

THE AGING PROCESS

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 maybe help you slow the process, and help you be more realistic about the problems associated with 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 health care decisions when they have to step in. The following is a number of conditions and problems associated with aging.

HEARING LOSS

Fully a third of all older Americans have experienced some form of hearing loss. Age, disease, noise, tumors or injury all can have an impact on 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, and not hearing directions. There is 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. Oft times they just quit asking.

RISK FACTORS:

- Age
- Nutrition
- Disease
- Social Isolation
- Frustration and impatience

PROTOCOLS FOR CARE: *(Please note that many times denial and reluctance will stop the older person from taking a hearing test. In addition, hearing aids are outrageously expensive and nobody wants to hear that they need one, so be patient.)*

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

VISION CHANGES

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

PROTOCOLS FOR CARE:

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

SKIN CARE

The elderly typically experience skin problems. The outer layer of the skin become 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 ageing comes a loss of activity which can contribute to skin breakdown and circulatory problems. 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 with pressure sores
- Medications and their impact on the skin
- Exposure to sunlight
- Dehydration

PROTOCOLS FOR CARE

- Good nutrition
- Use moisturizers, lip balm and other skin care products, especially during periods of dry weather. Chapped skin cracks and breakdown of skin
- Watch for changes
- If bedfast, obtain proper bedding or initiate periodic turning

FALLS

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. Some 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 entirely prevent falls. Injuries when they do occur with side rails and restraints tend to be more serious.

RISK FACTORS:

- Age and low activity levels
- 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 do or stroke
- Medication use
- Depression
- Environmental factors: slippery surfaces, poor lighting, loose rugs and steps which are especially hazardous for those wearing bi-focals

PROTOCOLS FOR CARE:

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

URINARY INCONTINENCE

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

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), increasing the risk of muscle cramps, fatigue, headaches, 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
- Reducing fluid intake to avoid frequent urination both day and night.

PROTOCOLS FOR CARE:

- Develop a plan of care that is consistent with the individual's medical, nutritional history, food preferences, abilities, and expectation.
- 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

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 American'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 decline in 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

Some 87% of older persons are taking at least one prescription medication and 3 OTC (over-the-counter) drugs each day. While the elderly make up only 13% of the population, they use about 36% of all prescribed medications and at least 40% of the OTC drugs. Hospitalized patients and those in nursing homes typically take 6 to 9 drugs, some has many as 11. Every med has some side effects and the more medicines taken, increases the odds of side effects. Taking only 2 medications increases the risk by 6%, taking 5 meds increases the risk by 50%, while 8 meds increases the risk by 100%. 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 meds
- Dementia
- Depression
- Hydration
- Sensory impairments
- Dizziness and falls
- Over-utilization, or unnecessary meds

PROTOCOLS FOR CARE:

- Read all materials provided, noting side effects and medications that do not go with other medications,
- Take the Flu vaccine every year if possible
- Take the Pneumonia vaccine (good for 9 years)
- Be sensitive to any changes
- Be fully involved. There is a wealth of easily accessible information on the internet

MOBILITY

Mobility is the ability to move around by any means – walking, changing position, or transferring from one thing to another. Weakness, stiffness and/or pain are the most frequent complaints and the things that most often prevent senior adults from getting where they want to go. With loss of mobility comes the loss of independence. Loss of mobility can lead to depression, changes in cognition, changes in self-image, mood disturbances, a decline of multiple organ systems, increased risk of heart disease, stroke, diabetes and a decline in personal hygiene. It takes effort and time to bathe, dress and get ready to go out when there are mobility issues. Doing laundry, house cleaning, preparing meals, even going to the bath room require patience and perseverance.

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. Result: pain and decreased mobility of the joint.)
- Muscle weakness/joint stiffness
- Chronic illnesses

PROTOCOLS FOR CARE:

- Physical Therapy (PT – below the waist)
- Occupational Therapy (OT – above the waist)
- Exercise programs, movement (range of motion), strength training and flexibility exercises can help maintain mobility, improve the quality of life, and prolong independence
- Nutrition and diet

DEPRESSION

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. The rest believe it just comes with “Normal” ageing. Depression is more common in nursing homes than in the community. Suicide rates in older adults are 50% 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 OF 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

DEMENTIA AND ALZHEIMER'S DISEASE

Dementia is an umbrella term indicating a general decline in cognitive functioning.

Alzheimer's is a form of dementia. Alzheimer's is the 5th leading cause of death for those 65 and older. In 2011 it is estimated that the total payments for healthcare, long term care and hospice will be \$183 billion.

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 stressors may intensify the symptoms.

RISK FACTORS:

- Age
- **Early stage**
 - Confusion about decisions, directions, money mgt.
 - Judgment impairment - placing oneself at risk
 - Wandering
 - Escaping
- **Middle State**
 - 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, preferable one specializing in Alzheimer's
- Develop a plan of care with the Physician and the staff of the nursing home.

PAIN MANAGEMENT

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:

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

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 W. 16th St. Plano 972-941-7155. www.planoparks.org Click on “**Senior Adults**”
- Methodist Regional Medical Center...
- New Lifestyles. Complete listing and description of Senior living centers
- www.eldercare.gov. Service and support contents:
 - Caregivers
 - Abuse
 - Financial Assistance
 - Nutrition
 - Housing
 - Legal Assistance
 - Transportation
 - Volunteerism