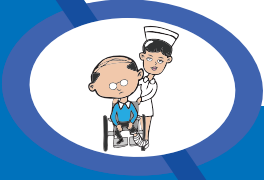


Unit 7



GERIATRIC CARE



LEARNING OBJECTIVES

At the end of this chapter, the student will be able to

- ♦ define old age
- ♦ explain the aging process
- ♦ enumerate the evolutionary basis of aging
- ♦ mention the mental health problem in old age
- ♦ describe the sensory system problem in old age
- ♦ explain the common diseased conditions in old age
- ♦ list the types of elderly care services
- ♦ enumerate the common disorders of old age



ஆத்திச்சூடி:

தாய் தந்தைப் பேண்

விளக்கம்:

உன் தந்தையையும் தாயையும் அவர்களுடைய முதுமைக் காலம் வரை அன்புடன் காப்பாற்று

Explanation:

Protect your parents



7.1 INTRODUCTION

The World Health Organisation(WHO) estimates that about 75% of deaths in people over the age of 65 in industrialized countries are from heart diseases, cancer and cerebrovascular disease. Millions of senior citizen across the globe are not getting proper healthcare they need because government and the society are not aware enough of the problem by 2026, there will be about 1200 million people aged 65 years according to un estimates. 7% of the 1.1 million Indian population is today over the age of 60.

The lifespan for both male (>65 years) and female (75 years) has raised significantly and it is estimated that by the turn of this century, numerically the highest number of old people will be in India.

Nurses and health professionals therefore have to be aware of the complexity of the care of elder people.

7.2 DEFINITION

Old age is a universal problem and is a community need. This is not a disease to be cured. It is a stage where people need to be protected from accidents, infections and disabilities. According to Sir Jamessterling.

Greek: genu = old age

Latera = treatment

Geriatrics : A branch of medicine that deals with the problems and disease of old age and aging peoples.

Gerontology: Comprehensive study of aging and the problems of the aged

Old age : Period of life when impairment of physical and mental functions becomes increasingly manifested in comparison to the previous years of life.

7.3 AGEING PROCESS

The ageing process is the gradual, decreased ability of the body to functions and to heal itself.

As our body age, they naturally deteriorate in the late years, many essential functions begin operating at a suboptimal level.

There are three main factors that influence the body's ageing process.

First as we grow older, the number of mistake incurred by daily Cellular reproduction increases. The body actually create non-functional cells, leading to more rapid deteriorate of the body's functions with advantage age. A large percentage of our cells even through they were present are useless. These non-functional cells sometime interfere with normal cellular process.

The second part of the ageing process related to Cellular damage that cause the shortening of DNA. As time passes increased damage to healthy DNA leads to accelerated cell death and our old bodies simply cannot generate cells fast enough to compensate for the loss. This process is most visible and obvious in

our skin the older we get the thinner our skin becomes

The third part of the ageing process involves the Cellular deconregulation of our national oxidative enzymes such as superoxide dismutase and catalase and glutathione peroxidase, making our antioxidant defence less efficient with age.

7.3.1 The Ageing Process Starts in Human Organ

From the moment of birth human beings experience continuous aging, however before the age of 25 the body can recover from

temporary consequence by itself, after 40 years old the body begins its real journey of ageing.

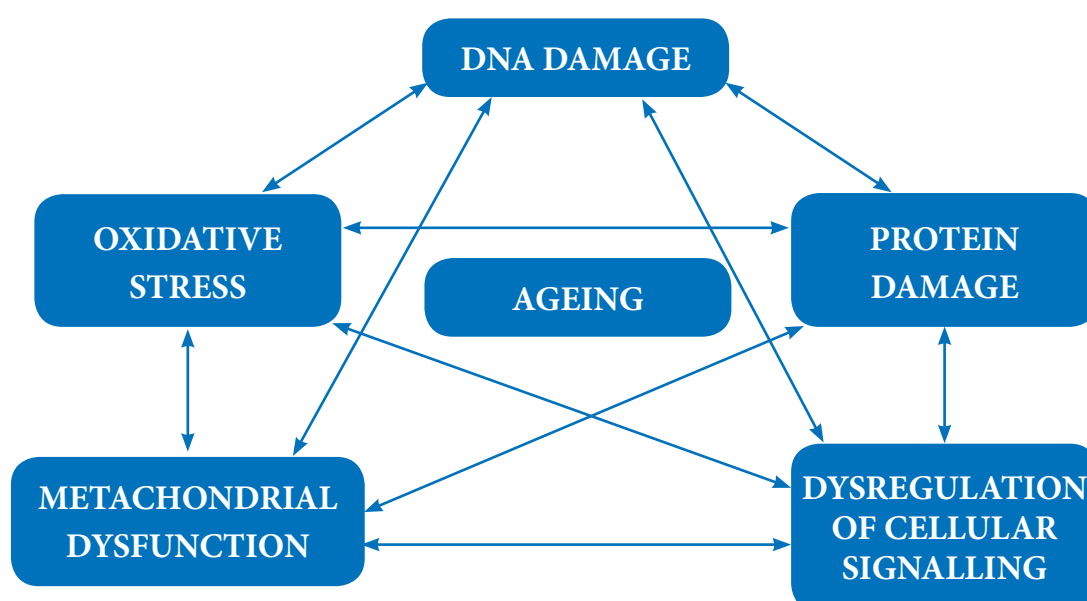
7.3.2 Common Signs and Symptoms of Ageing

- Increase susceptibility to infection.
- Greater risk of heat, stroke or hypothermia.
- Slight decrease in height as the bones of our spine get spinner and the lost some height.
- Bones break more easily.
- Joint changes ranging some minor stiffness to severe arthritis.
- Stooped posture.



Refer to the process of growing old, the British spell the word ageing, while the Americans and the Australians spell it aging. The two words are pronounced the same way both words ageing and aging are correct.

7.3.3 Mechanism of Ageing



7.3.4 Biological Process of Ageing

- The genes determine the lifespan, genes may have a role to play in the ageing process.
- Wear and Tear of important organs by continues functioning .
- Accumulation of toxic materials (E.g.. cholesterol) in the vital organ like heart, brain eye and thereby damaging them.
- Loss of important genetic material during DNA repair.
- Accumulate of stress over lifetime with its resultant effects.
- Exertion of production and deficiency of important hormones e.g. growth hormone and androgen, oestrogen and thyroid hormones.

Evaluation of ageing helps to explain why survival, reproductive success, and functioning of almost all living organism decline at old age.

7.4 EVOLUTIONARY BASIS OF AGEING

7.4.1 Ageing theories which mainly has been categorise into two main categories

Error Theory

Ageing is a result of internal or external assaults that damage cells or organs so they can no longer function properly.

Programmed Theory

Ageing has a biological time table or internal biological clock

Error Theory

- a) Waste accumulation theory
- b) Mitochondrial damage theory

a) Waste Accumulation Theory

The human lifespan simply reflects the level of free radical damage that accumulates in cells when enough damage accumulates, cells cannot survive properly any more and they just simply give up.

Genetic mutations occur and accumulate with increasing age, causing cells to deteriorate and malfunction RNA molecule is highly susceptible to oxidative stress

b) Mitochondrial Damage Theory

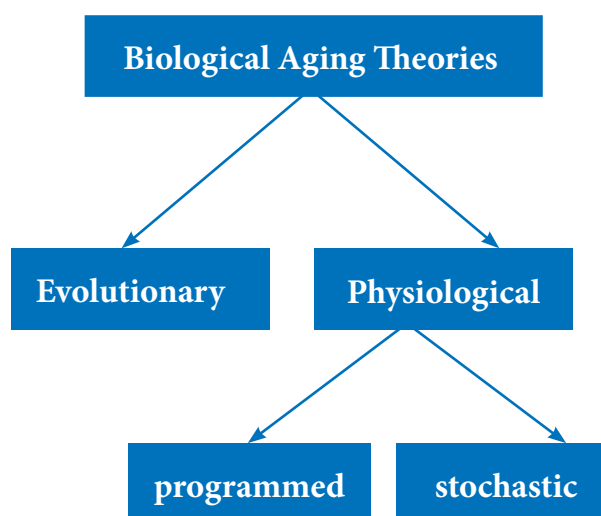
It is well known that mitochondrial DNA is much more oxidized with age than nuclear DNA reactive oxygen species are continuously generated in the mitochondrial electron transport chain.

2. Programmed Theory

a. Immunological Theory

The immune system is programmed to decline over time which leads to an increased vulnerability to infections, disease and thus aging and death. It is well documented that the effectiveness of the immune system peaks at puberty and gradually declines there after with advance in age. eg. as one grows older antibodies lose their effectiveness.

7.4.2 Biological Aging Theories



a) Evolutionary

- Once an organism has produced viable offspring its body is no longer needed. It then ages and dies.
- Certain genes may be useful in early life but detrimental in later life.
- Late acting genes have not been removed because they act after reproduction.

b) Physiological

- Programmed theories maintain that ageing occurs due to intrinsic timing mechanisms and signals. eg. Genetic timers.
- Stochastic theories maintain that ageing occurs as the result of chance or accidental events. eg. free radical damage.



Nodal Union Ministry For Senior Citizens

1. National policy on older persons.
2. The implementation strategy.
3. Inter – ministerial committee.
4. Training of manpower for care of Senior citizens.
5. Concession and facilities given to senior citizens.

7.5 MENTAL HEALTH

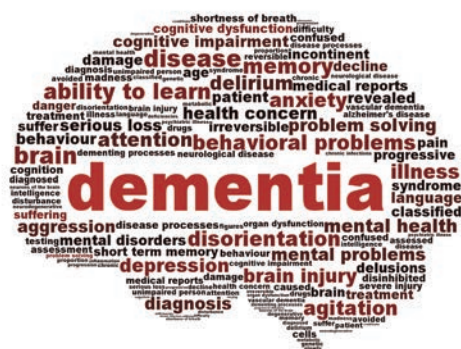
Changes in cognitive ability, excessive forgetfulness and moodswings are not a part of normal aging. Changes in mental status may be related to many factors such as alteration in diet and fluid and electrolyte balance. Therefore health professionals must recognize, assess, refer, collaborate, treat and support older adults exhibit noticeable changes in intellect or affect.

7.5.1 Some Of The Common Problems

- Depression
- Acute confusional state (Delirium)
- Anxiety disorders
- Cognitive impairment and dementia
- Late life delusional disorder
- Alcoholism
- Personality disorder
- Obsessive compulsive disorder
- Drug and substance abuse.
- Sleep and rest pattern
- Coping abilities

7.5.2 Dementia

Dementia and acute confusional state usually are the result of organic diseases characterised by impairment of intellectual functions. E.g. aphasia, aphaxia



Clinical Manifestations

- Language impairment
- Apraxia (difficulty in performing skilled tasks)
- Agnosia (inability to recognise objects)
- Impaired executive function (poor performance, poor judgement and planning)

Diagnosis

- History collection
- Clinical examination including mental function
- CSF examination
- CT scan

Treatment

- Home health aid to assist in personal hygiene home cares to assist in house work transportation
- Support groups such as the alzheimers associations are often of value to the family
- Legal council should be recommended to help the patient and family

7.5.3 Depression



Depression occurs in 5 to 10% of community - dwelling elderly due to lack of social supports.

Clinical Manifestations

- Sleep disturbance
- Lack of interest
- Feeling of guilty
- Suicidal ideation

Treatment

- Medical and pharmacological Management Methylphenidate 5 to 10 mg at 8 a.m. and noon is often very effective.
- Treatment should be continued for up to a year because relapse rates are higher in the elderly.



STUDENT'S ACTIVITY

Identify the physical and psychological changes of your grandmother who is above 75 years. Based on the observation how will you provide a care

7.5.4 Acute Confusional State (Delirium)

- Delirium called acute confusional state and progressive to disorientation.
- Delirium due to hyponatraemia, hyperosmolality, hypercapria



Clinical Manifestations

- Disturbance in memory,
- Thought disorder
- Emotional changes
- Disturbance of perception.

TREATMENT

Supportive treatment ECT (Electroconvulsive Therapy)

Anopsychotics

7.6 SENSORY SYSTEM

7.6.1 Sensory Problems

- Decreased visual perception
- Decreased elasticity of the ear drum
- Decreased sense of smell
- Decreased taste perception
- Decreased touch sensation

People interact with the world through the sense, sensory losses associated with old age affect all sensory organs. Nearly half of older man and one third of older women report difficulty hearing without aHearing Aid 16% of old men and 19% of older women report difficulty seeing even with the corrective lenses.

7.6.2 Vision



- Decrease peripheral vision.
- Decrease night vision.

- Decrease capacity to distinguish colour.
- Reduced lubrication resulting in dry, itchy eyes.

Management

- Approach people directly not from the side.
- Proper lighting can make a big difference.
- Assist with choosing clothes if needed
- Use of natural tear products.

7.6.3 Hearing



- Auditory changes begin to be noticed at about 40 years of age.
- Environmental factors such as exposure to noise, medications and infections as well as genetics may contribute to hearing loss.
- Hearing loss may cause older people to respond inappropriately.
- Older people often cannot following conversation because tones of high frequency consonants (F, S, TH, CH, SH, B, T, P) all sound alike.

Management

- Reduce extra noise when trying to have a conversation.

- Place yourself so the person can see you and fairly close – increased volume not always helpful.
- Make sure you have the persons attention before speaking.
- Have doctor check for and remove wax if needed.
- Arrange for hearing assessment and provide support to use a hearing aid if needed.

7.6.4 Taste and Sweet

- Four basic taste (Sweet, Sour, Salty and Bitter) are particularly dulled in older people.
- Changes in the sense of smell are related to cell loss in the nasal passage and in the olfactory bulb in the brain.
- Environmental factors such as long term exposure to toxins (Dust, Pollen and Smoke) contribute to the cellular damage.

Management

- May enjoy smaller attractive meals help to smell food preparation.
- Serve the food in attractive ways.

7.6.5 Skin

- Age related changes the thickness of epidermis decreases along with loss of moisture making the skin dry and rough.
- The melanocyte number decline which reduces protection against Sun rays and leads to appearance of small hypopigmented spots.
- In the dermis the fibroblast number and the production of extracellular matrix decreases causing wrinkling of the skin.

- Scalp are turns grey due to loss of melanin.
- Growth of nails slows down.



Management

- Use of moisturizers are bath oils can make bath tub slippery.
- As a care provider keep nails short
- Pat gently when helping to dry after bathing.
- Bottom of feet may be core pay attention to foot dear.
- May feel cooler than others but be more at risk of sun stroke.
- Use sun screen hats long sleeves.
- Be careful with such things as hot water bottles.

7.7 COMMON DISEASE CONDITIONS

7.7.1 The most common problems in the elderly are

1. Cardiovascular problem
e.g..coronary artery diseases (Angina, acute coronary syndrome, myocardial infarction) hypertension.



2. Respiratory problems
e.g..COPD, pneumonias, pulmonary tuberculosis and cancer.
3. Diseases of skin
e.g..Pruritus, skin cancer, bed sores.
4. Diseases of musculoskeletal system
e.g. Arthritis, osteoporosis, immobility, frequent Falls
5. Neurological
e.g. CVA (Stroke of cerebrovascular accidents) partinsonism, alzheimis disease
6. Genitourinary
e.g. Urinary incontinence, prostate enlargement
7. GI tract
e.g. constipation, cancer stomach
8. Eye and Ear problem
e.g Cataract, retinal detachment, deafness.
9. Hematological
e.g. Anaemia



MORTALITY IN ELDERLY

- ◆ 33% CVD
- ◆ 10% Respiratory diseases
- ◆ 10% Infections, TB
- ◆ 6% Neoplasm
- ◆ 4% Accidents, Poising and violence
- ◆ 17% Death by chronic disease by 2015

7.8 TYPES OF ELDERLY CARE OF SERVICES

- * Health promotion
- * Preventive services
- * Rehabilitative services
- * Home based care
- * Old age pension scheme

7.8.1 Health Promotion

Geriatric clinics are available in PHC, community health centres, and district level to provide care.

Objectives

- Health education related to healthy aging.
- Domiciliary visit to home bound / bed ridden elderly persons.
- Arrange for suitable calipers and supportive devices (walking sticks, callipers, infared lamp, shoulder wheel, pulley walkers)
- Linkage with other support groups and day Care Centre.
- 30 bedded geriatric ward for in patient care and dedicated beds for the elderly patients in the carious specialities
- Laboratory investigation required for elderly with a special sample collection centre in the OPD block.

Tertiary health care to the cases referred from medical colleges, district hospitals and below.



STUDENT'S ACTIVITY

Visit an old age home and find out the services that are provided for the elderly people

7.8.2 Preventive Services

- Primary prevention : refers to prevention of disease (e.g., immunization, chemoprophylaxis)
- Secondary prevention: is the early detection of disease before it becomes symptomatic (e.g. mammography to detect early breast cancer)
- Tertiary prevention: refers to activities to optimize health once disease is already detected.

Primary Prevention

Definition

Primary Prevention is concerned with preventing the onset of disease it aims to reduce the incidence of disease.

a. Counselling, life style modification

- Diet
- Physical activity
- Safety and injury prevention
- Smoking cessation
- Dental care

b. Immunizations

Secondary Prevention

Definition: Secondary prevention aims to reduce the impact of a disease or injury that has already occurred. Regular screening is required to detect diseases in its earliest stage.

- Hypertension : check blood pressure at least annually
- Obesity and malnutrition : measures weight and height at least annually

- Visual deficits: Routine screening with a snellen chart annually
- Hearing impairment: it is recommended to periodically questioning older adults about their hearing abilities annually.
- Dyslipidemia : Patients with prior MI or angina should be screened for lipid abnormalities annually.

Tertiary Prevention

Definition: Tertiary prevention refers to interventions designed to arrest the progress of an established disease and to control its complications.



7.8.3 Rehabilitative Services

Definition: Rehabilitation is a treatment designed to facilitate the process of recovery from injury, illness or disease to normal condition as possible.

1. Eating a healthy diet

- ♦ Especially rich in minerals and vitamins so as to provide necessary protection to the bones and from other host of illness too
- ♦ Includes also adequate water consumption

Four Simple Rules For Elderly Diet

- Divide the daily food intake into 3 – 4 small meals.

- Should eat foods like fruits, vegetables, which needs some chewing
- Advice them to take foods containing fibres like course cereals and vegetables
- Avoid fatty foods.

2. Regular yoga or Exercise Regime

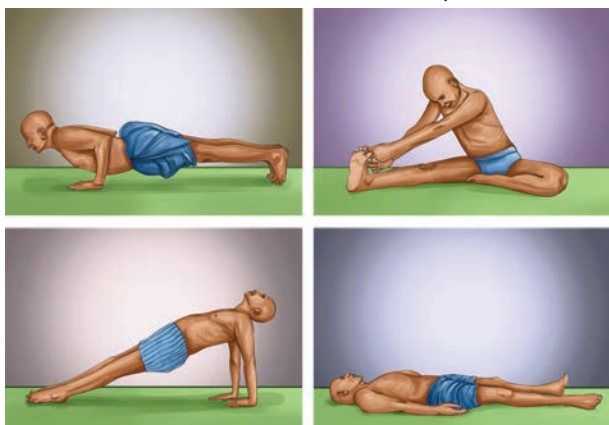
To follow a disciplined schedule of favourably yoga practices with or without mild exercises.

How senior citizen should do Yoga

- They should perform yoga under the guidance of yoga expert
- The instructor should be aware of the health concerns and ability level
- Reduce the length of time
- Encourage them and praise their effort
- Do not perform a lot of complicated poses

Best Yoga Asanas for Elderly

- | | |
|--------------------|----------------|
| • Shavasana | • Bhujanasana |
| • Uttanapadasana | • Makarasana |
| • Naukasana | • Anulom Vilom |
| • Pawanmuktasana | Pranayama |
| • Ardhashalbhasana | • Bhramri |
| • Shalbhasana | Pranayama |



Advantages of Yoga for Elderly

- * Yoga helps to reduce positive pressure and increase negative pressure

- * Yoga reduces urinary acidity and uropepsin
- * Reduction of high blood pressure, heart rate and coronary problems

3. Active Life Style

- It includes indulging in favourite part time of hobbies apart from the exercises.
- Prevents stagnation (Tamas) from accumulating causing further degeneration and depression.
- Should be motivated to do those activities. Which was always yearned to do while they were younger.

4. Take occasional alternative Therapies

- Massage
- Hydrotherapy
- Acupuncture
- Chromotherapy
- Diet therapy
- Ayurvedic rejuvenation therapies
- Physiotherapy
- Occupational therapy

5. Avoid harmful habits

- Smoking
- Strict dieting
- Alcohol
- High caffeine consumption

7.8.4 Home Based Care



- A home health nurse can assist in the care of the aged by helping the family to provide safe housing. Good diet, happy surrounding and some kind of recreation. This will help the old aged to overcome infection, mental stain and frustration, bed sore.

7.8.5 Old Age Pension for the General Public

- Indira Gandhi National Old Age Pension Scheme. (IGNOAPS)
- Started on 19th Nov 2007.
- All BPL (below poverty line) families
- All pension of 65 years or above
- Central assistance at the rate of Rs. 200 per month per beneficiary



Status have been urged to give matching accounts.



Major Government Initiatives

- National Policy On Older Person (NPOP) – 1999
- Recommendations by working group of planning commission – 2006 for nation programme
- Maintenance and welfare of parents and senior citizens Act – 2007
- Announcement of National Programme for health care of elderly during budget speech (2008 – 09)
- Approval of “National programme for health care of elderly by Ministry of Finance” – June 2010.

Annapurna

Free food grains (wheat or rice) upto 10 kg per month are provided to older persons 65 years or above who are other wise eligible for oldage pension under the national old age pension scheme.

Insurance Schemes

Rashtriyaswasthyabrmayojana

- It was from 1st April, 2008.
- Ministry of labour and employment, gross
- To provide health insurance coverage for BPL families.

Varistha Mediclaim Policy

- Covers hospitalization and domiciliary hospitalization expenses.
- Coronary artery surgery, cancer, renal failure, stroke, multiple sclerosis and major organ transplants. Paralysis and blindness are covered at extra premium.

Improving Quality Of Life

- Cultural programme
- Old age club
- Meals on wheel service
- Home help
- Old age home (Vruddhashrama)

7.9 COMMON DISORDER

- Immobility and rehabilitation
- Frequent falls
- Urinary incontinence
- Stroke rehabilitation
- Pressure / bed sores
- Laterogenic drug reactions

- Hypertension in the elderly
- Diabetes in older adults
- Arthritis and osteoporosis
- Prostate enlargement
- Eye diseases
- Cancer

7.9.1 Immobility and Rehabilitation

- Age changes in neurological and musculoskeletal system lead to high prevalence of disorders such as stroke, Parkinson disease, osteoarthritis and osteoporosis interact to make poor mobility.
- The goal of rehabilitation to reduce limitations of movement and to improve mobility.

Management

- Therapies to reduce pain and to increase in range of motion.
- Heat, cold, massage, electro therapy, hydrotherapy and ultraviolet radiation.
- Occupational therapy and braces, splints and prostheses, crutch may be used to enhance function.



7.9.2 Frequent Falls

Causes

- Several factors such as neurological, cardiovascular, musculoskeletal, otological and drugs (hypertension, bradycardia of sick sinus syndrome) causes falls.
- Poor vision
- Muscle weakness
- Insufficient lighting
- Uneven carpet or slippery floor

Management

- Careful history and physical examination.
- Assessment of standing balance and gait.
- CT of the brain, blood pressure monitoring.

7.9.3 Urinary Incontinence

Definition

The involuntary leakage of urine it means a person urinates when they do not want to

Causes

- Involuntary passage of urine due to loss of bladder control.
- Drugs, abdominal surgery, neurological diseases and physical disability either lead to precipitate inconvenience.
- Obesity
- Smoking
- Stress

Management

- Toilet training to anticipate and overcome episodes of incontinence
- Bladder relaxant
- Treatment of the cause
- Therapeutic devices(catheters)

7.9.4 Stroke

Definition: The sudden death of brain cells due to lack of oxygen caused by blockage of blood flow or rupture of an artery to the brain.

Causes

- ◆ Hypertension
- ◆ Smoking
- ◆ Alcohol
- ◆ Diabetes
- ◆ Cardiac diseases



Management

- Prevention and treatment of acute complications.
- Rehabilitation to minimise disability.
- Medical intervention to minimise impairment.
- Nursing Intervention (nutrition, skin care, positioning, bladder and bowel care)
- Drug therapy with anti platelet agents and hunting co-coagulants.

7.9.5 Arthritis and Osteoporosis



Definition of Arthritis

It is a painful inflammation and stiffness of the joints. Arthritis simply means inflammation of the joints. The symptoms include pain, swelling and stiffness with limitation of joint movements.

Causes

- ◆ Abnormal metabolism
- ◆ Genetic inheritance
- ◆ Infection
- ◆ Systemic lupus erythematosus

Definition of Osteoporosis

Osteoporosis means “porous bones” causing bones to become weak and brittle.

Causes

- ◆ Low bone mass
- ◆ Calcium and vitamin D deficiency
- ◆ Sedentary life style
- ◆ Thyroid problems
- ◆ Smoking



Management

- Taking diet rich in calcium and Vitamin D
- Avoiding tobacco, alcohol and excess of tea and coffee
- Brisk physical exercise
- Be active which really helps bone and prevents osteopenia.
- Reduce your chance of falling by making your bones safer.

7.9.6 Benign Prostatic Hypertrophy

Definition

- Enlargement of the periurethral position of the prostate lead to the obstruction of urinary outflow which begin with the fracture of prostatic hyperplasia and ends with urinary obstruction.

Causes

- ♦ Ageing
- ♦ High level of Dihydro testosterone
- ♦ Genetic

Management

- Transurethral resection of prostate was the mode of surgical treatment.
- Medical management with specific long activity adrenergic antagonists and a reductase inhibitors have been and with excellent results.

7.9.7 Diabetes in Older Adults

Definition: Diabetes mellitus is a chronic multisystem disease characterized by hyperglycemia related to abnormal insulin production and impaired insulin utilization.

Causes

- ♦ Auto immune
- ♦ Environmental factors

Management

- The lifestyle modifications, diet and nutrition, physical exercise.
- Overweight elderly should be advised to loss weight and abstain from alcohol and smoking.
- Oral hypoglycaemic drugs in NIDDM and insulin in IDDM.
- Insulin is indicated in NIDDM for proper control despite oral hypoglycaemic drugs in the presence of infections, ketosis, hyperosmolar state, surgery and diabetic neuropathy.

7.9.8 Hypertension in the Elder

Definition

Hypertension is defined as a persistent Systolic BP of 140mm Hg or more, Diastolic BP 90mm Hg or more.

Causes

- ♦ Over production of sodium retaining hormones.
- ♦ Increased sodium intake
- ♦ Diabetes
- ♦ Tobacco use
- ♦ Excessive alcohol intake

Management

- Weight and salt reduction and change in Lifestyle.
- Initially low dose diuretics of beta blockers are recommended.

7.9.9 Pressure Ulcer/Bed Sores

Definition: Pressure ulcer is localized injury to the skin and underlying tissue as a result of pressure or pressure in combination with shear.

Causes

- ♦ Excessive moisture
- ♦ Obesity
- ♦ Diabetes mellitus
- ♦ Occur due to ischemia, necrosis and ultimate ulceration of the tissue due to constant pressure at sites with are pressure prove.
- ♦ Immobile following surgery or a spinal cord injury can lead to bed sore

Management

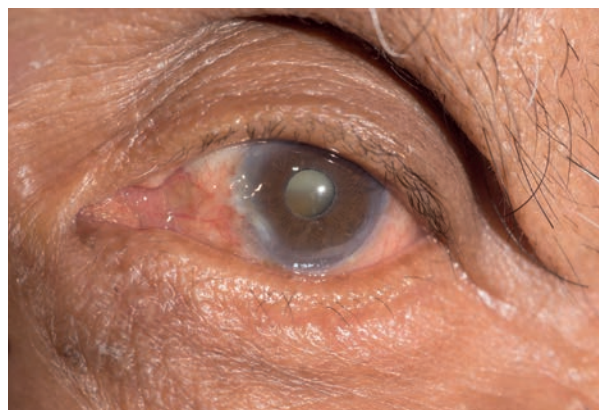
- Optimal nutrition can aid in the healing process –food rich in zinc and vitamin c (green, red and orange vegetables)
- keeping the wounds clean to prevent infection
- speed the healing process by keeping the wound moist and the surrounding skin dry
- pain management with more serious ulcer

7.9.10 Eye Diseases

Definition

A cataract is an opacity within the lens. Cataract is the commonest cause of Visual impairment in old age. Cataract is characterized by painless burning gradual loss of vision increased sensitivity to glare under general darkening of vision.

Cataract



Causes

- ♦ Maternal rubella
- ♦ Radiation or ultraviolet exposure
- ♦ Long term topical corticosteroids
- ♦ Diabetes mellitus

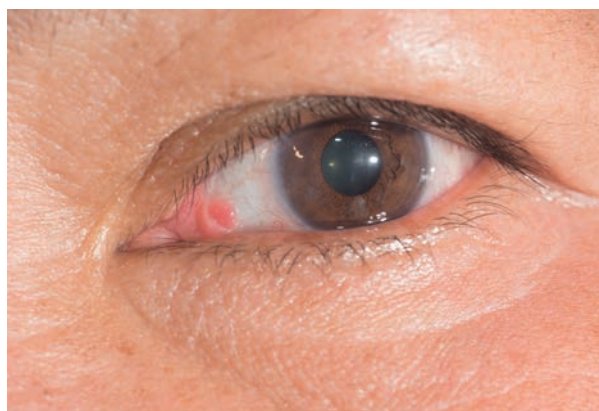
Management

- Surgery after the removal of the lens, which has now been replaced by the implantation of an inter ocular lens which restore hear normal focusing ability.

7.9.11 Glaucoma

Definition

Glaucoma is a group of disorders characterized by increased IOP and the consequences of elevated pressure, optic nerve atrophy, and peripheral visual field loss.



Causes

- ◆ Lens bulging due to aging
- ◆ Damage to the optic nerve.
- ◆ Reduction in the outflow of aqueous humor

7.9.12 Cancer

Definition

Cancer is a group of diseases characterized by uncontrolled and unregulated growth of cells. Among elderly men concern of the prostate and colon are the most common while for women it is a breast cancer. Other concern found in geriatric patients are skin, lung and pancreas, bladder, rectum and stomach.

Causes

- ◆ Smoking and tobacco
- ◆ Diet and physical activity
- ◆ Sun and other type of radiation
- ◆ Viruses and other infection

Management

- Quit smoking
- Moderate your diet, diets high in fruits and vegetables may have a protective effect against many cancers.



Myths about Aged people

- Aged people are sick
- Aged people cannot learn new things
- Aged people are senile
- Aged people are poor
- Most Aged people live in nursing home
- It is too late for life style changes
- Aged people are unhappy

- Avoid excessive exposure to ionizing radiations.
- Regular physical activity and maintain a healthy body weight.

7.9.13 Drug Reactions

- Older patients are two of three times more vulnerable to drug reaction.
- Drug clearance is markedly reduced due to reaction in Renal blood flow and glomerular filtration rate.
- Distribution of the drug is also affected in old age due to reduction in total body weight content and their relative increases in body fat.
- Protein binding of the drug is decreased due to fall in serum albumin in old age.

CONCLUSION

The ageing process is a profound and life – changing experience. The body slowly begins to weaken, resistance to disease is decreased and recovery time is prolonged. Acute and chronic medical conditions become more common and life – disrupting condition such as incontinence and falls can severely affect independence and quality of life. Many people age 65 or older self – report some sort of disability. These may be minor or they may be significant requiring the older person to need skilled assistance. The ageing process is experienced differently by each of us. But age – related changes are inevitable. Apart from this the types of elderly care services and common disorders of elderly has been included.

A-Z GLOSSARY

Geriatrics (முதியோர்கள் பற்றிய மருத்துவத் துறை)	-	A branch of medicine that deals with the problem of diseases of old age and aging people.
Old age (முதுமை)	-	Period of life when impairment of physical and mental functions become increasingly manifested in comparison to the previous years of life.
Primary Prevention (முதன்மை தடுப்பு)	-	Refers to prevention of diseases.
Delirium (சித்தப்பிரமை)	-	Called acute confusional state and progresses to disorientation.
Dementia (ஞாபகமறதி)	-	Dementia and acute confusional state usually are the result of organic disease characterised by impairment of intellectual functions.
Arthritis (கீல்வாதம்)	-	Arthritis simply means inflammation of the joints.



EVALUATION



I Choose the correct answer:

- 1) Which information is obtained by the home health nurse when making a visit to an 88 years old with mild forgetfulness is of the most concern
 - a) The patients son uses a marked pillbox to set up the patients medications weekly
 - b) The patient has lost 10 pounds (4.5kg) during the last month
 - c) The patient is cared for by a daughter during the day and stays with a son at night
 - d) The patient tells the nurse that a close friend recently died
- 2) A 70 years old client asks the nurse to explain to her about hypertension an appropriate response by nurse as to why older clients often have hypertension is due to
 - a) Myocardial muscle damage
 - b) Reduction in physical activity
 - c) Ingestion of foods high in sodium
 - d) Accumulation of plaque on arterial walls
- 3) Which of the following interventions should be taken to help an older client to prevent osteoporosis
 - a) Decreased dietary calcium intake
 - b) Increase sedentary lifestyles
 - c) Increase dietary protein intake
 - d) Encourage regular exercise

- 4) The nurse is performing an assessment on an adult client which assessment data would indicate a potential complication associated with the skin
 - a) Crusting
 - b) Wrinkling
 - c) Deepening of expression lines
 - d) Thinning and loss of elasticity in the skin
- 5) An effective way to adequately provide nourishment to a patient with moderate dementia is
 - a) allowing the patient to choose foods from a varied menu
 - b) hand feeding the patients favourite foods
 - c) routinely reminding the patient about the need for adequate nutrition
 - d) serving soup in a mug and offering finger foods

II. Write short answer for the following questions:

- 1) Define ageing.
- 2) What is delirium.
- 3) Describe the primary prevention.
- 4) What is the four rules for elderly diet.
- 5) Define osteoporosis.
- 6) What are the services at sub-centre for elderly.
- 7) What are the common diseased conditions in elderly.



- 8) Define cataract.
- 9) What is macular degeneration.
- 10) Write down the sensory problems in old age.

III Write short notes for the following questions:

- 1) Explain the process of ageing.
- 2) What are the sensory problems in old age.
- 3) Write about the acute confusional state in ageing.
- 4) What are the characteristic changes take place in cardiovascular system.
- 5) What are the skin changes that occur in old age.
- 6) How do you assess the pulmonary changes in old age.
- 7) Explain the mechanism of ageing.
- 8) List out the old age pension schemes.
- 9) Write the evolutionary basis of ageing.
- 10) List out the common disorders in old age.

IV Answer the following questions in detail:

- 1) Explain in detail regarding stroke in old age and its management.
- 2) Describe the role of nurse in elderly care services.

- 3) Write in detail about home care management in old age.
- 4) What are all the preventive care services in old age.
- 5) Explain about the types of elderly care services.

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