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Jacqui

“Role Reversal: When Your Parents Become Your Children”

According to the National Alliance for Caregiving and the American Association of Retired Persons (AARP), over 22 million US households, nearly one in four, are providing care to a parent, relative or friend, aged 50 or older. Other recent surveys suggest that today’s Baby Boomers will probably spend more years caring for a parent than they did for their children.

I remember how helpless and anguished I felt when caring for my mom during the last few months of her life, having to leave my husband in L.A. He visited me in Europe once when he could get away for a long weekend. We telephoned daily. Sometimes I could hear his disappointment and the loneliness in his voice. Sometimes I too felt deeply alone and often guilty.

Growing up we form an inner image of our parents, healthy, active, in charge. When we mature and often move away, we only see each other occasionally or call to know that everything is “fine.” We are not conscious of subtle changes. For many of us re-

ality strikes when something unfortunate happens to our parents. Suddenly they need our help, our time, our caring. We are called to be the parent and take care of them, a role we’re not prepared for, especially if health conditions have ravaged their lives and personalities. Who are these parents, frail and helpless? How do we handle the new responsibilities that require personal commitments?

Multiple parties vie for our time and attention; our life partner and children, the company for which we work and now our parents. What if our parents have run out of money due to unexpected medical emergencies? Are we to step in? What is the effect on our family’s own finances? Can we ask our partner to make sacrifices? Planning and discussing these sensitive subjects with elderly parents or relatives before serious life disruptions happen is essential.

Shortly after Jan’s second marriage, her father broke his hip. Being an only child, the entire responsibility fell into

her lap. Released from the hospital, her dad preferred moving back to his own apartment. Jan hired help, but the bills sky-rocketed, so she chose to work part-time and take on the caregiving; shopping, cooking, running to the doctors and all other endless chores. “She was so exhausted when she finally came home at night, she had nothing left for us,” said her new husband. “While I supported her and agreed that her dad should live with us, it was hell on our relationship. Little problems cropped up every day. We often wondered, where had our life gone?”

Caring for an elder parent or relative may be overwhelming, especially if we are totally unprepared when an emergency arises. Just as we plan for our own future, we should consider and prepare with our parents or others that expect to rely on us for possible scenarios. Once we are called to step in, our life partner, maybe even our children, must be included in resolving these new challenges. Only

by sharing all our issues with family members can we find acceptable solutions no matter how guilty, angry or resentful we feel. For the person caught in the middle between parties, these are particularly difficult challenges. Yet sometimes, when partners go through adversity together, there is a silver lining. They may find new respect and love and become aware how much value they bring to each other’s life.

For local and national organizations and support groups that can help with “caregiving” problems, check at www.veryprivate.com. — Jacqui

E-mail your own question to Jacqui at: info@veryprivate.com or by regular mail to: PO Box 491341, Los Angeles, CA 90049. We never reveal or give out names or addresses. ©2005 Brandwynne Corp. All rights reserved.


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Look for Boomer Times & Senior Life inserted in The Herald Broward Edition* on Friday, April 15th

Read Anita Finley’s “Senior Savvy” column monthly in the Hometown editions of the Broward Herald seen in Ft. Lauderdale, Pembroke Pines, Weston, Plantation and Hallandale



* Only these zip codes are receiving a complimentary copy of Boomer Times & Senior Life in both home delivery and in racks: 33308, Ft. Lauderdale; 33026, Pembroke Pines; 33327, Weston; 33324, Plantation; 33009, Hallandale.



Look For Our May Issue

- GEM: Global Electric MotorCars**
There’s an exciting, fun way to move about your neighborhood in an innovative, zero-emissions, all-electric vehicle from DaimlerChrysler.
- KNOXVILLE, TENNESSEE**
East Tennessee’s jewel—filled with history, arts and crafts, and special people.
- 10 REASONS YOU SHOULD PLANT TREES...NOW!**
The National Arbor Day Foundation tells us the many good reasons to plant trees.
- CoQ10: AN EFFECTIVE ANTIOXIDANT**
Important to energy production, researchers believe that this antioxidant may be a factor in the effects of aging on the human body.

Peripheral Neuropathy—Disorders Of The Peripheral Nervous System

Part 1 of 3

Definition—The term peripheral neuropathy encompasses a wide range of disorders in which the nerves outside of the brain and spinal cord—peripheral nerves—have been damaged. Peripheral neuropathy may also be referred to as peripheral neuritis, or if many nerves are involved, the terms polyneuropathy or polyneuritis may be used.

Description—Peripheral neuropathy is a widespread disorder, and there are many underlying causes. Some of these causes are common, such as diabetes, and others are extremely rare, such as acrylamide poisoning and certain inherited disorders. The most common worldwide cause of peripheral neuropathy is leprosy. Leprosy is caused by the bacterium *Mycobacterium leprae*, which attacks the peripheral nerves of affected people. According to statistics gathered by the World Health Organization, an estimated 1.15 million people have leprosy worldwide.

Leprosy is extremely rare in the United States, where diabetes is the most commonly known cause of peripheral neuropathy. It has been estimated that more than 17 million people in the United States and Europe have diabetes-related polyneuropathy. Many neuropathies are idiopathic, meaning that no known cause can

be found. The most common of the inherited peripheral neuropathies in the United States is Charcot-Marie-Tooth disease, which affects approximately 125,000 persons.

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Another of the better known peripheral neuropathies is Guillain-Barre syndrome, which arises from complications associated with viral illnesses, such as Epstein-Barr virus, and human immunodeficiency virus (HIV), or bacterial infection, including Lyme disease. The worldwide incidence rate is approximately 1.7 cases per 100,000 people annually. Other well-known causes of peripheral neuropathies include chronic alcoholism, infection of the varicella-zoster virus, botulism, and poliomyelitis. Peripheral neuropathy may develop as a primary symptom, or it may be due to another disease. For example, peripheral neuropathy is only one symptom of diseases such as amyloid neuropathy, certain cancers, or

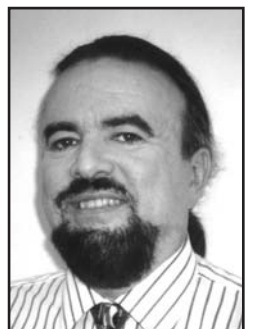
inherited neurologic disorders. Such diseases may affect the peripheral nervous system (PNS) and the central nervous system (CNS), as well as other body tissues.

To understand peripheral neuropathy and its underlying causes, it may be helpful to review the structures and arrangement of the PNS. Next month we will continue with explanations on nerve cells and nerves and peripheral nerves.

(This information was taken from www.healthtoz.com and is presented here as a courtesy of the British Diagnostic Institute.)

[Editor’s note: At the British Diagnostic Institute Pain Clinic, many people have come in with pain that they have had for many years, without finding relief. These same people have come on the radio show that Dr. Marc Goulet hosts expressing great gratitude for the treatment that they are receiving from the new SuperMag technology. If you are suffering from any neuropathy, including shingles, Bell’s Palsy, psoriasis or tin-

nitus, go into their clinic for one complimentary treatment. There is no charge for the treatments if a patient is on Medicare.]



Marc Goulet, M.D.

Dr. Marc Goulet is the founder and Medical Director of The Goulet Anti-Aging Institute and Foundation and the British Diagnostic Institute which now has an effective treatment for pain and sleep disorders. Call 800-946-2537 or 954-786-5259 to make an appointment.

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