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**Warm Nights,
Warmer Days
Inspire FUN!**

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AUGUST 2015



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Every day I count my blessings and am grateful for the opportunities publishing this magazine brings to me. Over the years I have had the pleasure of speaking with the most incredible array of fascinating people from all over the country, readers who call me to ask a question or make a comment. Not celebrities or politicians, captains of industry or athletic superstars (although sometimes I've later found that my new

"friends" ARE quite accomplished in their fields—an astronaut, an Olympian (meet our new contributor Dr. Jane Katz on p. 15), the people I connect with are the man or woman you'd stand behind in line somewhere, or sit next to at a concert. And they honor me by sharing their stories.

And the stories are almost always about their relationships—with spouses, parents, children, friends. So although we talk about Vital!'s focus being Successful Aging/being Healthy, Wealthy and Wise, I've learned that the surest way to happiness is to cultivate loving relationships. But just like flowers in a garden, relationships need nurturing; they need care and they need attention.

A great way to nurture closeness is to go out and have FUN together! Anything that stimulates your mind, gets your heart beating faster or gets your adrenaline flowing will do. Maybe it's learning a new language together, or an instrument (call Osher, p.13, for more ideas). Maybe it's playing a sport together, or training for an event (the Delaware Senior Olympics has plenty—p.16). As Nike says, "Just do it!"

I always say I can do a lot of things, but one thing I can't do is read minds. Communication is a primary key to a healthy relationship. If one of your special relationships seems to be getting derailed, maybe a third party's insight can help get things back on track. Joyce Hayes can help; find out more on page 12. Above all, there's nothing like the anticipation of coming into a new phase of life. If this is you, pages 10 and 11 were written especially for you.

Hoping this month's warm nights and warmer days inspire you!

Happy August!

Karyn

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Straight to a Woman's Heart

Millions of women live in denial. If asked "What is the number one killer of women in the U.S.?" few would answer this critical question correctly. Cancer is often the top of mind response. In reality, cardiovascular disease claims more than 500,000 women's lives annually, compared to 40,000 women who die each year of breast cancer.

Why the "great divide" between reality and public perception? Cardiologist Patricia Davidson, MD, says it's a combination of factors including the nation's long history of overlooking women in research studies, women's overwhelming fear of cancer, and the feeling that much of their own health is out of their control. But Davidson says heart disease is highly preventable and it's time for women to step up and take charge.

So what do women—and the men in their lives—need to do? First, understand your risks—and then take action to reduce them; second, recognize the symptoms of heart disease no matter how subtle, and seek help.

"Go to your physician and ask for a heart disease risk assessment," Davidson advises. "Talk about your family and personal medical history. And make sure the exam includes tests for cholesterol, blood pressure, and blood glucose levels. If there are red flags, don't despair. With lifestyle changes and some medical intervention, women can greatly reduce their risk for heart attack and stroke," she says. Work to achieve these healthy changes:

- Shoot for an HDL higher than 50 mg/dL; LDL 100 mg/dL or below; triglycerides less than 150 mg/dL; and blood glucose level of 100 or below.
- Keep your blood pressure at 120/80 or below.
- Maintain a waistline measurement of no more than 35 inches if you are Caucasian, and 31 inches if you are a woman of color.
- Strive for a body mass index (BMI) less than 25. (BMI is the relationship between your weight and height. Calculate

your BMI at http://www.nhlbi.nih.gov/health/educational/lose_wt/BMI/bmicalc.htm.)

- If you smoke, stop.
- If you have diabetes (a serious risk factor for heart disease), know your "ABCs" and reach your goals. (That's your A1C, Blood Pressure and Cholesterol.) Learn about the ABCs of diabetes at www.diabetes.org.
- Get moving—exercise can reduce your risk of stroke and heart attack by 50 percent. "Just walk for 30 minutes a day, every day of the week," Davidson says.

If you do experience even subtle symptoms that concern you, Davidson says women need to ask for help. "While symptoms such as chest, jaw, neck and arm pain are the same for men and women, women tend to experience more subtle problems and are more likely to overlook them." These include:

- Chronic fatigue and extreme tiredness at home or work.
- Shortness of breath while doing everyday activities, or waking up breathless at night.
- Heartburn or nausea not related to what you have eaten.
- Tightness in the chest, discomfort, fullness or pain.
- Swelling, particularly of the lower legs and ankles.
- Rapid heartbeats that may cause pain or difficulty breathing.

"Remember," Davidson says, "Pain can be fleeting, and not the characteristic crushing and long-lasting pain we often associate with a heart attack. My advice to all women is to never overlook symptoms. Go to a doctor immediately. If the first doctor you visit doesn't take you seriously, find another, she adds. "Because of gender, racial and class bias, women are less likely to be referred for diagnostic tests—or treatment—such as a stress echocardiogram, stress nuclear or angiogram. Be aggressive. It could save your life."

To learn more, go to www.womenheart.org or www.whcenter.org. Brought to you by GenesisHealthCare. Contact Genesis at www.geneshcc.com or 866-745-CARE.



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Diabetes: The Diet Connection

By Melissa Coats, ND

There are two types of diabetes: Type I and Type II. Both involve your body's production of or sensitivity to insulin. Type I diabetes is usually diagnosed earlier in life; it occurs as a result of the body's inability to produce insulin. Type II diabetes is usually diagnosed after the age of 40 and is characterized by the body's insensitivity to insulin. It is often associated with obesity, high blood cholesterol and triglycerides, and hypertension.

Insulin carries sugar (glucose) through the blood stream and into cells to be used as fuel, plays a role in storing excess glucose as fat, and influences appetite receptors in the brain. People with both Type I and Type II suffer from blood glucose abnormalities. A lack of insulin or insulin insensitivity can cause high blood glucose (hyperglycemia). Conversely, a surge in insulin via injection or from the pancreas secreting too much insulin to try to override insulin insensitivity can cause low blood glucose (hypoglycemia).

Recurrent periods of *hyperglycemia* damage the heart, liver, and kidneys, affect nerve signals and sensation in the limbs, cause cell degeneration and can eventually lead to death. Episodes of *hypoglycemia* (low blood glucose) cause irritability, irrational behavior, and can result in unconsciousness, a.k.a the "diabetic coma."

Diet plays a critical role in the management of diabetes since food is our body's source of glucose. Dietary recommendations to control diabetes have changed recently. Because dietary fats were considered to be the primary cause of heart and kidney problems doctors prescribed low-fat, high complex-carbohydrate diets to ward off problems. However, it's difficult to control blood glucose levels on this type of diet, resulting in a daily rollercoaster of too high and too low blood glucose levels. To alleviate these symptoms and control blood glucose levels, current recommendations involve high protein and very little carbohydrate intake (think "Paleo diet"). On a high protein/low carb diet, some people

with Type II diabetes have been able to completely reverse their symptoms and eliminate the need for insulin or other medication. While on this diet, people with Type I diabetes, who will always need insulin, can exert much greater control over the amounts of insulin they inject and can control their blood glucose levels at all times, improving their health and quality of life.

Diabetes treatment may include insulin, hyperglycemic medications, diet and exercise. Weight loss and exercise can and usually do increase insulin sensitivity. Here's a short list of food suggestions to help get you on your way:

Avoid:

- Sugar: artificial sweeteners, sugar alcohols, agave, and honey, cookies, ice cream, pastries;
- Starches: beans, beets, carrots, corn, potatoes;
- Fruits and fruit juices;
- Dairy products: milk, low-fat yogurts, or sweetened yogurts;
- Grains: bread, pasta, cereal, pancakes, waffles, rice (white and brown), crackers, foods made from

white flour;

- Pre-packaged foods: microwave meals, snack foods, commercially prepared soups.

Eat More:

- Organic veggies: asparagus, avocados, broccoli, Brussel sprouts, spinach, peppers, mushrooms, summer squash, zucchini, lettuce, spring mix, cauliflower, eggplant, cabbage;
- Homemade soups, plain yogurt, cheese in moderation, whole cream, unsweetened milk alternatives like coconut, almond, soy;
- Protein: lean meats, grass-fed and finished beef in moderation, wild-caught fish;
- Raw nuts.
- Use stevia as sweetener.

Reducing or eliminating foods that spike blood glucose will help prevent long-term damage to your organs and may reduce your need for medication. As always, consult with your physician before making any changes.

References available upon request (email questions@vitalmagonline.com).

STOP AND SMELL *The roses!*



As the flowers bloom and everything springs back to life, it's the perfect time to find a whole new life for your mother or father. Maybe it's been a tough winter for them. Or perhaps they need something to look forward to each day, and they have a hard time doing the things they used to do.

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The Painkiller Sending Adults 55+ to the ER

By Candy Sagon

Two new government reports have found that tramadol, a prescription painkiller thought to be less risky than other narcotic pain meds, has caused a sharp spike in emergency room visits, especially among patients 55 or older.

Tramadol is typically used to manage moderate to severe pain, for instance after surgery or for chronic arthritis. It's the active ingredient in such brand name medications as Ultram, Ultracet, ConZip, Ryzolt and Rybix ODT.

When the Food and Drug Administration approved tramadol in 1995 it was thought to be safer and have a lower risk of addiction than other narcotic pain relievers, with fewer gastrointestinal side effects for older adults who needed long-term pain relief. But as the number of prescriptions soared — reaching more than 43 million in 2014, according to industry analyst IMS Health — reports of drug abuse and addiction problems also increased. Last year, tramadol was reclassified by the Drug Enforcement Administration as a Schedule IV controlled substance, similar to Valium and Xanax.

In two reports analyzing emergency room visits involving tramadol, the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) found that visits due to adverse reactions to the drug rose 145%, from about 11,000 visits in 2005 to nearly 27,000 visits in 2011; visits because of abuse or misuse rose 250% during the same period.

In both categories, many more women ended up in the ER than men. Women's visits for adverse reactions, for example, spiked from about 7,600 visits in 2005 to more than 19,000 visits in 2011 while men's visits rose from about 2,500 to around 8,000 in the same period.

By age, the greatest increase in ER visits because of tramadol-related misuse or abuse occurred among patients 55 or older. This group experienced a 480% jump, from just 900 visits in 2005 to more than 5,000 in 2011. Patients ages 45 to 54 saw a 389% jump. Patients age

65 or older accounted for the largest number — 35% — of tramadol-related ER visits involving adverse reactions, with half ending in hospitalization.

The high number of older adults doesn't surprise Peter Delany, director of SAMHSA's Center for Behavioral Health Statistics, which produced the reports. "Tramadol is important for people with moderate to severe chronic pain, but older adults who end up in the ER are often on additional medications that can interact with tramadol, especially antidepressant medication."

Severe adverse reactions can include seizures and a potentially fatal reaction called serotonin syndrome. To avoid adverse reactions, misuse or abuse:

- Be aware of potentially dangerous side effects, including racing heart-beat, seizures, shortness of breath, lightheadedness, unusual drowsiness, confusion, increased body temperature and loss of consciousness.
- Don't take tramadol if you take medication for migraines, depression, anxiety, muscle spasms, mental illness, nausea or vomiting, all of which can increase the risk for seizures.
- Talk to your doctor to make sure there are no other risks that should be considered and to ensure it's a beneficial option for you.
- Be sure to tell your doctor all the medicines you're taking, including vitamins and supplements, and discuss any possible interactions. Keep a list of your meds, and update it with each new prescription.
- Fill all your prescriptions at one pharmacy that has a computerized system to track potential drug interactions.
- Don't take more than prescribed. If you're still in pain, talk with your doctor. Don't just up your dose.
- Don't suddenly stop taking tramadol without speaking with your doctor first, especially if you've been on the medication for a while. Suddenly stopping can cause uncomfortable withdrawal symptoms.



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According to the Centers for Disease Control and Prevention (CDC), obesity now affects 17 percent of all children and adolescents in the United States – triple the rate from just one generation ago. Today, one in six children are obese and one in three are overweight. This poses significantly greater risks for a number of health problems such as type 2 diabetes, hypertension, high cholesterol and mental health issues. To address this critical community need, the **YMCA will launch a pilot program this fall called Healthy Weight and Your Child.**

HOW WILL THE PROGRAM WORK?

Healthy Weight and Your Child is a 12-month evidence-based program for children with obesity. The year-long program includes 16 weekly sessions, followed by 4 bi-weekly sessions, and 5 monthly sessions. The family-based weight management program focuses on both nutrition education and physical activity to encourage healthier eating habits and an active lifestyle to reach a healthy weight.

Healthy Weight and Your Child is delivered by two trained leaders: A Content Leader and an Activity Leader. Both leaders play an equally significant role in facilitating the program. The Content Leader delivers the education and nutrition portions of the program. The Activity Leader, trained to deliver evidence-based exercises safely for children with obesity, delivers the physical activity portion of the curriculum and supports the delivery of the content portion of the class.

The program is designed with the whole family in mind, engaging all family members in education, healthy eating and physical activity to elicit positive change and help families learn skills to live a healthier lifestyle for the long term. Evidence shows that children's weight-management programs are more effective when the whole family is involved and committed to adopting healthier habits.

For more information on the days and times of the Healthy Weight and Your Child program, call 302-572-6922 or visit www.ymcade.org for more information.



TO QUALIFY FOR PARTICIPATION IN THIS PROGRAM:

- Child must be 7-13 years old
- Child must carry excess weight with a body mass index in the 95th percentile or higher
- Child must receive medical clearance from a healthcare provider
- Parent/Caregiver must attend all sessions



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TO YOUR HEALTH

10 Tips for Exercising with COPD

Chronic obstructive pulmonary disease (COPD) includes chronic bronchitis and emphysema. It is usually caused by smoking but has other environmental causes as well. It goes without saying that COPD sufferers who currently smoke should quit as the first step in managing their conditions. Quitting will reduce the severity of your condition, improve your quality of life and likely help you live longer.

It is important to avoid exercise if your condition has worsened. You should get

immediate care if you are experiencing a rapid increase in cough, sputum and mucus production (especially if yellow or green), increased shortness of breath, and blue lips or fingers. These symptoms should never be ignored, as exacerbations to your condition can be serious and life-threatening.

Here are a few ways to make exercise safer and more manageable for those with COPD:

1 Make sure to take your prescribed medications, as they will reduce or relieve symptoms.

2 If you have an inhaler, keep it nearby when exercising, and take it as needed.

3 Do not drink cold beverages during exercise, as they may tighten your chest and impair your breathing. Drinks should be either warm or lukewarm.

4 Take frequent rest periods during exercise in order to conserve breath and energy.

5 Start exercise very slowly, and keep exercise periods short. If possible, sessions should eventually build up to five to six sets of exercises with rest periods of one or two minutes in between.

6 Avoid isometric exercise (holding the contraction without moving the joint). You should move slowly through each exercise without holding your breath.

7 Do not perform movements above chest level, and avoid overhead movements with weights as they can increase both your blood pressure and


pressure in the chest.

8 Anchoring your arms on your knees or a supportive surface can help your shoulders to support your body and allow your chest to expand and open up your breathing.

9 Breathe deeply and try to relax during exercise.

10 If you attach small ribbons to a fan, this may help decrease your anxiety during exercise. Seeing air movement can help relax you so that you can breathe more freely.

References available upon request. Please consult a medical professional before starting this or any other exercise program. This article does not constitute medical advice.

 **Kate Maliha, MA (HKin)** has a Master's degree in Human Kinetics and has conducted aging research at the University of British Columbia. She is the owner of Love Your Age (www.Love-YourAge.ca), a fitness company specializing in the exercise needs of seniors.

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— Aldous Huxley

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How To File On Your Ex's Social Security

By Andy Landis

If you're confused about Social Security rules for divorced individuals, you're not alone. Let's clear up the muddle and discover some ways to work the rules to your advantage.

I'm divorced and don't have a 10-year work history. Can I get Social Security?

Probably. You can get Social Security "former spouse payments" if the following requirements are met:

- You must be age 62 or over.
- Your former spouse must be at least 62, and have enough work to qualify for Social Security (but not necessarily getting payments, if you've been divorced for two years).
- Your marriage must have lasted at least 10 years before divorce.
- You must be currently unmarried (but you may have intervening marriages, now ended).
- If you are under full retirement age (FRA, currently 66), your spousal payment will be reduced and your current work must be limited.

Whew! That's a lot of requirements. But if you qualify, you will receive monthly payments of 35% to 50% of your ex's Social Security and you'll get Medicare at 65.

I'm divorced and have my own 10-year work history. Can ex-spousal payments help me?

If your ex-spouse also has a 10-year work history, you're what I call a "dualie." That means you're *dually-eligible* for Social Security, as a worker and as a former spouse.

That clears the road to the "Dualie Detour." Wait until your FRA to file for Social Security, and then file only for the ex-spousal payment. Hold your own Social Security in reserve. At age 70, get a raise by filing for your own Social Security—by then

it has reached its maximum, 132% of your age-66 payment. Of course this pathway assumes that your own payment at 70 is greater than the spousal payment. The Detour won't work if you file for Social Security before FRA, so be patient.

I want to remarry.

While you are married you cannot get Social Security from your ex-spouse. (But see the exception below if your ex-spouse is deceased.)

My ex passed away. How does that change things?

The Social Security Administration calls you a "surviving divorced spouse." Survivor payments are different in four ways:

- Reduced payments are available as early as 60 (or 50 if you're disabled).
- You can get up to 100% of your ex-spouse's Social Security, not the 50% payable from a living ex-spouse. (Please don't think of this as an incentive ... !)
- You can remarry and still receive survivor payments, as long as your remarriage was after age 60.
- The Dualie Detour opens earlier. You can take one payment before FRA, and still maximize the other one (the survivor payment maximizes at FRA; your own Social Security maximizes at 70).

How can I learn more?

Check the SSA websites on divorced spouses or surviving divorced spouses. Be sure to consult with the Social Security Administration before committing to any pathway.

And as always, *keep on planning.*

Andy Landis, founder of *Thinking Retirement*, is an author, speaker, and consultant specializing in Social Security, Medicare, and life planning for retirement. If you have questions about Social Security, email questions@vitalmagonline.com.



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Social Security Q&A

Question:

How does the SSA support cancer patients?

Answer:

In 2015, more than a million people will be diagnosed with cancer. Social Security stands strong in our support of the fight against cancer. We offer services to patients suffering from this disease through our disability program and our Compassionate Allowances program. Compassionate Allowances are cases with medical conditions so severe they obviously meet Social Security's disability standards, allowing us to quickly process the cases with minimal medical information.

There is no special application or form you need to submit for Compassionate Allowances. Simply apply for disability benefits using the standard Social Security or Supple-

mental Security Income (SSI) application. Once we identify you as having a Compassionate Allowances condition, we'll expedite your disability application.

Social Security establishes Compassionate Allowances conditions using information received at public outreach hearings, from the Social Security and Disability Determination Services communities, from medical and scientific experts, and based on our research. For more information about Compassionate Allowances, or to view the conditions currently listed, visit www.socialsecurity.gov/compassionateallowances.

If you think you qualify for disability benefits based on a Compassionate Allowances condition, please visit www.socialsecurity.gov to apply for benefits.

Going Digital – Do You Still Need A Paper Trail?

By Myrle Gilpin Bowe

We are constantly urged by utilities, banks and credit card companies to go paperless: "do all your business online... go green, save a tree!"

But what if tomorrow you aren't there or can't handle paying bills, and no paper bills arrive in the mail? Would your family know what bills need to be paid and how to access your accounts online? In a very short time penalties will be added for late payments if no one is alerted to prevent it. Having these fees removed is a frustrating, time-consuming process—and that's assuming someone has power of attorney authorizing access to your accounts.

What to do? A recent "Dear Abby"

column advised making a list of all of your bills and accounts, and including account numbers, usernames and passwords. It's also useful to include customer service telephone numbers. File the list with your important papers, such as health care and financial powers of attorney and a copy of your Will. Store them in a fireproof box known to a family member or other trusted person. Be sure to update the information if it changes, and also update any online storage or "digital vault" where you save important documents.

Don't wait—do it today!

Myrle Bowe is a freelance writer, memoir-writing expert, speaker, teacher and frequent contributor to *Vital! Magazine*. For more information visit www.writer-bowe.com or send questions to her at questions@vitalmagonline.com.

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10 Steps to Making Change Easier

Smoothing Transitions

By Madisyn Taylor

Change doesn't have to be hard... 10 steps to help make it easier.

1 Begin by making small changes or break up large-scale changes into more manageable increments. This can make you feel better about handling the changes you are about to make while making you more comfortable with change in general.

2 Mentally link changes to established daily rituals. This can make changes like taking on a new habit, starting a new job, or adapting to a new home happen much more smoothly. For example, if you want to begin meditating at home, try weaving it into your morning routine.

3 Going with the flow can help you accept change instead of resisting it. If you stay flexible, you will be able to ride out change without too much turbulence.

4 When a change feels most stressful, relief can often be found in finding the good that it brings. An illness, a financial loss, or a broken relationship can seem like the end of the world, yet they also can be blessings in disguise.

5 Remember that all change involves a degree of learning. If you find change particularly stressful, try to keep in mind that after this period of transformation has passed, you will be a wiser person for it.

6 Remember that upheaval and confusion are often natural

parts of change. While we can anticipate certain elements that a change might bring, it is impossible to know everything that will happen in advance. Be prepared for unexpected surprises, and the winds of change won't easily knock you over.

7 Don't feel like you have to cope with changing circumstances or the stress of making a change on your own. Talk about what's going on for you with a friend or write about it in a journal. Sharing your feelings can give you a sense of relief while helping you find the strength to carry on.

8 Give yourself time to accept any changes that you face. And as change happens, recognize that you may need time to adjust to your new situation. Allow yourself

a period of time to reconcile your feelings. This can make big changes feel less extreme.

9 No matter how large or difficult a change is, you will eventually adapt to these new circumstances. Remember that regardless of how great the change, all the new that it brings will eventually weave itself into the right places in your life.

10 If you're trying to change a pattern of behavior or navigate your way through a life change, don't assume that it has to be easy. Wanting to cry or being moody during a period of change is natural. Then again, don't assume that making a change needs to be hard. Sometimes, changes are meant to be that easy.

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5 Tips For A Happy Marriage In Retirement

It's been said that the first few years of retirement are a lot like the first few years of marriage: It can be a bumpy ride until you adjust to your new life together.

The reason?

For better or worse, retirement imposes major changes on a marriage, and that change is often stressful. It can be a big adjustment when you shift from spending most of the day apart to spending most of it together. Yet this often challenging stage of life may ultimately be the best years of your marriage if you take time now to understand each other's goals, needs and expectations.

Here are five suggestions for planning a retirement as a couple.

1 Create a shared vision. Communication is essential to marriage, whatever the stage, but it is especially important when it comes to retirement. One of you may envision retiring at 60, while the other is happy to work forever; you may envision life in a condo overlooking the ocean, while your spouse wants to sell all your belongings and travel the world. Now is the time to share your hopes and dreams.

If you're used to "going with the flow" to keep the peace, it's not too late to change that. By talking openly about your hopes and dreams for retirement, couples can avoid future conflicts and disappointments and instead create a mutually satisfying and fulfilling retirement experience.

2 Get on the same financial page. Whatever goals you and your partner decide on for retirement, make sure your budget reflects the spending necessary to support them. Even if one partner handles your savings and investments, make sure both of you know exactly how much you can afford in retirement. If your budget isn't as big as your dreams, talk about what you can compromise on to match your resources. For example, rather than buying a second home in a sunny climate, think about renting there for a month or two in the winter.



3 Manage expectations. Daily routines can be upended as you transition from work to retirement. Understanding what each of you expects and setting ground rules you can both live with can go a long way toward warding off friction and hurt feelings. One common point of contention? Household chores. Discussing the division of labor with regard to these and other responsibilities can help you avoid stepping on each other's toes or arguing about the best way to load the dishwasher.

4 Talk about togetherness. Being married and retired requires a new sense of balance. Each of you wants to spend time together and each of you needs time apart without feeling guilty. Agree on how much time you want to dedicate to togetherness and how much alone time you prefer, and then respect those boundaries. Some couples find that establishing separate spaces in the house can make it easier to get the alone time both of you need.

5 Stay connected to the outside world. Whether you pursue interests and hobbies together or separately, it's important to get out and explore. Take classes, join clubs, volunteer or become involved in your community—each of these can keep your mind sharp and engaged. Consider trying a new activity, like hiking or bridge, and learn it together. Don't forget to make time for friends. Along with providing space, individual friendships are vital to maintaining your own sense of identity; they also give you news and other stories to share with your spouse over dinner.

Retirement changes the dynamics of couples much the same way the birth of a first child did. Take time to adjust to this new stage of life, and be patient with your loved one as he or she explores what it means to be retired.

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Communicating To Understand Each Other

By Joyce Koria Hayes, Esquire

When family members try to talk about sensitive topics, it frequently happens that someone's feelings get hurt or someone gets angry and all meaningful discussion ends. Rather than improving, sometimes the situation just gets worse. Why? Often, different perspectives will lead to different proposed solutions, and as well, family history can interfere with communication and understanding.

Take the case of Mrs. O. Suddenly the otherwise healthy Mrs. O, the primary caregiver for a slightly disabled husband, suffered a bout of pneumonia that had her in the hospital for a short while and left her with little energy upon her return home. Their children were working people with families, and did not have time to be primary care providers for both parents. The children were urging a move to assisted living. From their perspective, assisted living was the best solution - both parents cared for with little demand on the children's time. But for Mrs. O it was devastating to face the loss of her beautiful, comfortable home which she had managed well until just a few months before. She was not ready to make a permanent change that would mean she could never return to her previous lifestyle. Until the underlying needs of each of the family members are understood by all, the family members cannot find solutions that will work

for everyone. In this example, a temporary transfer to a respite facility until Mrs. O's health improved would be much more acceptable to her than a permanent change. Bringing services into the home could also prove an acceptable solution.

Mary B. is another example. Mary lives near Mom and Dad and is now their primary support. Despite having a family of her own and a full-time job, she makes the time to help Mom and Dad with grocery shopping, meals, bill paying, housecleaning and more. Mary is a high school graduate while older brother Joe, who lives in another state and rarely visits, has a graduate degree and has always treated his baby sister as just that - the baby of the family. It seems whenever Mary tries to discuss anything concerning Mom and Dad with Joe, Joe keeps offering suggestions that Mary views as being of no help. In Mary's view, Joe is not listening and not contributing. But Mary believes Joe has *never* listened to her so she has difficulty believing that he would do so now. Does he really feel that Baby Sis can't know what she is talking about? Perhaps Joe does appreciate Mary but doesn't understand the stress that she's under and the type of help she really needs. Maybe instead of offering suggestions, what Mary really needs from Joe is gratitude and the simple recognition of her efforts. Left to their usual means of communication, it may be difficult for them to get to a meaningful level of understanding.

If you find your family in a similar position, consider using a trained and experienced neutral moderator or mediator to help work through the emotions and to make difficult conversations productive.

Joyce Koria Hayes, Esq., is the Executive Director, Secretary and Mediator at Delaware Elder Mediation Services, Inc., located at 273 E. Main Street, Newark, DE. For more information on dealing with aging loved ones, or if you have a question for Joyce, call her at 302-287-9149 or email demsiorg@gmail.com.

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Why won't Mom listen to me? I only want what's best.

My children are trying to tell me what to do!

My sister is Mom's power of attorney, and I don't like what she is doing.

Is your family having trouble talking about certain things? Delaware Elder Mediation Services, Inc. trained neutrals can help you and your family work it out.

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DEMSI

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Conflict Resolution & Planning Services-

For more information visit:
www.demsi.org

Or call us at:
(302)-287-9149

My children compete and argue. If I chose one to act for me if I become incapacitated, the other will complain now and second-guess later.

A member of the family has received a diagnosis that means changes will be necessary, but we don't know where to start.

Is your family having trouble making plans for the future? Delaware Elder Mediation Services, Inc. experienced neutral facilitators can help you work out a plan.



Retail Clinic, Urgent Care or Emergency Room?

Perhaps you've seen the advertisements for urgent care or retail clinics opening up around your neighborhood. Do you know the difference between retail clinics, urgent care and emergency room care? The following is a brief guide to help you determine which place is best for the type of care you need.

Retail clinics are usually found in pharmacies and are staffed by nurses and nurse practitioners. These clinics can be a good option if you need care outside of your regular doctor's office hours. Retail clinics can generally:

- Provide vaccinations.
- Treat certain conditions, including colds and basic infections, such as ear infections and strep throat.
- Perform certain basic tests.

Urgent care clinics have a doctor on-site. These clinics can provide the same services as the retail clinics and more. They can also:

- Give stitches.

- Treat fractures, strains and dislocations.
- Take X-rays.
- Provide intravenous (IV) fluids.
- Provide additional lab tests and other tests beyond those provided at retail clinics.

Emergency rooms offer the highest level of care and can perform a wide variety of tests. If you believe your condition is life-threatening, the emergency room is the place to go. You can also be admitted to the hospital from the emergency room, if necessary.

Which should you choose?

Although there are other choices for care, your primary physician is usually the best contact to help you choose where you should receive treatment. If you need to obtain medical care after normal office hours, your network primary care physician or his or her covering doctors are on call 24 hours a day, 7 days a week. However, if you need emergency medical care, go directly to a hospital emergency room, or call 911

or your local emergency number.

Depending on your condition or illness, either a retail clinic or urgent care center could be a good option. The wait time in these clinics is generally less than in an emergency room and your out-of-pocket costs may be lower.

However, if you feel that your condition is serious enough to go to the emergency room, you do not need permission from your primary physician. According to the National Association for Ambulatory Care, you should go to

LASSO	TSAR	NITE
AXIOM	AURA	EDEN
DIFICULTY	WAND	
ESTATE	TIS	SHOE
	SODAS	BLOND
ARTS	UNTRUE	
RIOTING	SIXTEEN	
EFFACE	DOTAGE	
AFFLICT	NEMESIS	
	ALKALI	REST
BAGGY	BIPED	
EDOM	SUB	MISSED
LI	ALIMENTARY	
CENT	NADA	TONNE
HUGE	DROP	SPEED

the emergency room for the following conditions:

- Stroke
- Heart attack
- Severe bleeding
- Head injury or other major trauma
- Chest pain
- Difficulty breathing
- Loss of consciousness
- Sudden loss of vision or blurred vision

Please remember to follow up with your primary physician after your emergency room visit.

5	1	8	3	6	9	4	7	2
7	4	9	5	8	2	6	3	1
6	3	2	7	1	4	8	9	5
9	7	1	6	3	8	2	5	4
3	8	6	4	2	5	7	1	9
4	2	5	1	9	7	3	8	6
1	9	3	8	4	6	5	2	7
2	6	7	9	5	3	1	4	8
8	5	4	2	7	1	9	6	3

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LEWES – Fred Thomas Building, 520 Dupont Avenue **OCEAN VIEW** – Town Hall & Community Center, 32 West Avenue

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www.lifelonglearning.udel.edu • 302-831-7600 • continuing-ed@udel.edu



SPANISH BRAISED MONKFISH

Monkfish is in season in August! The fish, known for its huge head and mouth, and its tight, meaty white flesh, is often compared to lobster meat. It's commonly used in French cuisine, but has only recently become popular in America. Only the monkfish tail is edible, and it's sold whole or filleted. Any gray or tan membranes should be removed before cooking. The flesh is bright white, lean and mild-tasting.



Olive oil, red bell peppers, garlic, and sherry give this gently simmered fish its Spanish accent. They're pureed with another favorite Spanish ingredient, blanched almonds, which thicken the sauce and give it a sweet, nutty flavor.

Serves 4

INGREDIENTS

- 2 tablespoons olive oil
- 1 onion, chopped
- 2 red bell peppers, diced
- 1½ teaspoons salt
- 3 cloves garlic, minced
- ⅓ cup dry sherry
- 1 cup bottled clam juice
- ¼ cup blanched slivered almonds
- ½ teaspoon fresh-ground black pepper
- 2 pounds monkfish, membranes removed, fish cut to make 4 pieces
- 2 tablespoons chopped fresh parsley

PREPARATION

1. In a large deep frying pan, heat the oil over moderate heat. Add the onion, bell peppers, and salt and cook, stirring occasionally, until the onion is soft, about 5 minutes. Stir in the garlic and sherry; simmer for 1 minute. Add the clam juice and bring to a simmer. Reduce the heat and simmer, covered, for 10 minutes.
2. Transfer the contents of the frying pan to a blender or food processor and puree. Add the almonds and the black pepper. Pulse until the nuts are chopped very fine. Return the sauce to the pan.
3. Bring the sauce just to a simmer and add the fish to the pan. Simmer, covered, until just done, 10 to 12 minutes. Slice the fish on the diagonal and serve with the parsley sprinkled over the top.

Fish Alternatives: Though monkfish is quite firm, a relatively firm, thick white fish, such as haddock, cod, or halibut, would also be delicious braised in this flavorful sauce.

SUGGESTED PAIRING

A fresh, fruity but not-too-sweet Rosé will complement the Mediterranean flavors here. Look for a Rosé from Rioja to carry out the Spanish theme, or try one from southern France.

Sudoku

Fill in the blank squares so that each row, each column and each 3-by-3 block contain all of the digits 1 thru 9.

	1	8	3				7	
				8		6		1
6	3							
			6					4
3	8						1	9
4					7			
							2	7
2		7		5				
	5				1	9	6	

Answers on page 13

(courtesy of CrazyDad.com)

THE FUNNY BONE

A woman and her husband had to interrupt their vacation to go to the dentist.

"I want a tooth pulled, and I don't want any pain shots or Novocain because I'm in a big hurry," the woman said. "Just yank out the tooth as quickly as possible, and we'll be on our way."

The dentist was quite impressed. "You're certainly a courageous woman," he said. "Which tooth is it?"

The woman turned to her husband and said, "Show him your tooth, dear."

While leading a tour of kindergarten students through the hospital, an X-ray technician was showing X-rays of broken bones.

"Have any of you ever broken a bone?" he asked.

A pretty little girl in pink raised her hand and replied, "I did."

"Did it hurt?" he asked.

"No," the little girl replied.

"Really? You must be a brave little girl. Which bone did you break?"

"My sister's arm."

Crossword

By Dave Fisher

Answers on page 13

1	2	3	4	5		6	7	8	9		10	11	12	13
14						15					16			
17						18					19			
20							21				22			
				23		24				25				
26	27	28	29			30			31					
32				33	34			35				36	37	38
39								40						
41						42		43						
				44				45			46			
47	48	49				50			51	52				
53					54				55		56	57	58	59
60					61			62						
63					64					65				
66					67					68				

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ACROSS

1. Lariat
6. Russian emperor
10. Anagram of "Tine"
14. Adage
15. Emanation
16. Biblical garden
17. Lack of ease
19. A magician's tool
20. What's left behind
21. It is (poetic)
22. Sneaker or pump
23. Soft drinks
25. Light-haired
26. Anagram of "Star"
30. False
32. Rampaging
35. One more than fifteen
39. Make inconspicuous
40. Senility
41. Ail
43. Goddess of divine retribution
44. Acid neutralizer
46. A musical pause
47. Loose-fitting
50. Two-footed
53. Anagram of "Dome"
54. A type of large sandwich
55. Not on target
60. 53 in Roman numerals
61. Nutritious
63. 1/100th of a dollar
64. Zero
65. 1000 kilograms
66. Large
67. Let go
68. Velocity
2. Allies' foe
3. Sieve
4. Couch
5. Leaves out
6. Letter after sigma
7. Ruler
8. Creative persons
9. Beams
10. An open letter
11. Potato state
12. Mortise and ____ joint
13. Ceased
18. Chief Executive Officer
24. Excavated
25. Bosomy
26. District
27. Jazz phrase
28. Wealthy man (British slang)
29. A cylinder in a cave
31. Go on horseback
33. In a cold manner
34. Between the head and shoulders
36. Leisure
37. Auspices
38. Where a bird lives
42. Arranged in table form
43. Bite
45. Sexual desire
47. Burp
48. French farewell
49. Coming and ____
51. An uncle
52. Means
54. Found on most beaches
56. Cease
57. Rational
58. Sea eagle
59. Not the original color
62. Chart

DOWN

1. Stow, as cargo

GET IN THE GAME

A Champion Six Decades and Counting

Congratulations to Jane Katz, EdD, Delaware Senior Olympics participant, aquatic fitness pioneer and swimming champion across six decades of worldwide competitions! Dr. Katz recently won six medals at the biennial National Senior Games in Minneapolis. The games, for men and women 50 and over, is the largest multi-sport event in the world for seniors. More than 12,000 athletes competed across 19 different sports from July 3-16.



Dr. Katz won five swimming gold medals and one silver. Her five golds came in the 50, 100 and 200-yard backstroke, and the 200 and 500-yard freestyle. She also captured a silver in the 100-yard freestyle.

Dr. Katz has taught aquatic fitness and safety at the City University of New York since 1964 and at John Jay College since 1989. She is the author of 14 books on swimming, fitness and water exercise, some of which are translated into four different languages. Her books, including *Swimming for Total Fitness* (Random House), first published in 1981, are in more than 1,200 libraries around the world.

Dr. Katz developed two notable swimming programs in New York City: The Kids Aquatic Re-Entry (KARE) program, and W.E.T.s for VETS. In the KARE program, Dr. Katz worked with the New York Department of Juvenile Justice to help troubled youths learn life's lessons poolside. In W.E.T.s for VETS, she conducts aquatic workouts for college students who are U.S. military veterans as a means of helping them relieve stress and be physically, mentally and spiritually fit.

Dr. Katz's Olympic career began with the 1964 Olympics in Tokyo where she was a member of the synchronized swimming performance team. In 2000, she received the Certificate of Merit award from the International Olympic Committee for her "dedication and contribution to the development" of swimming, and in 2014 was presented with the Lifetime Achievement Award by the President's Council on Fitness, Sports & Nutrition.

"It was so gratifying to see the U.S. Women's soccer team win the World Cup this year because I can remember back to the days when I had to face all kinds of obstacles as a woman in sports," Dr. Katz said. "Women didn't have nearly as many opportunities in sports as they do today, and it's great to see. I had very few chances to compete when I was younger, but today, with events like the National Senior Games, even we seniors can strut our stuff!"

The National Senior Games Association (NSGA) is a nonprofit member of the United States Olympic Committee that promotes health and wellness for adults 50 and over through education, fitness and sport. For more information on how YOU can get in the game, visit www.DelawareSeniorOlympics.org or call 302-736-5698.



DELAWARE SENIOR OLYMPICS

2015 ANNUAL GAMES

**November 14
ANNUAL
AWARDS
BANQUET AT
MODERN
MATURITY
CENTER**
1121 Forrest Avenue
Dover, DE

ARCHERY

October 11, 9am
(Rain date: 10/18)
New Castle 100
Archers Club
2272 Sunset Lake Rd.
Newark, DE

BADMINTON

October 28, 10am
Mid-County Sr. Center
1 Regiment Rd.
Wilmington, DE

BASEBALL

September 26, 2pm
(Rain date: 9/27)
Banning Park
790 S. Maryland Ave.
Wilmington, DE
(off Newport Pike)

BASKETBALL

Men & Women
October 24, 9:30am
PAL Gym
7259 Lancaster Pike
Hockessin, DE

Basketball Shooting
October 24, 9:30am
PAL Gym
7259 Lancaster Pike
Hockessin, DE

BILLIARDS

September 13, 11am
Long Shots Sports Bar
and Billiards
207B NE Front St.
Milford, DE

BOCCE

September 26, 10am
(Rain date: 10/3)
Cokesbury Village
726 Loveville Rd.
Hockessin, DE

BOWLING

Singles
October 27, 9:30am

Doubles
October 28, 9:30am

D. Mixed
October 29, 9:30am

All 3 events will be held
at Brunswick Doverama
1600 S. Governors Ave.
Dover, DE

CYCLING

40K Road Race
September 19, 9:30am
RAIN OR SHINE
Part of Pedal Away
Prostate Cancer Race
Eden Hill Medical Center
200 Banning St.
Dover, DE

Cycling Time Trials
October 14, 9am
Dover Motor Sport
(Dover Downs)
1131 N. DuPont Hwy.
Dover, DE
(in rear near Miles
the Monster statue)

GOLF

September 8, 9am
RAIN OR SHINE
Jonathan's Landing
1309 Ponderosa Dr.
Magnolia, DE

HORSESHOES

October 4, 11am
(Rain date: 10/11)
Venue TBD

PICKLEBALL

Day 1
September 26
DE State University
1200 N. Dupont Hwy.
Dover, DE

Day 2
September 27
DE State University
1200 N. Dupont Hwy.
Dover, DE

RACE WALK

September 20, 9am
RAIN OR SHINE
DE State University
1200 N. Dupont Hwy.
Dover, DE

RACQUETBALL

September 26, 8am
Midway Fitness and
Racquetball Club
18105 Melson Rd.
Rehoboth Beach, DE

RECREATIONAL WALK

October 3, 9am
RAIN OR SHINE
Michael N. Castle Trail
Chesapeake & Delaware
Canal Conservation Area
St. Georges, DE

ROAD RACE 5K

September 26, 9:30am
RAIN OR SHINE
Bellevue State Park
800 Carr Rd.
Wilmington, DE

ROAD RACE 10K

October 10, 9:30am
RAIN OR SHINE
Bellevue State Park
800 Carr Rd.
Wilmington, DE

SHUFFLEBOARD

September 9, 9am
Manor House
1001 Middleford Rd.
Seaford, DE

SOFTBALL

Women
August 15, 9am
Men
September 19, 9am
Both events at Schutte
Park (corner of Electric
Ave. & North St. aka
Hazlettville Rd.)
Dover, DE

SWIMMING

October 2, 8am
warmup, 9am start
Central DE YMCA
1137 S. State St.
Dover, DE

TABLE TENNIS

October 2, 9am
Central DE YMCA
1137 S. State St.
Dover, DE

TENNIS

September 5 & 6
Sanford School
6900 Lancaster Pike
Hockessin, DE

TRACK & FIELD

September 20, 9am
DE State University
1200 N. Dupont Hwy.
Dover, DE

VOLLEYBALL

Women
September 12, 9am
Men
September 13, 10am
Both events at
DE State University
1200 N. Dupont Hwy.
Dover, DE

WASHERS

October 10, 10am
(Rain date: 10/17, 1pm)
Brandywine Springs Park
Newport Gap Pike
(Rt 41) and Faulkland Rd.
Near the Upper Pavilion
(near parking lot)

WEIGHT LIFTING

September 26, 9am
Wellness & Rec. Ctr.
DE State University
1200 N. Dupont Hwy.
Dover, DE

Wii BOWLING

September 23, 9am
Country House
4830 Kennett Pike
Wilmington, DE

Wii GOLF

October 21, 10am-2pm
Country House
4830 Kennett Pike
Wilmington, DE