Retirement Matters

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Colonel Sanders - He wasn't '*chicken*' to start a business at the age of 65

"At seventy-four I sold, for the sum of two million dollars, my fried chicken business, which I'd started at the age of sixty-five, when I was getting ready to live out my days on social security."
Colonel Sanders – Founder of Kentucky Fried Chicken

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Colonel Harland David Sanders (September 9, 1890 to December 16, 1980) was an American businessman, best known for founding fast food restaurant chain - Kentucky Fried Chicken (now known as KFC)... and later for acting as the company's brand ambassador and symbol. His name and image are still symbols of the company. The title 'Colonel' was honorary – a Kentucky colonel – not the military rank.

Sanders held a number of jobs in his early life, such as a steam engine stoker, insurance salesman and filling station operator. He began selling fried chicken from his roadside restaurant in North Corbin, Kentucky, during the Great Depression. During that time Sanders developed his 'secret recipe' and his patented method of cooking chicken in a pressure fryer. Sanders recognized the potential of the restaurant franchising concept, and the first KFC franchise opened in Utah in 1952. When his original restaurant closed, he devoted himself full-time to franchising his fried chicken throughout the country .

The company's rapid expansion across the United States and overseas became overwhelming for Sanders. In 1964, then 73 years old, he sold the company to a group of investors led by John Y. Brown, Jr. and Jack C. Massey for $2 million ($15.8 million today). However, he retained control of operations in Canada, and he became a salaried brand ambassador for Kentucky Fried Chicken. In 1971, Heublein Inc. acquired KFC for $285 million. In 1984, the next time it was sold, it went for $840 million. (Via CelbrityNetWorth)

In his later years, he became highly critical of the food served by KFC restaurants, as he believed they had cut costs and allowed quality to deteriorate.

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The Colonel Saunders saga—continued from page 1

Sanders was diagnosed with acute leukemia in June 1980. He died at Jewish Hospital in Louisville, Kentucky of pneumonia on December 16, 1980 at the age of 90, at which time he was worth $3.5 million.

Courtesy of Wikipedia

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From small beginnings operating a roadside cafe during the great depression, came the recognition of an opportunity, which turned into a great international achievement.

Delirium After Surgery: Certain Meds

Older adults have a higher risk of delirium after hip and knee surgery if they're taking anxiety, depression or insomnia drugs, researchers say. "*Our findings show that different classes of medicine are riskier than others when it comes to causing delirium after surgery, and the older the patients are, the greater the risk,*" said lead study author Gizat Kassie. He is a postdoctoral research associate at the University of South Australia in Adelaide.

For the study, Kassie and his team analyzed data from nearly 10,500 patients aged 65 and older who had knee or hip surgery in the past 20 years. Of those, about one-quarter experienced delirium after surgery. Those taking nitrazepam — a benzodiazepine drug used to treat anxiety and insomnia — and those on antidepressants had double the risk of post-surgery delirium.

The study authors said that their findings suggest that older patients should temporarily stop these medications or switch to safer alternatives before elective surgery.

Courtesy of Clipart Suggest

Five other benzodiazepine medications commonly prescribed for anxiety, seizures and insomnia also were associated with delirium to a lesser extent. They included sertraline, mirtazapine, venlafaxine, citalopram and fluvoxamine. There was no link between prescription opioid painkillers and delirium, according to the report, which was published recently in the journal *Drug Safety*.

Smoking, alcohol use, multiple health conditions, being on five or more medications, psychoactive drugs, and impaired thinking and memory also put older people at risk of delirium after surgery, the investigators found. "*Many of these factors can't be altered, but we can do something about medications,*" Kassie said.

Delirium affects up to 55% of older patients who have hip surgery, and is associated with an increased risk of death, longer hospital stays and mental decline. "*In people undergoing elective procedures, it should be practical to taper specific medications well in advance*," Kassie said in a university news release. "*It's important that people are weaned off these riskier drugs well before surgery because abrupt withdrawal can have even worse consequences.*"

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HealthinAging.org has more on delirium.
SOURCE: University of South Australia, news release, Dec. 7, 2021
Robert Preidt
MedicineNet Newsletters! (MONDAY, Dec. 13, 2021)

BUT IN READING THIS REMEMBER DELIRIUM IS <u>NOT</u> DEMENTIA!
ONCE THE CAUSE IS CURED - ONE NORMALLY RECOVERS FROM DELI RIUM.

A tale of three beers!

A man walked into a small Irish pub and ordered three beers. Bartender was surprised, but he served that man three beers. One hour later the man ordered three beers again. The very next day that man ordered three beers again and drank quietly at a table. This repeated several times and shortly after the people of the town were whispering about the man, who was ordering three beers at once.

A couple of weeks later, the bartender decided to clear this out and inquired: „I do not want to pry, but could you explain, why do you order three beers all the time?" The man replied: „It seems strange, isn't it? You see, my two brothers live abroad at the moment, one – in France and another – in Italy. We have made an agreement, that every time we go to pub each of us will order extra two beers and it will help keeping up the family bond".

Soon all the town have heard about the man's answer and liked it a lot. The man became a local celebrity. Residents of the town were telling this story to newcomers or tourists and even invited them to that pub to look at Three Beer Man.

However, one day the man came to pub and ordered only two beers, not three as usual. The bartender served him with bad feeling. All that evening the man ordered and drank only two beers. The very next day all the town was talking about these news, some people pray for the soul of one of the brothers, others quietly grieve.

When the man came to pub the next time and ordered two beers again, the bartender asked him: „I would like to offer condolences to you, due to the death of your dear brother". The man considered this for a moment and then replied: "Oh, you are probably surprised that I order only two beers now? Well, my two brothers are alive and well. It's just because of my decision. I promised myself to give up drinking".

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Source Unknown

New survey highlights the impact of the Pandemic on mobility and falls

Many people who stayed close to home during the COVID-19 pandemic last year used the opportunity to get out and walk more. But others, especially those who described themselves as isolated, became less active. Those changes in mobility may have led to an increase in the number of falls among people between the ages of 50 and 80, and what one researcher called a "bowling ball effect" due to reduced mobility and decreased physical movement. That's according to a new survey published by the University of Michigan. The National Poll on Health Aging found that between March 2020 and January 2021, 25% of people age 50 to 80 surveyed had at least one fall during the pandemic due to a loss of balance, a slip or a trip and 70% of them hurt themselves.

Even though the most common injuries were bruising or a cut, 40% needed some kind of care after a fall. And many either delayed, or failed to seek out, medical care, largely due to the pandemic.

The survey also found that those who felt a lack of companionship or described themselves as "socially isolated" were more likely to fall, according to Geoffrey Hoffman, one of the survey researchers and an assistant professor at the University of Michigan who looks at quality of care for older adults.

A Fear of Falling

More than 1 in 3 survey respondents reported being afraid of falling. That fear was much higher among those who were between the ages of 65 and 80 compared to those 50 to 64 (46% versus 29%). Even small daily changes in everyday activities, like not going to the Post Office, grocery store or bank, for example, could have led to muscle loss and balance issues leading to falls, Hoffman said. "Once we saw there was reduced mobility, reduced physical activity and less time spent on their feet, I wasn't surprised that we then saw issues with mobility," he said. "It's like a bowling ball effect across the population."

Falling Not Uncommon

Typically, about a third of the older adult population experiences a fall every year or two, he said. Falls were more common among women (28%) than men (22%). Women were also more afraid of falling than men (44% versus 27%).

The study did find that about a third of people got at least 30 minutes of moderate physical activity, like brisk walking, every day. But nearly a quarter (21%) said it was less than once a week. And about a third said they've been less active since March 2020.

"For some people it may be too late, because once you have a really bad fall, sometimes you can't recover."

Hoffman also said the social isolation impact parallels research that links it to other poor health issues, including earlier death rates. "The people at highest risk for reduced activity, who spent less time on their feet every day, were those who were socially isolated," said Hoffman. "And it may just be as simple as you don't have someone to go out on a walk with, and during COVID, you're even less motivated to do those things. It could also run in the other direction — if you get out less and you spend less time on your feet, then you feel more isolated."

See next page 7 for - Building Strength & Preventing Falls

The importance of enthusiasm reserve in retirement villages

Retirement villages themselves begin to die when the enthusiasm reserve of the residents starts to dwindle, and don't blame this on the developer alone! Once he has moved on, its health rests mainly in the hands of the body corporate and residents themselves. The next section strives to demonstrate how, with good leadership and committed residents, enthusiasm reserve may, to a degree, be rekindled and restored.

The maintenance and development of enthusiasm reserve

This is one of the most essential ingredients to attracting younger purchasers, and while this, over the passage of time can be difficult to maintain, the loss can be limited and new avenues of endeavour can result in its re-introduction.

One of the most important aspects in the **regeneration process** is to try and ensure that there is plenty to do? And here, assuming that the developer has by now already moved on to Hawai, the body Corporate, and individual residents have a major role to play, as follows:

Provide facilities… Do I hear – *but we don't have the money*! Money invariably follows worthwhile endeavour's! Raise the funds; embark on fund raising projects, enlist the assistance of children. Perhaps, given that many are overseas, it is time to benefit from favourable exchange rates - after all it will probably only mean a few less Guinness's per week?

Dormant abilities… Amongst elderly people, whose negative environment has coerced them into believing that there is nothing more – lie many untapped talents. Cash in on these hibernating gifts!

Promote motivational talks… Not on topics such as the mating habits of the lesser known, spotted breasted, Peruvian grass hopper – rather on subjects such as how at the age of 95 I undertook my first tandem skydive…or What I plan to do with my Harley Davidson this coming summer!.

Start book clubs… (Not for authors such as Charles dickens or Emily Bronte – It may surprise you but many modern authors are also worth reading!

Start happy hour poetry readings … Here too, forego Samuel Coleridge and Thomas Hardy, in favour of poets such as Felix Dennis and Phillip Larkin – or better still write your own.

Gardening… Encourage residents to tend the garden themselves (There is a large range of age-friendly implements for elderly people).

Build a small heated pool… (Unless you and your wife are thinking of parting company, just remember that, in terms of the deep end, by the age of 70, women on average shrink by 5 cms).

Encourage intergenerational activities… Involve the local school in visits to the village. Exchanges of memories between elderly people who can still remember what life used to be like, can be both informative and interesting – if not amazing to younger folk?…Who knows , you may even coerce the 6 year old visiting you to show you how the Blackberry phone your children gave you for your birthday is *really* supposed to work).

Start a Third Age University Branch … Or better still enroll for a degree through Unisa? You are now of an age where you can study to satisfy your curiosity rather than to further your career.

Start music evenings; hold soirees… And here I refer to the exception to the rule– stick with the classics; in this case old is best…at all costs try and avoid the noise which is increasingly presented as music – or at least turn your hearing aid right down.

Write a book; record your memoirs…

Start a Financial Planning Club… Investment Companies and financial advisors often fund and host evening get t*ogethers* at which residents can enjoy musical evenings, and talks at the cost of merely having to listen to a 10 minute commercial from the sponsor

And the list goes on and on – all it takes is hard work, innovation and a willingness to both experiment, and laugh at yourself – both of which can be fun. Oh yes! …And you *may* make a few enemies. I have always maintained that I wanted as an epitaph…If you haven't made enemies – then you haven't made anything!

…….

Henry Spencer

Retirement facility myths

Myth: The availability of frail care is the reason why most people move into retirement villages? ... *Not at all?* No more than 2% of people over the age of 65, and 8% of those over 80 will ever require it.

In South Africa, the main reason is security. A survey of two prominent retirement villages in KZN... one in Pinetown and the other in PMB, showed that 72.5% of those who purchased a unit were motivated by security concerns, the second highest reason being the availability of frail care. The reasons given for living in villages were as follows:

Reasons for moving in to the village	Village A %	Village B %	Average %
Security	**73**	**70**	**72**
Frail care availability	**57**	**64**	**60**
Attracted by lifestyle	**52**	**48**	**50**
Escape the workload of a large home	**48**	**48**	**48**
The move was their children's idea	**28**	**34**	**31**
Health of their partner deteriorated	**14**	**26**	**20**
Spouse/partner died	**20**	**17**	**19**
Friends/relatives lived in the village	**14**	**24**	**19**
Ill health	**15**	**4**	**10**
Children emigrated	**10**	**5**	**8**

In February 2007, the Centre for the Study of Violence and Reconciliation was contracted by the South African Govt to carry out a study on the extent and nature of crime in South Africa. The study concluded that the country was exposed to high levels of violence. (Surprise! Surprise!). A survey of the two year period 1998-2000 compiled by the United Nations Office on Drugs and Crime ranked RSA second for assault and murder, and first for rapes per capita in a data set of 60 countries (Source Wikipedia)... and it certainly hasn't improved since then!

Total crime per capita was 10th out of 60 countries. On average approximately 50 people are murdered each day; the murder rate having increased exponentially over the last 40 years.

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Henry Spencer
From his book - *Retirement Choices* first published in 2016

Building Strength & Preventing Falls

Dr. Neil Alexander, a geriatrician who addresses older adult fall concerns at the University of Michigan Injury Prevention Center, teaches clients to build strength to prevent falls. He's now researching ways to teach people *how* to fall, so when they do, they're less likely to hurt themselves.

"To decrease falls, you also need to add strength and balance training, and those are absolutely critical."

Alexander recommended strength exercises, like knee extensions and hip abductors, as well as balance exercises, like standing on one leg for 10 seconds, holding onto something with a hand and then two fingers and finally on your own.
He also recommended Tai Chi classes, preferably in-person, so students can get feedback.
"Tai Chi requires weight shifting and an awareness of your body and of your stability limits," Alexander said. "You have to learn how far you can go, and you're doing movements across the midline of your body and you're using multiple joints, moving at once."
Alexander and Hoffman both pointed to the Centers for Disease Control and Prevention's (CDC) STEADI program to provide resources for preventing falls.
One exercise recommended by Alexander and the CDC is the chair rise one, where the goal is to get from a sitting to a standing position. It looks simple, but requires strength to get up and out of the chair. It also requires balance to go from sitting to standing upright, and, if done 10 times in a row, becomes an aerobic exercise, Alexander said.

Credit: Centers for Disease Control and Prevention

Although the Michigan survey noted that people who fell more were socially isolated and on their feet less than others, Alexander said it was important to know that just going for a walk is not sufficient.
"To decrease falls, you also need to add strength and balance training, and those are absolutely critical," he said. "And by the way, you need to have a sufficient dose of it. So, if you just do it like once a week or you do it for a couple of weeks and you stop, that's not good."
He recommended doing balance and strength exercises two or three times a week and, if possible, to work with a fall prevention specialist, even for a single session or through video chat, who can address posture and form issues.
The clear message, Hoffman said, is that the pandemic produced a rapid de-conditioning for a large group of the population. Hopefully, that can be reversed with the availability of COVID-19 vaccines and the return to some sense of normal.
"For some people it may be too late," Hoffman said, "because once you have a really bad fall, sometimes you can't recover."

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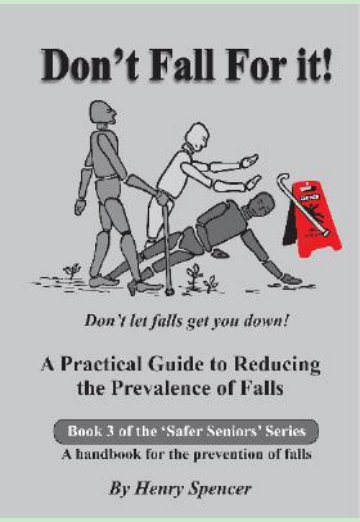
Dawn Fallik - is a medical and science reporter who has written for NPR, The Wall Street Journal and The Washington Post. She lives in Philadelphia and teaches medical writing.

Making a mistake is falling down

Failure is not getting up again

Helen Keller



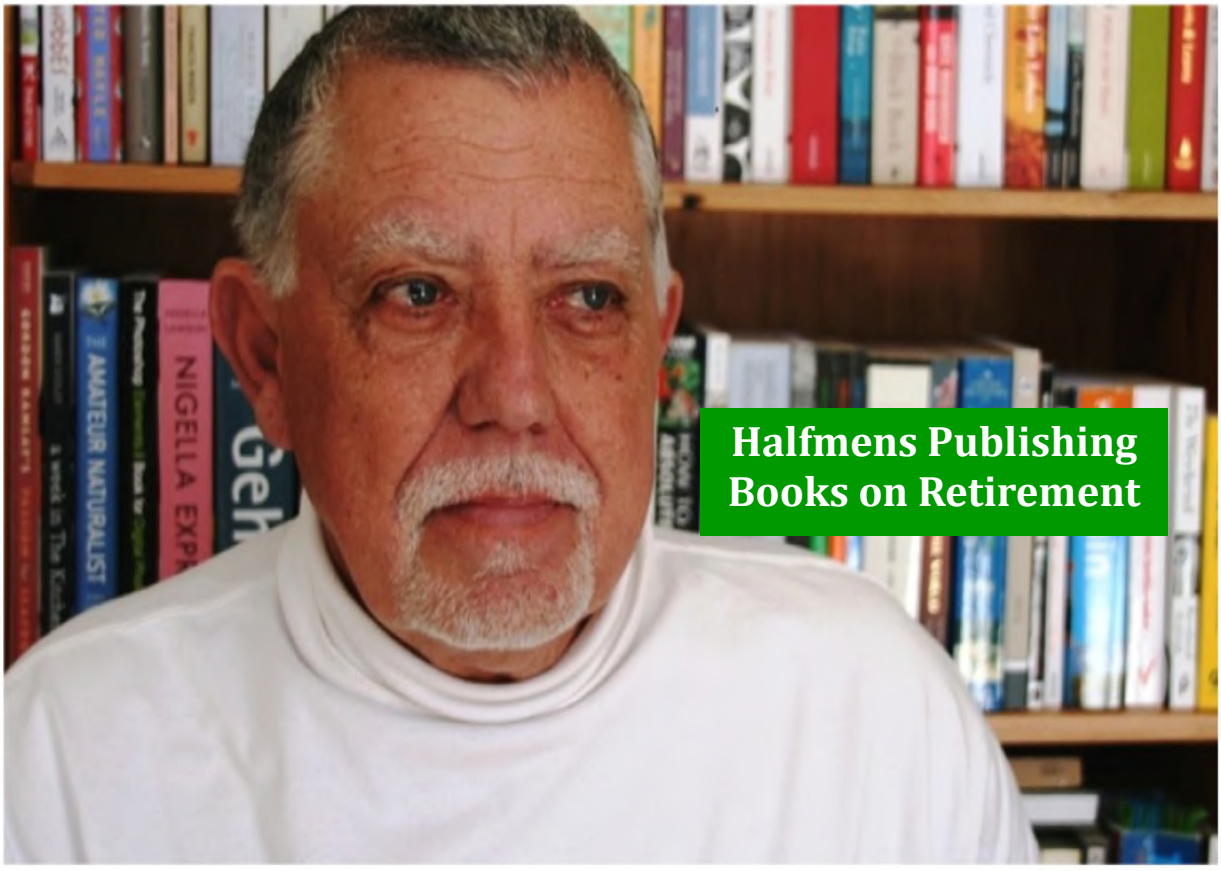
Books to read

Don't Fall For It!

This book examines the prevalence and consequences of falls suffered by elderly people living in both the community at large; in private dwellings, and in residential care homes and hospitals. It is intended as a practical overview rather than a detailed rendering. (Additional information may be found in the many websites, manuals and books on the topic specifically written for individuals, nurses and healthcare workers)

What is perhaps different is the attempt to combine research results with the practical observations of nursing staff and carers, in such a manner as to simplify the nature of both the causes and the resultant damaging effects of falls; and to place this extremely debilitating scourge in language easily comprehendible to both laymen and professionals alike. It is hoped that by this approach the lives of many elderly people may be transformed. It is hoped that the book will additionally debunk two myths which hinder efforts to reduce the prevalence of falls amongst older people; the first being that they are an inevitable part of the ageing process, and secondly that falls always happen to someone else - the person next door!

This book is available from the author, whose contact details are:
For ebooks - www.henryspencerauthor.com
For hardcopy (in South Africa) - halfmens@telkomsa.net
Or, telephonically on 027-72-514 0913



Are we ashamed of our bodies?

Michelle Hanson wrote about catching sight of herself (age 60 plus) with horror in the mirror, in the change rooms in Marks & Spencers. "*Of course I tried things on*," she wrote. "*But if you are a repulsive old crone, no garment can help you, so I sat down on my ghastly sagging bottom and wept.*"

The fear of wrinkles is such that those supermodels over 40, with their Botox smooth skin, risking cancer with their human growth hormone, prioritize the removal of almost everything else. (It is almost as if there is a class divide: Those who can afford it, chop themselves up, and stitch themselves up again in order to try and make sure that they look no older than 30; while the rest of us just wrinkle!

There is still a very long way to go before women start accepting they wrinkle, but there are signs of that beginning to happen. There are new images of beauty and maturity as advertisers begin to wake up to the possibilities of the older market. The issue is being discussed more openly, and in July 2002 even *Vogue* celebrated *'ageless style.'* The journalist Virginia Ironside, in her excellent book '*No, I don't want to join a book club,'* set out a wonderful set of rules for how to dress after middle-age, most of which we given to her by her mother. They include:

- Never wear white. It makes yellow teeth look yellower.
- Always keep your upper arms covered. Those bits of flesh that hang down at the side (apparently know as Bingo wings), look hideous, and so are those strange rolls of flesh that appear between your underarms and your body.
- Get a new bra every six months.
- Don't try to disguise a *'lizardy'* neck with a scarf of polo-neck. It will merely indicate that you have something to hide!
- Never wear trousers after 50, unless they are ludicrously well cut and slinky, and never wear short skirts.
- Make sure that you possess and wear the most glamorous dressing gown in the world.

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Courtesy of Julia Neuberger '*Not Dead Yet*.'

Pictures courtesy of Elsa Stringer and boredpanda.com

<u>This is happening right here in our own country…</u>

<u>And we must stop it immediately!</u>

Have you noticed that the stairs are getting steeper?

Groceries are becoming heavier?

Everything seem further away?

And yesterday I walked to the corner and I was dumbfounded to discover how long our street had become?

…….

The Three Wise Men

Nodding Hills Retirement Complex – A suggested food survey

Name:..... **Room:.....** **Date:.....**

(Should you elect not to provide your identity, you may disregard the details of your Name and Room no.)

Dear resident,

Your satisfaction is important to us, and it is for this reason that we have sent you this food and mealtime questionnaire. The information that you provide via your feedback, may assist us to improve your mealtime experience.

Questions how do you rate the...	Poor	Fair	Good	Very good	N/A
Overall quality of the meals provided?					
Quality of the breakfasts?					
Quality of the lunches?					
Quality of the evening meals?					
Quality of teas served in-between?					
Amount of food provided?					
Temperature of food served?					
Promptness of food being served?					
Quality of dining room facilities (Lighting/cleanliness etc)?					
Attitude/helpfulness of staff?					
Efforts to satisfy individual needs? (Such as religious or vegan?)					
Are you satisfied with the times at which meals are served? (If not, which other times would be preferable?)	Response				
Is it a pleasant place to sit and enjoy your meals?					
Would you like music played during mealtimes? (What type?)	Response				
What is your overall rating of the food/drink service?					

What other suggestions would you make in respect of the food selections provided?

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.The purpose of this questionnaire is to try and improve/ensure that your meal-times, and the quality, and choice of food, is to your satisfaction.... consequently we welcome any other comments that you would care to make?

.....

.....

Thank you for your input. We will report back to you.

Kind regards,

Izzy Dorff—CEO

Completed questionnaires should please be placed in the box at the entrance to the dining room by no later than the .....

In the event that you would like to discuss any concerns that you may have regarding meals privately, please feel free to contact the CEO or Matron. And additionally please remember that, as with most things in life... affordability governs many choices that we make. But based on responses to this questionnaire, we will, wherever possible, Endeavour to improve your meal time experience.

On Retiring - Where to move to?

And then there is the ... '*where to move to question?*'
I recently had the following experience; my brother-in-law who lived in Durban, owned a boat and he often went to Midmar Dam, where friends and family regularly joined him on water-skiing excursions.
As a result, when it came time for him to seek retirement accommodation, he was keen to move to Howick (which was of course closer to the Dam). I reminded him that given his advancing years, he may not always be able to actively engage in water sports. And asked once that day arrived... where would that leave him; literally up the creek without a paddle, and perhaps without a boat and outboard motor as well!

While the advice that we should *'live in the now'*, may be pertinent in our active years (and could keep us healthier for longer in our retirement years), we should perhaps live in the '*if and how*' era?... asking ourselves questions such as: How will I maintain my mobility *if* I have to give up driving? Or with increasing age, when one of us finds ourselves unable to climb the stairs, *how* will we access the upstairs bedroom?

Perhaps the answer to the question where should we move to in retirement years should be …
'Move to a locale which allows you to live in the now, but facilitates you being able to adapt for future changes and needs."

……..

LEAVING A LEGACY VERSUS LEAVING AN INHERITANCE

Both life-rights and sectional title have their well deserved place in the retirement property market, however some purchasers are concerned about purchasing retirement accommodation on a life-right basis, as they feel it may prejudice their children's inheritance. Some even make do with less in their retirement years in order to preserve inheritance capital. If you can fund your retirement and still leave an inheritance, that is wonderful - it is every parents desire to leave something for their children. But for many middle-income South Africans, it is not possible to do both. My advice to these purchasers is that*... not being a burden on your children during your later years is a gift in itself. Your legacy, then, is not financial but in the memories you have made with your children, and your grandchildren. Most adult children are more concerned about their parents well-being than receiving an inheritance.*

Courtesy Sharon Schaller—Evergreen lifestyle

Some retirement accommodation considerations are:

Position

The adage '*position, position, position*' frequently touted by estate agents, is never truer than when applied to retirement accommodation. One would not wish to move into a village only to discover that in a few years time, shack-dwellers have moved in next .Especially in South Africa position is key!

Village security

Choose a facility which has an unblemished reputation as far as security is concerned. And always bear in mind that an electric perimeter fence is no guarantee of resident safety... it is only the start! Security remains your personal responsibility.

Continuing social support

And then there are your social networks. It may be wise not to move too far away from your church, bowling club or other social group that you and you wife particularly enjoy. You may not be able to drive forever; and sadly our country is not likely to ever develop reliable public transport systems... a situation exacerbated by long distances. Don't abandon social networks that may have taken a life-time to build.

Pursuing your passions

You should ideally seek a facility which allows you to continue indulging in your passion; one which is close enough to shops, to your church; to important family members and friends - to allow you to remain in contact and commute, even when you are no longer able to drive a vehicle.

Affordability

Read the small print. Remember we now live far longer than we expect to (or perhaps may even wish to); this can create affordability problems in later years. And always bear in mind that the increasing levies and possible additional care centre costs will eventually be far more onerous than your initial capital outlay on.

Moving closer to your children?

Yes - but which one? Make no mistake, whichever one you select will be the wrong one, and will result in filial resentment and friction.

Maintaining mobility and accessibility to essential services

Always bear in mind that one day you may no longer be able to drive. At that stage, would you be willing to surrender your transport needs to the generosity of others; to rely on others to ferry you around.

The utopian holiday setting

The fact that 35-years ago you engaged in activities such as sky-diving or Polo-Crosse, is scant reason to choose a retirement estate adjacent to an airfield or equestrian centre; rather choose a location appropriate to your contemporary needs (or perhaps more appropriately... your abilities?)

And finally there is ... Just plain 'gut feel'

While one should never allow factual considerations to be supplanted by emotional cues... Don't ignore '*gut feel* 'entirely! The gift of instinct has a purpose - use it... but not to make finite decisions! Rather make use of it as a casting vote in situations where your decision-making process is in a state of impasse! And in the process, always remember two important things... There are no free lunches; and if it doesn't feel right – then it probably isn't!

.....

Henry Spencer

"Crying is all right in its way while it lasts. But you have to stop sooner or later, and then you still have to decide what to do."

Bent but not broken

Bent but not broken - old but not dead
Words still unspoken - still stored in my head
Stories unwritten - not yet to the boil
Still by love smitten - not yet 'neath the soil
Booked on a flight (hope it's much later!)
Let's have a drink - go call the waiter
.....
With probing white canes - I still drive my car
Blood cursing thru veins - unmingled with tar
I'm not going yet - no need for boo-ho
With desires unmet - I've still things to do
Books still to write - and readers to woo
Battles to fight - and people to sue
.....
Not over the hill - the crests still ahead
The journeys not done - with stories unsaid
With one eye wide open - I still have some sight
With spirit unbroken - still battles to fight
I'll never stop hoping - till I hear the last bell
So stop bloody moping - or I'll see you in Hell
.....
Frail but not frightened - weak... yet still strong
By experience enlightened - I seldom go wrong
Dorff but not stupid - and deaf but not dumb
With hearing depleted - I sometimes suck thumb
Tho Grey... p'raps ghastly - I don't think I'm dead
'tis no ghost you see - 'tis still bloody me!'
.....
Henry Spencer

These are a few of my favourite things

Botox and nose drops and needles for knitting,
Walkers and handrails and new dental fittings,
Bundles of magazines tied up in string,
These are a few of my favourite things.
.....
Cadillacs and cataracts,
hearing aids and glasses,
Polident and Fixodent and false teeth in glasses,
Pacemakers, golf carts and porches with swings,
These are a few of my favourite things.
.....
When the pipes leak, When the bones creak,
When the knees go bad,
I simply remember my favourite things,
And then I don't feel so bad.
.....
Hot tea and crumpets and corn pads for bunions,
No spicy hot food or food cooked with onions,
Bathrobes and heating pads
and hot meals they bring,
These are a few of my favourite things.
.....
Back pain, confused brains and
no need for sinnin',
Thin bones and fractures and
hair that is thinnin',
And we won't mention our short
shrunken frames,
When we remember our favorite things.
.....
When the joints ache, When the hips break,
When the eyes grow dim,
Then I remember the great life I've had,
And then I don't feel so bad.
.....
Source unknown

Advice for dementia caregivers – put your own mask on first

Caring for people, or even loved ones, living with dementia… can be extremely stressful. Faced with constant physical, psychological, and even financial challenges, may even result in '*caregiver burnout*' … a situation which can prove harmful to both the carer and patient alike!

And the following advice from Laurel Gumpert (MPH, MBA) places the solution in perspective:

Imagine… *you're on a plane, before take-off, the flight attendants will go through typical safety protocols, including, "If oxygen masks are needed, put your mask on first before helping others with theirs." There's a practical reason for this—if you can't breathe, it's impossible for you to help someone else. The oxygen mask analogy relates closely to caregivers. Many times, they'll try to help their loved ones without regard to themselves, but that is not safe or sustainable. Making yourself a priority is imperative, especially with ambiguous loss.*

So perhaps prior to each personal care flight you may be called upon to embark on, ask yourself the following questions:
Do you know where your oxygen mask is?
Is it a walk on the beach listening to the soothing sounds of waves?
Is it sharing mutual problems and experiences with colleagues or friends?
Or, is it perhaps just taking a break and chilling?
Whatever provides support and solace – just make sure that you grab your oxygen mask first.

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Henry Spencer
Article adapted from one written by *Laurel Gumpert*, MPH, MBA