



AANHR

Arkansas Advocates for Nursing Home Residents

PROTECTING NURSING HOME RESIDENTS

February 2019

Conway (501) 607-8976

AANHR's Mission Statement:

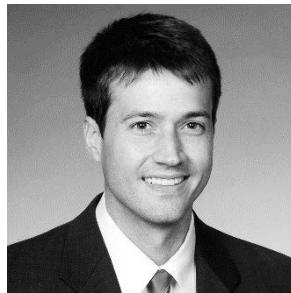
"To protect and improve the quality of care and life for residents in Arkansas nursing homes."

**Next Meeting
Feb. 11th
Meeting
Place:**

**First Assembly of God Church
4501 Burrow Road
North Little Rock
Directions to church
On back of
Newsletter.**

**10:00 -11:00 A.M.
Open Forum**

**11:00 A.M.
Program Speaker:
(See article at right.)**



**AANHR Meeting February 11th
Topic: Advanced Directives
Speaker: Ryan O'Quinn**

"Advanced Directives" is a topic that evokes thoughts of injury, illness, and mortality and can seem quite daunting and foreign - for those reasons most people are averse to discussing it.

However, planning ahead can be invaluable in easing a person's later life and helping transition his or her affairs in the event of unexpected health issues. Exposure to methods available and the procedures to initiate them can demystify the area and often leads to a more engaged, open discussion regarding a person's needs now and in the future.

This presentation looks at some of the basic tools involved and how they can be implemented in a synergistic manner. Attendees will learn about durable powers of attorney, living wills and healthcare proxies, wills, beneficiary designations and trust arrangements. But not only will attendees learn about these estate planning tools, they will learn of some of the perils that could result from neglecting at least some form of estate planning. Ideally, attendees will leave this presentation having a basic understanding of estate planning and the jargon attached to it - such an understanding can greatly enhance an attendee's ability to communicate effectively his or her estate planning desires to any attorney.

Mr. O'Quinn is a transactional attorney at Quattlebaum, Grooms & Tull PLLC whose practice emphasizes estate planning, wills and trusts, taxation, and corporate transactions. Mr. O'Quinn obtained his J.D., *cum laude*, from the University of Arkansas School of Law where he was a member of the *Journal of Food Law & Policy*, the first student-edited legal journal in the country devoted to the study of food law and its impact on society. He received an LL.M. in Taxation from the University of Florida. Mr. O'Quinn received a B.S.B.A. in Finance and Commercial Banking from the University of Arkansas and is licensed to practice law in Arkansas. Please join us February 11th for this informative meeting.



**Happy
Valentine's
Day**

AANHR is an ALL VOLUNTEER 501 C-3 non-profit organization.

No AANHR member receives compensation for his/her advocacy activities. THEREFORE, AANHR is very appreciative of the ongoing financial contributions of our members and supporters. Please consider supporting our advocacy with a financial contribution.

See details on page 8 of this newsletter. Thank You!



From the President's Desk Martha Deaver

YOU AND YOUR MEDICATIONS...

HAVE YOU EVER WONDERED SUCH THINGS AS:

- Why am I so depressed?
- Why am I so tired?
- Will this diarrhea (or constipation) ever go away?
- Why can't I think straight anymore?
- Why do I sometimes get dizzy?
- Which pill is making me sick to my stomach?
- Why am I having troubling swallowing?
- Why do I have no appetite anymore?
- Are all these pills really necessary?

Maybe the answer is right at your fingertips. It's only natural to have extra aches and pains as we age - but if you start a new medication and your problems seem to escalate then it's time to ask questions. Sometimes the problems won't show up until a later date - and by then you might not make a connection between the troubling symptoms and the medication.

The American Geriatric Society recommends that you don't stop your prescribed medications without first talking to your doctor. The risks of stopping the drugs may outweigh safety concerns. Many medications can be dangerously addictive.

Ask your doctor if your medicines are on the Beers List and, if so, whether any alternatives might work better for you. Medications on the Beers List are there because of potential, not definite, problems - they may be helpful for some people and harmful for others. Ask your doctor and pharmacist what changes in health & mental clarity to watch for while taking your medications, and report any such problems to your physician immediately if they should occur.

WHAT IS THE BEERS LIST?

The Beers Criteria for Potentially Inappropriate Medication Use in Older Adults, also known as the "Beers List" is a database which helps doctors, pharmacists, and patients make the best possible treatment decisions by flagging drugs that are inappropriate for older people. The challenge is getting doctors to use it.

WHY WAS THE BEERS LIST DEVELOPED?

In 1991 Dr. Mark Beers developed the first set of explicit criteria for inappropriate drug use for the elderly. He defined inappropriate prescribing as the use of medication where the potential risks outweigh the potential benefits. This list was periodically updated over the years, and after Dr. Beers' death the responsibility was given to The American Geriatric Society.

The American Geriatric Society (AGS) states: "Potentially inappropriate medications (PIMs) continue to be prescribed and used as first-line treatment for the most vulnerable of older adults, despite evidence of poor outcomes from the use of PIMs in older adults."

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The website Iodine states: "As we get older, our bodies turn against us. Our blood pressure starts to rise, knees develop arthritis and arteries start to clog up. And we take more and more medications. According to drug company Merck, 90% of people over the age of 65 take at least one medication per week, and 40% take five or more. With this comes a scary inevitability: 1 in 6 people in this age group will experience a harmful side effect of a drug they are taking regularly." The **Iodine** website provides a wonderful search tool to get valuable information about all the drugs out there on the market <https://www.iodine.com/> Click on FIND A DRUG at the top of the page - you will need to bypass advertisements. You can find medications by the generic drug name or a specific brand name. Most people only know their medications by various brand names and have no idea of the actual drug name, which can make it difficult to find answers when going to the Beers List.

For approximately 30 years, the Beers List has been the most consulted source of information for healthcare providers about the safety of prescribing medications for older adults. Their goal is to improve the care of older adults by reducing their exposure to Potentially Inappropriate Medications (PIMS).

Use the website link below to check out the American Geriatric Society 2015 Updated List of Potentially Inappropriate Drugs for the Elderly (Beers List) .

A draft of the 2018 Beers List (see link below) was compiled in 2018 and has not yet been finalized. New drugs continue to be rapidly developed, marketed, and sold. YOU have the ability to check on your own medications and you actually owe it to yourself to do so!

Pocket Card - 2015 Beers List:

<http://www.ospdocs.com/resources/uploads/files/Pocket%20Guide%20to%202015%20Beers%20Criteria.pdf>

Excerpt Taken from: 2012 BEERS LIST (Examples):

Alprazolam - increased sensitivity to benzodiazepines. Increased risk of cognitive impairment, delirium, falls, fractures, and motor vehicle accidents in older adults

Amiodarone - data suggest that rate control yields better balance of benefits and harms than rhythm control for most older adults

Amitriptyline - highly anticholinergic, sedating, and cause orthostatic hypotension

Amobarbital - high rate of physical dependence; tolerance to sleep benefits; risk of overdose at low dosages

Aripiprazole - increased risk of cerebrovascular accident [stroke] and mortality in persons with dementia

Asenapine - increased risk of cerebrovascular accident [stroke] and mortality in persons with dementia

Aspirin (>325mg/d) - increases risk of GI bleeding and peptic ulcer disease in high-risk groups, including those aged >75 or taking corticosteroids or anticoagulants

Belladonna alkaloids - highly anticholinergic, uncertain effectiveness

Benzotropine (oral) - not recommended for prevention of extrapyramidal symptoms with antipsychotics; more-effective agents available for treatment of Parkinson disease

People 65 Years and Older & Influenza

It has been recognized for many years that people 65 years and older are at greater risk of serious complications from the flu compared with young, healthy adults because human immune defenses become weaker with age. While flu seasons can vary in severity, during most seasons, people 65 years and older bear the greatest burden of severe flu disease. In recent years, for example, it's estimated that between about 70 percent and 90 percent of seasonal flu-related deaths have occurred in people 65 years and older and between 50 percent and 70 percent of seasonal flu-related hospitalizations have occurred among people in that age group. So influenza is often quite serious for people 65 and older.

A Flu Vaccine is the Best Protection Against Flu

The best way to protect against flu and its potentially serious complications is the CDC recommendation that everyone 6 months of age and older get a seasonal flu vaccine each year by the end of October. However, as long as flu viruses are circulating, vaccination should continue throughout flu season, even in January or later.

Flu vaccination is especially important for people 65 years and older because they are *at* high risk of developing serious complications from flu. Flu vaccines are updated each season as needed to keep up with changing viruses. Also, immunity wanes over a year so annual vaccination is needed to ensure the best possible protection against influenza. A flu vaccine protects against the flu viruses that research indicates will be most common during the upcoming season. The 2018-2019 flu vaccine has been updated from last season's vaccine to better match circulating viruses. Immunity from vaccination sets in after about two weeks.

Flu Vaccine Reduces Serious Flu Outcomes

Flu vaccination has been shown to reduce flu illnesses and more serious flu outcomes that can result in hospitalization or even death in older people. For example, a 2017 study showed that flu vaccination reduced deaths, intensive care unit (ICU) admissions, ICU length of stay, and overall duration of hospitalization among hospitalized flu patients; with the greatest benefits being observed among people 65 years of age and older.

Older people with weaker immune systems often have a lower protective immune response after flu vaccination compared to younger, healthier people. This can make them more susceptible to the flu. Although immune responses may be lower in the elderly, vaccine effectiveness has been similar in most flu seasons among older adults and those with chronic health conditions compared to younger, healthy adults. Despite the fact that older adults have weaker immune responses to vaccine flu vaccines, there are many reasons why people in that age group should be vaccinated each year.

Types of Flu Shots for People 65 and Older

People 65 years and older should get a flu shot and not a nasal spray vaccine. They can get any flu vaccine approved for use in that age group with no preference for any one vaccine over another. There are regular flu shots that are approved for use in people 65 and older and there also are two vaccines designed specifically for people 65 and older:

High Dose Flu Vaccine:

The “high dose vaccine” contains 4 times the amount of antigen as a regular flu shot. It is associated with a stronger immune response following vaccination (higher antibody production). Results from a clinical trial of more than 30,000 participants showed that adults 65 years and older who received the high dose vaccine had 24% fewer influenza infections as compared to those who received the standard dose flu vaccine. The high dose vaccine has been approved for use in the United States since 2009.

Adjuvanted Flu Vaccine:

The adjuvanted flu vaccine, Flud, is made with MF59 adjuvant an additive that creates a stronger immune response to vaccination. In a Canadian observational study of 282 people aged 65 years and older conducted during the 2011-12 season, Flud was 63% more effective than regular-dose unadjuvanted flu shots. There are no randomized studies comparing Flud with Fluzone High-Dose. This vaccine was available for the first time in the United States during the 2016-2017 season.

High Dose and Adjuvanted Flu Vaccine Side Effects

The high dose and adjuvanted flu vaccines may result in more of the mild side effects that can occur with standard-dose seasonal shots. Mild side effects can include pain, redness or swelling at the injection site, headache, muscle ache and malaise.

Get pneumococcal vaccines

- People who are 65 years of age and older should also be up to date with pneumococcal vaccination to protect against pneumococcal disease, such as pneumonia, meningitis, and bloodstream infections. Talk to your doctor to find out which pneumococcal vaccines are recommended for you.
- Pneumococcal pneumonia is an example of a serious flu-related complication that can cause death. You can get the pneumococcal vaccine your provider recommends when you get the flu vaccine.

Other Preventive Actions

In addition to getting the flu shot, people 65 years and older should take the same everyday preventive actions CDC recommends of everyone, including covering coughs, washing hands often, and avoiding people who are sick.

Symptoms and Treatment

If you get sick with flu symptoms call your doctor right away. There are antiviral drugs that can treat flu illness and prevent serious flu complications. CDC recommends prompt treatment for people who have influenza infection or suspected influenza infection and who are at high risk for serious flu complications, such as people 65 years and older.

Symptoms:

Flu symptoms include fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills and fatigue. Some people may also have vomiting and diarrhea. People may be infected with the flu and have respiratory symptoms without a fever.

(Continued on Page 6)

(Continued from page 5, *People 65 Years and Older & Influenza*)

Treatment:

- Treatment should begin as soon as possible because antiviral drugs work best when started early (within 48 hours after symptoms start).
- For you to get an antiviral drug, a doctor needs to write a prescription. These medicines fight against flu by keeping flu viruses from making more viruses in your body.
- Antiviral drugs can make your flu illness milder and make you feel better faster. They may also prevent serious health problems that can result from flu illness.
- There are three FDA-approved influenza antiviral drugs recommended by CDC this season that can be used to treat the flu.

When to Seek Emergency Medical Care

If you or a loved one are 65 years and older and experience any of the following emergency warning signs of flu sickness, seek medical attention right away!

Emergency Warning Signs of Flu Sickness:

- Difficulty breathing or shortness of breath
- Pain or pressure in the chest or abdomen
- Sudden dizziness
- Confusion
- Severe or persistent vomiting
- Flu-like symptoms that improve but then return with fever and worse cough

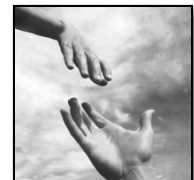
Reprinted from: <https://www.cdc.gov/flu/about/disease/65over.htm>

Volunteer Ombudsmen Always Needed to Assist Regional Ombudsmen

Paid Regional Ombudsman contact info along with their pictures should be posted in a prominent location in your facility.

Regardless of whether or not you end up becoming a volunteer ombudsman, your knowledge will increase greatly by attending an ombudsman training session. Volunteer Ombudsman training takes only one day and can make an incredible difference in the life of a nursing home resident. A volunteer ombudsman is authorized to help the residents with any concerns. Protecting the resident's rights is a priority. The volunteer ombudsman is authorized to take complaints and report things they see that are questionable to their regional ombudsman, who can take steps to remedy the situation. A volunteer ombudsman can make a big difference brightening the life of a nursing home resident. After the day of training and a short orientation period one can become a Certified Ombudsman and can choose to be assigned to a specific nursing home where just two hours service per week is expected. If interested, please contact your local Area Agency on Aging or Martha Deaver at 501-607-8976; she will put you in touch with your regional ombudsman.

“Speak up for those who cannot speak for themselves, for the rights of all who are destitute. Speak up and judge fairly; defend the rights of the poor and needy.” Proverbs 31:8 NIV



AANHR Special Thanks

We extend our heartfelt thanks to the following people and groups who make our outreach possible:

Gary Miller of Prosmart Printing for assistance in newsletter and brochure publication.

The Law Office of Bob Edwards and Mrs. Edwards for providing AANHR Good Care booklets

M. Darren O'Quinn, Attorney, Little Rock, for his continued assistance to and support of AANHR.

Paschall Strategic Communications for their continued assistance with public relations needs.

First Assembly of God Church in North Little Rock for providing AANHR a meeting room.

David Couch of The Law Offices of David A. Couch, PLLC, PA, for his support and assistance, and his providing POA documents pro bono.

AANHR Officers and Board Members

President - Martha Deaver, Conway (501-607-8976)

Vice President - Cindy Murders, Sheridan

Secretary - Julie Shaw, Memphis (901-508-0558)

Treasurer - Nancy Patterson, Searcy (501-278-6577)

Members of the Board: Martha Blount, Searcy (501-278-9168); James Brooks, North Little Rock (501-454-6279); Harry Burns Jr. White Hall (870-267-5298); and Ann Pinney, Benton (501-249-1084).

Newsletter Editors: Martha Blount, Searcy; Marcy Wilson, Sherwood

Helpful/Important Numbers

The Office of Long Term Care (OLTC)

has a toll-free number for information, assistance and complaints for residents and family members:

1 - 800 - LTC - 4887 between 8 a.m. and 4:30 p.m. on weekdays.

You may also write to: Office of Long Term Care (OLTC)

P.O. Box 8059, Slot 400 Little Rock, AR 72203-8059

OLTC website: [Http://humanservices.arkansas.gov/dms/Pages/oltcHome.aspx](http://humanservices.arkansas.gov/dms/Pages/oltcHome.aspx)

You should also report complaints to the **Arkansas Attorney General**

Toll Free: 1 - 866 - 810 - 0016

Little Rock Local: 682 - 7760

For additional assistance or a listening ear, call AANHR at 501-607-8976 in Little Rock

Visit our website at www.aanhr.org or e-mail us at Info@aanhr.org

Your local Ombudsman's number should be posted in a prominent place in the nursing home, preferably near the front entrance. You may also call your local Area Agency on Aging to secure the name and phone number of the Ombudsman.

The **UALR Senior Justice Center** can be reached at: 501 - 683 - 7153.

www.ualr.edu/senior justice



Arkansas Advocates for Nursing Home Residents

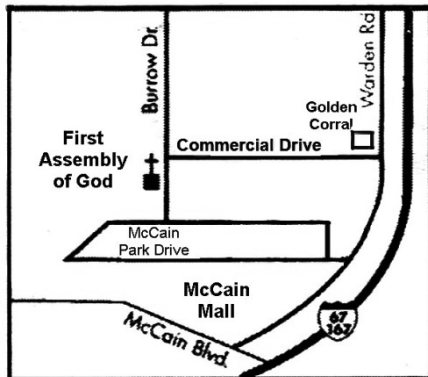
AANHR

P.O. Box 165641 Little Rock, AR 72216

www.aanhr.org

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Strength in Numbers, AANHR Needs You!!

AANHR is a nonprofit organization run by non-paid volunteers dedicated to protecting and improving the quality of care and life for Arkansas residents in long term care facilities.

Won't you please lend your support to us by joining our organization? Your membership dues help to pay for our activities that support our mission statement. Memberships are available on a calendar year basis. Join now and you will be a member through **December 31, 2019**.

Today's Date _____

Name _____

Mailing address _____

City/State/Zip _____

Phone _____

Email _____

- () I wish to receive the AANHR newsletter.
- () \$20 per family or corporate membership.
- () Waive dues because of financial hardship.

Please make checks payable to: AANHR and mail to 111 River Oaks Blvd, Searcy AR 72143.

Driving directions to First Assembly of God Church, 4501 Burrow Road, North Little Rock

Coming from the North:

When driving South on Highway 67/167, take exit #1A onto Warden Road. As soon as you safely can, move into the right-hand lane, as you will be turning right at the Golden Corral Restaurant onto Commercial Drive.

Coming from East, West or South:

If you are on either I-30 or I-40, take Highway 67/167 North. Take exit #2 onto Landers Road. Stay in the left-hand lane, as you will be turning left and going under Highway 67/167 and enter Warden Road going southbound. As soon as you safely can, move into the right-hand lane, as you will be turning right at the Golden Corral Restaurant onto Commercial Drive.

Commercial Drive terminates at the church. Proceed straight across Burrow Road into the church's parking lot past the overhang at south end of building. Then, turn right to drive down the narrow alley-like drive.

The entry door is about half-way down the alley and the meeting room is located just inside this door off the alley-drive.