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## How to Plan for Long-Term Care

Most older people are independent. But later in life, you or someone you love may need help with everyday activities, such as shopping, cooking and bathing.

"The good news is that people have many choices in long-term care," says Terrie Wetle, deputy director of the National Institute on Aging in Bethesda, Md. "A variety of services and facilities can provide help while letting people stay active and connected with family, friends and neighbors."



### Planning ahead

The key to successful long-term care is planning. "Be prepared by getting information ahead of time," Ms. Wetle says. "That way, you'll know what's available and affordable before there's a crisis."

To get started:

- Talk with your doctor or another health-care professional if you're having trouble with everyday activities, such as walking, managing finances or driving.
- Learn about the types of services and care in your community by talking to doctors, social workers, family and friends. The Area Agency on Aging and local and state offices of aging and social services can provide lists of home health-care providers, adult day-care centers, meal programs, companion services and transportation services.

### Needing more care

At some point, support from family, friends and local meal and transportation programs may not be enough. If you need a lot of help with everyday activities, you may need to move to a place where care is available 24-hours a day.

Two types of residential-care facilities are:

- Assisted-living communities, which offer different levels of care that often include meals, recreation, security and help with bathing, dressing, and housekeeping.
- Nursing homes (or skilled-nursing facilities), which provide round-the-clock service and supervision, medical care and rehabilitation for residents who are mostly frail, very ill or suffer from dementia.

### Finding the right place

To find long-term care for yourself or someone else:

- Ask questions. Your state's office of the long-term care ombudsman can provide information about specific nursing homes.
- Call around. Contact places that interest you and ask questions about vacancies, number of residents, cost and payment methods. You should also inquire about specific services that may be important to you, such as special units for people with Alzheimer's disease.
- Visit the facilities. When you find a place that sounds appropriate, go and talk to the staff, residents and residents' family members. "Set up an appointment, but also go unannounced," says Ms. Wetle. "See if the staff treats the residents with respect and if the building is clean and safe."

For further information, visit the National Institute on Aging Web site at <http://www.nia.nih.gov>; the Eldercare Locator Web site at <http://www.eldercare.gov>; and the Centers for Medicare and Medicaid Services Web site at <http://cms.hhs.gov>.

# Answers About Anxiety



Anxiety disorders are a group of disorders that can affect adults, adolescents and children. Anxiety disorders overwhelm people with chronic feelings of anxiety and fear.

Unlike periods of anxiety that everyone feels because they are caused by a stressful event, anxiety disorders are chronic, and if not treated, can disrupt a person's life.

Fortunately, effective treatments do exist -- and early diagnosis may aid early recovery, prevent the disorder from getting worse and possibly prevent accompanying depression. Yet, because many people don't understand these disorders, only 25 percent of those suffering from them seek treatment.

Each anxiety disorder is distinct from the others, but all are marked by excessive, irrational fear and dread.

Here are the most common anxiety disorders.

## **Generalized anxiety disorder (GAD)**

GAD is characterized by at least six months of a constant state of exaggerated tension or worry not related to any particular problem or event. A person with GAD is always anticipating disaster, according to the National Institute of Mental Health (NIMH). Sometimes the source of worry is evident (work, family, money) and other times it is not.

Physical symptoms often accompany the anxiety, including fatigue, headache, muscle ache or tension, trembling, twitching, irritability, nausea, breathlessness and sweating. People with GAD can't seem to relax. They have difficulty concentrating, as well as a hard time falling asleep, NIMH says.

GAD affects twice as many women as men. It can occur at any age, but most often appears in childhood or middle age, NIMH says. It also almost never occurs by itself; a person with GAD often has another anxiety disorder, depression or is a substance abuser.

## **Panic disorder**

Panic disorder typically strikes in late adolescence or young adulthood. It is twice as common in women as in men. People with this problem experience panic attacks -- incidents of severe anxiety that occur unpredictably. The attacks can occur any time, even during sleep, according to NIMH. The attacks tend to reach their peak about 10 minutes after they start, but some can last longer.

Symptoms of a panic attack include pounding heart, sweating, weakness, lightheadedness or dizziness. Other symptoms: nausea, chest pain, a sense of unreality and fear of impending doom, NIMH says. A person having a panic attack may feel a tingling or numbness in the hands, and feel flushed or chilled.

As with GAD, a panic disorder usually does not occur by itself. Another serious condition, such as depression, substance abuse or alcoholism, often is present, as well. People with panic disorder often try to avoid places or situations that may trigger a panic attack. Some people restrict their activities so severely that they no longer want to leave home. Panic disorder can be treated with medications or well-targeted psychotherapy.

## **Phobias**

Phobias cause irrational and overwhelming fears leading a person to avoid common objects, events or situations that pose no actual danger. Phobias first appear in childhood or adolescence and often continue into adulthood, according to NIMH. They are twice as common in women as in men.

People with specific phobias may not seek treatment if they are able to avoid what it is they fear. Treatment may be necessary, however, if the phobia affects career or personal decisions. Phobias can be treated with psychotherapy.

The three types of phobias are:

1. Specific phobias, which include fear of animals, insects, heights (acrophobia), confined spaces (claustrophobia), bridges and other things.
2. Social phobias, when people fear being embarrassed in everyday social situations or publicly scrutinized and humiliated. Social phobia can occur during a specific situation, such as a fear of speaking in front of people, or a fear of eating or drinking in front of others, NIMH says. In a severe case, a person feels anxious anytime other people are present.
3. Agoraphobia, caused by a fear of having a panic attack in public, may lead a person to avoid public places.

## **Obsessive-compulsive disorder (OCD)**

This disorder is characterized by recurrent, persistent and intrusive thoughts or impulses -- called obsessions -- that cause anxiety. People try to control these obsessions or keep from realizing the fears by performing repetitive behaviors, such as frequent hand-washing, called compulsions.

OCD can first appear in childhood, adolescence or young adulthood, NIMH says. It affects men and women equally. Over time, symptoms may ease or grow progressively worse.

Adults with OCD usually realize that their actions don't make sense, but they can't stop them. Children, however, may not realize that their actions are not normal. People with OCD often also have depression, another anxiety disorder or an eating disorder.

OCD usually can be treated with medications or psychotherapy.

## **Post-traumatic stress disorder (PTSD)**

PTSD involves exposure to a trauma, during which a person experiences intense fear, helplessness and horror. Rape, war-related incidents, car accidents and natural disasters are some common causes of the condition. The event that triggers PTSD may be something that threatened the person's life or the life of someone close to him or her, or it could be something witnessed. Someone with PTSD often suffers nightmares, mentally re-experiences the traumatic event, feels numb emotionally and startles easily. Women are more likely than are men to develop PTSD. People with PTSD often have other mental health conditions such as depression, another anxiety disorder, or substance abuse.

PTSD is diagnosed if symptoms last more than a month. Symptoms usually begin within three months of the traumatic event, although they can show up years later. Some people recover from PTSD in six months, but others take much longer, NIMH says. Not everyone who experiences a traumatic event will develop PTSD. The disorder can be treated with medications or psychotherapy.

**Diagnosis**

To diagnose an anxiety disorder, doctors first rule out other medical conditions. Anxiety attacks can mimic or accompany endocrine gland problems, or acute disorders of the heart or lungs, including heart attacks and asthma.

The second step involves a series of tests or questions used to assess a person's mental state and determine if he or she is suffering from an anxiety disorder, and, if so, which one. Anxiety disorders are not treated identically, so it's important to determine the specific problem before beginning any treatment.

**Treatment**

Anxiety disorders require treatment that can last from a few months to a year or more. Two types of treatment are available for an anxiety disorder: medication and specific types of psychotherapy (sometimes called "talk therapy"), NIMH says. Both approaches can be effective for most disorders. The choice of one or the other, or both, depends on the patient's and the doctor's preference, and also on the particular anxiety disorder.

**Medication**

The major types of medication used for anxiety disorders are:

- Antidepressants
- Antianxiety medications

The Food and Drug Administration (FDA) advises health care providers, patients, families and caregivers of adults and children that they should closely monitor all patients beginning therapy with antidepressants and when doses are either increased or decreased, for worsening depression and suicidal thinking. The FDA also advises that these patients be observed for certain behaviors associated with these drugs, such as anxiety, agitation, panic attacks, insomnia, irritability, hostility, impulsivity, severe restlessness, hypomania and mania, and that physicians be particularly vigilant in patients who may have bipolar disorder.

The FDA issued a warning in September 2004 that antidepressants not only cause some children and teenagers to become suicidal but that most have also failed to cure their depression. Children and teens who take antidepressants are twice as likely as those given placebos to become suicidal. Still, the overall risk for suicide is low. If 100 patients are given the drugs, two or three more will become suicidal than would have had they been given placebos.

**Psychotherapy**

A person in psychotherapy talks with a trained mental health care provider, such as a psychiatrist, psychologist, social worker or counselor, to get help in dealing with the anxiety disorder.

Cognitive-behavioral therapy (CBT) focuses on identifying and changing the faulty thoughts, assumptions and resulting behaviors that keep people stuck in their fears. Once sufferers can see beyond the patterns, they can get on with their lives.

If you have recovered from an anxiety disorder, and at a later date it recurs, don't consider yourself a "treatment failure." Recurrences can be treated effectively, just like an initial episode. In fact, the skills you learned in dealing with the initial episode can be helpful in coping with a setback.