


Chapter 33
Health Promotion and Care
of the Older Adult




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Middle-aged Mervin
 Went to the surgeon
 To affix to his scalp some new hair.
 But when he awoke
 He looked worse than a joke
 And he wished that he'd left
 his head bare.



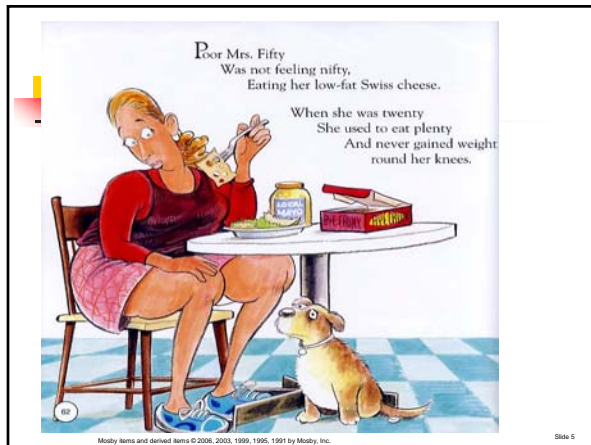
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Overview of Health and Wellness in the Aging Adult

- Older Adulthood Defined
 - Older adulthood begins at about age 65 and continues until death, which can cover a span of 40 years or more.
 - **Young-old:** ages 55 to 74 years
 - Old-old: 75 years old and older
 - Frail elder: over 75 years old with health concerns

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Overview of Health and Wellness in the Aging Adult

- Older Adulthood Defined
 - **Centenarians:** older than 100 years
 - **Chronological age** is a very poor indicator of old age.
 - Some individuals are "old" in their 50s, and others in their 90s are physically and mentally active.

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Overview of Health and Wellness in the Aging Adult

- Demographics
 - In the United States in 1990, over 12% of the population was older 65 years.
 - During the past two decades, the older adult population has grown twice as fast as the rest of the population.
 - ***It is projected that by the year 2030, over 21% of the population will be older than 65.***

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Overview of Health and Wellness in the Aging Adult

- Demographics (continued)
 - The health care delivery system is becoming more complex for several reasons.
 - Scientific advances more often delay life-threatening conditions of the past.
 - Life expectancy has substantially increased.
 - More focus has been placed on ethical and legal issues related to life, disease, research, and dying.

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Overview of Health and Wellness in the Aging Adult

- Wellness, Health Promotion, and Disease Prevention
 - A strong emergence of the holistic movement is changing the perception of health from the absence of disease to a broader definition of wellness.
 - Wellness is based on a belief that each person has an optimal level of function and that even in chronic illness and dying some level of well-being is attainable.

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Sylvia Merkle
Registered
ELECTROLOGIST

Oh where, Oh where
has my estrogen gone?
Oh where, oh where
can it be?

I was once young and fair
Now I sprout facial hair
Oh hormones please
come back to me.

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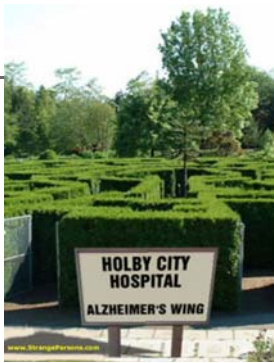
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Overview of Health and Wellness in the Aging Adult

- Myths and Realities
 - The myths and stereotypes of aging and older adults are numerous. This is a form of prejudice called *ageism*
 - Most myths are generalizations that focus on the negative aspects of aging.
 - In many cases, research has proven such myths to be inaccurate.

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Overview of Health and Wellness in the Aging Adult

- Legislation Affecting Older Adults
 - Social Security Act of 1935 *****
 - This was the first major legislation that attempted to provide financial security for older adults.
 - Older Americans Act
 - Objectives were to preserve the rights and dignity of our nation's older citizens.
 - National Family Caregiver Support Program
 - Program provides a means of addressing the nation's growing needs of caregivers.

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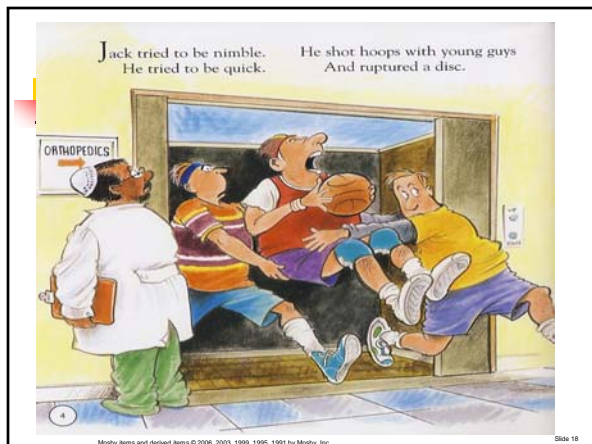
Overview of Health and Wellness in the Aging Adult

Elder Abuse and Neglect

- Violence toward individuals over the age of 65
- Classifications of abuse
 - Physical or sexual abuse
 - Psychological abuse
 - Misuse of assets
 - Medical abuse
 - Neglect
- Indicators of elder abuse
 - Frequent unexplained crying; unexplained fear of or suspicion of a particular person

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Groups for project

- 1. Rugen, Nina, Matt, Joseph, Joanna
- 2. Ed, Philip, Marie, Francis, Marquita
- 3. Anna, Brenda, Mark, Dylan
- 4. Evelia, Cristine, Sam, John
- 5. Caitlin, Cecelia, Frank, Junie, Jaime

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The Aging Body

■ Integumentary System

- Age-Related Changes
 - Lack of pigment in hair (graying)
 - Thinning hair and baldness
 - Less collagen and elasticity in the skin, with less fat under the skin (wrinkles)
 - Age spots (lentigo)
 - Thinning of the epidermis and reduced numbers of oil and sweat glands
 - Increased fragility of blood vessels, resulting in ecchymosis

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The Aging Body

■ Integumentary System (continued)

- Assessment
 - Observe skin for signs of excessive dryness or openings in the skin.
 - Observe hair for excessive loss, dryness, or oiliness.
 - Observe the nails for excessive length, sharp edges, brittleness, increased thickening, and yellowing.

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The Aging Body

- Integumentary System (continued)
 - Common Concerns and Nursing Interventions
 - **Pruritus** (itching)
 - Due to reduced glandular secretions and moisture
 - Pressure ulcers
 - Thin skin and lack of subcutaneous fat predispose the older adults to pressure ulcers when fragile skin is compressed between bony prominences of the body.
 - **Shearing forces** may produce injury via a shearing strain.

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The Aging Body

- Gastrointestinal System
 - Age-Related Changes
 - Decreased secretion of saliva and enzymes in the intestinal tract
 - Atrophy and decreased tone of the intestine
 - Decreased peristalsis
 - Changes may be intensified by medications, lack of fluids or dietary roughage, and lack of exercise.

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The Aging Body

- Gastrointestinal System (continued)
 - Assessment
 - Assess oral cavity for lesions, dental caries, loose teeth, and halitosis.
 - Assess ability to chew and swallow. (**dysphagia**)
 - Assess for complaints of intestinal cramping.
 - Assess dietary intake and weight.
 - Assess for signs of abdominal distention.
 - Assess bowel elimination and use of laxatives.
 - Assess individual's ability to control defecation.
 - Assess bowel elimination routes.

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The Aging Body

- Gastrointestinal System (continued)
 - Common Concerns and Nursing Interventions
 - Obesity
 - Less food is consumed than in their earlier, more physically active years.
 - Weight loss
 - Gradual weight loss is normal; rapid weight loss may indicate illness and should be reported.
 - Fluids/dehydration
 - Have fluids available and toilet facilities easily accessible

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The Aging Body

- Gastrointestinal System (continued)
 - Common Concerns and Nursing Interventions
 - Oral hygiene
 - Thorough cleansing of the entire mouth structure should be done with a soft-bristled toothbrush in the morning and at bedtime.
 - Loss of appetite
 - Prepare food using color and garnishes, attractive dishes, and table setting with good lighting and bright colors.

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The Aging Body

- Gastrointestinal System (continued)
 - Common Concerns and Nursing Interventions
 - Gastric reflux
 - Encourage small meals, no eating before bedtime, and elevation of the head of the bed.
 - Food intolerance
 - Lactose intolerance is common. Replace milk with cheese and yogurt.

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The Aging Body

- Gastrointestinal System (continued)
 - Common Concerns and Nursing Interventions
 - **Dysphagia**
 - Add thickeners to liquids; provide upright positioning, with leaning slightly forward with the chin down; reduce distractions.
 - Constipation
 - Ensure adequate fluid, exercise, and a diet that contains fiber.

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The Aging Body

- Urinary System
 - Age-Related Changes
 - Overall, kidney function and bladder capacity decrease with age.
 - The bladder and sphincters lose elasticity and are less responsive to stimulus to urinate.
 - Men commonly experience enlargement of the prostate.
 - Assessment
 - Assess frequency, amount, odor, and consistency of urine.
 - Assess individual's ability to control urination.

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The Aging Body

- Urinary System (continued)
 - Common Concerns and Nursing Interventions
 - **Nocturia**
 - Encourage patient to limit fluids in the evening, to take diuretic medications in the morning, and to minimize the hazards for falls.
 - **Incontinence**
 - Provide frequent and easy access to a bathroom or a urinal or commode. (Stress, Urge, Function)

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The Aging Body

- Cardiovascular System
 - Age-Related Changes
 - Changes involve loss of structural elasticity.
 - It takes longer for the heart to contract and the chambers to fill.
 - Heart valves become thicker and more rigid.
 - There is a decrease in pacemaker cells, and the electrical conduction is slowed.
 - Resting heart rate may decrease.
 - Arteriosclerosis develops, which increases blood pressure.

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The Aging Body

- Cardiovascular System (continued)
 - Assessment
 - Assess for signs of pallor, rubor, or cyanosis.
 - Assess and compare apical and peripheral pulses.
 - Assess capillary refill time.
 - Assess for presence of vertigo or syncope.
 - Assess blood pressure in lying, sitting, and standing positions.
 - Assess for edema.

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The Aging Body

- Cardiovascular System (continued)
 - Common Concerns and Nursing Interventions
 - Dysrhythmias
 - Check vital signs frequently.
 - Monitor fluid I&O.
 - Observe and report the older adult's response to medications.
 - Monitor the response to activity, and provide rest periods before and after activity.

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The Aging Body

- Cardiovascular System (continued)
 - Common Concerns and Nursing Interventions
 - Peripheral vascular disease
 - Encourage walking to stimulate venous return.
 - Discourage standing in one place for long periods.
 - Discourage crossing legs or knotting stockings to hold them up.

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The Aging Body

- Respiratory System
 - Age-Related Changes
 - Tissues of lungs and bronchi become less elastic and more rigid with age.
 - The chest wall is less able to expand because of changes in the skeletal system.
 - Muscles associated with respiration are weakened, so that lung expansion and vital capacity are decreased.
 - Overall, the older person's air exchange is reduced, and secretions remain in the lungs.

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The Aging Body

- Respiratory System (continued)
 - Assessment
 - Assess depth, rhythm, and rate of respiration at rest and with activity.
 - Assess the amount of activity the individual is able to tolerate.
 - Assess for the presence of cough, productive or nonproductive.

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The Aging Body

- Respiratory System (continued)
 - Common Concerns and Nursing Interventions
 - **Chronic obstructive pulmonary disease (COPD)**
 - Encourage adequate intake of fluids.
 - Avoid smoking and air pollution.
 - Avoid crowds and people with upper respiratory infections.
 - Ensure adult receives annual influenza vaccine.

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The Aging Body

Respiratory System (continued)

- Common Concerns and Nursing Interventions
 - Pneumonia
 - Liquefy secretions through adequate intake of fluids and prescribed medications.
 - Assist with removal of secretions by teaching proper coughing technique to improve airway clearance.
 - Promote turning, coughing, and deep breathing to improve gas exchange.

Kyphosis or "Dowager's hump"
causes shortness on breath

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Figure 33-9




(From Lueckenotte, A. [2000]. *Gerontologic nursing*. [2nd ed.]. St. Louis: Mosby.)

Kyphosis causes this woman to stoop.

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The Aging Body

- Musculoskeletal System
 - Age-Related Changes
 - There is a reduction in the number and size of active muscle fibers with decreased muscle strength.
 - Joints become less elastic and flexible with the loss and calcification of cartilage.
 - Demineralization of bone leads to **osteoporosis**.
 - Changes in the spine bone structure and compression of intervertebral discs result in postural changes such as **kyphosis**.


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The Aging Body

- Musculoskeletal System (continued)
 - Assessment
 - Assess ability to stand, move, and perform ADLs.
 - Assess gait, including balance, posture, base of support, size of steps, and ability to turn.
 - Assess for muscle weakness, paralysis, joint edema, pain, or limitations in joint mobility.

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The Aging Body


Musculoskeletal System

Common Concerns and Nursing Interventions

Arthritis

- **Osteoarthritis**: degenerative joint disease
- **Rheumatoid**: inflammation of joints
 - Relief of stress on affected joints through the use of rest and assistive devices such as splints, walkers, adapted utensils, and use of clothes with Velcro fasteners
 - Range-of-motion and other forms of mild exercise
 - Heat and gentle massage

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The Aging Body

Musculoskeletal System (continued)

- Common Concerns and Nursing Interventions
 - Falls
 - Maintain an environment that is free of hazards.
 - Increase lighting for decreased vision.
 - Provide assistive devices such as walkers and canes to aid with balance.
 - Teach to sit on the side of bed when arising and to stand for several minutes before walking.
 - Encourage exercises that increase strength, balance, endurance, and body awareness.

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The Aging Body

Musculoskeletal System (continued)

- Common Concerns and Nursing Interventions
 - **Osteoporosis**
 - Prevention begins with children and adolescents
 - Diet high in calcium and vitamin D
 - Regular weight-bearing exercise
 - Hormone replacement therapy
 - Calcium supplements

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The Aging Body

Endocrine System

- Age-Related Changes
 - The levels of hormones secreted and the response of body tissue to hormones change with age.
- Assessment
 - Assess laboratory results and report abnormal calcium, glucose, or thyroid hormone levels.

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The Aging Body

- Endocrine System (continued)
 - Common Concerns and Nursing Interventions
 - Non-insulin-dependent diabetes mellitus
 - Goal is to achieve and maintain a normal metabolic state through diet management, weight control, and exercise.
 - Intake should be balanced with recommended amounts of protein, carbohydrates, fats, vitamins, and minerals; refined sugar is limited; high-fiber diet is encouraged.
 - Monitor glucose levels, good foot care, and safety precautions.

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The Aging Body

- Endocrine System (continued)
 - Common Concerns and Nursing Interventions
 - Hypothyroidism
 - Assess for weight gain, dry skin, thinning of hair, cold intolerance, delirium, and depression.
 - The goal for interventions is stabilization of thyroid levels with medication (levothyroxine).

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The Aging Body

- Reproductive System
 - Age-Related Changes
 - There are diminished levels of male and female hormones.
 - There is diminished sexual function.
 - Menopause in women decreases vaginal secretions and the pH becomes more alkaline.
 - Assessment
 - Assess for signs of vaginal or penile ulceration, edema, or discharge.
 - Assess for the presence of dimpling or drainage from the breast.

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The Aging Body

- Reproductive System (continued)
 - Common Concerns and Nursing Interventions
 - Sexual function
 - Estrogen creams or water-soluble lubricants are used for vaginal dryness.
 - Encourage and help older adults to look their best, complimenting them when they look nice.
 - Respect older adults and allow them to have their privacy.

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The Aging Body Sensory Perception

- Age-Related Changes
 - Visual impairment
 - **Cataracts**, most common problem in elderly: limits light into the eyes by clouding the lens
 - **glaucoma**, second leading cause of blindness where drainage puts pressure on optic nerve
 - macular degeneration, and diabetic retinopathy
 - **Presbyopia**, (farsighted ness) narrowing of the peripheral field of vision, decreased ability to focus on near objects, and decrease in visual acuity
 - Depth perception distorted and vision in dim light difficult

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The Aging Body

- Sensory Perception (continued)
 - Age-Related Changes
 - Hearing impairment
 - **Presbycusis**: the normal loss of hearing acuity, speech intelligibility, auditory threshold, and pitch associated with aging
 - Touch and position
 - Decreased number of receptor cells in the skin and joints
 - Difficulty sensing temperature and maintaining balance

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The Aging Body

- Sensory Perception (continued)
 - Assessment
 - Assess eyes for dryness, tearing, or signs of irritation.
 - Assess ability to see both close up and at a distance.
 - Assess hearing; note the use of hearing aids.
 - Assess for reported changes in taste or smell.

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The Aging Body

- Sensory Perception (continued)
 - Common Concerns and Nursing Interventions
 - Decreased Vision
 - Ensure the patient's eyeglasses are clean and are available.
 - Increase the amount of light in the environment.
 - Reduce glare by use of shades on windows and lights.
 - Use night lights to avoid abrupt light-to-dark changes.

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The Aging Body

- Sensory Perception (continued)
 - Common Concerns and Nursing Interventions
 - Decreased hearing
 - Hearing aids
 - Face the individual and speak at a normal or slightly slower pace without exaggerating or shouting.
 - Nonverbal communication: gestures, smiles, nodding, and written communication

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The Aging Body

- Sensory Perception (continued)
 - Common Concerns and Nursing Interventions
 - Peripheral neuropathy
 - Teaching the need for careful daily inspection for blisters, cuts, or infections.
 - Avoid smoking, constricting footwear, and crossing of legs.


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The Aging Body

- Nervous System
 - Age-Related Changes
 - There is a decline in the number of peripheral nerve cells and fibers, as well as brain cells.
 - Nerve impulse transmission in the nervous system slows, resulting in slower reaction time.
 - Autonomic nervous system changes include decreased efficiency in maintaining normal body temperature and in the pulse returning to normal after exercise or stress.

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The Aging Body

- Nervous System (continued)
 - Assessment
 - Assess alertness level.
 - Assess appropriateness of behavior and responses.
 - Assess changes in memory.
 - Assess for the presence of pain.
 - Assess sleep patterns.

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The Aging Body

- Nervous System (continued)
 - Common Concerns and Nursing Interventions
 - Insomnia
 - Encourage a bedtime ritual.
 - Exercise and activity during the day increase the likelihood of falling asleep at night.
 - Encourage a nap in the morning rather than in the afternoon.

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The Aging Body

- Nervous System (continued)
 - Common Concerns and Nursing Interventions
 - **Delirium** often mistaken for senility
 - Reality orientation
 - Call patient by his or her correct name.
 - Make eye contact; be honest.
 - Converse about familiar subjects.
 - Provide familiar objects in the environment.
 - Explain events and procedures in concise, simple language.
 - Set a routine and be consistent.

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The Aging Body Nervous System

- Common Concerns and Nursing Interventions
 - **Dementia** : memory loss progressive cognitive impairment often caused by Alzheimer's disease
 - Goals are to maintain maximum self-care abilities and to prevent injury.
 - Divide ADLs into small steps and explain as they are done in very specific and simple terms.
 - Maintain a calm, distraction-free environment.
 - Monitor for wandering.
 - Institute interventions to prevent injury.
 - Routine is very important; any changes should be introduced very slowly.

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The Aging Body

- Nervous System (continued)
 - Common Concerns and Nursing Interventions
 - Parkinson's disease often causes *akinesia*: (loss of complete or partial muscle control)
 - Observe response to medications.
 - Maintain mobility through exercise and activity.
 - Provide range-of-motion exercises and massage.
 - Provide a safe environment.
 - Encourage use of mobility aids.
 - Give individual time to respond, encourage efforts to communicate, and show acceptance.

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The Aging Body

Nervous System (continued)

- Common Concerns and Nursing Interventions
 - Stroke
 - Goals focus on rehabilitation to maximize the ability to accomplish ADLs and to be as independent as possible.
 - Encourage or assist patient to do exercises and activities prescribed by the therapist.
 - Communication techniques for *aphasia (language and speech difficulty)* include listening carefully, using pictures and appropriate gestures, speaking slowly, using direct short statements, and not interrupting.

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Health Care and the Aging Adult

Illness Responses

- Frequently, older adults respond to illness by developing disorientation or delirium, weakness, immobility, incontinence, or by falling.
- The development of such changes in behavior should be recognized, documented, and reported; they may indicate treatable infection or illness before the typical signs and symptoms are seen.

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Health Care and the Aging Adult

Medications

- Minimizing adverse effects and drug interactions can be a delicate balancing act.
- Age-related changes in body function can contribute to adverse reactions.
- Metabolism of medications is decreased as a result of decreased blood flow to the liver, fewer functioning liver cells, and a decrease in the liver enzymes.
- Dosages may need to be reduced to prevent toxicity

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Health Care and the Aging Adult

Hospitalization, Surgery, and Rehabilitation

- Older adults have less reserve to cope physically and emotionally with the effects of hospitalization and surgical interventions.
- They require longer postoperative recovery and convalescent periods.

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Health Care and the Aging Adult

Hospitalization, Surgery, and Rehabilitation

- Minimize the normal effects of immobility: stasis of secretions, orthostatic hypotension, and digestive and perceptual disorders.
- Encourage to perform self-care activities at older adult's own level of tolerance and to have rest periods.

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Security Concerns for the Older Adult

■ Finances

- Health care can become a major expense and devastate the older adult's personal financial security.
- Many have a fixed income from retirement pensions and only limited savings to pay for the rising costs of housing, food, and health care.
- Financial problems can arise when people have not planned carefully for retirement; retirement planning should begin early in life for both men

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Security Concerns for the Older Adult

■ Housing

- The majority of older adults prefer to remain independent and have their own, noninstitutionalized housing.
- Other options for living arrangements might include retirement villages or senior housing apartments or single-family homes.

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Psychosocial Care of the Older Adult

■ Cognitive Changes

- Aging has little influence on cognition.
- Only some older people experience some cognitive deficits.
- Research indicates that most older people retain their intelligence and are capable of learning throughout their lives.

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Psychosocial Care of the Older Adult

Loss, Grief, and Depression

- Significant psychosocial changes may include personal, social, and economic losses.
- There are changes in roles and retirement and the loss of significant others.
- Physical changes can result in losses of independence and space.
- Some older adults have successful coping strategies for grief or isolation; for others, the stress and grief lead to either short- or long-term depression.

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