

# Problems of Daily Living



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This handout is based on a chapter from *Eldercare at Home*, a publication of The AGS Foundation for Health in Aging (FHA). Visit [www.healthinaging.org](http://www.healthinaging.org) for more information on the workbook and presentation kits, as well as access the full text of *Eldercare at Home* (without illustrations).

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# **There are five parts to this Booklet**

## **Understanding the problem**

Defines the problem, who is likely to have it, and what kinds of things can be done to deal with it.

## **When to call for professional help**

Explains when to call for help immediately or during office hours as well as lists of information you should have before you call.

## **What you can do to help**

What you can do to help with the problem and to prevent it.

## **Carrying out your plan**

How to deal with problems in carrying out your plan, how to check on progress, and what to do if your plan isn't working.

## **Booklet summary**

Summarizes what you can do to manage this problem. You can use this section to get a quick overview of what you can do.

**Each action you can take is in bold and has a picture illustrating the action.**

# Understanding the Problem



***Paul is reading to learn about how he can help his aunt who is having problems with daily living.***

Many older people experience problems in daily living because of chronic illnesses or health-related disabilities. Those difficulties restrict their ability to perform self-care. This inability for self-care is a common reason why older people seek help from outsiders, move to assisted living communities, or enter nursing homes.

The daily living skills most affected by aging and chronic illnesses or disabilities include self-care activities that most people learn in early childhood and tend to take for granted as they mature. These include basic survival tasks such as dressing, bathing, grooming, using the toilet, moving in and out of bed or a chair, and eating. They also include activities for maintaining an independent life such as cooking, cleaning, doing the laundry, shopping, handling money, writing checks, driving, using public transportation, and using the telephone.

Health professionals have coined two terms to cover these activities: ADL and IADL. You may hear these terms used in discussions of your problems. ADL stands for “activities of daily living,” and include the basic tasks of dressing, bathing, grooming, using the toilet, eating, walking, or getting in and out of bed. IADL stands for “instrumental activities of daily living,” referring to activities for maintaining a household and an independent life such as cooking, cleaning, laundry, sewing, and similar tasks.

Problems in doing daily living tasks arise for many reasons and are closely linked to health problems discussed in other chapters. For example, people with congestive heart failure or pulmonary (lung) disease may lack the physical endurance or stamina to manage household tasks like cleaning, cooking, and laundry on their own. People with arthritis may be unable to perform the small, precise movements of the hands and arms needed for daily tasks. Failing eyesight and hearing can also make self-care more difficult. Inability to take medicines correctly may be related to problems such as being unable to read instructions,

open bottles, get a glass of water, not having the finger dexterity to handle small pills, and even not remembering to take the medicine in the first place.

These problems are often a matter of degree; for example, an older person may be able to dress himself or herself except for reaching to put on and tie shoes, or managing difficult fasteners (especially zippers and snaps that close in the back). If that is the case, self-care abilities can be improved simply by changing the kinds of clothes worn and the way they are fastened. One person may be able to eat independently except for cutting foods or handling liquids without spilling them. At the other extreme, another person may not be able to bring a spoon to the mouth at all, or may even have difficulty swallowing food. Often these problems arise gradually and may not even be considered a problem for some time. For example, the first signs may be fatigue in performing common tasks or an observation that things that used to take just a few minutes are now taking much longer.

**In most cases, the older person will be the best judge of his or her own need for help with daily living.** If you are worried about the person you are caring for, you should discuss these issues openly and with sensitivity. To understand the problem, it is necessary to understand the person. The exception is when daily living problems arise because of a disease that affects memory, such as Alzheimer's disease or, at times, stroke, Parkinson's disease, and other illnesses. In those cases, difficulties in daily living may be due more to forgetting to perform a task or how to complete it correctly rather than in physically doing the task. If memory is a factor, the help needed usually involves reminders, coaching, and assistance to ensure the person's safety and completion of the activity.

**Do not arrange for someone to come into the home to help without discussing it with the older person.** Issues of self-care and problems in living are highly personal and involve the routines and rituals of daily life that are well established. The older person is likely to have strong preferences for details of how and when help is provided. Older people will feel loss of control when strangers are involved with their intimate daily lives. The best way to avoid a severe sense of helplessness is for the older person to retain as much control as possible. If the older person has not been involved in the plan, he or she is much more likely to refuse the help or to sabotage its effectiveness. Of course, if you are caring for someone who has lost the ability to make decisions, you will need to provide more guidance. You might also need to evaluate your own ability to provide the needed help compared to making arrangements for outside help. Regardless of the situation, it is important to involve the older person as much as possible in planning the care. (See the

“Caregiving” chapter for more discussion of involving older persons in planning their own care.)

**Your goals are to**

- Maintain the older person’s ability to function as independently as possible for as long as possible
- Arrange for appropriate care
- Involve the older person in planning the care
- Call for professional help when needed

# Symptoms where you should call the doctor to make an appointment



*Marsha is calling the doctor's office during office hours*

## When to get help

### You want to learn better ways to help the older person with daily activities

Your local Area Agency on Aging is an excellent source of ideas and resources for dealing with problems of daily living. If you ask for an assessment, the agency will send a caseworker to your home to assess the older person's needs. The caseworker can make useful suggestions and direct you to professionals who can help. If the older person is receiving services from a home health agency, the home health nurse who visits the home can often make useful suggestions and provide education or other support. A social worker with the home health agency may make a few visits to discuss options and guide you in making the best choices to meet your needs.



*George asks for help from the Area Agency on Aging. They send a person to visit his grandfather to ask about problems he is having living at home. The person from the Area Agency on Aging makes suggestions about how George can help his grandfather .*

## When to get help

### **You and your family cannot give the kind or amount of help that is needed**

Your Area Office on Aging is your best resource for getting outside help. A caseworker will assess your needs and help you decide on the kind and amount of help that you need from outside the home and how to obtain that help. The agency may be able to help with the costs, but this depends upon your financial situation and the kinds of help you need.



*Andy cannot give his grandmother the help she needs. So he asks the person from the Agency on Aging for ideas on getting outside help for his grandmother.*

## Where to get help

**Area Agency on Aging** staff and caseworkers can help you identify problems and arrange for help. They can also tell you what you are entitled to receive. Their own services are free and, in some circumstances, they can arrange for assistance to pay for services the older person needs. If getting help at home will keep a person from going into a nursing home, there may be funds to help provide home care services.

**Home health** agency staff are referred by a doctor and are available to help for a limited period of time when there is a medical problem that requires professional attention. They will report the patient's health status to the doctor, monitor the use of medicines, teach family members how to use medicines and how to carry out needed medical procedures. They often have social workers and physical therapists on their staff along with home health nurses and aids. When home health agency staff are visiting the home because of physical problems, they often will make suggestions and help organize ways to deal with activities of daily living problems as well.

**Hospitals** where the older person is treated often have social workers, nurses, physical therapists, and occupational therapists who are knowledgeable about how to deal with problems of daily living and who can also help to arrange for services in the home.

## Know the following information before calling the Area Agency on Aging



*Arthur is calling the Area Agency on Aging. He has a list of facts ready to answer the doctor or nurse's questions.*

It is usually enough if you are able to explain the problems you are having to the Area Agency on Aging staff who visit the home. They have standard questions to ask and forms to fill out that will result in a clear description of the situation and needs of the person you are caring for.

When you call the Area Agency on Aging, explain the older person's problems with activities of daily living. Be clear and specific. There is often a waiting list of families who need assessments and the more clearly you explain your problem, the greater the chances that you will be seen soon. If they ask you for specific information such as insurance cards or financial data, provide that information as quickly and accurately as possible. This will improve the chances that the process will go smoothly.

### **Here is an example of what you might say when calling for help**

“This is Rose Varian. My father, Samuel Pavan, who is 85 years old and lives in our house, has been having more and more problems getting upstairs. He has been sleeping in the living room on the first floor, but it is very hard for him to get up the stairs, especially at night, to the bathroom which is on the second floor.”

# What You Can Do To Help



*Fred wants to help his grandfather to be comfortable and safe in his home.*

**Work with the older person in developing a plan to provide the help that is needed.** Activities of daily living are very personal, so it is not surprising that people who need help are sensitive about getting it and about the kind of help they receive. If new ways of doing things, and/or if new assistive equipment are involved, these should be discussed so that the older person can understand the need for them. The same applies to bringing new people into the home. If the older person is resistant to new people, it often helps to suggest starting slowly by arranging for one person to come in for a limited time.



If outside help is needed to take some of the burden off your shoulders, be open with the older person about this. He or she needs to understand that outside help is important to you and for your health.

*Marie explains to her mother that she may need outside help and that her mother should try getting help. Marie always includes her mother in making plans.*

If the older person resists outside help and his or her health and welfare are at risk, a professional health care worker or your caseworker from the Area Agency on Aging can assist you in dealing with this challenge

## What you can do to help

**Encourage a positive attitude toward change.** Focus on how the new ways of doing things will help the older person remain independent. At the same time, recognize that changes are difficult. Some older persons may become anxious, depressed, or angry. They may need special attention from professional caregivers to cope successfully.



*Richard is telling his father that their plan will succeed. Richard always looks on the bright side and talks about the good things that will happen with their plans.*

**Support the older person's efforts to manage daily activities.** Allow him or her to have as much control as possible. This may mean letting the older person take some risks, as long as he or she understands the risks and chooses to take them. Being in control and making choices is important for all of us and this becomes especially important as the choices become limited, as they often do for older people.



*Fred tells his father that he can choose what kind of help and how much help he wants from other people. Fred doesn't tell him what to do.*

## What you can do to help

**Organize help from family and friends.** To use other people's help requires organization, such as lists, schedules, reminders, and the like. At first you may think that it is easier to do the things yourself than to go to the trouble of organizing help from others. On the other hand, once you have a system in place, it will be less work and there will be the advantage of stimulation from other people for both you and the person you are caring for. The older person should be involved in these plans because it is his or her life that is being affected.

When arranging for help, be clear and explain how much time you need committed to helping. This allows the helpers to plan their time and to be reassured that there is a limit to their commitment. Include in your plans ways to make helping a positive experience for the helper. This will ensure a continuing supply of help. (See the "Caregiving" chapter for more discussion of how to plan and encourage help from family and friends.)



*Nancy helps her grandmother make a schedule of the people who come to help her.*

## What you can do to help

### Arrange for and supervise paid help.

If possible, avoid hiring paid help through advertisements in the newspaper. If you do, be sure to obtain and check references. It is usually best to locate helpers through recommendations of others who know them or through a hospital or home health agency staff. Agency staff will have had experience with the people they recommend. Once someone is hired, that person should be supervised. The older person receiving the care may not be the best person to do this since he or she is dependent on the helper and may overlook or minimize deficiencies in the caregiving. If you are not living in the same household as the older person, then stop by at unscheduled or irregular times. This can give you a better sense of how well the employed helper is carrying out the duties.



*Del arranges for help for his mother and then makes sure the people do the work.*

## What you can do to help

### Help the older person to carry out activities of daily living.

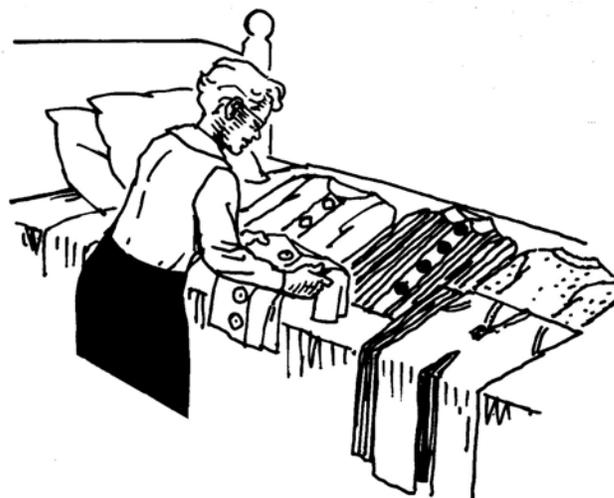
Helping with daily activities will challenge your creativity. The following suggestions have helped other people with this problem. Some may be helpful to you.

### Dressing suggestions

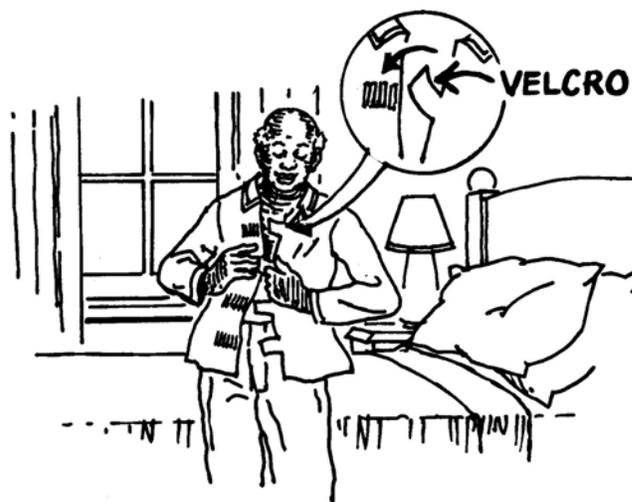
**Avoid pullover shirts and clothing with zippers in the back.** These are hard to put on. Clothing items that demand bending and moving the arms can be difficult for arthritic or otherwise weak older people. Zippers in the back of the clothing are hard to reach and often remain unzipped. Cardigan sweaters, blouses, or shirts with large buttons or front zippers are good choices.

### Use front Velcro closings on pajamas and nightwear.

These are easier to open and close because the two strips of Velcro adhere to each other when pressed together and they pull apart easily when separated. (Be sure to attach the Velcro strips together when laundering the clothing or the Velcro will stick to other items.)



*Margaret wears clothing that opens in the front.*



*Harold wears clothes with Velcro because it is easy to open and close.*

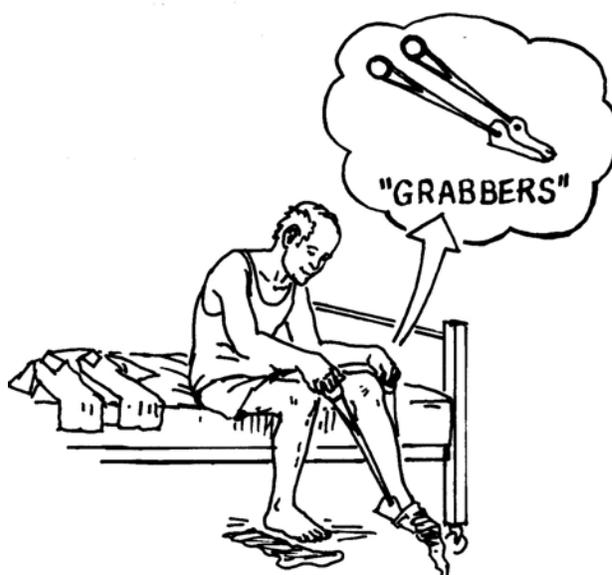
## Dressing Suggestions

**Shop for special clothing in home care catalogs.** There are catalogs that specialize in easy-to-wear clothing for people with arthritis or who have had strokes. You can get good, practical ideas from these catalogs on how to modify an older person's clothing or you can purchase the special clothing items, such as shirts, dresses, and gowns with Velcro closings, by ordering them from these catalogs. Ask an occupational or physical therapist, home health nurse, or Area Office on Aging staff how to obtain these catalogs.



*Marline looks at catalogs for ideas on how to make her clothes easier to open.*

**Use grabbers to reach socks and put them on, over the heel and up the leg.** Grabbers are metal poles with clamps on the end. They can be purchased in home care catalogs or at stores that sell durable medical equipment. Sometimes organizations such as the American Cancer Society, the Arthritis Foundation, or Lions Club will loan them from their supplies. If you cannot locate these, call the Physical or Occupational Therapy Department at your local hospital and ask for help.

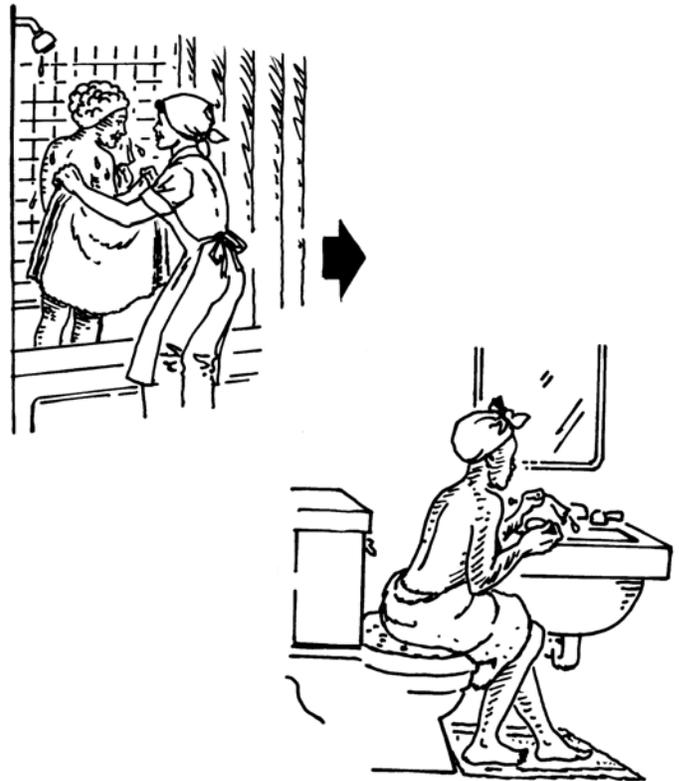


*Thomas uses "grabbers" to help put on his socks.*

## Bathing suggestions

### **Limit full tub baths or showers to once weekly if bathing is difficult.**

Older people may not need to bathe as frequently as when they were younger. Their skin dries out quickly from extra scrubbing and the task of bathing can be tiring. Perhaps a home attendant or nurse's aide can help with a weekly tub bath or shower. On other days, the older person can sit in a chair or on top of a closed toilet and bathe with warm water from the bathroom sink. (See the "Mobility" chapter ideas for how to keep the bathroom safe.)



*It is hard for Mildred to take a bath or shower. So she hires a nurse's aide to help with bath or shower once a week. The other days she washes her body using warm water from the bathroom sink.*

### **Use small washcloths on the face.**

Small washcloths are easy to handle and do just as good a job as larger ones. They are particularly helpful when washing the face and can fit in hard-to-get areas, such as the nose or ears. They can be purchased in the infant section of a department store or a baby store.



*Melica uses a small washcloth for her face because it is easier to use.*

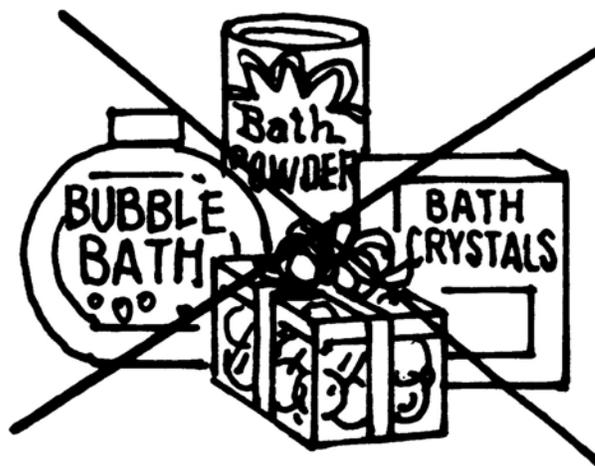
## Bathing suggestions

**Avoid baby oil in the tub bath water.** This makes the tub slippery and can cause a fall.



*Sandra does not use baby oil in the tub water because it makes the tub slippery.*

**Avoid bubble bath liquids, powders, or crystals.** Bubble baths contain chemicals that can irritate the skin and can also cause a urinary tract infection.



*Phyllis does not use bubble bath of any kind because it can make her skin red and can cause infection.*

## Grooming suggestions

### **Consider using large combs, hairbrushes, and toothbrushes.**

These special items have larger, easy-to-grip handles designed especially for arthritic hands or for people who have limited hand movement. These personal care items are available from special home care catalogs or in stores that sell durable medical equipment. Some drug stores also sell these items.



*Peter uses a large comb, brush, and toothbrush with easy-to-hold-handles.*

## Foot care suggestions

**Soak feet every other week or weekly.** If the skin on feet is dry and flaky, soaking the feet in warm soapy water in a small tub will soften the skin. Soaking also helps soften nails that are brittle from medicines or from nail fungus, a common foot problem.



*Charlotte soaks her feet at least weekly to make her skin and nails softer.*

## Foot care suggestions

**Call a foot doctor (podiatrist) about nail or foot fungus and hard-to-cut toenails.** Many foot doctors specialize in geriatric foot care and are willing to make house calls. Their service, however, is not usually covered by insurance unless the foot problems have been caused by medical conditions such as diabetes. The service is usually costly, but some foot doctors offer a sliding scale of fees based on the older person's income. Podiatrists can visit the home, treat feet, prescribe lotions or medicines that may be needed, and advise on foot care. Often, older people welcome a monthly visit from a podiatrist.



*Carl has a visit from the foot doctor once a month because it is hard for him to take care of his feet and nails.*

## Shampooing and hair care suggestions

**Consider arranging for monthly visits from a hair stylist.** Many hairstylists make home visits to trim, shampoo and set hair, and give permanents. Some barbers also offer home services. If you are having trouble finding a hair stylist who will come to the person's home, call your local hospital or nursing home. Their hair stylists usually know who offers this service in the community and what the fee is. Fees are sometimes the same as for a salon visit. In addition, there are some stylists who volunteer their time for home hair care of needy people.



*A hairdresser comes to Anne's home once a month.*

## Shampooing and hair care suggestions

**Consider using a shampoo tray to wash hair in bed.** If the older person is confined to bed, a plastic shampoo tray can be placed around the neck to catch water and then to drain water into a basin. These trays can be purchased at stores that carry home care products. If nurses aides or attendants are helping at home, they will usually bring a tray with them to do shampoos in bed.



*Eric must stay in bed. So a plastic tray is used to catch the water when he is given a shampoo.*

**Consider using no-rinse shampoos.** Shampoos that do not need to be rinsed cleanse the hair nearly as well as those that are rinsed with water. They do not produce as “clean” a feeling as a good head scrub, but they do remove dirt and oils and are helpful between regular shampoos.



*Debra uses a no-rinse shampoo between regular, full shampoos.*

## Toileting suggestions

### **Consider raising the toilet seat.**

Three or four inch-deep toilet seat tops fit over the regular toilet seat and make it easier for the older person to get on and off the toilet. Handlebars can also be purchased for each side of the toilet. These help steady the older person and assist him or her in pushing off the raised seat. Measures such as these not only encourage independence, but also safeguard against falling.



*Tom makes the toilet safer for his father by raising the seat and adding handle bars.*

### **Consider replacing the commode with one made for the handicapped.**

These are higher than standard commodes and much easier for the older person to use.



*Russell is going to get his father a new toilet that is higher and easier for him to sit on.*

## Toileting suggestions

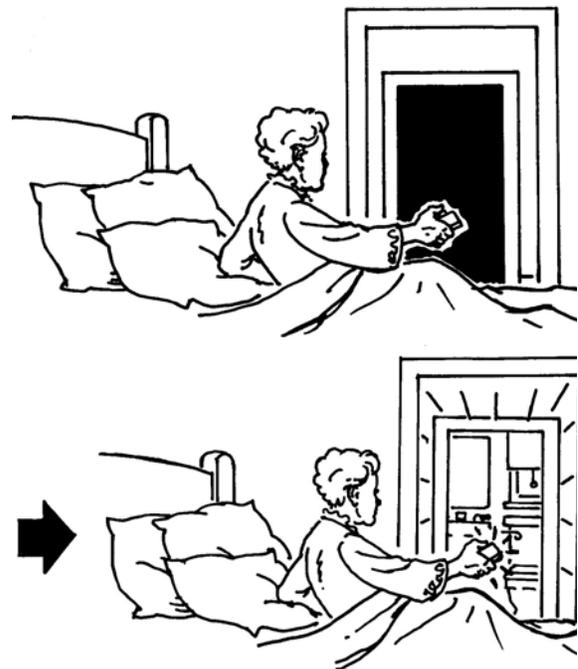
**Consider placing a portable commode by the bedside chair for quick access.** Plastic commodes can be rented or purchased at home care product stores. They have handlebars for gripping and pots for emptying. They are especially useful at night when the older person does not want to wake others or if he or she is living alone. These commodes can be easily emptied and cleaned. They are lightweight and are easily moved for reasons of privacy.



*Mary puts a special toilet by Ida's bed for her to use during the night.*

## Lighting suggestions

**Consider using remote control lighting devices.** Lamps and overhead lights can be adapted to turn on and off by pressing buttons on a remote control. These devices can be purchased at local electronic stores and some department stores. They are very useful in helping an older person retain independence. For example, the older person can use them to turn lights on in the middle of the night when he or she needs to get to the commode or to take medicine.



*Sylvia uses a remote control to turn on the lights when she gets up at night.*

## Moving in and out of bed suggestions

**Encourage the older person to sit and dangle legs before standing.** Dangling legs for a few minutes allows for the body and blood pressure to adjust to a change in position. Getting up too fast causes dizziness that can lead to falls.



*Andy helps his father sit up and dangle his legs before he gets out of bed.*



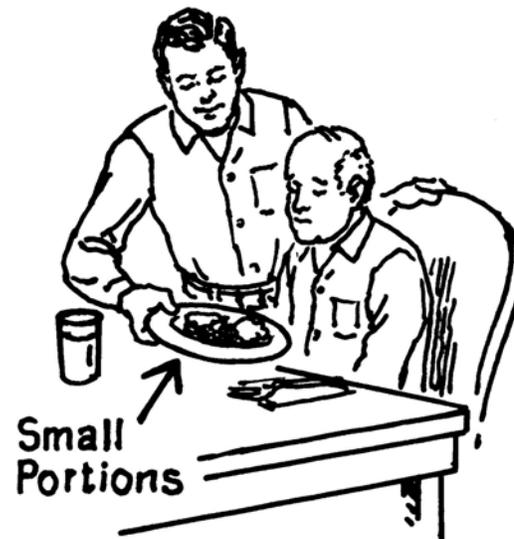
## Eating suggestions

**Use large utensils if hands are weak.** Special plastic forks, knives, and spoons are available with large, specially wrapped handles designed to provide a firm grip.



*Mary Ann's hands were weak. So she uses plastic forks, knives and spoons with large handles that are easy to hold.*

**Consider serving small meal portions.** Smaller portions can be finished more easily and are more appealing to adults with little appetite. A selection of finger foods is tasty and easy to eat.



*Brian gives small servings to his uncle when his uncle doesn't feel hungry.*

**Make snacks available between meals.** Many snacks can be wrapped and placed next to the older person to avoid a trip to the refrigerator or kitchen. A good example is a “power bar” that is nutritious and tastes like candy or cookies. In the grocery store these items are usually found near the cereal. Fruit is another good snack idea.



*Sandy wraps small snacks and puts them with power bars and fruit on a plate near her grandmother so she can eat between meals.*

## Shopping suggestions

**Encourage the older person to join you in shopping.** Shopping can be a good way to increase stimulation for the older person and, at the same time, accomplish some important work such as exercise and selecting personal items for purchase. The length of the trip should be adjusted to the older person's capabilities.



*Sally asks her mother to go shopping with her. This gets her mother out of her house. She can have some exercise and can buy some personal things.*

**Consider getting help for shopping.** If you need help shopping, contact local volunteer or church groups or ask the Area Office on Aging for assistance in arranging for help.

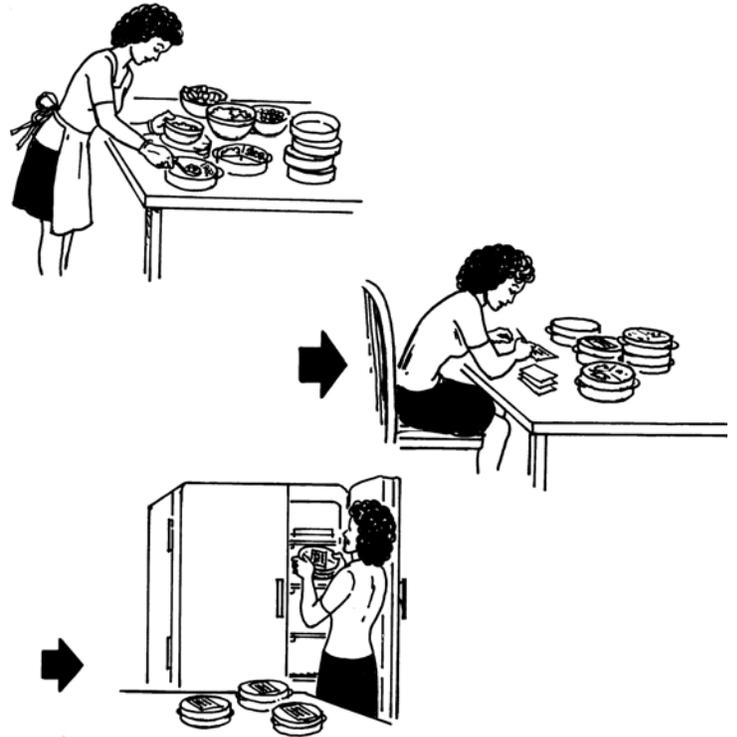


*Mario's grandfather needs help shopping. So Mario calls the Area Agency on Aging and asks for help finding someone to shop for his grandfather.*

## Preparing food suggestions

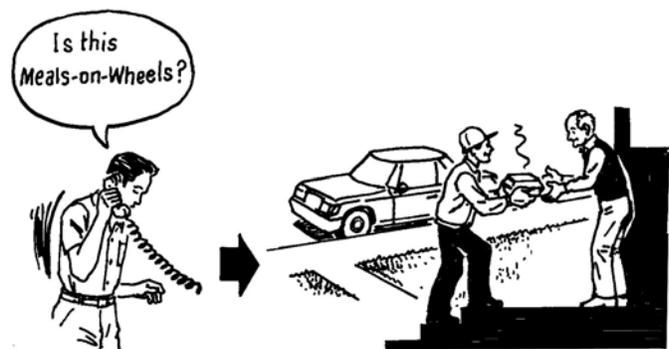
### Consider preparing meals in advance and freezing them.

The frozen meals can be put in the older person's freezer and later heated in a microwave or oven. Be sure to print instructions for reheating in large, bold print if the person's eyesight is not good.



*Kate makes meals for her grandmother and freezes them. She also writes directions for reheating the meals with large letters.*

**Consider using Meals-on-Wheels.** If preparing food is a problem for the older person and you cannot do it, consider using a "meals-on-wheels" service which delivers a hot meal at noon along with a cold supper to put in the refrigerator. Meals-on-Wheels are usually available through your Area Agency on Aging, and volunteers make deliveries five days a week. Fees are on a sliding scale based on the older person's income.



*Since Frank cannot be with his father all the time, he arranges for Meals-on-Wheels to deliver meals to his father when he is away.*

# Carrying out your plan



*Mary and her mother are working together to carry out their plans*

## Problems You Might Have Carrying Out Your Plan

***Problem:***

**“Helping with daily activities seems endless; I don’t see any progress.”**

***Response:*** Focus on the day-to-day activities the older person can still do, rather than on what the person can no longer do. You are helping the older person to stay active and independent. This is one of the most important and effective ways to give that person the best possible quality of life.

***Problem:***

**“I don’t think the paid helper is doing a good job, but my mother is reluctant to criticize.”**

***Response:*** The person receiving help is so dependent on the helper that he or she may be reluctant to say anything bad. Therefore, you will have to be a more objective voice. By visiting the home while the paid helper is there—at unscheduled times—you should be able to tell the quality level of care. If necessary, you will have to talk directly to the helper about the deficiencies and/or contact the helper’s supervisor.

***Problem:***

**“What happens if the paid helper is sick? How do I get help then?”**

***Response help.*** : If the paid person is from an agency, there is no problem since the agency will send a replacement. This is one of the advantages of using an agency to obtain

If you hired the person directly, then you will want to have backup people that you can call to fill in. It is best to have at least two people that you can call as back-ups.

### **Problems You Might Have Carrying Out Your Plan**

***Problem:***

**“My family is dissatisfied with the paid help we have for my mother. They want perfection and that isn’t possible.”**

***Response:*** The best way to deal with this is to get the family involved in arranging and supervising the help. This will help to make them more realistic about care being provided. If this is not feasible, have them visit and spend a significant amount of time in the home with your mother and the people who are helping her. This may show them what can reasonably be expected of paid help. Also, it is good to have outsiders with high standards who can give you support in improving the care that is given.

***Problem:***

**“My father has always taken care of himself and he is absolutely against getting outside help, but I can’t give him the help he needs by myself.”**

***Response:*** Suggest a short trial period for a kind of help that is least objectionable to him. That way he can experience the help rather than imagining it. It also gives him control because he will decide if he wants the help to continue. You can also tell him directly how much it means to you for him to have this help. If he sees getting help for himself as also helping you, he may be more willing to accept it. If, after trying to persuade him, he still refuses help, then you may have to accept his decision. As long as he is thinking clearly and understands the consequences of his decision, it is his right to make decisions about his life.

### **Think of Other Problems You Might Have Carrying Out Your Plan**

What other problems could get in the way of doing the things suggested in this chapter? For example, will the older person cooperate? Will other people help? How will you explain your needs to other people? Do you have the time and energy to carry out this plan?

You need to make plans for solving these problems.

## **Checking on Progress**

Your goal is to maintain the older person's ability to function as independently as possible for as long as possible. Don't expect a return to what he or she was like before the problems started. Progress will be slow. Set reasonable goals for yourself and for the person for whom you are caring.

If daily living problems become worse, make new plans with help from professionals. If you think that moving to a nursing home or assisted living may be necessary, read the "Choosing a Nursing Home" chapter in this book.

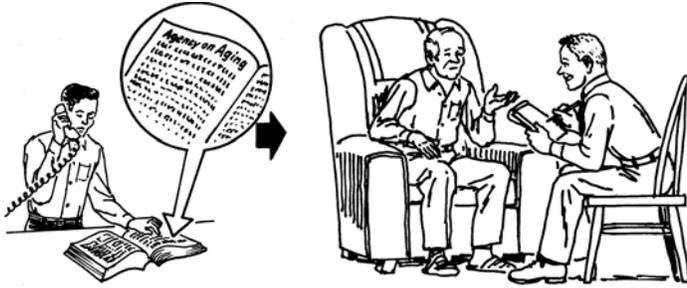
## **What to Do If Your Plan Isn't Working**

Sometimes when the older person is mildly resisting, he or she might need a little more time to accept and adjust to the changing situation. Education, information, and support from health care professionals, family, and friends can be helpful. If the older person is in physical danger and enough help cannot be provided, outside professional help may be necessary to ensure the person's safety and your peace of mind. The older person's medical doctor may need to be consulted, since resistance to receiving care could be linked to a mental or physical condition that can be successfully treated. Counseling by a psychiatric nurse, social worker, or therapist experienced with issues of the elderly can help older persons deal with losses, dependency issues, and other challenges of aging. Your family doctor, local mental health agency, or Area Agency on Aging can direct you to appropriate health/behavioral health services in your community.

# PROBLEMS OF DAILY LIVING SUMMARY



## When to get professional help



If you want to learn better ways to help the older person with daily activities



If you and your family cannot give the kind of amount of help that is needed



## What you can do to help



Work with the older person in developing plans to get help.



Encourage a positive attitude toward change.



Let the older person have as much control as possible.

## PROBLEMS OF DAILY LIVING SUMMARY

### What you can do to help



**Organize help from family and friends.**



**Arrange for and supervise paid help.**



**Use clothing that opens in the front.**



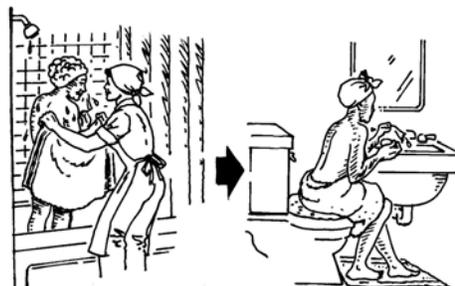
**Use front Velcro closings on pajamas and nightwear.**



**Shop for special clothing in home care catalogs.**



**Use grabbers to reach socks and pull them over the heel and up the leg.**



**Limit full tub baths or showers to once weekly if bathing is difficult.**

## PROBLEMS OF DAILY LIVING SUMMARY

### What you can do to help



Use small washcloths.



Avoid baby oil in the tub bath water.



Avoid bubble bath liquids, powders, or crystals.



Consider using large combs, hairbrushes, and toothbrushes.



Soak feet every other week or weekly.



Call a foot doctor (podiatrist) about nail or foot fungus and hard-to-cut toenails.



Consider arranging for monthly visits from a hair stylist.



Consider using a shampoo tray to wash hair in bed.



Consider using no-rinse shampoos.

**PROBLEMS OF DAILY LIVING SUMMARY**  
**What you can do to help**



**Consider raising the toilet seat.**



**Consider replacing the commode with one that is higher.**



**Consider placing a portable commode by the bedside chair for quick access.**



**Consider using remote control lighting devices.**



**Encourage the older person to sit and dangle legs before standing.**



**Use large utensils if hands are weak.**



**Serve small meal portions when the older person's appetite is low.**



**Make snacks available between meals.**

## PROBLEMS OF DAILY LIVING SUMMARY

What you can do to help



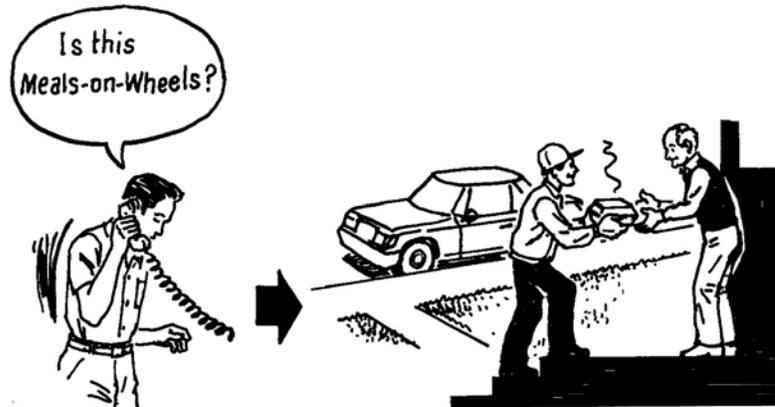
Encourage the older person to join you in shopping.



Consider getting help for shopping.



Consider preparing meals in advance and freezing them.



Consider using Meals-on-Wheels.



### ***The AGS Foundation for Health in Aging (FHA)***

Established in 1999 by the American Geriatrics Society, the AGS Foundation for Health in Aging (FHA) builds a bridge between the research and practice of geriatrics health care professionals and the public. FHA advocates on behalf of older adults and their special needs: wellness and preventive care, self-responsibility and independence and connections to the family and community through self-responsibility and independence and connections to the family and community through public education, clinical research and public policy.

### ***Eldercare At Home***

*Eldercare At Home* is part of a comprehensive effort by the AGS Foundation for Health in Aging to provide support and guidance to those of you caring for older people at home. The FHA has created a series of Powerpoint® slide presentations that cover each of the 27 chapters found in *Eldercare At Home*. Accompanying each slide presentation is a fully illustrated handout that can be used as handouts, or as stand-alone resources for caregivers who are dealing with only one or two issues.

The major goal of this initiative is to make *Eldercare at Home* materials available to all caregivers. To this end, the plain text version (without illustrations) of *Eldercare at Home* is available free of charge online at [www.healthinaging.org](http://www.healthinaging.org).

*Eldercare at Home* Workbook is also available for purchase through the FHA. Each of the twenty-seven chapters in the *Eldercare at Home* books cover the most common problems that family caregivers face. The *Eldercare at Home* Workbook can be used just as you would a cookbook. Read a chapter before you start dealing with a specific problem just as you would read a recipe before beginning to cook. Reading the chapter allows you to understand the problem and take action before it becomes severe. *Eldercare at Home* can even help you to prevent some problems from happening. It offers you advice on developing care plans, which will give you a sense of purpose and hope in coping with the challenges of providing care.

For more information on *Eldercare at Home*, or the AGS Foundation for Health in Aging, visit [www.healthinaging.org](http://www.healthinaging.org), or call 1-800-563-4916.

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