

Falls should prompt a call to the doctor

Falls are a major cause of disability among the elderly.

About one third of those over 65 living at home have a fall each year; and of those, about 1 in 40 will be hospitalized. Only about 50 per cent of those hospitalized because of a fall will be alive one year later.

About 50 per cent of those in nursing homes suffer a fall each year and about 10 to 15 per cent have serious consequences. Accidents were the fifth leading cause of deaths in those over 65 and falls account for two thirds of these deaths.

Fractures of the hip, wrist, ribs and soft tissue injuries are the most frequent complications.

A less common, but important injury, is a subdural hematoma (a collection of blood around the brain).

Signs and symptoms of brain injury may develop days to weeks after a fall and require prompt attention, eg. drowsiness, vomiting, loss of balance and memory problems. Even when a fall doesn't result in serious injury, many disabilities may result from fear of falling and loss of self confidence.

Most "accidental" falls are caused by one or a combination of several factors interacting with environmental hazards. Age related factors contribute to falls.

As we age we lose some of our "righting

reflexes", our muscles decrease in strength and out gait also changes. In general, the elderly don't pick up their feet as high which increases the tendency to trip. Also blood pressure may drop considerably as one moves from a lying to a standing position.

Environmental factors can increase the susceptibility for falling. Homes of the elderly are often full of these hazards, unstable furniture, inadequate stair rails, lighting, throw rugs and frayed carpets. Drugs should be suspected in playing a role in falls, for example, water pills, pills for high blood pressure, sleeping pills, alcohol and diabetic drugs.

Many diseases, especially those associated with the heart and brain can be associated with falls. Rhythm disturbances are common in the elderly and can be associated with falls.

Cerebrovascular disease is often a cause of falling in the elderly. Acute strokes can cause falls. Parkinson's disease, brain tumours and spinal cord disease also contribute to falls.

Unfortunately the cause of many falls will remain unknown even after a thorough evaluation. If you have fallen, you should contact your family doctor so that a thorough evaluation can be done. Remember falls are often a symptom of an underlying disease process and deserve further evaluation.

Health Line

with DR. MARY RUDYK

Finding the right retirement home

It is a myth that most people move south when they retire. In Ontario, more than two thirds of people over 65 years of age live in their own mortgage-free homes. Ninety per cent of Ontario's senior population live independently and are not institutionalized, as so often portrayed.

Job, income and size of family determined where people lived during their younger years. When these factors change, people often relocate and adopt a new way of life. Retirement frees people to live wherever and with whomever they wish.

Moving away from families and friends may require adjustment. For people who make friends easily, relocation to a distant town may present few problems. For others however, daily contact with family and old friends is essential.

Family commitments

Relocation plans for some retirees may be restricted by their responsibility for the care of elderly parents. In other cases, the family home may need to accommodate a recently separated or divorced adult child and their children. In these instances, dreams of moving may have to be shelved temporarily.

Retirement offers many choices in living arrangements. Alternatives may include: moving to a winterized cottage; living part of each year in a warmer climate; returning to the city or town of your childhood; travelling continually in a mobile or trailer home; buying a condominium apartment or town house; moving to a rental apartment; buying time-sharing plans in different locations; investing and living in a co-operative housing development; renovating your present home for rental income; settling into a retirement home, village or continuous care community; sharing a home or apartment with a friend; moving in with adult children; becoming a grandparent in a foster home; house swapping with someone in another part of the world.

Housing options

Choosing from these alternatives may be difficult. A home should provide warmth and security. Most retired people want a home that is easily maintained, appropriate for their lifestyle, in a friendly neighbourhood.

Today, rural living is a popular choice for retirement. Builders have recognized this and are providing several types of housing for older adults: low rise condominiums, single family homes on large lots bordering a golf course or with lake access, garden apartments within walking distance of shopping, and senior citizens' apartment buildings, to name but a few.

However, before moving to a rural environment, consider such questions as:

- Do both partners desire this new lifestyle?
- Is there more than one driver in the family?
- Is the home suitable for year round living?
- Will available leisure activities offset any boredom or

"cabin fever"?

• Is there enough money to afford a holiday from the winter?

Can local health facilities and community services meet the needs of ever-increasing older population? The isolation and beauty of a cottage or small town can be ideal when health permits an active life. In times of illness or accident however, rural life can become frightening. Is the road plowed? Is an ambulance available and is there access to the home? Are power and telephone services reliable?

Recreation centres

Ontario offers many types of housing. Retirement communities are a popular option — purchasers own their home and enter into a long term lease for the lot. In most cases, recreational centres provide a central source for activities, education, fitness and companionship.

Retirement lodges provide meals and maid service to individuals desiring private accommodations — generally a bed-sitting room with attached bathroom — surrounded by the comfort and security of their own furnishings. Recreation and community programs may be provided by the owners. These types of accommodation are for independent, healthy, older adults.

Co-operative housing encourages a balance of young families, singles and retired people. Owning a share in a co-op is an attractive investment for many.

Help at home

Increased funding for Ontario community support services has enabled many older adults to live independently with the assistance of homemakers, meals-on-wheels, wheels-to-meals, adult day centres, vacation care, community care, public health nurses and older adult centres.

When a more supportive environment is called for, homes for the aged, nursing homes and long term care hospitals can supply the care needed by this small segment (approximately eight per cent) of the senior population.

Local offices of the Ministry of Community and Social Services provide information on the Homemaker Plan, as well as the location of homes for the aged, nursing homes and older adult centres in Ontario.

Public health nurses, family physicians, community information centres and district social workers are excellent resources for information and referral on the maintenance of independent living and the choice of appropriate care.

Do your homework

In assessing living arrangements, there are many factors to be considered. Investigation requires reading, research seeking sources of information, discussion with close family and friends and an open attitude to change.

The ultimate goal in retirement is to be happy and comfortable in a chosen location.

Retirement provides the opportunity to stop making a living and start making a life.

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