

The Caregiver Link

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Comfort Zones Are Overrated

AN OPINION, NOT A PREDICTION

My husband, Gary, was diagnosed with prostate cancer at a relatively young age. No worries. You remove the prostate, you're cured. While Gary was in surgery, the nearby lymph nodes were tested only to learn that the cancer had already spread. He has been on hormone therapy treatment ever since. Not a cure; it holds the cancer cells in check for a while.

Four years back, Gary asked his doctor how much time he had left. "If you put a gun to my head," the doctor answered reluctantly, "given your age and the shape you're in, I'd say five years." Gary did not want this information so he could plan a funeral; he wanted a goal that he could exceed. He plans to walk back into his doctor's office after the five-year mark and say, "I'm still here."

In her book, *Kitchen Table Wisdom*, Dr. Rachel Remen talks about a medical student in the Midwest who was writing a paper on cancer remission. The student interviewed a farmer who had done exceptionally well despite a dire prognosis. Apparently, the farmer had taken the same attitude toward his doctor's prognosis that he had taken toward the government experts who analyzed his soil. He respected them as educated men and listened carefully as they showed him the findings of their tests and informed him that corn would not grow in his field. "A lot of the time the corn grows anyway," he told the med student.

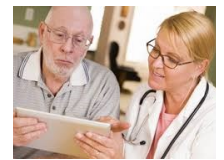
"A diagnosis is an opinion and not a prediction," writes Dr. Remen. "The diagnosis is cancer. What that will mean remains to be seen."

RECRUITING OUR TEAM

Right off the bat, Gary and I determined we were going to be proactive in facing down this disease. We knew nothing about

cancer; we had no close family members or friends with this disease. "What can we do?" we asked the medical professionals.

"At this point," we were told, "asking that question is like closing the barn door after the horse has gotten out."



So, we did our own research and came up with the idea to recruit a cancer team. Among our team members are the practical:

Nutrition: We eat more fruits, veggies, legumes, and seafood; we've switched to whole grains and have eliminated unhealthy fats and sugars. That simple. I've loved our new way of eating!

Physical activity: As for exercise, we weren't sedentary, but we certainly weren't exercising regularly. Gary read somewhere that walking is good for prostate cancer, so he started walking two miles every morning before work. I don't do 5:30 a.m., but on weekends, we hike and snowshoe all over the beautiful Cascade Mountains near our home.

Stress management: Frequenting a spa is not exactly in our budget, but we have several practical and inexpensive ways that help us manage the stress in our lives. Getting outdoors – hiking, canoeing, snowshoeing – is a great stress buster. And we date each other more, but with a couple of new rules:

- No talking about cancer or finances or work-related stress; and
- We must save up something interesting to tell each other. (I can never save up for date night. The minute something interesting happens, Gary hears about it.)

QUOTES

"Don't wait for the perfect moment, take the moment and make it perfect."
~Unknown

"The simple act of caring is heroic."
~Edward Albert

"My caregiver mantra is to remember: the only control you have is over the changes you choose to make."
~ Nancy L. Kriseman



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Preventing Senior Accidental Overdoses

A growing concern for family caregivers is the possibility of a loved one's accidental overdose. This is an issue I hear about with alarming frequency. If nothing else, the statistics bear out the potential for danger to our loved ones.

Older women consume 60 percent of all prescription and over-the-counter medications. The number of prescriptions written for older adults averages 18.5 per person per year, and 83 percent of people over 65 are taking prescription medications. With this many medications to take on a regular basis, an accidental overdose could be a problem for anyone; but for many of our loved ones, the risks are increased by memory loss, hearing difficulties and low vision.

It is vitally important that, as caregivers, we pay attention to the potential for an accidental overdose by a loved one.

Some things we can do:

- Pay attention to any changes in their speech patterns, mental acuity, physical strength or level of depression or confusion.
- Regularly check the medicine cabinet and refrigerator for medication usage patterns, expiration dates, and to ensure timely refills.
- Scoop all the prescription bottles into a paper bag and carry them to their pharmacist to ensure that all medications work well together. If you take all prescriptions to one pharmacist, they can more easily cross-reference drugs to look for any potential adverse side effects. It is best to use the same pharmacy for all prescriptions. One of the most important partnerships we can have with a care professional is often overlooked – the pharmacist.
- Many of our loved ones are receiving medications from multiple doctors. Make a list of all the prescriptions and any over-the-counter medications they are taking and send it to your loved one's primary care physician for review.
- When discussing these concerns with your loved ones, remember that your most effective weapons against an accidental overdose are respect and understanding. Successful medication management works best when you are working as a team.

by [Gary Barg](#)

Spring is in the Air!

Even when it's cold outside, you can start an indoor garden. To up your excitement, make it a fun activity with your person! Decide what you're going to grow: herbs, greens, or flowers. Herbs are compact, easy, and edible, and they're a

great way to start an indoor garden. If herbs are what you want, find a sunny spot, and decide which you'd like to grow. Common choices are rosemary, basil, and mint. You can pick up seeds in the gardening section of many home improvement stores or at the grocery store. Greens are another popular choice. If you're growing an indoor garden, however, you may be concerned about size. Your solution is microgreens: They are smaller versions of popular greens, pack a nutritious punch, and have a delicate taste. There are many plants that can be grown as microgreens. Try lettuce, spinach, watercress, or cabbage. Microgreens add a bit of color and fun to salads. They also work as a garnish for main dishes. Once you've decided what you'll plant, gather your supplies and find a good place for the garden. Here's what you need:

- A sunny, south-facing window or a grow light
- Shallow container with drainage holes. A plastic container such as a prepackaged-salad box (with holes added to the bottom) or a nursery flat are good options.
- Organic potting soil
- Seeds
- Mister or watering can.

When you have all your supplies together, you're ready to start planting!

How to Start an Indoor Garden

1. Place one to two inches of organic potting soil into your container. Smooth the surface or gently push down, creating an even plane.
2. Scatter seeds over the surface of the soil. It may seem like you're using a lot of seeds, but the trick with microgreens is that you're growing a lot very quickly and harvesting them when they're still sprout-sized.
3. Now, you will want to cover your seeds with a thin layer of soil. Be gentle—some people even use a mesh sieve to make sure the soil is fine. Look at your soil to decide if it needs to be sifted or if a thin layer with your hands will suffice.
4. Put the container with your seeds into a drip tray and give your seeds a gentle shower. Use a small mister or a water can that diffuses the water. Be gentle with your tiny garden!
5. Once the tray is in the sunny spot or under grow lights, mist them with water every couple of days (just enough to keep the soil moist). But you don't want soggy soil, so if you see water accumulating in your drip tray, remove it. You can expect to see your greens growing within a week, and they will typically be ready to harvest in two to three weeks. It depends on what type of green you're growing, but once the leaves unfurl, they're ready. Then, when it's harvest time, trim your microgreens right above the soil line. Give them a rinse and enjoy.



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- We also intentionally practice living in the present, being grateful for all the good that is going on in our lives – now, today.

Attitude: Gary maintains that you must look for the positive in everything. For instance, he thinks he has gotten better looking since his diagnosis. “Whenever I visit family and friends,” he explains, “the first thing they say is, ‘Boy, you sure look good.’ Before I had cancer, no one ever said that to me.”

FINDING PURPOSE, GIVING BACK

It takes us some time to process the statement: “You have cancer ... and oh, by the way, there is no proven cure.” After working through self-pity, and talking down fear and worst-case scenarios, we began looking for purpose.

My computer-geek husband designed a Web site that features over 40 trails in our area with photos and trail information. The intent is to encourage people to get outdoors and increase their physical activity. And we created a nutritional site with information in layman’s terms and more than 90 recipes.

We then drafted a tag-team presentation highlighting what we’re doing to live well with a metastatic disease. We began speaking at cancer centers and medical conferences; to Rotary, church, and business groups; and to groups of high school, college and nursing students. We were approved as a 501(c)(3) non-profit, and grant funding and donations have provided for us to take our message across the U.S.

Gary researched and found stories of survivors and caregivers from across the country who are living purposefully and giving back. I called to set up interviews and our book of inspiring stories was published. The intent is to encourage others to look for purpose because we happen to think that’s part of living well.

IF GIVEN A CHOICE

Before cancer, Gary and I had never climbed a mountain. We’d never considered establishing a non-profit. I am not a professional writer, nor are we Web designers by trade. Ironically, I’m married to a man who would pay to not have to stand up in front of people and speak.

We know what it is like to struggle back up through despondency, to develop a strategy and draft a business plan, begin researching for grant funding, submit grants and book ideas, and try not to count the rejection slips as they pile up. We find the one or two things we can do, which usually open the door for another one or two things.

Our passion to inspire courage compels us to step outside our comfort zone. It’s much more comfortable staying close to home, propping our feet up on the coffee table and watching other people lead extraordinary lives. But we choose to pursue purpose because we are motivated to leave a beautiful and full-of-service story as a legacy for our

children.

If given a choice, we’d go through all the challenges, tears and hard conversations again. Because they have changed us. And frankly, I like these people better.

by [Marlys Johnson](#)



Is This Normal??

Caregiving stirs up so many emotions—emotions sometimes too embarrassing to acknowledge. You may wonder: Is this normal? Take this quick test (just answer yes or no) to find out how normal your caregiving experience is:

1. I often long for the days prior to my caregiving role
2. On a regular basis, I fight to maintain my composure.
3. Sometimes, I just dread interacting with my loved one.
4. I often think I am not doing enough.
5. I feel shame about my emotions, particularly the resentment and anger.
6. I have wished that my caregiving days would end.
7. I have hidden from my loved one (in another room, in my car, in the bathroom).
8. I am not the person I was.
9. I have lost my temper.
10. I am tired.

Did you answer yes to any of the questions?

To all of them? Guess what? You are normal! Caregiving can test you unlike any other life experience. The emotions associated with a caregiving experience can be so negative—even if you really, really love your loved one. These emotions can wear you down faster than the transfers you make from the bed to commode.

To stay well emotionally, consider joining a support group, seeing a counselor, hiring a coach, or creating another way for you to vent regularly about what’s really happening. The worst part about your caregiving challenges? Keeping it to yourself.

Return Service Requested

The Mission Of Senior Resources

An Area Agency on Aging

To provide a comprehensive and coordinated system of services designed to promote the independence and dignity of older persons and their families in Muskegon, Oceana, and Ottawa counties — a mission compelling us to target older persons in greatest need but to advocate for all.

To contact us, please call

Virginia or Mary at:

231-739-5858 or 800-442-0054

April's website: www.helpguide.org

**Snow has melted away, and
Pretty Flowers begin to bloom.
Rain drops fall throughout the season,
In showers that go as quickly as they come.
No other season is as beautiful and
Green as this time of year.**



The Sudden Caregiver: A Roadmap for Resilient Caregiving By Karen Warner Schueler

This book is a practical and proven guide, and a source of comfort for anyone who is caring for a loved one.

