

Assisted Living: When Independence Wanes

Older adults enjoy varying levels of independence in their daily living. While some might be active and self-sufficient, others might require around-the-clock care. Geriatricians with University of California, Irvine Healthcare know the right service for each person's level of independence.

"Everyone has different needs, preferences and finances," says Dr. Chinh Le, a UC Irvine geriatrician. "If you start needing help, figure out exactly what you need. Ask yourself, your family members and your doctor."

Generally, a person should seek assisted living or long-term care when needing help to cook, eat, dress or take medication. If the senior is able to continue living at home, assistance may be arranged through meal delivery programs, transportation services or hired aides to help with dressing, bathing, cooking and cleaning.

If the person is not able to live at home, there are several residential options, depending on the level of care needed:

- **Board-and-care** — Usually a house in which 8 to 10 people live to receive assistance with daily tasks and medications.
- **Assisted living** — A facility for up to 100 people with nursing health care supervision.
- **Skilled nursing facility** — Either a hospital-like setting or a home-like facility, with staff on site 24 hours a day to provide skilled nursing and medical care.

UC Irvine Healthcare offers a home visit program in which geriatricians make "house calls" to seniors' homes and assisted-living facilities to care for certain medical needs.

The Office on Aging of Orange County at 714.567.7500 or 800.510.2020 can provide helpful information about long-term care.

Choosing a facility should involve careful consideration. "Don't wait until there is a crisis," Le says. "Develop a plan now."

To make an appointment with a UC Irvine Healthcare geriatrician, call toll free 866.456.7007.

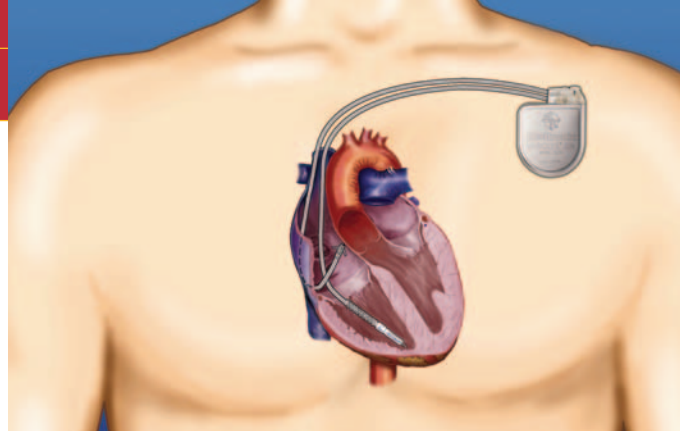


Illustration courtesy of Medtronic

An ICD is implanted in the upper chest, with leads precisely placed into the heart, to monitor the heartbeat and deliver therapy when dangerous rhythms occur.

A Healthy Jolt: Implanted Heart Devices Save Lives

Studies show that nothing is better at preventing cardiac arrest for certain at-risk people than a small, internal device called an implantable cardioverter defibrillator, or ICD. "It's like having a guardian angel in your chest at all times," says Dr. Subramaniam Krishnan, a University of California, Irvine Healthcare cardiologist who specializes in electrophysiology.

ICDs and implantable pacemakers are designed to restore a proper heartbeat for patients with various forms of arrhythmia, or abnormal heartbeats. Such conditions can prevent the heart from pumping enough blood to the body, which can lead to fainting spells, falls and damage to organs such as the brain and heart.

For bradyarrhythmias, or slow heartbeats, a pacemaker delivers small electrical impulses to ensure a more normal rhythm. Pacemakers are so advanced they automatically adjust, stimulating a faster rate during exercise and a slower rate during sleep.

ICDs treat dangerous, rapid heartbeats such ventricular fibrillation (V-fib) and ventricular tachycardia. ICDs detect rhythm abnormalities and deliver a small jolt to shock the heart back into normal rhythm. A person will lose consciousness within seconds and die within minutes if not treated for a V-fib episode.

Pacemakers and ICDs can be affected by strong electric or magnetic fields. Patients should avoid high-voltage electrical cables and MRI imaging equipment. Krishnan advises patients with implantable devices to carry ID cards and check with their doctors for any questions of exposure.

"Most of the ICDs we implant now are for prophylaxis against sudden cardiac death," Krishnan says. "These are lifesaving technologies."

To learn about a support group for people with pacemakers and ICDs, call 714.456.5984. To make an appointment with a UC Irvine cardiologist, call 714.456.6699.