

SENIORGRAM: SENDING A MESSAGE ON SENIOR ISSUES

Thriving in place with smart technology

by Barbara Bodzin, Executive Director, LifePath

The United States is a graying nation. With it has come a new conversation about aging, namely, the difference between simply getting older versus thriving as you age.

Important work related to the research and development of technologies to help elders thrive in place is taking place worldwide. Falls are a leading cause of injury-related death among older adults and a major reason why many elders become unable to live independently. In response, the University of Maine's Center on Aging is working to develop clothing that would provide hip protection to help prevent a fracture upon a fall. The University is also working to develop a device to be mounted on an individual's glasses to help detect edges, such as stairs, curbs, or benches, which could create falling hazards.

"Smart" technology can enhance the livability of one's home too. For example, motion-sensor lighting is not only convenient, but can prevent falls when walking into a room. If you forget to lock the door, your home can remind you and even take care of it for you. With one touch or voice control, you can control just about everything in the home. As you age, your connected smart home can help you continue to live independently, safely, and comfortably.

Devices that monitor and track your health are becoming more popular among all age populations. Telemedicine and Telehealth capabilities and communications are particularly valuable in rural communities and enable long-distance patient and clinician contact and care, advice, reminders, education, intervention, and monitoring. Health data can be collected through wearable technologies like smartwatches and relayed to your care providers. Activity sensors through the house monitor loved ones who are living unassisted at home. These sensors can be placed in discreet locations: doors, cabinets, windows, beds, etc., to track movement around the house and report back to a caregiver or a loved one.

"Smart" pill counters alert and properly dispense medications for you. Stovetop technologies will turn the stove off if left unattended for a predetermined amount of time. "Smart" doors that don't require fumbling with a handle – and in some cases, don't swing



The Alzheimer's Music Project provides iPods with custom playlists to individuals with dementia. You can donate your gently-used iPod Shuffle or iPod Touch by mailing it to: Alzheimer's Music Project, Inc., 138 Harkness Rd., Pelham, MA 01002. Visit www.alzheimersmusicproject.org for more information. (Photo by Sabri Tuzcu on Unsplash.)

out, but slide side to side – can assist elders who struggle to get around. "Smart" doorbells help ensure one's safety at home by allowing a homeowner to see, hear, and speak to someone at their door without having to open it.

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Recorded reminder messages can prompt

a person not to open the door or to go back to bed. Those who may confuse day and night can experience altered sleep patterns, which may be disruptive to the household. Clocks designed specifically for those with dementia can hold set routines. GPS tracking and location devices can significantly increase the safety of individuals who may wander. These systems, which can be attached to the person or may be built into clothing or shoes, will alert a caregiver if their loved one has left the home. These tracking devices can also provide emergency personnel with the location of an individual to ensure a timely and safe recovery. For those who cannot remember or identify phone numbers, picture phones with clear buttons where photos can be placed enable the person to simply press the button to quickly call their loved one or first responders.

Music technology through the use of ipods or mp3 players can have a marked impact on quality of life. According to Peter Acker, director of The Music Project, "Research has shown that familiar and beloved music helps to calm chaotic brain activity in people with Alzheimer's and they're more able to focus on the present moment and regain a sense of his/her connection to others. We work with families and caregivers in Massachusetts to create music playlists that are 'tailored' for each person – enabling those struggling with cognitive challenges to reconnect with the world through music-triggered memories."

While no cure exists yet for Alzheimer's disease and other related dementias, emerging technologies can alleviate anxieties, help establish routines, and offer vehicles for sustaining joyful relationships as well as enable dignity and independence. These investments, and others like them, can transform the aging in place experience. In this season of giving, consider introducing some of these remarkable technologies to a loved one aging in their home. For more information, contact LifePath at 413-773-5555 or 978-544-2259 or email info@lifepathma.org.

Additional "Seniorgram" articles can be found online at LifePathMA.org/news/stories/seniorgram-sending-a-message-on-senior-issues.

MANAGING PAIN SERIES

Part 2: Opioids are not always needed

Opioids are often prescribed for acute pain. Acute pain is short-term pain, the kind experienced after an accident or an operation. But other drugs may be just as effective for acute pain, even after surgery, explains Dr. Dena Fischer, a dental health expert at the National Institutes of Health (NIH). Some of these drugs, like acetaminophen or ibuprofen, don't require a prescription.

People may think that prescription drugs work better for acute pain. But that's often not the case, Fischer says. Using something other than an opioid first can be especially important to manage acute pain in fields such as dentistry, she adds.

Many people receiving opioid prescriptions from dentists are teens or young adults who have never been prescribed an opioid before.

"Research is starting to tell us that people who receive an opioid prescription as a teenager have a tendency to continue to take opioids for non-medical purposes in the long term," Fischer says.

Healthcare providers who decide their patient needs an opioid are now being encouraged to give only a few pills at a time. People who receive shorter prescriptions are less likely to misuse their pills by taking more than prescribed or taking them after the pain is gone. This also cuts down the chance that the pills could be taken by others.

When pain is chronic

Managing chronic pain is more complicated than treating acute pain. More than 25 million people in the U.S. alone live with chronic pain, which is pain that lasts more than three months.

Many things can cause chronic pain. For example, Oshinsky says, a muscle that was damaged in an accident may heal relatively



Talk therapy may be able to help people with chronic pain.

quickly. But if a nerve was also hurt, it can continue to send pain signals long after the body has repaired the muscle.

Other types of chronic pain are driven by brain changes, explains Dr. David Williams, an NIH-funded pain researcher at the University of Michigan. When these changes happen, the brain continues to perceive pain even though the injury has healed.

For people with this type of chronic pain, sometimes called central pain, opioids and some other kinds of pain medications can actually make the pain worse.

Research has shown that talk therapies, such as cognitive behavioral therapy, can help many people with chronic central pain. These types of therapies "emphasize behaving in different ways or thinking in different ways that alter the perception of pain," Williams explains. "Pain is a combination of a sensory and an emotional experience."

Cognitive behavioral therapy can also help people with chronic pain manage related health problems, such as

problems sleeping, feeling tired, or trouble concentrating. This can increase quality of life for people with chronic pain. It can also have overlapping effects.

"Pain processing and sleep and thinking and mood all share the same neurotransmitters in the brain," Williams says. "So, by improving something like sleep, you're also improving pain."

Non-opioid drugs can help some people with chronic pain too, Oshinsky says. Many of these drugs were first developed to treat different health conditions, such as seizures, depression, or anxiety. But they can also change the way the brain processes pain.

Some people benefit from devices that stimulate the nerves directly to block pain signals from reaching the brain, Oshinsky adds. Different devices can work on different parts of the nervous system, from the nerves in the skin to the spinal cord.

People with certain types of pain have also been shown to benefit from exercise, acupuncture, massage therapy, or yoga.

Learn more about research into additional pain treatment alternatives to opioids next week.

Article adapted from the NIH October 2018 News in Health, available online at newsinhealth.nih.gov.

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