

Parents Are Hard To Raise® S03 Episode 106 Transcript

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Announcer [00:00:24] This week on Parents Are Hard To Raise®, Diane catches up on listener emails. Plus... What hospitals are hoping you never find out about their mysterious lack of available beds, or... The real reason our aging parents are sleeping in America's emergency department hallways.

[00:00:57] Join 180 million monthly subscribers who can now listen to Parents Are Hard To Raise® on Spotify.

Diane Berardi [00:01:14] Welcome to Parents Are Hard To Raise®... Helping families grow older together without losing their minds. I'm elder care expert, Diane Berardi.

[00:01:24] Hey everyone. You're stuck with me this week. I've been getting so many e-mails... People who, their parents are in nursing homes and they feel like there's not enough staff, helping. They're having trouble sleeping, people are having trouble sleeping. They're stressed and I'm getting a lot of the same questions, so I figured we'll kill how many birds with one stone. So, here I go...

[00:01:52] So, surprisingly I had a call from a caregiver who I've become friends with, I've known her for a number of years. She actually was taking care of one of my clients and that's how I met her. And she's a young girl she started out at 18 being a caregiver. She went to school to train to be a home health aide. And she's in her 40s now and so she's been doing this for a long time. And unfortunately, she now is caring for her husband, who he's on dialysis. So you can imagine... She's a caregiver, a professional caregiver and then she's a caregiver to her husband. And she's trying to work and keep herself sane.

[00:02:42] So she happened to say to me she was going to stop by to come in to talk to me about something and she called me from the road and she said she was about five minutes away from my office. And she said, Diane I just, I don't feel well. You know, she said, I feel dizzy. I feel like I'm gonna pass out. I said to her, are you driving? She said, yes. I said, pull over, you know pull over and I'll come and meet you.

[00:03:04] No. I'm only like five minutes from you. But I think I'm just gonna go home. Now she would have drove home, would have been another 45 minutes from where I was. I said, you can't drive home, you know. Pull over and I'll come and get you.

[00:03:18] No no no. She said, I can make it. I said, Do you have water with you? She said yes. Bottled water. I said, drink some water.

[00:03:25] No. You know, I just don't feel well.

[00:03:28] I said, you can't drive. You have to pull over.

[00:03:30] No. I'm really I'm almost by your office.

[00:03:33] So there was no talking to her, of course, as it's like with all of us.

[00:03:38] You know we're just going to do what we're going to do. So she came to my office and the poor thing, before she could even get out of the car, she she got sick in the parking lot. I got her into my office and you know she went into the bathroom and she got sick. She was white, pale as a ghost. She could just about walk. I said, to her I'm calling the paramedics, I'm calling 9 1 1.

[00:04:00] No no. This happens to me all the time. I think I am just dizzy I didn't eat and I think I'm dehydrated et cetera you know.

[00:04:09] I said, No no... I'm calling paramedics. So I call the paramedics and of course they came and they checked her out. And her blood pressure was really low and they had said to her you know you're she was clammy. I mean she just wasn't right. They wanted to take her to the E.R. and of course she refused. And I said, you have to go get checked out. You know you're not taking care of yourself. She wouldn't go.

[00:04:31] Why wouldn't she go? Well, first of all, she's doing dialysis with her husband at home. I mean she's doing everything. She went for training and the insurance company apparently the insurance he has they'll only pay for dialysis at home. I believe they'll pay for it at a place but of course the co-pays are exorbitant. So she had to go for training which I can't even imagine.

[00:04:58] I mean there's a lot of things we do as caregivers, there's a lot of things we we learn. But I can't imagine that. First of all being under the stress of you know you have to work you have to keep up a job. She has to get up at 3:00 in the morning so that she can be done with the dialysis by 8:00. And if she has any complications she has to call someone. I mean it's a whole ordeal. And then she has to go to work at 9:00a.m. So you can imagine the stress of all of this.

[00:05:26] So she was worried about her husband. She said, no I have to go to work later.

[00:05:30] I said, you can't go to work like that. To make a long story short. She would not go with the paramedics and they said someone has to drive her home and she was worried about a car, going to work et cetera.

[00:05:43] And you know if you remember, Dr. Jo saying you know so many of us, we say we don't even have five minutes. And I said to her Have you drank anything today?

[00:05:54] She goes, no. You know I have a bottle of water with me but you know I don't even bother drinking, I don't even take the time, because I'm so busy in the course of a day. And I could see that. I mean I have water on my desk. And do you know half the time I don't even drink it. And I'm thirsty and I don't do it.

[00:06:11] So you know, we're in a crazy situation. This poor girl is a caregiver and this has to do with shortages and why we have shortages. You know in the U.S. we have a caregiver crisis. As providers, we're not competitive. We have what they're calling now a workforce crisis.

[00:06:32] Direct Employers of long term care facilities posted jobs, they posted 43,000 jobs just in January of 2019. And that was an increase of 10,000 positions over a typical month in 2018. So you can imagine, people aren't going into some of these positions, because you can be compensated somewhere else better. You could have better salaries,

better chance for advancement, better benefits. It isn't a stress related position. You're not working...

[00:07:11] You know sometimes in nursing homes, there's not enough help, which we're saying. And you're working alone, and you have like 30 patients to take care of, to bathe, to feed, to dress. So there's a real shortage and a lot of people are writing in and saying, geez you know I don't feel like my mom is being cared for. And this is one of the reasons.

[00:07:31] I mean in New Jersey I'm caregivers, you know, home health aides, they don't make a lot of money. And now the minimum wage is going up to 15 dollars an hour. But I think right now it's eight dollars and change. And this year, I think in July, it might be going up to 9. So it's going up in increments. But how could someone live on that? You know how do you how can you live on that?

[00:07:55] What's happening in long term care facilities is the staffing crisis is so bad that directors of nurses are saying, of course, the staffing shortages are their top challenges. Sixty three percent are saying they don't have enough staff to properly care for their residents. And directors of nursing are now going to the frontlines and saying they're providing direct resident care. About 66 percent are now doing the direct care, and they're saying they're, obviously, their job satisfaction rates are declining and it's causing burnout.

[00:08:35] So, this is a serious issue we have. You know we have to make the job... The job, first of all, we have to be competitive. Anybody, you can go to Costco. You can go to Amazon, you know, and make more than minimum wage or minimum wage. And you know you're not maybe driving from patient to patient, or you're not working for different places. You're not using your back, you know your body you're physically working. So there's a lot of things. It's a culture that really needs to be re-evaluated. We have to evaluate the benefits. And also, the people we have to appreciate the people that are doing the hands on care. And there has to be somewhere for them to go. You know a lot of home health aides or CNA's, well that's where they're at. You know they're in that level and that's where they remain. So we need advancement. So that's one of the issues we're all having.

[00:09:31] But this particular girl, home health aide that I was talking about, so not only is she worried about her job, her work, she has to earn enough money, she has to work. She works for three different companies to make sure she makes enough you know to be able to live. So also, she's saying she's not getting enough sleep. And I was saying to her, I had just been reading this study and research about shorter sleep may cause dehydration.

[00:10:02] And what research is saying is that adults who sleep only six hours a night may have a higher chance of being dehydrated, compared with those people that sleep longer. And their findings are suggesting that some of the symptoms of not getting enough sleep: fatigue, fuzzy thinking, headaches in the morning, may actually be due to dehydration.

[00:10:24] So the researchers had looked at the risk of dehydration in about 20,000 people and they were U.S. and Chinese adults.

[00:10:33] And in both populations, people who slept six hours or less had up to about a 59 percent higher risk of dehydration, compared to those who slept seven to eight hours on a regular basis. And what their findings showed was that it may be due to the nightly rhythm of the hormone vasopressin. So during sleep the pituitary gland uses vasopressin to tell the kidneys to retain fluid in the body rather than getting rid of it through the urine.

But normally, the pituitary gland releases more vasopressin in later in the sleep cycle. So you're waking up early, there's less of the hormone that reaches the kidneys in time to conserve fluid.

[00:11:20] So obviously, and you hear this all the time, we need to get more sleep. But what they're telling people, too, is also when you get up in the morning drink one full glass of water when you wake up. And you know during the course of a day we have to take care of ourselves. We have to drink fluids. I know it's easier said than done. Like I said, I have a glass of water on my desk. Do you think I drink it? Sometimes I'll take a sip. And I'll sit there, take a sip and say huh. I'm thirsty. How come I'm not drinking this whole glass of water? Is that ridiculous? But, like for instance, this girl, she has a bottle of water with her all the time, but she's just not drinking. So we really have to watch what we're doing.

[00:12:05] And people also... This is a big complaint, and I experienced this with my mom. When you bring your parents to the E.R. you're wondering why your mom or dad gets stuck in the E.R.. They're being admitted, but they get stuck in the E.R. and you're told there's no beds. And this happened recently and I talked to you about it with my mom.

[00:12:27] So what's happening is, people with elective procedures are getting the hospital beds first. Hmm... Elective admissions.

[00:12:37] So patients whose hospital stays have been scheduled in advance, they take priority over the emergencies.

[00:12:45] So that's crazy, right? Because it's an emergency. So you think the emergencies would go first. No. Those elective patients make them financially attractive to the hospital. First of all they arrive promptly in the morning. They're well insured. And they undergo these procedures that represent a significant revenue stream for hospitals.

[00:13:09] They did an analysis of more than 1 million Medicare cases, and what they found is that hospitals earn about 700 dollars more on each elective admission than on each patient admitted through the emergency department.

[00:13:26] Now you'll hear hospitals say, Well, predictability is a reason for prioritizing elective admissions. But because, this is what they're telling us, the number of patients admitted through the emergency department are about the same every day of the week, whereas elective admissions peak Monday through Thursday. And they trail off toward the weekend. Well of course, because that minimizes the need for doctors to work on the weekend. And so they don't perform those procedures.

[00:13:56] So the weekday peak in elective admissions creates a bottleneck that results in the admitted patients "boarding" in the emergency department. And these boarded patients have been admitted to the hospital, yet they physically remain in the emergency department until vacancies in the hospital rise. They'll tell you, Well, there's no beds. But those vacancies may not arise for hours or even days. That's what happened to my mom.

[00:14:28] So this boarding increases the risk for patients who of course whose conditions might be unstable, maybe patients with new you know a new onset of something who require intensive monitoring, who require high doses of pain medication and critically ill patients.

[00:14:45] This is not just happening... This is like a nationwide phenomenon. Overcrowding in emergency departments. Anybody you talk to says, that happened to my mom, that happened to my dad. It doesn't matter where they are.

[00:14:57] And this is not only inconvenient, it's unsafe. I mean this causes potential for errors, life threatening delays and treatment. And the quality of care is diminished enormously in these situations.

[00:15:12] And what happens to the vulnerable population, our elderly parents? I mean you see what happens, you have to be there. You're constantly... They're on a gurney. And they're in the emergency department and that's their first encounter with somebody coming to help them. Who knows for how long? How long it's going to take for them to be seen? And you see them, they get more and more confused. I mean it's just... This is a terrible situation that's happening in hospitals throughout the country.

[00:15:41] So it's not just your mom or dad that had an experience in that. But here you go.

[00:15:47] So you're going to continue hearing from me and we're going to talk about stress. But if you're a woman or there's a woman in your life there's something you absolutely need to know.

[00:15:59] I want to tell you about my friend Katie. Katie is a nurse and she was attacked on her way home from work. She was totally taken by surprise. And although Katie is only 5 feet tall and 106 pounds she was easily able to drop her 6 foot 4, 250-pound attacker to his knees and get away unharmed.

Katie wasn't just lucky that day. She was prepared.

In her pocketbook, a harmless looking lipstick, which really contained a powerful man stopping aerosol propellant.

It's not like it was in our grandmother's day. Today just going to and from work or to the mall can have tragic consequences. The FBI says a violent crime is committed every 15 seconds in the United States. And a forcible rape happens every five minutes. And chances are when something happens, no one will be around to help.

It looks just like a lipstick. So no one will suspect a thing. Which is important since experts say, getting the jump on your attacker is all about the element of surprise.

Inside this innocent looking lipstick is the same powerful stuff used by police and the military to disarm even the most powerful, armed aggressor. In fact, National Park rangers used the very same formula that's inside this little lipstick to stop two-thousand pound vicious grizzly bears dead in their tracks. It's like carrying a personal bodyguard with you in your purse or your pocket.

Darkness brings danger. Murderers and rapists use darkness to their advantage. We all know what it's like to be walking at night and hear footsteps coming at us from behind. Who's there? If it's somebody bad, will you be protected? Your life may depend on it.

My friend Katie's close call needs to be a wake up call for all of us. Myself included. Pick up a Lipstick Bodyguard and keep it with you always.

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Alexa [00:18:28] Getting the latest episode of Parents Are Hard To Raise®. Here it is from my heart radio.

Announcer [00:18:33] It's as simple as that.

Diane Berardi [00:18:35] You're right, Dolly. There there's so many really cool new ways to listen to our show. It's hard to keep track. You can join the 180 million listeners on Spotify. You can listen in your car, at the gym, or pretty much anywhere on your smartphone, with Apple podcasts and Google podcasts. You can get us on Apple TV, Direct TV, Roku. And like Dolly said, you can even ask Alexa to play the show for you. It's great because you don't have to be tied to a radio anymore. You can listen when you want, where you want, for as long as you want. And if you're listening to the show on one of these new ways please do me a big favor. Please share this new technology. Help someone else learn about the show and show them a new way to listen.

[00:19:18] So I promised to talk about stress. I know we've talked about it so many times. We all experience stress. We have everyday conflicts, major losses, even a promotion or a birth of a child can be stressful. We don't think about stress as being a normal reaction that our body has when a change happens. And even positive life changes, like having a baby, produce stress. But what do scientists know and not know about the stress illness connection?

[00:19:52] Well number one, stress does not affect men and women equally.

[00:19:57] Men and women respond differently to stress, both in their behavior and their physical response. Women appear to be more exposed more frequently to stressful experiences than men are. That might be due to men tend to only report stressful events that happen to them. But women, and I know that's myself when this happens... We feel stressed when the actual event happens to someone close to us.

[00:20:27] I know my husband will go, Well why are you stressed? That didn't happen to you. But I get stressed for someone else. That's how we are as women.

[00:20:37] Men and women also may differ in their susceptibility to stress induced illnesses. For instance, women seem more prone to stress related depression than men are.

[00:20:50] Two. The effects of stressful events depend on where you are in life.

[00:20:56] So if things don't happen when they're supposed to or we think they're supposed to, that creates stress. So you'll hear maybe some females in their 30s saying, I haven't met the right man yet. I'm not married yet. And I'm so stressed about it. And you know I am thinking, well Geez. Why are they so stressed? But this is what how their life

they feel should run. And it didn't happen that way, they should feel like they have married or they have kids. You know you hear so many people who can't have children or they're trying to have children. It's so stressful and some people will say well if they have kids OK. If they don't, OK. But no that's not. You know people feel, OK I should be having children at this time. So certain events are expected at certain times. So that causes stress, if they don't happen as we think they should.

[00:21:52] Number three. At different times in your life you may be more susceptible than others to the ill effects of stress.

[00:21:59] For instance, trauma in childhood. That can be linked to a higher risk of chronic diseases much later in life. The trauma may bring about long lasting biological changes that contribute to diseases later in life.

[00:22:14] Number four. Many stressful events are worse than fewer.

[00:22:19] Scientists say, maybe.

[00:22:21] Effects from stressful events may add up over time. You know if you make a checklist of how many stressful events a person has experienced in a year, it may show that experiencing more events predicts worse health.

[00:22:37] But scientists say, it's too complicated to say if that's exactly true. Because maybe the list gathering might be faulty. Or if a single event is strong enough to increase a health risk substantially, additional events don't necessarily increase the risk further. Or how do you count the events? If you get divorced, let's say, then you may have to move. You may have to move you know maybe out of your house into an apartment. You may have less income. You may have to change jobs. Is that one event or is that three? Maybe it's not the number of events, but the number of life domains where you experience stress, that's more important.

[00:23:21] So what's a life domain? So our lives are made up of specific connected integrated parts that are important to good quality of life. So some of life domains could be, you know your personal identity, your home life, your career, your physical and mental health, your finances, your supportive relationships, your community. So they all represent different parts of life where stress may occur.

[00:23:50] Number five. Chronic stress is worse than acute stress.

[00:23:56] Scientists say, usually.

[00:23:59] It's not necessarily obvious about chronic long lasting or reoccurrence stress that it's worse than one stressful event, because we may adapt to ongoing stress. We may get used to it, you know what's happening maybe it doesn't bother you so much anymore. On the other hand, ongoing stress may be worse for your health because it's always there. It's ready to attack when your body's more vulnerable from another reason. So overall chronic stress is probably worse, because you have that persistent, detrimental effect on the body's immune system.

[00:24:40] Number Six. Just being stressed doesn't mean you'll get sick.

[00:24:46] On the whole, most people who experience stressful events don't get sick. They did experiments exposing stressed and non-stressed people to the common cold virus, and they found that the more stressed people caught the cold more than those in the non-stressed group, but half the people in the stressed group remained healthy.

[00:25:10] Even depression is not an inevitable result of a major life stress. What is very important to remember and we have talked about this in one of our probably in a lot of our earlier shows the more resilient you are... Some people are more resilient than others.

[00:25:30] The more resilient you are, the more you can deal with stress. You know resilience... People who are resilient have more of a positive self-image. They have a sense of control. People with a negative attitude or they're excessively focused on their situation, they tip the scale towards depression.

[00:25:52] Number seven. Some stressful events are more powerful than others.

[00:25:58] Well not all events are equal. They vary, the events vary, and they vary among people.

[00:26:05] Research has indicated that the most damaging stressful events are those that strike at our identity our competence and our status. You know you look at different events. Death of a spouse. A loss of a job. Illness. Divorce. But look at retirement. Promotion. All these issues, they require adaptation. They require adjustment. So a promotion can cause stress. So we don't realize we have to adjust.

[00:26:38] Number eight. Disease might come before the stress.

[00:26:42] So some evidence supports the idea that stress can initiate various diseases, but this may not be the case in truly healthy people.

[00:26:51] What looks like disease triggered by stress may actually be the stressor making a previously unnoticed disease worse.

[00:27:00] Number nine. Stressful events don't strike at random.

[00:27:04] Apart from a fatal accident or a national disaster, your personal traits and situation-- the way you live-- may make you more or less at risk for life stress. Your personality can boost your stress risk. For instance, disagreeable people are more likely to get divorced or more likely to encounter more conflicts with people. ...[laughing]... My producer is looking at me... Raising the risk of stressful events.

[00:27:35] Number 10. Stress can affect a long list of diseases.

[00:27:39] Depression and heart disease are commonly associated with stressful events. But stress influence can extend to other health problems.

[00:27:47] Stress can boost anxiety and mess with our hormones. You know what, if we're stressed, a lot of times we don't do the healthy things like a lot of our guests have been talking about... Exercise. We don't eat well. It instigates bad behavior like smoking or drinking. And these negative behaviors have a negative impact on our brain, on our heart, our liver. And they can result in triggering our health problems or accelerating the progression of a disease.

[00:28:16] Even cancer has been linked to stress. But the evidence on cancer is less clear. The strongest research shows that a likely effective stress is reducing cancer survival, rather than initiating cancer onset.

[00:28:33] So what are we saying? Oh my gosh, there's still a lot of research on stress, but we do know that we have to do things, as all of our guests have been saying... We have to exercise. We have to eat right. We have to be part of something. We have to talk to people. We have to have a community, a social outlet.

[00:28:54] And one last thing in the news, that I want to talk to you about...

[00:28:58] Extra vitamin D may boost the memory but may slow reaction time in older adults.

[00:29:05] So there's been a new study in overweight and obese older women that took more than three times the recommended daily dose of vitamin D. Showed an increase in memory and learning but had slower reaction times.

[00:29:18] So slower reaction times may be part of the reason why falls seem to be more common among the elderly who take higher doses of vitamin D. The slower reaction time may potentially increase the risk of falling and fractures. So for the elderly, these extra doses of Vitamin D can compromise walking or even catching one's balance to avoid a fall, because their reaction time is slower. This still requires more research. But this is very interesting in the news.

[00:29:52] Wow, I can't believe we're out of time. I really talked a lot and fast.

[00:29:57] Parents Are Hard To Raise® family I love getting your e-mails and questions so please keep sending them. You can reach me at Diane@parentsarehardtoraise.org or just click the green button on our home page.

[00:30:08] Parents Are Hard To Raise® is a CounterThink Media production. The music used in this broadcast was managed by Cosmo Music, New York, New York.

[00:30:16] Our New York producer is Joshua Green.

[00:30:19] Our broadcast engineer is Well Gambino.

[00:30:20] And from our London studios, the melodic voice of our announcer, Miss Dolly D. We love our parents, but Parents Are Hard To Raise®.

[00:30:30] Thank you so much for listening. Till next time... May you forget everything you don't want to remember and remember everything you don't want to forget.

[00:30:37] See you again next week.