Overview of Health and Wellness in the Aging Adult

● Older adulthood defined
  ➢ Begins at about age 65 and continues until death
  ➢ Subgroups of older adulthood
  ➢ Chronologic age is a very poor indicator of old age

Overview of Health and Wellness in the Aging Adult (Cont.)

● Demographics
  ➢ In the United States in 1990, over 12% of the population was older than 65 years
  ➢ In the past two decades, the older adult population has grown twice as fast as the rest of the population
  ➢ Projected that by the year 2030, over 21% of the population will be older than 65
  ➢ Approximately 60% are women and 40% are men
  ➢ Majority are white, other races make up 9.5% of older adults
  ➢ Health care delivery system is becoming more complex
Overview of Health and Wellness in the Aging Adult (Cont.)

- Wellness, health promotion, and disease prevention
  - Emergence of the holistic movement is changing the perception of health from the absence of disease to a broader definition of wellness
  - 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

- Keeping healthy, active, and moving will require a high standard of assessment and health promotion
- Healthy People 2000 set forth the goals of the U.S. Department of Health and Human Services to prevent health risks, unnecessary disease, disability, and death
- These recommendations have been updated in Healthy People 2020
- Goals focus on improving functional independence and the quality of life

Overview of Health and Wellness in the Aging Adult (Cont.)

- Myths and realities
  - Myths and stereotypes of aging and older adults are numerous
  - Most myths are generalizations that focus on the negative aspects of aging
  - Research has proven many such myths to be inaccurate
Overview of Health and Wellness in the Aging Adult (Cont.)

- Theories of aging
  - Current knowledge about aging and the aging process is very limited
  - Biologic theories attempt to explain why the body ages
  - Psychosocial theories try to give reasons for the responses and interactions older adults have with society during late adulthood

Overview of Health and Wellness in the Aging Adult (Cont.)

- Legislation affecting older adults
  - Social Security Act of 1935
    - 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
    - Provides a means of addressing the nation’s caregivers’ growing needs

Psychosocial Care of the Older Adult

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

- Integumentary system
  - Age-related changes
  - Assessment

The Aging Body (Cont.)

- Integumentary system
  - Common concerns and nursing interventions
    - Pruritus
      - Due to reduced glandular secretions and moisture
    - Pressure ulcers
      - Fragile skin is compressed between bony prominences of the body
      - Shearing forces may produce injury via a shearing strain

The Aging Body (Cont.)

- Gastrointestinal system
  - Age-related changes
  - Assessment
The Aging Body (Cont.)

- Gastrointestinal system
  - Common concerns and nursing interventions
    - Obesity
    - Weight loss
    - Fluids/dehydration
    - Oral hygiene
    - Loss of appetite
    - Gastric reflux
    - Food intolerance
    - Dysphagia
    - Constipation

The Aging Body (Cont.)

- Urinary system
  - Age-related changes
  - Assessment

The Aging Body (Cont.)

- Urinary system
  - Common concerns and nursing interventions
    - Nocturia
    - Incontinence
The Aging Body (Cont.)

- Cardiovascular system
  - Age-related changes
  - Assessment

The Aging Body (Cont.)

- Cardiovascular system
  - Common concerns and nursing interventions
    - Dysrhythmias
    - Peripheral vascular disease

The Aging Body (Cont.)

- Respiratory system
  - Age-related changes
  - Assessment
The Aging Body (Cont.)

- Respiratory system
  - Common concerns and nursing interventions
    - Chronic obstructive pulmonary disease (COPD)
    - Pneumonia

The Aging Body (Cont.)

- Musculoskeletal system
  - Age-related changes
  - Assessment

The Aging Body (Cont.)

- Musculoskeletal system
  - Common concerns and nursing interventions
    - Arthritis
    - Falls
    - Osteoporosis
Question 1
Which subgroup of older adults are between the ages of 75 and 84?
1. Young old
2. Middle old
3. Old old
4. Elite old

Question 2
__________ is a term that describes prejudice against older adults.
1. Ageism
2. Akinesia
3. Dysphagia
4. Presbyopia

Question 3
Which would not be a nursing intervention for a resident with pressure ulcers?
1. Turn and reposition frequently
2. Increase frequency of bathing
3. Use emollients and lotions to maintain skin moisture
4. Perform daily skin inspections
The Aging Body (Cont.)

- Endocrine system
  - Age-related changes
  - Assessment

The Aging Body (Cont.)

- Endocrine system
  - Common concerns and nursing interventions
    - Type 2 diabetes mellitus
    - Hypothyroidism

The Aging Body (Cont.)

- Reproductive system
  - Age-related changes
  - Assessment
The Aging Body (Cont.)

- Reproductive system
  - Common concerns and nursing interventions
    - Sexual function

The Aging Body (Cont.)

- Sensory perception
  - Age-related changes
    - Visual impairment
    - Hearing impairment
    - Touch and position
  - Assessment

The Aging Body (Cont.)

- Sensory perception
  - Common concerns and nursing interventions
    - Decreased vision
    - Decreased hearing
    - Peripheral neuropathy
The Aging Body (Cont.)

- Nervous system
  - Age-related changes
  - Assessment

- Common concerns and nursing interventions
  - Insomnia
  - Delirium
  - Dementia/Alzheimer's disease
  - Parkinson's disease
  - Stroke

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
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.
  - Development of such changes in behavior should be recognized, documented, and reported.

Security Concerns for the Older Adult

- Finances
  - Health care can become a major expense and devastate personal financial security.
  - Many have a fixed income 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.

Security Concerns for the Older Adult (Cont.)

- Housing
  - Majority of older adults prefer to remain independent.
  - Other options for living arrangements might include retirement villages, senior housing apartments, or single-family homes.
Security Concerns for the Older Adult (Cont.)

- 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

Health Care and the Aging Adult (Cont.)

- Elder abuse and neglect
  - Violence toward individuals over the age of 65
  - Classifications of abuse
  - Indicators of elder abuse

Health Care and the Aging Adult (Cont.)

- Hospitalization, surgery, and rehabilitation
  - Less reserve to cope physically and emotionally with the effects of hospitalization and surgical interventions
  - Require longer postoperative recovery and convalescent periods
  - Minimize the normal effects of immobility: stasis of secretions, orthostatic hypotension, and digestive and perceptual disorders.
  - Encourage to perform self-care activities at level of tolerance and have rest periods
Question 4

Which is not a guideline for reality orientation?
1. Call patients by their correct names or by the name they wish to be called.
2. Converse about familiar subjects.
3. Avoid eye contact.
4. Set a routine and be consistent.

Question 5

The illegal or improper use of an older adult's funds, property, or assets would be classified as what type of abuse?
1. Abandonment
2. Financial or material abuse or exploitation
3. Emotional or psychological abuse
4. Physical abuse