

NIH News in Health

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Coping with Caregiving

Take Care of Yourself While Caring for Others

It can be a labor of love, and sometimes a job of necessity. A total of about 43 million U.S. adults provide unpaid care for someone with a serious health condition each year. These often-unsung heroes provide hours of assistance to others. Yet the stress and strain of caregiving can take a toll on their own health. NIH-funded researchers are working to understand the risks these caregivers face. And scientists are seeking better ways to protect caregivers' health.

Many of us will end up becoming a caregiver at some point in our lives. Chances are we'll be helping out older family members who can't fully care for themselves. Such caregiving can include everyday tasks, such as helping with meals, schedules, and bathing and dressing. It can also include managing medicines, doctor visits, health insurance, and money. Caregivers often give emotional support as well.

People who provide unpaid care for an elderly, ill, or disabled family member or friend in the home are called informal caregivers. Most are middle-aged. Roughly two-thirds are women. Nearly half of informal caregivers assist someone who's age 75 or older. As the elderly population continues to grow nationwide, so will the need for informal caregivers.

Studies have shown that some people can thrive when caring for others. Caregiving may help to strengthen connections to a loved one. Some find joy or fulfillment in looking after others. But for many, the strain of caregiving can become overwhelming. Friends and family



often take on the caregiving role without any training. They're expected to meet many complex demands without much help. Most caregivers hold down a full-time job in addition to the hours of unpaid help they give to someone else.

"With all of its rewards, there is a substantial cost to caregiving—financially, physically, and emotionally," says Dr. Richard J. Hodes, director of NIH's National Institute on Aging. "One important insight from our research is that because of the stress and time demands placed on caregivers, they are less likely to find time to address their own health problems."

Informal caregivers, for example, may be less likely to fill a needed prescription for themselves or get a screening test for breast cancer. "Caregivers also tend to report lower levels of physical activity, poorer nu-

trition, and poorer sleep or sleep disturbance," says Dr. Erin Kent, an NIH expert on cancer caregiving.

Studies have linked informal caregiving to a variety of long-term health problems. Caregivers are more likely to have heart disease, cancer, diabetes, arthritis, and excess weight. Caregivers are also at risk for depression or anxiety. And they're more likely to have problems with memory and paying attention.

"Caregivers may even suffer from physical health problems related to caregiving tasks, such as back or muscle injuries from lifting patients," Kent adds.

Caregivers may face different challenges and risks depending on the health of the person they're caring for. Taking care of loved ones with cancer or dementia can be especially demanding. Research suggests that these caregivers bear greater levels of physical and mental burdens than caregivers of the frail elderly or people with diabetes.

"Cancer caregivers often spend more hours per day providing more intensive care over a shorter period of time," Kent says. "The health of can-

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cer patients can deteriorate quickly, which can cause heightened stress for caregivers. And aggressive cancer treatments can leave patients greatly weakened. They may need extra care,



Wise Choices Self-Care for Caregivers

- **Get organized.** Make to-do lists, and set a daily routine.
- **Ask for help.** Make a list of ways others can help. For instance, someone might pick up groceries or sit with the person while you do errands.
- **Take breaks each day, and spend time with your friends.**
- **Keep up with your hobbies and interests.**
- **Join a caregiver's support group.** Meeting other caregivers may give you a chance to exchange stories and ideas.
- **Eat healthy foods, and exercise as often as you can.**
- **See your doctor regularly.** Be sure to tell your health care provider that you're a caregiver, and mention if you have symptoms of depression or sickness.
- **Build your skills.** Some hospitals offer classes on how to care for someone with an injury or illness. To find these classes, ask your doctor or contact your local Area Agency on Aging at www.n4a.org.

and their medications may need to be monitored more often."

Cancer survivorship, too, can bring intense levels of uncertainty and anxiety. "A hallmark of cancer is that it may return months or even years later," Kent says. "Both cancer survivors and their caregivers may struggle to live with ongoing fear and stress of a cancer recurrence."

Dementia can also create unique challenges to caregivers. The health care costs alone can take an enormous toll. One recent study found that out-of-pocket spending for families of dementia patients during the last 5 years of life averaged \$61,522, which was 81% higher than for older people who died from other causes.

Research has found that caregivers for people with dementia have particularly high levels of potentially harmful stress hormones. Caregivers and care recipients often struggle with the problems related to dementia, such as agitation, aggression, trouble sleeping, wandering, and confusion. These caregivers spend more days sick with an infectious disease, have a weaker immune response to the flu vaccine, and have slower wound healing.

One major successful and expanding effort to help ease caregiver stress is known as REACH (Resources for Enhancing Alzheimer's Caregiver Health). Nearly a decade ago, NIH-funded researchers showed that a supportive, educational program for dementia caregivers could greatly improve their quality of life and



Web Links

To learn more about caregiving, click the "Links" tab at:
<http://newsinhealth.nih.gov/issue/Dec2015/Feature1>

reduce rates of clinical depression. As part of the program, trained staff connected with caregivers over 6 months by making several home visits, telephone calls, and structured telephone support sessions.

"REACH showed that what caregivers need is support. They need to know that there are people out there and resources available to help them," says Dr. John Haaga, who oversees NIH's behavioral and social research related to aging.

The REACH program is now being more widely employed. It's been adapted for use in free community-based programs, such as in local Area Agencies on Aging. It's also being used by the U.S. Department of Veterans Affairs and by the Indian Health Service, in collaboration with the Administration for Community Living.

"We know how to support families caring for an older adult. But that knowledge is not easily accessible to the families who need it," says Dr. Laura Gitlin, a coauthor of the REACH study and an expert on caregiving and aging at Johns Hopkins University. "Caregivers need to know it's not only acceptable, but recommended, that they find time to care for themselves. They should consider joining a caregiver's support group, taking breaks each day, and keeping up with their own hobbies and interests."

To learn more about aging-related caregiver resources, contact NIH's National Institute on Aging at 1-800-222-2225 or niaic@nia.nih.gov. To learn about cancer-related caregiver resources, contact NIH's National Cancer Institute at 1-800-422-6237.

See the Web Links box to find a variety of online caregiving resources. ■

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Halting Hypothermia

Cold Can Be Dangerous

The frosty air of winter can be invigorating. But cold air can also pose threats to your health, whether you're indoors or outside. If your body temperature drops too low, it can lead to a serious, sometimes deadly condition known as hypothermia. Learn to recognize the signs of this condition, and take steps to keep yourself and your family warm and safe during this chilly season.

A normal body temperature is 98.6 °F. Just a few degrees lower—below 95°—can be dangerous, especially for the very young and very old.

"The body is finely tuned to operate within a narrow temperature range inside the body, despite large differences in temperature outside the body. We have all sorts of mechanisms—like adjusting the size of

our small blood vessels and shivering—to help us maintain a healthy body temperature," says NIH's Dr. Basil Eldadah, who oversees research on the medical care of older adults. "But older adults and young children are more susceptible to the effects of outside temperature changes. When the body's inside temperature strays beyond that narrow range, body functions don't operate well."

Low body temperatures can impair vital organs. When cold affects the body, people may have trouble thinking clearly, talking properly, or moving well. They may not realize what's happening, or they might not be able to take steps to warm up or ask for help.

Anyone who spends much time outdoors in very cold weather can get hypothermia. But hypothermia can happen anywhere—not just outside and not just in bitter winter weather. It can strike when temperatures are cool—for example, if a person becomes chilled from rain, sweat, or being in cold water.

"Even during the heat of summer, older people and very small children are at risk if air conditioning makes their homes too cold," Eldadah says. Certain medications and alcohol can also raise the risk for hypothermia.

Left untreated, hypothermia can quickly turn dangerous. Several hundred people in the U.S.—half of them age 65 or older—die from hypothermia each year.

"If you suspect that someone you know or love may be at risk of hypothermia, it's important to know the signs and symptoms, and take quick action if needed," Eldadah says. "First get the person out of the cold or wet environment if possible, remove any wet clothes, and cover the person with dry blankets or whatever's handy." Offer the person something warm to drink, but avoid alcohol or caffeinated beverages like coffee.

"Also avoid things like a hot-water bath or a heating pad," says



Eldadah. "External heat sources for hypothermia can be risky because of the potential for things like burns, low blood pressure, or irregular heart rhythms. Active rewarming techniques are best used in settings where doctors can closely monitor a patient's vital signs, so getting professional help is important."

To help prevent hypothermia in the first place, Eldadah says, "Follow some of the common sense advice that we've probably all heard. Dress in layers; cover up with blankets; and if you expect to be out in the wind, rain or snow, wear a jacket with a waterproof and windproof outer shell."

To keep warm at home, wear socks, slippers, and a cap or hat. Set your heat at 68° or higher when it's cold outside. To save on heating bills, close off rooms you're not using. If you need help paying your home heating bills, you may qualify for an energy assistance program. Learn more at www.liheapch.acf.hhs.gov/get_help.htm.



Web Links

For more about hypothermia, click the "Links" tab at: <http://newsinhealth.nih.gov/issue/Dec2015/Feature2>



Wise Choices

Signs of Hypothermia

If you see these warning signs of hypothermia, call 911.

Early Signs:

- Cold feet and hands
- Puffy or swollen face
- Pale skin
- Shivering (although people with hypothermia don't always shiver)
- Slower speech or slurring words
- Acting sleepy
- Being angry or confused

Later Signs:

- Slow or clumsy movement, trouble walking
- Stiff and jerky arm or leg movements
- Slow heartbeat that is not regular
- Slow, shallow breathing
- Blacking out or losing consciousness



Health Capsules

For links to more information, see these stories online:
<http://newsinhealth.nih.gov/issue/Dec2015/Capsule1>

Training Helps Doctors Spot, Treat At-Risk Teens

After brief training sessions, pediatricians were more likely to recognize and treat teens for problems like drug and alcohol use. The findings may help improve ways to address mental health and substance abuse issues.

Substance abuse during teen years is common and dangerous. Risks range from injuries and school troubles to long-lasting brain changes and addiction. Many teens who use drugs or alcohol also struggle with mental health issues.

Research has shown that adults can reduce heavy drinking and have other positive outcomes when their doctors use a technique called SBIRT, which stands for Screening, Brief Intervention, and Referral to Treatment.

NIH-funded scientists tested whether brief SBIRT training might

also help pediatricians spot and treat problems in youth. The study, led by Dr. Stacy Sterling of Kaiser Permanente, involved nearly 50 pediatricians and 5,200 patients, ages 12 to 18, at a large pediatric clinic.

Doctors were divided into 3 groups. A “pediatrician-only” group received three 60-minute SBIRT training sessions. A second group had a 1-hour training session; they were asked to refer patients as needed to clinical psychologists “embedded” into the practices. A “usual-care” group of doctors didn’t receive SBIRT training or have psychologists embedded in their practices.

After SBIRT training, the pediatrician-only group was about 10 times more likely than the usual-care group to conduct brief interventions with

at-risk patients (16% vs. 1.5%). The intervention rate was about 25% for SBIRT-trained pediatricians working with embedded psychologists.

“Embedding nonphysician clinicians in primary care could be a cost-effective alternative to pediatricians providing these services,” says senior author Dr. Constance Weisner of the University of California, San Francisco. Future analyses will look at patient outcomes and the cost-effectiveness of SBIRT approaches. ■



Featured Website NIH Spanish Health Information Portal

<http://salud.nih.gov/>

You can now find Spanish-language health information from across NIH in one place. This new site offers a wealth of free, science-based health information, including dozens of *NIH News in Health* articles. A new feature, called “Ask Carla,” invites your questions and comments about finding health info.



Delicious and Healthy Holiday Eating

Planning holiday meals? Try these tips to make meals healthier without sacrificing taste or fun:

Swap ingredients for healthier options. Cutting calories and saturated fat won’t make your meal less flavorful. In fact, it’s likely no one will taste the difference. In baked goods, instead of butter, stick margarine, or shortening, use softer tub options. Cut sugar in side dishes by leaving off sweet toppings like marshmallows or whipped cream. Replace white bread with whole grain or wheat bread or white rice with brown rice.

Keep portion sizes healthy. Heaping platters of food can make people

want to eat large portions or take seconds. To decrease overeating, use smaller plates, serving utensils, or bowls. Serve a buffet-style dinner on a separate table, so guests have to get up for seconds. Offer take-home containers, so guests don’t feel they have to eat everything “now.”

Create active after-dinner traditions. Instead of taking a nap, do something to burn off extra calories and promote family fun. Play a family game of touch football, or take an after-dinner walk.

For more tips on eating right and being active, visit NIH’s *We Can!* website at <http://wecan.nhlbi.nih.gov>.

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