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Crime and Older People

Lucy is worried. She’s lived in the old neighborhood for 50 years, but things seem to be changing. Last week her friend Rose was walking to the store when a young man ran by and pulled her purse right off her shoulder. Two weeks ago Joe, the man upstairs, said he put his grocery bags on the curb while waiting for the bus, and before he knew it, someone had picked up his bags and run off.

Lucy feels sad to think she might have to move. She wonders, is anywhere safe for older people anymore?

Older people and their families worry about crime. Though older people are less likely to be victims of crime than teenagers and young adults, the number of crimes against older people is hard to ignore. It is often highly publicized. Each year, over two million older people are victims of crime.

Older people are often targets for robbery, purse snatching, pocket picking, car theft, or home repair scams. They are more likely than younger people to face attackers who are strangers. During a crime, an older person is more likely to be seriously hurt than someone who is younger.

But, even though there are risks, don’t let a fear of crime stop you from enjoying life. Be careful, and be aware of your surroundings. The following is a general overview of some of the areas of most concern to older people. These are common sense tips that can help fight crime and protect your safety. At the end of the fact sheet you can find a list of resources that will have a lot more information that can help.

Stay Safe

There are a lot of things you can do to keep you, your money, and your property safe. These do’s and don’ts give you a place to start:

Be safe at home

- Do try to make sure that your locks, doors, and windows are strong and cannot be broken easily. A good alarm system can help.
- Do mark valuable property by engraving an identification number, such as your driver’s license number, on it.
- Do make a list of expensive belongings—you might even take pictures of the most valuable items. Store these details in a safe place.
- Don’t open your door before looking through the peephole or a safe window to see who’s there. Ask any stranger to show proof that he or she is who they claim to be. Remember, you don’t have to open the door if you feel uneasy.
■ Don’t keep large amounts of money in the house.
■ Do get to know your neighbors—join a Neighborhood Watch Program.

**Be street smart**

■ Do try to stay alert. Walk with a friend. Stay away from unsafe places like dark parking lots or alleys. If you drive, don’t open your door or roll down your window for strangers. Park in well-lit areas.
■ Do have your monthly pension or Social Security checks sent right to the bank for direct deposit. Try not to have a regular banking routine.
■ Don’t carry a lot of cash. Put your wallet, money, or credit cards in an inside pocket. Carry your purse close to your body with the strap over your shoulder and across your chest.
■ Do not resist a robber—hand over your cash right away.
■ Don’t keep your check book and credit cards together. A thief who steals both could use the card to forge your signature on checks.

**Fight Fraud**

Older people may be victims of fraud, such as con games, insurance scams, home repair scams, and/or telephone and Internet scams. Even trusted friends or family members can steal an older person’s money or property. Trust what you feel. The following tips may help:

**Be smart with your money**

■ Don’t be afraid to hang up the phone on telephone salespeople. Remember, you can always say no to any offer. You aren’t being impolite—you are taking care of yourself!
■ Don’t give any personal information, including your credit card number or bank account, over the phone unless you have made the phone call. Be careful when returning a sales call.
■ Don’t take money from your bank account if a stranger tells you to. In one common swindle a thief pretends to be a bank employee and asks you to take out money to “test” a bank teller. Banks do not check their employees this way.
■ Don’t be fooled by deals that “are too good to be true.” They are often scams. Beware of deals that ask for a lot of money up front and promise you success. Check with your local Better Business Bureau to get more information about the reliability of a company.
■ Do be on guard about hiring people that come door-to-door looking for home repair work. They may overcharge you. You should try to check their references. Always spell out the details of the work you want done in writing. Never pay for the whole job in advance.

**Avoid Identity Theft**

How can someone steal your identity? If they use your name, Social Security
number, or credit card without your go-ahead—that’s called identity theft, and it’s a serious crime.

**Protect yourself**

- Do take care to keep information about your checking account private—keep all new and cancelled checks in a safe place; report any stolen checks right away; carefully look at your monthly bank account statement.

- Do shred everything that has personal information about you written on it.

- Do be very careful when buying things online. Websites without security may not protect your credit card or bank account information. Look for information saying that a website has a ‘secure server’ before buying anything online.

Elder Abuse—It’s a Crime

It’s hard to believe, but elder abuse can happen anywhere—at home by family or friends or in a nursing home by professional caregivers. Many people don’t think of elder abuse as a crime, but it is. In addition to physical harm, abuse can include taking financial advantage, neglecting, sexually abusing, or abandoning an older person. Most abuse involves verbal threats or hurtful words.

It only rarely involves weapons or causes physical injury beyond minor cuts and bruises. If someone you know is being abused, or if you need help, remember:

- You can help yourself and others by reporting the crimes when they happen. If you do not report a crime because of embarrassment or fear the criminal stays on the streets. Reporting abuse is a moral as well as legal responsibility in most states.

- Contact your local or state Adult Protective Service programs for help.

- If you have been hurt, go to a doctor as soon as possible. Even though you may not see anything wrong, there is always the possibility of internal damage.

- Contact a lawyer. He or she will assist you in any legal action that needs to be taken.

- Plan for your own future. Arrange a health-related power of attorney (also called an advance directive) or have a will so your family knows your wishes for the future.
For More Information

There are many organizations that have more in-depth information on crime prevention or protection. Check with the following groups for suggestions that can help you feel safer:

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<tr>
<th>National Organization for Victim Assistance</th>
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<tbody>
<tr>
<td>510 King Street, Suite 424</td>
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<tr>
<td>Alexandria, VA 23314</td>
</tr>
<tr>
<td>800-879-6682 (toll-free)</td>
</tr>
<tr>
<td><a href="http://www.trynova.org">www.trynova.org</a></td>
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<tr>
<td>■ 24-hour hotline</td>
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<tr>
<th>AARP-Consumer Protection</th>
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<tbody>
<tr>
<td>601 E Street, NW</td>
</tr>
<tr>
<td>Washington, DC 20049</td>
</tr>
<tr>
<td>202-434-2222</td>
</tr>
<tr>
<td><a href="http://www.aarp.org/consumerprotect">www.aarp.org/consumerprotect</a></td>
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<tr>
<th>US Council of Better Business Bureaus</th>
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<tbody>
<tr>
<td>4200 Wilson Boulevard Suite 800</td>
</tr>
<tr>
<td>Arlington, VA 22203-1838</td>
</tr>
<tr>
<td><a href="http://www.bbb.org">www.bbb.org</a></td>
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<tr>
<th>Federal Trade Commission</th>
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<tbody>
<tr>
<td>600 Pennsylvania Avenue, NW</td>
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<tr>
<td>Washington, DC 20580</td>
</tr>
<tr>
<td>877-382-4387 (toll-free)</td>
</tr>
<tr>
<td><a href="http://www.ftc.gov">www.ftc.gov</a></td>
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<tr>
<td>■ Look for the booklet When Bad Things Happen to Your Good Name</td>
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<tr>
<th>National Domestic Violence Hotline</th>
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<tr>
<td>800-799-7233 (toll-free)</td>
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<tr>
<td>800-787-3224 (TTD/toll-free)</td>
</tr>
<tr>
<td>■ 24 hours/day, 365 days/year</td>
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<table>
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<tr>
<th>National Center on Elder Abuse</th>
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<tbody>
<tr>
<td>1201 15th Street, NW, Suite 350</td>
</tr>
<tr>
<td>Washington, DC 20005-2800</td>
</tr>
<tr>
<td>202-898-2586</td>
</tr>
<tr>
<td><a href="http://www.elderabusecenter.org">www.elderabusecenter.org</a></td>
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For more information about health and aging, contact:

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<thead>
<tr>
<th>National Institute on Aging Information Center</th>
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<tbody>
<tr>
<td>P.O. Box 8057</td>
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<tr>
<td>Gaithersburg, MD 20898-8057</td>
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<tr>
<td>800-222-2225 (toll-free)</td>
</tr>
<tr>
<td>800-222-4225 (TTY/toll-free)</td>
</tr>
<tr>
<td>■ To order publications (in English or Spanish) online, visit <a href="http://www.niapublications.org">www.niapublications.org</a>.</td>
</tr>
<tr>
<td>■ The National Institute on Aging website is <a href="http://www.nia.nih.gov">www.nia.nih.gov</a>.</td>
</tr>
<tr>
<td>■ Visit NIHSeniorHealth.gov (<a href="http://www.nihseniorhealth.gov">www.nihseniorhealth.gov</a>), a senior-friendly website from the National Institute on Aging and the National Library of Medicine. This simple-to-use website features popular health topics for older adults. It has large type and a “talking” function that reads the text out loud.</td>
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2003
Getting Your Affairs in Order

Ben has been married for 50 years. He always managed the family’s money. But since his stroke Ben can’t walk or talk. Shirley, his wife, feels overwhelmed. Of course, she’s worried about Ben’s health. But, on top of that, she has no idea what bills should be paid or when they are due.

Eighty-year-old Louise lives alone. One night she fell in the kitchen and broke her hip. She spent one week in the hospital and two months in an assisted living facility. Even though her son lives across the country, he was able to pay her bills and handle her Medicare questions right away. That’s because several years ago, Louise and her son talked about what to do in case of a medical emergency.

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Plan for the Future

No one ever plans to be sick or disabled. Yet it’s just this kind of planning that can make all the difference in an emergency. Long before she fell, Louise had put all her important papers in one place and told her son where to find them. She gave him the name of her lawyer as well as a list of people he could contact at her bank, doctor’s office, investment firm, and insurance company. She made sure he had copies of her Medicare and other health insurance cards. She added her son’s name to her checking account, allowing him to write checks on her account. Finally, Louise made sure Medicare and her doctor had written permission to talk with her son about her health or any insurance claims.

On the other hand, because Ben always took care of family financial matters, he never talked about the details with Shirley. No one but Ben knew that his life insurance policy was in a box in the closet or that the car title and deed to the house were filed in his desk drawer. Ben never expected his wife would have to take over. His lack of planning has made a tough situation even tougher for Shirley.

Steps for Getting Your Affairs in Order

- Gather everything you can about your income, investments, insurance, and savings.
- Put your important papers and copies of legal documents in one place. You could set up a file, put everything in a desk or dresser drawer, or just list the information and location of papers in a notebook. If your papers are in a bank safe deposit box, keep copies in a file at home. Check each year to see if there’s anything new to add.
- Tell a trusted family member or friend where you put all your important papers. You don’t need to tell this friend or family member your personal business,
but someone should know where you keep your papers in case of emergency. If you don’t have a relative or friend you trust, ask a lawyer to help.

- Give consent in advance for your doctor or lawyer to talk with your caregiver as needed. There may be questions about your care, a bill, or a health insurance claim. Without your consent, your caregiver may not be able to get needed information. You can give permission in advance to Medicare, a credit card company, your bank, or your doctor. Sometimes you can give your OK over the telephone. Other times you may need to sign and return a form.

Legal Documents

There are many different types of legal documents that can help you plan how your affairs will be handled in the future:

- **Wills** and **trusts** give you a way to say how you want the things you own given out after you die.

- **Advance directives** describe your health care wishes in case you can’t speak for yourself. Advance directives such as a **living will** or **durable power of attorney for health care** can say how you want your health managed and may help avoid family conflict over your care. They also may make it easier for family members to make hard health care decisions on your behalf. For example, your aunt may not wish to have her life extended by being placed on a breathing machine (ventilator), or your brother may want to be an organ donor. Advance directives help people plan for these situations. Different states have different forms for advance directives.

- **A power of attorney** lets you give someone the authority to act on your behalf. There are different types:
  - A **standard power of attorney** lets you name another person to handle your

### Personal Records

- Full legal name
- Social Security number
- Legal residence
- Date and place of birth
- Names and addresses of spouse and children (or location of death certificates)
- Location of “living will” or other advance directive
- Location of birth certificate and certificates of marriage, divorce, citizenship, and adoption
- Employers and dates of employment
- Medications you take regularly
- Education and military records
- Your religion, name of church or synagogue, and names of clergy
- Memberships in groups and awards received
- Names and addresses of close friends, relatives, doctors, clergy, and lawyers or financial advisor
personal or financial matters. This is useful only if you can still make your own decisions.

➤ A **durable power of attorney** lets you name another person to make decisions for you if you become unable to make your own decisions.

➤ A **durable power of attorney for health care** lets you name another person to make medical decisions for you if you are unable to make them yourself.

■ A **living will** says how you want your health care handled if you are in a life threatening situation and cannot make medical decisions for yourself. It gives you the right to refuse certain types of care. It also gives those caring for you the legal right to follow your wishes.

State laws vary, so check with your area office on aging, a lawyer, or a financial planner about the rules and requirements in your state.

**What Exactly is an “Important Paper”?**

The answer to this question may be different for every family. The lists here can help you decide what is important for you. Remember, this is just a starting point. You may have other information to add. For example, if you have a pet, be sure to

<table>
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<tr>
<th>Financial Records</th>
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<tr>
<td>Sources of income and assets (pension funds, IRAs, 401Ks, interest, etc.)</td>
</tr>
<tr>
<td>Information about insurance policies, bank accounts, deeds, investments, and other valuables, such as jewelry or art</td>
</tr>
<tr>
<td>Social Security and Medicare information</td>
</tr>
<tr>
<td>Investment income (stocks, bonds, property) and stockbrokers’ names and addresses</td>
</tr>
<tr>
<td>Insurance information (life, health, long-term care, home, and car) with policy numbers and agents’ names</td>
</tr>
<tr>
<td>Name of your bank and bank account numbers (checking, savings, and credit union)</td>
</tr>
<tr>
<td>Location of safe deposit boxes</td>
</tr>
<tr>
<td>Copy of most recent income tax return</td>
</tr>
<tr>
<td>Copy of your will</td>
</tr>
<tr>
<td>Liabilities—what you owe, to whom, and when payments are due</td>
</tr>
<tr>
<td>Mortgages and debts—how and when paid</td>
</tr>
<tr>
<td>Location of deed of trust and car title</td>
</tr>
<tr>
<td>Credit card and charge account names and numbers</td>
</tr>
<tr>
<td>Property tax information</td>
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<tr>
<td>Location of all personal items, such as jewelry and family treasures</td>
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include the name and address of your vet or someone who could care for him or her.

If Your Caregiver Lives Far Away

The person you choose to help you may live far away. In that case, a little more information can make it easier for him or her to help. For example, make sure she or he has the names, phone numbers, and e-mail addresses of people near you who could be helpful in an emergency, such as:

- Family members, friends, and neighbors who live nearby,
- Your apartment manager,
- Your doctor and other health care providers,
- Your clergy, or
- Your lawyer, accountant, or other advisors.

Update this information every year.

Resources

You may want to talk with a lawyer about setting up a power of attorney, durable power of attorney, joint account, trust, or advance directive. Be sure to ask about the cost before you make an appointment. You should be able to find a directory of local lawyers at your library. An informed family member may be able to help you manage some of these issues.

For More Information

The following organizations may be helpful:

AARP
601 E Street, NW
Washington, DC 20049
800-304-4222 (toll-free)
www.aarp.org

National Association of Area Agencies on Aging
1730 Rhode Island Avenue, NW
Washington, DC 20036
202-842-0888
www.n4a.org

National Association of State Units on Aging
1201 15th Street, NW, Suite 350
Washington, DC 20005
202-898-2578
www.nasua.org

Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244-1850
877-267-2323 (toll-free)
866-226-1819 (TTY/toll-free)
www.cms.gov

For more information about health and aging, contact:
National Institute on Aging Information Center
P.O. Box 8057
Gaithersburg, MD 20898-8057
800-222-2225 (toll-free)
800-222-4225 (TTY/toll-free)

- To order publications (in English or Spanish) online, visit www.niapublications.org.

The National Institute on Aging website is www.nia.nih.gov.

Visit NIHSeniorHealth.gov (www.nihseniorhealth.gov), a senior-friendly website from the National Institute on Aging and the National Library of Medicine. This simple-to-use website features popular health topics for older adults. It has large type and a “talking” function that reads the text out loud.

June 2004
Almost every summer there is a deadly heat wave in some part of the country. Too much heat is not safe for anyone. It is even riskier if you are older or if you have health problems. It is important to get relief from the heat quickly. If not, you might begin to feel confused or faint. Your heart could become stressed, and sometimes this causes death.

Your body is always working to keep a balance between how much heat it makes and how much it loses. Your brain is the thermostat. It sends and receives signals to and from parts of your body that affect temperature, such as the spinal cord, muscles, blood vessels, skin, and glands that make substances known as hormones. Too much heat causes sweating. When the sweat dries from your skin, the surface of your body cools, and your temperature goes down.

Being in heat for too long can cause many illnesses, all grouped under the name hyperthermia (hy-per-ther-mee-uh):

- **Heat cramps** are the painful tightening of muscles in your stomach area, arms, or legs. Cramps can result from hard work or exercise. While your body temperature and pulse usually stay normal during heat cramps, your skin may feel moist and cool. Take these cramps as a sign that you are too hot—find a way to cool your body down. Be sure to drink plenty of fluids, but not those containing alcohol or caffeine.

- **Heat edema** is a swelling in your ankles and feet when you get hot. Putting your legs up should help. If that doesn’t work fairly quickly, check with your doctor.

- **Heat syncope** is a sudden dizziness that may come on when you are active in the heat.

Irene used to be a schoolteacher. Now retired, she loves to work in her garden. Because she has always spent hours outside, digging, weeding, and planting, she believes the heat and humidity of midwestern summers doesn’t bother her. Then last year an unusual heat wave hit her area for a week. Every day the temperature was over 100°F, and the humidity was at least 90 percent. Irene’s house only has one large fan. It just wasn’t enough to fight the effect of the heat and humidity on her body. Five days into the heat wave, her daughter came over because Irene sounded confused on the phone. She found her mom passed out on the kitchen floor. The ambulance came quickly when called, but Irene almost died. She had heat stroke, the most serious form of hyperthermia.
If you take a form of heart medication known as a beta blocker or are not used to hot weather, you are even more likely to feel faint when in the heat. Putting your legs up and resting in a cool place should make the dizzy feeling go away.

**Heat exhaustion** is a warning that your body can no longer keep itself cool in the hot air surrounding it. You might feel thirsty, dizzy, weak, uncoordinated, nauseated, and sweat a lot. Your body temperature is still normal, and your pulse might be normal or raised. Your skin feels cold and clammy. Resting in a cool place, drinking plenty of fluids, and getting medical care should help you feel better soon. If not, this condition can progress to heat stroke.

**Heat stroke** is an emergency—it can be **life threatening**! You need to get medical help right away. Getting to a cool place is very important, but so is treatment by a doctor. Many people die of heat stroke each year. Older people living in homes or apartments without air conditioning or good airflow are at most risk. So are people who don’t drink enough water or those with chronic diseases or alcoholism.

### The Signs of Heat Stroke
- Fainting, possibly the first sign,
- Body temperature over 104°F,
- A change in behavior—confusion, being grouchy, acting strangely, or staggering,
- Dry flushed skin and a strong rapid pulse or a slow weak pulse, and
- Not sweating, despite the heat, acting delirious, or being in a coma.

### Who Is at Risk?
Around 200 people die each year during very hot weather. Most are over 50 years old. The temperature outside or inside does not have to hit 100°F for you to be at risk for a heat-related illness. Health problems that put you at risk include:

- Heart or blood vessel problems, poorly working sweat glands, or changes in your skin caused by normal aging,
How Can I Lower My Risk?

Things you can do to lower your risk of heat-related illness:

■ Drink plenty of liquids—water or fruit and vegetable juices. Every day you should drink at least eight glasses to keep your body working properly. Heat tends to make you lose fluids so it is very important to drink at least that much, if not more, when it is hot. Avoid drinks containing caffeine or alcohol. They make you lose more fluids. If your doctor has told you to limit your liquids, ask him or her what you should do when it is very hot.

■ If you live in a home or apartment without fans or air conditioning, be sure to follow these steps to lower your chance of heat problems:
  ➤ Open windows at night,
  ➤ Create cross-ventilation by opening windows on two sides of the building,
  ➤ Cover windows when they are in direct sunlight, and
  ➤ Keep curtains, shades, or blinds drawn during the hottest part of the day.

■ Try to spend at least two hours a day (if possible during the hottest part of the day) some place air-conditioned—for example, the shopping mall, the movies, the library, a senior center, or a friend’s house if you don’t have air conditioning.

■ Check with your local Area Agency on Aging to see if there is a program that provides window air conditioners to seniors who qualify.

■ If you think you can’t afford to run your air conditioner in the summer, contact your local Area Agency on Aging. Or, ask at your local senior center. They may know if there are any programs in your community to aid people who need help paying their cooling bills. The Low Income Home Energy Assistance Program (LIHEAP) is one possible source.

■ Ask a friend or relative to drive you to a cool place on very hot days if you don’t have a car or no longer drive. Many towns or counties, area agencies, religious groups, and senior citizen centers provide such services. If necessary, take a taxi. Don’t stand outside waiting for a bus.

■ Pay attention to the weather reports. You are more at risk as the temperature or humidity rise or when there is an air pollution alert in effect.

■ Dress for the weather. Some people find natural fabrics such as cotton to be cooler than synthetic fibers. Light-colored clothes reflect the sun and heat better than dark colors. If you are unsure about what to wear, ask a friend or family member to help you select clothing that will help you stay cool.

■ Don’t try to exercise or do a lot of activities when it is hot.

■ Avoid crowded places when it’s hot outside. Plan trips during non-rush hour times.

What Should I Remember?

Headache, confusion, dizziness, or nausea when you’re in a hot place or during hot weather—these could be a sign of a heat-related illness. Go to the doctor or an emergency room to find out if these are
caused by the heat or not. To keep heat-related illnesses from becoming dangerous heat stroke, remember to:

- Get out of the sun and into a cool place—it would be best if it is air-conditioned.
- Offer fluids, but avoid alcohol and caffeine. Water and fruit and vegetable juices are best.
- Shower or bathe, or at least sponge off with cool water.
- Lie down and rest, if possible in a cool place.
- Visit your doctor or an emergency room if you don’t cool down quickly.

For More Information

These organizations offer information about hyperthermia and related services:

**Eldercare Locator:**
800-677-1116 (toll-free)
www.eldercare.gov

**Low Income Home Energy Assistance Program (LIHEAP)**
National Energy Assistance Referral Hotline (NEAR)
866-674-6327 (toll-free)
www.ncat.org

To find your local Area Agency on Aging look in the telephone book or contact:

**National Association of Area Agencies on Aging**
1730 Rhode Island Avenue, NW
Suite 1200
Washington, DC 20036
202-872-0888
www.n4a.org

For more information about health and aging, contact:

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July 2001
Hypothermia: A Cold Weather Hazard

Tony is a retired mailman. He has lived in New England his whole life and has seen some harsh winters. None, however, was as cold or snowy as one winter a few years ago. First, the temperature dipped to below zero and a snowstorm left two feet of snow. Then an ice storm caused lots of broken power lines. That meant Tony had no heat in his house, but he also couldn’t leave. The temperature inside dropped to 60°F quite quickly. When his neighbor rang the doorbell to check on him the next day, Tony was confused, and his speech was slurred. He was taken to the emergency room. A doctor examined him and warmed him up. Tony went to his brother’s house until the heat came back on. Turns out he’d had accidental hypothermia.

Cold weather is very risky for older people. Almost everyone knows about winter dangers such as broken bones from falls on ice or breathing problems caused by cold air. But the winter chill can also lower the temperature inside your body. That can be deadly if not treated quickly. This drop in body temperature, often caused by staying in a cool place for too long, is called hypothermia (hi-po-ther-mee-uh).

A body temperature below 96°F may seem like just a couple of degrees below the body’s normal temperature of 98.6°F. It can be dangerous. It may cause an irregular heartbeat leading to heart problems and death.

What to Look For

When you think about being cold, you probably think of shivering. That is one thing the body does when it gets cold. This warms the body. Muscles shiver in response to messages sent by the nerves. Shivering increases muscle cell activity that, in turn, makes heat. But, shivering alone does not mean hypothermia.

So, how can you tell if someone has hypothermia? It can be tricky because some older people may not want to complain. They may not even be aware of how cold it is. Look for the “umbles”—stumbles, mumbles, fumbles, and grumbles—these show that the cold is affecting how well a person’s muscles and nerves work. Watch for:

- Confusion or sleepiness,
- Slowed, slurred speech or shallow breathing,
- Weak pulse or low blood pressure,
- A change in behavior during cold weather or a change in the way they look,
A lot of shivering or no shivering; stiffness in the arms or legs,

- Chilly rooms or other signs that they have been in a cold place, or

- Poor control over body movements or slow reactions.

**What Should I Do?**

If you think someone could have hypothermia, take his or her temperature with a thermometer. Make sure you shake the thermometer so it starts below its lowest point. If the temperature doesn’t rise above 96°F, call for emergency help. In many areas that means calling 911.

The only way to tell for sure that someone has hypothermia is to use a special thermometer that can read very low body temperatures. Most hospitals have such thermometers. The person **must** be seen by a doctor. If possible, the doctor should know about hypothermia and work in a well-equipped hospital emergency room. There, the doctors will warm the person’s body from inside out. For example, they may give the person warm fluids directly into a vein using an I.V. Whether the person gets better depends on how long he or she was exposed to the cold and his or her general health.

While you are waiting for help to arrive, keep the person warm and dry. Move him or her to a warmer place, if possible. Wrap the person in blankets, towels, coats—whatever is handy. Even your own body warmth will help. Lie close, but be gentle. You may be tempted to rub the person’s arms and legs. This can make the problem worse. The skin of an older person may be thinner and more easily torn than the skin of someone younger.

**What Things Put Me at Risk?**

Some things that put any older person at risk for hypothermia and some things you can do to avoid it include:

- Changes in your body that come with aging can make it harder to feel when you are getting cold. It may be harder for your body to warm itself. Pay attention to how cold it is where you are.

- If you don’t eat well, you might have less fat under your skin. Fat can protect your body. It keeps heat in your body. Make sure you are eating enough food to keep up your weight.

- Some illnesses may make it harder for your body to stay warm. These include:
  - Disorders of the body’s hormone system such as low thyroid (hypothyroidism),
  - Any condition that interferes with the normal flow of blood such as diabetes, and
  - Some skin problems such as psoriasis that allow your body to lose more heat than normal. Regularly visit your doctor who can keep any illness...
under control, and try to stay away from cold places.

- Other health problems might keep you from moving to a warmer place or putting on more clothes or a blanket. For example:
  - Severe arthritis, Parkinson’s disease, or other illnesses that make it harder to move around,
  - Stroke or other illnesses that can leave you paralyzed and make clear thinking more difficult,
  - Memory disorders or dementia, and
  - A fall or other injury.

- Some medicines often used by older people also increase the risk of accidental hypothermia. These include drugs used to treat anxiety, depression, or nausea. Some over-the-counter cold remedies can also cause problems. Ask your doctor how the medicines you are taking affect body heat.

- Alcoholic drinks can also make you lose body heat faster. Use alcohol moderately, if at all. Do not drink alcohol before bedtime when it gets colder outside—and maybe inside, too.

- Clothing can make you colder or help keep you warm. Tight clothing can keep your blood from flowing freely. This can lead to loss of body heat. Wear several layers of loose clothing when it is cold. The layers will trap warm air between them.

### Staying Warm Inside and Out

Maybe you already knew that your health, your age, what you eat or drink, even your clothes can make it hard for you to stay warm enough wherever you are. What you might not realize is that people can also get cold enough inside a building to get very sick. In fact, hypothermia can even happen to someone in a nursing home or group facility if the rooms are not kept warm enough. People living there who are already sick may have special problems keeping warm. If someone you know is in a group facility, pay attention to the inside temperature there and to whether that person is dressed warmly enough.

Homes or apartments that are not heated enough, even with a temperature of 60°F to 65°F, can lead to illness. This is a special problem if you live alone because there is no one else to comment on the chilliness of the house or to notice if you are having symptoms of hypothermia. Set your thermostat for at least 68°F to 70°F. If a power outage leaves you without heat, try to stay with a relative or friend.

Avoid using space heaters if your home seems cold or if you want to keep the thermostat set lower to keep your heating costs down. Some types are fire hazards, and others can cause carbon monoxide poisoning. The U.S. Consumer Product Safety Commission has information on the use of space heaters, but here are a few things to remember:
Make sure your space heater has been approved by a recognized testing laboratory.

Choose the right size heater for the space you are heating.

Keep substances that can catch fire like paint, pets, clothing, towels, curtains, and papers away from the heating element.

Keep the door to the rest of the house open for good air flow.

Turn the heater off when you leave the room or go to bed.

Make sure your smoke alarms are working.

Put a carbon monoxide detector near where people sleep.

Keep the right type of fire extinguisher nearby.

Don’t forget that you need to stay warm when it’s cold outside. Remember that this means knowing if weather forecasts are for very cold temperatures or for windy and cold weather. You lose more body heat on a windy day than a calm day. Weather forecasters call this the wind-chill factor. They often suggest, even when the outside temperature itself is not very low, that the wind-chill factor is cold enough for people to stay indoors. If you must go out, dress correctly. Be sure to wear a hat and gloves, as well as warm clothes.

Is There Help for My Heating Bills?

Sometimes older people need help making sure their home will keep them warm enough. Some help is available. If your home doesn’t have enough insulation, contact your state or local energy agency or the local power or gas company. They can give you information about weatherizing your home. This can help keep the heating bills down. You might also think about only heating the rooms you use in the house. For example, shut the heating vents and doors to any bedrooms not being used. Keep the door to the basement closed.

If you have a limited income, you may qualify for help paying your heating bill. State and local energy agencies or gas and electric companies may have special programs. Another possible source of help is the Low Income Home Energy Assistance Program (LIHEAP). This program supports some people with small incomes who need help paying their heating and cooling bills. Your local Area Agency on Aging, senior center, or community action agency may have information on programs such as these.

Are you worried that your landlord may want to cut off the gas or electricity in cold weather if you cannot pay a utility bill? Many states and cities now have laws to protect you, at least until other plans are made. Do not wait for winter to find out about these programs. Check with your local government about the laws that may apply where you live.
For More Information

U.S. Consumer Product Safety Commission
Washington, DC 20207-0001
800-638-2772 (toll-free)
800-638-8270 (TTY/toll-free)
www.cpsc.gov

To find your local Area Agency on Aging look in the telephone book or contact:
National Association of Area Agencies on Aging
1730 Rhode Island Avenue, NW
Suite 1200
Washington, DC 20036
202-872-0888
www.n4a.org

Eldercare Locator
800-677-1116 (toll-free)
www.eldercare.gov

Low Income Home Energy Assistance Program (LIHEAP)
National Energy Assistance Referral Hotline (NEAR)
866-674-6327 (toll-free)
www.ncat.org

For more information about health and aging, contact:
National Institute on Aging Information Center
P.O. Box 8057
Gaithersburg, MD 20898-8057
800-222-2225 (toll-free)
800-222-4225 (TTY/toll-free)

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The National Institute on Aging website is www.nia.nih.gov.

Visit NISeniorHealth.gov (www.niseniorthalth.gov), a senior-friendly website from the National Institute on Aging and the National Library of Medicine. This simple-to-use website features popular health topics for older adults. It has large type and a “talking” function that reads the text out loud.

August 2001
Many of us hope to stay in our homes as we grow older. Often we are able to do that. But later in life—usually by our 80s and 90s—some of us need a hand with everyday activities like shopping, cooking, or bathing. A few of us need more help on a regular basis. Maybe that means it’s time to move to a place where expert care is available around-the-clock.

Where to Start

Do you think that your family member can’t live at home any longer? It might be your husband or wife, a parent, aunt or uncle, or even a grandparent. You’ve added a handrail on the front steps and grab bars in the bathroom. You made plans for a home health aide to come to the house every day. You arranged for help with meals, and you visit every day. But now you wonder if staying at home is the best choice. Where do you go for help? Here are some answers to that and other questions that you might have as you look for the best place for you or your relative to live.

Sometimes the need for help grows over time. For example, Bob is 87 years old. He has lived alone since his wife died ten years ago. For the last few years, he has needed more and more help doing things for himself. First, he had trouble making meals. So, he ate a big lunch at the local senior center until last year when he gave up driving. Now sometimes his daughter drops off meals. Other times meals are delivered by a local program. The stairs in his house are getting too hard to climb. Bob also forgets more and more things. He often forgets to take his blood pressure medicine. He has also left the burner on the stove turned on several times. He doesn’t want to move in with his daughter and her family, so Bob and his daughter are looking for a new place for him to live.

Over the last year Bob’s daughter has been thinking this time might come. She knows what’s available. She’s looked into how they will pay for the care her dad needs. Bob too has been doing some planning. He is sad about leaving his home, but he has been preparing for the time when he’d need more help. He even put his name on a waiting list for a nearby retirement community that he liked. Now they have an opening there. The admission coordinator at the community will help him decide if he can live in one of their apartments or needs to be in their assisted living facility.

Bob and his daughter were lucky. Sometimes you need to make a choice quickly. If you haven’t planned ahead, then making a decision might not be so easy. For example, Alice and her husband have lived in their house for 50 years. At 84, she still loves to cook and work in her garden every day. Last
week she slipped in her bathroom, fell, and broke her hip. Now after an operation to fix her hip, she needs to go somewhere for nursing care and rehabilitation. Her doctors don’t know if she’ll ever recover enough to go home again. Her children live hundreds of miles away. But her husband and family only have a few days to find a place.

Alice and her family were not prepared like Bob and his family. The social worker and discharge planner at the hospital will help them find a place for Alice to go for therapy after she leaves the hospital. But if she is too frail to go home after her hip heals, she and her family will have to choose a place for her to live permanently.

What Are the Choices?

There are two kinds of senior living facilities based on how much help is needed:

■ Assisted living facilities, and
■ Skilled nursing facilities or nursing homes.

You should think about an assisted living facility if you or your relative don’t need a lot of medical care but do need more help than can easily be gotten at home. Assisted living homes can give someone as much help as needed with daily living, but offer only some nursing care or none at all. People often live independently in their own unit. The place provides meals and house cleaning, offers interesting things to do, and takes residents wherever they need to go, like the doctor or the shopping mall. They can also provide help with bathing, dressing, and taking medicines, if needed.

Some assisted living facilities are part of a continuing care retirement community or lifecare community. These communities offer independent living and skilled nursing facilities as well as assisted living. Sometimes assisted living help is set up in a home with only a few residents. These are often called board and care homes.

If your relative becomes very frail or suffers from the later stages of dementia, more care could be needed. A nursing home or skilled nursing facility may be necessary if someone:

■ Needs round-the-clock nursing care,  
■ Might wander away without supervision,  
■ Needs help with meals, bathing, personal care, medications, and moving around,  
■ Needs more help than the current caregiver can possibly give, or  
■ Cannot live alone.

These places supply 24-hour services and supervision, including medical care and some physical, speech, and occupational therapy, to people living there. They might also offer other services such as social activities and transportation. As a rule, the rooms are for one or two people. Some places want residents to bring some special items from home to make their rooms more familiar. Some even allow a pet or make it possible for couples to stay together.

Both assisted living and skilled nursing facilities sometimes offer special areas for people with dementia. These areas are designed to meet the special needs of these people and to keep them safe from wandering.
How to Choose

Ask questions. Find out what is available in your area. Is there any place close enough for family and friends to visit easily? Doctors, friends and relatives, local hospital discharge planners and social workers, and religious organizations may know of places.

Also, each state has a Long-Term Care Ombudsman. They have information and may be able to answer questions about a place you are considering. The ombudsman is also available to help solve problems that might come up between a nursing home and the resident or the family. To find your state long-term care ombudsman, contact the Administration on Aging’s Eldercare Locator at 800-677-1116 or www.eldercare.gov.

Is the person in need of long-term care a military veteran? They might be able to get help through the Department of Veterans Affairs programs. You can check by going to www.va.gov, calling the VA Health Care Benefits number, 877-222-8387, or contacting the VA medical center nearest you.

Call. Once you have a list of possible places, get in touch with each one. Ask basic questions about openings and waiting lists, number of residents, costs and methods of payment, and their link to Medicare and Medicaid. Take a few minutes to think about what’s important to you or your relative, such as transportation, meals, activities, connection to a certain religion, or special units for Alzheimer’s disease.

Visit. Make plans to meet with the director of nursing and director of social services. Medicare offers a nursing home checklist to use when visiting (see Help in Planning). Some of the things to look for include certification for Medicare and Medicaid, handicap access, no strong odors (either bad or good ones), contact between staff and current residents, volunteers, and the appearance of residents. If the nursing home is a member of the Joint Committee on Accreditation of Healthcare Organizations, ask to see that group’s review of the home. Ask yourself if you would feel reassured leaving your loved one there.

Visit again. Make a second visit without an appointment, maybe on another day of the week or time of day, so you will meet other staff members. See if your first thoughts are still the same.

Understand. Once you or your relative have made a choice, be sure to understand the facility’s contract and payment plan. If you don’t understand it, you could have a lawyer look them over before signing.

How to Pay

There are several ways to pay for nursing facility care for people over age 65. They are:

- Medicare,
- Private pay,
- Medicaid, or
- Long-term care insurance.

Let’s see what happened after Alice left the hospital. She went directly to a skilled nursing facility. It had a rehabilitation unit where she began to receive physical therapy. Medicare covered most of her
costs for the first few weeks as she got better. Then she had a stroke which left her unable to move her left arm and leg. While she was in the hospital for the stroke, her doctors decided Alice should probably not return home. She no longer qualified for Medicare to pay for her nursing home care.

Many people believe that Medicare will pay for long stays in a nursing home, but it doesn’t. The Federal Medicare program and private “Medigap” (Medicare supplemental) insurance only cover short times of home health or nursing home care. They pay for a short stay in a nursing home for someone who is getting better after leaving the hospital, but still needs nursing care and therapy.

Alice’s husband started to pay for her care on his own, but they didn’t have a lot of savings. When they had used most of their savings, her husband arranged for her to apply for Medicaid. The good news about Medicaid is that her husband did not have to sell their home for her to qualify for this support.

Many people start paying for long-term care with their own money (private pay). Later they may become eligible for state-run Medicaid. Each state decides who qualifies for this program. Contact your state government to learn more. Keep in mind that applying for Medicaid takes at least three months.

Alice’s children are now looking into buying long-term care insurance for themselves. They don’t want to have the same worries if they need nursing care when they are older.

Long-term care insurance is a private insurance policy you can buy years before you think you might need it. Each policy is different. Your state’s insurance commission can tell you more about private long-term care policies. They can also offer tips on how to buy long-term care insurance. These agencies are listed in your telephone book, under “Government.”

Help in Planning

Planning for long-term care is not easy. People’s needs change over time. So do the rules about programs and benefits. What someone qualifies for may change from one year to the next. There is some help. The following resources are online. If you or your relative don’t have a computer, there may be one at your local library or senior center.

Care Planner from Medicare is online at www.careplanner.org. It has details about different care options. You can answer questions online about needs and resources to get a list of suggested services, as well as helpful resources.

Medicare has two resources on its website, www.medicare.gov, which may be useful. First, Nursing Home Compare helps you learn more about nursing homes you may be interested in. They also have a nursing home checklist with tips to use when visiting homes. Second, many states have State Health Insurance Counseling and Assistance Programs (SHIPS). These programs can help you choose the health care plan that is right for you and your family.
Making a Smooth Transition

Moving to a care facility can be a big change for the whole family. Some facilities or community groups have a social worker who can help you prepare for the change. Allow some time to adjust after the move has taken place.

Regular visits by family and friends can make this move easier. This reassures and comforts the person getting used to a new place. Visits are good, too, for keeping an eye on the care that is being given. They also help family to develop a good relationship with the staff caring for their loved one.

For More Information

Other sources of information on long-term care and other issues of interest to older people include:

- **FirstGov for Seniors**
  www.seniors.gov

- **American Association of Homes and Services for the Aging**
  2519 Connecticut Avenue, NW
  Washington, DC 20008
  202-783-2242
  www.aahsa.org

- **Assisted Living Federation of America**
  11200 Waples Mill Road
  Suite 150
  Fairfax, VA 22030
  703-691-8100
  www.alfa.org

- **Continuing Care Accreditation Commission**
  1730 Rhode Island Avenue, NW
  Suite 209
  Washington, DC 20036
  866-888-1122
  www.carf.org

- **Alzheimer's Disease Education and Referral Center (ADEAR)**
  P.O. Box 8250
  Silver Spring, MD 20907-8250
  800-438-4380 (toll-free)
  www.alzheimers.org

- **For more information about health and aging, contact:**
  **National Institute on Aging Information Center**
  P.O. Box 8057
  Gaithersburg, MD 20898-8057
  800-222-2225 (toll-free)
  800-222-4225 (TTY/toll-free)

  To order publications (in English or Spanish) online, visit www.niapublications.org.

  The National Institute on Aging website is www.nia.nih.gov.

  Visit NIHSeniorHealth.gov (www.nihseniorhealth.gov), a senior-friendly website from the National Institute on Aging and the National Library of Medicine. This simple-to-use website features popular health topics for older adults. It has large type and a “talking” function that reads the text out loud.

  September 2003
Older Drivers

At age 75, Sheila thinks she’s a very good driver. And she wanted to stay that way. So she got her eyes and hearing checked to make sure she can see and hear well enough to drive safely. Then she signed up to take a driving course for older drivers at her local automobile club. Will all this effort guarantee Sheila’s road safety?

As he was driving to the grocery store one day, 80-year-old Daniel ran over the curb and hit a trash can. His car was only scratched, and he was not hurt. But Daniel was scared because he almost hit a young woman waiting at the bus stop. He began to wonder if he should give up his driver’s license. How will Daniel know when it’s time for him to stop driving?

How Does Age Affect Driving?

More and more older drivers are on the roads these days. It’s important to know that getting older doesn’t automatically turn people into bad drivers. Many of us continue to be good, safe drivers as we age. But there are changes that can affect driving skills as we age.

Changes to our Bodies. Over time your joints may get stiff and your muscles weaken. It can be harder to move your head to look back, quickly turn the steering wheel, or safely hit the brakes.

Your eyesight and hearing may change, too. As you get older, you need more light to see things. Also, glare from the sun, oncoming headlights, or other street lights may trouble you more than before. The area you can see around you (called peripheral vision) may become narrower. The vision problems from eye diseases such as cataracts, macular degeneration, or glaucoma can also affect your driving ability.

You may also find that your reflexes are getting slower. Or, your attention span may shorten. Maybe it’s harder for you to do two things at once. These are all normal changes, but they can affect your driving skills.

Some older people have conditions like Alzheimer’s disease (AD) that change their thinking and behavior. People with AD may forget familiar routes or even how to drive safely. They become more likely to make driving mistakes, and they have more “close calls” than other drivers. However, people in the early stages of AD may be able to keep driving for a while. Caregivers should watch their driving over time. As the disease worsens, it will affect driving ability. Doctors can help you decide whether it’s safe for the person with AD to keep driving.

Other Health Changes. While health problems can affect driving at any age,
some occur more often as we get older. For example, arthritis, Parkinson’s disease, and diabetes may make it harder to drive. People who are depressed may become distracted while driving. The effects of a stroke or even lack of sleep can also cause driving problems. Devices such as an automatic defibrillator or pacemaker might cause an irregular heartbeat or dizziness, which can make driving dangerous.

**Medicine Side Effects.** Some medicines can make it harder for you to drive safely. These medicines include sleep aids, anti-depression drugs, antihistamines for allergies and colds, strong pain killers, and diabetes medications. If you take one or more of these or other medicines, talk to your doctor about how they might affect your driving.

**Am I a Safe Driver?**

Maybe you already know of some driving situations that are hard for you—nights, highways, rush hours, or bad weather. If so, try to change your driving habits to avoid them. Other hints? Older drivers are most at risk when yielding the right of way, turning (especially making left turns), changing lanes, passing, and using expressway ramps. Pay special attention at those times.

**Is it Time to Give Up Driving?**

We all age differently. For this reason, there is no way to say what age should be the upper limit for driving. So, how do you know if you should stop driving? To help you decide, ask:

- Do other drivers often honk at me?
- Have I had some accidents, even “fender benders”?
- Do I get lost, even on roads I know?
- Do cars or people walking seem to appear out of nowhere?
- Have family, friends, or my doctor said they are worried about my driving?
- Am I driving less these days because I am not as sure about my driving as I used to be?

If you answered yes to any of these questions, you should think seriously about whether or not you are still a safe driver. If you answered no to all these questions, don’t forget to have your eyes and ears checked regularly. Talk to your doctor about any changes to your health that could affect your ability to drive safely.

**How Will I Get Around?**

You can stay active and do the things you like to do, even if you decide to give up driving. There may be more options for getting around than you think. Some areas offer low-cost bus or taxi service for older people. Some also have carpools or other transportation on request. Religious and civic groups sometimes have volunteers who take seniors where they want to go. Your local Area Agency on Aging has
information about transportation services in your area.

If you do not have these services where you live, look into taking taxis. Too expensive, you think? Well, think about this: the

AAA now estimates that the average cost of owning and running a car is about $6,420 a year. So, by giving up your car, you might have as much as $123 a week to use for taxis, buses, or to buy gas for friends and relatives who can drive you!

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**Smart Driving Tips**

*Planning before you leave:*
- Plan to drive on streets you know.
- Limit your trips to places that are easy to get to and close to home.
- Take routes that let you avoid risky spots like ramps and left turns.
- Add extra time for travel if driving conditions are bad.
- Don’t drive when you are stressed or tired.

*While you are driving:*
- Always wear your seat belt.
- Stay off the cell phone.
- Avoid distractions such as listening to the radio or having conversations.
- Leave a big space, at least two car lengths, between your car and the one in front of you. If you are driving at higher speeds or if the weather is bad, leave even more space between you and the next car.
- Make sure there is enough space behind you. (Hint: if someone follows you too closely, slow down so that the person will pass you.)

- Use your rear window defroster to keep the back window clear at all times.
- Keep your headlights on at all times.

*Car safety:*
- Drive a car with features that make driving easier, such as power steering, power brakes, automatic transmission, and large mirrors.
- Drive a car with air bags.
- Check your windshield wiper blades often and replace them when needed.
- Keep your headlights clean and aligned.
- Think about getting hand controls for the accelerator and brakes if you have leg problems.

*Driving skills:*
- Take a driving refresher class every few years. (Hint: Some car insurance companies lower your bill when you pass this type of class. Check with AARP, AAA, or local private driving schools to find a class near you.)
For More Information

The organizations listed below offer more information about some of the topics mentioned in this fact sheet:

**AARP**
601 E Street, NW
Washington, DC 20049
202-434-2277
800-424-3410 (toll-free)
www.aarp.org/drive

**AAA Foundation for Traffic Safety**
607 14th Street, NW
Suite 201
Washington, DC 20005
202-638-5944
www.seniordrivers.org

**The Hartford**
Hartford Plaza
690 Asylum Avenue
Hartford, CT 06115
860-547-5000
www.thehartford.com/alzheimers

**National Highway Traffic Safety Administration**
400 Seventh Street, SW
Washington, DC 20590
888-327-4236 (toll-free)
www.nhtsa.dot.gov

For more information about health and aging, contact:

**National Institute on Aging Information Center**
P.O. Box 8057
Gaithersburg, MD 20898-8057
800-222-2225 (toll-free)
800-222-4225 (TTY/toll-free)

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June 2004
Preventing Falls and Fractures

A simple fall can change your life. Just ask any of the thousands of older men and women who fall each year and break (also called fracture) a bone.

Getting older can bring lots of changes. Sight, hearing, muscle strength, coordination and reflexes aren’t what they once were. Balance can be affected by diabetes and heart disease, or by problems with your circulation, thyroid, or nervous system. Some medicines can cause dizziness. Any of these things can make a fall more likely.

Then there’s osteoporosis—a disease that makes bones thin and likely to break easily. Osteoporosis is a major reason for broken bones in women past menopause. It also affects older men. When your bones are fragile, even a minor fall can cause one or more bones to break. Although people with osteoporosis must be very careful to avoid falls, all of us need to take extra care as we get older.

A broken bone may not sound so terrible. After all, it will heal, right? But as we get older, a break can be the start of more serious problems. The good news is that there are simple things you can do to help prevent most falls.

Take the Right Steps

Falls and accidents seldom “just happen.” The more you take care of your overall health and well-being, the more likely you’ll be to lower your chances of falling. Here are a few hints:

- Ask your doctor about a special test—called a bone mineral density test—that tells how strong your bones are. If need be, your doctor can prescribe new medications that will help make your bones stronger and harder to break.
- Talk with your doctor and plan an exercise program that is right for you. Regular exercise helps keep you strong and improves muscle tone. It also helps keep your joints, tendons, and ligaments flexible. Mild weight-bearing exercise—such as walking, climbing stairs—may even slow bone loss from osteoporosis.
- Have your vision and hearing tested often. Even small changes in sight and hearing can make you less stable. So, for example, if your doctor orders new eyeglasses, take time to get used to them, and always wear them when you should, or if you need a hearing aid, be sure it fits well.
- Find out about the possible side effects of medicines you take. Some medicines might affect your coordination or balance. If so, ask your doctor or pharmacist what you can do to lessen your chance of falling.
- Limit the amount of alcohol you drink. Even a small amount can affect your balance and reflexes.
- Always stand up slowly after eating, lying down, or resting. Getting up too
quickly can cause your blood pressure to drop, which can make you feel faint.

■ Don’t let your home get too cold or too hot. It can make you dizzy. In the summer—if your home is not air-conditioned—keep cool with an electric fan, drink lots of liquids, and limit exercise. In the winter, keep the nighttime temperature at 65°F or warmer.

■ Use a cane, walking stick, or walker to help you feel steadier when you walk. This is very important when you’re walking in areas you don’t know well or in places where the walkways are uneven. And be very careful when walking on wet or icy surfaces. They can be very slippery! Try to have sand or salt spread on icy areas.

■ Wear rubber-soled, low-heeled shoes that fully support your feet. Wearing only socks or shoes with smooth soles on stairs or waxed floors can be unsafe.

■ Hold the handrails when you use the stairs. If you must carry something while you’re going up or down, hold it in one hand and use the handrail with the other.

■ Don’t take chances. Stay away from a freshly washed floor. And don’t stand on a chair or table to reach something that’s too high—use a “reach stick” instead. Reach sticks are special grabbing tools that you can buy at many hardware or most medical supply stores.

■ Find out about buying a home monitoring system service. Usually, you wear a button on a chain around your neck. If you fall or need emergency help, you just push the button to alert the service. Emergency staff is then sent to your home. You can find local “medical alarm” services in your yellow pages.

Most medical insurance companies and Medicare do not cover items like home monitoring systems and reach sticks. So be sure to ask about cost. You will probably have to pay for them yourself.

Make Your Home Safe

You can help prevent falls by making changes to unsafe areas in your home.

In stairways, hallways, and pathways:

■ Make sure there is good lighting with light switches at the top and bottom of the stairs.

■ Keep areas where you walk tidy.

■ Check that all carpets are fixed firmly to the floor so they won’t slip. Put no-slip strips on tile and wooden floors. You can buy these strips at the hardware store.

■ Have handrails on both sides of all stairs—from top to bottom—and be sure they’re tightly fastened.

In bathrooms and powder rooms:

■ Mount grab bars near toilets and on both the inside and outside of your tub and shower.

■ Place non-skid mats, strips, or carpet on all surfaces that may get wet.

■ Keep night lights on.
In your bedroom:
- Put night lights and light switches close to your bed.
- Keep your telephone near your bed.

In other living areas:
- Keep electric cords and telephone wires near walls and away from walking paths.
- Tack down all carpets and area rugs firmly to the floor.
- Arrange your furniture (especially low coffee tables) and other objects so they are not in your way when you walk.
- Make sure your sofas and chairs are a good height for you, so that you can get into and out of them easily.

For More Information

Many states and local areas have education and/or home modification programs to help older people prevent falls. Check with your local government's health department or division of elder affairs to see if there is a program in your area:

For more complete information on simple, inexpensive repairs and changes that would make your home safer, contact the U.S. Consumer Product Safety Commission at the address below. Ask for a free copy of the booklet, Home Safety Checklist for Older Consumers.

U.S. Consumer Product Safety Commission
Washington, DC 20207
800-638-2772 (toll-free)
800-638-8270 (TTY/toll-free)
www.cpsc.gov

National Center for Injury Prevention and Control
Centers for Disease Control and Prevention
Mailstop K65
4770 Buford Highway, NE
Atlanta, GA 30341-3724
800-311-3435 (toll-free)
www.cdc.gov/ncipc

For more information about health and aging, contact:
National Institute on Aging Information Center
P.O. Box 8057
Gaithersburg, MD 20898-8057
800-222-2225 (toll-free)
800-222-4225 (TTY/toll-free)

To order publications (in English or Spanish) online, visit www.niapublications.org.

The National Institute on Aging website is www.nia.nih.gov.

Visit NIHSeniorHealth.gov (www.nihseniorhealth.gov), a senior-friendly website from the National Institute on Aging and the National Library of Medicine. This simple-to-use website features popular health topics for older adults. It has large type and a “talking” function that reads the text out loud.

June 2004