Chapter 28
Elders

Descriptive Terms

- Young-old (65 to 74)
- Middle-old (75 to 84)
- Old-old (85+)
- Frail old (65+ with chronic limitations)
  - 5% of the over-65 population

Healthy Elders

- Large proportion of elders are healthy.
- Can benefit from supportive psychosocial care
- Older women living alone can benefit most.
Psychogerontology

- Focuses on psychosocial care of the elderly
- An expanding subspecialty of mental health nursing
- Increased numbers of elders with mental health care needs

Old-old

- Greatest incidences of:
  - Depression
  - Delirium
  - Dementia
  - Chronic disabling conditions
- Consume most of the health care services

Biological Theories of Aging

- Genetic theory
  - Aging alters cellular structures.
  - Life span predetermined by genetic makeup
- Wear-and-tear theory
  - Waste products accumulate, causing cellular decline and organ malfunction.
  - Cells wear out.
Biological Theories of Aging - continued

- Immunology theory
  - Age-related decline due to misidentification of aging cells
  - Increased susceptibility to infection and disease

Biological Theories of Aging - continued

- Nutritional theory
  - Focuses on dietary intake
- Environmental theory
  - Harmful or stressful elements that drain a person’s coping capacity

Psychosocial Theories of Aging

- Disengagement theory
  - Most controversial theory
  - Aging as a voluntary, inevitable withdrawal from society and responsibilities
- Activity theory
  - Opposite of disengagement theory
  - Staying active and involved helps older adults to age successfully
Mood Disorders in Elders

- Characterized by disturbed affect or emotional experience
- Depression
  - Most preventable and treatable mental disorder in late life
  - Difficult to diagnose accurately
  - Cognitive changes, chronic pain, and other somatic complaints can be misinterpreted.

Suicide Among Elders

- Suicide attempts are more lethal and organized.
- White non-Hispanic males 75+ have the highest suicide rate.
- Increased risk also due to:
  - Poverty, mental disorders, neurological deficits, terminal illness, chronic pain, and alcoholism

Schizophrenia

- Increased number of older adults with schizophrenia
  - Due to new and improved antipsychotic medications and other treatments
  - Many older adults with schizophrenia have not been institutionalized.
  - Approaching the age where long-term care may become necessary
Adjustment and Anxiety Disorders

- Adjustment disorders
  - Characterized by an unhealthy reaction to identifiable psychosocial stressor(s)
- Anxiety disorders
  - May be masked by somatic complaints or depression

Delusions

- Delusional disorders
  - Often associated with delirium, depression, dementia, or anxiety disorders
  - Most common delusions are persecutory or suspicious.
  - Somatic delusions may have extremely morbid content.

Substance-Related Disorders

- Alcohol abuse and drug dependence are serious problems in elders.
- Can predispose elders to accidents, nutritional deficiencies, and disease
- Late-onset alcoholism could be in response to bereavement, illness, divorce, retirement, marital stress, or depression.
Disorders of Arousal and Sleep

- Over one-third of older adults complain of sleep disturbances.
- Nonpharmacologic interventions should be tried initially.
- Chronic use of sedatives and hypnotics can lead to serious side effects without improving sleep quality.

Precepts of Palliative Care

- Defined as the “active total care of clients whose disease is not responsive to curative treatment” (World Health Organization)
- Nurse’s role is to help clients achieve comfort and a good quality of death and dying.

Precepts of Palliative Care - continued

- Psychiatric-mental health concerns include:
  - Delirium, agitation, anxiety, depression, loneliness, hopelessness, grief, social isolation, suffering, and spiritual distress
- Not all palliative care occurs at the end of life.
### Spirituality and End-of-Life Care

- Comprehensive spiritual assessment is required by JCAHO for all clients being treated for:
  - Emotional or behavioral disorders
  - Recovery from alcohol or drug dependence
  - Receiving end-of-life care

### Spirituality and End-of-Life Care - continued

- Spiritual care is nonjudgmental and all-inclusive.
  - Focus on healing, forgiveness, and acceptance
- Spirituality does not require religious participation.

### The Assessment Interview

- Necessary to distinguish between psychiatric disorders and normal aging
- More time and skill required to interview elders
  - Sensory loss, confusion, agitation, wandering, and communication disorders
- Expression of feelings hampered by cultural influences, shame, and stigma
Assessment Interview - continued

- Objective & subjective data on:
  - Psychological, social, and financial status
  - Strengths, coping strategies, sexual health
- Also assess for signs of elder abuse:
  - Physical abuse, neglect, exploitation, abandonment, and psychological abuse

Screening Instruments

- Iowa Self-Assessment Inventory
  - Assess functional abilities
- Geriatric Depression Scale
  - Assess symptoms of depression in older adults
- Short Portable Mental Status Questionnaire
  - Assess and monitor cognitive changes in older adults
- Mini-Mental State Examination
  - Assess orientation, memory, and executive functions

Biologic Assessment

- To rule out medically-based illnesses
- History and physical—vital signs, weight, height
- Standard laboratory analysis including:
  - CBC, electrolytes, glucose, urinalysis, thyroid levels, BUN, creatinine, and liver enzymes
Biologic Assessment - continued

- Chest x-ray, EKG, and other procedures to rule out cancer, infection, drug toxicity, stroke, etc.
- Dementia work-up includes:
  - Serologic tests for syphilis, folate, B₁₂ levels, and trace minerals

Nursing Diagnosis: NANDA

- Chronic Low Self-Esteem
  - Related to intrusive, obsessive, or self-deprecating thoughts
- Risk for Self-Directed Violence
  - Related to feelings of hopelessness, low self-esteem, apathy, or powerlessness
- Activity Intolerance
  - Related to restlessness, psychomotor retardation and/or agitation

NANDA - continued

- Self-Care Deficits
  - Related to apathy, cognitive impairment, or agitation
- Ineffective Role Performance
  - Related to loss, loneliness, and social withdrawal
- Disturbed Thought Processes
  - Related to paranoia, suspiciousness, short-term memory loss or impaired concentration
Outcome Identification: NOC

- Renewed Hope and Self-Acceptance
  - Renewed involvement and motivation in activities, expressions of hope, and planning for the future
- Appropriately Paced Activity, Rest, and Psychomotor Activity
  - Regular sleep/wake cycle, feelings of restfulness, calm and well-being

NOC - continued

- Resumption of Self-Care and Health Maintenance
  - Ability to dress self, and maintain neat, clean appearance
- Improvement in Disturbed Thought Processes
  - Ability to make reality-based interpretations, improved concentration
  - Ability to remember recent and remote events

Planning and Implementation: NIC

- Reminiscence therapy
  - Recall past events, thoughts, and feelings.
- Reality orientation
  - Use the part of the person’s mind that remains intact.
- Resocialization groups
  - Facilitate ability to interact with others.
NIC - continued

- Remotivation therapy
  - Stimulate interest in the environment and others.
- Pet therapy and support groups
  - Provide opportunities for socialization, enhance joy.
- Exercise promotion and therapy
  - Promote flexibility, restore balance, facilitate relaxation.

Medication Administration

- Use judiciously with older clients
  - More prone to side effects of psychiatric medications
- Effective adjunct to other interventions
- Monitor older adults taking psychotropic medications for:
  - EPS, constipation, dry mouth, cardiovascular effects, drug interactions, and sedation

Evaluation

- Realistic expectations for older adults
- Honor clients' preferences, values, and cultural background whenever possible
- Ideally should involve families and significant others in the evaluation process
Goals for Community Care

- Maintain optional functional independence.
- Support clients and families across settings.
- Delay institutionalization.
- Enhance self esteem and personal integrity.
- Educate clients and family caregivers about treatment options.
- Coordinate supportive services to help cope and compensate for deficits.

Community-Based Programs

- Senior citizen centers
  - Geared toward healthy older adults living in the community
  - Emphasis on health and wellness promotion
  - Social, educational, and recreational activities
- Meals on Wheels and Whistle Stop Wheels
  - Promote optimal independent function
  - Reduce the stress and burden on family caregivers
  - Elders can remain in their own homes longer

Alternatives to Institutionalization

- Adult day care programs
  - For older adults who require nursing, medical and rehabilitative services beyond socialization and education
- Assisted living centers
  - For elders who require minimal support
  - Cost-prohibitive if living on a fixed income
- These programs may offer respite care to relieve family caregiver burden
Nursing Home - LTC

- Decision to place an older adult in long-term care (LTC) facility is usually made when:
  - Family caregivers have reached own tolerance levels, risking their own health.
  - The elder no longer recognizes them.
  - It becomes physically impossible to manage elder violence or incapacity.
- Restorative care
  - Occurs in community settings or in LTC facilities
  - Goals are to restore optimal function, compensate for impairments, and prevent deterioration.

Roadblocks to Care

- Ageism
  - Prejudice against older adults
- Myths
  - Influence health care professional decisions
- Stigma
  - Older adults hesitant to seek help
  - Nurses need to educate public
- Health care financing

Healthcare Financing

- Financial barriers
  - Medicare provides limited coverage of mental health services
  - Medicare Part D program for medications
    - Difficult to understand, high copayments possible
- Physical disability
- Transportation
Resistance to Care

- Examples of resistant behavior:
  - Hitting, pushing, screaming, cursing, kicking
- Requires patience
- Allow older adult to refuse care if no negative health consequence exists
  - For example: dressing, bathing

Suggested Interventions

- Consult with primary caregiver.
- Distract the client with social activity.
- Allow more time to perform basic care tasks independently.
- Wait and return later to resume care.
- Provide two desirable choices to choose from.

Resources

- http://www.alcoholics-anonymous.org
  Alcoholics Anonymous is a source of information on recommended interventions and treating people with mental illness and chemical abuse problems. It provides helpful information about alcohol abuse recovery and finding local support organizations.
- http://www.aacn.nche.edu/publications/deathfn.htm
  This is the statement paper from the American Association of Colleges of Nursing on “Peaceful Death: Recommended Competencies and Curricular Guidelines for End-of-Life Nursing Care.”
Resources - continued

- **http://www.aarp.org**
  The American Association of Retired Persons (AARP) is a nonprofit membership organization of persons 50 and older dedicated to addressing their needs and interests.

- **http://www.beemedwise.org**
  BeMedwise is sponsored by the National Council on Patient Information and Education (NCPIE), which works to advance the safe, appropriate use of medicines and over-the-counter (OTC) drug products through enhanced communication.