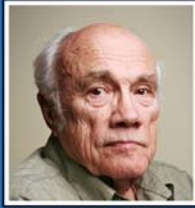


BEYOND DEPRESSION for Older Iowans

Toolkit for Those Who Live With Depression



This toolkit has been created for 2 groups of people:

- those who have depression
- those who are family members, friends, or caregivers of the depressed

It's called a **toolkit** because it provides the reader with a powerful tool for dealing with depression, **information**.

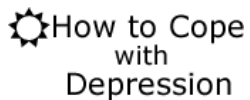
The toolkit covers these 4 topics:



General Information About Depression
in Late Life



Treatment Options



How to Cope with Depression



Tips for Those Who Provide Support and Care

The depressed person may need help in using this toolkit, especially if they have not received treatment, or are just beginning treatment. A family member or friend may need to go through this toolkit with them a couple pages at a time. Each topic has an activity page of questions or a checklist that goes with it.

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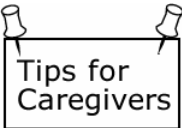
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Introduction

Fast Facts About Aging and Depression:

- **Depression is not a normal part of aging**, but as we age, our risk of getting depression may increase.
- Many depressed people feel too ashamed to ask for help.
- Older people have a suicide rate 7 times greater than any other age group.
- People with untreated depression have trouble taking care of themselves.
- When people have depression and also have another health problem, they may take longer to get well.

Depression can happen to people at any age. A health professional can figure out what the problem is and what treatment will help.

Depression comes in “episodes”. An episode could happen just once in a person’s lifetime, or it could happen several times. It could last for a short time, or for a long time.

One in four women will have an episode of depression during their life.

One in seven men will get depression.

Signs of depression may look different in the later years. An older person is more likely to have sleep problems. Depression tends to last for a longer period of time in older adults and may increase the risk for more health problems or death.

The mind and body are not separate – illnesses can bring on depression and depression can bring on illness.

Depression hurts and makes it hard to enjoy life.

This booklet is for real people who are suffering from depression and the people who care about them.

Albert

Albert hurt all over. He promised his wife he wouldn't leave her a widow if he could help it.

His daughter became concerned because he always seemed down.

When she asked if he was depressed, he replied, *"I'm not depressed, I just want to die."*



Cora asked herself, *"Why bother to get out of bed?"*

Cora

Cora loved to work-- in fact she worked until she was 83. (Her co-workers thought she was 70!) She read 2 books a week and did crossword puzzles. But then diabetes and heart problems slowed her down. She stopped working crossword puzzles. She stopped reading. She didn't enjoy anything anymore.

Carol

Carol was always the worrier of the family. She could anticipate any problem well before the bad news came. Then Carol's blood pressure went sky high and she became afraid of exerting herself in any way. Her friends noticed her getting tearful over things that happened years ago.

She wondered, *"What could be causing those tears?"*



Joan

Joan was known as a real go-getter. She tackled jobs nobody else would try.

Then came her diagnosis of rheumatoid arthritis. That changed things.

She found she had to talk herself into doing anything. It was years since she had felt any joy. Joan had trouble dressing herself, and weight became a problem too.

Albert, Cora, Carol and Joan are all real people. Albert and Cora never received treatment for their depression. They died before people realized depression was a medical illness and treatment could help. Joan and Carol were luckier. They got help and got on with their lives.

In both our personal and professional lives we have felt the impact of late life depression that goes untreated. And we have seen how lives can improve when people get help.

We hope the information in this toolkit will help people affected by late life depression find the right treatment so they can enjoy life again.

Joan Blundall, BS. MS. HCA

Amy Bradfield RN, MNHP

General Information About Depressions in Late Life



Do I have Depression?

Some people are more likely to get depression than others. People are at a higher risk for getting late life depression when there is a:

- Change in medicine or newly prescribed medicine for another illness
- Recent loss of loved one, friend, or pet
- Presence of another illness, or after a stroke, bypass operation, or hip fracture
- Severe pain or chronic (never-ending) pain
- Family history of depression
- Misuse or abuse of alcohol or drugs

When you are depressed, your body may be telling you that something is wrong.

Signs of depression must last 2 weeks or more for a health care provider to consider treatment.

Those around us may use different words to describe signs of depression.

When someone has depression, the way they act, feel and behave with others may be a sign of depression.

Depression is more serious than someone having a bad day.

Do I have Depression?

- ✓ Below is a list of signs that someone may have depression. *Ask yourself:* What signs of depression (lasting over 2 weeks) do I find in myself or someone close to me?

Check if these symptoms are present:	
	Sleeping too much or too little
	Sadness that won't go away
	Lots of worries about money problems and health problems
	Being teary – crying a lot
	Weight changes
	Body aches or stomach problems
	Lack of energy
	Being very crabby or quick to get mad
	Loss of interest or pleasure
	Feeling worthless or helpless
	Changed sex drive
	Trouble concentrating
	Being bothered by guilty feelings
	Restlessness or moving slowly
	Frequent thoughts of death or suicide

**Not all depressed people show all of these signs.
A diagnosis can only be made by a medical professional.**

Depression and Other Health Problems



Health problems are a common trigger for depression and often depression will worsen the symptoms of other illnesses.

Depression is linked to many diseases such as:

- Cancer
- Stroke
- Heart disease
- Diabetes
- High blood pressure
- Arthritis/Chronic Pain
- Parkinson's disease
- Alzheimer's disease

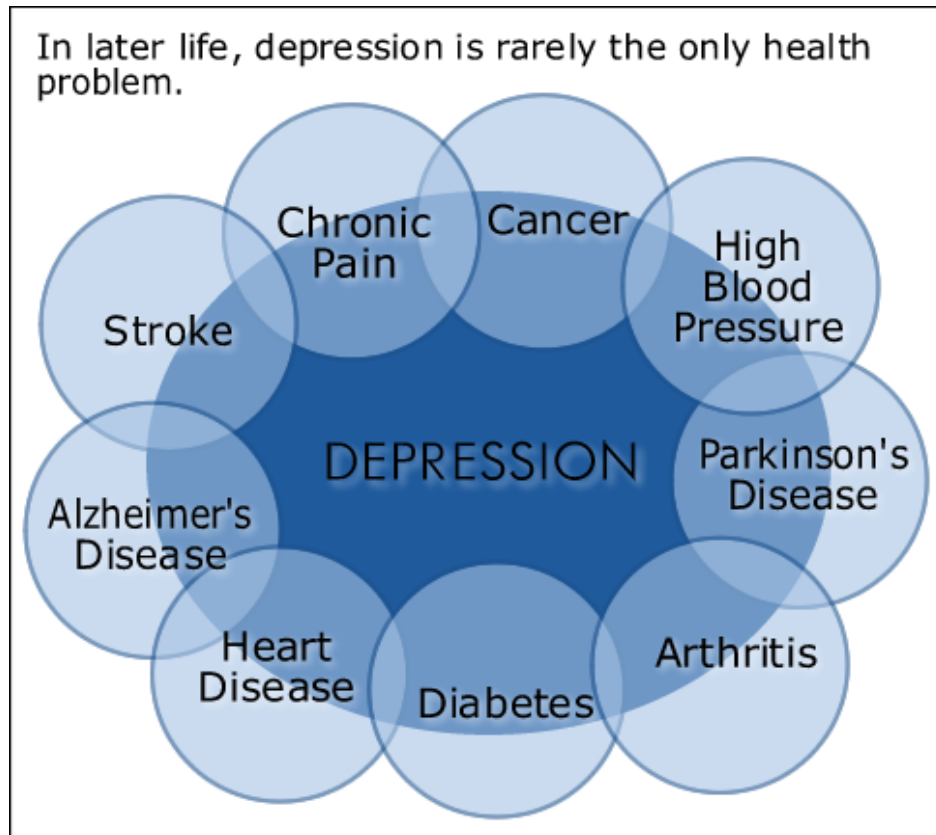
People at risk for diabetes who have untreated depression have a 63% chance of developing diabetes. Not treating depression is linked to the start of other health problems.

Treating depression can:

- Make symptoms of other health problems better
- Help you follow your doctor's advice
- Reduce or delay the need for more intense care
- Prevent a health problem that would reduce your independence
- Extend the quality of your life

Treatment for depression helps a person manage their own illnesses better. This saves money and stress on everyone.

Depression and Other Health Problems



Fill in your answers:

What does my health provider suggest I do to feel better?

How well am I following this advice?

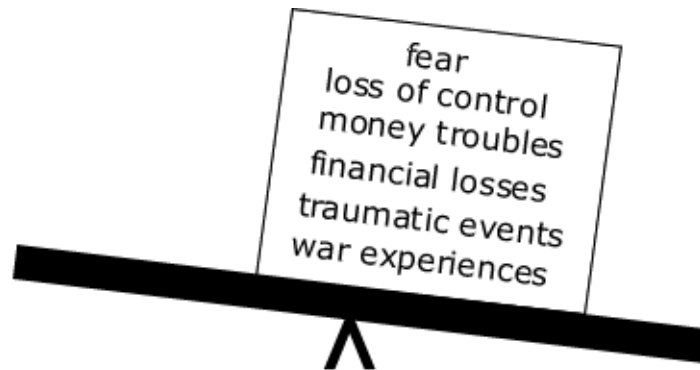
If I am not doing what my provider advises, what is stopping me?

Am I, or a family member telling a medical provider how I am doing periodically?

Anxiety



As we grow older we are faced with many changes and losses. People that we care about may be facing a serious illness or death. Starting retirement, having trouble getting around, and other life changes may make us worry about what could happen next.



"Anxiety overload" can upset your emotional balance.

When worry begins to take over, it may be a sign of an "anxiety disorder". Warning signs that a person may need treatment for anxiety are:

- persistent worry– symptoms don't go away over time
- excessive fears– daily activities become overwhelming and may lead to panic
- life altering behavior - there are major changes in behavior, activities and even personality

About 60 % of the time anxiety and depression occur together. Sometimes anxiety comes first and then is followed by depression. The reverse may also be true. Both conditions need to be treated for a person to regain the ability to appreciate life fully.

Stress and anxiety are part of life. As a result, your body responds to protect itself. Blood flow, heart rate and breathing change. With an anxiety disorder, the body responds as if there is a threat when there isn't one. Or it may over-respond to a real threat that occurs or may occur. The worry becomes constant. A bad or painful experience early or later in life, or a family history of anxiety makes people more likely to have anxiety symptoms.

Treatments for anxiety include medication and counseling. These treatments often work faster than treatments for depression.

Anxiety

- ✓ Below is a list of signs that something is going on that needs to be checked out and treated. Share this with a health care provider. They can help you figure out treatment options.

Check if these symptoms are present:	
	Constant worry about things for at least 6 months
	Having a vague sense of dread
	Always asking "what if?"
	Anticipating disaster
	Getting angry when someone checks on you
	Dropping out of usual activities
	Frequent visits to the doctor, even when a physical problem can't be found
	Complaints about muscle tightness, pain, sleep patterns
	Dry mouth, trembling, nervous coughing or grinding teeth
	Finding it impossible to stop a sense of dread

Grief



Learning to live with a loss takes time and hard work. Grieving can be a painful process. Counseling and support of friends, family, or clergy may help. Getting stuck in grief can lead to depression.

Long life gives us a chance to do many things and get close to many people. It also means we will have to say goodbye to many things that matter. Grief occurs when something important is lost.

- **A loved one**
- **The quality of a relationship**
- **A valued job or position**
- **The ability to see, hear, move about easily**
- **A loss of home or neighborhood**

*That which we have touched
and been touched by
is never lost.*

It remains a part of us until we die.

And it lives on through the stories we tell.

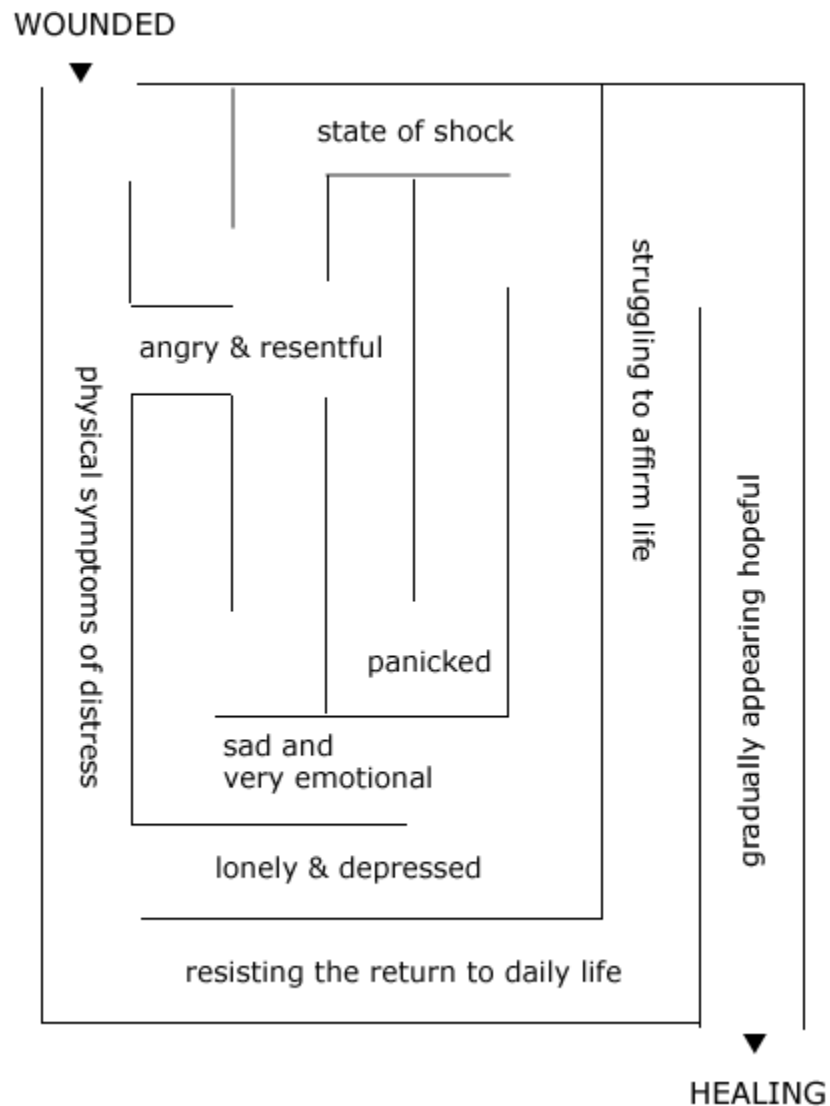
Grief reminds us that we cannot flee from a loss. We need to:

- *mourn* what we have lost
- *remember* what was important
- *affirm* what mattered
- *preserve* valuable memories
- *let the past become the past*

Grief

Grief is a reminder that we have been wounded and that healing is needed.

This healing process occurs in many stages. Sometimes these stages occur in a different order or go back and forth rather than straight ahead. Healing from grief can be like traveling through a maze.



If you have suffered a recent loss, circle the stage where you are on the healing maze.

Stigma and Depression

What is Stigma?



Stigma is not just the use of the wrong word or action. It is about disrespect. It is the use of negative labels to identify a person living with mental illness. Stigma is a barrier and discourages people and their families from getting the help they need due to the fear of being discriminated against. An estimated 50 million Americans have a mental health disorder in any given year and only 14 percent of them actually receive mental health and other needed services.

U.S. Department of Health and Human Services

About 75% of people with depression don't seek help

Facts about stigma

- Growing old does not mean that you have to grow sad.
- Many people who suffer from depression never talk about the way they feel, or try to get help.
- Some people don't get help because they are ashamed to admit what they are going through.
- Older adults may not have heard about depression when they were growing up, so they don't understand it. They may not view depression as a medical illness.
- Some people believe that asking for help is a sign of weakness.
- Some older adults believe that if they admit they feel depressed, others will hold that against them. They are afraid they may be forced to leave their homes and sent to a mental institution.
- **Emotional pain is often seen as a personal weakness, one that the person should "snap out of."**

Blame

The depressed person's symptoms and their friends' and family members' misunderstanding of those symptoms lay the groundwork for **blame**.

- People with depression may blame their suffering on themselves, their families, or life events.
- Blame may come from uninformed families, co-workers and community members.

Stigma and Depression



Think about these questions. Then pick one or more and write the answer to it on this page.

1. What might be stopping me from asking for help?
2. Who can I talk to about my depression and the way I feel?
3. Who understands my feelings and what I'm going through?
4. Who are the people that understand my medical illness?

What is the best treatment for depression?

There are many treatments for depression that work well. The treatment that is right for you depends on:

- the type of depression
- the severity of the depression
- how long the depression has lasted
- other medical conditions that are present

Steps to quality care for depression

1. To decide if you have depression, your health care provider will ask you a short list of questions, called an “assessment.” It only takes a few minutes. This can be done at their office.
2. If your provider looks at the assessment results and decides you have depression, they will talk with you and answer your questions.
3. Your medical provider will explain:
 - What depression is
 - What treatment is needed
 - Why treatment is important
4. Together you decide on a treatment plan.
5. Treatment is started.
6. A follow-up plan is agreed on for phone check-ups or office visits. If medicine is prescribed, it is recommended that you meet with your health care provider 3 to 4 weeks after starting any new drug.
7. Your symptoms and treatment are monitored (written on a chart) regularly for at least 1 year.
8. If the treatment is not working, or not working well enough, your provider will make changes to the treatment plan so that your depression symptoms get better.

Treatment may include one or more of these options:

- *Medication* - to help your brain cells work better and help you feel better
- *Problem Solving Treatment* - to work on something that’s bothering you and plan what you can do to make it better
- *Counseling* - talking with a counselor, therapist or other trained professional
- *Referral to a specialist* - to visit a mental health doctor, such as a psychiatrist, who is an expert in treating people with depression.

What is the best treatment for depression?



Read the questions below. If you don't know the answers, you should discuss them with your health care provider.

1. Has my health care provider given me an assessment (a list of questions) to figure out if I am depressed?

2. Has my health care provider talked to me about treatment options?

3. What treatment or combination of treatments is right for me?

4. Why has this treatment plan been recommended?

5. What may keep me from getting the recommended treatment?
[For example: cost, lack of insurance, distance or transportation issues.]

6. Do I need more information before I start treatment?
7. If yes, how will I get it?

8. Who will I talk to about my depression?

Medication Treatment



You and your health care provider should talk about treatment options and decide together what treatment is right for you. Your treatment plan may include medication to help you feel better. Your medical provider will take into account your symptoms, medical history (including allergies), current physical condition, and what other drugs you are taking. If you have been treated with depression-fighting medicine before, your provider will need to know about that too.

In the last two decades many new drugs have been developed, with fewer side effects and greater ability to manage symptoms. Millions of people who suffered from depression have enjoyed satisfying, successful lives because of these antidepressant (depression-fighting) medications.

To understand how antidepressant medications work, it helps to know some things about the brain. The brain uses certain chemicals to help us think and have feelings. People who have depression feel sad, feel bad about themselves. They may have trouble thinking and getting things done. This is because their brains do not have enough of three important chemicals, *serotonin*, *norepinephrine*, and *dopamine*. These chemicals are important because they help the cells in a person's brain work together. And if you don't have enough of these three chemicals it can make you feel sad.

Antidepressant medications give the brain the right amount of *serotonin*, *norepinephrine*, and *dopamine* so the brain cells can work together. This treatment helps the depressed person feel better.

Antidepressants are not "happy pills." They cannot make you feel joy. All they can do is help you to function more normally, so that you will be able to experience a full range of emotions, not just the sad and hopeless ones.

Benefits of medication for late life depression

- Provides faster relief than most other treatments
- Easy to take
- Fewer clinic visits
- Alternative for those who don't want counseling
- Can be prescribed by a local medical provider
- Can be taken for as long as necessary
- Available in areas which may not have providers for counseling

For severe depression and anxiety, medicine is the preferred treatment.

Medication Treatment



It is important to learn about your medications.



Bring these questions with you to ask your health care provider or your pharmacist.

Medical Provider Questions	Pharmacist or Medical Provider Questions
<ul style="list-style-type: none"> ▪ How long will I have to take this medicine? ▪ Who do I call if I'm having a bad side effect? ▪ Are there any tests that need to be done before I begin to take this medicine, or while I am taking this medicine? ▪ When will I begin to feel better, and what should I do if I <i>don't</i> feel better? ▪ Will these drugs change a health problem I have or make it worse? ▪ Can I take herbal or natural remedies, or drugs or alcohol with my depression medicine? ▪ How does the depression medication interact with my current medications? ▪ How often do I need to see my medical provider? ▪ When is my next appointment to see medical provider? ▪ Can I call before then with questions about my medicine? 	<ul style="list-style-type: none"> ▪ What time should I take my medications (in the morning, before bed...etc.)? ▪ Should I take my medication <i>with or without food</i>? ▪ How does this medication work, and <i>is it addictive</i>? ▪ What are the side effects of this medicine, and how long will they last? ▪ Can I do anything to make side effects less severe? ▪ How much does the medicine cost? ▪ Are there any programs that can help me pay for the medicine?

Are there other things I can do besides taking my medication that will help me to feel better?

Depression Care Management and Problem Solving Treatment



When you have depression you may get in a cycle of feeling bad and doing less. It is helpful to have someone like a Depression Care Manager*, case manager, or nurse to help you break the cycle. *There may not be a Depression Care Manager in your area, but there may be health care workers trained to provide Problem Solving Treatment.*



Problem Solving Treatment focuses on increasing daily pleasant events to improve your life, and break the “Feel Bad – Do Less” cycle. The list of pleasant activities on the next page can help lift your mood.

Depression Care Management and Problem Solving Treatment are provided by a trained health care worker, who may be a nurse, health technician, mental health worker or psychologist. This treatment has been shown to work well with older people who have depression. **Though this treatment is not available in all areas of Iowa, it is becoming more available throughout the state.**

*A Depression Care Manager is someone who talks with you regularly about your depression and your treatment. This may be by phone or in an office visit. They will teach you how to track your symptoms, and what to do if they change. This helps you know if your treatment is working. With this information, you and the Depression Care Manager decide what else you can do to manage your disease.

The first Problem Solving Treatment usually takes about 1 hour. The remaining 4 to 8 sessions will be a half hour.

There are 3 broad goals of Problem Solving Treatment:

1. Understand the link between depression and day-to-day problems
2. Learn a new way to approach problems
3. Have more pleasant social and physical activities

The Depression Care Manager is part of your health care treatment team. They will inform your medical provider of the status of your symptoms and treatment goals.

Problem Solving Treatment Pleasurable Activities

One of the ways to manage depression is to find ways to increase activities that bring pleasure to your life.



Circle those things that have given you pleasure in the past or things that you would like to try.

- Soaking in the bathtub
- Collecting things (coins, spoons, stamps, shells)
- Using your finer dinnerware once a week
- Going to the movies in the afternoon
- Listening to music
- Walking
- Spending an evening with friends
- Remembering words and deeds of loving people
- Doing volunteer work
- Caring for houseplants
- Going swimming
- Playing golf
- Having discussions with friends
- Singing
- Acknowledging my good points
- Traveling
- Going to the library
- Cuddling
- Meeting someone new
- Solving personal problems
- Doing yard work
- Helping out at church
- Having a frank and open discussion
- Planning for something fun in the future
- Remembering and sharing memories of the good times
- Giving away things someone else would appreciate
- Listening to others
- Driving a friend someplace
- Making a gift for someone
- Sewing
- Working on a project
- Discussing a book
- Writing to a friend
- Dancing
- Having lunch with a friend
- Watching the sunset or sunrise
- Playing cards
- Viewing or showing photos to someone else
- Helping someone
- Listening to the sounds of nature

What type of counseling helps people with depression?

Counseling is used to treat depression. Finding a counselor or therapist you're comfortable with is the first step. Your medical provider, or someone you know who has experienced depression may recommend a counselor or therapist for you. Counseling is sometimes suggested along with medication, but may also be given for mild and moderate depression. These three types of counseling are often used to treat depression:

1. **Cognitive Behavioral Therapy** helps the depressed person recognize and then change negative beliefs and behaviors that make them feel bad. This reduces depression symptoms.

Forms of distorted (confused) beliefs may include:

- I am not valuable.
- I am not good enough.
- I am a failure and not capable of achieving goals.
- Things will always go wrong
- Life is bad or unsatisfying.

2. **Interpersonal Therapy** helps a depressed person focus on problems in troubled relationships. These relationships may involve family, friends, neighbors, or others. The counselor or therapist helps you understand these relationships. You will decide whether you can fix the relationships, and if you can't, what to do about it.
3. **Grief Counseling** can help a depressed person who is suffering from grief. Getting stuck in grief can lead to depression. To learn more about grief, see pages 11 and 12 of this booklet.

Life involves periods of disappointment, adjustment, and dealing with negative events and conditions. Grief is experienced when a person loses something important to them:

- A loved one or a pet
- A relationship
- A job or a valued position in the community
- An ability to function, such as sight, hearing or movement

If you don't feel results within 6 – 8 sessions, it may be time to talk to your medical provider about other treatment options or trying a different counselor.

Counseling

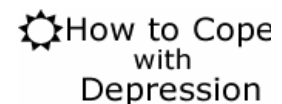


It is common for people to feel worried or anxious about counseling if they have never had this treatment before. One way to feel better about counseling is to ask questions like these *before your first counseling session*, if possible.

Important Questions to Ask a Counselor or Therapist

1. What's going to happen when I come in for counseling?
2. What will happen *if I do not get counseling* to treat my depression?
3. What is the cost per session?
4. What programs can help me pay the treatment costs?
5. Do you accept my insurance and/or Medicare? If not, how do you suggest I pay for treatment?
6. How long does this treatment usually last?
7. Do you prescribe antidepressant drugs, or do you work with a medical provider who does?
8. Can my family member, friend or pastor join me in the first session? (For some types of counseling, your counselor or therapist may decide it would be best for family and friends to remain in the waiting room during your session.)

**How to Cope With Depression
Stress and Depression**



Depression and stress go hand in hand. Extreme stress can lead to depression, and depression can lead to stress. The symptoms and actions of a depressed person can create stressful events and conditions.

Stress can make you feel physically ill, anxious, and depressed. Feeling “stressed out,” can make it difficult to get work done, and can cause your relationships to suffer. Over time, if stress continues or is causing problems in your daily life, it can lead to depression and/or anxiety. Nearly 1 in 5 people suffer from depression at some point in their lives, and as many as 40 million older adult Americans suffer from anxiety disorders. Anxiety and depression are serious medical conditions that require treatment.

Recognizing signs of stress and finding ways to reduce stress can help cut your risk of getting depression and anxiety. Cutting down on stress can also reduce the symptoms of people who currently suffer from depression and/or anxiety.

Signs of Stress:

- Digestive problems (heartburn, constipation, or diarrhea)
- Tense muscles, backaches
- Frequent headaches
- Fast or racing heartbeat
- Sweating
- Restlessness, fidgeting, nervousness
- Clenched jaw or teeth grinding
- Drinking more alcohol and smoking more often
- Getting sick more often (colds or the flu)
- Irritability, quick temper, critical attitude
- Worried or anxious thoughts
- Skin problems (hives, acne, rashes etc.)
- Forgetfulness and problems concentrating
- Less interest in sex
- Feelings of sadness or worry or fear

Reducing Stress: Good Habits Can Reduce Stress

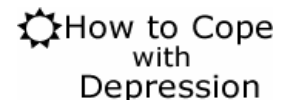


Try a new activity every week and check it off. Write down if you notice any improvement in your level of stress.

Good Habits Checklist ✓

Eat healthy foods:	
<input type="checkbox"/> avoid fast food	<input type="checkbox"/> enjoy fresh fruits and vegetables
<input type="checkbox"/> limit fats and sugar	
Exercise:	
<input type="checkbox"/> take a walk	<input type="checkbox"/> climb stairs
<input type="checkbox"/> bend and stretch	<input type="checkbox"/> fold laundry
Relax:	
<input type="checkbox"/> talk to a friend	<input type="checkbox"/> listen to music
<input type="checkbox"/> remember a happy time	<input type="checkbox"/> take a walk
Sleep:	
<input type="checkbox"/> make your bedroom dark and peaceful	<input type="checkbox"/> limit daytime napping
Laugh:	
<input type="checkbox"/> share jokes with friends	<input type="checkbox"/> watch a funny movie
Set limits:	
<input type="checkbox"/> share responsibilities	<input type="checkbox"/> accept your limitations
<input type="checkbox"/> avoid stressful people	<input type="checkbox"/> avoid stressful situations
Join a support group:	
How to find a support group: Ask your medical provider, senior center, hospital, or clergy to recommend one for you.	
<input type="checkbox"/> learn from others	<input type="checkbox"/> share your feelings
Get creative:	
<input type="checkbox"/> have fun with hobbies	<input type="checkbox"/> make something
Volunteer:	
<input type="checkbox"/> help others	<input type="checkbox"/> share your talents
Enjoy a pet:	
<input type="checkbox"/> keep a pet company	<input type="checkbox"/> walk or groom a pet

The Link Between Exercise, Sleep and Depression



Getting exercise and sleep are keys to staying healthy and strong. Regular exercise and sleep can improve your mood, relieve depression, and prevent or delay some diseases. Not getting enough sleep can cause depressed mood, loss of attention, and memory problems. Exercise and sleep go hand in hand. Regular exercise helps improve the quality of your sleep and helps you sleep more soundly.

Sleeping Well

As we grow older it is normal for our sleep patterns to change. However, these changes cause many older adults to feel less satisfied with sleep and more tired during the day. Here are some things you can do to get a good night's sleep.

- Follow a regular schedule. Go to sleep and wake up at the same time every day, even on weekends.
- Limit naps during the day because they can make you less sleepy at night.
- Try to get some natural light each day.
- Don't drink caffeine late in the day because it can keep you awake at night. Caffeine can be found in coffee, but also in other drinks, like sodas, teas, and sports drinks. A warm non-caffeinated drink and crackers at bedtime may help you sleep.
- If you wake up at night to use the bathroom, you should ask your health care provider if it would be okay to limit drinks after 6 pm.
- Don't drink alcohol or smoke cigarettes to help you sleep. Alcohol can make it harder to stay asleep, and nicotine in cigarettes can keep you awake.
- Your sleeping area should be comfortable, dark and quiet. Some find a soothing and quiet "background noise" helps them sleep.
- Use your bedroom only for sleeping.
- If you have trouble sleeping, keep a log of when you go to sleep, wake up, and return to sleep. This will help your medical provider understand and treat your insomnia.

The Link Between Exercise, Sleep and Depression:

Do I get enough exercise and sleep?



Ask yourself these questions about your sleep and exercise habits.

Do I have a medical condition that would prevent me from doing some forms of exercise?

Is there a type of exercise that I enjoy, or used to enjoy doing?

How often do I exercise?

What plans can I make to exercise that I am likely to maintain

How will I monitor (keep track of) my exercise goals?

What will I do to reward myself when I meet my goals?

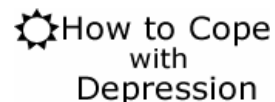
Do I have trouble falling or staying asleep at night?

Do I often feel tired or bored during the daytime?

Am I limiting the number of caffeinated drinks I have each day?

What can I do to improve my sleeping habits?

Exercise Tips and Facts



Some older adults are afraid that exercise will be too hard for them, or will harm them. The truth is, exercise is one of the healthiest things you can do, and it is safe for all ages. In fact, it is far more harmful for older

adults to not exercise than to exercise regularly. Check with your health care provider to find out what exercises are best for you.

How exercise helps fight stress, depression, and anxiety in late life

- Helps your brain work better
- Improves your mood and helps you relax
- Fights depression
- Boosts self-esteem
- Decreases worried thoughts
- Makes you feel like you've got vim and vigor
- Gives people a chance to do something together
- Lowers blood pressure
- Helps with circulation (gets your blood pumping)
- Helps relax your muscles, and reduce muscle tension
- Helps you deal with daily frustration

Exercise tips

- Talk to your medical provider about what exercise is right for you
- Find an exercise buddy
- Pick an activity you love and make it a habit
- Combine exercise with socializing
- Find an exercise video that's right for you. Invite a friend over and make it fun.

Exercise Tips and Facts

Exercise is your own medicine in fighting depression, stress, and anxiety.



It's never too late to start exercising! Just get moving!

Diet

Here is a food guide pyramid just for older adults. As you age, you begin to need less food (fewer calories) to maintain your weight and strength. But you will need more vitamins and minerals. These help your body fight against damage that comes with aging. It is important to choose foods that are low in calories and high in nutrients. Fiber, fluids, and vitamins are needed to keep you healthy.

Fiber

Many older people have problems with their bowels (constipation). Some medicines used to treat depression may cause constipation. Your health care provider or pharmacist can tell you if your medicine has that side effect. Eating a diet that is high in fiber can help. A high-fiber diet may also lower cholesterol levels and reduce the risk of heart disease and cancer. Here are some easy ways to add high fiber foods to your diet:

- “Whole” fruits, like oranges or stewed prunes have more fiber than juice
- Carrots and celery
- High-fiber or “whole grain” breads and cereals
- Beans and lentils instead of meat at least twice a week
- Brown rice rather than white rice

Fluids

Aging adults may lose their sense of thirst. This can cause dehydration (not having enough of the fluids in your body to function well). This is why it is important to drink plenty of fluids. Most older adults need to drink at least eight 8-ounce glasses a day to help prevent dehydration and constipation. (However, if you are on a “fluid restricted diet” follow your medical provider’s advice!) Examples of fluids include:

- Water and juice
- Soup
- Decaffeinated tea and coffee

Vitamins

As you grow older, it is harder for your body to absorb all of the vitamins you need to stay healthy and strong. Some people may have diet restrictions due to medical conditions, making it even harder to get all of the vitamins and minerals needed. Taking vitamin pills may be helpful, but they should not replace healthy foods. Here are some vitamins that older adults may need more of:

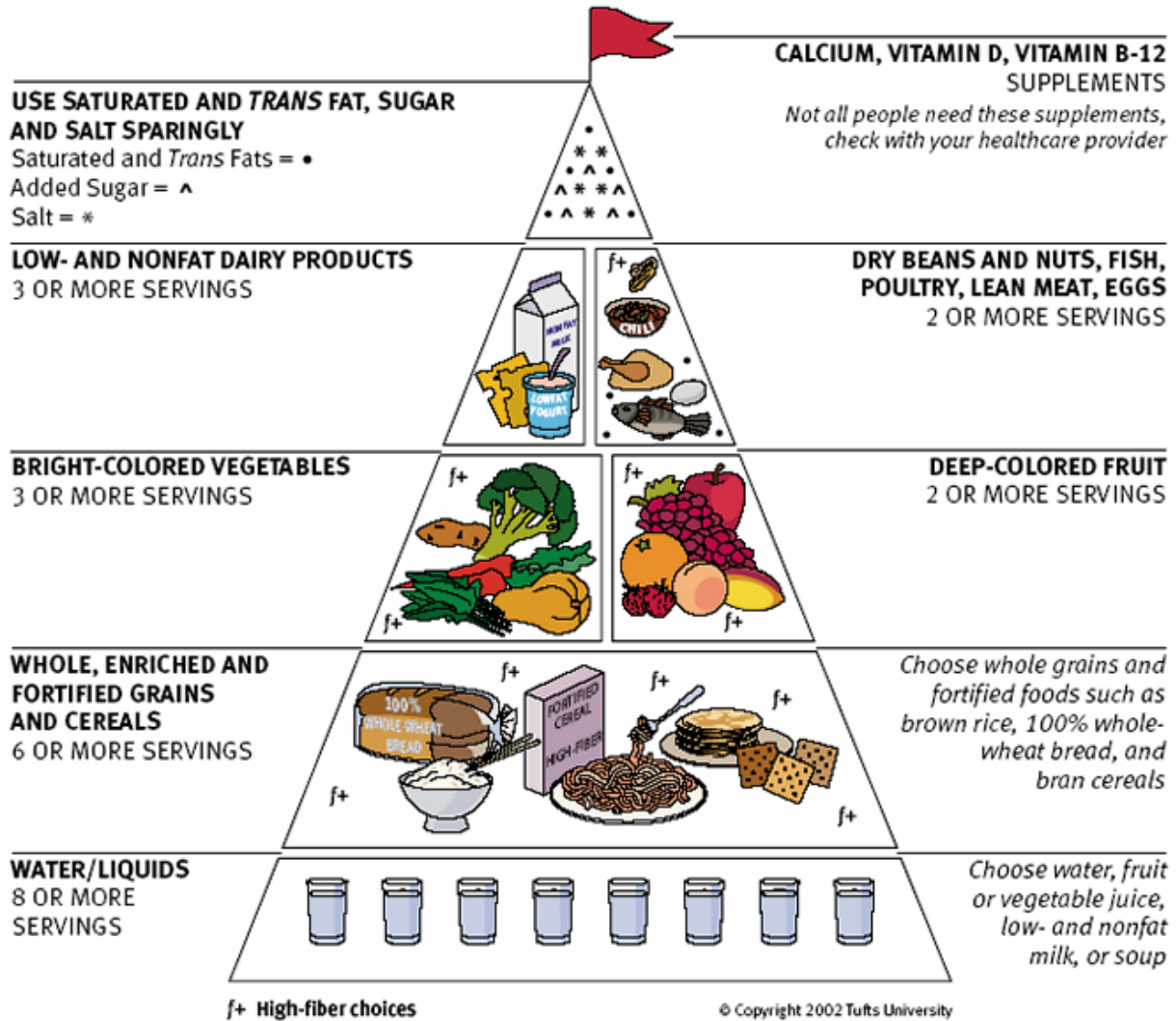
- Calcium and Vitamin D taken together to prevent bone thinning
- B12 to maintain a healthy nervous system; lower your risk of getting dementia

(see page 47 for a serving size information chart.)

Diet (see page 47 for a serving size information chart.)

TUFTS

Food Guide Pyramid for Older Adults



Ask yourself:

What changes do I need to make so my diet matches the Food Pyramid for Older Adults?

Who will help me with diet changes and be a good influence on my eating habits?

What or who tempts me to eat things I shouldn't?

Tips for Caregivers and Those Who Provide Support and Care



How depression affects family, friends, and caregivers

Family members, friends, and caregivers are affected by depression. It is hard to help someone who is depressed. Many people don't know a lot about this disease, and often health care providers focus only on the depressed patient. Family, friends, and caregivers are left in the dark. Helping a depressed person means taking on extra tasks. Symptoms of depression can strain relationships. Although you may be deeply concerned about your loved one, many caregivers find themselves exhausted, fearful, and angry. They may feel trapped and guilty.

Survival Tips for Those Who Deal With a Depressed Person

Ann Sheffield, in her book, How You Can Survive When They're Depressed: Living and Coping with Depression Fall-out*, looks at depression through the eyes of those closest to its sufferers. In her book, she talks about five stages that family, friends, and caregivers go through when they have a depressed loved one.

1. **Confusion:** We assume the fault may be ours or that if we change how we behave, the situation will improve. We don't know what depression is, what it does to our family, or what to do. We have lost the person we used to know, and don't know how to get them back.
2. **Self-doubt:** We aren't sure we can cope. We blame ourselves for not being strong enough to hold things together. Critical remarks may make us doubt ourselves.
3. **Demoralization:** A demoralized person has lost their spirit, beliefs, and their will to go on. We may feel trapped.
4. **Anger:** We bounce between feeling numb and feeling angry. Anger seeps in over time and builds to a rage that we may not admit to. Hiding these feelings hurts relationships.
5. **Desire to escape:** There is a strong desire to get away from the pain. The guilt from wanting to abandon someone who depends on us doesn't go away. The tension is exhausting.

* Sheffield, A. (1998). *How You Can Survive When They Are Depressed: Living and Coping with Depression Fallout*. New York: Three Rivers Press.

How depression affects family, friends, and caregivers

Survival Tips for Those Who Deal With a Depressed Person

(for each stage) *THIS GOES WITH THE CONTENT ON THE OPPOSITE PAGE.*

1. **Confusion:** Read about the disease. Learn what to expect from the disease. Ask yourself how *their symptoms* affect *you*.
2. **Self-doubt:** Think about what you are doing well. Talk to someone who is supportive of you.
3. **Demoralization:** Remember other tough times you've been through, and how you got through them. Talk with someone who has lived through hardship. Seek out something or someone who will build your spirit or beliefs. Do something for yourself:
 - brush your hair
 - put on a nice smelling hand cream or after shave
 - paint your nails
 - put your feet up
 - listen to music
 - soak your feet
 - call a friend on the phone
4. **Anger:** Find a healthy outlet for your anger that won't hurt anyone. Hit a golf ball, argue with a radio host, or pull weeds. Talk to a friend or a counselor about what causes your anger. Join a support group.
5. **Desire to escape:** Find safe ways to escape. Ask for help. Recruit someone to relieve you for a longer break. A short mental escape could be to watch a sunset, or close your eyes and remember a happy time. Here are more safe ways to escape for a few minutes:
 - take a walk
 - water plants
 - sip on your favorite drink
 - feel the breeze on your face
 - spend time with a pet



Make your own list of activities you can do in 15 minutes that bring you peace or joy.

The Role of Family, Friends, and Caregivers



Family, friends, and caregivers are vital in helping those who suffer from depression. Depression can make it hard for a person to function on their own. You can help the depressed person to realize and manage their condition. You play an important role in helping the depressed person get

their life back, as you are often left to fill the void when resources are limited or services are simply not available.

How to help

- Listen, and acknowledge the pain they feel.
- Offer to go with the depressed person to see his or her health care provider.
- Learn about late-life depression.
- Find support groups for your loved one.
- Offer to exercise with them.
- Share a meal or an activity.
- Encourage regular social outings and contacts.
- Remind loved ones to comply with treatment.
- Encourage them to have a schedule.
- Take care of yourself. *Caregivers have a high risk of developing depression.*

A Caregiver's Role in Supporting Treatment

- Go with your loved one to their health care appointments.
- Monitor symptoms and let the doctor know if there are any changes. You may be the one to notice changes in a person when they do not.
- Give the health care provider a list of all the medications the person is taking. This should include prescription, over the counter, and herbal pills.
- Monitor side effects. Ask weekly about side effects, and keep a record. Give this information to the health care provider.
- If the person is taking many medications, make sure the labels are clear and easy to read.
- Place pills in seven day pill dividers to ensure the person takes the correct daily dose of medications
- Remove all expired medications from the home.

Tips For Caregivers

Family, friends, and care givers need to find ways to take care of themselves so they can provide consistent support for extended periods of time.



Are you having any of these problems? Try the solution. If it helps, make this a habit.

Caregivers' Problems	Caregivers' Solutions
Muscle aches	Exercise and stretch
Eat on the run	Eat a healthier snack or meal
Feel underappreciated	Pamper yourself
Feel alone	Share concerns with others
Life seems crazy sometimes	Laugh - find humor in the absurd
Forget things	Write things down
Grieve losses	Share memories
Feel ill	Get a checkup
No time to take care of yourself	Pause for a moment – breathe deeply – plan a fun or relaxing activity for yourself

Journaling for the Caregiver: It Can Improve Your Health



Caregiving can be very stressful, both physically and mentally. Some studies show that depression symptoms are twice as common among caregivers than non-caregivers. Stress places a demand on your body that affects:

- your ability to sleep
- your ability to digest food
- how your body handles pain
- immune system functioning
- the way you breathe
- how your heart works

Researchers have found that “journaling” (writing 3 days a week) about stressful emotions for 15-30 minutes can reduce the effects of stress and improve your health. To make sure that you continue to benefit from this good habit, it is best to write in a journal for as long as you are under stress.

People who journal have reported feeling less depressed and upset, and have had fewer visits to the doctor, less absences from work, and had many other health benefits. Putting your feelings into words can help you cope with what you are going through.

How to Journal:

- Try to write 15 – 30 minutes three times a week.
- Before you begin, make sure you are in a comfortable position and have all the supplies that you need, such as good lighting and reading glasses.
- You can write on paper or type at a typewriter or computer. If writing is too hard for you, you can record your thoughts using a tape recorder.
- Write about the effects caregiving has had on your life: financial, emotional and physical. Include the positive and negative effects.
- It is important to journal on a regular basis to benefit from it.
- Write in a place where you won't be interrupted.
- Write the entire time. If you run out of things to say, repeat what you have already written.
- Don't worry about spelling or grammar. The journal is just for you.
- You may want to put the date on your journal entries.

Journaling for the Caregiver: It Can Improve Your Health



Here are some ideas you may like to write about when you start journaling

The hardest thing about being a caregiver is...

Sometimes I wish...

It is frustrating when...

The thing my friends don't understand is...

When I compare today with my life in the past, ...

My most stressful moment in the past two days was when...

How Caregivers Can Help Themselves



It is important to take good care of yourself because people living with or caring for someone who is depressed are more likely to become depressed themselves. Here are some ways to help you cope with living with depression.

Remember...

- **It's not your fault.** You did not cause the person to be depressed. Depression is a medical illness that needs to be treated, just like heart disease or diabetes.
- **You are not alone.** Depression is common. Many families are caring for someone with depression. You can meet them through depression support groups. Ask your medical provider or a local hospital to suggest a support group for you.
- **Your reactions are normal.** Caregivers may have a wide range of feelings. They may feel anything from concern and understanding, to anger and hatred. It is hard not to take the actions of your loved one personally. Withdrawal and irritability can hurt you and your relationship.
- **Your emotions will change.** You will go through some emotional ups and downs. You may grieve for the person you once knew, and feel that you have lost them. As you find helpful treatment for your depressed friend or family member, you will feel relieved and glad that your loved one is doing better.
- **Take time to care for yourself.** Set limits on how much you will do. Take a vacation from care giving once in a while. Make time for yourself to do things that you enjoy. Find out about short term in-home care or adult daycare options.
- **Do not be afraid to seek counseling for yourself.**
- **Find social support.** Dealing with depression can be very lonely and isolating. It is hard to see the healthy person you once knew go downhill and suffer. Your friends may not understand, and it may become hard for you to go out. Make sure you find sources of social support through support groups and your community.
- **Have hope.** Remember depression is a highly treatable disease (80% of patients improve with treatment). Depression comes in cycles. It will be worse at times, and then become easier.

How Caregivers Can Help Themselves



When caring for others, don't forget to take care of yourself! Cut out the box below and put it on your refrigerator.

To take care of myself I will:

- **Recognize my limits**
- **Accept what I can and cannot change**
- **Learn all I can about depression**
- **Set limits on verbal abuse**
- **Remove myself from criticism**
- **Find a confidant (someone I can confide in) and talk to them**
- **Join a support group**
- **Do something I enjoy**
- **Be physically active**
- **Seek spiritual support**


What to Do if Worried About Someone Committing Suicide



Plan ahead. Cut out the box below and fill in the phone numbers.



Put this near the phone or other place where you can find it in an emergency.



GET HELP BY CALLING IMPORTANT PHONE NUMBERS:

- Call 911
- Police:

- Sheriff:

- Community Mental Health Center:

- The nearest Hospital Emergency Room:

- Mental Health Provider:

- Family doctor or health care provider:

- Family, friend, or relative:

- Clergy, teacher, counselor:

TAKE ACTION. GET HELP. Get support for yourself so you can STAY STRONG.

What to Do if Worried About Someone Committing Suicide

People with depression are at a greater risk of suicide than other people.

Top Risk Factors for Suicide

- Being Male
- Alcohol or Drug Abuse
- Prior suicide attempts
- Age 65 or older
- Problems getting treatment
- Depression
- Major health problems
- Suicide in the family
- Major loss: home, family, friend, loved one, pride
- The means to commit suicide
- Being alone, feeling no one cares
- Pain of any kind

Suicides are higher among older persons, particularly older men. Risk of suicide is higher when the person is isolated, misuses drugs and alcohol, and when firearms or other lethal means are present.

If a person has firearms, do not intervene personally, but call local law enforcement.

When you are uncomfortable addressing an issue about suicide think carefully about who might help. This may be a family member, clergy, or long-term friend. Call for help from others when trying to avoid a tragedy.

If someone you know has talked about their plan for suicide, contact a doctor or go to the emergency room ***immediately***.

Learn the warning signs of suicidal thoughts:

- **feelings of despair**
- **saying, "life is too hard"**
- **inability to take care of business**
- **wrapping up personal affairs**
- **talking about methods of self-harm**
- **abusing alcohol and/or drugs**

What to Do if Worried About Someone Committing Suicide



If you are concerned about someone close to you, cut out the box below and put it on your refrigerator.

When you see these warning signs, a health care provider or law enforcement officer should be notified. People without training are not equipped to deal with a suicidal person alone.

When Someone You Know:	<i>You Can Help:</i>
has attempted suicide before...	<i>take the threat seriously.</i>
has a plan to end it all...	<i>ask if he or she has the means to carry it out.</i>
talks about ending it all...	<i>ask if he or she has a specific plan.</i>
<i>SUDDENLY</i> goes from being depressed to acting normal...	<i>notice the change and ask them what's going on. (This sign shows a high risk for a suicide.)</i>
injures himself or herself <i>ON PURPOSE...</i>	<i>don't promise to keep this a secret, and ask about the injury.</i>
says he will not be missed or others would be better off without him...	<i>don't act shocked, or argue about the value of life.</i>
talks about death a lot...	<i>listen and don't judge.</i>
says they feel helpless and useless...	<i>tell them you care about them and you want them to get help.</i>
changes how they act, or how they look, or their mood...	<i>notice the change and ask them what's going on.</i>

Resources: Where to Find Help

National Organizations

Geriatric Mental Health Foundation

7910 Woodmont Avenue, Suite 1050
Bethesda, MD 20814

(301)-654-7850

www.GMHFonline.org

American Association for Geriatric Psychiatry

7910 Woodmont Avenue, Suite 1050
Bethesda, MD 20814

(301)-654-7850

www.AAGPonline.org

National Mental Health Association

2001 N. Beauregard Street, 12th Floor
Alexandria, VA 22311

(703)-684-7722

www.nmha.org

American Society on Aging

833 Market Street, Suite 511
San Francisco, CA 94103-1824

(415)-974-9600

www.asaging.org

National Alliance for the Mentally Ill

Colonial Place Three, 2107 Wilson Blvd.,
Suite 300

Arlington, VA 22201-3042

(800)-950-NAMI

www.nami.org

Depression and Bipolar Support Alliance

730 N. Franklin Street, Suite 501
Chicago, IL 60610-7224

(800)-826-3632

www.dbsalliance.org

National Institute of Mental Health (Public Inquires)

6001 Executive Blvd., Room 8184, MSC
9663

Bethesda, MD 20892-9663

(301)-443-4513 and **866-615-6464**

www.nimh.nih.gov

American Geriatrics Society

The Empire State Building, 350 Fifth
Avenue, Suite 801

New York, NY 10118

(212)-308-1414

www.americangeriatrics.org

Screening For Mental Health, Inc.

One Washington Street, Suite 304
Wellesley Hills, MA 02481

(781) 239-0071

www.mentalhealthscreening.org

American Foundation for Suicide Prevention

120 Wall St.

New York, NY 10005

(888)-333-AFSP and **(212)-363-3500**

www.afsp.org

State Organizations

Iowa Department of Elder Affairs

Jessie M. Parker Building

510 E 12th Street, Suite 2

Des Moines, IA 50319-9025

(515) 725-3333 or TTY **(515) 725-3302**

www.state.ia.us/elderaffairs

Iowa Coalition on Mental Health and Aging

2159 Westlawn

The University of Iowa

Iowa City, IA 52242

(319) 384-4222

www.icmha.org

Iowa Department of Public Health

321 E. 12th Street

Des Moines, Iowa, 50319-0075

(515) 281-7689

www.idph.state.ia.us

Iowa Association of Community Providers

7025 Hickman Road, Suite 5

Urbandale, IA 50322

(515) 270-9495

<http://www.iowaproviders.org/>

Do I have Depression?

SIGNS OF DEPRESSION WORD SEARCH

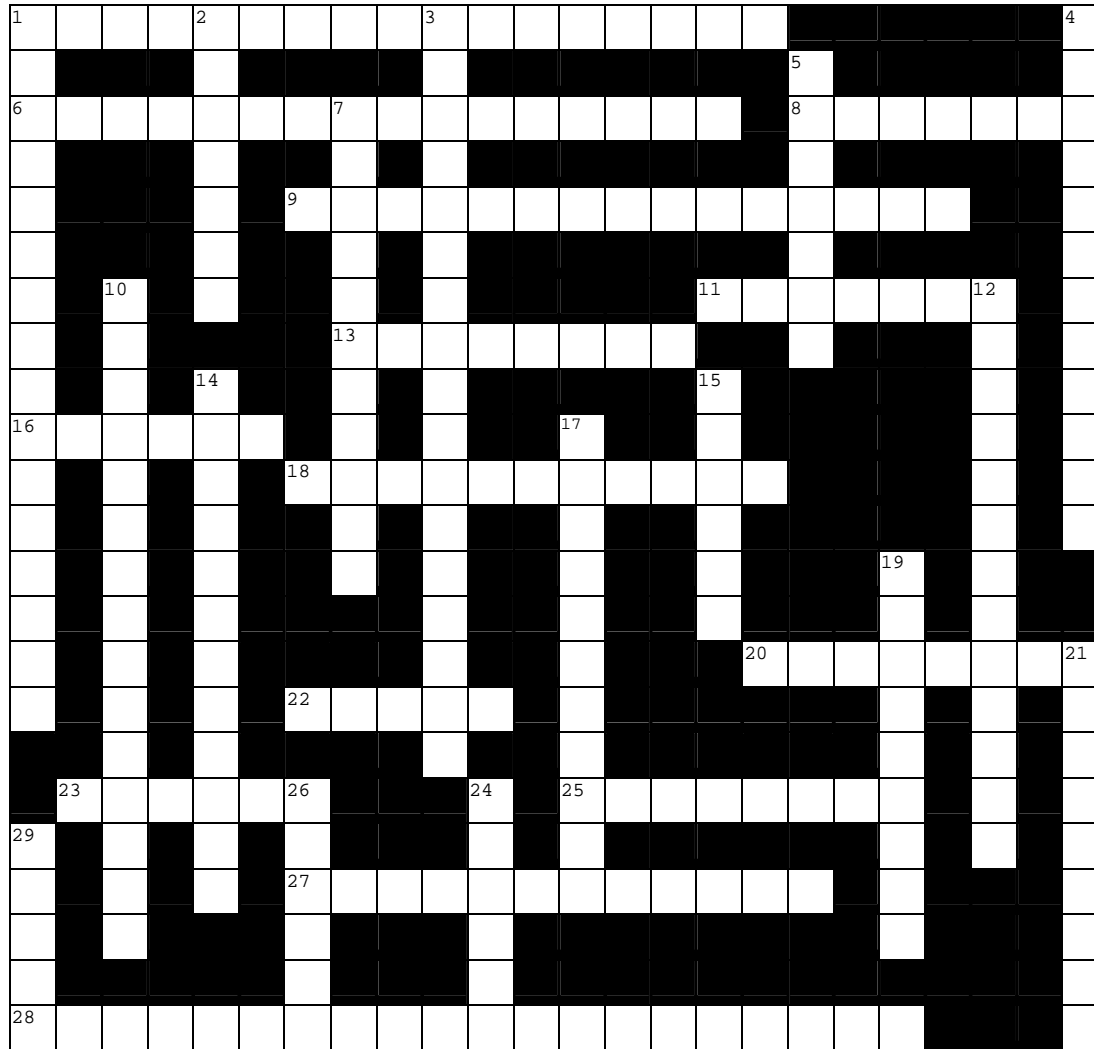
I	B	I	G	W	E	I	G	H	T	G	A	I	N	H	A	S	F	U	Q
H	R	L	B	O	X	A	V	O	I	D	I	N	G	O	T	H	E	R	S
L	A	Z	I	N	E	S	S	H	T	A	J	O	A	P	H	A	E	K	E
E	B	I	G	C	Y	A	O	R	E	L	A	N	G	E	R	R	L	O	L
C	E	D	W	O	R	R	Y	R	S	O	K	E	A	L	Y	O	I	M	F
R	I	T	E	M	E	B	T	A	A	F	I	D	G	E	T	I	N	G	I
A	N	T	I	P	Z	E	U	T	R	A	S	W	I	S	D	N	G	U	S
B	G	O	G	L	A	F	G	U	I	L	T	O	T	S	A	H	H	E	H
B	T	A	H	A	J	U	W	M	A	C	R	Y	I	N	G	R	E	D	N
I	O	X	T	I	D	I	O	M	F	I	I	W	R	E	H	A	L	E	E
N	O	K	L	N	A	R	K	Y	S	A	D	N	E	S	S	O	P	P	S
E	C	R	O	I	M	T	E	A	R	Y	E	O	D	S	O	F	L	A	S
S	R	I	S	N	E	H	T	C	E	F	W	W	N	E	J	N	E	X	E
S	I	Y	S	G	K	A	R	H	R	A	O	H	E	F	A	Y	S	L	Z
O	T	D	A	R	I	S	L	E	E	P	L	E	S	S	N	E	S	S	O
C	I	O	M	A	Q	A	R	Z	R	A	L	G	S	E	P	I	A	P	Y
A	C	O	N	F	U	S	I	O	N	A	U	J	U	R	A	F	K	O	L
R	A	L	Y	E	H	E	C	W	U	G	R	U	M	P	I	N	E	S	S
S	L	E	E	P	I	N	G	T	O	O	M	U	C	H	N	A	D	E	W
U	J	V	F	O	R	G	E	T	F	U	L	N	E	S	S	R	N	B	O

FIND THESE WORDS and circle them: (The words are horizontal and vertical.)

- ANGER
- LAZINESS
- AVOIDING OTHERS
- BEING TOO CRITICAL
- BIG WEIGHT GAIN
- BIG WEIGHT LOSS
- COMPLAINING
- CONFUSION
- CRABBINESS
- CRYING
- FEELING HELPLESS
- FIDGETING
- FORGETFULNESS
- GRUMPINESS
- GUILT
- HOPELESSNESS
- PAIN
- SADNESS
- SELFISHNESS
- SLEEPLESSNESS
- SLEEPS TOO MUCH
- TEARY
- TIREDNESS
- TUMMY ACHE
- WORRY

Ask yourself: What signs of depression (lasting over 2 weeks) can I find in myself or someone close to me?

PLEASURABLE ACTIVITIES CROSSWORD



ACROSS

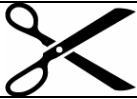
1. Experience nature
6. Putting blossoms in a vase
8. _____ a book or newspaper
9. Dress up
11. "_____ in the Rain" (Gene Kelly song)
13. Jog or lift weights
16. Making a bread or cookies
18. Take a spin on 2 wheels
20. Purchase a present
21. _____ a portrait or landscape
22. Stitching and mending
25. Dropping by to see someone
27. Get a present
28. Go out to eat in company
(*answer key found on next page*)

DOWN

1. Relax and clean up (rub-a-dub-dub!)
2. Waltzing or doing a polka
3. Reach out, do a good deed
4. Set a peaceful mood
5. Reading & _____ & 'rithmetic.
7. Type of embroidery
10. Have a conversation
12. Get supper at a restaurant
14. Having guests over
15. Walking in nature
17. View a film
19. Get together for cards or Scrabble
21. Seeing the world
24. Relaxing martial art
26. Pull weeds & plant seeds
29. Snicker, giggle or chuckle

PLEASURABLE ACTIVITIES CROSSWORD *Answer Key*

ACROSS	DOWN
1. SPEND TIME OUTDOORS 6. ARRANGING FLOWERS 8. READING 9. WEAR NICE CLOTHES 11. SINGING 13. EXERCISE 16. BAKING 18. RIDING A BIKE 20. BUY A GIFT 21. PAINT 22. SEWING 25. VISITING 27. RECEIVE A GIFT 28. HAVE LUNCH WITH FRIENDS	1. SOAK IN THE TUB 2. DANCING 3. OFFER A HELPING HAND 4. LIGHT A CANDLE 5. WRITING 7. NEEDLEPOINT 10. TALK WITH FRIENDS 12. GO OUT TO DINNER 14. ENTERTAINING 15. HIKING 17. WATCH A MOVIE 19. PLAY A GAME 21. TRAVELING 24. TAI CHI 26. GARDEN 29. LAUGH



Serving sizes for the Tufts Food Guide for Older Adults found on page 32

<p>Grains and Cereals (6 or more)</p> <ul style="list-style-type: none"> • 1 slice of bread • 1/2 cup of rice, cooked cereal or pasta • 1 cup of ready-to-eat cereal • 1 medium, or 1/2 a large tortilla <p>Bright Colored Vegetables (3 or more)</p> <ul style="list-style-type: none"> • 1 cup of raw leafy vegetables • 1/2 cup of other vegetables, cooked or raw • 3/4 cup of vegetable juice <p>Deep-Colored Fruits (2 or more)</p> <ul style="list-style-type: none"> • 1 medium apple, orange, banana, or pear • 1/2 cup of cooked or canned or dried fruit • 3/4 cup of unsweetened fruit juice 	<p>Beans & Nuts, Fish, Poultry, Lean Meat & Eggs (2 or more)</p> <ul style="list-style-type: none"> • 2 – 3 ounces cooked lean meat, fish or poultry (This is the size of a deck of cards.) • 2 eggs • 2 tablespoons of peanut butter • 1 cup cooked dry beans or tofu • 2/3 cup of nuts • 2- 2 1/2 ounce soy burgers <p>Low-and Non-Fat Dairy Products (3 or more)</p> <ul style="list-style-type: none"> • 1 cup (8 oz.) of milk or yogurt • 1 1/2 ounces of natural cheese (such as cheddar) • 1/2 cup low-fat cottage cheese
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For more information on a healthy diet for older adults, talk with your health care provider or the nutritionist at your hospital. Or ask your senior center where to get more information.

SIGNS OF STRESS OVERLOAD WORD SEARCH

B	R	E	S	H	Q	I	T	H	E	E	V	O	L	R	E	N	N	W	A	C	H	L	U
A	L	K	T	O	C	C	V	E	R	T	I	G	H	T	M	U	S	C	L	E	S	N	T
J	I	R	T	O	R	V	U	R	M	C	S	O	P	W	R	U	E	B	U	N	I	W	S
R	A	S	H	A	J	E	V	E	I	Q	S	H	A	R	U	L	O	O	N	T	A	E	H
D	D	U	P	N	T	E	U	S	L	A	I	I	N	A	R	A	M	Y	L	E	D	B	I
L	R	N	I	T	N	U	L	T	I	D	E	B	W	O	O	T	L	E	X	H	F	H	U
U	E	E	Y	J	U	P	E	L	M	N	T	Y	A	D	F	O	W	P	C	C	E	E	R
E	K	G	L	F	W	D	R	E	S	I	L	C	N	E	Y	M	R	T	O	U	P	A	R
P	M	O	N	E	N	A	P	S	A	L	W	B	Y	M	S	K	Z	O	E	S	L	R	V
A	N	S	P	D	I	G	E	S	T	I	V	E	P	R	O	B	L	E	M	S	D	T	U
R	U	A	I	R	E	H	A	N	M	O	U	N	I	B	E	C	A	W	Y	D	R	B	I
E	M	P	O	B	T	N	T	E	N	Y	T	A	U	I	T	A	C	U	I	F	O	U	M
W	Q	I	U	E	Y	W	Y	S	A	U	W	Y	P	A	S	E	F	I	N	O	L	R	K
I	U	W	F	A	U	F	N	S	N	U	R	I	P	O	W	U	H	B	Y	C	A	N	E
L	I	L	H	N	I	P	E	H	E	W	K	R	A	W	E	V	O	O	M	U	N	I	A
G	C	A	T	S	O	D	M	E	D	Y	E	S	O	S	E	N	A	D	M	A	W	S	F
H	K	O	E	W	L	A	I	N	I	H	F	Y	E	P	E	Q	U	Y	A	N	I	M	Y
T	T	E	W	S	A	R	A	P	I	D	H	E	A	R	T	B	E	A	T	W	A	N	X
A	E	R	R	A	R	U	C	I	T	A	U	U	S	A	I	E	N	C	U	W	K	I	O
B	M	M	O	X	R	T	U	L	Y	V	I	N	E	R	T	Z	P	H	E	N	W	I	C
R	P	A	N	U	M	I	P	T	O	B	L	L	I	S	U	E	D	E	R	U	I	L	P
K	E	B	S	Y	L	L	L	U	L	E	O	I	T	I	R	N	S	S	N	M	Y	A	O
I	R	R	I	T	A	B	I	L	I	T	Y	F	L	E	O	X	U	P	E	R	U	L	R
I	L	B	A	S	T	T	E	V	I	U	M	D	E	R	T	S	W	I	E	Q	N	S	M

Can You Find these words in the box above? They are arranged horizontally (side-to-side) and vertically (up and down).

Body Aches Digestive Problems Heartburn Irritability Quick Temper	Rapid Heartbeat Rash Restlessness Tight Muscles
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TIPS FOR CAREGIVERS WORD SEARCH

K	E	D	P	U	F	I	A	H	J	U	R	E	T	O	P	E	F	S	J
L	A	U	G	H	E	N	S	H	A	R	E	M	E	M	O	R	I	E	S
I	T	V	O	B	E	N	D	E	R	T	A	M	G	O	M	A	N	L	L
N	O	W	L	U	L	U	S	R	B	H	V	A	G	K	U	F	D	Y	A
J	N	I	D	R	U	F	S	O	S	I	R	I	E	A	S	Y	H	E	N
A	T	A	F	Y	N	A	G	G	E	T	A	C	H	E	C	K	U	P	G
R	H	O	E	H	D	E	E	H	S	H	N	G	E	P	L	A	M	R	U
T	E	F	E	X	E	R	C	I	S	E	D	R	Y	A	E	Z	O	I	F
E	R	I	L	O	R	E	A	X	E	N	A	I	T	W	A	X	R	N	O
G	U	S	I	E	A	T	R	I	G	H	T	E	G	E	C	H	I	B	R
C	N	E	L	O	P	R	O	T	H	U	V	V	H	X	H	O	N	U	G
O	B	W	L	Y	P	A	A	R	N	B	I	E	O	F	E	S	T	U	E
P	A	M	P	E	R	Y	O	U	R	S	E	L	F	E	S	T	H	R	T
E	S	T	E	J	E	H	S	T	O	E	C	O	D	E	Y	D	E	S	F
S	H	A	R	E	C	O	N	C	E	R	N	S	L	L	K	S	A	Z	U
G	W	E	N	K	I	N	D	I	K	P	L	S	N	A	I	N	B	I	L
E	C	C	A	S	A	Z	A	W	O	E	Y	E	U	L	H	A	S	E	V
H	O	W	R	I	T	E	T	H	I	N	G	S	D	O	W	N	U	K	E
O	R	D	E	M	E	R	S	H	E	E	V	S	O	N	R	O	R	W	P
E	G	H	U	Y	D	A	O	E	G	G	O	A	F	E	N	T	D	A	P

Can you find caregivers' problems and solutions above?

PROBLEMS (vertical)

- Muscle aches
- Eat on the run
- Feel underappreciated
- Feel alone
- Find humor in the absurd
- Forgetful
- Grieve losses
- Feel ill

SOLUTIONS (horizontal)

- Exercise
- Eat right
- Pamper yourself
- Share concerns
- Laugh
- Write things down
- Share memories
- Get a checkup

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