

Senior Sense

Your Health

What is Normal After Breast Cancer Treatment?

Many women now survive breast cancer. This is great news, but some women do not get adequate support after their treatment to help them make the transition to a full and healthy life. Many women adjust well to being a cancer survivor, but others need some assistance and reassurance.

Women who have survived cancer may not really experience the full emotional effects of their condition until after their therapy is over. After all the stress of the diagnosis and treatment is over, a woman may suddenly have to address questions about what will come next in her life or face some issues that may have been on hold while she was ill.

As her treatment winds down, the change in how often she has

contact with her medical team and what she is doing to overcome the disease may result in anxiety about her cancer possibly returning. This may make her extremely aware of any changes in her body that she fears may mean the tumor is returning or a complication is occurring.

As a result of this concern, she may want to be followed very closely by her medical team and she may even seek special screenings like MRIs that may not be needed. To ease her mind, the woman should talk to her medical team about what treatment guidelines are recommended for her type of cancer. Every woman's breast cancer is unique and follow-up for one person may be totally different from what is needed by someone else. In many cases, only mammograms and regular check-ups with the doctor are required once treatment is over.

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If the woman has had breast reconstruction, the breast will probably change as she recovers over the next year. She needs to discuss in depth with her medical team what she should expect and how she can help to prevent any problems.

As far as nutrition and physical activity, doctors do recommend that women try to lose weight if they are overweight and become physically active on a regular basis. This is good not only for preventing cancer, but also for improving a woman's health overall by controlling or preventing other chronic diseases. Physical activity may also relieve depression or anxiety that the woman may feel.

Some research has also indicated that taking a Vitamin D supplement may prevent recurrence, but this is controversial. Certainly taking 400-1000 IU of Vitamin D along with a calcium supplement may be good for a woman's bone health, and if her cancer risk decreases as well, that is a side benefit.

If a woman experiences serious depression or anxiety after treatment, she should consult with her doctor about medication to control this problem. A referral to a psychologist or social worker may also help a woman to cope

better. Some women also join support groups for cancer survivors. A cancer center, a local hospital or the American Cancer Society may be able to refer someone to such a group.

Luscious Brussels Sprouts and Baby Carrots

Do not be put off by the brown sugar in this dish; the sweetness calms down the strong flavor of the Brussels sprouts.

1 pound baby carrots
 1 pound Brussels sprouts, frozen
 ¾ cup low sodium chicken broth
 1 tablespoon light margarine
 2 tablespoons brown sugar
 ½ teaspoon black pepper

1. Steam carrots and Brussels sprouts for at least 20 minutes or until tender.
2. Bring broth, margarine and sugar to a boil in a large, non-stick skillet. Stir and reduce the sauce by about half its volume.
3. Add the vegetables and shake the pan to coat with the sauce. Add the black pepper. Serve immediately.

6 Servings

Nutrition Information

Calories: 80

Carbohydrate: 16 grams

Protein: 4 grams

Fat: 1 gram

Your Resources

CHECK OUT CHARITIES BEFORE MAKING A DONATION

Charity scams have increased in recent years. In 2008 the Federal Trade Commission received 1.23 million complaints regarding charitable contributions to nonexistent charities. The number of complaints increased to 1.33 million complaints in 2009.

Before you give, learn as much as possible about the charities who solicit you for donations. Avoid becoming a statistic by doing your homework on any charity before making a donation. Your local newspaper, television, or radio station may compile lists of charities that respond to emergency situations.

The best way to find out more about a charity is to do your own research. Web sites like GuideStar.org and CharityNavigator.org track non-profit organizations. Once you have done your research, contact the charities you have selected about making a donation. Avoid being pressured to give to a charity based on unsolicited calls to your home or email solicitations.

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Pay with a check or card. Remember, making a fraud claim to the Federal Trade Commission and law enforcement will be easier if you have records of the amount given and the organization receiving your contribution. Be sure to get a receipt for any donations you make.

If a charity contacts you, be cautious and find out more information about it before donating. The Better Business Bureau Wise Giving

Alliance offers information about national charities. Georgia and many other states require charities to register with them and file annual reports which show how donations are used.

Ask the charity for more information about its purpose and how it uses funds. Legitimate charities willingly offer this type of information.

Double-check the name of the charity to make sure it is not a sound-alike. Fake charities try to capitalize on the good reputation of real charities.

If someone calls your home asking for a donation, ask the caller what his or her relationship is to the charity. The caller may be a professional fundraiser, not an

employee or volunteer, and may take a percentage of the funds for his or her wages.

Charity scams target individuals who wish to aid a cause or help others. Make sure your donations go to worthy causes by being proactive with a list and budget of charities you wish to donate to this year. Avoid giving to charities you are not familiar with to be sure that your donation goes where it is needed most.

Your Relationships

The Decision to Move In Together

Stan and Margie had been married more than 55 years and had cared for one another through thick and thin. Both of them were struggling, however, with more and more limitations in their daily lives. Stan had gained weight and could not get around the house without Margie's help, but he was too heavy for her to lift. On the other hand, Margie was showing signs of dementia and was increasingly confused about important responsibilities. Stan and Margie's situation is very common, but good solutions are not. Most couples in this situation prefer to remain in their own home as long as possible, as opposed to moving into some

kind of care facility. If Stan and Margie had sufficient resources, they could pay persons to come into their home to provide a variety of support services. Often, these services must be paid out of pocket and the costs can add up quickly.

Another option is for family members who could provide care to move in with members who need care. In Stan and Margie's case, perhaps an adult child (or grandchild) could move into a spare bedroom in Stan and Margie's house and provide basic care for them. Alternatively, Stan and Margie might consider moving into another family member's household.

In either case, some careful planning can smooth the transition.

Unfortunately, decisions about moving in together often are made quickly as the result of a caregiving crisis such as a stroke or fall. Long-term care planning will be necessary in almost every family, but few families take action until a crisis is upon them. Here are some issues to consider in your family decision-making:

Amount and type of caregiving:

What type of caregiving is needed now, and will that likely change in the

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foreseeable future? Caregiving may be minimal, such as help with medication and meal preparation, or it may involve more serious caregiving such as bathing, assistance with more serious medical care, transportation and round-the-clock supervision.

Home accessibility: Which home is better adapted to caregiving for a senior with limitations? Stairs, narrow doorways, floor coverings and bathroom facilities can present significant challenges to seniors. Some home adaptations are pretty simple, but others can be very expensive.

Financial arrangements: More people in a household usually means more expenses – food, transportation, utilities, etc. Will the person moving in help with these costs? Will other family members chip in? Discussing finances before a move can prevent misunderstandings and resentment later.

Daily routines: Most people are settled into a daily routine that they find comfortable, involving everything from meal selection and preparation to TV watching to bedtimes. The new person in the household may have very different routines. How will you negotiate these differences?

Relationships: Some family members welcome the opportunity to live with aging parents, and vice versa, but consider this living arrangement realistically. Spending every day together can also trigger old relationship problems. Seniors may resent their loss of independence or feel guilty about needing to rely on family members for assistance. When emotions flare, decide how everyone involved can discuss and resolve these issues calmly. Don't let them simmer and fester.

If your family decides that moving in together is your best option, it may help to consider it a temporary arrangement, at least in the beginning. This is less threatening to everyone involved. Agree to re-evaluate the arrangements after set time periods, such as 3 months, 6 months, etc. No one can predict all the concerns -- or benefits -- that may develop after moving in. The best strategies for many families are to offer seniors as much autonomy as is feasible, and to maintain regular, ongoing family communication about living arrangements and caregiving. Sometimes a trusted, impartial third party such as a pastor or social worker can help facilitate these discussions.

Adapted from Fearless Caregiver, October 2011.

Dear Friend,

SENIOR SENSE is a quarterly publication provided by your local county Cooperative Extension office. It is prepared by Extension Family & Consumer Sciences specialists at The University of Georgia specifically for the educational needs of older Georgians. Please contact your local Cooperative Extension office for more information on these and related topics.

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Issued in furtherance of Cooperative Extension work, Acts of May 8 and June 30, 1914, The University of Georgia College of Agricultural and Environmental Sciences and the U.S. Department of Agriculture cooperating.

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CHFD-E-101

February 2012

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