

Aging and Senior Adults

Aging for many senior adults is a progressive loss of strength and capacity, a progressive increase in health problems along with a sense of isolation. With hearing loss, lower visual acuity, loss of friends, and reduced cognitive abilities, one sees the older person gradually impaired and disadvantaged, becoming depressed and losing interest in social interaction. If you are sixty or older, you may have begun to experience some of these things. If your parent is a senior adult, you may not be aware that he or she is experiencing and dealing with some of these things.

Learning the facts about aging can help you slow the process, and help you be more realistic about aging. Being informed about aging and its challenges are an important responsibility for a caretaker, or soon to be caretaker. The facts about aging can help increase understanding among family members and help them make better decisions about their parent's health care when they have to step in. Listed below are a number of conditions and problems associated with aging.

Hearing Loss and the aging process

A third of all older Americans have experienced some form of hearing loss. Age, disease, noise, tumors or injury can impact our ability to hear. With a loss of hearing comes an inability to tell where sounds come from, not hearing door bells, alarms, or telephones, not hearing directions, an inability to hear parts of words causing slower and less certain responses and a frustration with having to ask, "what did you say?" multiple times.

Risk Factors:

- Age
- Nutrition
- Disease
- Social Isolation
- The impatience of people not understanding

Protocols for Care: (please note that a few will neither ask for, nor accept directions from others. Some will accept directions but only grudgingly. Most will probably comply, but forget occasionally. Stay active in the process whether you are the patient, or part of the family. It is always best to seek a lot of advice. Google is an excellent resource.)

- Reduce environmental noise
- Maintain a healthy diet
- Have regular checkups which include hearing tests

Vision Changes and the aging process

Vision changes usually begin in the early to mid 40s and frequently impact our ability to focus on small print. Progressive vision loss increases the risk of a serious fall, impacts driving skills and can result in dizziness and loss of balance.

Risk Factors:

- Diseases: cataracts, glaucoma, diabetic retinopathy and macular degeneration
- Accidents and injuries
- Loss of interest in TV and reading – boredom and depression
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Protocols for Care:

- Reduce strain on eyes
- Maintain a healthy diet
- Have regular checkups with an Ophthalmologist.

Skin Care and the Aging Process

The elderly typically experience skin problems. The outer layer of the skin becomes thin, dry, less elastic, slow to heal and easily bruised. There is reduced blood supply, and increased permeability that can lead to disease progression. With the aging process comes a loss of activity which can contribute to skin breakdown, circulatory problems, loss of mental acuity and depression. Most people over 70 have at least one skin disorder and many have three or four.

Risk Factors:

- Age
- Diet
- Diseases – cancer, or infection
- Confinement to bed – pressure sores
- Medications and their impact on the skin
- Exposure to sunlight
- Dehydration

Protocols for Care:

- Maintain good nutrition habits
- Use moisturizer, lip balm and other skin care products liberally, especially during dry periods. Chapped dry skin promotes the breakdown of skin.
- Be attentive to any changes
- If bedfast, obtain proper bedding, or initiate periodic turning

Falls and the aging process

In the U.S., one out of every three adults 65 or older falls each year. Falls are the leading cause of death due to injury among persons over 65. For those 65 and older, 60% of fatal falls happen at home, 30% in public

places and 10% in health care institutions. Falls often result in broken bones in the elderly: hips, pelvis, arms, legs, ankles, hands, and vertebrae. Oddly enough, side rails and restraints do not prevent falls and injuries in nursing homes. A person constrained by a side rail is more likely to hurt themselves seriously from a fall than an unrestrained person.

Risk Factors:

- Age and low activity level
- Dizziness
- Personality, lifestyle and attitude about personal safety
- Physical conditions such as stroke (which produces weakness), arthritis, poor vision, foot problems, poor nutrition, etc.
- Neurological disabilities such as Parkinson's or stroke
- Medication use
- Depression
- Environmental factors (slippery surfaces, poor lighting, loose rugs)

Protocols for Care:

- Plan and educate according to risk factors
- Provide equipment to facilitate walking, transferring, etc.
- Enroll in PT and OT programs that promote conditioning, education and coordination improvement.

Urinary Incontinence and the aging process

Urinary incontinence is the involuntary or uncontrolled loss of urine from the bladder. Several surveys have indicated that among persons over 60 the incidence is as high as 35%. Among homebound elderly the incidence is as high as 53% and among nursing home admissions it is at least 50%. Age related changes in the bladder, including decreased bladder elasticity, reduced muscle control, increased muscle contractions and urgency adversely affect continence. In addition, less efficient kidneys will result in increased urine output.

Risk Factors:

- Age
- Inadequate fluids
- Infections
- Medications and medical conditions
- Immobility or decreased activity
- Depression
- Stress
- Muscle weakness
- Estrogen deficiency
- Surgery

Protocols for Care:

- Communication and education
- Work with your physician to provide a plan of care that promotes optimal bladder function. There are hydration programs, bladder retraining programs and toileting programs designed to meet the needs of the individual.
- Use skin lotions as appropriate

Nutrition/Hydration and the aging process

Nutrition studies have revealed that up to 85% of the elderly are nutritionally at risk. Age-related changes such as the loss of lean body mass, a decrease in metabolic rate and the changes that occur with the sense of taste and smell, affect the amount of food intake in the elderly. In addition, the loss of teeth and serious chewing problems has an impact on food intake. Most older adults do not drink the recommended daily amounts of fluid (50 oz or so), increasing the risk of muscle cramps, fatigue, head aches, infections and decreased absorption of meds. Constipation is also another area of concern among the elderly because of lack of hydration.

Risk Factors:

- Age
- Medical and physical conditions
- Depression
- Pain, Swallowing problems
- Food texture
- Side effects of medications, e.g., antihistamines, diuretics
- Impaction
- Not wanting to get up at night to go to the bathroom, or wanting to reduce the frequency of bathroom calls during the day.

Protocols for Care:

- Develop a plan of care that is consistent with the individual's medical, nutritional history, food preferences, abilities, and expectations.
- Communicate the importance of executing and adhering to the plan. Advise family and care givers of the plan. Everyone should be on the same page.

Infections and the process of aging

Reduction in kidney/lung functions decreased activity and decreased circulation, increase the risk of exposure to organisms that place seniors at increased risk for infections such as urinary tract infections or pneumonia. The most common infections for the elderly are bacterial pneumonia, urinary tract and skin/soft tissue infections. Each year, nearly 2 million patients receiving care in a hospital get an infection and 1.5

million infections occur annually in America's nursing homes. Seventy percent of the bacteria causing these infections are resistant to at least one of the drugs most commonly used to treat the infections. In addition, the elderly are 10 times more likely to catch pneumonia. Many times these infections are absent symptoms such as a fever.

Risk Factors:

- Age and the normal decline in the immune system
- Hospitals and nursing homes
- Physical and emotional condition
- Multiple drug utilization
- Reactions to antibiotics
- Co-morbid diseases
- Nutritional and hydration deficiencies
- Lack of exercise due to prolonged bed rest
- Incontinence/constipation
- Non-compliance with hygiene protocols

Protocols for Care:

- Communicate and educate both the family and the individual regarding hygiene.
- Focus on nutrition and hydration.
- Follow your physician's infection control protocols
- Sensitivity of caregiver to any symptoms of infection (fever, pain, confusion, falls, weight loss, change in behavior).
- Wash your hands often and use good hand hygiene.

Medication Use and the aging process

Some 87 percent of older persons are taking at least one prescription medication and three over-the-counter (OTC) drugs each day. While the elderly make up only 13 percent of the population, they use about 36 percent of all prescribed medications and at least 40 percent of the OTC drugs. Hospitalized patients and those in nursing homes typically take six to nine drugs. Every med has side effects. Taking only two medications increases the risk by 6 percent; taking five medications increases the risk by 50 percent while eight meds increases the risk by 100 percent. Age-related changes, including absorption, distribution, metabolism and excretion affect how well drugs move in the body. Adverse drug reactions are frequently seen in the elderly. They include sedation, fluid retention, constipation, arrhythmias, confusion, falls, delirium, dehydration, incontinence and weakness.

Risk Factors:

- Age
- Multiple medical conditions – multiple medications
- Dementia

- Depression
- Hydration
- Sensory impairments
- Over-utilization or unnecessary use of medications

Protocols for Care:

- Try to read all materials provided, noting side effects and medications that do not go with other medications. Always follow these directions.
- Take the Flu vaccine every year (if not contraindicated).
- Take the Pneumonia vaccine (good for 9 years).
- Be sensitive to any changes.
- Be fully involved and don't forget Google.

Mobility and the aging process

Mobility is the ability to move around by any means – walking, changing position, or transferring from one thing to another (wheel chair to commode, bed to wheel chair/walker). Weakness (muscle tone and strength), stiffness and/or pain are the most frequent complaints and the things that most often prevent senior adults (or anyone else that has been hurt or has a debilitating disease) from getting where we want to go. With loss of mobility comes the loss of independence. Loss of mobility can result in depression, changes in cognition, changes in self-image, mood disturbances, a decline of multiple organ systems, increased risk of heart disease, stroke, diabetes, and colon cancer, and a decline in personal hygiene. It will take a remarkable effort and time to bath, dress and get ready for going out. It will take a remarkable effort to prepare a meal, to go to the bathroom, to wash, dust and clean a house. The routinely common becomes the seemingly impossible. Age related mobility factors often contribute to falls.

Risk Factors:

- Age
- Pain
- Inactivity
- Depression
- Medications
- Osteoarthritis/Arthritis (loss of cartilage found between bones within joints afflicts virtually all persons over the age of 60 to some degree. This frequently results in pain and decreased mobility of the joint.)
- Muscle weakness/joint stiffness
- Chronic illnesses

Protocols for Care:

- Physical (below the waist) and occupational (above the waist) therapies, after an illness or injury.
- An exercise program including active movement, strength training and flexibility exercise can help maintain mobility, improve the quality of life, and prolong independence.
- Nutrition and diet

Depression and the aging process

Depression is a medical illness characterized by persistent sadness, guilt, hopelessness, discouragement and loss of self-worth including symptoms such as reduced energy, altered concentration, insomnia, and decreased appetite and weight loss. Only a third of all Americans over the age of 65 believe that depression is a “health” problem. Most (58%) believe that it just comes with “normal” aging. Depression is more common in nursing homes than in the community. Suicide rates in older adults are 50 percent higher than those in young people. White males over the age of 80 are six times more likely to commit suicide than any other demographic group. Signs of depression among the elderly are much more likely to be dismissed as crankiness or grumpiness. Loss of friends, or family, loss of independence, adjustment to retirement, financial concerns, or pain and chronic illnesses place the elderly at risk for depression.

Risk Factors:

- Age
- Ongoing sadness and anxiety
- Fatigue
- Insomnia
- Chronic aches, pains, illness
- Alzheimer’s disease
- Medication use
- Memory loss
- Isolation
- Weight loss
- Skin breakdown
- Grief

Protocols for Care:

- A compassionate and sensitized environment where honest discussion can occur.
- Family activities
- Provide access to social services/activities, ministry support, support groups, and counseling services.
- Education regarding depression
- Prevent the individual from isolating himself/herself

Alzheimer's Disease and the aging process

Alzheimer's disease is a progressive, irreversible, neurological disease that affects nearly 4 million people nationwide. The risk for this disease doubles every five years beyond the age of 65. Alzheimer's and the dementia that goes with it effects the ability to recognize, remember, use correct judgment, speak coherently or complete everyday activities. Behaviors such as pacing, wandering, verbal repetition, public sexual expression, hallucinations, or striking out frequently occur among those with the disease. The patient may disregard safety concerns, become rebellious and injure themselves. Other illnesses and stress may intensify the symptoms.

Risk Factors:

- Early stage
 - Confusion about decisions, directions, money mgt.
 - Judgment impairment – placing oneself at risk
 - Wandering
 - Escaping
- Middle Stage
 - Shortened attention span, resulting in diminished capacity to focus on personal needs
 - Falls, injury, hallucinations
 - Difficulty communicating
 - Inability to organize thoughts
 - Pacing, rummaging, restlessness, insomnia, hitting, kicking, yelling, screaming
- Late Stage
 - Incapable of taking care of self
 - Cannot bathe self
 - Loss of bladder and bowel control
 - Cannot feed self
 - Problems with swallowing or choking
 - Dehydration, infections or seizures

Protocols for Care:

- Be under the care of a Physician
- At some point, the person will have to be placed in a safe home, preferably one specializing in Alzheimer's.
- Develop a plan of care with the Physician and the staff of the nursing home.

Pain Management and the aging process

Chronic pain is unfortunately very common (50% in the community and 70% in nursing homes) among older persons. Many physicians and senior adults assume that pain is normal for this age group. As a result it

can be ignored and/or under treated. Seniors who have multiple medical problems may experience several types of pain.

Risk Factors:

- Decline in physical fitness
- Weakness, stiffness
- Arthritis/Osteoarthritis
- Constipation
- Unwillingness to discuss pain, or draw attention to it
- Cancer
- Old fractures
- Post operative surgical recovery

Protocols for Care:

1. Work with physicians to establish a well-defined pain management program to identify and treat pain promptly.
2. Encourage person to discuss/report pain
3. Educate

References:

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3. Falls Among the Elderly: Epidemiology and Prevention. American Journal of Preventive Medicine 1988, 4 (5): 282-8.
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5. Newman, DK. What's New: The AHCPH Guideline Update on Urinary Incontinence. J Ostomy/Wound Management. 1997; 42 (10):46-59.
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9. Francesco Landi, MD. Pain Management in the Frail, Community-Living Elderly Patients. Original Investigation. Archives of Internal Medicine. Vol.161 No.22, December 2001.

Resources:

- Richardson Senior Center – 820 W. Arapaho, Richardson (972) 744-7800 www.cor.net Click on “Recreation” and then “Senior Resources.”
- Plano Senior Center – 401 West 16th St. Plano (972) 941-7155 www.planoparks.org Click on “Senior Adults”
- Richardson Medical Center – 401 W. Campbell Rd, Richardson (972) 498-4800 www.RichardsonHealth.com.
- New Lifestyles (comprehensive resource for Assisted Living, Skilled Nursing & Rehab, Alzheimer’s, and Home Care, 1-800-869-9540 www.NewLifeStyles.com
- Google
- Book for caregivers: Caring for Aging Loved Ones by the Focus on the Family Physicians Resource Council.