



Health Assistant

Flexible Instruction Day

Assignment #4

Learning Standard	HEALTH/MEDICAL ASSISTING SERVICES, OTHER Code: 51.0899 Career Cluster: Health Science Geriatric Care
Task # & Description	602 Describe how illness and disability impacts the individual across their life span. 603 Select and implement techniques to deal with the cognitively impaired, e.g., validation, reminiscence, music therapy.

CONTACT INFORMATION/ASSISTANCE

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I will be available by email and/or the Remind app from 7:40-12 and 12:30-3:10 to answer your questions. Please reach out if you are having difficulty completing your assignments.

INSTRUCTIONS

- ✓ All work is due on the day we return to school. This is counted towards your attendance **and** as a grade.
- ✓ Read chapter 10 then complete worksheet. Both are included in this packet.

Name: _____

Session: _____

____ / __20__ points



Science

10

Geriatric Care

CHAPTER OBJECTIVES

After completing this chapter, you should be able to:

- Differentiate between the myths and facts of six aspects of aging
- Identify at least two physical changes of aging in each body system
- Demonstrate at least ten methods of providing care to the elderly individual who is experiencing physical changes of aging
- List five factors that cause psychosocial changes of aging
- Describe at least six methods to assist an elderly individual in adjusting to psychosocial changes
- Recognize the causes and effects of confusion and disorientation in the elderly
- Create a reality orientation program
- Justify the importance of respecting cultural and religious differences
- Explain the role of an ombudsman
- Define, pronounce, and spell all key terms

KEY TERMS

Alzheimer's disease (AD)
(Altz'-high-merz')

arteriosclerosis
(ar-tear-ee-o-skleh-row'-sis)

arthritis

atherosclerosis
(ath-eh-row"-skleh-row'-sis)

bronchitis

cataracts

cerebrovascular accident

culture

delirium

dementia (d-men'-she-a)

disability

disease

dysphagia (dis-fay'-gee-ah)

emphysema

geriatric care

gerontology (jer-un-tahl'-oh-gee)

glaucoma (glaw-ko'-mah)

incontinence

myths

nocturia (nok-tur'-ee-ah)

ombudsman

osteoporosis
(os-tee'-oh-pour-oh'-sis)

reality orientation (RO)

religion

senile lentigines (seen'-ile
len-ti'-jeans)

thrombus

transient ischemic attacks (TIAs)
(tran'-z-ent is-ke' mik)

Introduction

Just as they experienced the “baby boom,” the United States and most other countries are now experiencing an “aging boom.” In 1900, most individuals died before age 60, and there were only 3.1 million people older than 65 in the United States. In 2010, according to statistics from the U.S. Census Bureau, 38.6 million Americans were older than 65 and 5.8 million were older than 85. This means that the over-65 age group represents approximately 13 percent of the population in the United States, a figure that is projected to increase to 21 percent by 2050. Projections on aging by the U.S. Administration on Aging are shown in Figure 10-1. These statistics truly indicate an “aging boom.”

Today, most individuals can expect to live into their 70s, and many individuals enjoy healthy and happy lives as 80- and 90-year-olds. This age group uses health care services frequently, so it is essential for a health care worker to understand the special needs of the elderly population.

10:1 Myths on Aging

Aging is a process that begins at birth and ends at death. It is a normal process and leads to normal changes in body structure and function. Even though few people want to grow old, it is a natural event in everyone's life. **Gerontology** is the scientific study of aging and the problems of the old. **Geriatric care** is care provided to elderly individuals. Through the study of the aging process and the elderly, many facts on aging have been

established. However, many **myths**, or false beliefs, still exist regarding aging and elderly individuals. It is essential for the health care worker to be able to distinguish fact from myth when providing geriatric care.

- **Myth:** Most elderly individuals are cared for in institutions or long-term care facilities.
- **Fact:** Only approximately 5 percent of the elderly population lives in long-term care facilities. Most elderly individuals live in their own homes or apartments, or with other family members (Figure 10-2). Others may choose to live in retirement communities or in independent-living or assisted-living facilities. These facilities provide assistance with meals, transportation, housekeeping, social activities, and medical care. By purchasing or renting a home or apartment in one of these facilities, the individual can obtain the degree of assistance needed while still living independently.
- **Myth:** Anyone over a certain set age, such as 65, is “old.”
- **Fact:** Old is determined less by the number of years lived and more by how an individual thinks, feels, and behaves. For example, to a 10-year-old, a 35-year-old is old. It is important to remember that many individuals are active, productive, and self-sufficient into their 80s and even 90s. Too often the term *old* becomes synonymous with *worthless* or *worn-out*. Better terms would be *experienced* or *mature*.
- **Myth:** Elderly people are incompetent and incapable of making decisions or handling their own affairs.
- **Fact:** Even though some experience confusion and disorientation, the majority of elderly individuals remain mentally competent until they die. In fact, older individuals may make better decisions and judgments

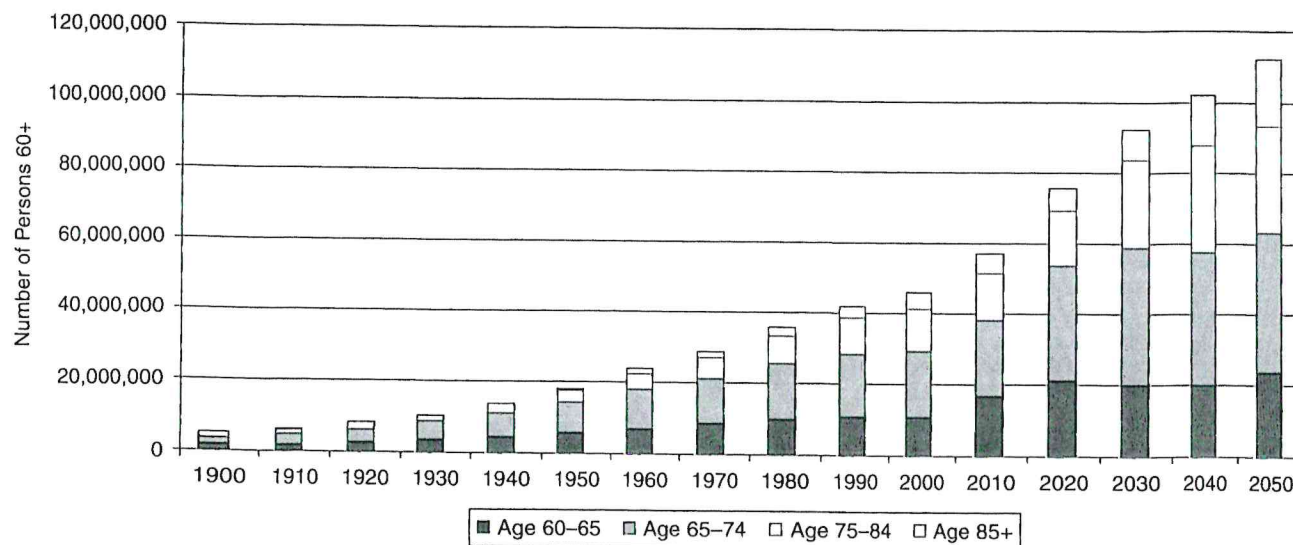


FIGURE 10-1 The “aging boom” is evident from the U.S. Administration on Aging projections through 2050. Courtesy U.S. Bureau of the Census



FIGURE 10-2 Most elderly individuals live in their own homes or apartments. © iStockphoto/Lisa F. Young

because they frequently base their decisions on many years of experience and knowledge. In addition, studies have proved that older people are able to concentrate, learn new skills, and evaluate new information. Colleges and adult education programs recognize this fact and often provide tuition-free access that allows elderly individuals to participate in a wide variety of educational programs.

- *Myth:* All elderly people live in poverty.
- *Fact:* Recent statistics provided by the U.S. government show that less than 16 percent of adults older than 65 live at the poverty level. Even though many older individuals have limited incomes, most also have comparatively low expenses. Many own their own homes, and their children are raised and out on their own. With social security, savings, retirement pensions, and other sources of income, some elderly individuals are financially secure and enjoy comfortable lifestyles. Although it is true that some elderly individuals live in poverty, this is true of some individuals in all age groups. The financial status of the elderly varies just as the financial status of young or middle-aged people varies.
- *Myth:* Older people are unhappy and lonely.
- *Fact:* Studies have shown that most elderly individuals live with someone and/or associate frequently with friends or family members. Many elderly individuals are active in civic groups, charities, social activities, and volunteer programs. Others provide care for grandchildren and remain active as heads of extended families (Figure 10-3). Although it is true that some elderly individuals are lonely and unhappy,



FIGURE 10-3 Caring for grandchildren is a very satisfying social relationship for many elderly individuals. © Monkey Business Images/

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the percentage is small, and many social agencies exist to assist these individuals.

- *Myth:* Being old means being sick or disabled.
- *Fact:* Because of healthier lifestyles, better nutrition, regular exercise, preventive health care, new medications, and technological advances, most elderly individuals are in general good health. Having good access to health care, stress reduction, maintaining a proper body weight, and avoiding or limiting alcohol and smoking are additional factors that can help slow the aging process. Advancements in diagnosing and treating heart disease, hypertension, diabetes, and similar chronic conditions have also improved the general health of the elderly. Today, many individuals in their 80s and 90s have no major disabilities or illnesses.
- *Myth:* Elderly individuals do not want to work—that is, the goal of the elderly is to retire and, prior to retirement, they lose interest in work.
- *Fact:* Many individuals remain employed and productive into their 70s and even 80s (Figure 10-4).



FIGURE 10-4 Many individuals remain employed and productive into their 70s and even 80s. © StockLife/www.Shutterstock.com

Studies have shown that the older worker has good attendance, performs efficiently, readily learns new skills, and shows job satisfaction. Employers, desiring good work ethics and experience, frequently recruit and hire older workers. Many retired individuals do not want a full-time job, but they return to part-time positions or serve as consultants or volunteer workers.

- **Myth:** Retired people are bored and have nothing to do with their lives.
- **Fact:** Many retired people enjoy full and active lives. They engage in travel, hobbies, sports, social activities, family events, and church or community activities. In fact, many retired individuals say, "I don't know how I found time to work."

Many other myths also exist. It is important for the health care worker both to recognize problems that do exist for the elderly and to understand that the needs of the elderly vary according to many circumstances. Even the fact that only 5 percent of the elderly are in long-term care facilities means that more than 3.5 million people will be in these facilities by the year 2030. Many health care workers at all levels will provide needed services for these individuals. Geriatric care is and will continue to be a major aspect of health care.

STUDENT: Go to the workbook and complete the assignment sheet for 10:1, Myths on Aging.

10:2 Physical Changes of Aging

As aging occurs, certain physical changes also occur in all individuals (Figure 10-5). These changes are a normal part of the aging process. It is important to



FIGURE 10-5 Note the physical signs of aging. © iStockphoto/Catherine Youlet

note that most of the changes are gradual and take place over a long period. In addition, the rate and degree of change varies among individuals. Factors such as disease can increase the speed and degree of the changes. Lifestyle, nutrition, economic status, social environment, and limited access to medical care can also have effects.

Most physical changes of aging involve a decrease in the function of body systems. Body processes slow down. There is a corresponding decrease in energy level. If an individual can recognize these changes as a normal part of aging, the individual can usually learn to adapt to and cope with the changes.

Integumentary System

Some of the most obvious effects of aging are seen in the integumentary system (Figure 10-6). Production of new skin cells decreases with age. The sebaceous (oil) and sudoriferous (sweat) glands become less active. Circulation to the skin decreases and causes coldness, dryness, and poor healing of injured tissue. The hair loses color, and hair loss occurs.



FIGURE 10-6 Some of the most obvious effects of aging are seen on the skin. © Marcin Moryc/www.Shutterstock.com

The decreases in body function lead to the physical changes. The skin becomes less elastic and dry. Itching is common. Dark yellow or brown colored spots, called **senile lentigines**, appear. Although these are frequently called “liver spots,” they are not related to the liver. When the fatty tissue layer of the skin diminishes, lines and wrinkles develop. The nails become thick, tough, and brittle. An increased sensitivity to temperature develops, and the elderly adult frequently feels cold. Hypothermia, a below-normal body temperature, can be a serious problem for the elderly.

Good skin, nail, and hair care are essential. Mild soaps should be used because many soaps cause dryness. Frequently, bath oils or moisturizing lotions are recommended to combat dryness and itching. Daily baths can also contribute to dry, itchy skin; baths or showers two or three times a week with partial baths on other days are recommended. Brushing of the hair helps stimulate circulation and production of oil. Shampooing is usually done less frequently, but should be done as often as needed for cleanliness and comfort. Any sores or injuries to the skin should be cared for immediately. It is important to keep injured areas clean and free from infection. When elderly people notice sores or injuries that do not heal, they should get medical help. Frequently, the elderly person requires a room temperature that is higher than normal and free from drafts. Socks, sweaters, lap blankets, and layers of clothing can all help alleviate the feeling of coldness. The use of hot water bottles or heating pads is not recommended because the decreased sensitivity to temperature can result in burns.

Proper diet, exercise, good hygiene, decreased sun exposure, use of sunscreen while outdoors, and careful skin care can help slow and even decrease the normal physical changes in the integumentary system.



FIGURE 10-7 Elderly individuals should be encouraged to exercise as much as their physical condition permits. © iStockphoto/Rich Legg

Musculoskeletal System

As aging occurs, muscles lose tone, volume, and strength. **Osteoporosis**, a condition in which calcium and other minerals are lost from the bones, causes the bones to become brittle and more likely to fracture or break. **Arthritis**, an inflammation of the joints, causes the joints to become stiff, less flexible, and painful. The rib cage becomes more rigid, and the bones in the vertebral column press closer together (compress).

These changes cause the elderly individual to experience a gradual loss in height, decreased mobility, and weakness. Movement is slower, and the sense of balance is less sure. Falls occur easily and often result in fractures of the hips, arms, and/or legs. Fine finger movements, such as those required when buttoning clothes or tying shoes, are often difficult for the elderly individual.

Elderly individuals should be encouraged to exercise as much as their physical conditions permit (Figure 10-7). This helps keep muscles active and joints as flexible as possible. Even slow, daily walks help maintain muscle tone. Range-of-motion exercises can also maintain muscle strength. A diet rich in protein, calcium, and vitamins can slow the loss of minerals from the bones and maintain muscle structure. Medications such as Fosamax and Evista along with a daily intake of calcium and vitamin D can slow the progress of osteoporosis. Extra attention must be paid to the environment so it is safer for the elderly person. Grab bars in the bathroom, hand rails in halls and on stairs, and other similar devices aid in ambulation. When the sense of balance is poor, an elderly person may need assistance and support during ambulation. The use of walkers and quad canes is frequently recommended. In addition, well-fitting shoes with nonslip soles and flat heels can help prevent falls. Self-stick strips and bands can replace buttons and

shoestrings to make dressing easier. A consultation with a physician, physical therapist, and/or occupational therapist can provide an elderly individual with information on the latest and most effective adaptive devices to maintain independence.

Circulatory System

In the circulatory system, the heart muscle becomes less efficient at pushing blood into the arteries, and cardiac output decreases with aging. The blood vessels narrow and become less elastic. Blood flow to the brain and other vital organs may decrease. Blood pressure may increase or decrease.

Many elderly individuals do not notice any changes while at rest. They are more aware of changes when exercise, stress, excitement, illness, and other similar events call for increases in the body's need for oxygen and nutrients. During these periods, they experience weakness, dizziness, numbness in the hands and/or feet, and a rapid heart rate.

Elderly individuals who experience circulatory changes should avoid strenuous exercise or overexertion. They need periods of rest during the day. Moderate exercise, according to the individual's ability to tolerate it, does stimulate circulation and help prevent the formation of a **thrombus**, or blood clot. Support stockings, antiembolism hose, and not using garters or tight bands around the legs also help prevent blood clots. If an individual is confined to bed, range-of-motion exercises help circulation. If high blood pressure is present, a diet low in salt or sodium and, in some cases, fat may be recommended. Individuals with circulatory system disease should follow the diet and exercise plans recommended by their doctors.

Respiratory System

Respiratory muscles become weaker with age. The rib cage becomes more rigid. The alveoli, or air sacs in the lungs, become thinner and less elastic, which decreases the exchange of gases between the lungs and bloodstream. The bronchioles, or air tubes in the lungs, also lose elasticity. Changes in the larynx lead to a higher-pitched and weaker voice. Chronic conditions such as **emphysema**, in which the alveoli lose their elasticity, or **bronchitis**, in which the bronchioles become inflamed, decrease the efficiency of the respiratory system even more severely.

These changes frequently cause the elderly individual to experience *dyspnea*, or difficult breathing. Breathing becomes more rapid, and they have difficulty coughing up secretions from the lungs. This makes them more susceptible to respiratory infections such as colds and pneumonia.

Learning to alternate activity with periods of rest is important to avoid dyspnea. Proper body alignment and positioning can also ease breathing difficulties. The elderly individual with respiratory problems frequently sleeps in a semi-Fowler's position with two or three pillows elevating the upper body to make breathing easier. Avoiding polluted air, such as that in smoke-filled rooms, is essential. Breathing deeply and coughing at frequent intervals helps clear the lung passages and increase lung capacity. Elderly individuals with chronic respiratory problems often use oxygen on a continuous basis. Portable oxygen units allow many individuals to continue to lead active lives.

Nervous System

Physical changes in the nervous system affect many body functions. Blood flow to the brain decreases, and there is a progressive loss of brain cells. This interferes with thinking, reacting, interpreting, and remembering. The senses of taste, smell, vision, and hearing diminish. Nerve endings are less sensitive, and there is a decreased ability to respond to pain and other stimuli.

As these physical changes occur, the elderly individual may experience memory loss. Short-term memory is usually affected. For example, an individual may not remember what he or she ate for breakfast, but does remember the entire menu from his or her retirement party. Long-term memory and intelligence do not always decrease. It may take elderly individuals longer to react, but given enough time, they can think and react appropriately. Individuals who remain mentally active and involved in current events usually show fewer mental changes (Figure 10-8). Studies have shown that most elderly adults remain mentally competent throughout their life spans.

Changes in vision cause problems in reading small print or seeing objects at a distance. There is a decrease



FIGURE 10-8 Individuals who remain mentally active usually show fewer mental changes. © Rob Marmion/www.Shutterstock.com

in peripheral (side) vision and night vision. The eyes take longer to adjust from light to dark, and there is an increased sensitivity to glare. Elderly individuals are also more prone to the development of **cataracts**, where the normally transparent lens of the eye becomes cloudy or opaque. **Glaucoma**, a condition in which the intraocular pressure of the eye increases and interferes with vision, is also more common in the elderly. Proper eye care, prescription glasses/lenses, medical treatment of cataract or glaucoma, and proper lighting can all improve vision (Figure 10-9).

Hearing loss usually occurs gradually in the elderly. The individual may speak more loudly than usual, ask for words to be repeated, and not hear high-frequency sounds such as the ringing of a telephone. Problems may be more apparent when there is a lot of background noise. For example, an elderly person may not hear well in a crowded restaurant where music is playing and many other people are talking. A hearing aid can help resolve some hearing problems. However, in cases of severe nerve damage, a hearing aid will not eliminate the problem. In addition, many individuals resist using



FIGURE 10-9 Good lighting and large numbers on a telephone can help improve vision. © Hunor83/www.Shutterstock.com

hearing aids. If a person wears a hearing aid, it is important to keep the aid in good working condition by changing batteries, keeping the aid clean, and checking to make sure the individual is wearing it correctly. When a person has a hearing impairment, it is important to talk slowly and clearly. Avoid yelling or speaking excessively loud. Facing individuals while talking to them also helps in many situations. Eliminating background noise, such as that produced by a radio or television, also increases the ability to hear.

The decrease in the sense of taste and smell frequently affects the appetite. Elderly individuals often complain that food is tasteless and add sugar, salt, or pepper. Attractive foods with a variety of textures and tastes may help stimulate the appetite. The decrease in the sense of smell may also make the elderly individual less sensitive to the smell of gas, chemicals, smoke, and other dangerous odors. A smoke detector, chemical detectors, and careful monitoring of the environment can help eliminate this danger.

Decreased sensation of pain and other stimuli can lead to injuries. The elderly are more susceptible to burns, frostbite, cuts, fractures, muscle strain, and many other injuries. At times, elderly people are not even aware of injury or disease because they do not sense pain. It is important for elderly individuals to handle hot or cold items with extreme care, and to be aware of dangers in the environment.

Changes in the nervous system usually occur gradually over a long period of time. This allows an individual time to adapt to the changes and learn to accommodate them. However, it is sometimes necessary for someone else to assist when the changes become severe. For example, many elderly individuals continue to drive cars. Because of slower reaction times, however, these individuals may be more prone to having automobile accidents. When an elderly person shows impaired driving ability, it often becomes necessary for a family member or the law to prevent the individual from driving.

Digestive System

Physical changes in the digestive system occur when fewer digestive juices and enzymes are produced, muscle action becomes slower and peristalsis decreases, teeth are lost, and liver function decreases.

Dysphagia, or difficult swallowing, is a frequent complaint of the elderly. Less saliva and a slower gag reflex contribute to this problem. In addition, the loss of teeth or use of poor-fitting dentures makes it more difficult to chew food properly. Another common complaint is indigestion, which results from slower digestion of foods caused by decreased digestive juices. Flatulence (gas) and constipation are common because of decreased

peristalsis and poor diet. The decreased sensation of taste also contributes to a poor appetite and diet.

Good oral hygiene, repair or replacement of damaged teeth, and a relaxed eating atmosphere can contribute to better chewing and digestion of food. Most elderly people find it is best to avoid dry, fried, and/or fatty foods because such foods are difficult to chew and digest. High-fiber and high-protein foods with different tastes and textures are recommended. Careful use of seasonings and herbs to improve taste also increases appetite. It is important to avoid excessive seasonings because they can cause indigestion. Because metabolism slows, fewer calories are needed to maintain body weight. Careful monitoring of weight is important to prevent obesity. Increasing fluid intake makes swallowing easier, helps prevent constipation, and aids kidney function.

Urinary System

With aging, the kidneys decrease in size and become less efficient at producing urine. Poor circulation to the kidneys and a decrease in the number of nephrons result in a loss of ability to concentrate the urine, which causes a loss of electrolytes and fluids. The ability of the bladder to hold urine decreases. Sometimes the bladder does not empty completely and urine is retained in the bladder, a major cause of bladder infections.

The elderly person may find it necessary to urinate more frequently. **Nocturia**, or urination at night, is common and disrupts the sleep pattern. Retention of urine in the bladder causes bladder infections. Men frequently experience enlargement of the prostate gland, which makes urination difficult and causes urinary retention. Loss of muscle tone results in **incontinence**, or the inability to control urination. Incontinence may also result from treatment for prostatic hypertrophy (enlargement of the prostate gland) or for prostate cancer.

Many elderly individuals decrease fluid intake to cut down on the frequent need to urinate. This can cause dehydration, kidney disease, and infection. Elderly individuals should be encouraged to increase fluid intake to improve kidney function. To decrease incidents of nocturia, most fluids should be taken before evening. Regular trips to the bathroom, wearing easy-to-remove clothing, and using absorbent pads as needed can help the individual who has mild incontinence. Bladder training programs can also help increase bladder capacity and lead to more control over urination in incontinent persons. An indwelling catheter may be needed if all urinary control is lost.

When changes in the urinary system cause poor functioning of the kidneys, waste substances can build up in the bloodstream and cause serious illness. Therefore, it is important to keep the kidneys functioning as efficiently as possible.

Endocrine System

Changes in the endocrine system result in increased production of some hormones, such as parathormone and thyroid-stimulating hormone, and decreased production of other hormones, such as thyroxin, estrogen, progesterone, and insulin. The actions of these hormones are listed in Chapter 7:13 of this text.

Because hormones affect many body functions, several physical changes may occur. The immune system of the body is less effective, and elderly individuals are more prone to disease. The basal metabolic rate decreases, resulting in complaints of feeling cold, tired, and less alert (Figure 10-10). Intolerance to glucose can develop, resulting in increased blood glucose levels.

As with the other body systems, changes in the endocrine system occur slowly over a long period of time. Many elderly individuals are not as aware of changes in this system. Proper exercise, adequate rest, medical care for illness, a balanced diet, and a healthy lifestyle all help decrease the effects caused by changes in hormone activity.



FIGURE 10-10 A lap blanket can help when an elderly person complains of feeling cold. Copyright © Cengage Learning®. All Rights Reserved.

Reproductive System

In the reproductive system, the decrease of estrogen and progesterone in women causes a thinning of the vaginal walls and a decrease in vaginal secretions. Vaginal infections or inflammations become more common. In some cases, a weakness in its supporting tissues causes the uterus to sag downward, a condition known as *prolapsed uterus*. The breasts sag when fat is redistributed.

Slowly decreasing levels of testosterone in men slow the production of sperm. Response to sexual stimulation of the penis is slower, and ejaculation may take longer. The testes become smaller and less firm. The seminal fluid becomes thinner, and smaller amounts are produced.

Sexual desire and need do not necessarily diminish with age (Figure 10-11). Many elderly individuals are sexually active. Studies have shown that sex improves muscle tone and circulation. Even pain from arthritis seems to decrease after sexual activity, probably because of increased hormone levels. When elderly individuals are in long-term care facilities, it is important for the



FIGURE 10-11 Elderly individuals still experience a need for companionship and sexuality. © Monkey Business Images/www.Shutterstock.com



FIGURE 10-12 To respect the right to privacy, always knock before entering a resident's room. Copyright © Cengage Learning®. All Rights Reserved.

health care worker to understand both the physical and psychological sexual needs of the resident. Long-term care facilities now allow married couples to live together in the same room. The health care worker must respect the privacy of these residents and allow them to meet their sexual needs (Figure 10-12).

Summary

Aging causes many physical changes in all body systems. The rate and degree of the changes vary in different individuals, but all elderly individuals experience some degree of change. Providing means of adapting to and coping with changes allows elderly people to enjoy life even with physical limitations. It is important for all health care workers to learn to recognize changes and provide methods for dealing with them. Tolerance, patience, and empathy are essential.

STUDENT: Go to the workbook and complete the assignment sheet for 10:2, Physical Changes of Aging.

10:3 Psychosocial Changes of Aging

In addition to physical changes, elderly individuals also experience psychological and social changes. Some individuals cope with these changes effectively, but others experience extreme frustration and mental distress. It is important for the health care worker to be aware of the psychosocial changes and stresses experienced by the elderly.

Work and Retirement

Most adults spend a large portion of their days working. Many associate their feelings of self-worth with the jobs they perform. They are proud to state that they are nurses, electricians, teachers, lawyers, or secretaries. In addition, social contact while working is a major form of interaction with others.

Retirement is often viewed as an end to the working years. Many individuals are able to enjoy retirement and find other activities to replace job roles. Some individuals find part-time or consultant-type jobs after retirement from their primary jobs. Other individuals become active in volunteer work or take part in community or club activities. These individuals find satisfactory replacements for the feelings of self-worth once provided by their jobs.

However, some elderly individuals feel a major sense of loss upon retirement. They lose social contacts, develop feelings of uselessness, and in some cases, experience financial difficulties. This causes them to experience stress, and they frequently become depressed. Until other sources of restoring the individual's sense of self-worth are found, these elderly individuals can have difficulty coping with life.

Social Relationships

Social relationships change throughout life. Among the elderly, these changes may occur more frequently. Often, children marry and move away. This brings about a loss of contact with the family. If a spouse dies, the "couple" image is replaced by one of "widow" or "widower." As a person ages, more friends and relatives die, and social contacts decrease.

Some elderly individuals are able to adjust to these changes by making new friends and establishing new social contacts (Figure 10-13). Church and community groups provide many social activities for the elderly. By taking part in these activities, individuals who made friends readily throughout their lives can continue to do so as they grow older.



FIGURE 10-13 After the death of a spouse, the elderly individual sometimes may adjust by making new social contacts.

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Some elderly individuals cannot cope with the continuous loss of friends and relatives. They become withdrawn and depressed. They avoid social events and isolate themselves from others. The death of a spouse is frequently devastating to an elderly individual, especially when a couple has had a close relationship for many years. A surviving spouse may even attempt suicide. Psychological help is essential in these cases.

Living Environments

Changes in living environments create psychosocial changes. Most elderly individuals prefer to remain in their own homes. They feel secure surrounded by familiar environments. Many elderly individuals express fear at the thought of losing their homes.

Some elderly people leave their homes by personal choice. They find the burden of maintaining their homes too great and move to apartments or retirement communities. The elderly individual may even move to another state with a better climate. These individuals often cope well with the change in living environment and feel the change is beneficial.

Financial problems or physical disabilities may force some people to move from their homes, sometimes to retirement communities or apartments. If they can maintain their independence, coping is usually good. In other cases, an elderly individual may be forced to move in with a son or daughter. This move creates a change in roles, where the child becomes the caretaker of the parent. If the elderly person feels secure in this situation, coping occurs. However, if the elderly person feels unwanted or useless, conflicts and tension may develop.

Moving to a long-term care facility often creates stress in elderly individuals. They feel a loss of independence and become frightened by their lack of control over their environment. Many elderly individuals view



FIGURE 10-14 It is important to allow residents to create their own “home” environments in the long-term care facility.

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long-term care facilities as “places to die,” even when they may require the use of the facility for only a short period. For this reason, it is important to allow individuals to create their own “home” environments in the facility (Figure 10-14). Most long-term care facilities refer to the individuals as “residents.” They allow the residents to bring favorite pieces of furniture, pictures, televisions, radios, and personal items. By being allowed choices in the arrangement of their items, residents are able to create comfortable, homelike environments. Factors such as these allow the elderly individual to adjust to the new environment and to cope with the changes it brings.

Independence

Most individuals want to be independent and self-sufficient. Even 2-year-olds begin to assert their right to choose and strive to be independent. Just as children learn that there are limits to independence, the elderly learn that independence can be threatened with age. Physical disability, illness, decreased mental ability, and other factors can all lead to a loss of independence in the elderly.

Individuals who once took care of themselves find it necessary to ask others for assistance. After driving for a lifetime, elderly individuals might find that they can no longer drive safely. They have to depend on others to take them where they need to go. Physical limitations prevent them from mowing lawns, cooking meals, washing, cleaning, and in some cases, even taking care of themselves. Frustration, anger, and depression can develop.

Any care provided to elderly individuals should allow as much independence as possible. Assistance should be provided as needed for the individual’s safety, but the individual should be allowed to do as much as possible. For example, a health care worker should encourage



FIGURE 10-15 To promote independence, encourage elderly individuals to make as many decisions as possible.

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elderly persons to choose their clothing and dress themselves, even if this takes longer. Self-stick strips can replace buttons to make the task of dressing easier and to provide more independence. This helps the elderly individual adapt to the situation and maintain a sense of self-worth. At all times, elderly individuals should be allowed as much choice as possible to help them maintain their individuality (Figure 10-15).

Disease and Disability

Elderly people are more prone to disease and disability. **Disease** is usually defined as any condition that interferes with the normal function of the body. Common examples in the elderly include diabetes, heart disease, chronic obstructive pulmonary disease (COPD), arthritis, and osteoporosis. A **disability** is defined as a physical or mental defect or handicap that interferes with normal functions. Hearing impairments, visual defects, or the inability to walk caused by a fractured hip are examples. Diseases sometimes cause permanent disabilities. For example, a cerebrovascular accident, or stroke, can result in permanent paralysis of one side of the body, or *hemiplegia*.

When disease or disability affects the functioning of the body, an individual may experience psychological problems. When this occurs in an elderly individual already stressed by other changes or circumstances, it can be traumatic. A fractured hip can cause an elderly individual who had been living independently in his or her own home to be admitted to a long-term care facility. Disease or disability frequently occurs suddenly and does not allow for gradual adjustment to and coping with change.

Sick people often have fears of death, chronic illness, loss of function, and pain. These are normal fears, and these individuals need time to adjust to their situations.



FIGURE 10-16 Provide supportive care and listen to sick individuals as they express their fears. © Monkey Business Images/www.Shutterstock.com

Listen to them as they express these fears and be patient and understanding. If they cannot discuss their feelings, accept this and provide supportive care (Figure 10-16).

Summary

Psychosocial changes can be major sources of stress in the elderly. As changes occur, the individual must learn to accommodate the changes and function in new situations. It is important to remember that older adults have survived many crises in their lives and have learned many different coping methods. These individuals must be encouraged to use their existing strengths and coping skills. With support, understanding, and patience, the health care worker can assist elderly individuals as they learn to adapt.

STUDENT: Go to the workbook and complete the assignment sheet for 10:3, Psychosocial Changes of Aging.

10:4 Confusion and Disorientation in the Elderly

Although most elderly individuals remain mentally alert until death, some experience periods of confusion and disorientation. Signs of confusion or disorientation include talking incoherently, not knowing their own names, not recognizing others, wandering aimlessly, lacking awareness of time or place, displaying hostile and combative behavior (Figure 10-17), hallucinating, regressing in behavior, paying less attention to personal hygiene, and being unable to respond to simple commands or follow instructions.



FIGURE 10-17 Hostile or combative behavior often signals feelings of frustration or confusion. Copyright © Cengage Learning®. All Rights Reserved.

Causes of Confusion and Disorientation

Delirium is the term used when confusion or disorientation is a temporary condition caused by a treatable condition. Stress and/or depression caused by physical or psychosocial changes is one possible cause. Use of alcohol or chemicals is another. Kidney disease, which interferes with electrolyte balance; respiratory disease, which decreases oxygen; or liver disease, which interferes with metabolism, are other causes. Elderly individuals are also more sensitive to medications, and drugs can sometimes accumulate in the body and cause confusion and disorientation. Even poor nutrition or lack of fluid intake can interfere with mental ability. Frequently, identification and treatment of any of these conditions decreases and even eliminates the confusion and disorientation. For example, changing a medication or giving it in smaller doses may restore normal function.

Disease and/or damage to the brain can sometimes result in chronic confusion or disorientation. A **cerebrovascular accident**, or stroke, which damages brain cells, is one possible cause. A blood clot can obstruct blood flow to the brain, or a vessel can rupture and cause hemorrhaging in the brain. **Arteriosclerosis**, a condition in which the walls of blood vessels become thick and lose their elasticity, is common in elderly individuals. If the vessels become narrow because of deposits of fat and minerals, such as calcium, the condition is called **atherosclerosis**. These conditions can cause **transient ischemic attacks (TIAs)**, or ministrokes, which result in temporary periods of diminished blood flow to the brain. Each time an attack occurs, more damage to brain cells results.

Dementia, also called *brain syndrome*, is a loss of mental ability characterized by a decrease in intellectual

CHAPTER 10:2 PHYSICAL CHANGES OF AGING

ASSIGNMENT SHEET

Grade _____ Name _____

INTRODUCTION: Physical changes are a normal part of the aging process. This assignment will help you learn the main physical changes.

INSTRUCTIONS: Read the information on Physical Changes of Aging. In the space provided, print the word(s) that best completes the statement or answers the question.

1. Most physical changes that occur with aging are _____ and take place over a/an _____ of time. In addition, the _____ and _____ of change varies with different individuals. Previous _____, _____ status, and _____ environment can also have an effect. If an individual can recognize the changes as a/an _____ part of aging, the individual can usually learn to _____ and _____ with the changes.
2. List three (3) physical changes that may occur in each of the following systems.
 - a. integumentary:
 - b. musculoskeletal:
 - c. circulatory:
 - d. respiratory:
 - e. nervous:
 - f. digestive:
 - g. urinary:
 - h. endocrine:
 - i. reproductive:
3. Identify the following common diseases or conditions in the elderly.
 - a. calcium and minerals are lost from bones and bones become brittle and more likely to fracture:
 - b. inflammation of the joints:
 - c. formation of a blood clot:

CHAPTER 10:3 PSYCHOSOCIAL CHANGES OF AGING

ASSIGNMENT SHEET

Grade _____ Name _____

INTRODUCTION: Elderly individuals experience psychological and social changes along with physical changes. This assignment will help provide an understanding of these changes.

INSTRUCTIONS: Read the information on Psychosocial Changes in Aging. In the space provided, print the word(s) that best completes the statement or answers the question.

1. Some individuals cope with psychosocial changes, and others experience extreme _____ and _____.
2. List two (2) things a person might do after retirement to find a satisfactory replacement for the role their job played.
3. List three (3) causes for the sense of loss some individuals feel at retirement.
4. Identify two (2) factors that can cause a change in social relationships for an elderly individual.
5. Identify two (2) ways an individual can adjust to social changes when a spouse and friends die.
6. Why does a move to a long-term care facility usually create stress in elderly individuals?
7. Identify two (2) ways an individual can be given the opportunity to create a "home" environment in a long-term care facility.

8. List three (3) factors that can lead to a loss of independence in the elderly.
 9. How can a health care worker allow an elderly individual as much independence as possible?
 10. How does a disease differ from a disability?
 11. Identify four (4) fears experienced by a sick person.
 12. Identify two (2) ways a health care worker can help an individual deal with the fears created by an illness.
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