy.

You may also be at risk for back pain if you:

- Are pregnant
- Have poor posture (don't stand and sit up straight)
- Aren't physically active
- Are overweight
- Fall or have an accident
- Have a health problem that can cause back pain (like arthritis or cancer)
- Smoke

Get Active

Take care of yourself to avoid back pain. Preventing back pain is easier than treating it.

Strengthen your back.

Physical activity can make your back stronger and lower your risk of back pain.

- Do back-strengthening and stretching exercises [PDF - 244 KB] at least 2 days a week.
- Try a yoga class. Yoga can help stretch and strengthen muscles and improve your posture.
- Stay active. Regular physical activity can help keep your back muscles strong. Aim for 2 hours and 30 minutes of moderate aerobic activity a week.

If you have an injury, health condition, or disability, ask your doctor or nurse which types of exercise are best for you. Get tips on staying active with a disability.

Prevent Injuries

Focus on good posture.

Good posture can help prevent back pain.

- Try not to slouch when standing and sitting.
- Sit up straight with your back against the back of your chair and your feet flat on the floor. If possible, keep your knees slightly higher than your hips.
- Stand tall with your head up and shoulders back.
- If you can, switch between standing and sitting so you aren't

in the same position for too long.

- Find out how to have good posture while sitting at a computer.

Lift correctly.

Lift things with your legs, not your back. Keep your back straight and bend at your knees or hips. Get help if the load is too heavy for you to lift alone. Get more tips on safe lifting.

Prevent back injuries at work.

Back injuries are the most common type of workplace injury. Staying safe at work can help you prevent injuries.
Healthy Habits

Watch your weight.

Staying at a healthy weight lowers your risk of back pain. If you are overweight, losing weight in a healthy way can reduce the strain on your back.

Get enough calcium and vitamin D.

Getting enough calcium and vitamin D can help keep your bones strong and prevent osteoporosis. Osteoporosis makes your bones weaker and more likely to fracture (break). Spine fractures from osteoporosis are a leading cause of back pain.

CONTROL YOUR CHOLESTROL

Protect Yourself from Heart Attack and Stroke

From National Institute of Health 2019

Have you had your cholesterol checked? Most adults should have a cholesterol test every 4 to 6 years. That's because nearly 78 million American adults have high levels of the type of cholesterol that's linked to heart disease and stroke.

Cholesterol is a waxy, fat-like substance that your body needs to function properly. It travels through your bloodstream to reach the cells that need it. Your cells use cholesterol for many important functions, like making hormones and digesting fatty foods.

But too much cholesterol in your blood can cause waxy buildup called plaques in blood vessels. "These plaques can eventually become inflamed and rupture, leading to a clot," explains cholesterol expert Dr. Ronald Krauss at UCSF Benioff Children's Hospital Oakland.

If a clot blocks blood flow through an artery in the heart, it can cause a heart attack. "Or, if this happens in the artery of the brain, it can cause a stroke," he says.

Cholesterol travels through the bloodstream in particles called

lipoproteins. There are different types of lipoproteins that have different effects.

Low-density lipoproteins, or LDLs, contribute to plaques. LDL cholesterol is sometimes called "bad" cholesterol.

"Many people in this country have too many of these LDL particles in the blood," Krauss says. Studies have found that lowering LDL cholesterol levels reduces heart disease and stroke.

The most common cause of high LDL cholesterol is an unhealthy lifestyle. Excess body weight and eating a lot of animal fats are linked to high levels of LDL cholesterol. The genes that you inherit from your parents, other medical conditions, and certain medicines can also cause high cholesterol.

You may also have heard about "good" cholesterol: high-density lipoproteins, or HDL. HDL particles absorb cholesterol and carry it to the liver. The liver then flushes it from the body. That's why scientists previously thought that raising levels of HDL cholesterol might lower your risk for heart disease and stroke.

But recent research suggests that HDL cholesterol works better in some people than others. And clinical trials haven't found that medicines aimed at raising HDL cholesterol reduce the risk of heart attack. There's still a lot to learn about HDL.

Lab tests can measure the different types of cholesterol in your blood. How often you should get tested depends on your age and other risk factors, including a family history of high cholesterol or heart disease.

If tests show that you have a high level of LDL cholesterol, your doctor may order additional tests. You can try to lower it by eating a heart-healthy diet, being physically active, and losing excess weight.

For some people, lifestyle changes aren't enough to lower LDL cholesterol. Your biological makeup can be a strong influence on cholesterol buildup, too. In these cases, a type of drug known as a statin is the usual treatment. Doctors may combine statins with other drugs.

If your LDL cholesterol is very high, Krauss says it's important that your family members get tested, too. If your genes put you at risk for high cholesterol, your close relatives might have a similar risk.

Talk to your doctor about getting tested. And remember that heart-healthy lifestyle changes can not only lower cholesterol levels but also bring many long-term health benefits.

7 STEPS TO MANAGE STRESS AND BUILD RESILIENCE

From Senior Citizen Times 2020

As recent months have demonstrated, stress is unavoidable. Now more than ever, it's important to understand stress and how we can manage it. While stress can be beneficial, too much of it can be harmful. The National Institutes of Health (NIH) Office of Research on Women's Health explains a bit about the science behind stress, provides several simple

steps that might help reduce it and has a webpage, <https://go.usa.gov/xvydm>, with some resources available to help.

When the body senses a threat (or stressor), it goes on high alert, and once the threat passes, the body quickly recovers. At least that's the way it's supposed to work. Stressors

can include health matters, work, money, family issues, racism or gender inequality, and regular daily hassles. With unrelenting or too many stressors, your body might be on a constant state of high alert, leading to poor concentration, bad moods, professional burnout, and mental and physical health problems. When stress becomes chronic, the body cannot return to normal functioning. Chronic stress can be linked with health conditions such as heart disease, high blood pressure, diabetes, depression and anxiety.

Stress affects women and men differently. Many conditions associated with stress – such as post-traumatic stress disorder, depression and anxiety – are more common in women than men.

Beyond sex and gender differences, there are individual differences, too. Some people are more resilient than others. Stress affects them less or more temporarily, and they might even perform better under stress. ‘There’s a saying, ‘It’s not how far you fall; it’s how high you bounce.’ For those of us who don’t bounce back so easily, there’s good news. Resilience, to some extent, can be learned and there are some simple, practical things that people can do that may make a noticeable difference,’ says Dr. Janine Austin Clayton, Director of the NIH Office of Research on Women’s Health. Clayton explains that some

resilient people might also develop a greater appreciation for their lives, family, friends or other matters after stress.

Stress management and resilience building are particularly important to the health of women. Here are several tips to help women as well as men:

1. **Recognize and counter signs of stress.** Your body sends signals that it’s stressed, including difficulty concentrating, headaches, cold hands, tight muscles, a nervous stomach, clenched teeth, feeling on edge, fidgety, irritable or withdrawn. Knowing how your body communicates can help you deal with stressful moments. Learn to not only recognize but also to name these feelings, either to oneself or to a friend. Then, take action to counter their effects. For example, deep breathing, stretching, going for a walk, writing down your thoughts and taking quiet time to focus can help induce relaxation and reduce tension.
2. **Take time for yourself.** Make taking care of yourself a daily routine. It’s not selfish or self-indulgent – and it might require saying ‘no’ to requests or prioritizing yourself along with your responsibilities. Start with small changes in your routine to help build resilience to stressful

circumstances. Work in time to exercise, eat healthy foods, participate in relaxing activities and sleep. In fact, including a regimen of exercise, which for some may include yoga or meditation, can be very important when feeling stressed. Also, take time to notice the ‘good minutes’ in each day or to do something that you enjoy, such as reading a book or listening to music, which can be a way to shift your attention and focus on the positive rather than the negative.

3. **Try new routines.** From scheduling bath and bedtimes to blocking off time to plan and prioritize tasks, additional structure can provide a daily framework that allows you to attune to your body’s signals. Then, you can take steps to potentially manage stress earlier than you once did.
4. **Stay connected and make new friends.** Stay in touch with family, friends and groups in your life – technology makes this easier than ever. Having or being a person to talk with can be reassuring and calming. Using video features can enhance the connection in telecommunication or online communications for some people.
5. **See problems through a different lens.** Experts call changing the way we think about and respond to stress ‘reframing.’

View sitting in traffic or around the house as an opportunity to enjoy music, podcasts or pleasant views. Reduce anger in response to rude or aggressive behavior by imagining what might be happening in that person’s life. Keeping situations in perspective is an important way to boost stress resilience. Other steps include positive thinking and creating plans before you begin to resolve problems. You can practice reframing and get better at it over time.

6. **Seek help with problems.** Many people experience the same day-to-day strains related to caregiving, relationships, health, work and money. Look to friends and family, as appropriate, or other trusted individuals or resources for tips and information.
7. **Talk to a health professional if stress is affecting your well-being, you feel you cannot manage the stress you’re experiencing, or stress has caused you to engage in or increase substance use.** Seek appropriate care if stress is harming your relationships or ability to work. If you have suicidal thoughts, call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255). Lifeline chat is a service available to everyone 24 hours a day, 7 days a week. In addition, if

you need help locating a mental health provider, the Substance Abuse and Mental Health Services Administration (SAMHSA) offers a site that can assist you at <https://findtreatment.samhsa.gov>. People who have experienced traumatic stress (directly or indirectly experiencing life-threatening and dangerous events) should find a treatment provider who practices trauma informed care – see <https://go.usa.gov/xvydm> for details. Additionally, in times of disasters and other sorts of emergencies, the National Disaster Distress Helpline (Call 1-800-985-5990 or text ‘TALKWITHUS’ to 66746) can provide crisis counseling, emotional support and referrals to care related to disasters and public health emergencies.

Recognizing individual signals of a body’s stress responses and learning to respond to those signals in new ways can help build the emotional, intellectual and physical strength that comprise resilience, which can help you tackle future stressors.

The NIH supports research to understand how stress affects health – and why some are resilient to stress while others have difficulties, as well as how different therapies and resilience-boosting techniques work and have a positive effect on health and well-being. The NIH Office of Research on Women’s Health offers links to information about stress (including anxiety about the coronavirus), wellness, tips on managing common sources of stress, and opportunities to join research projects on stress or other health matters at <https://go.usa.gov/xvydm>.

SHOTS TO PROTECT HEALTH OF SENIORS

From MyHealthFinder2020

Older adults need to get shots (vaccines) to prevent serious diseases. Protect your health by getting all your shots on schedule.

If you're age 50 or older:

- Get shots to prevent shingles. Shingles causes a painful rash that can last for months. Learn about shingles vaccines.

If you're age 65 or older:

- Get shots to prevent pneumococcal ("noo-muh-KOK-uhl") disease. Pneumococcal disease can include pneumonia ("noo-MOHN-yah"), meningitis, and blood infections. Learn about pneumococcal shots.

It's also important for all adults to:

- Get a flu vaccine every year. The seasonal flu vaccine is the best way to protect yourself and others from the flu.
- Get the Tdap shot to protect against tetanus, diphtheria ("dif-THEER-ee-ah"), and whooping cough (pertussis). Everyone needs to get the Tdap shot once. Learn about the Tdap shot.
- After you get a Tdap shot, get a Td shot every 10 years to keep you protected against tetanus and diphtheria. Learn about Td shots.

Ask your doctor, nurse, or pharmacist about other shots you may need to stay healthy.

Health Benefits

Why do I need to get these shots?

Shots help protect you from diseases that can be serious – and sometimes deadly. Many of these diseases are common, but vaccines can prevent them.

Even if you have always gotten your shots on schedule, you still need to get

some shots as an older adult. This is because:

- Older adults are more likely to get certain diseases.
- Older adults are at higher risk for serious complications from diseases.
- The protection from some shots can wear off over time.

Getting your shots also protects other people.

When you get shots, you don't just protect yourself – you also protect others. This is especially important if you spend time around anyone with a long-term health problem or a weakened immune system (the system in the body that fights infections).

Protect yourself and people around you by staying up to date on your shots. Find out how getting your shots helps protect people in your community.

Learn more about some of the recommended shots for adults. Watch this short video to learn about pneumococcal vaccines:

And check out these short videos to learn more about:

- Whooping cough vaccines
- Shingles vaccines

Other Shots

Do I need any other shots to help me stay healthy?

You may need other shots if you:

- Didn't get all of your shots when you were a child
- Have a health condition like HIV that makes it harder for your body to fight off infections.
- Have a long-term health condition like diabetes or heart, lung, or liver disease
- Are a man who has sex with men
- Smoke
- Spend time with infants or young children
- Travel outside the United States

And you may need other shots if you work in a:

- School
- Daycare
- Hospital
- Health clinic
- Nursing home
- Prison

Ask your doctor or nurse if you need any other shots. You can also use this tool to find out which shots you may need.

Make a Plan

Talk with a doctor, nurse, or pharmacist about getting up to date on your shots.

Make a plan to get your shots.

Schedule an appointment with your doctor or nurse to get the shots you need. You may also be able to get shots at your local pharmacy. Use this

vaccine clinic locator to find out where you can get shots.

Get a seasonal flu shot every year.

Remember, everyone age 6 months and older needs to get the seasonal flu vaccine every year.

What about cost?

Under the Affordable Care Act, most private insurance plans must cover recommended shots for adults. Depending on your insurance plan, you may be able to get your shots at no cost to you. Medicare also covers most recommended shots for older adults, depending on your plan. Use this tool to see what Medicare covers.

If you don't have insurance, you still may be able to get free shots.

- Find a free or low-cost vaccination program in your state.
- Find a health center near you and ask about affordable vaccine services.

To learn about other services covered by the Affordable Care Act, visit HealthCare.gov.

Keep a Record

Keep a copy of your vaccination record.

Ask your doctor to print out a record of all the shots you've had. Keep this record in a safe place. You may need it for certain jobs or if you travel outside the United States.

If you're not sure which shots you've had, try these tips for finding old vaccination records. If you still can't

find a record of your shots, talk with your doctor about getting some shots again.

THE BENEFITS OF MINDFUL MEDITATION FOR OLDER ADULTS—AND HOW TO GET STARTED

From SeniorsMatter 202

As we age, we may worry more about our physical health, but that doesn't mean we can let our mental health go. Mindful meditation promotes many physical and psychological benefits. It's nothing new though, people have been meditating since 5000 BC. Read on to learn about mindful meditation, its benefits, and how to get started.

What Is Mindful Meditation?

Meditation is all about cultivating presence, awareness, and non-judgment. The mental training practice offers a different way of dealing with stress, by calming the mind and body. You just sit still or lie down, relax, and don't dwell on the thoughts that drift through your head. When you meditate your breath slows down, heart rate slows, blood pressure decreases, stress decreases, and tension in the body decreases. Mindfulness is simply observing and accepting thoughts as they occur without judgment. Instead of worrying about the future or ruminating on the past, mindfulness meditation focuses on the present, blocking out modern-day distractions.

Mindful meditation is just one of the many meditation techniques. The Mindfulness-Based Stress Reduction (MBSR) program was developed at the University of Massachusetts Medical Center in the 1970s by Dr. Jon Kabat-Zinn, a student of the Buddhist monk and scholar Thich Nhat Hanh. The standardized eight-week program assists people with stress, anxiety, depression, and pain by using a combination of mindfulness meditation, body awareness, yoga, and exploration of patterns of behavior, thinking, feeling and action. But you don't have to enter a program. You can cultivate a daily mindful meditation practice anytime, anywhere.

How Can Mindful Meditation Benefit Seniors?

Mindful meditation has many potential physical and psychological benefits for older adults, including better focus, enhanced calmness, less stress, and improved sleep. Research shows that mindfulness and meditation can reduce depression and pain, and boost emotional well-being. It can even help

adults come to terms with the challenges of aging.

Meditation stimulates the memory centers within the brain. US News reports that meditation is associated with enhanced short- and long-term memory. A recent study showed that it might even slow down the progression of Alzheimer's.

Preliminary evidence suggests that meditation can offset the age-related cognitive decline. Not only does it activate the "feel-good" prefrontal cortex, but it can also actually change your brain to improve focus, creativity, and cognitive function.

Mindfulness helps manage moods and emotions, giving you space between a stimulus and your reaction. It even reduces loneliness and helps with inflammation!

According to the National Center for Complementary and Integrative Health, it's also associated with reductions in irritable bowel symptoms. Ready to become a happier, healthier, more-focused human? Read on to learn how to practice mindful meditation and experience the transformation of this pill-free miracle-drug.

What Are Some Easy Ways to Begin Practicing Mindful Meditation?

Carve out time and space for you. Start small, while you want to work up to about 20 minutes a day, that might be hard to do at first. Even if you have mobility/agility issues, you can practice mindful meditation anytime, anywhere.

Start by sitting still or lying down in a quiet place. Take deep diaphragmatic breaths. Focus on inhaling and exhaling, and acknowledge any other physical sensations your body is telling you about. Whether lying down or standing, check-in with your posture. Like Adriene from Yoga with Adriene says, "head over heart over pelvis".

Make an effort to completely clear your mind. Random thoughts will attempt to distract you. Acknowledge those thoughts with kindness and invite them to relax and release. Feel the breath in your belly. When you're ready, take a moment to give thanks for your body and mind, pat yourself on the back for taking time out for you, and notice how you feel. That's it! Sounds way too easy, right?

For more ways to get started with mindful meditation, check out these [Meditation Techniques for Seniors](#), [Six Easy Mindfulness Exercises for Seniors](#), and [How to Practice Mindful Meditation](#).

YouTube has a host of videos on mindful meditation for older adults, while apps like Headspace offer

guided meditation for a monthly fee. The UCLA Mindful App can help you develop a meditation practice and learn to bring more mindfulness into your daily life. There are even some podcasts that can help. See if there are any mindful meditation

classes at local senior centers, hospitals, private studios, or retirement facilities. Mindworks offers easy-to-follow guided meditation modules for people of all levels, from beginners to seasoned meditators.

A PRIMER ON PAIN MANAGEMENT

From HealthinAging 2020

Basic Facts

Pain is a common experience for older adults. The extent to which pain disrupts daily routines may get worse with age. Pain is often poorly evaluated and managed in older people.

There is no reason to suffer silently with persistent pain as you get older. Healthcare professionals agree that it is everyone's right to receive adequate pain management which improves quality of life and conserves the ability to carry out activities of daily living. Good pain management can also keep you healthier by allowing you to stay active, eat well, and enjoy a normal social life.

If you are in pain, you may not want to talk about it or tell anyone how bad it really is. There are several common reasons that may prompt you to keep silent about your pain including:

- Believing that pain is unavoidable
- Fear that pain will increase as the underlying disease gets worse
- A desire to avoid expensive procedures or going to the hospital
- A desire to not be seen as a complainer
- Not wanting to be a burden to loved ones or caregivers

Whatever the reason, it is important to report any pain and seek evaluation to determine a treatment plan that meets your needs.

In most cases, it is possible to manage pain to allow you to do the things that are important to you. Pain that is poorly managed is associated with:

- Depression and anxiety
- Poor sleep
- Loss of appetite

- Inability to carry out daily functions
- Loss of independence
- Social withdrawal
- Increased difficulty with thinking (dementia)
- Frequent visits to a doctor's office or hospital

What Does "Pain" Refer To?

Pain is a complex, unpleasant experience that you feel through your sense organs. It is influenced by your memories and expectations, and it may also cause an emotional reaction.

The sensation of pain travels through nerves leading to your brain. The message informs your brain about the severity of pain (mild or severe), pattern of pain (sudden or persistent), and the location where it originates. Another important part of pain is its quality (whether it is aching, burning, stabbing, crushing, dull, and/or sharp). How you describe the quality of your pain helps determine the cause of the pain, such as nerve-related pain, muscle/bone pain, or organ-related pain. Not all pain is the same.

Your primary care provider may be able to find a medical reason for your pain by doing an x-ray or other imaging tests, but with persistent or chronic pain there is often no identifiable cause. This does not mean that the pain is not real. Your own perception of pain is what matters.

The Most Common Types of Pain

Pain may be a new symptom (acute) or something ongoing for a long time (persistent or chronic). It is possible to experience both acute and persistent pain at the same time.

Acute pain, which comes on quickly and may not last very long, results from an injury, surgery, or other type of tissue damage. It usually goes away when the injury heals.

Persistent pain (pain that has lasted for at least 3 to 6 months) can be long-lasting and may or may not be caused by a disease or injury. If you have persistent pain, you are more likely to experience depression or anxiety, and you may feel that your quality of life and daily functioning have been impacted.

Pain may also have different causes. Pain related to muscles, bones, and organs is a reaction to an injury or disease. It usually stays in a single area and responds well to treatment.

Pain caused by damaged nerves or the brain is likely to cause unusual sensations, may be harder to identify its location, and can be difficult to treat.

How Common is Pain in Older Adults?

Pain is one of the most common health problems experienced by older adults. Between 25% and 50% of all older people living at home, and up to 80% of older people living in nursing homes, report that they are in serious pain.

Some kinds of pain, such as back pain, seem to decline in frequency as people

get older. Other types, such as large joint pain (pain in the knees, hip, or feet) may increase. About 12% of older adults have widespread pain, and pain is reported more often by women than by men.

CAUSES

About four out of five older adults live with at least one common chronic condition that causes pain, such as:

- Joint diseases (osteoarthritis, rheumatoid arthritis)
- Diabetic neuropathy (damaged nerves caused by diabetes)
- Diabetic foot ulcers or other skin problems
- Shingles or post-herpetic neuralgia (persistent pain that follows an episode of shingles)
- Oral or dental problems
- Poor blood circulation (peripheral vascular disease)
- Post-stroke syndrome
- Cancer
- Muscle diseases
- Bone conditions (osteoporosis, fractures)
- Inflammatory diseases of the blood vessels or joints (temporal arteritis)

Last Updated July 2020

SYMPTOMS

You probably know when you are feeling pain. The important thing is to let your healthcare provider know:

- The location of the pain
- The intensity of the pain

- Activities you are unable to do due to the pain
- How often you feel the pain
- How long the pain lasts
- What soothes it or makes it worse

Your self-report is the crucial link that will allow you to get the treatment you need. You are the best source of information on your pain.

Pain in Older Adults with Dementia

If you are caring for an older person with dementia, memory, thinking, or communication problems, they may be unable to tell you what they are feeling. They may express pain in other ways such as changes in behavior or usual activity. Look for:

- Restlessness, agitation, irritability, resistance, or guarding behaviors
- Crying, moaning, or groaning
- Limping or frequently shifting position
- Pained facial expressions, such as grimacing
- Depression
- Changes in usual daily activities, including fewer social interactions
- Refusal to eat
- Disturbed sleep

DIAGNOSIS AND TESTS

Evaluation of Pain

Pain is a unique experience and differs from person to person, even when people have similar conditions. Once

you have reported that you are in pain, your healthcare provider will try to identify the source and determine proper treatment. You may be asked to keep a pain diary to help describe what is happening on a day-to-day basis.

Your healthcare provider will complete a pain evaluation that will include:

- **Questions about your pain.** These questions cover what your pain feels like (i.e., burning, stabbing, aching, pinching, throbbing), how bad it is, when it started, its pattern or duration, what it is associated with, and how it is affecting your daily life.
- **Questions about your health history.** These questions cover any diseases, injuries, or disabilities you have had or diseases that have occurred in your family, and whether you drink alcohol or smoke.
- **Questions about what you have done to treat your pain.** These questions address what works or does not work based on your past experiences.
- **A complete list of all medications that you take.** This includes prescriptions, herbal remedies, and over-the-counter (non-prescription) products.
- **A physical exam.**
- **Laboratory or imaging studies (such as: x-rays, CT scans,**

MRI). Your healthcare provider should describe the benefits/risks of any diagnostic tests and explain their benefit in guiding your treatment plan.

Pain Scales

Your healthcare provider may use a pain scale to get a clearer idea of your pain experience. There are different types of pain scales that will help you explain your pain.

There are also simple questionnaires that will help you tell your healthcare provider what your pain is like. These are particularly useful if you have persistent pain, since they gather information on the impact of pain on your function and quality of life. Your healthcare provider may also wish to evaluate the psychological impact of your pain, since most people with chronic pain develop some symptoms of depression or anxiety.

Other tools are available to help identify pain behaviors and changes in pain for those who are unable to self-report their pain.

CARE AND TREATMENT

Once your pain has been properly evaluated you can begin treatment. It is important to set personalized goals for treatment and evaluate the benefits and risks of your treatment options. Sometimes, the treatment will work quickly and you will experience instant pain relief. In other cases, your primary care provider will need to treat the pain with a variety of strategies

including seeing different healthcare professionals (a multidisciplinary approach) and it may take longer to notice results.

Treatment/Medications

There are many safe and effective medicines to treat pain in older adults. Since every individual responds differently to pain medications, it may take a trial of more than one type to achieve good pain relief.

Older people often have complicated medical histories that have to be considered when choosing a pain relief medicine. For this reason, your healthcare provider will usually start with a low dose of a pain medicine and slowly increase the dose until you are feeling better in order to avoid side effects.

Acetaminophen

Also known as Tylenol, this is usually the first medication your doctor will recommend for mild-to-moderate pain, especially if you are having joint, muscle, or bone pain. However, you must use it cautiously and remember that acetaminophen is added to many cold and flu preparations. Older people with certain conditions should take a lower maximum daily dose, so follow your provider's recommendations. You must use acetaminophen with caution if you have any of the following conditions:

- Liver disease
- Severe kidney disease
- A history of alcohol abuse

Nonsteroidal Anti-inflammatory Drugs (NSAIDs)

This class of medications includes non-prescription (such as aspirin, ibuprofen, naproxen) or prescription medicines (such as diclofenac). They may cause bleeding in the stomach and intestines, and they may have other serious side effects (such as a risk of causing kidney damage or problems with your heart health) that can limit their usefulness in many older patients. Women over the age of 85 are at particularly high risk of bleeding when they take NSAIDs. The U.S. Food and Drug Administration (FDA) especially cautions against combining ibuprofen and aspirin.

Opioids

Opioid medications are only available by prescription and can be helpful for moderate to severe pain, including cancer pain. However, they do have some side effects that are important to be aware of. These include:

- Nausea
- Constipation
- Sedation, fatigue, sleepiness
- Memory disturbances, confusion
- Itching
- Increased risk of falls
- Potential for addiction

Some side effects will often go away after a few days. To prevent constipation, laxatives and stool softeners should almost always be taken with opioids.

For people who have been taking opioids for a while, stopping them

abruptly can lead to withdrawal symptoms. To avoid this, the opioid dose should be slowly reduced rather than stopping the medication all at once.

Adjuvant Medications

A variety of other products, often used for other purposes (such as treating depression or seizures) can provide good pain relief for many people. These include the following:

- Lidocaine: A topical agent (applied directly to the skin) available as a cream or patch
- Capsaicin: A topical agent derived from hot peppers available as a cream or patch
- Antidepressants: Taken at doses adjusted to individual response, which may be different than the dose used for treating depression
- Anticonvulsants: These medicines may be effective for some people with nerve pain
- Corticosteroids: Medicine injected directly into joints, tendons, or muscles or taken orally to help soothe inflamed tissues

Patient-controlled Pain Relief

This approach is often effective for people with chronic pain and offers the psychological benefit of control over pain relief. A handheld pump or trigger mechanism allows the patient to administer medication when they feel the need. The medicine is administered

through an intravenous line. Often, patients feel more in control of their pain and actually use less medication when it is self-administered in this way.

Nonpharmacologic Approaches

A number of non-drug strategies, used alone or in combination with prescription therapy, have been proven to alleviate pain and may reduce the need for medications. These approaches include:

- Diversions such as music, storytelling sessions, television, and pet therapy
- Hot or cold skin applications
- Relaxation techniques such as meditation, deep breathing exercises, yoga, and massage
- Exercise and physical therapy (individualized for the needs and abilities of each patient)
- TENS (transcutaneous electrical nerve stimulation-treatment, which sends mild electrical impulses through the skin)
- Interventional pain management (for example, injection of a temporary local anesthetic or pulsed radiofrequency for pain related to nerve injury)
- Cognitive-behavioral therapy such as self-hypnosis and coping strategies

Caregiver Involvement

When possible, caregivers should be included in these strategies. Family members may be able to use safe and

simple methods to increase your comfort and reduce distress. For example, caregiver instruction in touch and massage can offer family members or other caregivers a way to enhance their self-confidence and satisfaction in caregiving, while helping to decrease your pain, depression, and other symptoms.

For older adults with advanced illness who are bedbound, regular repositioning, passive range-of-motion exercises, and gentle massage are key interventions.

Monitoring

Your healthcare provider should schedule regular follow-up visits to keep track of the effectiveness of your treatment approach and to consider trying different medications or non-drug treatments. The follow-up should make sure that any troublesome side effects are controlled. Medication dosing may also need to be monitored and adjusted. You may need periodic laboratory tests to make sure that your body is coping well with your drug treatment.

LIFESTYLE AND MANAGEMENT

The importance of maintaining an engaged and active lifestyle cannot be overemphasized. To the extent possible, you should participate in physical activities or exercise

programs, and keep up social activities and family engagements. This approach will reduce your risk of depression and isolation.

Diet and Exercise

It's important to stay well-nourished and active, even if you are in pain. Having a good diet will help improve the way your medications work, help reduce side effects, and help you maintain the energy you need to carry out your daily activities. An exercise program that involves joining a group or a gym can also help reduce the risk of social isolation. Exercise programs like yoga or Tai Chi will also keep your muscles toned, improve balance, and reduce your risk of falling.

Taking an Active Role in Your Treatment

Only you know what your experience of pain is. For this reason, it is important that you take control of your situation. Make sure to inform your healthcare provider if you are still in a lot of pain even when you are following their instructions. A simple dosage change, trying a different treatment option, or using a different combination of treatments is part of the process of finding what works for you. There is no reason to suffer in silence when effective pain relief is available.

HOW TO SAVE MONEY ON MEDICATIONS

From National Council on Aging 2020

The average person with Medicare spends over \$600 on prescriptions each year. If you have multiple chronic conditions, chances are you're paying even more. Affording your medications can be expensive, but there are programs that can help you save money.

Get help from the government

If you or a loved one has Medicare, the first benefit to consider is Part D Extra Help. This program from Social Security and Medicare helps save money on Part D drug plan premiums and co-payments at the pharmacy. To get Extra Help, you must have low income and resources. Learn more from Social Security.

Don't qualify for Extra Help? Your state may also have savings programs. Currently, 20 states offer a State Prescription Assistance Program (SPAP) to people who meet certain age, disability, chronic condition, and/or income requirements. SPAPs may help pay your premiums, deductibles, or medication co-payments.

Explore your drug plan options

Sometimes you can save money on medications by shopping around for different Medicare coverage. From October 15 to December 7 each year is the Medicare Annual Enrollment Period, which allows people with Medicare to join, switch, or leave Medicare Advantage and Part D plans. Here are three ways you can find out what coverage may suit your needs:

- The Medicare Plan Finder is the official tool of Medicare.gov to shop for drug and health plans.
- Use NCOA's free educational tool, My Medicare Matters, to learn about Medicare costs, take an assessment of your needs, and get personalized advice on next steps.
- Contact your State Health Insurance Assistance Program (SHIP). SHIPs are federally funded to provide unbiased, one-on-one assistance to people with Medicare and their families. Find your local SHIP at shiptacenter.org or by calling 1-877-839-2675.

Learn about drug manufacturer discounts

You've probably seen commercials for medications on TV that end with, "If

you have trouble affording your medication, Drug Company may be able to help.” That assistance comes from Patient Assistance Programs (PAPs), which are run by drug manufacturers to offer free or discounted brand-name medications to consumers. PAPs may be especially helpful to those who lack insurance coverage or have significant medication costs.

Most of the major manufacturers offer PAPs and related resources for people who take their medications. For example,

Pfizer’s RxPathways program connects people to insurance support, co-pay assistance, and medicines for free or at a savings. Other PAPs are offered by Novo Nordisk, AstraZeneca, GlaxoSmithKline, and several foundations that provide disease-specific assistance, such as for people with diabetes. (Note: Some of

these programs may have limitations for people with other Medicare drug coverage.)

Discover drug charity programs

Several national charity programs exist that can help people with Medicare afford their medications. Many of these specifically focus on assisting people with chronic conditions and rare diseases. Get a list of programs and links to their eligibility criteria.

Find help all in one place

NCOA’s free, confidential tool [BenefitsCheckUp.org](https://www.benefitscheckup.org) can help you screen for all of the major PAPs, SPAPs, and Part D Extra Help. [BenefitsCheckUp®](https://www.benefitscheckup.org) also can identify other programs that may allow you to free up money in your budget—from taxes to food to home utilities and more.

VIDEO GAMES SHOW POTENTIAL IN IMPROVING KEY ASPECTS OF MEMORY IN OLDER ADULTS

National Institute on Aging2020

Being exposed to an environment filled with novel stimuli can benefit cognition, including memory. Studies have shown that rodents placed in enriched environments, compared to sparse environments, experience increased generation of nerve cells in brain regions that are critical for memory encoding and retrieval. Humans may also experience similar

neurological benefits from novel environments. However, this exposure can be hindered by those who remain indoors, potentially due to viral pandemics or mobility impairments.

The good news is that novel environments can be delivered, virtually, to the homebound, according to NIA-supported researchers who

recently discovered that video games may be used to enhance cognitive health in older adults.

These findings were recently published in *Behavioural Brain Research*. For this study, individuals 60 to 80 years of age were recruited. The researchers hypothesized that the novel and three-dimensional environment of Super Mario™ would confer more cognitive benefits upon individuals than those conferred by a familiar two-dimensional game (i.e., Solitaire).

Despite being two-dimensional in nature, Angry Birds™ gameplay was also poised to confer cognitive benefits due to its novelty for this older population. Study participants in each of these three video game conditions played 30 to 45 minutes per day for four weeks. During this time, and four weeks after daily gameplay ended, researchers conducted a series of memory tests.

While memory performance was equivalent across groups prior to jengaging in video game play, two weeks of Angry Birds™ or Super

Mario™ gameplay resulted in improved recognition memory. Memory continued to improve after an additional two weeks for the Super Mario™ players compared to the Solitaire players and these improvements persisted after daily gameplay ended. No additional memory improvements were found in Angry Birds™ players.

These findings suggest that both novel experiences and exposure to rich three-dimensional environments may work together to improve cognition.

Interventions for improving cognition are particularly important for older individuals because they are at risk for cognitive decline. In addition, video game interventions may be beneficial for individuals at any age and particularly for those who are homebound, thus unable to experience a wide variety of new environments.

Although video games may not be an ideal substitute for real-world experiences, they may serve as an additional (and entertaining) method to improve cognition.

PROTECTING YOURSELF FROM FINANCIAL ABUSE

From American Bankers Association 2019

You, or someone you know, could become the victim of a growing crime in America — financial abuse of older

Americans. Seniors are increasingly becoming targets for financial abuse. As people over 50 years old

control over 70 percent of the nation's wealth, fraudsters are using new tactics to take advantage of retiring baby boomers and the growing number of older Americans. Senior financial abuse is estimated to have cost victims at least \$2.9 billion last year alone.

What Is Elder Financial Abuse?

It's a crime that deprives older adults of their resources and ultimately their independence. Anyone who sees signs of theft, fraud, misuse of a person's assets or credit, or use of undue influence to gain control of an older person's money or property should be on the alert. Those are signs of possible exploitation. Older Americans that may have disabilities or rely on others for help can be susceptible to scams and other fraud. Advances in technology can also make it difficult for seniors to know who to trust and what's safe.

Despite these threats, taking simple steps to safeguard personal information and being aware of warning signs can protect aging men and women from financial abuse.

Tips for Seniors:

What should you do to protect yourself?

- Plan ahead to protect your assets and to ensure your wishes are followed. Talk to someone at your financial institution, an attorney, or financial advisor

about the best options for you.

- Shred receipts, bank statements and unused credit card offers before throwing them away.
- Carefully choose a trustworthy person to act as your agent in all estate-planning matters.
- Lock up your checkbook, account statements and other sensitive information when others will be in your home.
- Order copies of your credit report once a year to ensure accuracy.
- Never give personal information, including Social Security Number, account number or other financial information to anyone over the phone unless you initiated the call and the other party is trusted.
- Never pay a fee or taxes to collect sweepstakes or lottery "winnings."
- Never rush into a financial decision. Ask for details in writing and get a second opinion.
- Consult with a financial advisor or attorney before signing any document you don't understand.

- Get to know your banker and build a relationship with the people who handle your finances. They can look out for any suspicious activity related to your account.
- Check references and credentials before hiring anyone. Don't allow workers to have access to information about your finances.
- Pay with checks and credit cards instead of cash to keep a paper trail.
- Feel free to say "no." After all, it's your money.
- You have the right not to be threatened or intimidated. If you think someone close to you is trying to take control of your finances, call your local Adult Protective Services or tell someone at your bank.
- Trust your instincts. Exploiters and abusers often are very skilled. They can be charming and forceful in their effort to convince you to give up control of your finances. Don't be fooled—if something doesn't feel right, it may not be right. If it sounds too good to be true, it probably is.

What should you do if you are a victim of financial abuse?

- Talk to a trusted family member who has your best interests at heart, or to your clergy.
- Talk to your attorney, doctor or an officer at your bank.
- Contact Adult Protective Services in your state or your local police for help.

Tips for Family and Friends:

What are the warning signs of financial abuse?

The key to spotting financial abuse is a change in a person's established financial patterns. Watch out for these "red flags":

- Unusual activity in an older person's bank accounts, including large, frequent or unexplained withdrawals.
- ATM withdrawals by an older person who has never used a debit or ATM card.
- Changing from a basic account to one that offers more complicated services the customer does not fully understand or need.
- Withdrawals from bank accounts or transfers between accounts the customer cannot explain.
- New "best friends" accompanying an older person to

the bank.

- Sudden non-sufficient fund activity or unpaid bills.
- Closing CDs or accounts without regard to penalties.
- Uncharacteristic attempts to wire large sums of money.
- Suspicious signatures on checks, or outright forgery.
- Confusion, fear or lack of awareness on the part of an older customer.
- Refusal to make eye contact, shame or reluctance to talk about the problem.
- Checks written as “loans” or “gifts.”
- Bank statements that no longer go to the customer’s home.
- New powers of attorney the older person does not understand.
- A caretaker, relative or friend who suddenly begins conducting financial transactions on behalf of an older person without proper documentation.

- Altered wills and trusts.
- Loss of property.

What should you do if you suspect financial abuse?

- Talk to elderly friends or loved ones if you see any of the signs mentioned here. Try to determine what specifically is happening with their financial situation, such as a new person “helping” them with money management, or a relative using cards or credit without their permission.
- Report the elder financial abuse to their bank, and enlist their banker’s help to stop it and prevent its recurrence.
- Contact Adult Protective Services in your town or state for help.
- Report all instances of elder financial abuse to your local police—if fraud is involved, they should investigate.

Remember

Never give your Social Security number, account numbers or other personal financial information over the phone unless you initiated the call.

CAN ALLERGIES GO AWAY OR DEVELOP AS YOU AGE?

Adult-onset allergies & the immune system

From Cleveland Clinic
Health Essentials 2019

Allergies aren't just for kids. Some adults may actually experience a change in allergies as they age. From developing springtime allergies for the first time, to realizing that your family cat doesn't cause you the misery it once did – allergies can shift and change at different phases of your life.

“Allergies are an inappropriate immune system response to something in the environment,” says allergist Alice Hoyt, MD. “It could be cat dander, pollen, dust mites or even peanuts. But it's an inappropriate response because there's no reason for your body to be intolerant to such allergens.”

An allergen, like pollen, is something that a person is allergic to. Tolerance and intolerance is how your body identifies with allergens. You can lose tolerance towards something and have allergy symptoms upon exposure to it, or you can develop tolerance and not have allergy symptoms upon exposure.

Welcome to the club

Allergies are one of the most common chronic disorders worldwide, and allergies can be developed in adulthood. Dr. Hoyt says that if you find yourself feeling run down, with a chronic cough or itchy eyes for no rhyme or reason, it might be time to question if it's allergies – even if you've never had allergies before in your life.

It's the classic case of the college student who goes away to school and comes home over break to find that she's sneezing and her nose runs every time she's near the family cat. The girl has likely lost her tolerance to cat dander when she was away and now she's experiencing allergy symptoms.

The reverse could even happen if you've been introduced to a dog or cat, and a few months or years later the animal doesn't bother you anymore because you've built up a tolerance to it.

Some research even suggests that having a dog reduces your risk of

developing asthma and other future allergies later in life. Experts say that a dog brings in more bacteria to your home, which actually helps to strengthen the immune system.

“Developing tolerance towards something is basically the same way allergy shots work – slowly introducing the allergen over the course of several months then continuing exposure for years,” says Dr. Hoyt. “You’re training your body to accept the allergen and to have a normal, appropriate reaction to it.”

Time changes everything

There are some people who have

enjoyed the springtime for years, and then for some reason, one May day, their nose suddenly starts running and they feel miserable.

Over time, it’s possible to lose your tolerance towards pollen, food, medications, materials and insect venom, such as bee stings. The immune system is constantly changing.

So if you’ve found yourself feeling crummy and you can’t seem to pinpoint what’s triggering it – see an allergist. At the least, you can rule out adult-onset allergies, and your doctor can work with you to start feeling more like yourself again.

PROS AND CONS OF NAPPING

From SleepFoundation.org 2020

A nap is a short period of sleep, usually taken during the day. One-third of American adults nap. Many swear by napping as an effective way to relax and recharge, while others find naps unhelpful and disruptive to their sleep. Not all naps are created equal, and many factors impact how helpful naps can be. By understanding the role of napping, you can learn to take effective naps that support your body’s internal clock and maintain your energy level throughout the day.

Types of Naps

Naps can be categorized depending on the function they serve. Thinking about what you’re hoping to gain from a nap is one part of making napping work for you.

- **Recovery Nap:** Sleep deprivation can leave you feeling tired the following day. If you are up late or have interrupted sleep one night, you might take a recovery nap the

next day to compensate for sleep loss.

- Prophylactic Nap: This type of nap is taken in preparation for sleep loss. For example, night shift workers may schedule naps before and during their shifts in order to prevent sleepiness and to stay alert while working.
- Appetitive Nap: Appetitive naps are taken for the enjoyment of napping. Napping can be relaxing and can improve your mood and energy level upon waking.
- Fulfillment Nap: Children have a greater need for sleep than adults. Fulfillment naps are often scheduled into the days of infants and toddlers and can occur spontaneously in children of all ages.
- Essential Nap: When you are sick, you have a greater need for sleep. This is because your immune system mounts a response to fight infection or promote healing, and that requires extra energy. Naps taken during illness are considered essential.

How Long Should I Nap?

One significant factor responsible for the varied effects of naps is their length. Anytime we fall asleep, we begin to move through a series of sleep stages. Researchers found that five-minute naps are too short to move

deep enough through sleep stages to produce a notable benefit. On the other hand, sleeping for 30 minutes or longer gives the body enough time to enter deep (slow-wave) sleep. However, napping for too long or waking up from slow-wave sleep can leave you feeling groggy for up to an hour. This period of drowsiness is also called “sleep inertia.”

Given these considerations, the best nap length in most situations is one that is long enough to be refreshing but not so long that sleep inertia occurs. Naps lasting 10 to 20 minutes are considered the ideal length. They are sometimes referred to as “power naps” because they provide recovery benefits without leaving the napper feeling sleepy afterward.

Exceptions to this include essential naps when sick, which are often longer because our bodies require more sleep when dealing with an illness. Also, fulfillment naps in children should not be limited to 20 minutes, as children have a higher sleep requirement than adults.

If you’re a healthy adult and wish to take a longer nap, don’t do it right before you need to be alert. Keep in mind that napping during the daytime could interfere with your nighttime sleep.

Are Naps Good For You?

Napping can be helpful or harmful depending on a few different factors, such as your age, what time and how long you nap, and the reason for your nap. To get the most benefit from napping, it's important to learn how each of these factors affects the impact of a nap.

Benefits of Napping

Homeostatic sleep drive is the technical term for the feeling of pressure to sleep. It is synonymous with the hunger we feel for food the longer it is after our last meal. When we wake up from a good night's sleep, your homeostatic sleep drive is low. The pressure slowly increases throughout the day until bedtime, when we feel sleepy. Sleeping at night decreases sleep pressure, and then the cycle begins again the next day.

Napping during the day diminishes homeostatic sleep drive, which can help us feel more awake and perform better. As a result, napping can help with:

- Reducing sleepiness
- Improving learning
- Aiding memory formation
- Regulating emotions

Naps also play a special role for drivers. Driving while drowsy is dangerous for you, your passengers, and others on the road. Drowsy drivers are involved in hundreds of thousands of car crashes in the United States each year. To counter this,

the National Highway Traffic Safety Administration recommends to first, get adequate amounts of sleep (7-8 hours) on a nightly basis. Before a long drive, get a good night's sleep. If you start to feel sleepy while driving, the National Highway Traffic Safety Administration recommends drinking caffeine and pulling over safely for a 20-minute nap. However, this is not a long-term solution, as naps and caffeine are known to increase alertness for only a short period of time.

Shift work is any work schedule that falls outside the hours of 7 a.m. and 6 p.m. Shift work is associated with increased risk for health effects and injury due to sleep loss and circadian rhythm disruptions. Planned napping improves alertness and reaction time in shift workers.

Harms of Napping

Napping isn't for everyone. In fact, some people find napping counterproductive. Although reducing sleep pressure can combat fatigue, it can also interfere with your ability to fall asleep at bedtime. People who have trouble falling asleep or staying asleep at night, for example, those with insomnia, may want to avoid napping. Sleep inertia (sleepiness after waking from a nap) can be minimized or avoided by taking shorter naps. However, you can still feel disoriented even after a short nap, so napping may

be disruptive if you need to get right back to work afterward.

How to Take the Best Nap

Taking a few key steps will set you up for your most successful nap.

- Set an alarm: Studies show that the best nap length for most people is about 10-20 minutes. This provides restorative sleep without drowsiness after waking. If you want to feel alert and productive after your nap, you can counter sleep inertia by limiting the amount of time you spend asleep.
- Nap early: Napping late in the day can affect your ability to fall asleep at bedtime. Try napping around the halfway point between the time you wake up and the time you plan to go to bed.
- Create a sleep-friendly environment: To fall asleep, your space should be conducive to napping. Depending on where you are, you may or may not have a comfortable mattress available, but it helps to nap in a comfortable space that is dark, cool, and quiet.
- Set aside your worries: Ruminating on sources of stress will keep you awake. If you're having trouble letting go of concerns and to-do lists, try practicing relaxation exercises.

These can help you fall asleep and wake from your nap feeling refreshed and recharged.

- Reflect on why you're napping: Think about what you hope to gain from your nap. When you set intentions, you can plan your nap around those goals.

Effects of Napping by Age

Children need more sleep than adults, and younger children need more sleep than older children. As a result, the role of napping changes as we age. The National Sleep Foundation published evidence-based sleep recommendations by age. These outline the total recommended hours of sleep per day and are meant to include both nighttime sleep and daytime naps.

While research shows trends in the effects of napping, every individual is different. If you have questions about your sleep patterns, speak with a doctor or sleep expert.

Napping in Children

Taking naps can help children get sufficient sleep. Sleep is important for a child's physical, intellectual, and emotional development. Researchers have studied naps in children from infancy to adolescence:

- Infants (Up to 1 Year Old): It's normal for infants to spend the majority of their time sleeping. They may take one to four naps

per day, which can last between 30 minutes and two hours. Research shows that taking an extended nap after learning aids memory consolidation in infants.

- **Toddlers (1-2 Years Old):** Napping begins to decrease after one year of age, but naps are still important at this age and still produce benefits. One study found that toddlers who napped had an increased ability to self-regulate their behavior and emotions compared with toddlers who didn't. There is also evidence that napping improves language-learning for children in this age group.
- **Children (3-5 Years Old):** At this age, toddlers need 10 to 13 hours of sleep on a daily basis. Some toddlers will start to get their adequate amount of sleep continuously throughout the night, while others will sleep during the night but also still need to nap during the day.
- **Children (6-12 Years Old):** After age 5, some children may stop napping, but sleep needs and nap preferences vary widely.
- **Teens (13-17 Years Old):** There are a number of challenges that interfere with teens getting enough sleep at night. A recovery nap can help teens

maintain their cognitive performance. However, research also showed that teens that napped during the day got less sleep at night. Daytime napping could be ineffective in teens already dealing with nighttime sleep concerns.

Napping in Adults

Many of the positive effects seen in children who nap are also found in young adults. Napping in early adulthood can alleviate sleepiness and improve cognitive performance and emotion regulation. However, a midday nap isn't an option for everyone. Employment and other obligations can make napping impossible. Also, some people simply have a hard time falling asleep during the day or away from the comfort of home.

In older adults, certain adverse health effects have been associated with very long, mid-day naps (more than an hour in duration). Researchers have linked long naps with an increased risk for diabetes, heart disease, and depression²². This may be because long midday naps in adults is a signal that nighttime sleep is of poor quality. Further research is needed to understand the relationships between napping and these negative outcomes in older adults.

PROMOTE COGNITIVE HEALTH WITH BRAIN GAMES FOR SENIORS

From Home Care Assistance 2019

Researchers continue to believe that playing what they call “brain training games” can help keep the mind sharp. They may not prevent a brain from normal aging, but they can help keep a brain healthy, alert and finely tuned. These mentally stimulating games can play an important role in aging well.

Mentally challenging brain games -- cards, puzzles and board games -- are good for seniors who may have mobility issues because they don't involve a lot of physical activity. What they do involve are fun, intellectual and social forms of stimulation.

The Importance of Brain Games for Adults

Studies demonstrate that card games, puzzles and board games are good mental stimuli and help promote brain health. This is especially true for older adults. Games also stimulate the immune system and can trigger the use of visualization, memory and sequencing skills.

Many games also involve socialization and verbal interaction. We know that games can also help mitigate boredom and depression, both of which can cause cognitive decline. They can be

fun activities that involve family and friends. This social dynamic also helps keep the brain active and engaged.

5 of the Best Card Games for Brain Health

Experts on aging like to say that “playing your cards right” can help keep your mind sharp long after retirement. While this is a play on words, they're right. Playing card games can improve short-term memory as well as long-term memory. There are cards games of varying difficulty levels you can choose from:

1. Bridge. The best card games are those that demand memory, strategy and attentiveness. Bridge is one such game. It teaches logic, reasoning, quick thinking, patience, concentration and partnership skills. Bridge also involves at least 4 people so there is a valuable social component to the game as well.
2. Go Fish. Card games don't have to be as complex as bridge to help with mental acuity. Even simple card games like Go Fish help exercise the brain.

3. Gin Rummy. This is an old favorite that's easy to learn but requires careful attention. A player needs to track what cards have picked up and which have been discarded.
4. Poker. Organize a poker night for your family and make sure your parents come! Play games like 5 Card Draw or Texas Hold 'em.
5. BlackJack. These card games can be a lot of competitive fun. They also require concentration and visual memory.
6. Solitaire. Even a game of Solitaire can be a good brain game. However, card games that involve others also promote socialization. This interaction with others is known to help promote brain health as well as emotional well-being.

Other Great Games for the Brain

The New England Journal of Medicine studied people over the age of 75 who engage in brain-stretching board games. These people were less likely to develop dementia than their peers who didn't play these games. Some great games that are good exercises for the brain are:

1. Checkers. A classic game that can be played with grandkids.
2. Chinese Checkers. Work the problem-solving muscle by figuring out how to move the

marbles when moves seem limited.

3. Mahjong. Popular with the ladies and strategically demanding.
4. Backgammon. This game requires critical thinking to beat your opponent.
5. Dominos. This requires thinking ahead and concentration.
6. Bingo. A simple game but one that usually involves a lot of other people which is an added advantage.
7. Chess. Probably the most mentally challenging board game. There are groups that meet up to play chess, which is great for meeting new people.
8. Scrabble. Word games like scrabble require creativity and the ability to recall words.
9. Crossword puzzles. If you or your loved one are new to crossword puzzles, you don't need to start with the rather daunting New York Times puzzles. Try a book of simpler crossword puzzles to tackle as you master the art of the crossword.
10. Sudoku puzzles. If numbers are more your thing, try solving one of these great logic puzzles.
11. Jigsaw puzzles. These are both visually as well as mentally stimulating.
12. Word searches. Buying a book of these can provide hours of entertainment.

13. Brain teasers. Buying a book of riddles is another fun game. Your loved one can solve them by themselves or use it as an activity with grandchildren.

Memory Games Online: The Digital Age of Brain-Training

While the traditional card and board games remain very popular, we now also have digital brain-training games. They have become all the rage. A \$6 billion industry to be exact! They can be played on your computer or any mobile device – a laptop, tablet or smartphone. These digital brain games offer a wide array of puzzles and problems to solve.

They can be played for hours or merely minutes, whenever the whim strikes. In today's digital world where almost everyone has a digital device, you don't even need another person to engage in a game. What could be more convenient?

Some of the most popular online brain games are:

1. Lumosity. Used by over 60 million people worldwide, this app offers cognitive and scientific games designed to improve memory and stimulate the brain. Free in the iOS app and Google Play stores.
2. Dakim. A "brain fitness program" that offers more than

100 mental exercises, games and puzzles to give the brain a workout. These games are specially designed to improve attention and concentration.

3. Fit Brains Trainer. This platform includes 360+ games and puzzles to enhance memory, focus and brain speed. This app adjusts to get more difficult as you get better. Free on Google Play and the iOS app store.
4. Cognifit Brain Fitness. These are fun brain games designed by neuroscientists. You can start with a personal cognitive assessment and track your progress. Free in the iOS app store.
5. Brain Trainer. Play language and math games, speedy shape games and much more. This app allows you to tailor your gaming experience to personal goals like problem-solving, memory, attention and agility. Free in Google Play and iOS app stores.
6. Brain Metrix. This is a free web service with a large collection of games focusing on concentration, color, IQ, spatial intelligence, memory and creativity.

These are games that help keep an aging brain fine-tuned with the added benefit that they can be played anywhere, anytime and without anyone else. That being said, I am an

advocate of “cross training” for the brain. Aging minds need this sort of mental stimulation but they also need social interaction to promote healthy aging. Healthy longevity and

brain health can also benefit from exercise and a healthy diet. All of these

elements together can help ensure that our minds remain functional and well-tuned, even as we age. Games by themselves cannot “make you smarter” or “prevent dementia” but they are a great addition to a well-rounded, brain-healthy lifestyle!

TO FAST OR NOT TO FAST

Does When You Eat Matter?

National Institutes of Health 2019

What you eat matters. Many studies have shown that the types of food you eat affect your health. But what about the timing? Scientists are just beginning to understand that when you eat may also make a difference.

Throughout history, people have experienced periods when food was either scarce or completely lacking, says Dr. Valter Longo, an NIH-funded longevity researcher at the University of Southern California. “So, they were forced to fast,” he says.

But current technology—like refrigeration, transportation, and electric lighting—have made food more readily available.

“This has shifted our eating patterns,” explains Dr. Vicki Catenacci, a nutrition researcher at the University of Colorado. “People now eat, on

average, throughout a 14-hour period each day.”

Studies suggest that this constant food intake may lead to health problems. Researchers have started looking at whether fasting can have potential benefits for some people.

Going Without Food

Fasting diets mainly focus on the timing of when you can eat. There are many different fasting diets, sometimes called “intermittent fasting.”

In time-restricted feeding, you eat every day but only during a limited number of hours. So, you may only eat between a six- to eight-hour window each day. For example, you might eat breakfast and lunch, but skip dinner. In alternate-day fasting, you eat every

other day and no or few calories on the days in between. Another type restricts calories during the week but not on weekends.

But scientists don't know much about what happens to your body when you fast. Most research has been done in cells and animals in the lab. That work has provided early clues as to how periods without food might affect the body.

In some animals, certain fasting diets seem to protect against diabetes, heart disease, and cognitive decline. Fasting has even slowed the aging process and protected against cancer in some experiments.

"In mice, we've seen that one of the effects of fasting is to kill damaged cells, and then turn on stem cells," explains Longo. Damaged cells can speed up aging and lead to cancer if they're not destroyed. When stem cells are turned on, new healthy cells can replace the damaged cells.

Now, studies are starting to look at what happens in people, too. Early results have found that some types of fasting may have positive effects on aspects of health like blood sugar control, blood pressure, and inflammation. But fasting can also cause weight loss. So researchers are studying whether the beneficial changes seen in the body are side

effects of the weight loss or the fasting process itself.

Body Changes

For many people, the main reason to try fasting is to lose weight. Currently, most people try to lose weight by restricting how many calories they eat each day.

"That doesn't work for everyone," Catenacci explains. "It takes a lot of focus. It takes a lot of math, and a lot of willpower."

One of Catenacci's studies showed that, over a two-month period, adults who were overweight or obese were equally likely to lose about 15 pounds when they either completely fasted every other day or restricted their calories every day.

"For some people, restricting calories every day may be the best approach. For others, it might be easier to not have to count calories every day and use an intermittent fasting strategy for weight loss," says Catenacci. "The best diet for any given person is the one that they can adhere to. I don't think weight loss is a one size fits all approach."

Now her research team is running a similar study to compare how much weight participants lose with fasting versus calorie restriction, but over a one-year period. They're also testing

whether adding a small meal on fasting days will make it easier to stick to as a longer-term weight loss strategy.

But are the benefits from fasting all due to weight loss or is there something more to it? “There’s a lot of debate about whether the benefits of intermittent fasting are due to the extended fasting period itself,” says Dr. Courtney Peterson, an NIH-funded nutrition researcher at the University of Alabama.

To understand this better, Peterson did a study in pre-diabetic men. It was designed so the volunteers would not lose weight. The men ate an early time-restricted feeding diet for five weeks. They could eat only between 8 am to 2 pm. They then fasted for the next 18 hours. Next, they ate the same amount of food but only during a 12-hour period per day for five weeks. None of the men lost weight.

The longer fasting period alone made a difference. “The early time-restricted diet improved their blood sugar control,” Peterson says. “And we found a blood pressure lowering effect equivalent to what you see with a blood pressure medication.”

These findings suggest that an extended fast or the timing of when you eat—even when it doesn’t affect your weight—can bring health benefits for some people.

Should You Fast?

Fasting may bring health benefits, but Longo cautions that there’s still a lot we don’t know. For some, fasting may cause problems. For example, studies have found that people who regularly fast more than 16 or 18 hours a day have a higher risk of gallstones. They’re also more likely to need surgery to remove the gallbladder.

Eating for 12 hours and then fasting for 12 hours is likely safe for most people, Longo explains. “That pattern of eating is very common among people who have record lifespans,” he says. “It seems to match both science and tradition.”

Longo and his team are also looking at fasting-mimicking diets, which they hope will be safer and easier to follow than completely fasting. They

designed a five-day, monthly fasting-mimicking diet that allows some food, but is low in calories. They tested the diet for three months in a recent study. Those who stayed on the diet lost weight and showed decreases in age-related disease risk factors.

But he and other experts caution against people trying fasting diets that are not based on research. If you’re considering fasting, talk with your health care provider first. People with certain health conditions or who are

taking certain medications should not try fasting at all (see the Wise Choices box). Even if you fast sometimes, you still need to make healthy food choices

overall, Peterson explains. “It looks like when you eat matters a lot, but what you eat probably matters more.”

HERE ARE GARDENING TIPS FOR SEPTEMBER FOR TALLAHASSEE

Continue to harvest peppers and tomatoes and start keeping an eye out for possible frost. Harvest herbs and store in a cool, dry place.

Clean out your vegetable garden once the plants have stopped producing. Remove any that were susceptible to disease and insects.

This month usually brings mild weather. Plant or transplant cool-weather crops such as beets, broccoli, cabbage, carrots, collards, lettuce, mustard, onions, radishes, spinach, and turnips. With new transplants, be sure to water deeply (not lightly) every morning.

Add organic matter to all planting areas. Be sure there's an inch-thick layer of mulch on your garden beds to control weeds. Add leaves and organic material to your compost pile.

Cut back and remove old flower stalks from your annuals. Refertilizer them to

encourage one more color before the winter. Start preparing your flower beds for the planting of cool-season annuals.

Now is a good time to plant woody ornamentals because they have time to establish themselves before the spring.

Divide and replant perennials and bulbs that have become overcrowded or too large.

No more pruning your shrubs or trees, unless it is necessary. Pruning may encourage new growth to occur, which might be damaged during the winter.

Divide and replant crowded perennials. This is the last month to plant any new perennials and biennials. Move your houseplants back indoors. For healthy grass, avoid weed and feed products. Only apply herbicides to areas with weed infestations. Fertilize lawns this month. Use a controlled-release nitrogen.

QUOTE OF THE MONTH

COMMITMENT

“There’s a difference between interest and commitment. When you’re interested in doing something, you do it only when circumstance permit. When you’re committed to something, you accept no excuses, only results.”

Art Turock

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