



Balancing Career and Caregiving

November is National Family Caregivers Month



When you're confronted with the needs of an aging relative, what do you do? You'll need to look at the work that you do as a caregiver as another job, with all of the responsibilities that go along with a second job. But this does not mean that your career has to suffer. If you're organized and flexible, you'll be able to fit in your personal life with your working life, balancing the demands of each.

Find Help

Finding help - home health care, homemaker services, friends, family, and neighbors - can be a lifesaver if you are trying to balance a career with your role as a caregiver. Look for help everywhere you can, including through social and community services, Meals-on-Wheels programs, transportation programs, and senior centers. Don't think that if you get help, you are a failure as a caregiver; in fact, it just shows what a dedicated caregiver you are.

Evaluate Your Career Choice

If you find that your role as a caregiver conflicts

too much with your career, you might need to make some hard choices about your career. Does your job ask you to travel too much? Are you unable to find the time simply to get home and sleep, let alone provide care for someone else? It might not be the easiest thing to do, but you may want to consider alternative careers - or at least another job within the same field.

Flextime

More and more jobs allow for "flextime" - a term referring to flexible hours or flexible schedules. Flextime is particularly desirable for caregivers, since you never know when you will be needed and for how long. Flextime arrangements are usually based on the principal that the most important thing is that you get the job done. Talk to your boss to see if flextime is an option.

Telecommuting

Telecommuting - the use of the telephone, computer, and other telecommunications devices to stay in touch with the office while working at home - is a growing trend for today's workforce. Caregivers can use this trend to their advantage, since it allows flexibility in where you do your work. Depending on the needs of your job, you may telecommute for several days a week, or you may telecommute full-time. Evaluate the work that you do and put together a telecommuting proposal for your boss. It may help to ease the tensions between your career and your caregiving, and allow you to visit and care for your elder at his or her need and your convenience.

For more caregiver support information visit:

<http://www.thefamilycaregiver.org/>

<http://alliancewp.personaladvantage.com/content?sub=1000024>

FEATURED ARTICLES

- ▶ More of Us Are Out of Breath
November is COPD Awareness Month
- ▶ Strategies to Fight Holiday Weight Gain





More of Us Are Out of Breath November is COPD Awareness Month

The average person takes 16 breaths every minute. It's a reflex -- you don't pay attention unless there's a problem. But a rising number of us literally can't catch our breath due to chronic obstructive pulmonary disease (COPD). COPD is a group of diseases that cause airflow blockage and breathing-related problems.

The main conditions of COPD are emphysema and chronic bronchitis. These two conditions account for most cases of COPD, which affects millions of Americans. COPD is a leading cause of death and disability in America. According to the American Lung Association (ALA), beginning in 2000, more women than men died from COPD and this trend has continued.

Emphysema and chronic bronchitis often appear at the same time and usually require similar treatment. Because they develop at the same time, your doctor may have a difficult time distinguishing one from the other. Asthmatic bronchitis, another form of COPD, develops when a person with asthma develops a chronic cough after exposure to an irritant.

COPD causes shortness of breath and worsens over time, but most cases go undiagnosed. COPD develops slowly and people may deny the problem. "There's a tendency not to seek medical attention until it's fairly late," says William C.

Bailey, M.D., a professor at the University of Alabama-Birmingham.

In COPD, scarring in the tiny breathing sacs (alveoli), thickening and narrowing of the breathing tube walls (bronchioles), and extra mucus develop in the airways. It grows difficult to breathe out the air trapped in the lungs by these changes.

Emphysema and bronchitis differ from each other in several ways. In emphysema, the walls of the alveoli become inflamed. As the disease progresses, the damage to the alveoli increases and they lose their elasticity. Pockets of dead air form, making it difficult to exhale.

In chronic bronchitis, the structure of the airways changes so that airflow is diminished. A person with chronic bronchitis has a chronic cough and produces excess mucus.

In nine out of 10 cases of COPD, the cause is crystal clear -- smoking.

"Smoke 20 cigarettes a day for more than 20 years and there's a good chance you'll suffer COPD," says James G. Zangrilli, M.D., assistant professor of medicine in the division of pulmonary medicine at Philadelphia's Thomas Jefferson University Hospital. Other causes include exposure to second-hand smoke, fumes, dust, and other environmental irritants.

What makes smoking so bad for the lungs? Cigarette smoke contains irritants that cause the airways to become inflamed. The inflammation over the long term damages lung cells, boosting the risk not only for COPD, but also for lung cancer.

Not all smokers develop COPD. Researchers think that those who do have genetic factors that make their lungs more susceptible to damage. One genetic condition that has been identified is a deficiency in the protective enzyme alpha 1-antitrypsin. People with this deficiency can develop emphysema even if they don't smoke and they develop it at a much younger age than most smokers.

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Other irritants that can increase the risk for COPD include toxic chemicals such as silica or cadmium, industrial smoke, and dust. Occupations that can expose workers to these irritants include miners, grain farmers, and cooks.

Symptoms

The broad symptoms of COPD include shortness of breath that worsens over time, a cough that produces phlegm, and wheezing.

Symptoms of emphysema usually appear in heavy smokers by their mid-50s. They become short of breath with even light exertion, but they have only a minor cough. By the time symptoms appear, people with emphysema have lost up to 70 percent of their lung tissue. People with an enzyme deficiency tend to develop emphysema between age 30 and 40. Late symptoms include rapid breathing with much difficulty even while at rest.

Symptoms of chronic bronchitis include coughing with excess mucus and frequent bacterial infections. To be diagnosed with chronic bronchitis, the coughing must last for at least three months of the year and over the course of two consecutive years. The other main symptom is shortness of breath, but it is not as severe while at rest as with emphysema. As the disease progresses, symptoms often force a person to sleep sitting up. Females are more than twice as likely to be diagnosed with chronic bronchitis as males.

Treatment can make COPD easier to live with, but the only way to change the course of the disease is to stop smoking, Dr. Zangrilli says. "If patients stop smoking, they really do better with lung function. I think a lot of people don't realize how much that helps."

Doctors see most COPD in people ages 60 and older. The third cause of COPD breathing trouble, asthma, is most often found in childhood. Affecting 15 million Americans, asthma causes its telltale wheezing when air has trouble passing through swollen, narrow air passages. Medication can open airways and decrease swelling.

Warning Signs

Don't take breathing for granted. Talk with your doctor if you notice any of these signs:

- Coughing that lasts longer than the cough you usually get with a cold. A cough that lasts longer than that also could be acute bronchitis. Coughing with acute bronchitis can last up to a month.
- Coughing or trouble breathing when you move. You should be able to climb a flight of stairs without coughing or being short of breath.
- Excess sputum. "If you're producing the same amount of sputum as you might for a bad cold, but it continues for weeks or a month, see your physician," says Dr. Bailey.
- Wheezing. This can be a sign of asthma, warns Dr. Zangrilli. The classic signs of an asthma attack are coughing, wheezing, and shortness of breath.
- A feeling of tightness or fullness in the chest.
- Colds that often spread to the chest. People with COPD and asthma face a greater risk for infection in the bronchial tubes and lungs.
- Increasing trouble breathing around irritants. These include smoke, dust, pollen, and air pollution.

For more COPD information visit:

<http://www.uscopdcoalition.org/>

<http://alliancewp.personaladvantage.com/content?sub=10000259>



Strategies to Fight Holiday Weight Gain

The average American gains several pounds in the six weeks between Thanksgiving and New Year's Day. However, this weight gain is avoidable, and you can fend off added pounds during the holidays but still enjoy mealtime.

"It's almost impossible for most of us not to overeat and indulge during the holidays. But by making simple changes in your diet, you can enjoy many special holiday foods without gaining extra pounds," says Lawrence T.P. Stifler, Ph.D., president of Health Management Resources Corp. in Boston.

Eat healthier foods low in fat and calories. "You don't have to feel like you're on a diet. You can still fill your plate at a holiday buffet, but load it with fresh fruits and vegetables instead of fried chicken fingers or cheese sticks," Dr. Stifler says.

You should also exercise regularly. Get 30 minutes of moderate exercise most, if not all, days of the week. "A sedentary lifestyle is one of the major contributors to holiday weight gain," he says.

Make Simple Changes

Many traditional holiday foods are loaded with fat and calories. To keep your weight manageable, substitute a lower-fat food. Or go ahead and eat a certain food you enjoy too much to give up, but have a smaller portion and conserve calories by skipping something that's not as important to you.

Dr. Stifler offers the following advice for cutting fat from your holiday diet:

- Eat white-meat turkey, which has fewer calories and fat than dark meat. A 3-ounce serving of skinless turkey breast has 119 calories and 1 gram of fat. The same amount of dark meat has 142 calories and 5 grams of fat.
- Put gravy through a skimmer before serving, and you'll cut the calories by 80 percent. That's a substantial change: Holiday gravy that's not skimmed contains 60 to 70 calories per tablespoon (a generous helping can add as many as 500 calories to your holiday dinner).
- Serve stuffing baked outside the turkey; it has half the calories of stuffing cooked inside the bird.
- Serve at least one item very low in calories and fat, such as a fresh fruit salad or steamed vegetables topped with lemon juice and herbs. A one-half cup serving of steamed green beans has only 15 calories and a trace of fat; a one-half cup serving of sautéed green beans has 50 calories and 6.6 grams of fat.
- Serve baked potatoes instead of candied sweet potatoes. A plain baked potato has 220 calories and just a trace of fat; one cup of candied sweet potatoes has 300 calories and 6 grams of fat.
- Don't top vegetables with butter; instead, use nonfat yogurt or low-calorie sour cream. You'll save an average of 100 calories and 10 grams of fat per tablespoon.
- Serve apple pie topped with vanilla frozen yogurt instead of pecan pie topped with whipped cream. Per slice, you'll save 460 calories and 32 grams of fat.
- Substitute mustard for mayonnaise on your lunch-hour turkey sandwich. You'll save 82 calories and 8 grams of fat.
- Pay attention to what you drink. Two mixed drinks can contain as much as 500 calories, one cup of eggnog, 380 calories. But two glasses of cider or white wine have only 300 calories.

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