



What is osteoporosis?

Osteoporosis occurs when the struts which make up the mesh-like structure within bones become thin causing them to become fragile and break easily, often following a minor bump or fall. These broken bones are often referred to as 'fragility fractures'. The terms 'fracture' and 'broken bone' mean the same thing. Although fractures can occur in different parts of the body, the wrists, hips and spine are most commonly affected. It is these broken bones or fractures which can lead to the pain associated with osteoporosis. Spinal fractures can also cause loss of height and curvature of the spine.

How many of you give support to others as a loving spouse, partner or friend, but do not necessarily consider yourself to be a carer? You may help with washing, dressing or eating, take someone to regular appointments or keep them company when they feel lonely or anxious. If this sounds like you, you are considered to be a "carer" (Dept. of Health 2015).

Whilst many young people are increasingly undertaking caring roles, this fact sheet focuses on older adult carers looking after someone who has fractures caused by osteoporosis and perhaps other health needs too. This fact sheet aims to provide information about some of the issues carers may face, in relation to themselves or the person with fractures they are caring for.

Carer's Assessment

In April 2015 the new Care Act (2014) was introduced in England. Local Authorities now have a duty to assess carers. If the person you care for is an adult you may be able to get more help to carry on caring and look after your own wellbeing; an assessment will focus on your wellbeing, including how caring affects your life and those things which are important to you. For more information see the charity's fact sheet "Living with osteoporosis: Social care and support at home after fractures".

Looking after yourself

Caring for someone else can often be demanding not just because of the care involved but because many of those in this role are simultaneously juggling multiple "other" roles too.

Over time, this can have a major personal impact on your health and wellbeing, affecting your ability to stay well.

Therefore it is important to be aware of your own needs so that you take care of yourself, as well as the person you care for.

Coping with stress, worry and depression

You may spend time thinking about pain and problems caused by fractures and the impact it is having on both of your lives. You may have difficulty sleeping, be eating too much or too little and find your mood is affected. It can be hard to switch off. If you feel this way over a long period of time it can cause you to become unwell.

Try to find time to relax and have time to yourself. If this is a problem, or you have concerns about your own health, talk to your GP or contact the out of hours 111 service.

A GP can arrange counselling support and you can also get help from organisations such as "Carers Direct", "The Samaritans" (24 hours-you don't need to be suicidal to call), "SANEline" (mental health helpline), "MIND" and your Local Authority to get a Carer's Assessment (see contacts below).

Don't forget the charity's freephone helpline, the nurses understand about the impact fractures (and pain) can have on people's lives and can offer support and information.

Getting regular breaks

Caring for somebody can be a full time job so breaks are vital to your own well-being and quality of life. This can mean going for a walk, having lunch with a friend, or planning a short break. Some time away from the caring role is beneficial for both you and the person

you care for, who may enjoy different company or a new experience.

If you cannot leave the person you care for, there are different options for getting support for them while you are away. Maybe a family member or friend could take over the care?

Alternatively your local social services can arrange services to support you or provide you with information so you can pay privately for the help of your choice.

The help available can include a meals delivery service, domiciliary care, attending a day centre or a short stay in a residential or nursing home.

Our factsheet "Social care and support at home after fractures" may be useful.

Coping with social isolation

If your health problems limit your ability to get out and about or you are a carer who finds it hard to make time to socialise or carry on with hobbies or interests, you may feel envious of people around you that have a 'normal' life, especially if you have no other sources of support. This can make you feel very lonely, isolated and over time, this can lead to anxiety and depression as well as physical health problems.

You might consider a local carers support group where you will meet other carers in similar situations.

For carers who cannot get out at all, there is an online chat room on the Carers Trust website (see contacts below) to join a friendly and welcoming carer community. The important thing is to recognise your right to some time for yourself and to use the support available.

Financial concerns

Many carers find they have less money as a result of caring. A carer may have reduced working hours or given up work altogether.

There are also additional costs that many families may face such as the risk of fractures resulting in hospital admission, the need to pay for extra travel, care or medical costs- all of which can put a strain on family finances.

You may also find that you are not receiving adequate financial support or benefits in order to meet these costs, and experience financial worries. You may for example, be entitled to a state benefit such as carer's allowance.

For more detailed information see our fact sheet 'Financial help after fractures' which includes useful contact details.

Juggling work and being a carer

Many people who are carers also have responsibilities and commitments involving paid employment. In such cases, you should make your employer aware you are a carer. If you have been in work for a minimum of 26 weeks, you have a statutory right to request a flexible work pattern in order to assist you in your caring role.

In addition, you have the right to take a "reasonable" amount of time off from work to manage an "emergency" involving the person for whom you care.

There are some situations in which an employer may not grant your request. You can find out how your employer supports carers at work by asking if they have a carer's policy or by talking to the human resource department at your workplace.

Further information can be obtained from the UK Government Department of Work and Pensions, Carers UK and from the Citizens Advice Bureau. (See contact list below)

Caring for another person - common questions

What happens if I become ill?

Many GP practices now keep a "Carers register". This helps them know who, on their patient list, is responsible for undertaking unpaid care of another adult, even if this is as a spouse or partner. This is so that the practice can support you as carer by offering you a flu vaccination, giving you a priority appointment if you need to see a GP, supporting you if the person you care for becomes very unwell or arranging respite care for that person to give you a break from caring. In addition, some GP practices may have a "carers' champion" who is a person employed within the practice (e.g. a receptionist) who has good knowledge of local resources to help carers. Alternatively, they may have a "carers pack" which contains that information. Some GP practices also offer carers an annual health check to help you stay well.

Make sure you let your GP practice know if you are the long term, unpaid carer of another person. If you are a carer with a lasting power of attorney for another person which includes decisions about their health, it is important that their GP practice is aware of this (see section above).

It is always useful to have a plan in place in the event of you becoming ill or having to go into hospital as there are several things to think about. This is something that you will be given the opportunity to discuss if you have a carer's assessment. Plans should be made in

advance (if possible) to secure another carer until you are able to return to your caring role. If you do not have anyone suitable to help, contact adult social services who will assist you in finding a suitable carer. If you have to go into hospital suddenly, adult social services will help find someone to look after the person you care for in your absence.

My mother has had multiple spinal fractures and needs a lot of help to move. I worry that I might cause a further fracture when I move her.

This is an understandable concern that many people have although spinal fractures often occur spontaneously so will not necessarily result from the physical assistance you are giving .

However, if you are finding it difficult to safely move someone around or if you are finding that you are physically having to lift them, risking injury to yourself (or the person you care for), then you may need some equipment or aids to assist you.

You can contact an occupational therapist, physiotherapist or district nurse who can assess the need and help obtain equipment required. Your GP can make this referral for you.

Mum is really bent over as a result of her fractures, the bones on her back are very prominent and her skin is very thin. I worry about her skin becoming sore.

If a temporary or permanent restriction in mobility results in a person staying in one position for prolonged periods of time, they may be at risk of "pressure ulcers".

These are wounds which can develop when a large amount of pressure is applied to an area of skin over a short period of time.

They can also occur when less pressure is applied over a longer period of time. Once the skin has broken, it can be very painful and difficult to heal if the constant pressure remains on it and may even get worse.

If you are caring for someone who has difficulty in moving independently, a district nurse can assess for aids and equipment such as a pressure relieving cushion or mattress, as well as equipment to help move someone who cannot move themselves.

They will also advise on, or provide treatment for, the pressure ulcer.

What happens if I am not there?

If the person you care for is at risk of falling at home when you are not there, it is possible to use equipment

monitors to alert others of their movement if they fall. Adult social services can advise on equipment available; there may be a small charge for the loan of this. In addition, a personal alarm can be fitted for the person you care for so that they can summon help in an emergency if you are not there, day or night. Although you can buy these from an independent provider, it may be helpful to talk to social services to see if you are entitled to financial help for this

Sometimes carers are requested to give a number of different medications. If you are concerned about this, putting medications in a "dosette" box or container pre packed by the pharmacist can make it easier and safer for you to administer or for the person to take themselves. Many pharmacies will also deliver medications to the house to prevent the need for a carer to collect them; talk to your pharmacist about this.

The person I care for has been in hospital and now their needs have changed. What do I do?

If the person you care for now has different needs, a planning meeting should occur before they are discharged to put in place any aids, equipment, care and additional therapy, such as physiotherapy that they need.

Ideally, you will be present to participate in the planning process. It will also be important to make sure the person you are looking after has sufficient medication for one week so that it doesn't run out before their GP practice can provide more. The ward manager can also organise hospital transport if required.

A hospital physiotherapist may refer to a community (NHS) physiotherapist if required. In some cases, a Community Matron can assess those with complex, long term health needs to assist them in maximising their health potential to live as independently as possible and avoid unnecessary hospital admissions.

Community matrons work closely with GPs and district nursing teams. A GP will refer to a community matron if required. Care services called 'intermediate care' or "re-ablement" are now available for up to six weeks after someone is discharged from hospital, without charge. See our fact sheet 'Care and support at home after fractures'

I care for my father and he is struggling to manage his financial affairs, and make important decisions. How do I help?

Sometimes, those in receipt of care may benefit from, or decide they need some formal assistance in managing their affairs. If the person you are caring for

has “mental capacity” i.e. is fully able to decide what is best for themselves, they may just need someone to act for them in their absence, for example, whilst they are in hospital for a prolonged stay. In such cases, an “ordinary” power of attorney can be drawn up for a specified time giving someone specific responsibilities, such as paying bills.

If the person you care for finds themselves in need of ongoing care, you may need to discuss with them the possibility of a “Lasting Power of Attorney” which is a way of them giving someone they trust the ability to:

a) make financial decisions on their behalf as described above

b) making decisions about their health and care.

In both cases, this would come into effect if the person you care for no longer has the mental ability (“capacity”) to do these themselves.

It is not possible to set up a power of attorney once someone is no longer able to make their own decisions and many people give consideration to a power of attorney before this happens.

Although this might feel this is a difficult subject to raise, once you have broached it, you will probably find the person you are caring for will be relieved and will understand you want an honest discussion and have their very best interests at heart.

If you are a carer who has been asked to hold the power of attorney for another person or you feel it is something that needs discussion, you may wish to seek independent advice (e.g. Citizen’s Advice Bureau, solicitor or your advocate) in order to fully understand what you are taking on.

If you are a paid carer, you would not normally undertake either role and should inform your employer about such a request before agreeing to it.

For further information about power of attorney see contacts list below.

I am worried about the person I care for as they are refusing the help they need.

You may be concerned that the person you care for is at risk because they are refusing vital assistance or treatment you think they need.

Alternatively, they may not seem to have the understanding or mental ability to make an informed decision about these things. If you believe someone is at risk of serious harm, you should contact their GP and /or Adult Social Services in the area where they live.

Gaining permission is not required for this although it is, of course better to talk your concerns through with the person concerned before making a referral.

Useful Contacts

Age UK

Age UK inspires, enable and support older people to help people make the most of later life.

0800 169 656

www.ageuk.org.uk

NHS Carers Direct helpline

0300 123 1053

www.nhs.uk/conditions/social-care-and-support-guide/pages/carers-direct-helpline.aspx

Carers.gov.uk

www.gov.uk/browse/disabilities/carers

Carers UK

Helpline **England, Scotland, Wales: 0808 808 7777**

Ireland: 028 9043 9843

www.carersuk.org

Carers Allowance Helpline (Benefits paid by Department Work and Pensions)

Helpline 0345 608 4321

www.carersallowance.service.gov.uk/allowance/benefits

Citizens Advice Bureau

Helps people resolve their legal, money and other problems by providing free, independent and confidential advice.

Wales: 08444 77 20 20

England: 08444 111 444

Scotland: 08454 040506

www.citizensadvice.org.uk

Department for Work and Pensions (DWP)

0843 504 7178

Contact the DWP for new benefit claims and general enquiries relating to the Jobcentre, Pension Service, Disability and Carers Service or Child Maintenance.

For employers

www.gov.uk/government/publications/fit-note-guidance-for-employers-and-line-managers

Disability Rights UK

A leading authority on social security benefits for disabled people and publishes the Disability Rights Handbook.

020 7250 3222

www.disabilityrightsuk.org

Independent Age

Advice line: **0800 319 6789** (Mon-Fri 9-4.30pm)

www.independentage.org

MIND

Information Helpline Mon-Fri 9am-6pm **Tel 0300 1233393**

Email info@mind.org.uk www.mind.org.uk

National Osteoporosis Society

Factsheets "Financial help after fractures"

"Care and support at home after fractures"

Helpline Freephone 0808 800 0035

www.nos.org.uk

NHS Choices

<http://www.nhs.uk>

Power of Attorney

a) Ordinary power of attorney-you can buy a form from a law stationers, solicitors or you can complete one

on line at **Customerservices@publicguardian.gsi.**

gov.uk

0300 456 0300

www.gov.uk/power-of-attorney/overview

Age UK is one of many organisations who also have information about this. See above contact details

Samaritans

Tel (Freephone) 116 123 (UK)

www.samaritans.org

jo@samaritans.org

SANEline

Daily 6pm-11pm **Tel 08457 678000**

www.sane.org.uk

Turn2Us

Help with accessing benefits and grants

Tel: 0808 802 2000

www.turn2us.org.uk

The **National Osteoporosis Society** is the only UK-wide charity dedicated to improving the prevention, diagnosis and treatment of osteoporosis and fragility fractures. The Charity receives no Government funding and relies on the generosity of individuals to carry out its vital work.

For osteoporosis information and support contact our Helpline:

 **0808 800 0035**

 **nurses@nos.org.uk**

To order an information pack or other publications:

 **01761 471 771**

 **info@nos.org.uk**

or download from our website at www.nos.org.uk

This fact sheet is one of a range of publications produced by The National Osteoporosis Society. If you would like more general information about osteoporosis see our booklet *All about Osteoporosis*.

This information reflects current evidence and best practice but is not intended to replace the medical advice provided by your own doctor or other health professional.