

Tenderhearts



Caregiver Resilience & Vitality

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Buzz Words:

- **Balanced Diet:** a diet that contains adequate amounts of all the necessary nutrients required for healthy growth and activity
- **Depression:** a mental state characterized by feelings of sadness, loneliness, despair, low self-esteem and guilt
- **Respite:** pre-arranged care for loved one that allows family caregiver to take a break for a few hours, days, or weeks
- **Resilience:** ability to cultivate strengths that allow an individual to meet the challenges of life
- **Stress:** mental and/or physical tension that results from physical, emotional, or chemical causes
- **Stressors:** any agents that cause stress to an organism

Scenario:

It is 10:30 p.m. on a Thursday night.

Everyone else has gone to bed, including your 86 year-old-mother. The house is finally quiet and yours! You survived another day of work, followed by attending your son's football game after taking your daughter to and from her cheerleading practice. You want to prepare a quick family dinner. It's only sandwiches tonight, but you reason that at least it's better than drive through fast food again. You also found time to bathe your mom and wash her hair. She complied this time! Now it is your time to relax, do a load of laundry, pay a few bills, iron clothes for work tomorrow,

and maybe collect your thoughts. With luck and if you do not "really" relax, you should be in bed by a little after midnight.

What was that sound? You look at the clock. It is 3:00 a.m. You have been asleep only a couple of hours. Your heart races as if it is going to explode. You realize that you are wide-awake, but why? Thoughts of what you have to do for the day begin to flood through you: take the car in for an oil change; pay mom's pharmacy bill; schedule a parent teacher conference; apologize to your husband for that angry outburst earlier in the evening. You realize that your heart is still racing, and you panic because you think that you're having a heart attack! You feel the early signs of a headache, but are too tired to get up and take a pain reliever. Besides, you don't have the time to have a heart attack. Who would fill in for you at work? Who would take the children to and from school? Who else could handle Mom's tantrums? Is this what they call "stress"?

Facts:

On a good day, caregiving can mean long hours, endless work, and periods of feeling overwhelmed, even out of control. Most people can handle short periods in time when days are composed of long hours and endless work. Full time caregiving rarely occurs for only short periods of time. Full-time family caregiving may be expected around-the-clock. Thus, periods of care may turn into days, weeks, months, and even years of helping. For the caregiver, that may mean a lack of sleep, physical and mental exhaustion, often not enough time to prepare, plan, drive through, or even eat a somewhat healthy meal. It is well known that enduring chronic, persistent, seemingly relentless stress without adequate nourishment will result in declining health. Care for the caregiver is essential, too.

A combination of losses, prolonged stresses, physical demands of caregiving, and the biological vul-

nerabilities that come with age increase a caregiver's risk for significant health problems. Caregivers are also put at risk for an earlier death than for those who are not caregiving (Family Caregiver Alliance, 2004). In 2002, the National Family Caregivers Association reported that elderly caregivers who had a history of chronic illness themselves and experienced caregiving related stress, had a 63 percent higher death rate than their non-caregiving peers. Over a period of time, continual stress leads to changes in a caregiver's health. Stress does not discriminate between age or gender when attacking a person's immune system. Baby boomers caring for their parents can be as much at risk as older caregivers who are caring for their spouse. Respite care may be needed, even if only for an hour or two. It may be the difference between being ready for the tasks ahead or being constantly overwhelmed. Longer periods of assisted time for the caregiver may be even more beneficial, but are increasingly difficult to get without a plan.

Further, “**depression**” may set in with continual stress and worry, a lack of sleep, and poor nutrition. Caregivers differ in how they experience the types and/or severity of “**stressors**”, but symptoms are similar. One caregiver may notice some months of a low-level sadness, while another may suffer a more sudden and intense negative change in outlook (Family Caregiver Alliance, 2004).

Symptoms to be mindful of in the caregiver include (any or all of the following):

- Feeling tired (fatigued) all of the time
- A change in sleeping patterns—needing too much sleep or not getting enough
- A change in eating habits resulting in unwanted weight change
- A loss of appetite, having less interest/desire in eating
- A loss of interest in people and/or activities that once brought pleasure
- Becoming more easily agitated or angered
- Feeling that nothing you do is good enough or fast enough
- Thoughts about death or suicide, or attempting to commit suicide
- Ongoing physical symptoms that do not respond to treatment, such as headaches, digestive disorders, and chronic pain.

If you have experienced any of the above/previous symptoms for a period of about 2 weeks or longer, be certain to refer to the “Resource section” for recom-

mendations or consult a healthcare professional who specializes in the diagnosis and treatment of depression (e.g., psychologist, psychiatrist, a family physician).

Resilience comes from effectively learning how to manage stress in one's life in a more positive way. This can be the caregiver's greatest tool to achieving *caregiver vitality*.

Developing Resilience:

Regardless of age, sex, race or ethnicity, caregivers have difficulty tending to their own health and wellbeing while providing care for a loved one (Family Caregiver Alliance, 2004). Becoming resilient begins with *accepting* the fact that caregiving includes a certain amount of stress and planning for it. The stress load may increase unexpectedly as the disease process for their loved one worsens. For example, suffering a stroke may result in partial or full paralysis as well as a loss of urinary or fecal continence. This would render the loved one even more dependent on the caregiver for very basic activities of daily living (e.g., bathing, toileting, dressing and eating). As a caregiver better understands needs and prepares for what an illness may eventually bring, the transition is smoother and the response tends to be less negative for all.

Caregivers may have to concede that more help is needed than that which they can provide. They should be alert to their own:

- Sleep deprivation
- Poor eating habits, changes in weight
- Lack of desire to exercise
- Inability to stay in bed when ill
- Ignoring or postponing personal medical appointments even though needed.

An important step to becoming **resilient** is *taking action* and bouncing back from the stress. Recognizing stress and doing nothing to minimize or eliminate it is not helpful; it will result in a caregiver who can no longer effectively care for his/her loved one. Being active in decreasing the stress, taking action, getting additional help if that's needed, seeking new or different services may add to the ability to become **resilient** and better sets the stage for caregiver vitality. You are not alone, even though it may feel that way temporarily, reach out for help.

For example, incorporating respites on a regular basis allows caregivers to take a well-deserved break from the daily routine of caregiving. Respite services can be found through various community agen-

cies, adult daycare facilities, support groups or local churches.

Caregiver Vitality:

An important way for a caregiver to develop physical and mental vitality (strength) is to recognize which factors in their caregiving situation can lead to their own physical and/or mental stress and doing something positive to change that whenever possible. One *stressor* may lead to others though, and they should not be ignored. Using the example above, the need for care of the loved one may suddenly or consistently increase, acknowledge when help is needed.

Nutrition Nuggets:

As individuals experience **stress** they have personal eating responses that may differ, some people have a strong craving to eat ANYthing when in a stressed mode (particularly carbohydrates), others may lose all interest in eating and may experience a rapid and dramatic weight loss. Each of these situations is problematic, finding a balance is important. You may wonder, “For whom would weight loss NOT be desirable?” The answer would be that for MOST individuals losing weight under the conditions of stress is not ideal, because the weight gain that follows when the pressure is off or the **stress** is relieved is more likely to be fat gain rather than muscle gain, so we potentially become larger and fatter (stored energy) following a crisis/stress mode of weight loss. The physiologic changes that accompany stress are real, partly hormonal, and result in other changes, not all of which are desirable. From the nutritional standpoint, physiologic stress places the body in a starvation or survival mode but it is not healthy and starvation may be the most severe form of malnutrition. Energy is used and stored differently when a person is under stress; resilient individuals are healthier because they do not exhibit the same negative physiological changes. Healthy eating is especially important, it adds to caregiver vitality.

Some individuals rely on nutritional supplements (vitamins, etc.) believing that it means that they won't need to eat as well, but we know that is faulty thinking. Adequate dietary intake enhances health, even if health is not optimal. Pills cannot do that. Herbal supplements and/or products that are used as “alternative” or “complementary therapies” have not become a good replacement for a healthy diet. Many herbal and dietary supplements claim to treat depression, anxiety, memory problems and more but they are not

regulated by any governmental agency. Some of these products interfere with other medicines and may make health problems worse. Advertisements and articles in the popular media about nutritional supplementation are not valid sources of information to rely on for the caregiver or the one being cared for. Three well developed publications that contain sound advice will be available very soon on the Galichia Center on Aging, KSU web site: <http://www.ksu.edu/gerontology>. They are entitled: “Medicine and Herbal Safety, Easing Your Mind” as well as “Live Smart! Be Smart! How a Healthy Lifestyle Promotes Mental and Emotional Vitality” and “Eat Smart! Be Smart! A ‘Recipe’ for Keeping Your Brain in Shape.” These materials are being used to train individuals working with older adults, thus the caregiver may find them helpful as well.

Eating when **depressed** is similarly problematic; some individuals eat constantly when depressed (sometimes relying on “comfort foods”, those which are familiar or may make the person feel better), others stop eating everything. Many depressed persons suffer from a loss of appetite or lack of desire to eat which unfortunately becomes easier to maintain the longer the condition exists. They need good nourishment just as the overeater does but what to offer may differ. Protein rich foods are good items for people undergoing stress and/or depression, meats, cheeses, milk, etc. should be in the diet daily. Fresh fruits and vegetables always add fiber and beneficial vitamins and minerals. Even though research is still being conducted on relationships between mood and foods, good guidance would be to eat a variety of foods from all groups and in amounts that sustain a healthy weight.

There is a positive role for personal physical activity as a promoter of resiliency as well. Interacting socially with others and engaging in physical movement helps promote good emotional and physical health and may contribute to an overall feeling of wellbeing. It may be challenging to even plan for physical activity when you are already overwhelmed with daily caregiving tasks but this, in addition to a balanced diet and adequate rest, is a critical part of maintaining the caregiver's health. Respite care may be especially helpful here; having freedom from caregiving responsibilities to at least walk outdoors, or being able to take a long shower to freshen up may be particularly valuable for the full time family caregiver.

The best guide is to remember to “nurture yourself” so that you can continue to effectively nurture those that you care for and who are reliant on you.

Resources:

Your local K-State Research and Extension office

Tenderhearts Family Caregiving:

www.tenderheartscaregiving.org

National Mental Health Association Depression Screening Checklist:

www.depression-screening.org/

National Depression Screening Day (October 7, 2004)

Web site: www.nmisp.org/depression.htm

American Psychological Association: www.apa.org

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