



## KISD CAREER CENTER STUDENTS EXPLORE FASHION BUSINESS. E1

### Use caution with high doses of pain relievers

BY DR. ROBERT ASHLEY

**DEAR DOCTOR:** Which pain reliever is safer — acetaminophen, ibuprofen, celecoxib or naproxen? It seems as if they all carry some risks.

**ASK THE DOCTORS**



**DEAR READER:**

Pain is a symptom to which we can all relate. It's also an important

indicator of possible injury within the body and should be acknowledged, not simply by taking medication, but also by understanding the cause of the pain. That said, one person's pain is different than another's, with some people needing greater pain relief.

So, if you need a medication for pain, what should you use? Let's look first at acetaminophen (Tylenol). Acetaminophen has been used since 1955; it is available in multiple products, works well for pain, and is for the most part safe. However, at high doses — specifically, above 4,000 milligrams a day, or eight tablets of Extra Strength Tylenol — the medication can cause liver damage, or even death, especially in those who are malnourished, drink alcohol in excess or consistently take more than 4,000 mg per day. Age is also a factor, as those over 40 have a greater risk of liver failure and death after overdosage.

Ibuprofen (Advil, Motrin) has been used for pain since 1974. It is one of many medications classified as nonsteroidal anti-inflammatory drugs. NSAIDs work by inhibiting formation of mediators of pain and inflammation, and they're notably effective at decreasing inflammation in swollen joints related to arthritis.

Naproxen (Aleve) was first marketed in 1976 and works similarly to ibuprofen. But it has a longer half-life, giving it a longer-lasting effect. Both ibuprofen and naproxen decrease the formation of prostaglandins in the stomach. These chemicals produced by the body have hormonelike effects, protecting the stomach lining from acidity. The decrease of prostaglandins can injure the stomach lining, leading to stomach inflammation, ulcers and possibly severe bleeding.

Celecoxib (Celebrex) is a more selective NSAID and does not decrease prostaglandins in the stomach. This translates into significantly less likelihood of creating ulcerations.

All NSAIDs also reduce prostaglandins in the kidneys, which can lead to kidney injury.

Lastly, the chronic use of high-dose NSAIDs has been linked to an increased risk of heart attacks. Celecoxib may have a slightly greater risk of this than ibuprofen and naproxen, but a recent New England Journal of Medicine study looking at those who used NSAIDs chronically for arthritis found no difference in cardiovascular events between celecoxib and either ibuprofen or naproxen.

Of the drugs you listed, my feeling is that acetaminophen is the safest when used regularly. However, I would use acetaminophen at no higher doses than 4,000 mg per day and, if you were to use it regularly, I would recommend decreasing this amount to 2,000 to 3,000 mg per day.

**DR. ROBERT ASHLEY** is an internist and assistant professor of medicine at UCLA. Distributed by Andrews McMeel Syndication.



NICOLAI MCCRARY | TEXAS A&M UNIVERSITY-CENTRAL TEXAS

Mayela Anacleto will walk across the stage at commencement with more than 300 Texas A&M University-Central Texas graduates at 7 p.m. Saturday.

## A NEW PATH

### A&M-Central Texas scholarship student earns degree in nursing and starts career

SPECIAL TO THE HERALD

**M**ayela Anacleto's mother left Managua, Nicaragua, in the late 1980s, fleeing decades of escalating violence and inevitable revolution. At a time when neither the United States nor its northern neighbor offered political asylum to Central American refugees, Saira Torres, then 35, embarked on the perilous journey to Toronto, Canada, with nothing more than determination to make a better life for her children.

"My mother had to fight for herself

and for all of us," Anacleto said. "And she taught us that if we had an education, no one could ever take it from us."

Anacleto, now 34, is preparing to take another, albeit shorter, journey as she crosses the stage Saturday at commencement with more than 300 Texas A&M University-Central Texas graduates.

The road toward the degree, however, wasn't always an easy one.

Fifteen years ago, she had begun her degree at a nursing school in

PLEASE SEE **NURSING, D8**

### Shortage of home health workers robs thousands of proper care

BY JUDITH GRAHAM  
KAISER HEALTH NEWS

Acute shortages of home health aides and nursing assistants are cropping up across the country, threatening care for people with serious disabilities and vulnerable older adults.

In Minnesota and Wisconsin, nursing homes have denied admission to thousands of patients over the past year because they lack essential staff, according to local long-term care associations.

In New York, patients living in rural areas have been injured, soiled themselves and gone without meals because paid caregivers aren't available, according to testimony provided to the state Assembly's health committee in February.

In Illinois, the independence of people with severe developmental disabilities is being compromised, as agencies experience staff shortages of up to 30 percent, according to a court monitor overseeing a federal consent decree.

The emerging crisis is driven by low wages — about \$10 an hour, mostly funded by state Medicaid programs — and a shrinking pool of workers willing to perform this physically and emotionally demanding work: helping people get in and out of bed, go to the bathroom, shower, eat, participate in activities, and often dealing with challenging behaviors.

It portends even worse difficulties to come, as America's senior citizen population swells to 88 million people in 2050, up from 48 million currently, and requires more assistance with chronic health conditions and disabilities, experts warn.

"If we don't turn this around, things are only going to get worse" said Dr. David Gifford, senior vice president of quality and regulatory affairs for the American Health Care Association, which represents nursing homes across the U.S.

"For me, as a parent, the instability of this system is terrifying," said Cheryl Dougan of Bethlehem, Pa., whose profoundly disabled son, Renzo, suffered cardiac arrest nearly 19 years ago at age 14 and receives round-the-clock care from paid caregivers.

**RISING DEMAND, STAGNANT PAY**

For years, experts have predicted that demand for

PLEASE SEE **HOME HEALTH, D8**

## Tips to ease the pain of childhood immunizations

MAYO CLINIC NEWS NETWORK

"Immunizations" is a word most parents or children don't want to hear.

Yet, immunizations play an important role in keeping many spreadable, harmful diseases away from children and infants.

"In the U.S., vaccine-preventable diseases, such as measles, mumps and whooping cough, can happen and will happen," said Dr. Jill Boulden, a family medicine physician for Mayo Clinic Health System. "If we stopped immunizing, even the minimal cases we have



in this country could rapidly turn into tens or hundreds of thousands of cases."

Immunizations help to decrease the chance of infection by aligning with the body's natural defenses to help

it safely grow immunity to disease.

Although many children fear immunizations, Boulden offers these suggestions for parents to help make immunization visits easier for everyone:

- Console your child by bringing a favorite toy, book or blanket.
- Distract and comfort your child by singing, cuddling or telling him or her a story.
- Whenever possible, hold your child on your lap, and point out interesting things around the room as a diversion.
- If your child is older, be

truthful about what will happen during the visit.

- Encourage other family members to express their support for the child, particularly older siblings.
- Avoid frightening stories and threatening remarks concerning shots.
- Remind children that vaccines help keep them healthy. "Be especially supportive when your child has received all of their shots," added Boulden. "Offering them a beverage, such as juice or their favorite snack, is a good way to reinforce positive thoughts around vaccinations."



# HOME HEALTH: Wisconsin showcases problem across country

FROM PAGE D7

services from a rapidly aging population would outstrip the capacity of the “direct care” workforce: personal care aides, home health aides and nursing assistants.

The U.S. Bureau of Labor Statistics estimates an additional 1.1 million workers of this kind will be needed by 2024 — a 26 percent increase over 2014. Yet, the population of potential workers who tend to fill these jobs, overwhelmingly women ages 25 to 64, will increase at a much slower rate.

After the recession of 2008-2009, positions in Medicaid-funded home health agencies, nursing homes and community service agencies were relatively easy to fill for several years. But the improving economy has led workers to pursue other higher-paying alternatives, in retail services for example, and turnover rates have soared.

At the same time, wages for nursing assistants, home health aides and personal care aides have stagnated, making recruitment difficult. The average hourly rate nationally is \$10.11 — a few cents lower than a decade ago, according to PHI, an organization that studies the direct-care workforce. There is a push on now in a handful of states to raise the minimum to \$15 an hour.

Even for-profit franchises that offer services such as light housekeeping and companionship to seniors who pay out-of-pocket are having problems with staffing.

It isn't possible to document exactly how common these problems are nationally. Neither states nor the federal government routinely collect information about staff vacancy rates in home care agencies or nursing homes, turnover rates or people going without services.

“If we really want to understand what’s needed to address



Debra Ramacher is executive director of Wisconsin Family Ties, an organization for families of children with emotional, behavioral and mental disorders. Her daughter Maya, 20, pictured in 2015, has cerebral palsy, epilepsy and other significant disabilities.

COURTESY OF THE RAMACHER FAMILY



Renzo Viscardi, center, pictured with his parents Anthony Viscardi and Cheryl Dougan, relies on round-the-clock care from home health aides.

COURTESY OF CHERYL DOUGAN

workforce shortages, we need better data,” said Robert Espinoza, vice president of policy at PHI.

### HARD TIMES IN WISCONSIN

Some of the best data available come from Wisconsin, where long-term care facilities

and agencies serving seniors and people with disabilities have surveyed their members over the past year.

The findings are startling. One of seven caregiving positions in Wisconsin nursing homes and group homes remained unfilled, one survey discovered; 70 percent of administrators reported a lack of qualified job applicants. As a result, 18 percent of long-term facilities in Wisconsin have had to limit resident admissions, declining care for more than 5,300 vulnerable residents.

“The words ‘unprecedented’ and ‘desperate’ come to mind,” said John Sauer, president and chief executive of LeadingAge Wisconsin, which represents not-for-profit long-term care institutions. “In my 28 years in the business, this is the most

challenging workforce situation I’ve seen.”

Sauer and others blame inadequate payments from Medicaid — which funds about two-thirds of nursing homes’ business — for the bind. In rural areas, especially, operators are at the breaking point.

Wisconsin Gov. Scott Walker has proposed a 2 percent Medicaid increase for long-term care facilities and personal care agencies for each of the next two years, but that won't be enough to make a substantial difference, experts say.

The situation is equally grim for Wisconsin agencies that send personal care workers into people's homes. According to a separate survey in 2016, 85 percent of agencies said they didn't have enough staff to cover all shifts, and 43 percent reported not filling shifts at least seven times a month.

Debra Ramacher and her husband have been unable to find paid caregivers since June 2015 for daughter Maya, 20, and son Michael, 19, both of whom have cerebral palsy, epilepsy and other significant disabilities. The family lives in New Richmond in western Wisconsin, about 45 minutes from the Minneapolis-St. Paul metropolitan area.

“At least three agencies told me they’ve stopped trying to hire personal care aides. They can’t find anybody and it costs them money to advertise,” said Ramacher, executive director of Wisconsin Family Ties, an organization for families with children with emotional, behavioral and mental disorders.

“It’s incredibly stressful on all of us, living with this kind of uncertainty,” she said.

In the meantime, she and her husband are being paid by Medicaid to look after Maya and Michael.

“We don’t want to be the caregivers; we want to have our own life,” Ramacher said. “But we don’t have any option.”

# NURSING: Challenged to succeed

FROM PAGE D7

Canada and dropped out after amassing more than \$35,000 in student loan debt.

“I wasn’t ready for how difficult it was,” she admitted.

Determined to rid herself of the debt, she accepted teaching positions abroad, working in China and Korea where she met her husband, Junior, an enlisted man in the U.S. Army, now stationed at Fort Hood.

In the years that followed, Anacleto earned her U.S. citizenship and began taking classes toward a nursing degree at Central Texas College.

“It was the hardest thing I have ever done,” she said. “It challenged me academically and emotionally. We’d hear that only 75 percent of us would make it through the program, and there were times when I would look around and think, ‘If I want this, I’m going to have to give it all I’ve got.’”

The recipient of the Texas A&M-Central Texas Foundation’s “Eagle Warrior” Scholarship, Anacleto earned her associate degree in nursing at Central Texas College with the benefit of her tuition, fees and books completely paid for.

But that didn’t make her lazy; in fact, she worked even harder.

“Being an Eagle Warrior Scholarship recipient inspired me,” she explained. “I knew it was a blessing, and I was determined to prove I was worthy of it.”

Transferring to Texas A&M-Central Texas in summer 2016, she enrolled in the maximum number of hours allowed by university policy, so she would meet her goal of graduation within a year.

In the meantime, she accepted a full-time job at Seton Medical Center as a medical/surgical nurse.

Dr. Peg Gray-Vickery, Texas A&M-Central Texas provost and professor of nursing, added, “The nursing program is very flexible. A student can attend full time and complete their BSN in one year, or if it’s more convenient for them, they can attend part time and complete it in as little as two years.”

Anacleto’s mother, Saira, now 65, will join her daughter at the pinning ceremony for nursing graduates.

“It’s a special moment to get our nursing pin,” Anacleto said. “I want her to be the one to pin me because without all of my mother’s sacrifices, who knows where I would be or what kind of life I might have had. I’m grateful for so much: my mother, my family, my teachers, my

## Mayela plans to begin a new job with Metroplex as a critical care nurse.

friends, my country, and the university. They all helped to make this possible.”

After graduation, Anacleto plans to begin a new job with Metroplex Hospital as a critical care nurse, serving the hospital’s heart patients.

Marc Nigliazzo, Texas A&M-Central Texas president, is grateful for the university’s Foundation and the donors who make the Eagle Warrior Scholarship possible. “Several donors throughout the county have made gifts benefitting the Eagle Warrior Scholarship in part because our partnership with Central Texas College guarantees an affordable path to an undergraduate degree. We remain grateful for the donors whose gifts continue to make successes like this one possible for our deserving students.”

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