

Gerontology

Marcella L. Morgan RN, MSN

Purpose

- To provide a base knowledge and cultivate respect and appreciation for the older adult

Practical Nursing Role

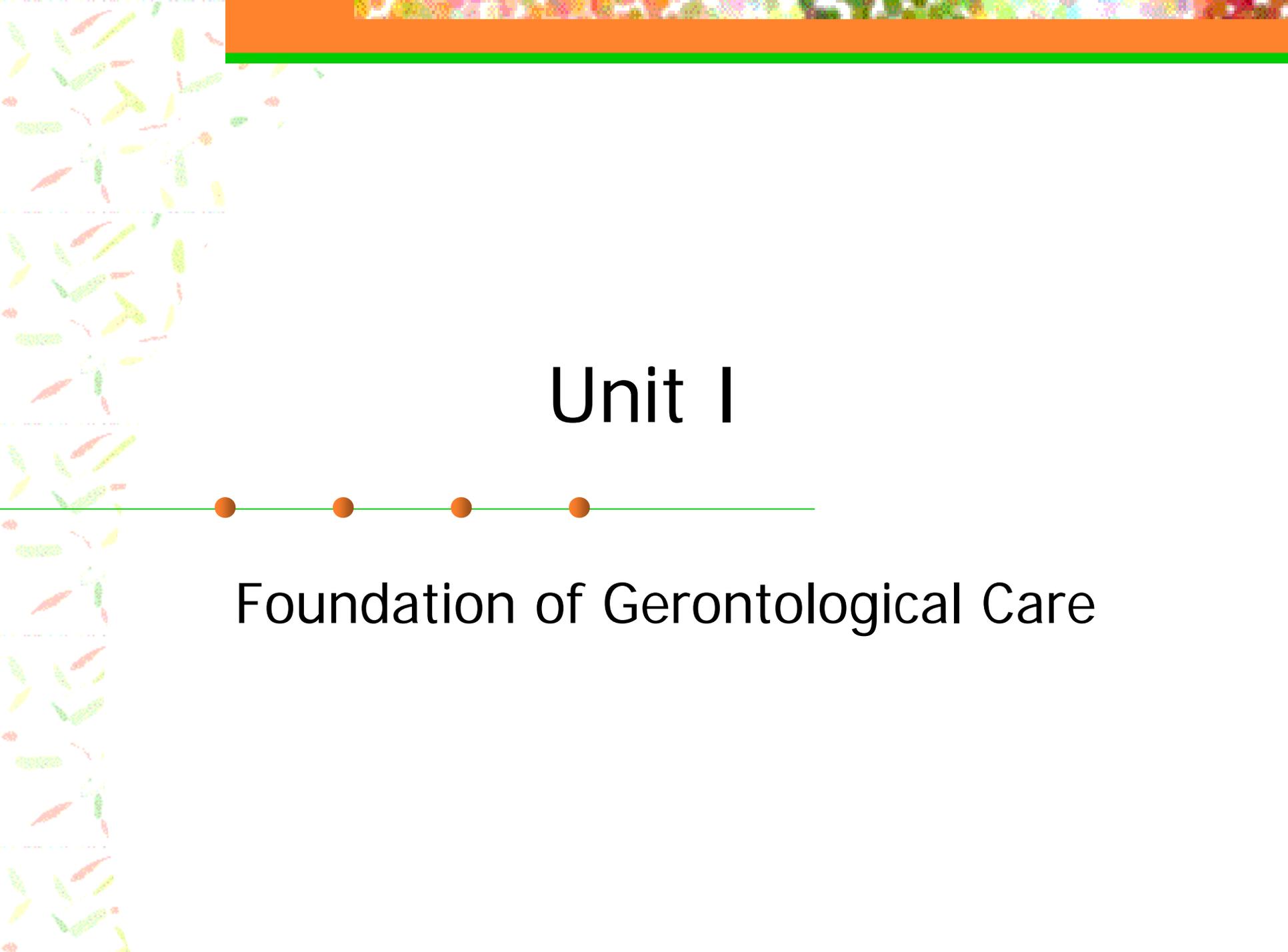
- Will care for older adults :
 - Acute care settings
 - Long term care
 - Outpatient settings

- 
-
- Gerontological Nursing is:
 - Care of the older adult
 - The most growing segment of the population
 - The most growing nursing speciality

Course Units

- 1. Foundation of Gerontological Care
- 2. Role of the Gerontological Nurse
- 3. Health and Wellness in the Older Adult

- 
-
- 4. Common Problems Affecting the Older Adult
 - 5. Physiological changes Affecting the Older Adult
 - 6. Culture in health and the Older Adult



Unit I



Foundation of Gerontological Care

A. Characteristics of Aging

- 1. Population
- 2. Illness
- 3. Healthcare
- 4. Attitude
- 5. Reality
- 6. Nurse response

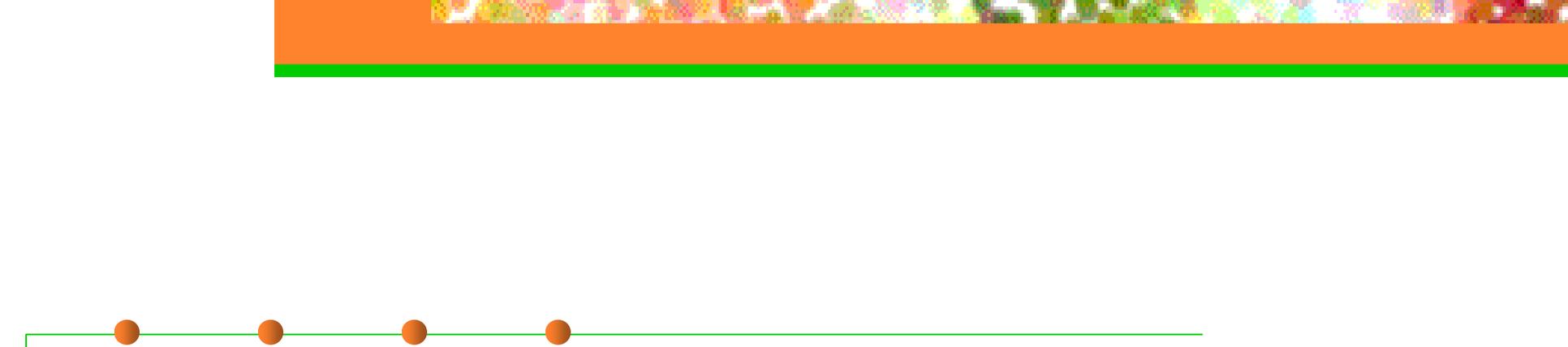
Characteristics

- No typical OA person
- 65 suitable age to retire
- 65 arbitrary age set by government for retirement, no special data
- OA diverse and dissimilar but have certain characteristics and problems

1. Population

- Life expectancy
 - 1900 – 79 y/o women
72.1 y/o men
 - 2040 – 82.8 y/o women
75.9 y/o men

- 
-
- Aging Women
 - Outnumber men 3 to 2
 - Potential problems
 - Widowhood
 - Living alone
 - Coping with loss of mate
 - Financial problems

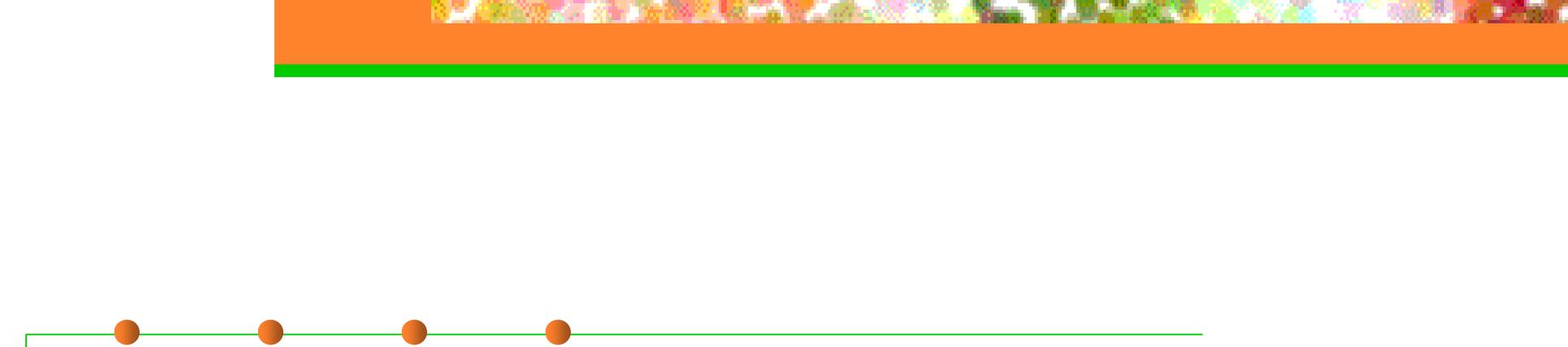


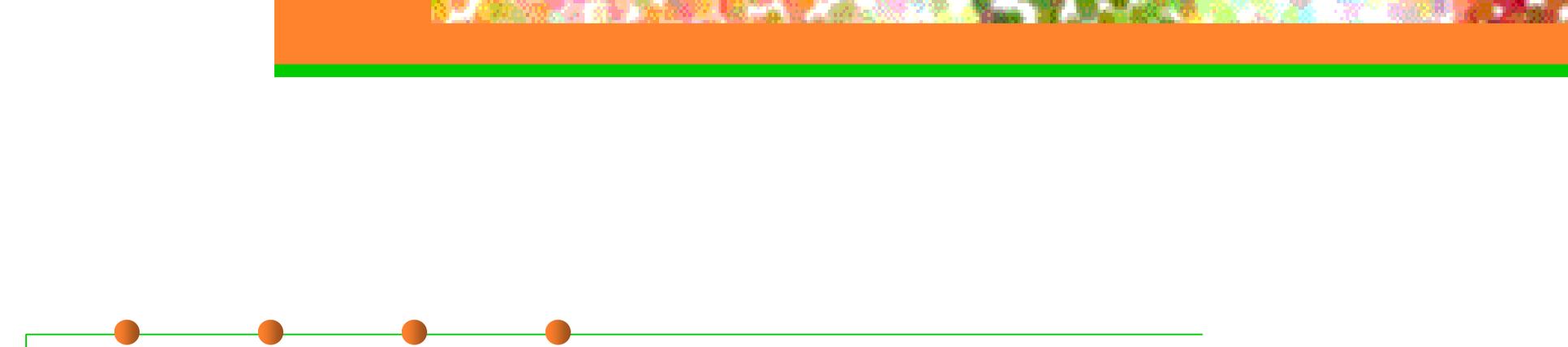
- Aging Men

- More likely to remarry
- Widows outnumber widowers 5 to 1
- Fewer financial problems
- Loneliness
- Lack of caregivers

Social Security

- Implemented 1935 by FDR and Federal government
- Life expectancy was 63
- Workers pay into special funds then \$\$ are dispersed based on the length of time and the amount of monies earned over your lifetime

- 
- SOCIAL SECURITY WAS **NEVER** **INTENDED** TO BE THE ONLY SOURCE OF INCOME FOR OLDER ADULTS. It was meant to supplement savings and income

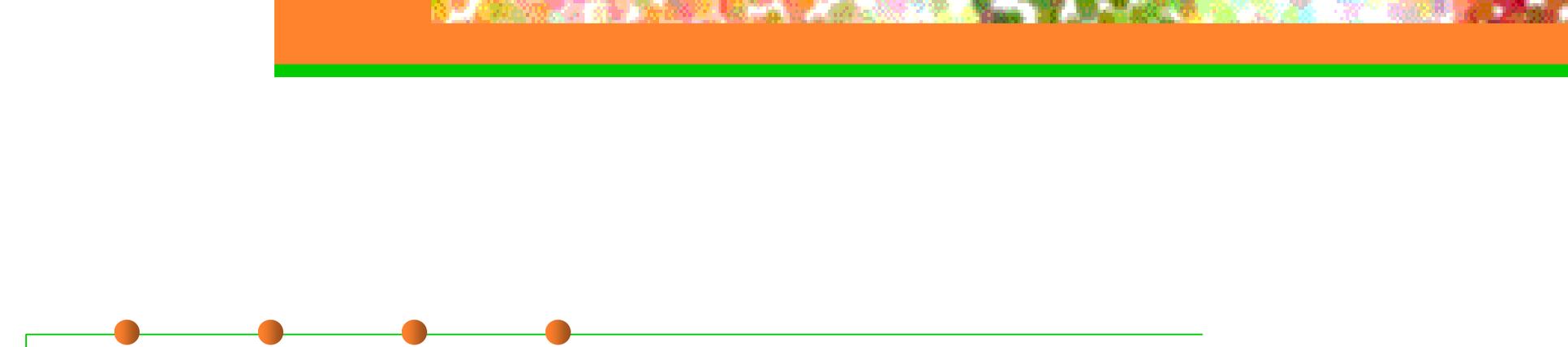
- 
- Social security is less for women because of work habits
 - Results from
 - Working less years
 - No reported earnings therefore lower SS

Caregivers

- Mainly women
- Now older men are caring for ailing wives
- SANDWICH GENERATION – raising and educating children and caring for parents at the same time

Family

- Cornerstone of social support
- Support should be :
 - Affection
 - Emotional
 - Material

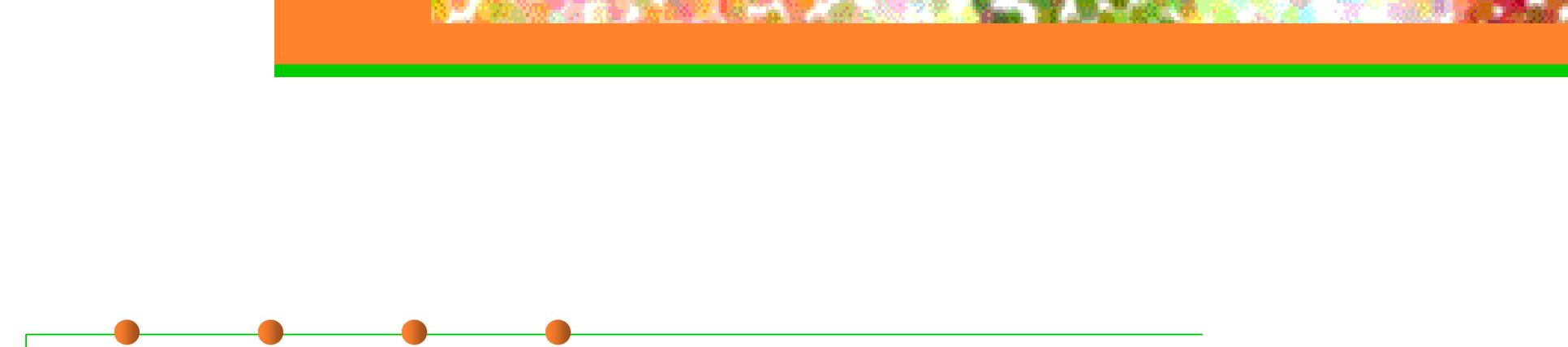


- Baby Boomers

- Born after WWII between 1946 – 1964
- 76 million babies born
- Now is 1/3 of the population
- Tremendous impact on society
- Impact will peak in 2005-2030 greatest in 2022

Impact of Baby Boomers

- OA's are very active political force
- May cause a GERONTOCRACY
 - Government ruled by older people
- AARP
- NASC

- 
- Social Security Provided:
 - Retirement
 - Survivor benefits
 - Children benefits
 - Dependant parents
 - Death benefits
 - Disability benefits

Frail Adult

- Needs met by:
 - Family
 - Community resources
 - Day care
 - Support groups
 - Clinics
 - Telephone support
 - Alternative resident care

2. Illness

- Acute
- Chronic – major concern
 - 80% have at least one
 - Causes disabilities

3. Healthcare

- Health Care for the OA
 - Over 65 requires more health care than any other group
 - Nurses have to be knowledgeable about diseases common to OA, physical changes and psychological changes

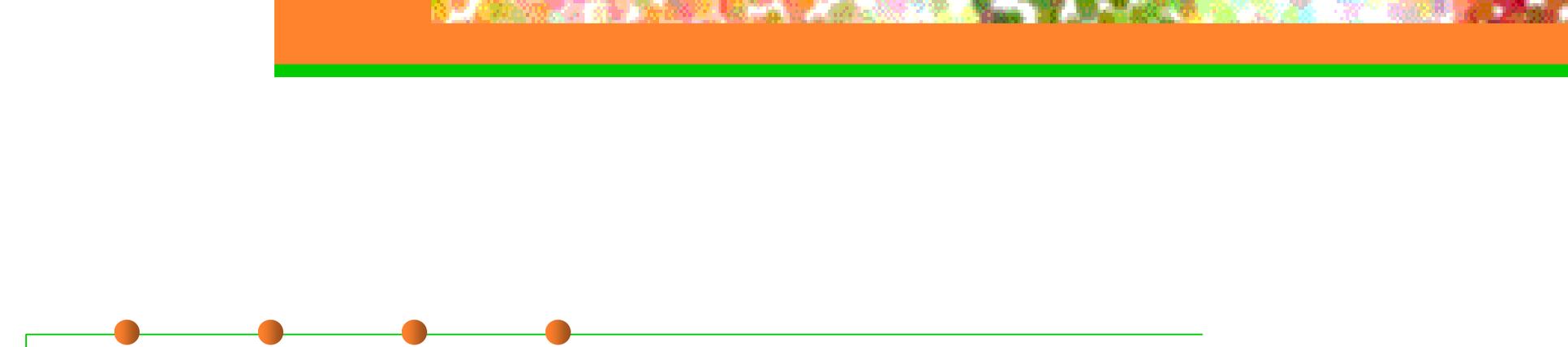
Financing Healthcare

- Medicare- national health insurance for for OA and disabled
 - Pays 45% of health care age 65 yrs. And older
 - Amended to include Nsg. Home care
 - Pays for Skilled Nsg. Care 100 days



- Medicare Plan A

- Inpatient hospital care
- Follow-up care
- Individuals with disabilities
- All individuals who receive SS automatically enroll in this as their primary paying source
- Disabled automatically enroll after 24 months of a disability.



- Medicare

- Part A

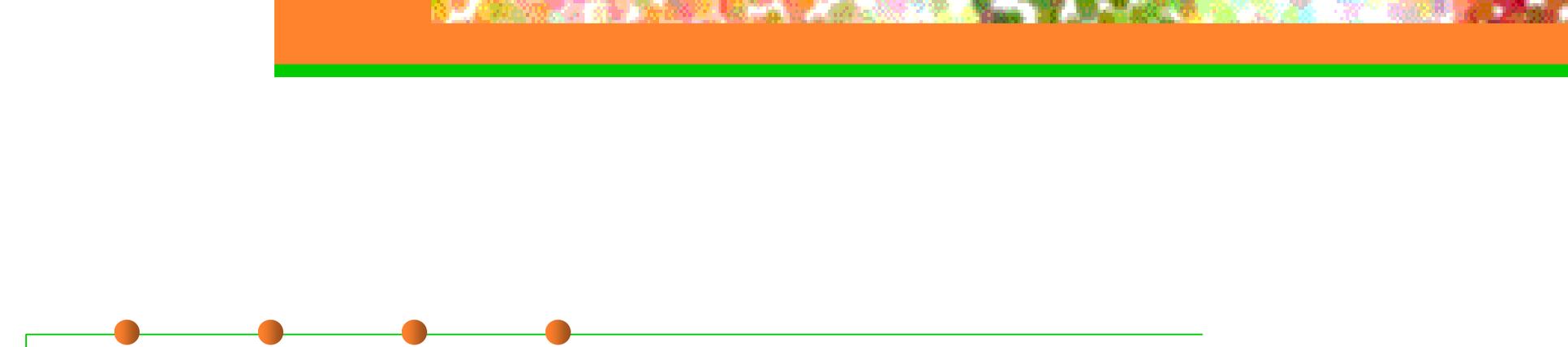
- Part B

- Part D

Managed Health Care

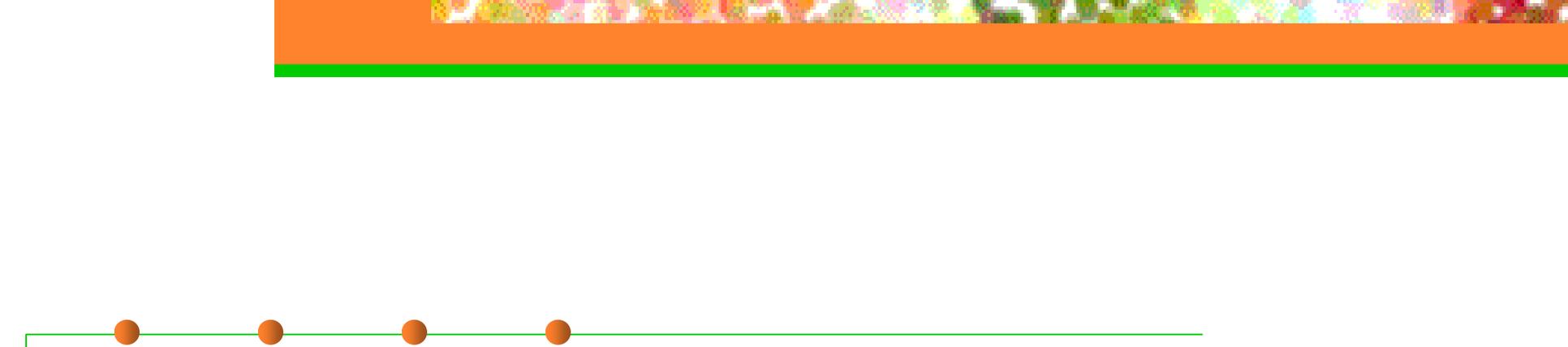
- Delivers, coordinates and finances health care
- Delivers healthcare to a specific group
- Holistic Nursing is accentuated
 - Define holistic
- 15% OF Medicare population

- 
-
- Most managed care include:
 - HMO's owned and administered by insurance companies that receive prepaid premiums for health care
 - Recipients select their own PCP
 - Referrals are required from the PCP for all services

- 
- Poverty – 20% of 315 million OA live slightly above or below poverty
 - Dangerously close to financial disaster should an emergency arise
 - Minorities bear the brunt
 - Rapid increase because of baby boomers

Resources for Aging Population

- Community Services:
 - Federal
 - State
 - Church Groups
 - Local
 - Volunteer Organizations
 - Social Service Agencies

- 
- Area Agency on Aging --- AAA
 - Plan, coordinate, provide information and referral sources
 - National Council on the Aging--- NCOA
 - Established 1950
 - Believe that the OA deserves a life of dignity and security and the opportunity for full participation in society

4. Attitudes

- Most view aging as being:
 - Avoided
 - Chronic illness
 - Mental deterioration
 - Death
 - Most uncomfortable to disease

- 
- Ageism – term used to describe discrimination against OA. It includes negative attitudes and stereotyping
 - Stereotyping – all dependent, frail, demented, helpless, needing assistance
 - Negative Attitude – not valuing opinions, contributions, showing disrespect or belittling

5. Realities of Aging

- Will eliminate stereotyping
- Aging is life long
- Aging is highly individualized
- Health habits are reversible

6. Nurses Response

- What do we need to do?

B. Basic Concepts of Gerontological Nursing

- Definitions:
 - Gerontology
 - Geriatrics
 - Gerontological Nursing

1. Chronological and Functional Age

- Chronological – number of years since birth
- Functional Age – performance. Compared to the standard adult performances. If the standards are not met, the person is considered old

2. Qualities of Gerontological Nursing

- Failure to invest time is a mistake that fosters noncompliance and a lack of cooperation

Qualities to Foster



Therapeutic Relationship

Uniqueness of the OA

Competence in Nursing Skills

Understanding of the physical and psychological aspects of aging

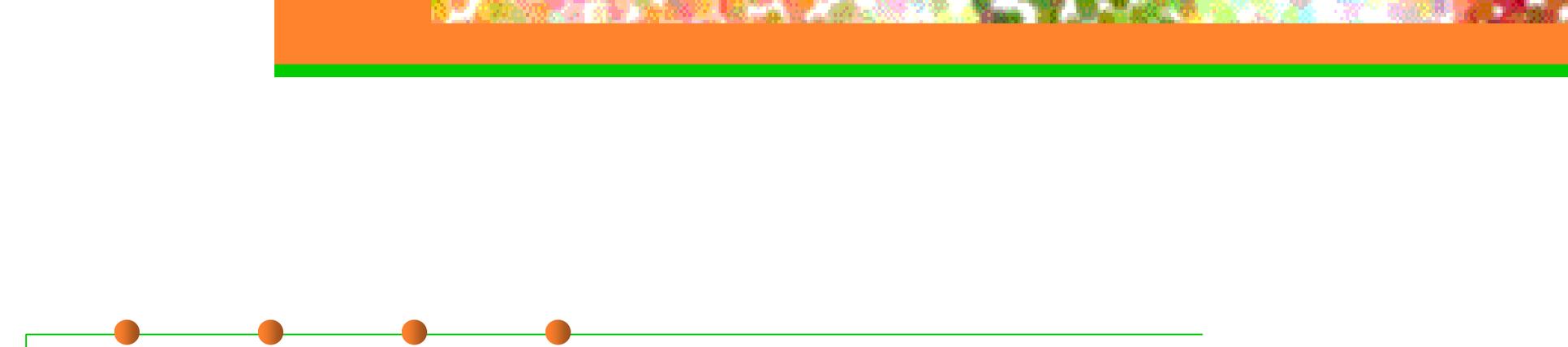
Communication

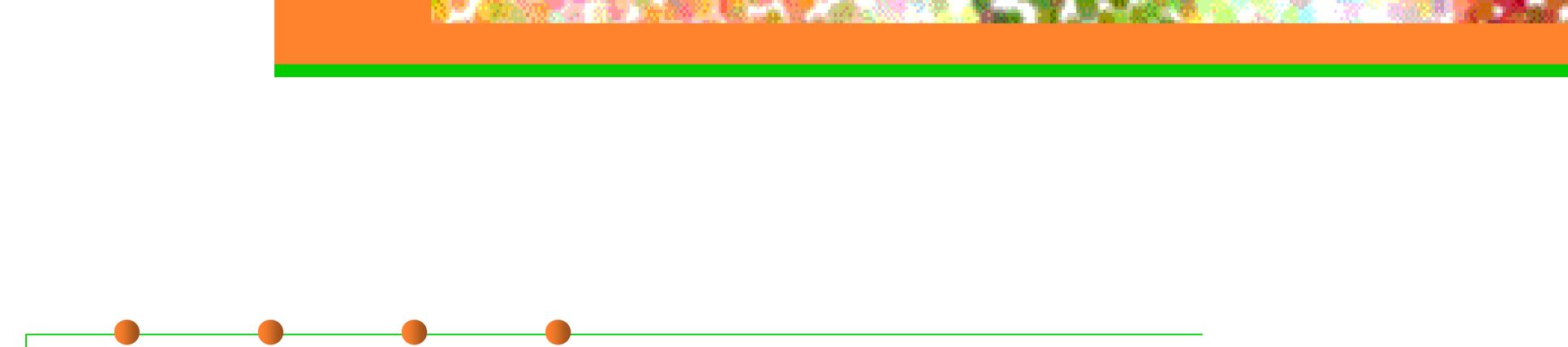
Art of caring

Cultural considerations

3. Care Settings

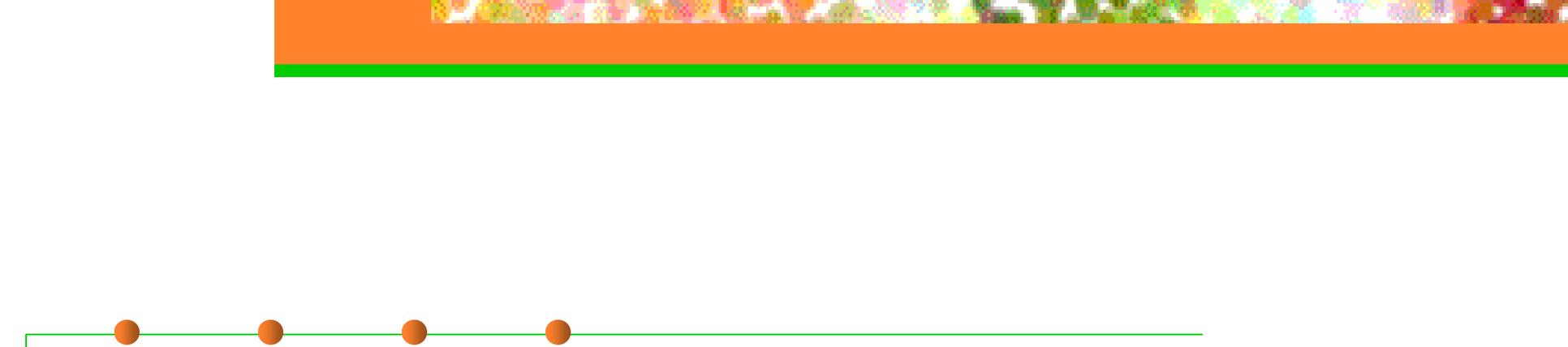
- Most OA live at home and care for themselves
- 5-7% live in nursing homes or long term care
- $\frac{1}{4}$ of OA over age 65 need some help with self-care

- 
- Different types of Facilities:
 - Independent living; Retirement comm.
 - Assisted living
 - Continuing Care Retirement
 - Home Health Care
 - Adult Day Care
 - Community Senior Citizens Centers (CONT.)

- 
- Transitional Care Settings
 - Hospital Care
 - Nursing home
 - Nursing Facility
-
- OBRA – Omnibus Budget Reconciliation 1987

4. Maslow's Hierarchy of Needs

- Abraham Maslow developed a psychosocial developmental theory based on the potential of the individual to become mature and self-actualized (totally fulfilled)
- Used to prioritize and plan care for the OA



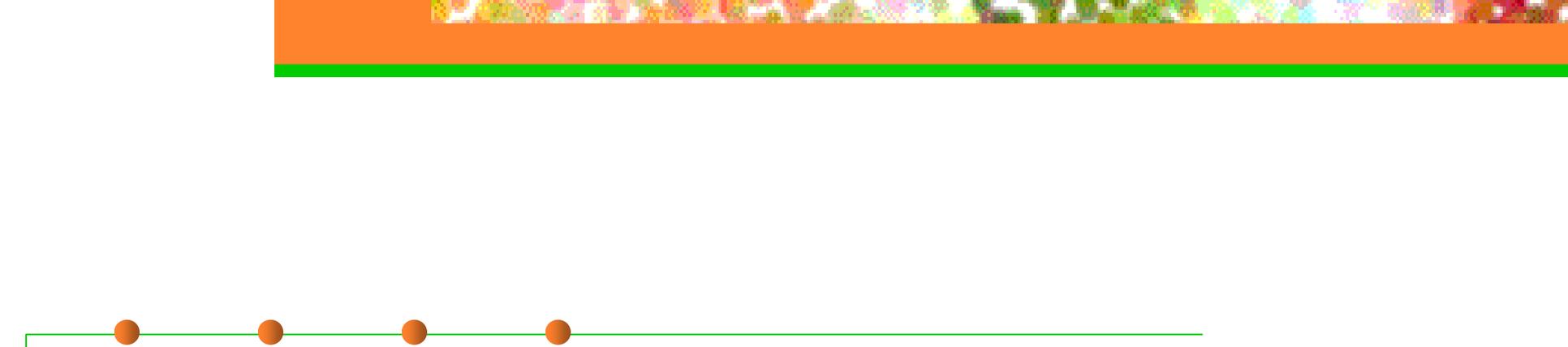
- 1st level Physiological Needs

- Oxygen
 - Food water
 - Rest
 - Elimination
-
- Must be satisfied before move to a higher level called **SURVIVAL NEEDS**

- 
-
- 2nd level – Safety Needs
 - Very close to physiological needs

- 
-
- 3rd level Love and Belonging
 - Large families
 - Feelings can be transferred to animals
 - May include special projects

- 
-
- 4th level Esteem Needs
 - Feeling for self
 - Good feeling
 - Sense of self-esteem

- 
- 5th level ---Self Actualization
 - **“STRIVE TO BE ALL THAT YOU CAN BE OR DO”**

Meeting Maslow's Needs

- Rare to have all met <1%
- Move up and down hierarchy
- Death occurs when don't meet a physiological need and/or safety need.
- Unmet esteem needs leads to depression and possible suicide
- Rare for death to result from unmet love or belonging

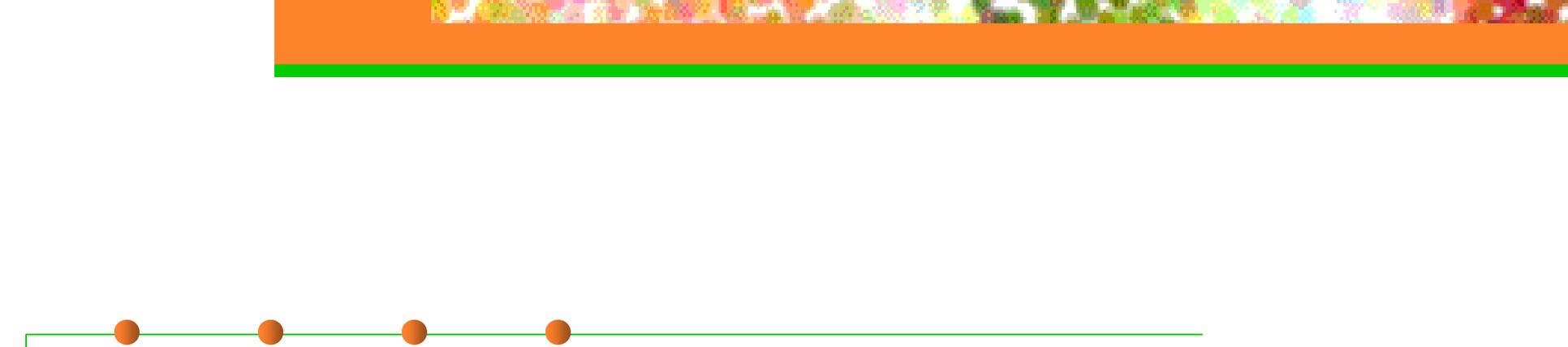
Theories of Aging

- What causes aging????
- Can aging be altered???

Four Basic Characteristics of the Aging Process

- Universal
- Progressive
- Intrinsic
- Extrinsic

- 
- Life Span
 - Life Expectancy
 - Centenarian

- 
- Senescence and Aging

- 
-
- Theories of aging are divided into two broad categories;
 - Biological
 - Psychosocial

Biological Theories

- Defined as an involuntary process over time causes changes in cells and tissues

Genetic Theory

- Inherited genes that determine life expectancy
- “genetic clock” determines senescence
- Related theories – finite number (definite #) of fixed incidents within the body. i.e., heart beats , breaths

Free Radical Theory



Cross Linked Theory

- Decrease in cellular division
- Prevents DNA strands from functioning normally

Immune Theory

- Decrease in immune system which protects the body against disease

Wear and Tear Theory

- Normal use of body
- Systems wear out.

Misc. Theories

- Based on various amounts of energy to adjust to personal and environmental stressors
- As adaptive energy decreases organs die

Psychosocial Theories

- Have to do with:
 - Cognitive function
 - Involuntary conscious intellectual activity
 - Aging is the interactions between a persons mental and physical functions

Disengagement Theory

- Withdraw from life
- Society withdraws from OA
- OA withdraws from society
- Facilitates transition of power

Activity Theory

- Aging should be denied as long as possible
- Same expectations for Middle aged and OA
- As losses occur replaced with new ones
- Strenuous activities replaced with intellectual activities.

Continuity Theory

- Depends on ability to maintain and continue previous behavior patterns
- Part of your basic personality and patterns

Finding Common Theory

- Scientists have studied aging but exact cause had remained mystery
- No one theory all interrelated and may support or refute one another

D. Ethical and Legal Considerations

- Nursing practice is guided by ethical standards and legal parameters.
- **Ethics** – the practice, principles and guidelines that guide moral decision making and behavior in society

Ethical Aspects for Nurses

- Personal Ethics
- Professional Ethics
- Nurses Code of Ethics

Legal Aspects of Care

- Nursing is guided by legal parameters
- Regulated by state government
- Rules and Regulations
- Nurses must practice within these limitations
- **State grants a license and has the right to revoke a license to an institution**

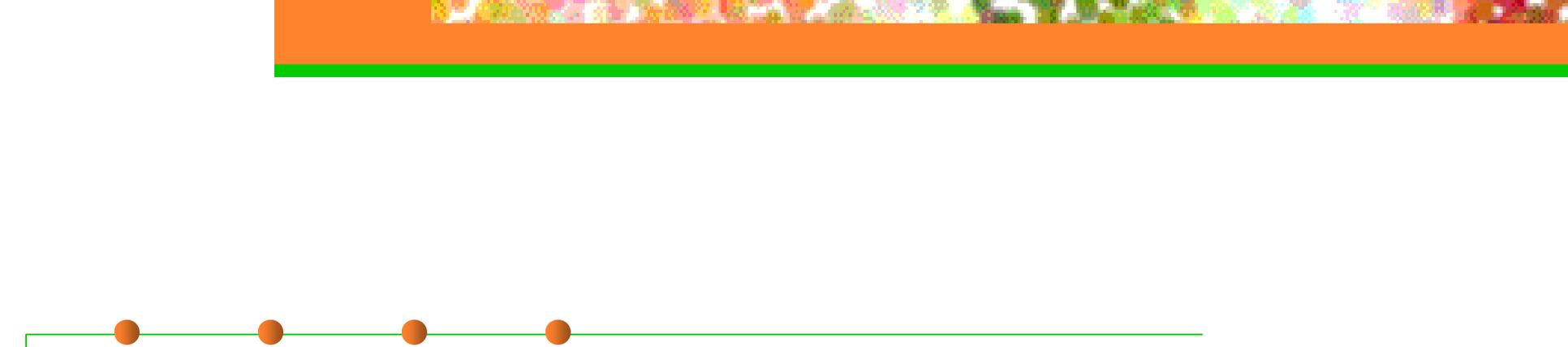
Negligence and Malpractice

- Negligence – performing an action that causes harm to another person, or neglecting to perform an act that would prevent harm.
- Malpractice – a form of negligence that implies failure to act, as a reasonably prudent nurse.

- 
- 
- **THE STUDENT NURSE IS HELD TO THE LEVEL OF ACCOUNTABILITY AS A WISE AND PRUDENT NURSE**

Guiding principles

- When standard of care is not met the nurse is liable for negligence. For example: injury from falls, medication errors, burns, etc.

- 
- Informed consent
 - Determining competence
 - Patient Self Determining Act (under OBRA)

- 
- Medical Directive to the Physician
 - Medical Power of Attorney

Advance Directive

- 
- Purpose
 - Description
 - Implementation

- 
- 
- If there is not an Advanced Directive the spouse or family is called upon for decision making
 - Often refers to:
 - Artificial Nutrition and Hydration
 - Use of restraints (chemical and physical)
 - Mechanical ventilation

Physical Restraints

- Any manual method of physical or mechanical device , material or equipment attached or adjacent to the residents body, that the resident cannot remove easily, restricts movement or normal access to one's body

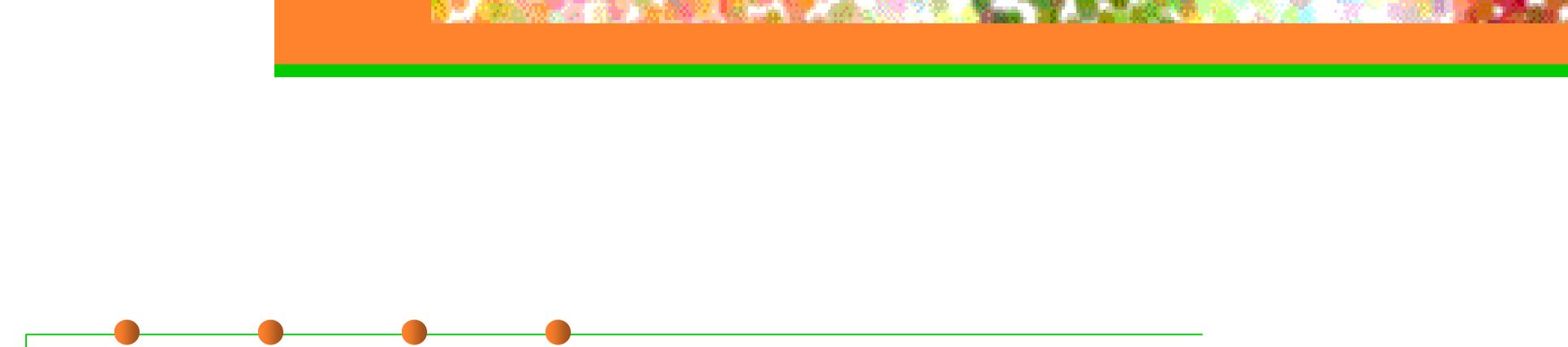
Chemical Restraints

- Drugs not used to treat the patient medically.
 - Antipsychotics
 - Sedatives
 - Hypnotics
 - Antianxiety
 - Antidepressants

- 
- 
- Identify Risk Factors and meet the Needs of the Client

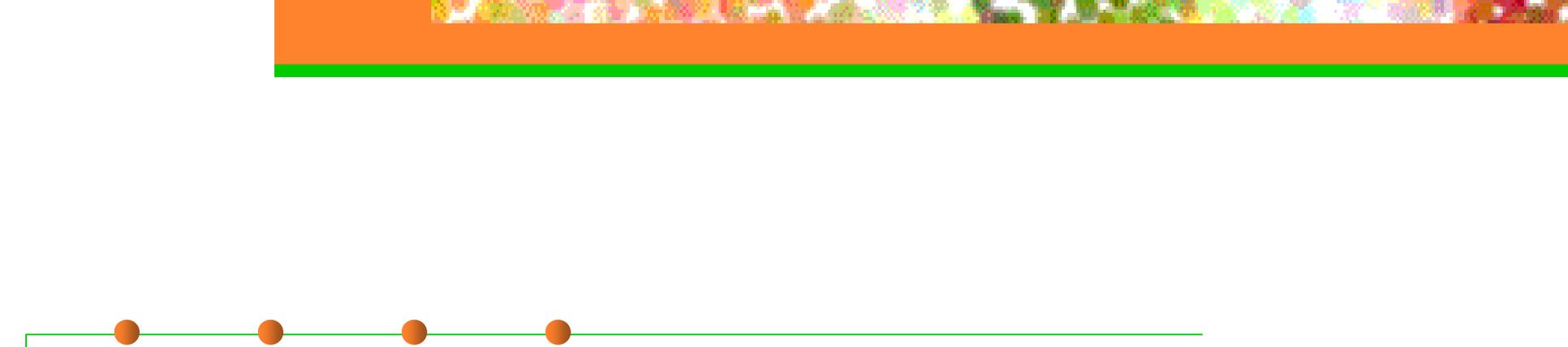
Unit II. Role of the Nurse in Gerontological Nursing

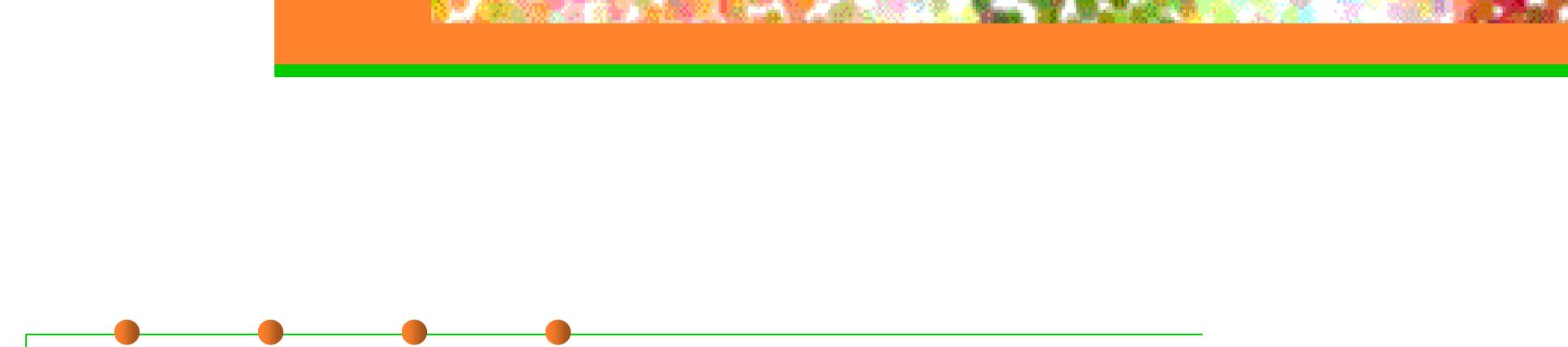
- A. Process
 - Communication
 - Sender --- Message ---Receiver---Feedback

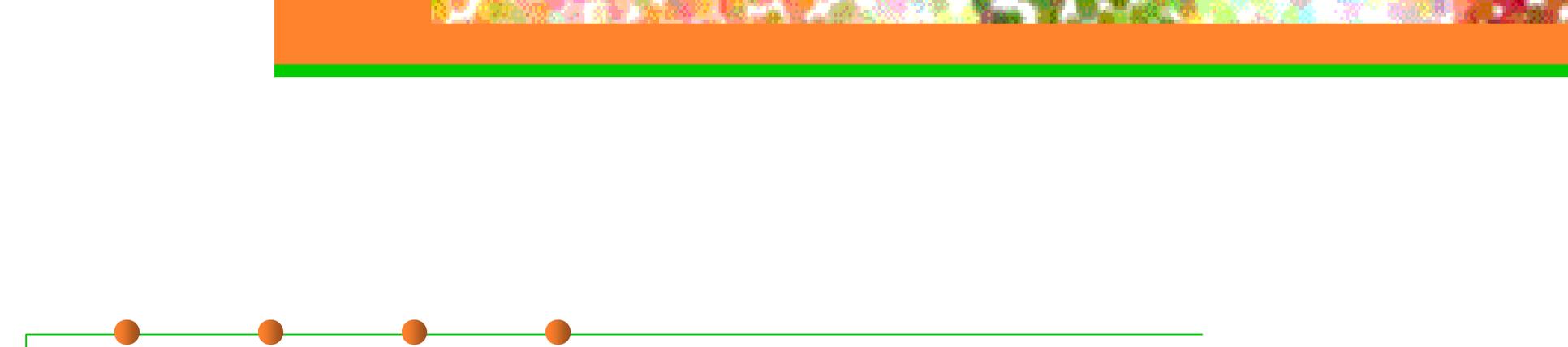
- 
- Messages- become unclear when:
 - Pain
 - Fear
 - Anxiety
 - Low knowledge
 - Language
 - Culture
 - Environmental factors

Types of Communication

- Verbal
 - Words used to convey a message
 - Words express:
 - Thoughts
 - Attitudes
 - Feelings
 - Beliefs

- 
- Words bring mental images:
 - Images are not the same for everyone
 - Images are influenced by:
 - Background
 - Cultures
 - Experiences
 - Age

- 
- Non-verbal
 - Without use of words
 - Facial expressions
 - Eye contact
 - Gestures
 - Body language
 - Silence

- 
- Listening is the most important element of communication.
 - OA biggest cry is “NO ONE LISTENS TO ME”

Limitations to communication

- 1. Inappropriate reassurance
- 2. Making judgments
- 3. Giving advice
- 4. Challenging
- 5. Belittling or scolding
- 6. Changing the subject
- 7. Improper questions
- 8. Defending

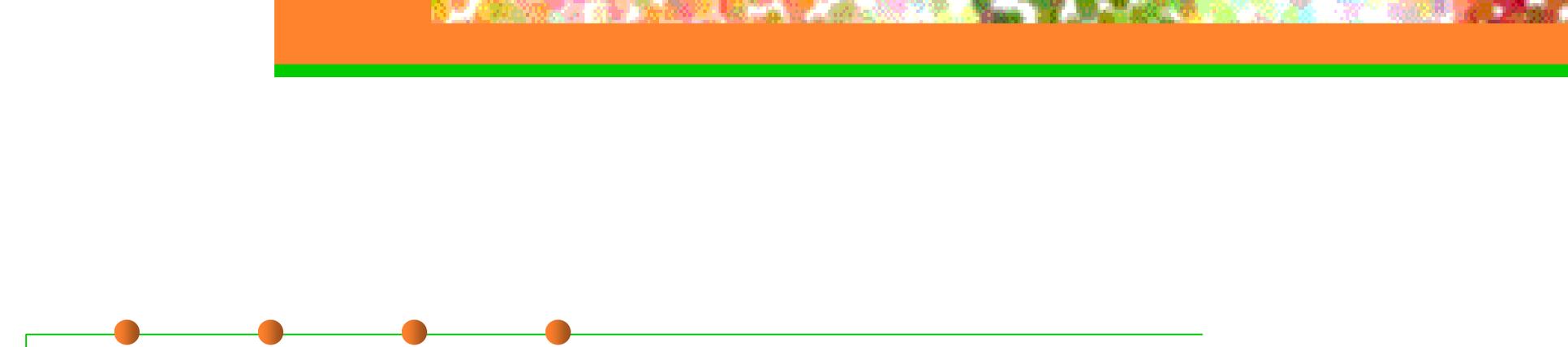
- 
- 
- 9. Therapeutic communications –
Miscommunications are responsible for
frustration and stress for OA

- 
-
- Anger is an emotion that limits communications. Stress causes anger.
 - New environment: unfamiliarity
 - Prolong waiting time
 - Decline in physical ability
 - Depending on others
 - Separated from family

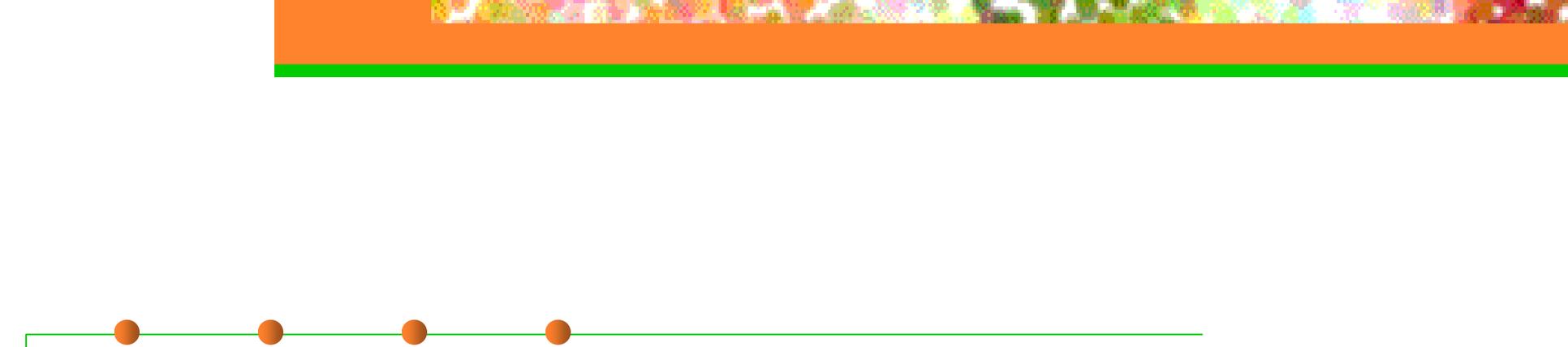
4. Developing and maintaining communications

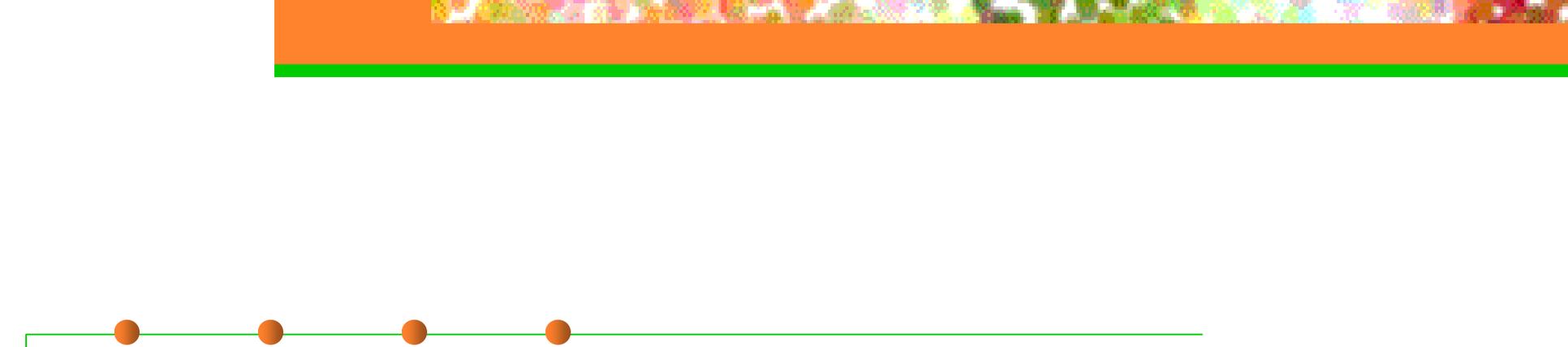
- Be Genuine
 - Sincere and honest. I don't know the answer I will find out for you
- Be Caring
 - Open many doors. Caring is difficult to define, but the patient knows.
 - NEVER USE: HONEY, SWEETIE, GRAMPS ETC.

- 
-
- VERY UNPROFESSIONAL, ADDRESS AS MRS., MR., MISS UNTIL YOU ARE GIVEN PERMISSION TO USE OTHER NAMES, OR YOU MAY ASK PERMISSION TO USE FIRST NAMES

- 
- Show empathy- to understand the patients anguish or pain and convey this to the patient. To understand or feel another's sorrow and pain.
 - Show sympathy – used socially to share emotions. E.g., sorry for your loss
 - Touch is empathy, holding a hand, pat on the back. SO SIMPLE TO CARE....

- 
-
- 5. Nurse patient relationships-
 - Should be therapeutic for the benefit of the patient
 - 3 phases

- 
- 1. Developing phases
 - 2. Working Phase
 - 3. Terminating Phase

- 
- 6. The Nursing Process
 - The nursing process is a systematic ongoing method of planning and managing patient care.

Nursing Process

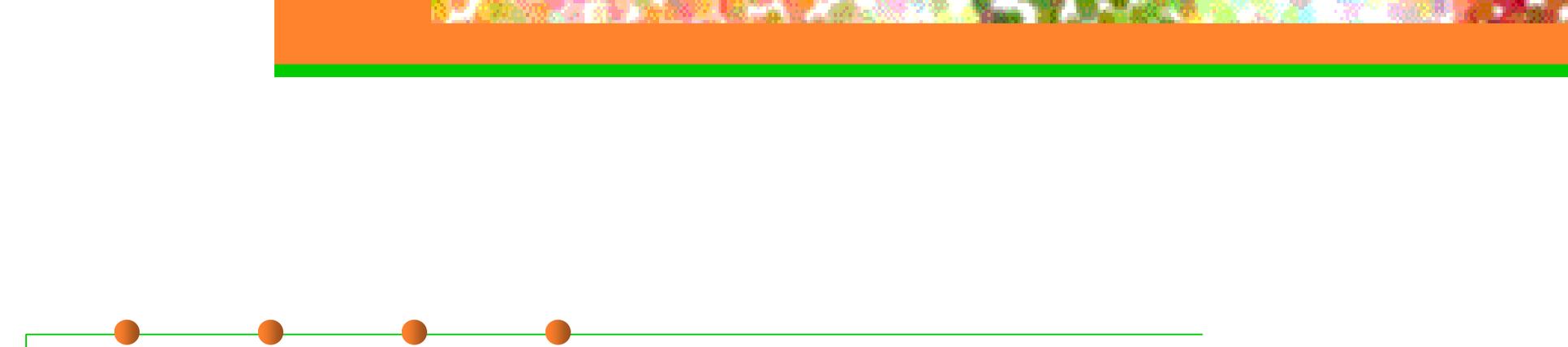
- 5 Essential components:
 - Assessment
 - Diagnosis (analysis)
 - Planning
 - Implementation
 - Evaluation

Performing a functional assessment

- **Definition** – is a systematic method of evaluating the OA's ability to function within the environment.
- A functional assessment allows identification of particular qualities in each individual that affect the ability to function in the environment and perform activities of daily living.

Components

- 1. A physical health assessment
- 2. Health History – planned interview about health history.
- 3. Self-care assessment



- High Level

- Bathing
- Dressing
- Toileting
- Feeding – this is the most basic functional skill. Learned as a child last skill to be lost.

Psychosocial Assessment

- Accurate assessment depends on trusting relationship between the nurse and the patient
- It takes longer and all members should be part of the input (multidisciplinary approach)

C. Psychosocial adjustments

- 3 Major areas
 - Role related adjustments
 - Social support adjustments
 - Psychosocial adjustments
 - Impact
 - Medications
 - Work role

Concluding assessment

- All data and ratings are collected then incorporated into the psychosocial aspects of the client's plan of care and continually evaluated as an on going part of the plan

Implementing Restorative Care

- Focus of all gerontological nursing
- Looking for ways to preserve OA, ability to function and improve quality of life.
- **DEFINITION**

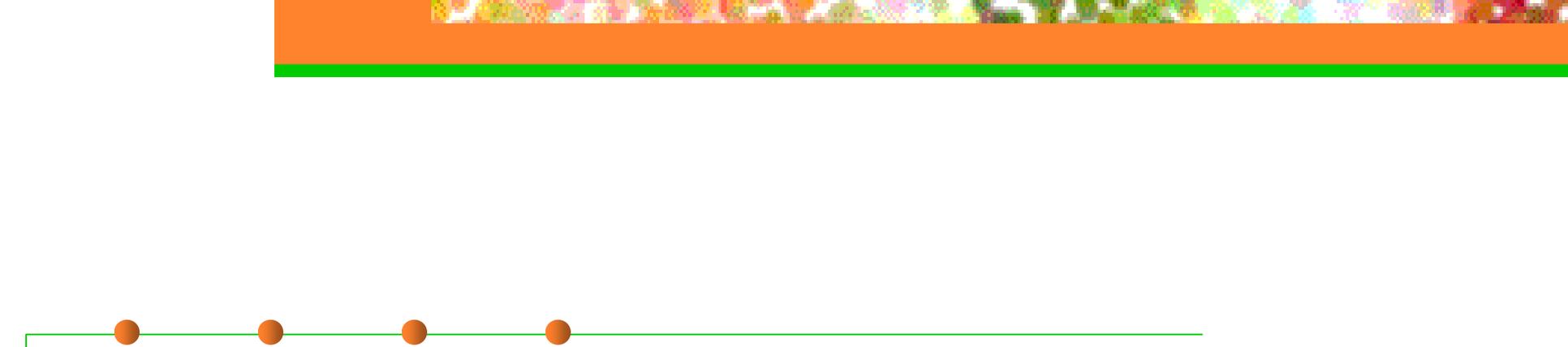
Rehabilitation

- Definition

- Process of assisting disabled to return to optimum health and independence e.g.,
- Myocardial (Heart Attack), stroke (CVA's), replacement surgery,

Care Settings

- Acute Care Facility
 - Rehabilitation Centers
 - Restorative Care
 - Restorative Care Team

- 
- THE MOST IMPORTANT MEMBER OF THE TEAM IS THE PATIENT AND THEIR FAMILIES.
 - THE PATIENTS MUST HAVE MOTIVATION AND DESIRE



- Home Management

- Home inspection is necessary
- Unsafe areas must be corrected
- Teaching to make environment safe

Adult Day Care Centers

- Provide activities that enhance restorative care
- Activities and Goals of Adult Day Care
 - Maintaining orientation
 - Provide social support system
 - Exercise programs
 - Stimulating creativity through arts and crafts

Unit III

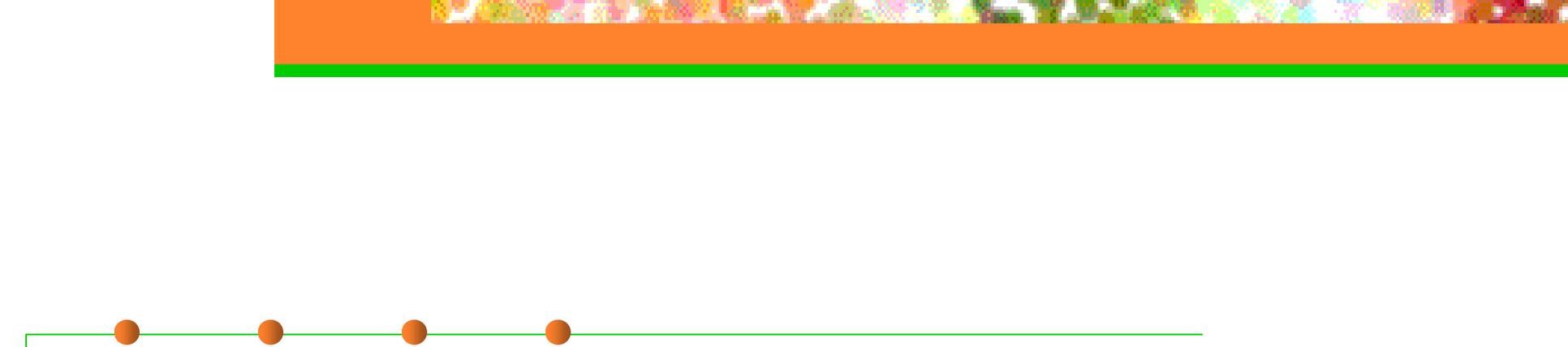
- A. Promoting Physiological Health:
 - Promoting Good Nutrition
 - Promoting Proper Exercise



A1 Dietary Guidelines

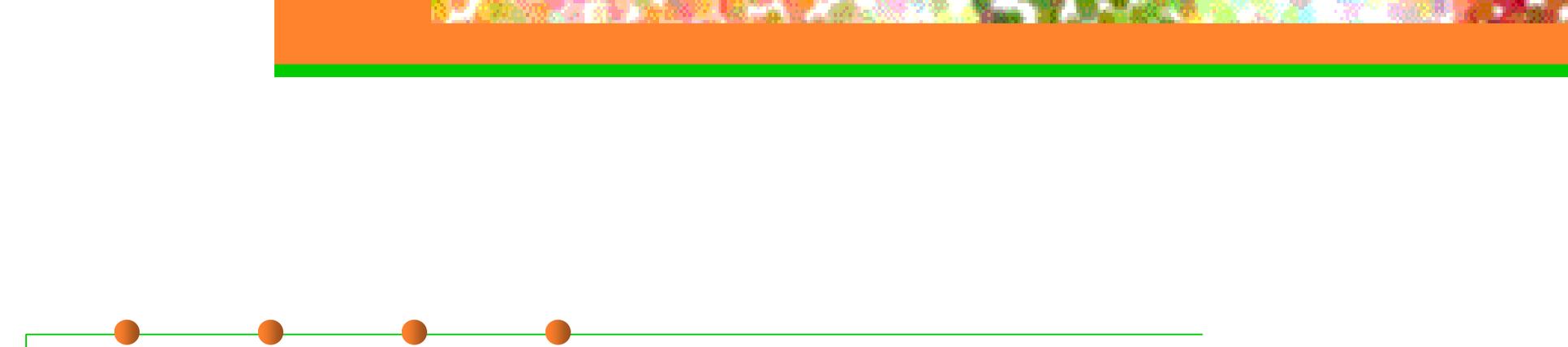
- a. Eat a variety of foods
- b. Maintain desirable weight
- c. Avoid foods high in fat
- d. Avoid ETOH beverages
- e. Diet high in veg., fruits, grains
- f. Use sugar/salt in moderation

- 
-
- A2 Effects of Aging on Nutritional Status
 - Diminishes ability to ingest, absorb, digest and metabolize
 - Loss of teeth, decreased food choices
 - All systems affected
 - Lactose intolerance occurs
 - Economic and Social changes



- A3 Health Issues

- Cancer
- Goal – prevention and minimize risks
CAUTION
- Nurse – early detection and prevention
- Breast cancer



- A4 Osteoporosis

- Reduction of total bone mass. Bones porous, brittle and fragile.
- Causes loss of function mobility
- Tx.: diet, exercise, and hormone replacement.

- 
-
- B. Promoting psychosocial health
 - Transactional stress model
 - Adaptation
 - General adaptation syndrome (GAS)

- 
-
- Stress can occur in any combination of 4 areas
 - Physical: acute or chronic disease
 - Psychological: fear, anger, anxiety
 - Social change : death, retirement
 - Environment: home, money, city

- 
-
- Adaptation- process by which an organism adjusts to physical, emotional, and mental stressors
 - Coping- methods used to adapt to stress. There are 2 kinds of coping:
 - Emotionally focused
 - Problem focused

General Adaptation Syndrome

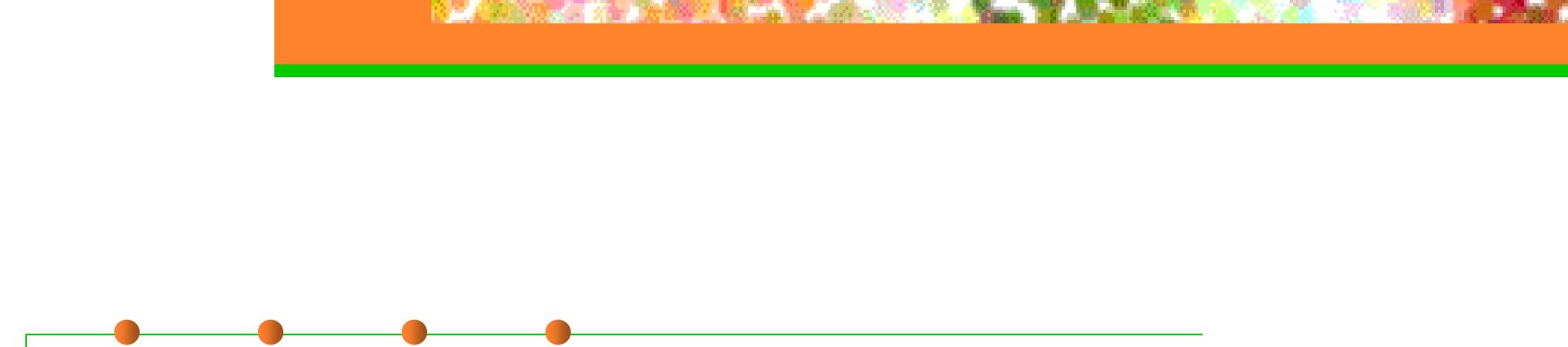
- 3 phases
 - Alarm stage- fight or flight
 - Resistance- person adapts to stress with increased and intensified use of coping
 - Exhaustion- if stress continues exhaustion occurs. Decrease immune system, increase infection

Coping strategies to decrease stress

- Problem solving
- Exercise
- Physical activity
- Relaxation techniques
- Social support

Promoting a Healthy Self-esteem

- Self – esteem is how a person views him/herself
- Positive or negative
- Feels unworthy, lack of confidence
 - Why do these occur
 - Physical disabilities, chronic illness
 - Loss of support system, death

- 
- Use nursing process to promote self esteem:
 - Assessment: I can't do this, I'm always..
 - Nursing Diagnosis
 - Planning and Implementation
 - Evaluation and expected outcome

Promoting sexual health

- Important component for OA
- More than physical ability to perform sexual intercourse
- Feeling of attractiveness and desirability to and by the opposite sex

Effects of Chronic Illness On Sexual Activity

- Benign Prostatic Hypertrophy(BPH)
- Hypothyroidism
- Diabetes
- Arthritis
- Anti-hypertensives/ Antidepressants

Barriers to sexual activity in the nursing home

- Lack of privacy
- Negative attitudes –sexless after 65
- Interest in sex decreases but still desire companionship with opposite sex
- Lack of a partner; feelins of unattractiveness
- Chronic illnesses

Promoting spirituality in OA

- All individuals are spiritual beings and have spiritual needs
- Many seek needs through a relationship with GOD (higher power)
- Have a basic need to feel forgiveness for mistakes, love and acceptance and hope for the future

- 
-
- Spirituality is found in the belief in a:
 - Higher power
 - Authority
 - Guiding spirit
 - Appreciation and love for creation
 - Valuing the qualities of love , honesty or wisdom

Unit IV

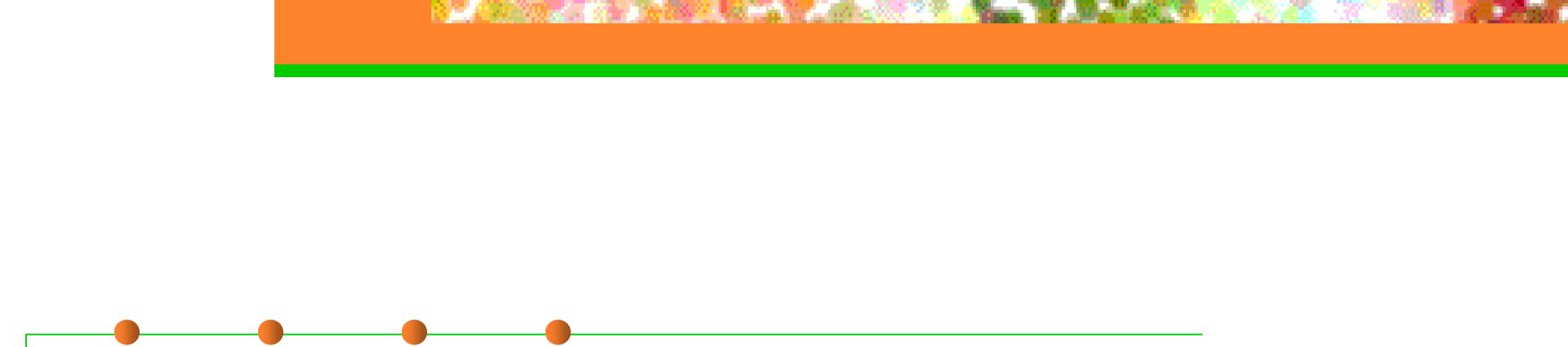
- Common Problems Affecting Older Adults
 - Aging causes physiological changes in the body
 - These changes affect the response to medication
 - A medication dose for 40-50 y/o not appropriate for 80 y/o

Effects of medications on older adult

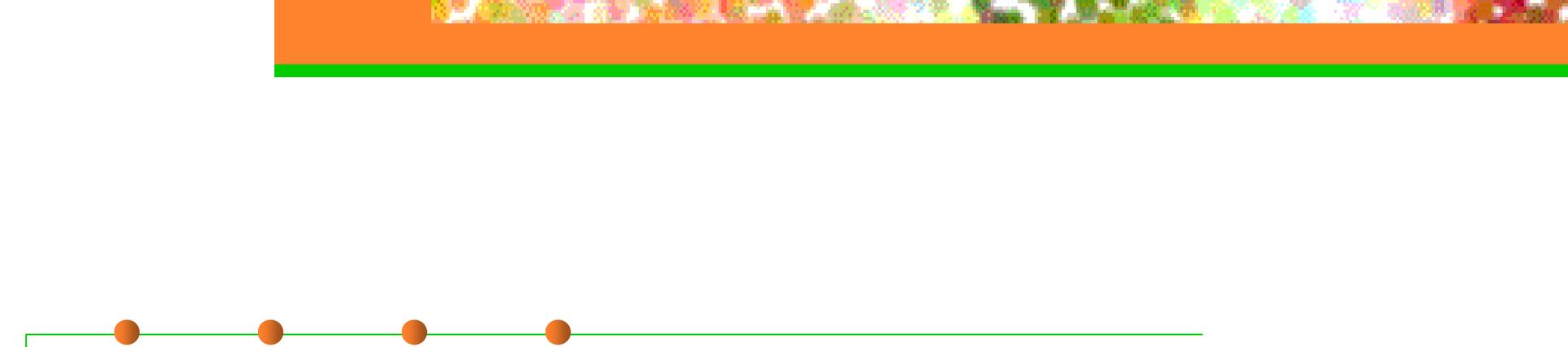
- Pharmacokinetics
 - Includes four processes
 - Absorption
 - Distribution
 - Metabolism
 - Excretion

- 
-
- Factors that influence absorption
 - Blood flow
 - Route of administration
 - Dissolving of drug

- 
- Age related changes may affect absorption of meds:
 - Increase in gastric pH
 - Decreased gastric blood flow and gastric motility

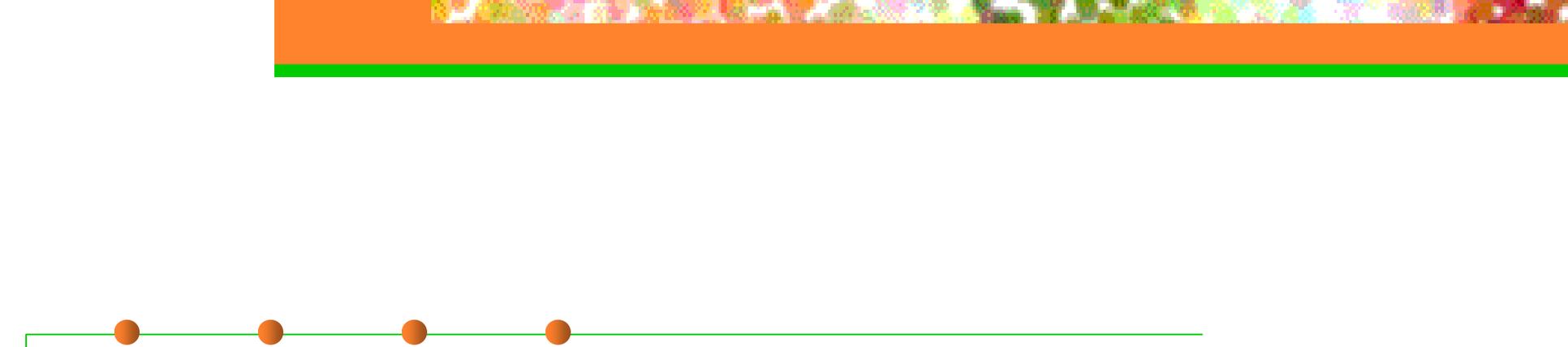
- 
- Adverse Reaction- are undesirable drug affects and they may be mild or severe. They may occur after one dose or several doses or after the drug is discontinued
 - Confusion should always be investigated in OA – may be a drug reaction

- 
- 
- Cumulative Drug Effect – occur because of age related changes in the liver and kidneys.



- Toxic drug effect

- Toxic or dangerous reactions when blood concentration exceeds the therapeutic level
- Therapeutic drug level is the amount of drug circulating in the blood that is able to produce the desired effect in the blood

- 
- Drug Idiosyncrasy – describes any unusual , abnormal, or exaggerated reaction to a drug.
 - Polypharmacy – use of excessive number of prescribed and over the counter drugs.

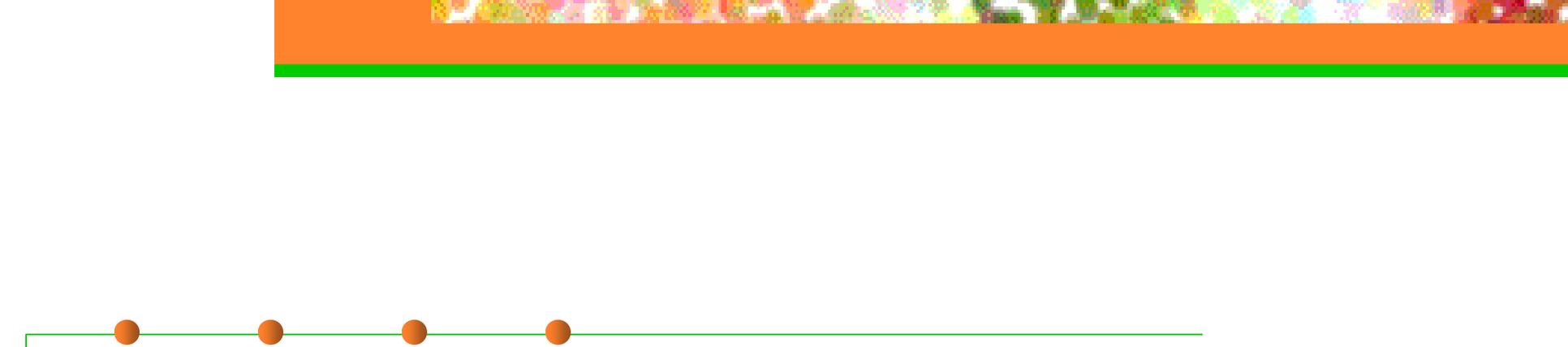


- 2. Urinary Incontinence

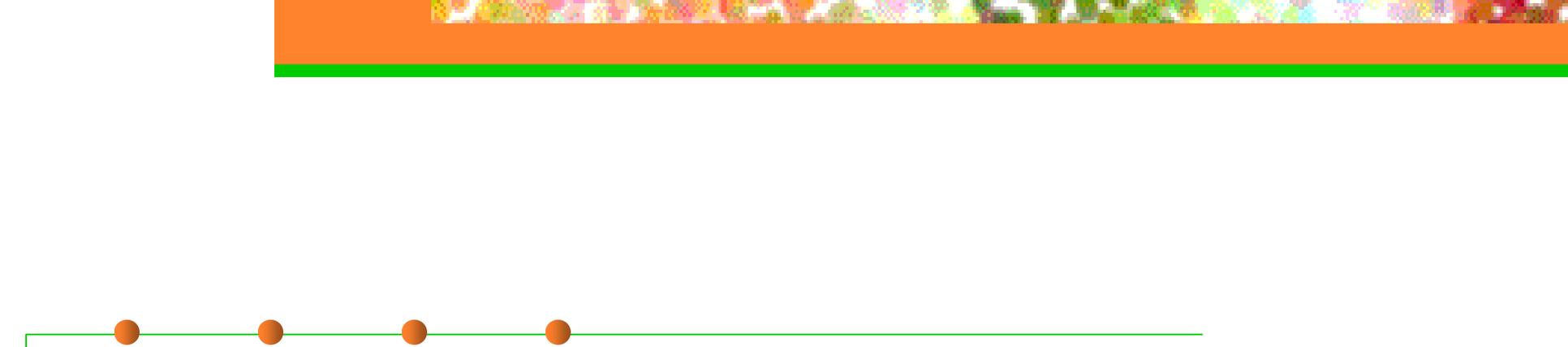
- Classified according to

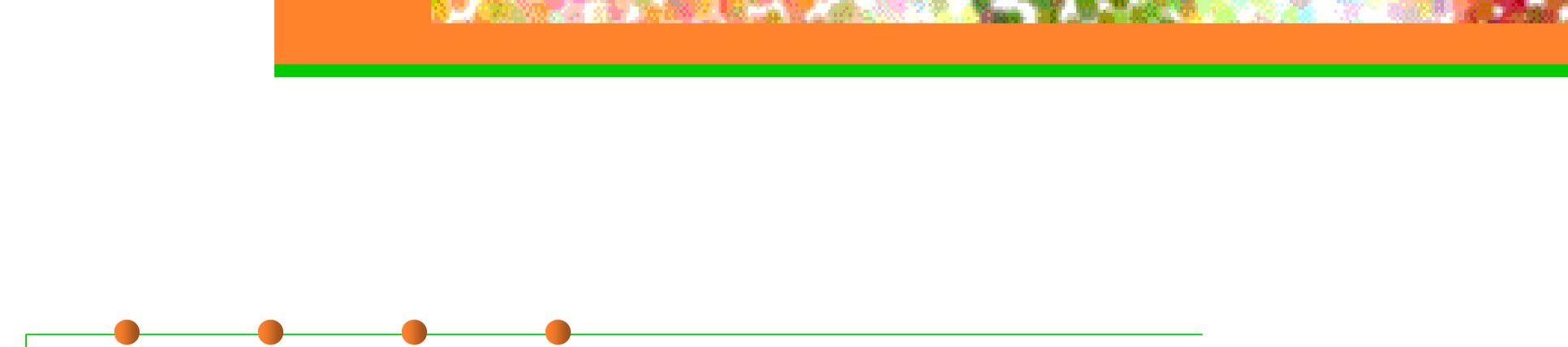
- Duration of symptoms
- Presence of specific symptoms
- Physiologic abnormalities

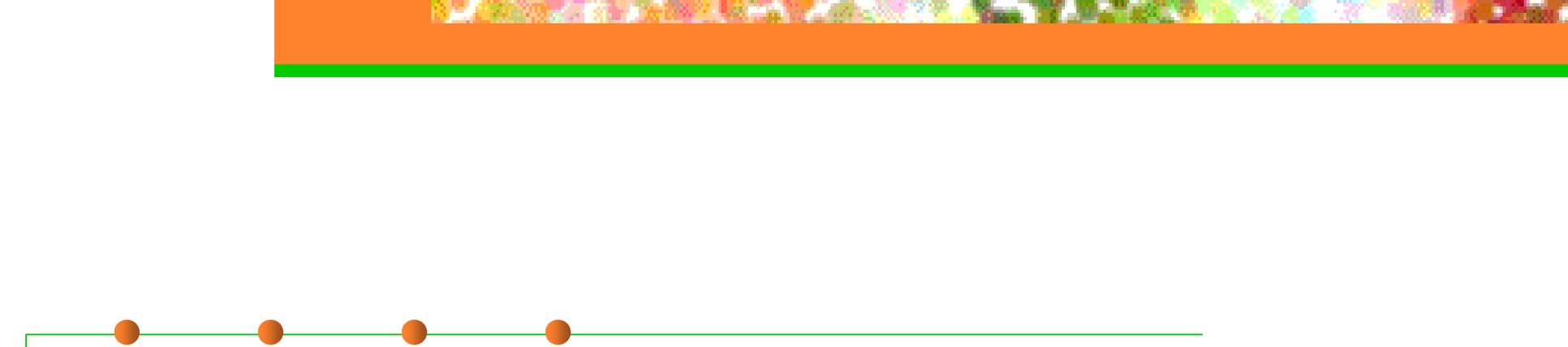
- Some episodes are transient others are chronic

- 
- Functional Incontinence
 - Urge Incontinence
 - Stress Incontinence
 - Reflux Incontinence
 - Total Incontinence

 - 14-2, 14-3

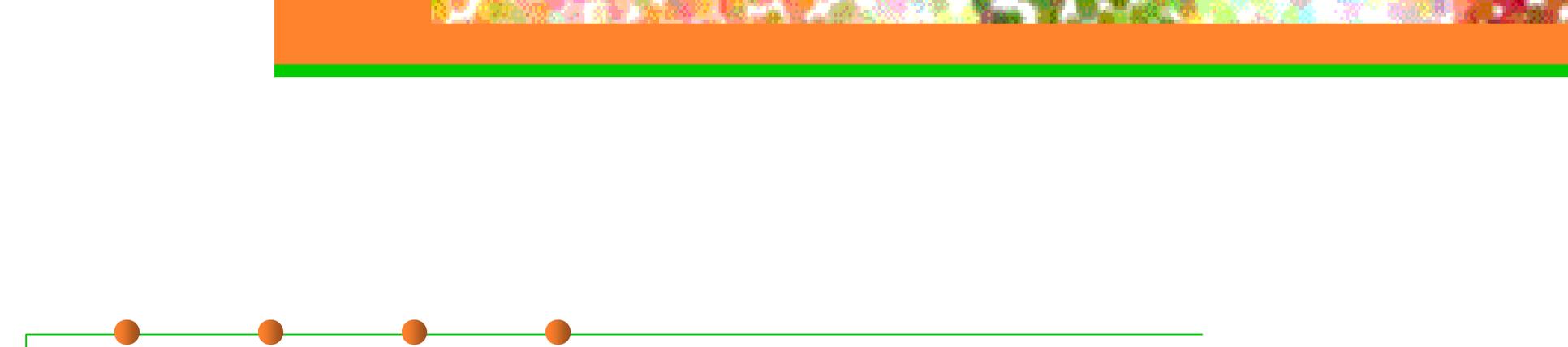
- 
- Methods to promote continence
 - Kegel exercise
 - Bladder training
 - Increased environmental access
 - Habit Training
 - External catheters

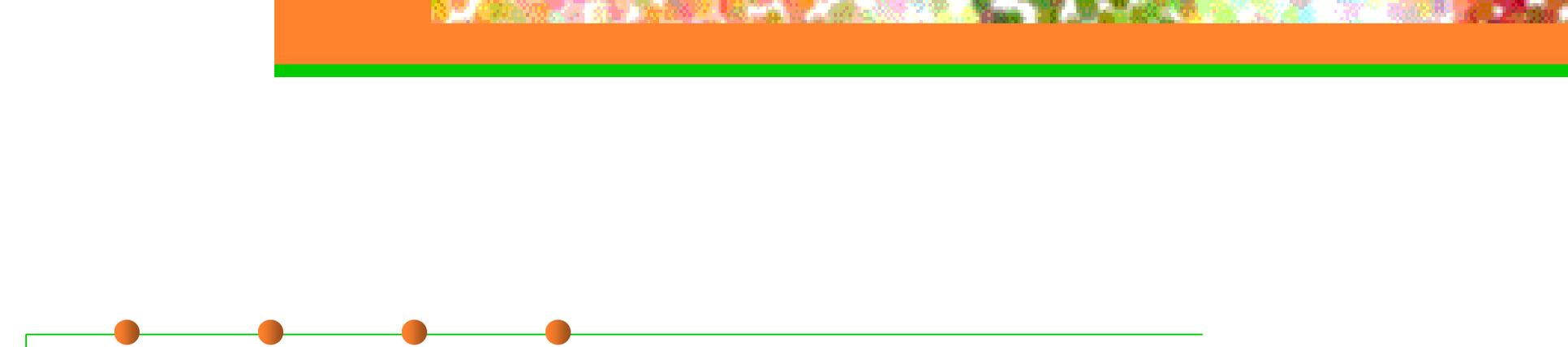
- 
- Sleep Disturbances
 - Rounds made Q1Hr
 - Bed check, reposition, incontinence



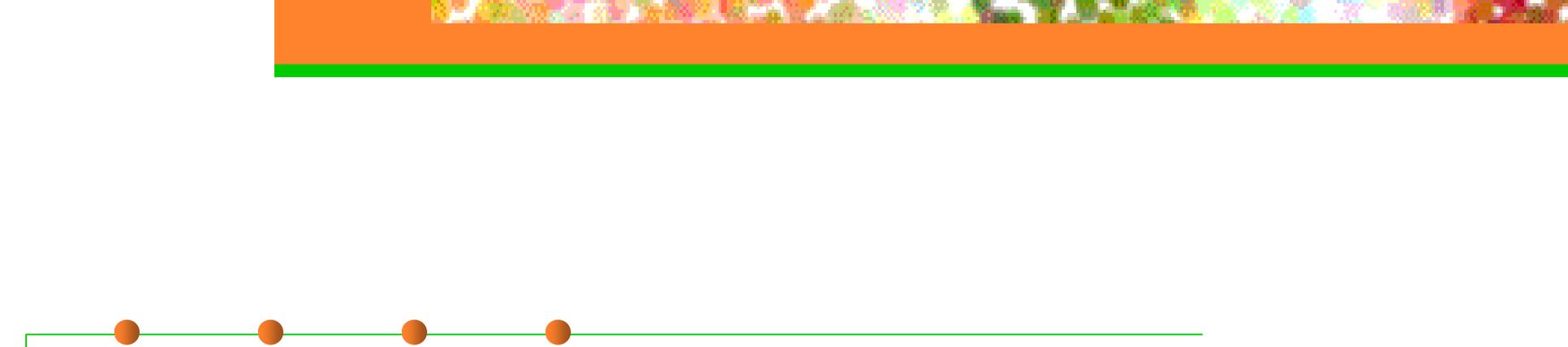
- Pain

- Misconception OA should always have pain
- Contributes to depression, anxiety, decreased functional ability, decreased socialization
- Pain in nursing homes 85% - cause chronic conditions

- 
- Management of pain
 - Act quickly
 - Take seriously
 - Consult with patient about the method of control
 - Identify and document interventions

- 
- Acute Confusion altered mental status, decreased mental alertness and attention deficit
 - 3 states of confusion:
 - Delirium
 - Dementia
 - Depression

- 
- 
- Reality orientation- intervention to use to continually reorient the person to environment
 - Must be done 24 hours a day
 - By all staff members
 - Use day, month, week calendars
 - Family photos



- Falls

- Leading cause of accidental death over age 65. Minor falls can cause severe damage
- 50% OA who are hospitalized because of a fall die within 1 year
- Post Fall Syndrome

Assessing for Risk of Falling

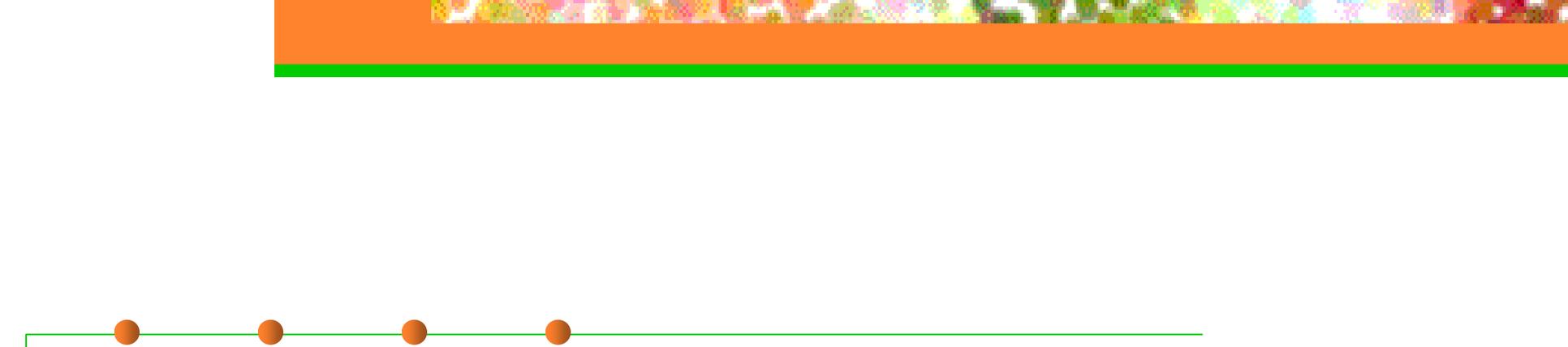
- 3 Areas
 - Mobility
 - Sensory deficit
 - Cognition
- 14-10



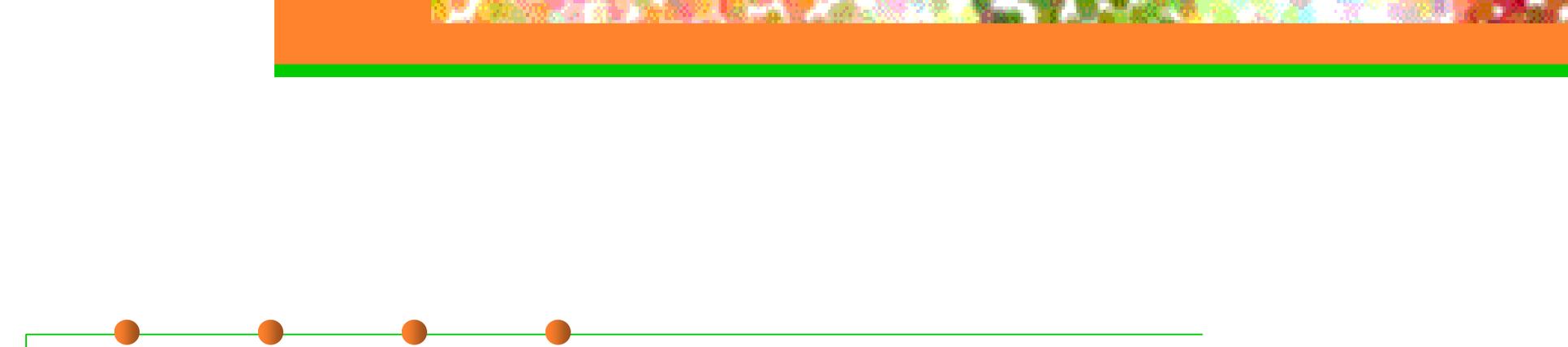
- Undernutrition

- Managing nutritional problems

- 14-13, 14-14

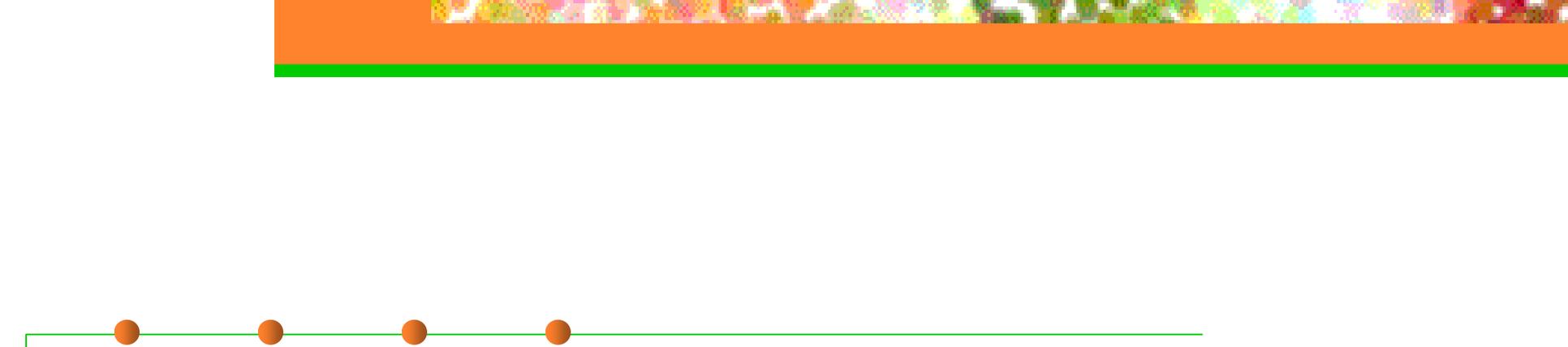
- 
- Symptoms of dehydration
 - Dizziness
 - Change in mental status
 - Oliguria
 - Irritability
 - Poor skin turgor
 - Dry mucous membranes
 - Coated furrowed tongue
- 144

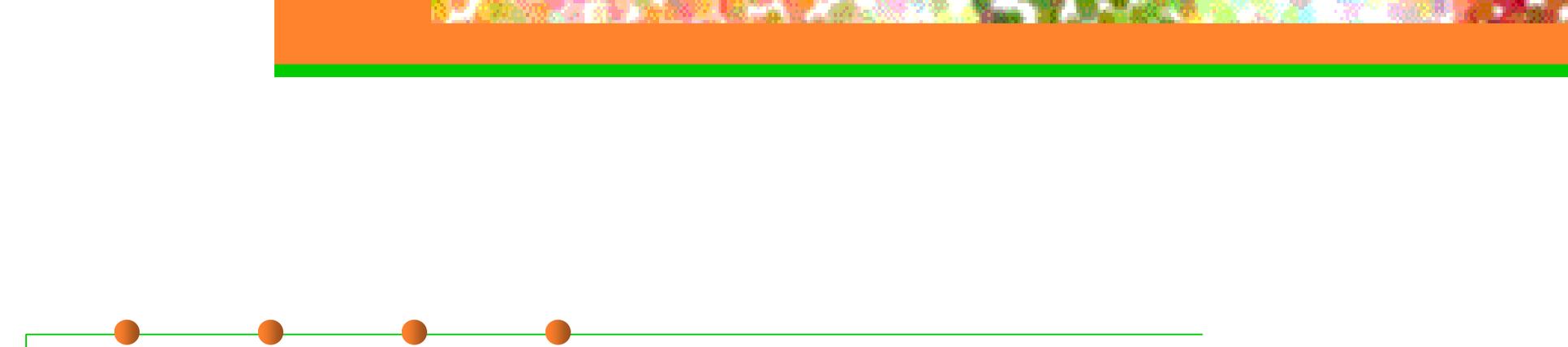
- 
- Severe dehydration
 - Shock
 - Low blood pressure
 - Rapid thready pulse
 - Cold extremities
 - Rapid breathing
 - Lethargy, coma, death



- Depression

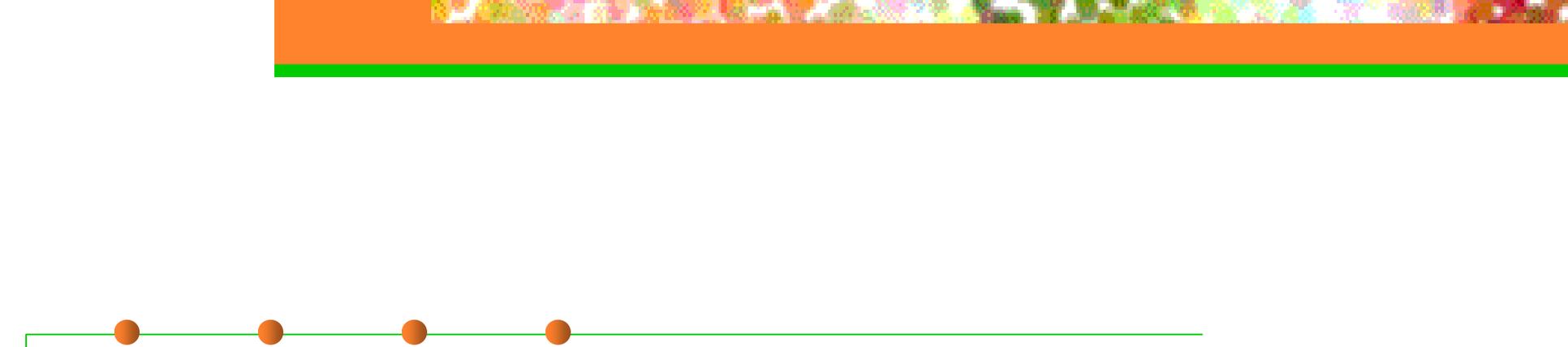
- Not a part of normal aging
- Most common psychiatric disorder in OA
- Increased in 80 and above more males than females
- Treated with psychotherapy and medications

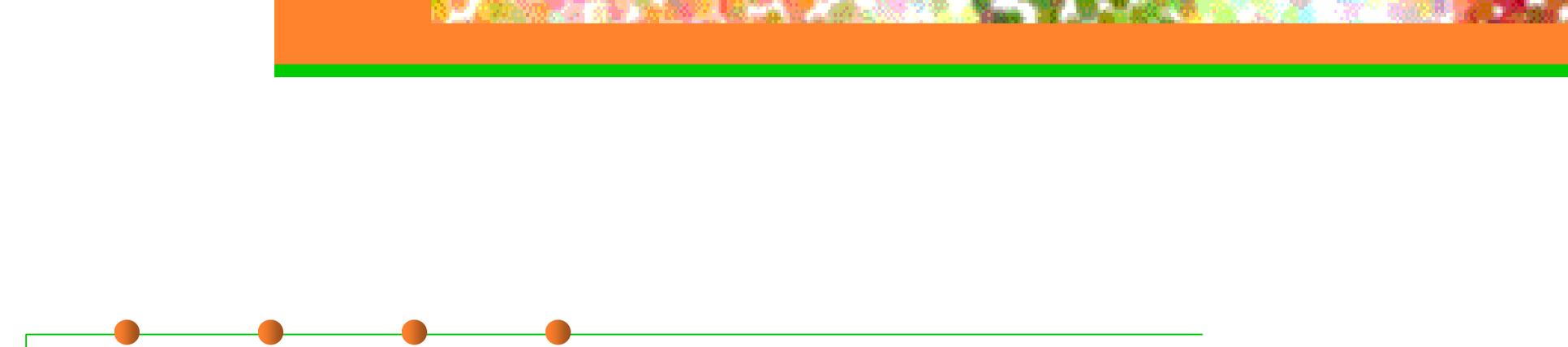
- 
- Why depression occurs
 - Result of illness
 - Side effect of medication
 - Personality traits
 - Stroke
 - Diabetes
 - Parkinson's disease
 - Low self esteem



• Suicide

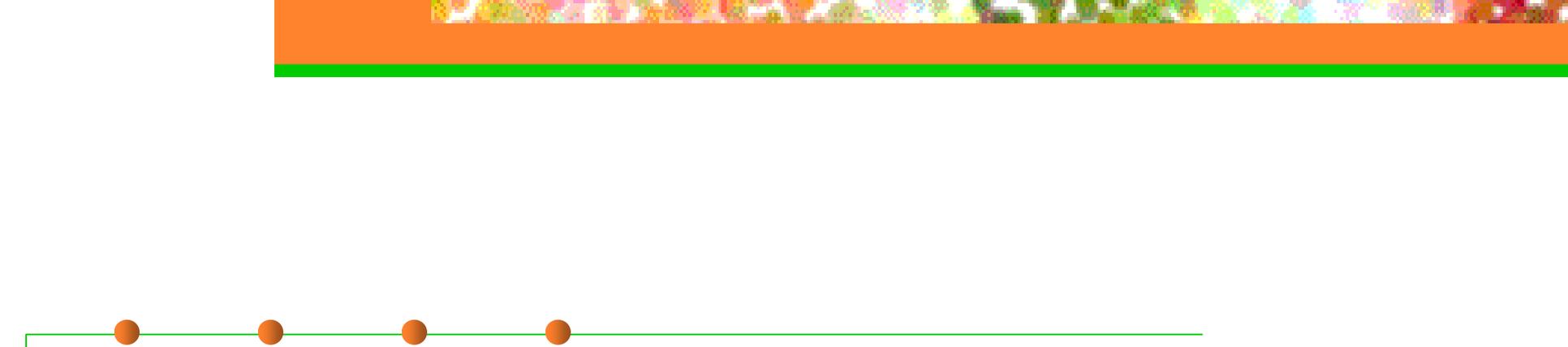
- OA at risk, 13% OA population, 20% suicides attempted >65y/o
- Men more so than women
- Causes: loneliness, loss of spouse, poverty or near poverty, poor health, social isolation, fear of death, becoming dependent, cognitive loss, depression, abuse (drug, ETOH, physical, emotional)

- 
- Suicidal Ideation – persistent or recurring thoughts about harming oneself
 - People who feel hopeless, live with physical pain, emotional pain or dwell on past failures may develop suicidal ideation



- Grief

- Intense feeling or emotions as a result of a loss. OA face multiple losses the more years they live.
- Anticipatory grief – occurs with the expectation of a significant loss, begins before the loss occurs.

- 
- Risk factors – acronym SAVED
 - S= stress
 - A= ETOH and substance abuse
 - V= violence
 - E= emotions and family dynamics
 - D= dependency

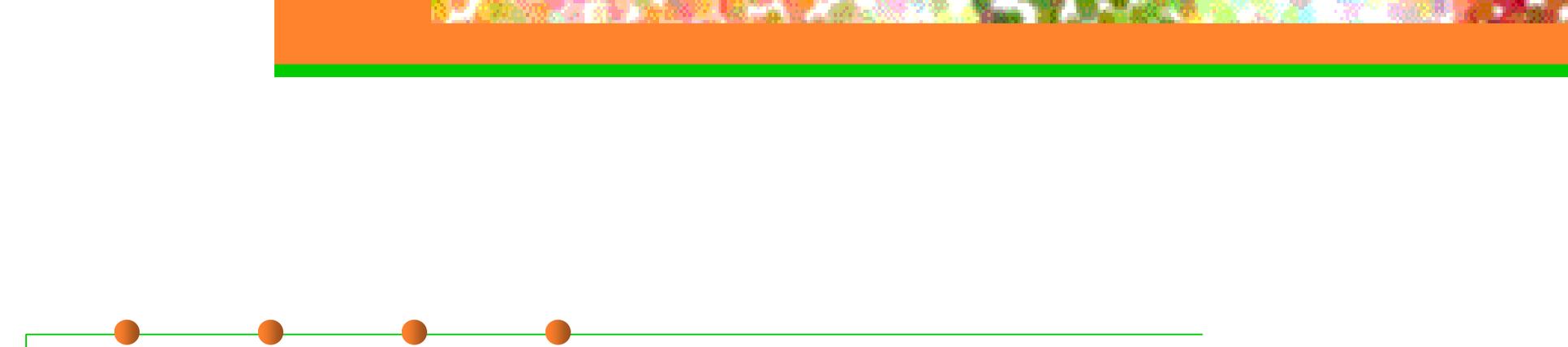
- 
- Elder abuse and Neglect
 - Neither rare or isolated
 - Widespread and many forms
 - On the rise
 - Due to more OA living longer
 - Abusers usually family
 - Most abused in the past
 - Abusers deal with stress by inflicting abuse

Types of Abuse



Unit V

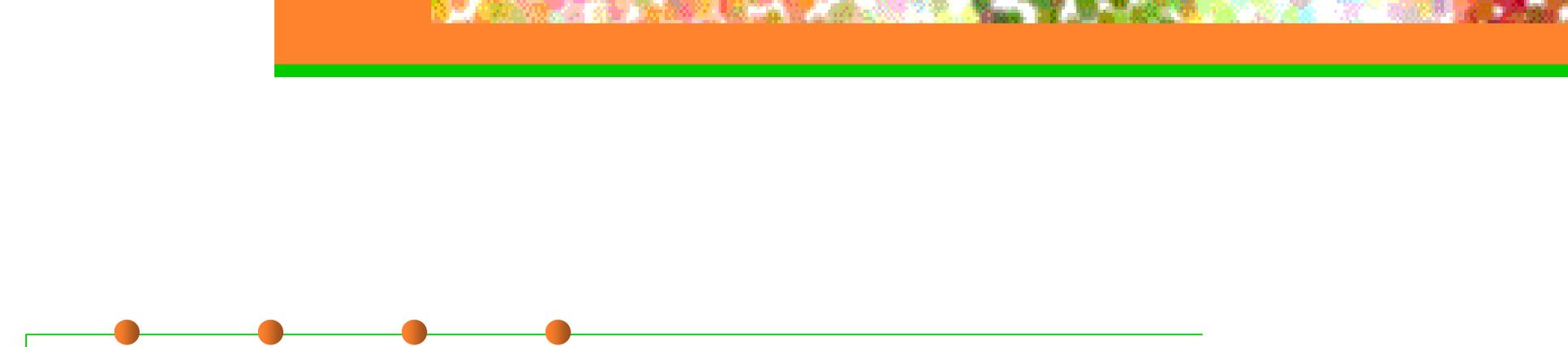
- Physiological Changes Affecting the Older Adult

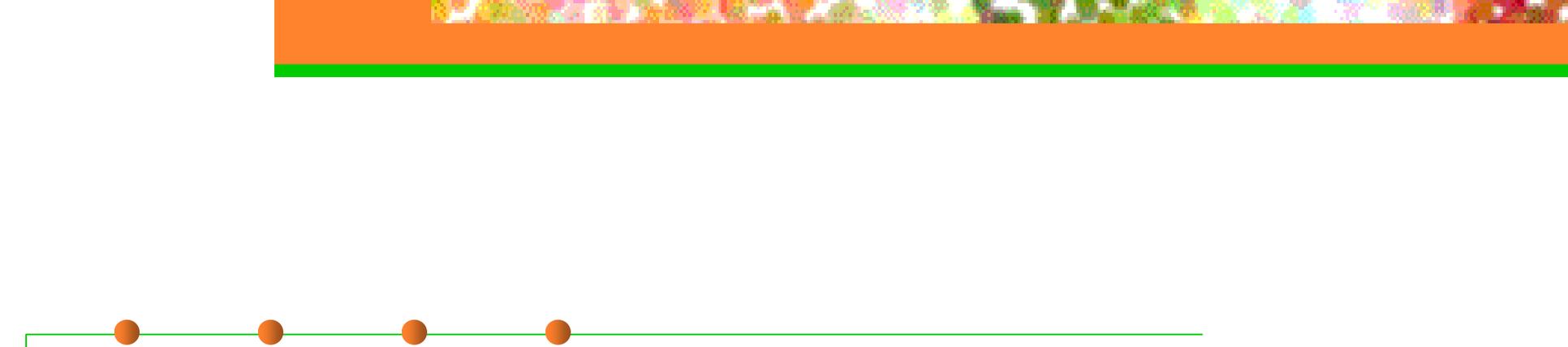


- Integumentary System

- Age related

- Xerosis
- Pruritis
- Lentigo senilis
- Senilis purpura
- Ptosis
- Hair and nails
- Sweat and sebaceous glands

- 
- Sun Exposure
 - Burns, premature aging, skin cancer
 - Tx. Sunscreen, clothing, shade
 - Pressure Ulcers – areas of unrelieved pressure
 - Decubitis ulcer
 - Pressure sore,
 - Bed sore



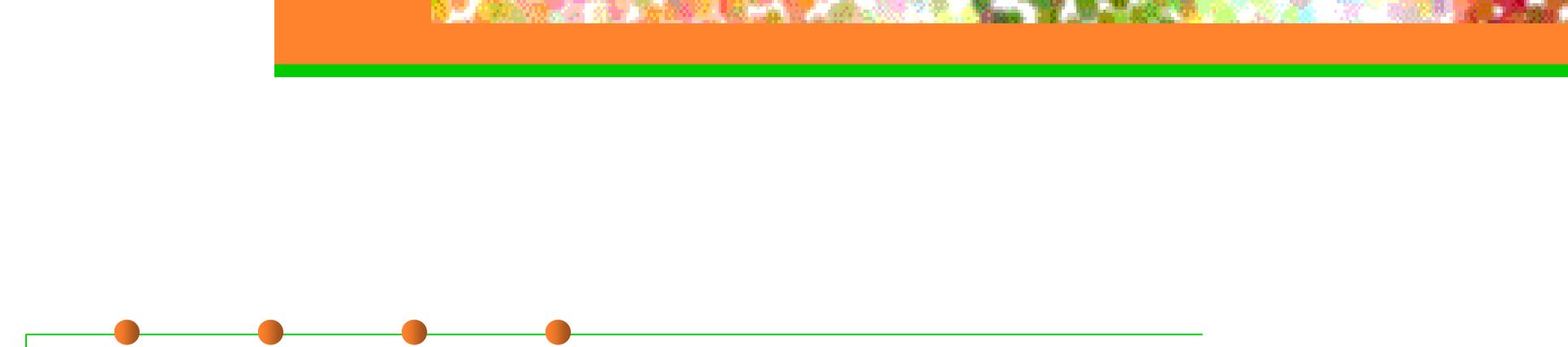
- Staging

- I.
- II.
- III.
- IV.
- V.



- Prevention

- Avoid pressure, friction, or shearing
- 16-1
- Nutritional assessment; promote adequate
- Liquid skin sealant
- Moisture permeable dressing
- Debridement
- Prevent infection

- 
- Skin cancer
 - Basal cell
 - Squamous cell
 - Malignant melanoma

 - CHANGE
 - ABCD

Neurological system

- The body does lose some sensory neurons which could result in loss of hearing, vision, smelling, temperature regulation and pain sensation
- Loss of postural control
- Reaction time is slowed
- Posture and gait changes
- Hypothermia

- 
- Cont.
 - Benign essential tremors

- 
- Age related disorders
 - Dementia vs. Delirium
 - Alzheimer's Disease
 - Sundown Syndrome
 - Verbal or Physical Abuse
 - Resisting Care
 - Socially Inappropriate or disruptive behavior

Parkinsonism

- Slow progressive neurological disease increasing with age peaks at age 75
- Bradykinesia – most prominent s/s
- No cure for parkinson's can use drug therapy to decrease symptom's

Seizure Disorders

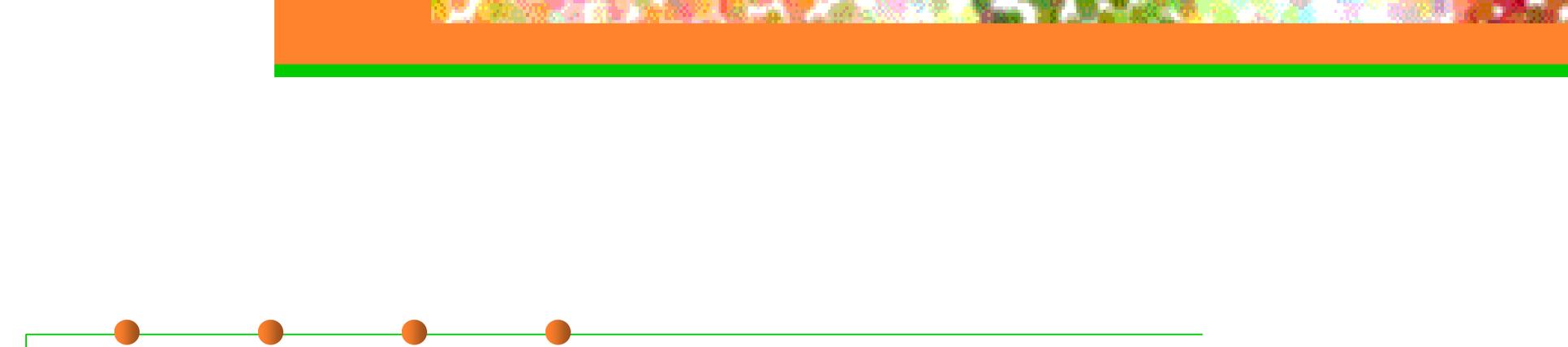
- Seizure and convulsion used interchangeably
 - Diagnosis
 - Treatment

Other

- Short term memory loss may be normal
- OA may be startled more easily
- Long term memory is usually good
- Lack dexterity

Cardiovascular system

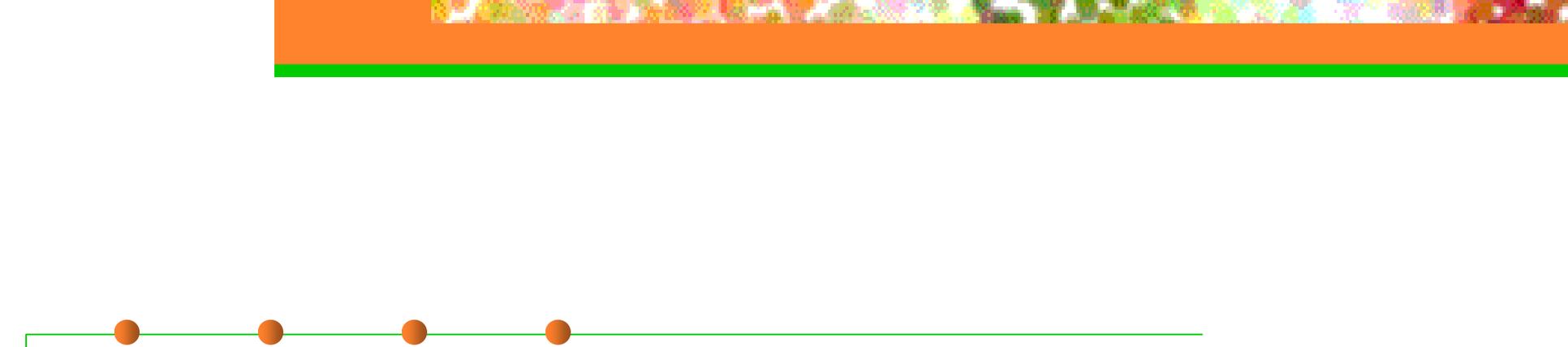
- Age-related changes
 - Stiffening of large arteries > systolic BP
 - Left Vent. Wall thickens
 - Heart valves calcified and lipid accum.
 - Aortic valve more involved than mitral
 - Collateral circulation
 - Heart failure

- 
- Cardiovascular cont.
 - Fluid volume excess
 - Activity intolerance
 - Ineffective breathing pattern
 - CAD, PVD
 - MI
 - CVA
 - DVT, Venous ulcers, Arterial Ulcers etc.

Musculoskeletal System

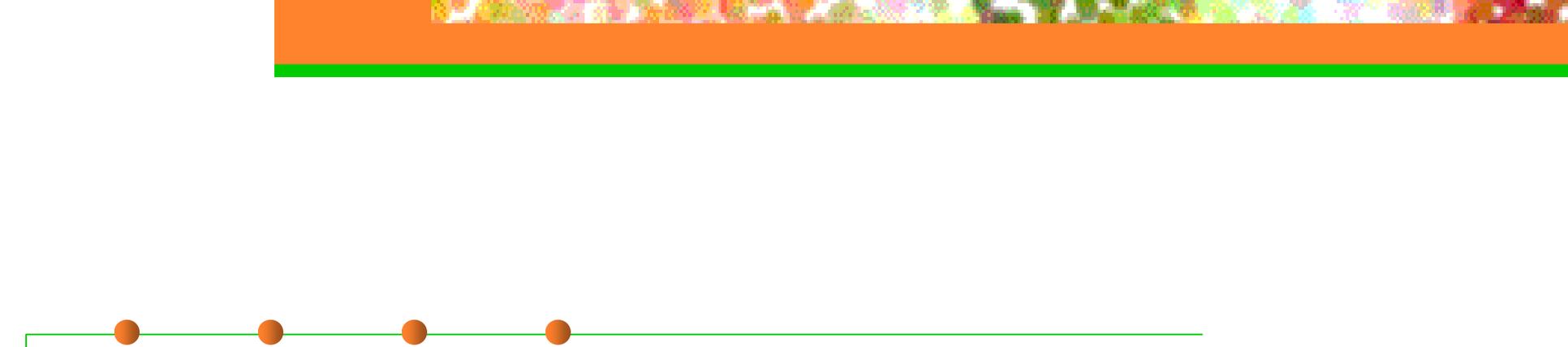
- Changes
 - Alter appearance
 - Slow movement
 - Affect ambulation
 - Height decreases (dowager's hump, kyphosis)
 - Pelvis widens and hips and knees become slightly flexed

- 
- 
- Osteoporosis – progressive loss of bone mass and deterioration of skeletal tissue causing the bones to become porous, brittle and weak.
 - Arthritis – inflammation of the joint
 - Osteoarthritis
 - Degenerative
 - Rheumatoid

- 
- Musculoskeletal cont.
 - Fibromyalgia
 - Gout

Respiratory system

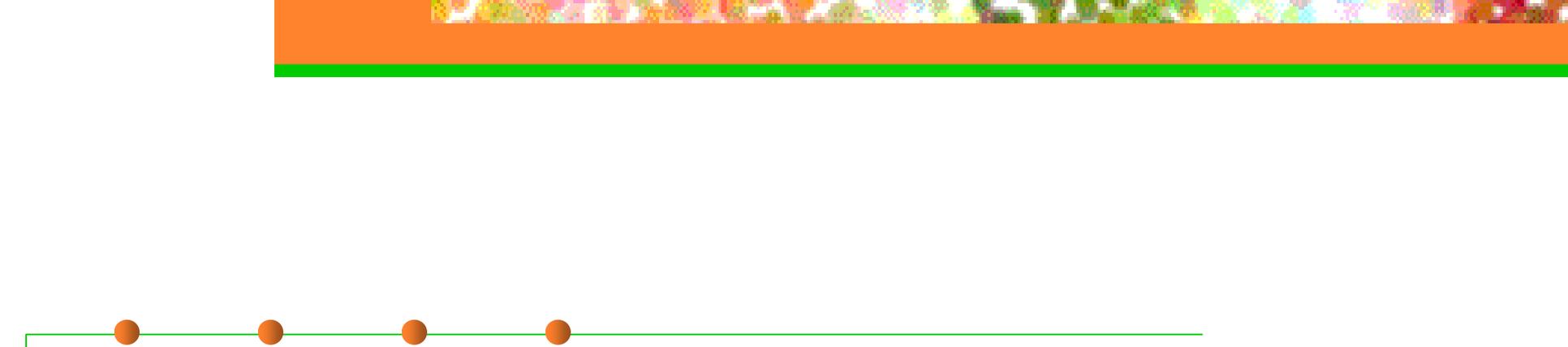
- Pathway of external breathing
 - Nose, pharynx, larynx, trachea, bronchi, bronchioles, alveoli (where oxygen is exchanged for carbon dioxide).



- Respiratory diseases that affect OA

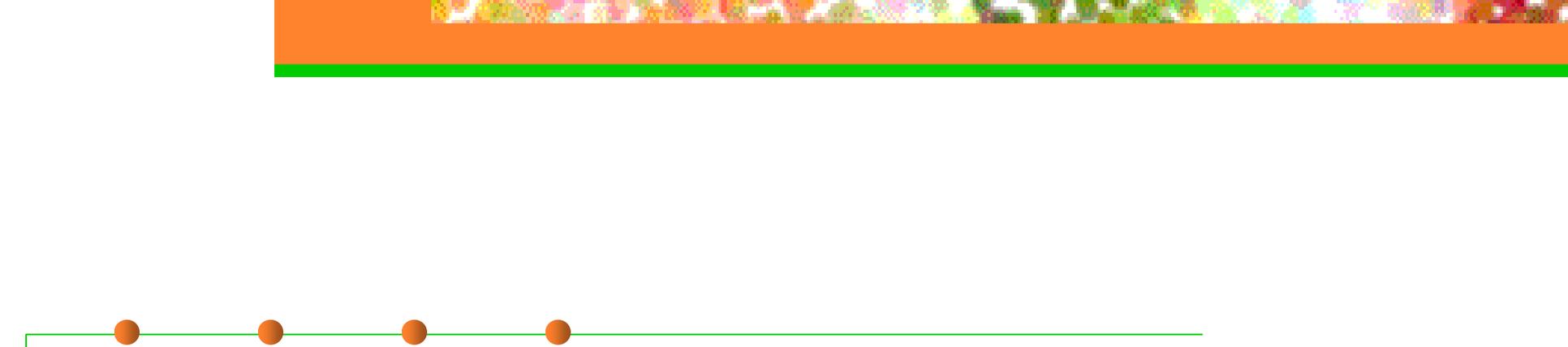
Chronic obstructive pulmonary disease

- Emphysema
- Chronic bronchitis
- Asthma
- Pneumonia
- Influenza
- Tuberculosis



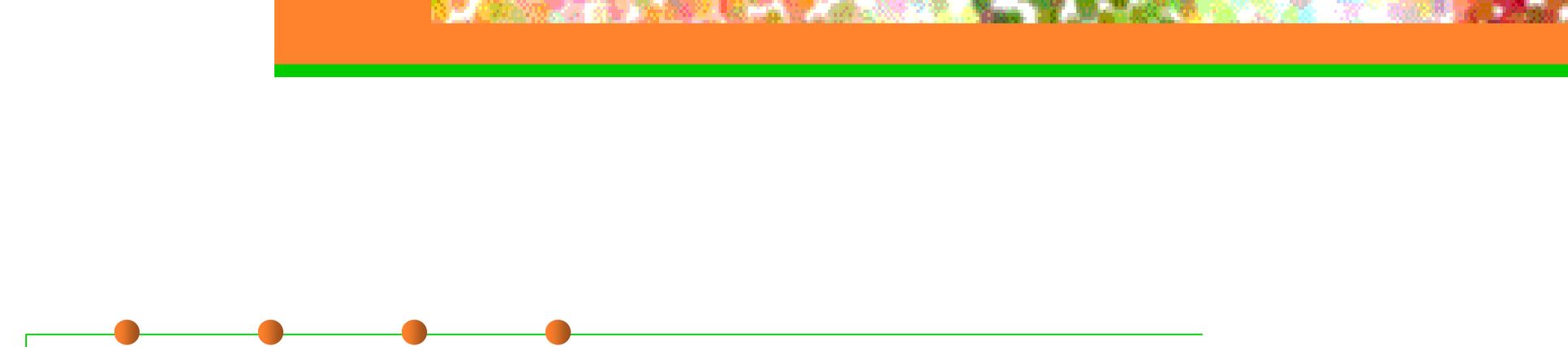
- Pneumonia

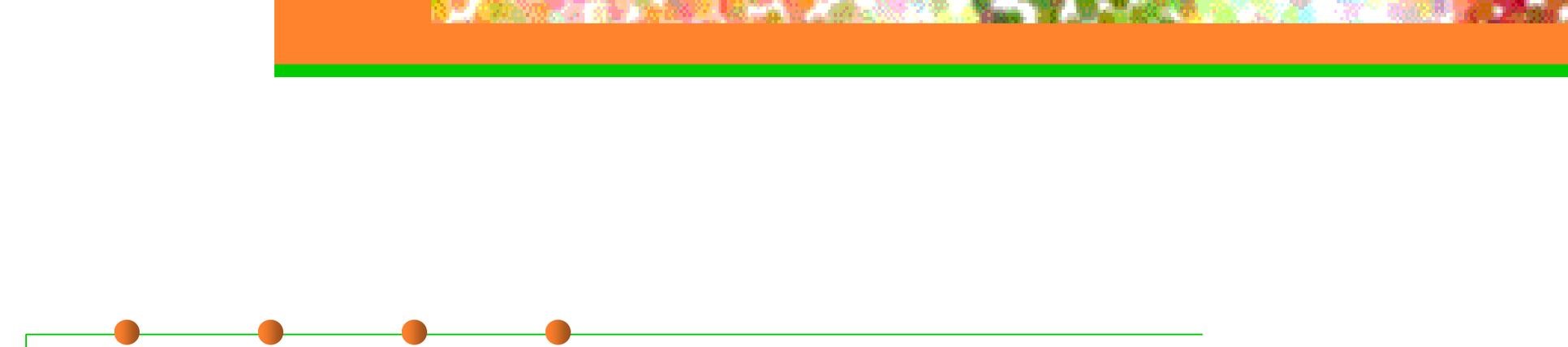
- Serious condition in the elderly
- Death rates 5X > in persons >65
- Usually requires hospitalization
- Chronic illness may complicate recovery
- It is an infection or inflammation of the lungs



- Influenza

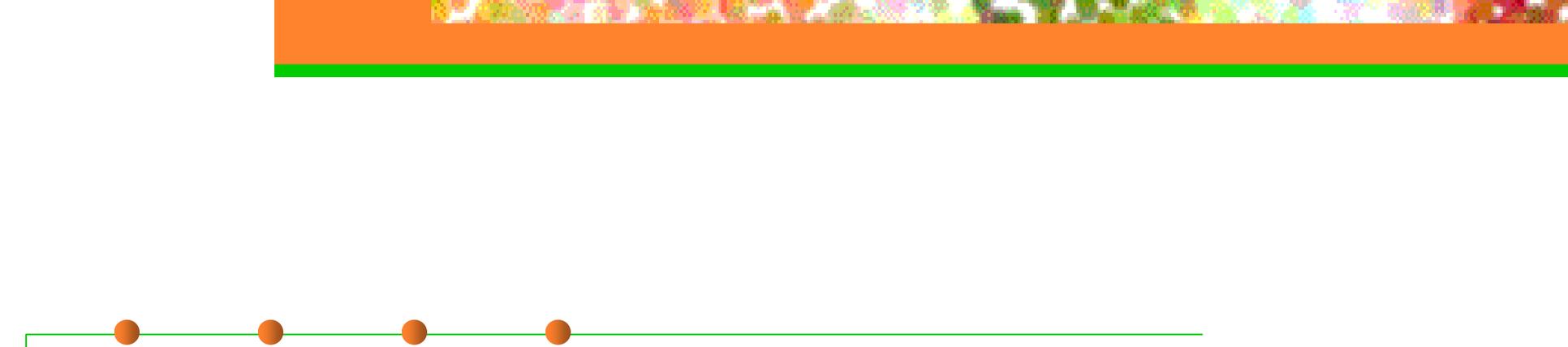
- Highly contagious viral infection
- Dangerous for the OA
- Pneumonia and influenza 5th >65y/o

- 
- Tuberculosis – acute or chronic infection caused by mycobacterium tuberculosis
 - Acute or chronic
 - 60% reported cases occur >45 inc. OA



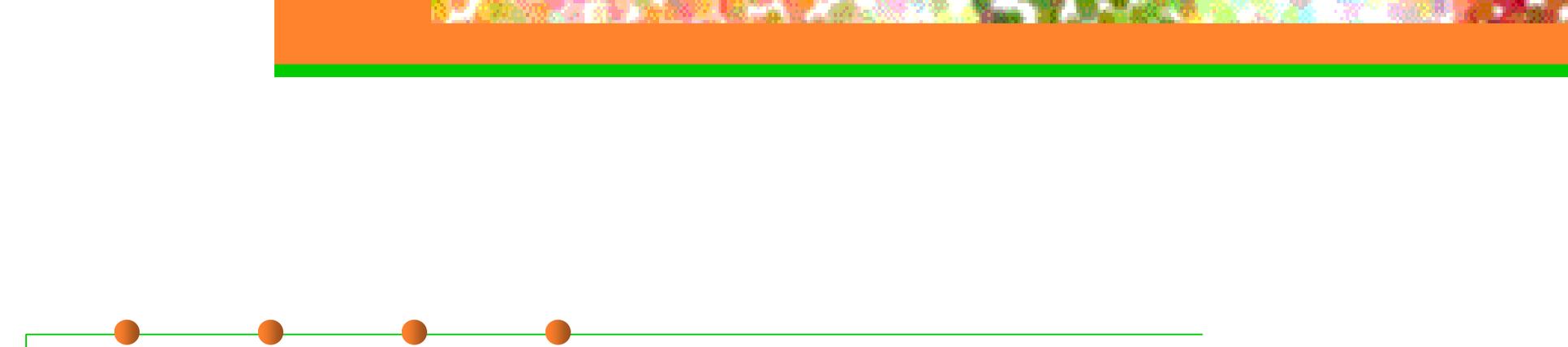
- S/s tuberculosis

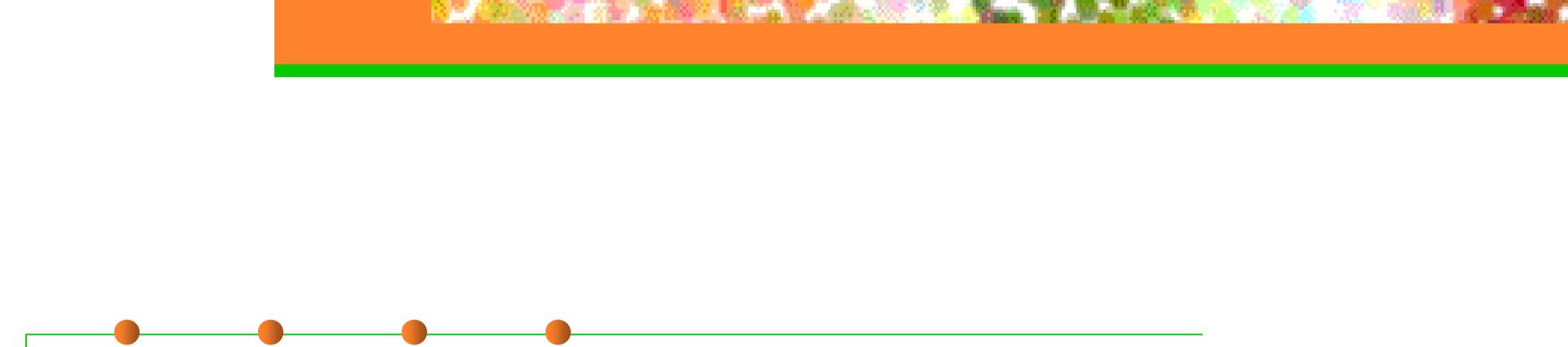
- Low grade fever usually rises in the afternoon
- Fatigue dyspnea
- Anorexia night sweats
- Weight loss
- Cough
- hemoptysis



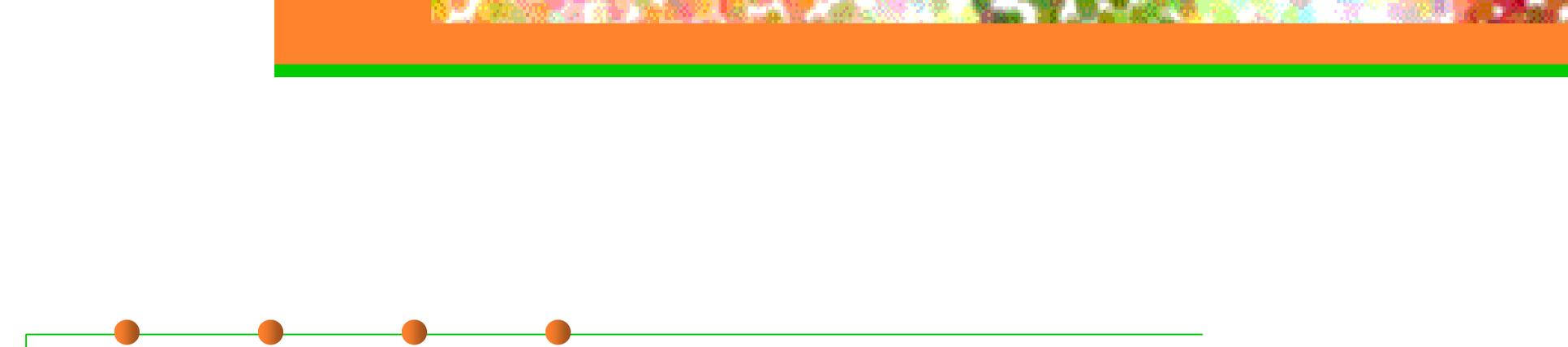
- Sleep Apnea

- Central sleep apnea – absence of breathing for 10 sec.
- Unaware of the episode
- Daytime sleepiness or drowsiness
- Can be caused by mechanical obstruction

- 
- Gastrointestinal System
 - Digestive system slows down with age
 - Can't eat everything and anything
 - Food intake and chewing
 - Decreased salivary function
 - Impaired absorption of nutrients
 - Excessive use of laxatives

- 
- Other changes
 - Weakened diaphragm
 - Liver
 - Gallbladder
 - Xerostomia

- 
-
- Diseases affecting the older adult
 - Dysphagia
 - Gastritis
 - Peptic ulcer disease
 - Diverticulosis/diverticulitis
 - Diarrhea/constipation
 - hemorrhoids

- 
- Diseases continued
 - Hiatal hernia
 - Gallbladder disease
 - Cirrhosis
 - Hepatic encephalopathy
 - Hepatitis
 - Viral HepB most common in OA

Genitourinary system

- Age-related changes
 - Kidneys
 - Andropause
 - BPH
 - Menopause
 - Osteoporosis
 - Dyspareunia
 - prolapse

- 
- 
- Diseases related to aging
 - Electrolyte imbalances
 - Urinary tract infections
 - Prostatitis
 - Cancer of the prostate
 - Renal failure
 - Cystocele

Endocrine system

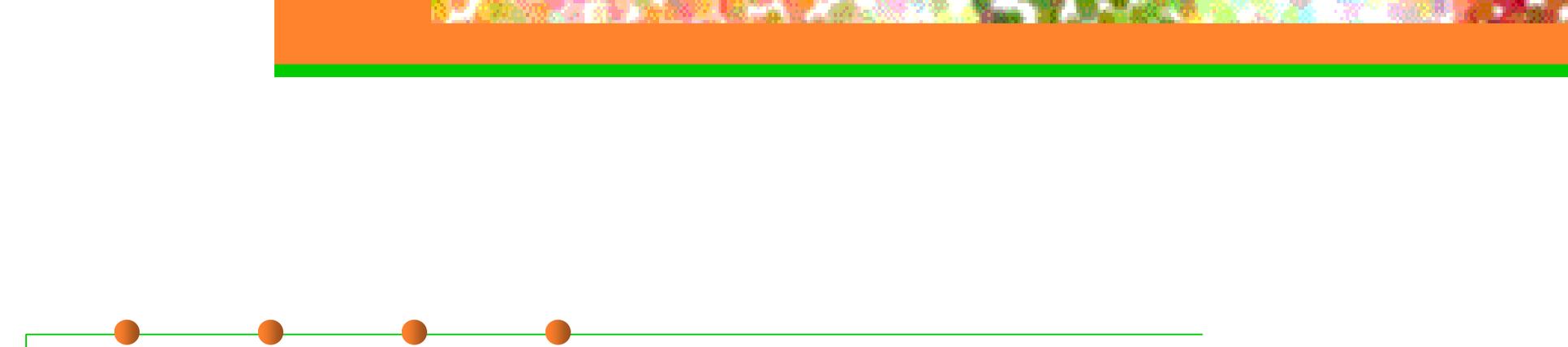
- Age-related changes
 - Pituitary, parathyroid and thyroid gland
 - Glucose tolerance declines

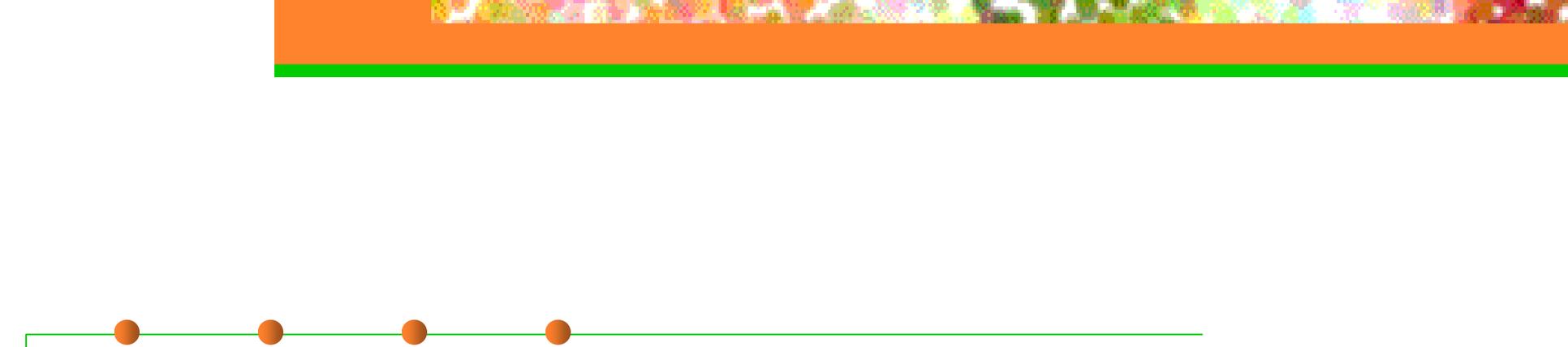
- 
- Diseases affecting endocrine system
 - Hypothyroidism
 - Hyperthyroidism
 - Diabetes mellitus

Sensory Organs

- Age-related changes in the eye
 - Arcus senilis
 - Presbyopia
 - Loss of visual acuity

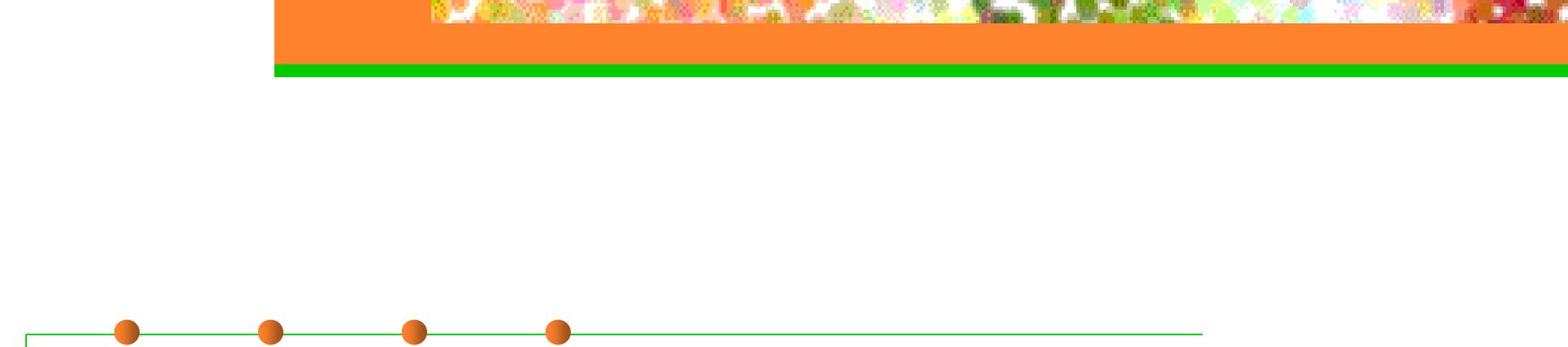
- 
-
- Most common visual disorders in OA
 - Macular degeneration
 - Cataracts
 - Glaucoma
 - Diabetic retinopathy

- 
- ARMD

- 
- Glaucoma



- Cataracts

- 
- Age related changes of the ear
 - Conductive hearing loss
 - Sensorineural hearing loss
 - Presbycusis
 - recruitment
 - Tinnitus
 - Vertigo

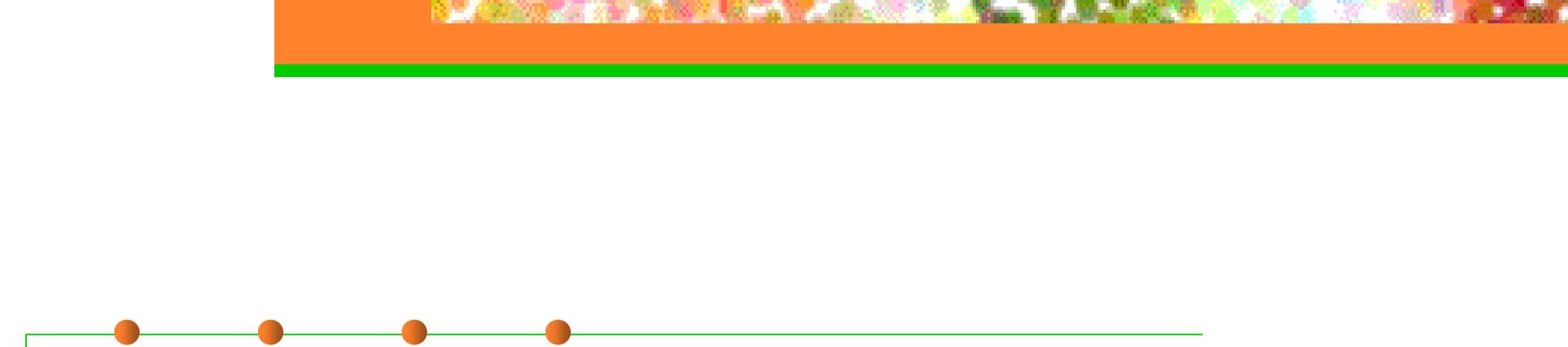
- 
- Taste and smell
 - Taste buds gradually dec. in#
 - 4 basic tastes: sweet, sour, salt and bitter
 - Other problems that affect taste
 - Decline in olfactory cells



- Touch

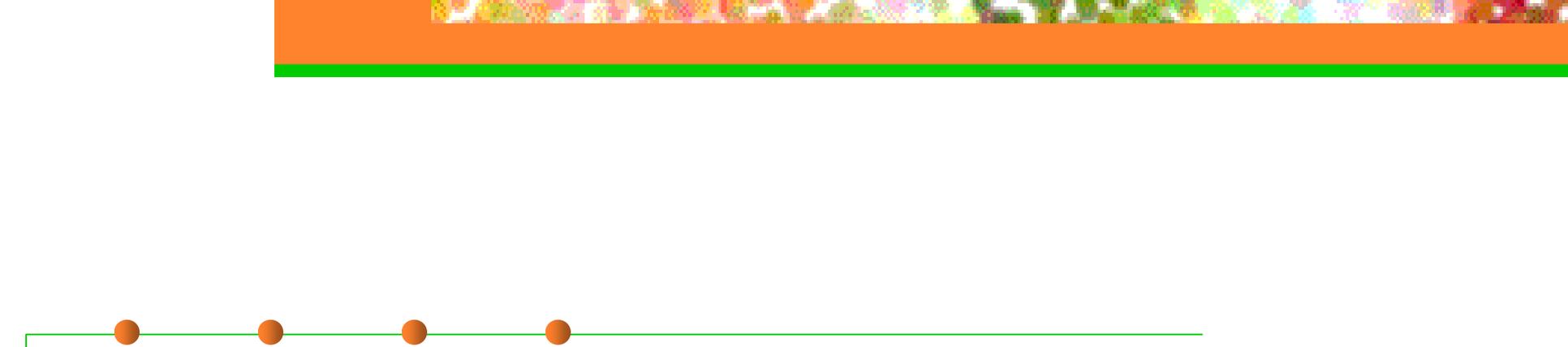
Hematologic and lymphatic system

- Fluid and electrolytes
 - Dehydration thirst sensation decreases
 - Medication
 - Chronic diseases
 - Nutrition
 - Exercise
 - Activity



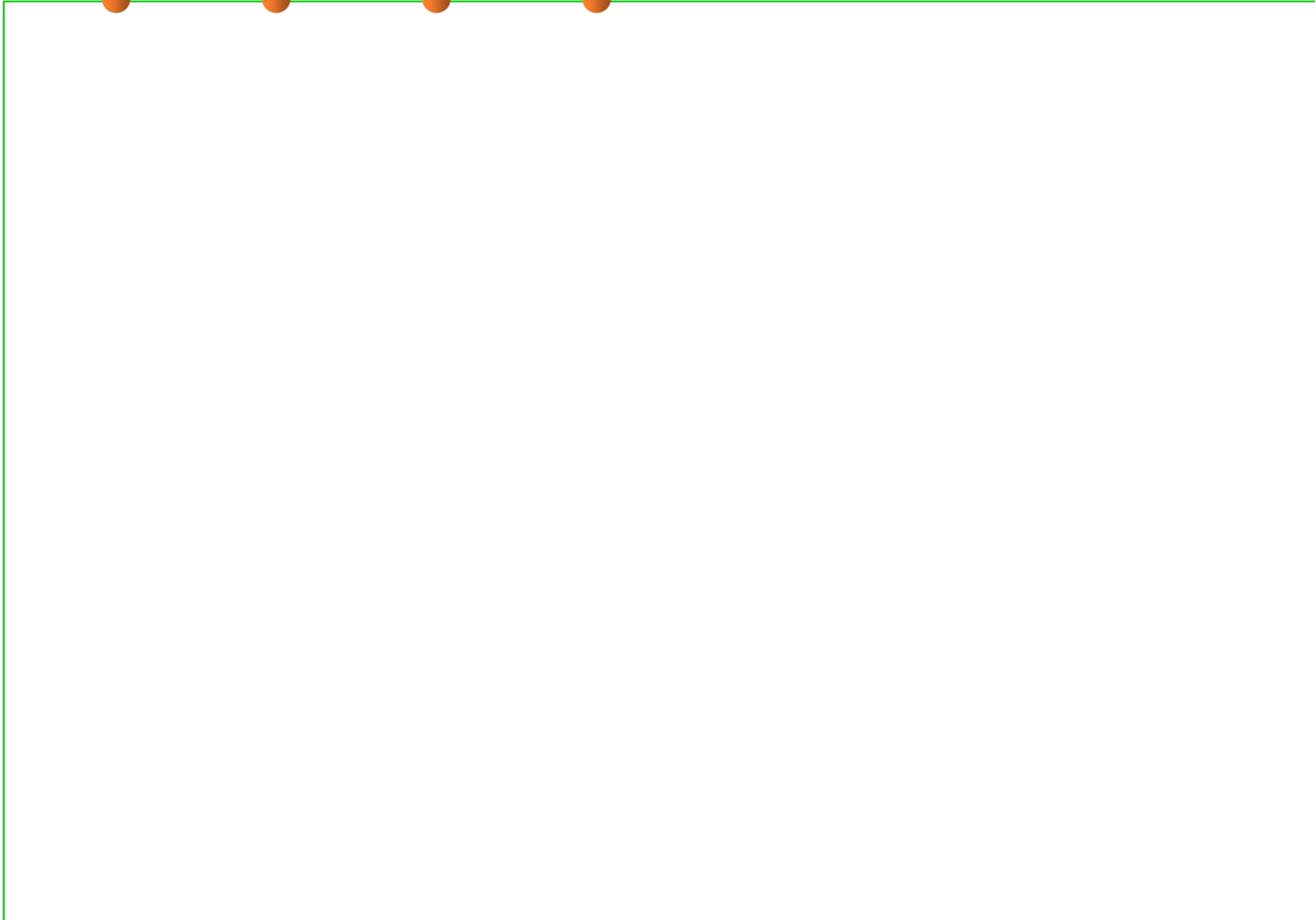
- Immune system

- Less T and B cells Immune system is slower
- Infections
- Baseline body temp. < 98.6
 - Do not always have a febrile response to infection



- Blood

- Hematopoiesis may decline
- Alterations in tissue oxygenation
- Altered antigen-antibody response
- Increased incidence of infection
- Reduced blood volume due to decreased muscle mass and metabolic rate

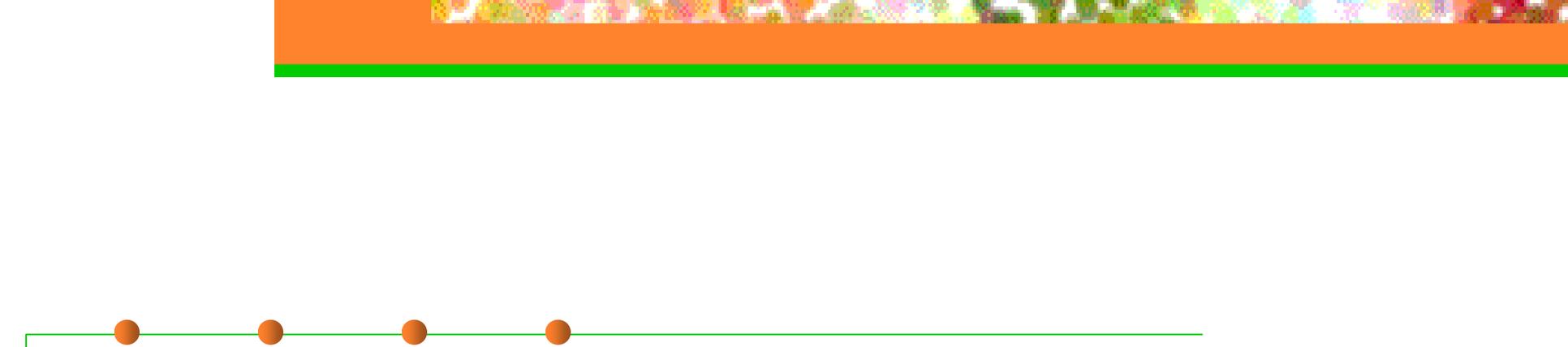


Unit VI

- Culture in Health and the Older Adult

Cultures

- Imp. in planning and providing n.c.
- Profound effect on patient health behavior
- Cannot assume everyone shares the same beliefs, values, & preferences
- Everything a patient does may have cultural practices e.g., ice in glass



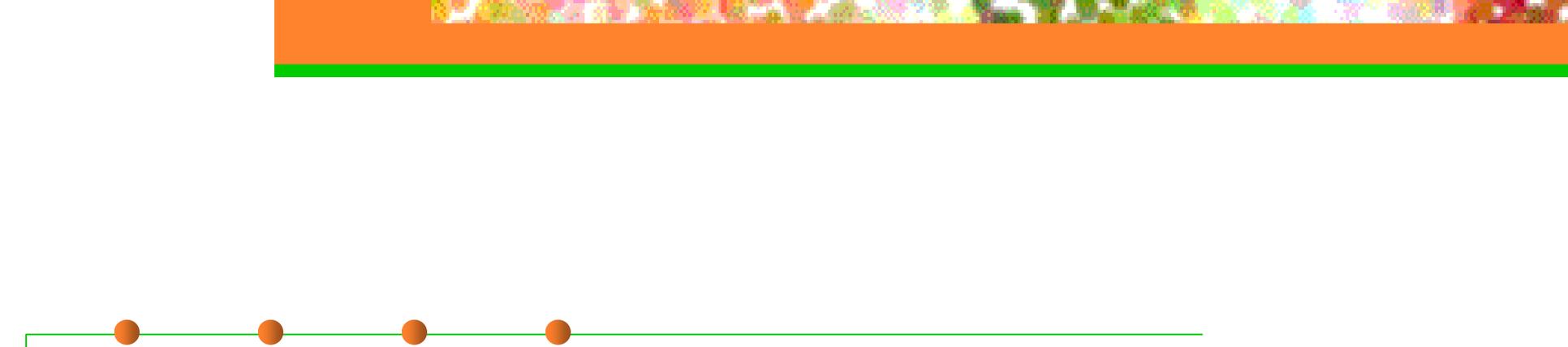
• Culture

- Is a system of values, beliefs, and practices that guide a person's behavior
- Is learned or shared
- Is passed from one generation to the next
- Religion is part of a person's culture
- Ethnicity is a person's identification with a certain ethnic group e.g., Irish

- 
- Ethnicity is based on:
 - Shared traditions
 - National origin
 - Physical characteristics
 - Language
 - Religion
 - Food
 - Dress

AMERICAN INDIANS

- H.C. involves restoring balance and harmony to self, loved ones, environment and universe
- Living in harmony with nature
- Ability to survive extreme circumstances
- Illness is a spiritual nature



- Health Problems

- Diabetes
- Alcoholism
- Domestic Violence
 - All are on the increase
 - A.I. believe that the increase is due to the decrease in observation of native traditions
 - Respect the OA as teacher and leader

African American

- Descendants of individuals from West Coast of Africa as slaves during the 17th century.
- Present in all areas of U.S. & all socioeconomic groups
- 1/3 live in poverty



- **Illness**

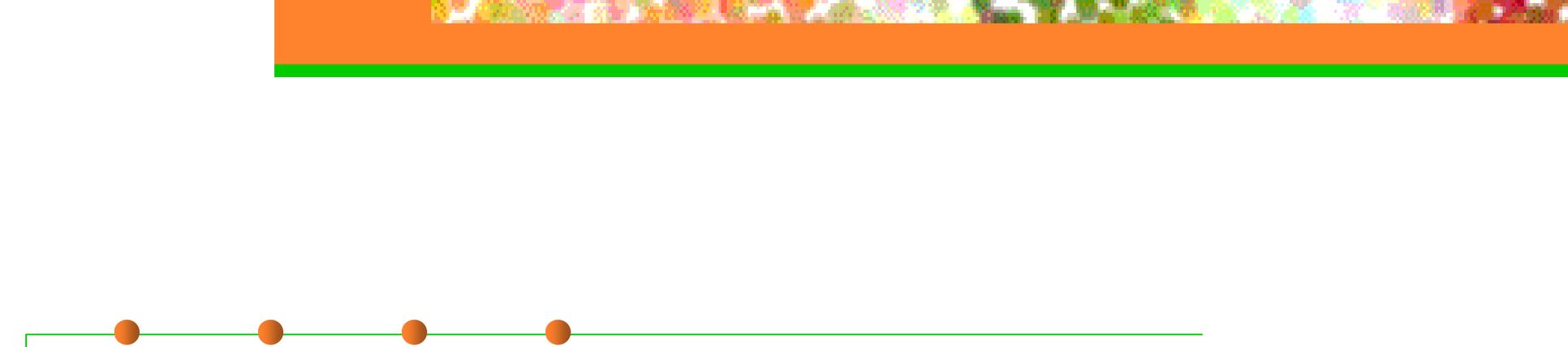
- Is a state of disharmony
- Believe they have some powers to heal and help others
- View of health- perceive the mind, body and spirit as interconnected
- African Americans care for the OA as well as the younger members

- 
-
- OA are held in high esteem for their knowledge and wisdom. Life expectancy is shorter
 - Health care is expensive ; inaccessible to the poor. They tend to delay health tx. Especially heart attacks
 - Few Afr. Am. In long term care reflects their value of family

- 
-
- Afr. Am. Believe supernatural forces can cause disease and influence recovery
 - Individual and group prayer is used to speed recovery.

Hispanics

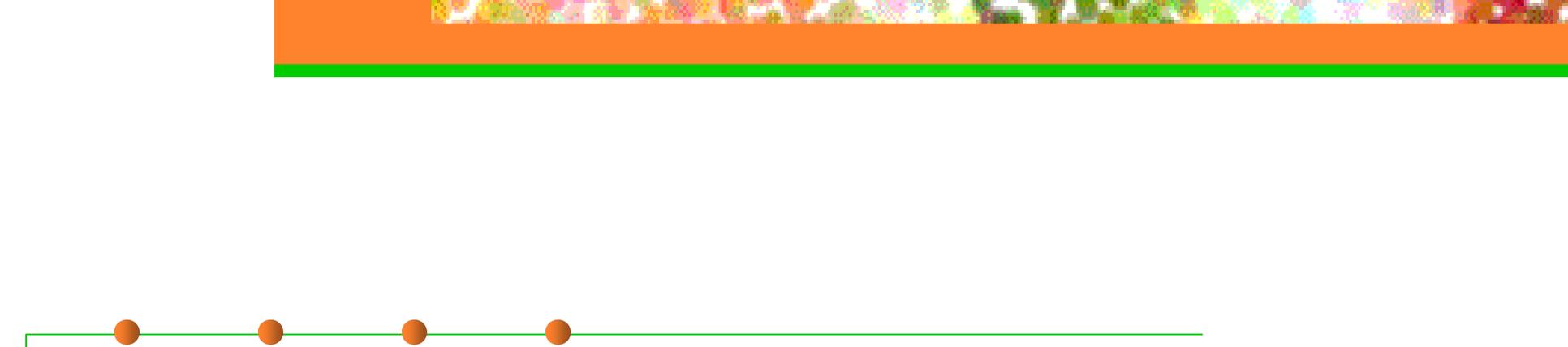
- Fastest growing minority in the U.S. 1990 – 2030 expected to increase 55%
- OA's are highly regarded in the community
Cared for at home and feel isolated or betrayed if placed in a nursing home
- Refer to hot and cold to describe illness
- Tx. Is the opposite to the cause

- 
- Common illnesses
 - Occur as a punishment from God
 - Diabetic
 - G.I. Problems
 - Use folk healing and home remedies
 - Prayer and penance used for forgiveness

- 
-
- Gender Role Big Factor
 - Male is the King Pin
 - Male has difficulty accepting illness because of gender role

Asian American

- Asian Am. are not orientals. Orientals are Asians are people from the Orient, Asia, China, Korea, Japan, Phillipines
- Believe the whole person must be in harmony for health to prevail
- OA is a blessing, esteem value often seek advice. Family consider responsibility for OA.

- 
- Tx.
 - Acupuncture
 - Accupressure
 - Food and herbs
 - Used to restore balance

Japanese Americans

- Culture values: self-sufficiency and self-control
- Respect and tact are expected
- Insult to give a command
- OA are given the greatest respect
- Expected to care for OA (few in Nursing Homes).

- 
- 
- Dignity with illness and dying
 - Obligation to care for the sick and OA
 - Caring for OA source of pride

Filipino American

- Believe individuals should accept what life brings
- Destiny is God's will
- Religion provides a sense of security
- OA carry religious articles or pinned to clothing
- Avoid conflict will give in to HCP even if not their belief

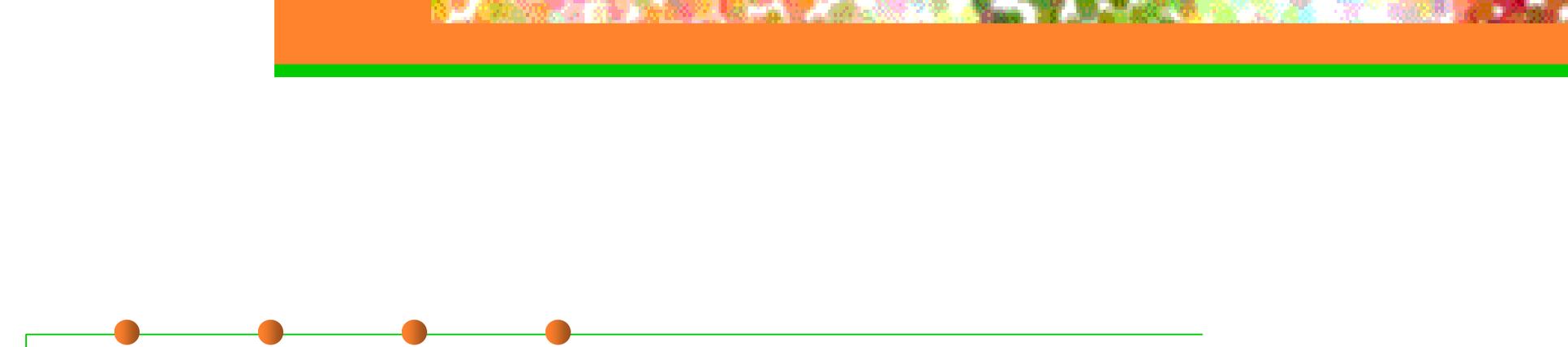
- 
-
- Traditional practices – faith healing and herbs
 - OA assumes the dominant role
 - High value on wisdom acquired thru life experiences
 - Disrespectful to use FIRST name
 - No!!!! Ms.

European American

- People should care for one another
- Believe that :
 - Germ causes illness
 - Stress
 - Drafts
 - Environment
 - Evil eye
 - Punishment from GOD

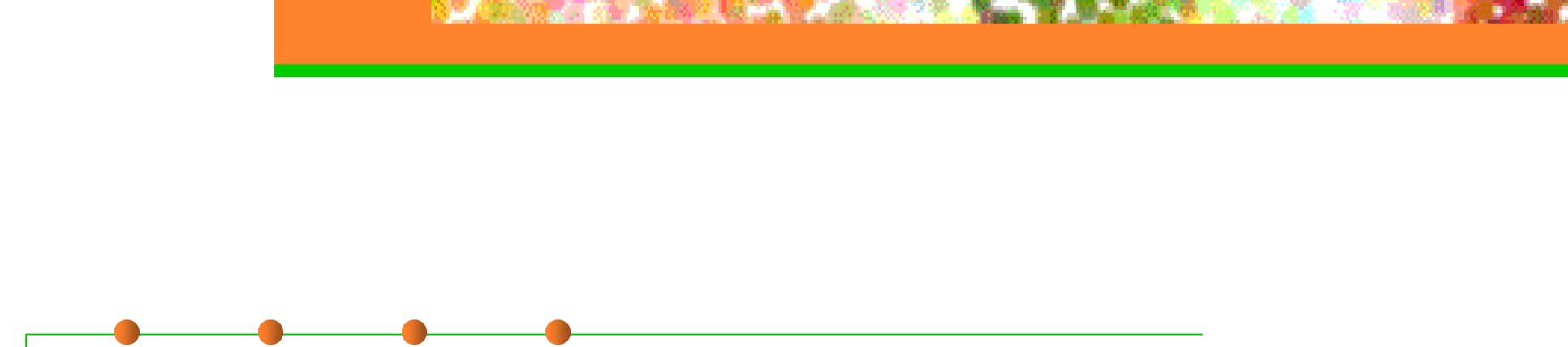
Scandinavians

- Value freedom of:
 - Choice
 - Autonomy
 - Live unrestricted

- 
- Baby Boomers
 - Post WW2 becoming Senior Boom
 - Are organized
 - Have collective power
 - Paying attention to needs of OA

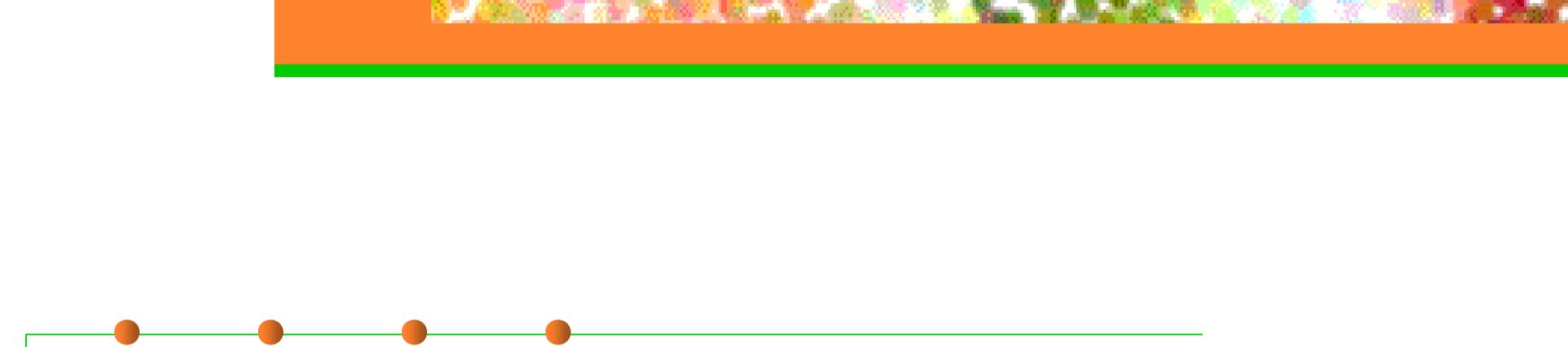
Jewish Americans

- Believe in body and spirit
- Ask god for healing
- Torah – Book of knowledge
 - Torah reads: visit the sick, imitate god, decrease isolation, promote community activity especially within their own community.
 - May consult Rabbi

- 
- Medical care may be refused on the Sabbath day or holy days
 - Diet is Kosher
 - Food blessed in Jewish tradition and certain foods consumed. No pork or pork products and shellfish. Avoid mixing dairy and meats. Some Insulin pork based

- 
- 
- Older Jewish Adults highly regarded in the Jewish community, they network services to preserve Jewish traditions

- 
- 
- WE ARE FOREIGN TO PATIENTS AS PATIENTS ARE FOREIGN TO US.



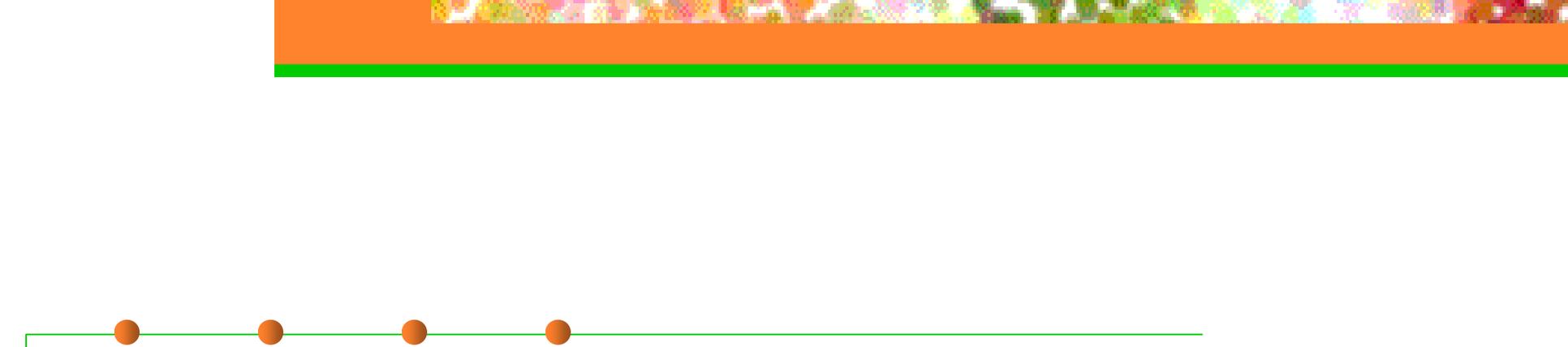
- OA's

- Many are poverty level refuse tx. As a result
- Have strong pride ethics, and refuse to take charity

Language Barriers

- Keep message simple
- Use diagrams
- Use pictures
- Use explanation
- Use gestures
- Use rephrasing
- OA may nod head always validate answer

- 
-
- Family is always important for translating, reducing anxiety, and may request to do personal care for the patient.

- 
- Do Not Generalize.....
 - Everyone is an individual.....