



# Micro-managing mom

*True devotion means respecting a parent's abilities*

By Pat M. Irwin, BA (Econ), AICB

As difficult as it is for parents to accept help, it's also hard for adult children—especially the baby-boomer generation. Despite the best of intentions by caregivers, it can be hard to distinguish between caring or controlling, supporting or stifling, and managing or interfering. Nonetheless, caregivers must ask themselves how closely care must be managed.

“Micro-management” is defined by the *Oxford* dictionary as “supervision or control with excessive attention to small details.” Although a business term, it certainly applies to many

caregivers who plan and monitor their parents' care. After all, no one knows them better or cares about them more, so why do we do it?

The typical sandwich-generation woman must micro-manage her own life, as well as her spouses', her kids', and her staff's. Is it any wonder she tends to manage her parent's life as well? It's tempting to take over chores that you're performing anyway—banking, bills, groceries, doctor's appointments—until you realize you're taking over functions that your parents can, and should, manage by themselves as long as they are

## The schoolteacher

After a hectic summer, a schoolteacher's mother agrees to accept help at home from a woman highly recommended by a neighbour. Dropping in after her third period class, the schoolteacher finds mom still in her nightgown and no signs of the promised hot lunch. “What's going on here?” she demands of the startled caregiver. “If this is all you can do, leave now!” She then hustles her mother into the shower, throws together a sandwich, and then races back to school. On her way back, she wonders aloud, “I'll look up some agencies in the Yellow Pages, but it looks like I'm back to square one. Why doesn't anything work for me?”

*The reality was that the caregiver, upon arriving, sensed mom's nervousness and decided to break the ice by getting to know her new client. She helped her into the bathroom, made breakfast and commented on the many family photos. Soon they were looking at them together, and they agreed to postpone the shower until after a late lunch! Hmm, was that her daughter's car turning in the driveway ... ?*

## The lawyer

A harried lawyer is on the phone to her mother's long-term-care home, this time to the kitchen. “I told you my mother is lactose-intolerant, but you gave her ice cream!” she says impatiently. It's her fourth call that morning: first the medication was not delivered, mother's table companion was unfriendly, and the pictures hadn't been hung yet. She had told the director this short-term stay had to result in a permanent placement; after all, she had to list mother's condo while the market was hot. “Why is everyone being so difficult?” asks the lawyer.

*In reality, the lawyer's mother was not at all sure about this short stay, but it was only while her daughter took a long business trip. When asked, she preferred to manage her own medications; her table-mate was very deaf but seemed nice; the suite was already furnished but she'd ask that nice man about hanging her personal photos; and it was dreadful of her to have that delicious ice cream. When she had time, she'd just give her daughter a quick call ...*

able. Mother may be agreeable, but is she happy? And are these really the best choices for her?

### Parenting your parents

Caring for your parents is a generational flip-flop that can create resentment, anger and guilt.

Don't think your parents don't notice! Pressure, even if unspoken, will make a parent freeze up, back down or dig in their heels just as you did as a child. There's nothing more frustrating than having an obviously needy parent flatly refuse to accept care, but wait. Could your well-intentioned behaviour actually be part of the problem?

It's very easy to dismiss the science—and art—of caregiving. After all, what's so hard? You sit and chat, change the odd adult diaper, go for walks and help them eat. It's even easier to dismiss your parent's abilities, especially if they have been deemed mentally incompetent. Yes, you may have power of attorney, but your parent still has thoughts, feelings and opinions, and therefore, input into decisions made on her behalf.

So how can you put your concern and fervent desire for caregiving arrangements to work into an outcome that's successful for you both? Following are a few tips:

**OK superwoman, supervise.** The most effective adult child is one who can pull back into strategic, supervisory mode, and leave the hands-on care to the pros. In the home care example, a good agency would conduct a home visit and discuss care requirements and routines in detail.

Many adult children draft a position description to outline the home care worker's hours of work, responsibilities, special activities and deliverables. This description protects all parties from misunderstandings and can be fine-tuned as needs arise. In the retirement home example, a wise adult child would make the home's staff part of her "management team" and enlist their expertise, rather than issuing demands without knowing their policies and procedures.

**Partnering, not parenting.** If you need help understanding your own and your parent's behaviour and motivation, enlist the help of a trusted professional such as a family doctor, therapist or consultant, rather than getting entrenched in old, negative patterns. It's essential

to allow your parents to participate in decisions about their lives. Be especially vigilant if they have been deemed incompetent, and never allow them to be compromised for that reason. Be a partner, not a parent, in making decisions, and resistance will fall by the wayside.

**Listen to the professionals.** Experienced home care professionals know that establishing rapport and trust is more important, especially in the early days, than a rigid schedule. Their goal, like yours, is for your parent to be calm, comfortable and secure. Retirement and nursing home staff deal every day with residents in all phases of acceptance; they are quick to recognize symptoms and prevent potential problems by adding additional care in the first few days or by making a personal invitation to activities. If an issue requires your intervention, a home care professional will be the first to tell you.

**Downshift for success.** In our turbo-charged lives, we are used to making quick decisions. Your parent is probably in a different time zone. After all, their generation moves more slowly, and they have the wisdom to realize their life decisions have important long-term effects. Putting their name on a waiting list seems efficient to you; to them, it means a whole new way of life. Parents must be allowed to move at their own pace. Pressure will only impede everyone's progress. This can be frustrating when a parent is mentally incompetent, but a wise eldercare professional will take extra care to ensure your parent understands what is planned for them. The goal is to enable you and your parent to make an informed choice.

### Taking time to care

Just as true love defies description, true devotion does not demand micro-management. The greatest gift you can give your mother is to respect her abilities.

Your roles are to ensure that she is safe and that her needs are met (while she takes the time to make important care choices) and then support her decisions. ●

*Pat M. Irwin is president of ElderCareCanada. Visit [www.eldercarecanada.ca](http://www.eldercarecanada.ca).*

“Don't say yes until I finish talking!”

*Darryl F. Lanwck*



# Medications *and the elderly*



By Carol Edwards,  
RN, GCM

Canadian seniors consume 40 per cent of prescription medications. The average person over the age of 65 takes an average of eight medications per day, as a result of as many as six co-existing chronic conditions.

By taking so many prescriptions, seniors—especially those who have a chronic illness and who take multiple medications—are at a higher risk for experiencing a “prescribing cascade”: a situation where a prescribed treatment actually causes an adverse drug reaction that requires even more treatment.

As well, adverse drug effects can often be mistaken for signs of natural aging, especially if the drug-related symptoms mask an illness common in the elderly. Because adverse drug effects may resemble a medical condition, it is important to rule out prescription-based problems before adding further medications.

## Complex challenges

When taking medications to improve their health, seniors face a host of challenges that could adversely affect their well-being:

- With the physiological changes in the elderly’s gastrointestinal and renal systems, the propensity for increased risk of gastric and renal disorders can directly be attributed to sensitivity and adverse drug affects.
- Cognitive functioning changes at varying rates and must be considered when prescribing medications to prevent accelerated advancement of cognitive dysfunction and confusion.
- Antipsychotic drugs must be carefully chosen and dosed by expert personnel and close

monitoring for any deviation from the normal function of the medication and altered behaviours in the elderly.

- Noncompliance can innocently occur in the elderly as a result of complex medication regimes not being followed or through lack of understanding, forgetfulness, or self prescribing.
- Seniors over the age of 85 are at higher risk, and particular vigilance is required for increased sensitivity to medication with careful monitoring and evaluating for adverse effects.

As a result of these conditions, the elderly are always at risk of medication-related health concerns. So how can a caregiver monitor their loved one’s prescription regimen?

## Prescribing professionals

Since 1991 a list, known as the Beers List, has been available to help professionals manage the drugs used by the elderly. The list outlines classes of medications that should always be avoided because the risks outweigh the benefits. (Editors note: A Canadian version of the list is available from the CBC at [www.cbc.ca/news/background/seniorsdrugs/beers\\_table\\_more.html](http://www.cbc.ca/news/background/seniorsdrugs/beers_table_more.html).) The trouble is that most family physicians do not know of the list; consequently, they don’t use it. On the other

hand, geriatricians have made it their business to understand the interaction between medications and the elderly. These special physicians are, in my experience, the experts in prescribing medications for seniors.

Another specialist available in nursing homes, often in conjunction with the geriatrician, is the geriatric psychiatrist. I welcome their assessment of my clients, since they usually take a practical approach and often discontinue any medications that are not providing an immediate benefit to the elderly client.

In some particularly difficult situations, a complete study of both medication and the resulting behaviours need to be scrutinized by a geriatric psychiatrist. This treatment is carried out on an “admission” basis and can last for up to six weeks. All medications are discontinued, and then the effect of each treatment is studied as medications are slowly added back.

### Monitoring medications

The good news is that many institutions have or are planning to improve drug management and medication reviews for the elderly. In the meantime, I believe that it is everyone’s job to monitor medication use and side effects. This suggests a team approach to managing prescriptions.

For a senior who lives in a nursing home, all disciplines share responsibility: from the physician to the personal support worker. Even the dietitian should have input; after all, the elderly person’s ability to consume sufficient calories is essential to their well-being.

For a senior who lives in the community, the family and the personal support worker, if there is one, play an important role in noticing both positive and negative changes in the person’s behaviours and cognitive abilities. For example, with my private clients I am able to help monitor their progress personally as well as through others in the home and the patient’s physiotherapist, general practitioner and geriatrician.

### Communicating changes

When seniors live in a facility, the person who has power of attorney (POA) should be involved in any medication changes. The physician is usually bound to call the POA before any changes or sedative drugs are prescribed. In fact, it is the POA’s responsibility to

be aware and discuss (even with the cognitively impaired) the impact of medication changes. The POA also has the responsibility to disagree with the use of certain medications that may have mood-altering or sedating effects on their loved one. This can be difficult when the pressure for a certain treatment is imposed by a facility. In my experience, the facility can be very insistent on the use of medications to treat certain behaviours. Nonetheless, the POA must act in the senior’s best interests.

### Tracking treatment

All health care disciplines involved in elderly care should monitor treatment. All too often the attending physician, prompted by the facility staff, will prescribe a regime of medications without clearly understanding the family’s wishes. This happens more so on the need to sedate clients.

The pharmacist plays the most important role in monitoring medications. They understand drug interactions, side effects, and doses, and are a very valuable member of the team. With the use of increasingly complex medications, the pharmacist should assist the physician and provide time to discuss the effects of medications with the elderly and their family. I recommend only using one pharmacist in the community to ensure that the mix of medications and the senior’s complete history is recorded and monitored for future treatment. ●

*Carol Edwards, RN, GCM, is the President of Careable Inc. She can be reached at 416-362-9176.*

“I’m young at heart, but slightly older in other places.”

*Anonymous*

## Dispensing prescriptions

In nursing homes and hospitals, all medications are dispensed, administered and recorded by skilled nursing staff. In the community, the family, in an effort to avoid medication errors, may dispense medications for their loved ones in daily pill containers. Another option, when unskilled staff are employed, is the pharmacist dispensing medications in blister packs or dosettes. There is a small charge for this service, but it avoids error and helps tracks time and dose.