



Seasonal Sadness: The Struggle Is Real

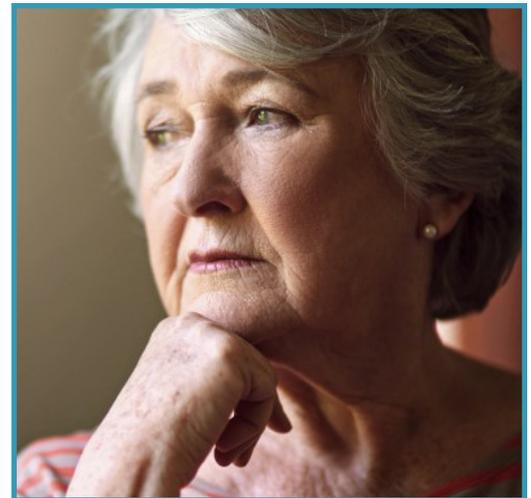
We are at the onset of what can prove to be a most difficult time of year – especially for seniors who are more sensitive to the cold and for those living alone. With holiday festivities behind us and winter upon us, many will suffer from what some call the “winter blues,” while others will experience a more prolonged type of clinical depression called Season Affective Disorder or SAD. SAD is a well-defined clinical diagnosis that is connected to the shorter days of winter.

Research has it that reduced sunlight in the fall and winter disrupts the body’s internal clock or natural rhythm. This 24-hour “master clock” responds to cues in your surroundings, especially light and darkness. Shortened daylight hours in winter can alter this natural rhythm and lead to SAD.

Have you been down and out? Feeling irritable, withdrawn, or tired? Are you sleeping too much or craving carbohydrates? Folks with SAD may lose interest in activities they used to enjoy, such as hobbies and spending time with friends, or they may not be able to find the energy for those activities. For some, the consequences are even more serious and may lead to feelings of hopelessness or worthlessness.

What can be done? See your doctor. Your doctor may be able to prescribe light therapy, an antidepressant or counseling. Light therapy is meant to replace the missing daylight hours with an artificial substitute. Patients generally sit in front of a light box every morning for 30 minutes or more, depending on the doctor’s recommendation. The box shines light much brighter than ordinary indoor lighting. Light therapy has been shown effective for as much as 70% of the population and some folks report improvement after just one treatment.

If none of these remedies work, try scheduling activities that you typically enjoy into your routine and then make a commitment to do them. For example, you might commit to lunch with friends, taking a morning walk or volunteering in the community.



How to Enjoy Winter

- Go to a movie, take a spa day or do other activities you normally enjoy.
- Get out in the sunlight or brightly lit spaces, especially early in the day.
- Spend time with positive people. Avoid Negative Nellie and all her friends.
- Read those books you’ve been meaning to read. Remember, reading gives us a place to go when we have to stay where we are.
- Eat nutritious foods, and avoid overloading on carbohydrates like cookies and candies.
- Consider a vitamin D supplement. Since we get most of our vitamin D from the sun, it might make sense to take a supplement. (Be sure to check with your physician).
- Be patient. You won’t suddenly “snap out of” depression. Your mood will improve gradually.



We Can Help You Manage Depression

Centers for Disease Control and Prevention (2016, February) report that 37.9% of Medicare beneficiaries receiving home health care services in 2013-2014 had a diagnosis of depression. That equates to 1,870,213 seniors.

At Capital Health Home Care, we know depression is a major issue among older adults – especially for those considered medically homebound – because we care for them every single day. Research has shown that depression in older adults is connected to injury-related falls, increased risk of hospitalization, greater medical comorbidity, higher health care utilization and thoughts of suicide. As home health care providers, we are in a unique position to drive the effort for better depression care and improved mental health. It all starts with our clinicians.

Our clinicians perform four best practices to identify and manage depression: screening, assessment, medication management, and patient/family education.

SCREENING – All home health care nurses screen for depression at the start of care using a tool called the Outcome and Assessment Information Set or OASIS provided by Medicare. Our nurses also utilize the Cornell Scale for depression.

ASSESSMENT – When a patient screens positive, symptoms are assessed on an ongoing basis and the primary care physician is notified initially and then again if the patient experiences a decline.

MEDICATION MANAGEMENT – Capital Health Home Care's nurses are well-versed in the challenges of medication management for seniors. Our patients are especially vulnerable to medication errors because they are more likely to be dealing with multiple chronic diseases that intersect with cognitive and social problems associated with aging. Our nurses work hand in hand with prescribing physicians to help ensure that patients take their medications correctly.

PATIENT/FAMILY EDUCATION – Education is paramount in depression treatment because depression continues to be subject to myths, misconceptions and stigma. The more our patients and their families know about depression, the more likely they are to follow prescribed medication and treatment plans.

If you know a senior battling depression, please call your local Capital Health Home Care office today.

NATIONAL SUICIDE PREVENTION LIFELINE

According to 2012 statistics from the Centers for Disease Control and Prevention, white men 85 and older are more likely to commit suicide than Americans in any other age group — taking their lives at four times the rate of the general population.

The reasons why older men are at highest risk for suicide are complex and still being researched, but they almost always include depression.

We can all help prevent suicide. The National Suicide Prevention Lifeline provides 24/7, free and confidential support for people in distress, prevention and crisis resources for you or your loved ones, and best practices for professionals.

»Call 1-800-273-8255

Visit us at www.capitalhealthhomecare.com



FEB ANNOUNCEMENTS:

»Heart Health Month!

National Wear Red Day
February 1st



Super Bowl LIII
February 3rd



Valentine's Day
February 14th



Random Acts of Kindness Day
February 17th

President's Day
February 18th



Our Locations:

Ashtabula Office
1100 Lake Avenue
Ashtabula, OH 44004
T: (440) 964-3332
F: (440) 427-4014

Dayton Office
275 Regency Ridge Drive, Suite A
Centerville, OH 45459
T: (937) 279-0641
F: (937) 279-0860

Dublin Office
6479 Reflections Drive, Suite 100
Dublin, OH 43017
T: (614) 923-7000
F: (614) 689-0081

Steubenville Office
201 Luray Drive, Suite 2-A
Wintersville, OH 43953
T: (740) 264-8815
F: (740) 264-8825

West Virginia Office
210 Three Springs Drive, Suite 2
Weirton, WV 26062
T: (304) 914-4473
F: (304) 914-3090

Home Care Concierge
6479 Reflections Drive, Suite 160
Dublin, OH 43017
T: (614) 793-8845
F: (614) 793-8852

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