



Chapter 33

Health Promotion and Care of the Older Adult



Overview of Health and Wellness in the Aging Adult

- Older Adulthood Defined
 - Older adulthood begins at about age 65 and continues until death, which can cover a span of 40 years or more.
 - Young-old: ages 55 to 74 years
 - Old-old: 75 years old and older
 - Frail elder: over 75 years old with health concerns
 - Centenarians: older than 100 years
 - Chronological age is a very poor indicator of old age.
 - Some individuals are “old” in their 50s, and others in their 90s are physically and mentally active.



Overview of Health and Wellness in the Aging Adult

- Demographics
 - In the United States in 1990, over 12% of the population was older 65 years.
 - During the past two decades, the older adult population has grown twice as fast as the rest of the population.
 - It is projected that by the year 2030, over 21% of the population will be older than 65.
 - Approximately 60% are women and 40% are men.
 - The majority are white (90.5%); African-Americans and other races make up 9.5% of older adults.



Overview of Health and Wellness in the Aging Adult

- Demographics (continued)
 - The health care delivery system is becoming more complex for several reasons.
 - Scientific advances more often delay life-threatening conditions of the past.
 - Life expectancy has substantially increased.
 - More focus has been placed on ethical and legal issues related to life, disease, research, and dying.



Overview of Health and Wellness in the Aging Adult

- Wellness, Health Promotion, and Disease Prevention
 - A strong emergence of the holistic movement is changing the perception of health from the absence of disease to a broader definition of wellness.
 - Wellness is 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.



Health Promotion for Healthy Aging

- 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 2010.
- The intent of these goals focuses on improving functional independence and the quality of life.



Overview of Health and Wellness in the Aging Adult

- Myths and Realities
 - The myths and stereotypes of aging and older adults are numerous.
 - Most myths are generalizations that focus on the negative aspects of aging.
 - In many cases, research has proven such myths to be inaccurate.



Overview of Health and Wellness in the Aging Adult

- Theories of Aging
 - Our current knowledge about aging and the aging process is very limited.
 - Biological 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

- Legislation Affecting Older Adults
 - Social Security Act of 1935
 - This was the 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
 - Program provides a means of addressing the nation's growing needs of caregivers.



Psychosocial Care of the Older Adult

- Loss, Grief, and Depression
 - Significant psychosocial changes experienced by the older adults may include personal, social, and economic losses.
 - There are changes in roles and retirement and the loss of significant others.
 - Physical changes can result in losses of independence and space.
 - Some older adults 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
 - Lack of pigment in hair (graying)
 - Thinning hair and baldness
 - Less collagen and elasticity in the skin, with less fat under the skin (wrinkles)
 - Age spots (lentigo)
 - Thinning of the epidermis and reduced numbers of oil and sweat glands
 - Increased fragility of blood vessels, resulting in ecchymosis



The Aging Body

- Integumentary System (continued)
 - Assessment
 - Observe skin for signs of excessive dryness or openings in the skin.
 - Observe hair for excessive loss, dryness, or oiliness.
 - Observe the nails for excessive length, sharp edges, brittleness, increased thickening, and yellowing.



The Aging Body

- Integumentary System (continued)
 - Common concerns and nursing interventions
 - Pruritus
 - Due to reduced glandular secretions and moisture
 - Pressure ulcers
 - Thin skin and lack of subcutaneous fat predispose the older adults to pressure ulcers when fragile skin is compressed between bony prominences of the body.
 - Shearing forces may produce injury via a shearing strain.



The Aging Body

- Gastrointestinal System
 - Age-related changes
 - Decreased secretion of saliva and enzymes in the intestinal tract
 - Atrophy and decreased tone of the intestine
 - Decreased peristalsis
 - Changes may be intensified by medications, lack of fluids or dietary roughage, and lack of exercise.



The Aging Body

- Gastrointestinal System (continued)
 - Assessment
 - Assess oral cavity for lesions, dental caries, loose teeth, and halitosis.
 - Assess ability to chew and swallow.
 - Assess for complaints of intestinal cramping.
 - Assess dietary intake and weight.
 - Assess for signs of abdominal distention.
 - Assess bowel elimination and use of laxatives.
 - Assess individual's ability to control defecation.
 - Assess bowel elimination routes.



The Aging Body

- Gastrointestinal System (continued)
 - Common concerns and nursing interventions
 - Obesity
 - Less food is consumed than in their earlier, more physically active years.
 - Weight loss
 - Gradual weight loss is normal; rapid weight loss may indicate illness and should be reported.
 - Fluids/dehydration
 - Have fluids available and toilet facilities easily accessible.



The Aging Body

- Gastrointestinal System (continued)
 - Common concerns and nursing interventions (continued)
 - Oral hygiene
 - Thorough cleansing of the entire mouth structure should be done with a soft-bristled toothbrush in the morning and at bedtime.
 - Loss of appetite
 - Prepare food using color and garnishes, attractive dishes, and table setting with good lighting and bright colors.



The Aging Body

- Gastrointestinal System (continued)
 - Common concerns and nursing interventions (continued)
 - Gastric reflux
 - Encourage small meals, no eating before bedtime, and elevation of the head of the bed.
 - Food intolerance
 - Lactose intolerance is common. Replace milk with cheese and yogurt.



The Aging Body

- Gastrointestinal System (continued)
 - Common concerns and nursing interventions (continued)
 - Dysphagia
 - Add thickeners to liquids; provide upright positioning, with leaning slightly forward with the chin down; reduce distractions.
 - Constipation
 - Ensure adequate fluid, exercise, and a diet that contains fiber.



The Aging Body

- Urinary System
 - Age-related changes
 - Overall, kidney function and bladder capacity decrease with age.
 - The bladder and sphincters lose elasticity and are less responsive to stimulus to urinate.
 - Men commonly experience enlargement of the prostate.
 - Assessment
 - Assess frequency, amount, odor, and consistency of urine.
 - Assess individual's ability to control urination.



The Aging Body

- Urinary System (continued)
 - Common concerns and nursing interventions
 - Nocturia
 - Encourage patient to limit fluids in the evening, to take diuretic medications in the morning, and to minimize the hazards for falls.
 - Incontinence
 - Provide frequent and easy access to a bathroom or a urinal or commode.



The Aging Body

- Cardiovascular System
 - Age-related changes
 - Changes involve loss of structural elasticity.
 - It takes longer for the heart to contract and the chambers to fill.
 - Heart valves become thicker and more rigid.
 - There is a decrease in pacemaker cells, and the electrical conduction is slowed.
 - Resting heart rate may decrease.
 - Arteriosclerosis develops, which increases blood pressure.



The Aging Body

- Cardiovascular System (continued)
 - Assessment
 - Assess for signs of pallor, rubor, or cyanosis.
 - Assess and compare apical and peripheral pulses.
 - Assess capillary refill time.
 - Assess for presence of vertigo or syncope.
 - Assess blood pressure in lying, sitting, and standing positions.
 - Assess for edema.



The Aging Body

- Cardiovascular System (continued)
 - Common concerns and nursing interventions
 - Dysrhythmias
 - Check vital signs frequently.
 - Monitor fluid I&O.
 - Observe and report the older adult's response to medications.
 - Monitor the response to activity, and provide rest periods before and after activity.



The Aging Body

- Cardiovascular System (continued)
 - Common concerns and nursing interventions (continued)
 - Peripheral vascular disease
 - Encourage walking to stimulate venous return.
 - Discourage standing in one place for long periods.
 - Discourage crossing legs or knotting stockings to hold them up.



The Aging Body

- Respiratory System
 - Age-related changes
 - Tissues of lungs and bronchi become less elastic and more rigid with age.
 - The chest wall is less able to expand because of changes in the skeletal system.
 - Muscles associated with respiration are weakened, so that lung expansion and vital capacity are decreased.
 - Overall, the older person's air exchange is reduced, and secretions remain in the lungs.



The Aging Body

- Respiratory System (continued)
 - Assessment
 - Assess depth, rhythm, and rate of respiration at rest and with activity.
 - Assess the amount of activity the individual is able to tolerate.
 - Assess for the presence of cough, productive or nonproductive.



The Aging Body

- Respiratory System (continued)
 - Common concerns and nursing interventions
 - Chronic obstructive pulmonary disease (COPD)
 - Encourage adequate intake of fluids.
 - Avoid smoking and air pollution.
 - Avoid crowds and people with upper respiratory infections.
 - Ensure adult receives annual influenza vaccine.



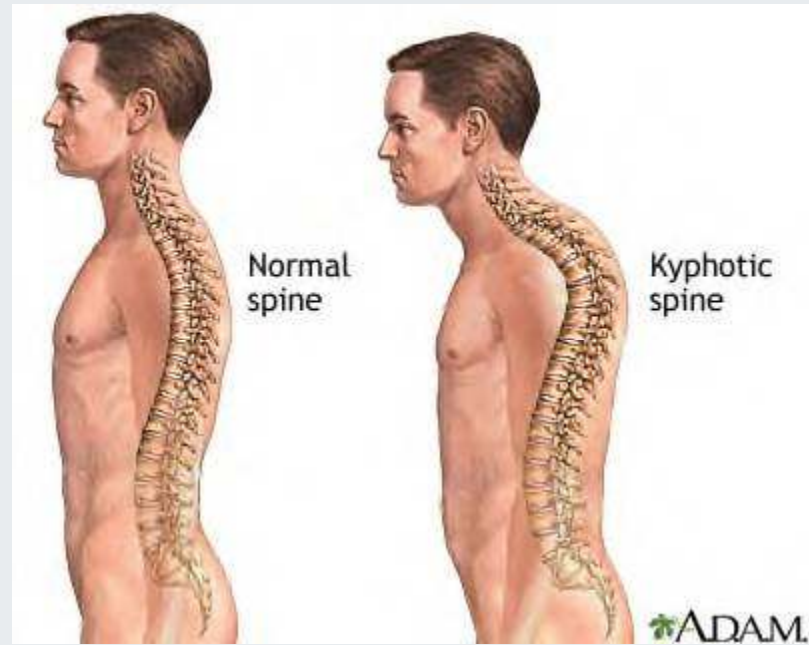
The Aging Body

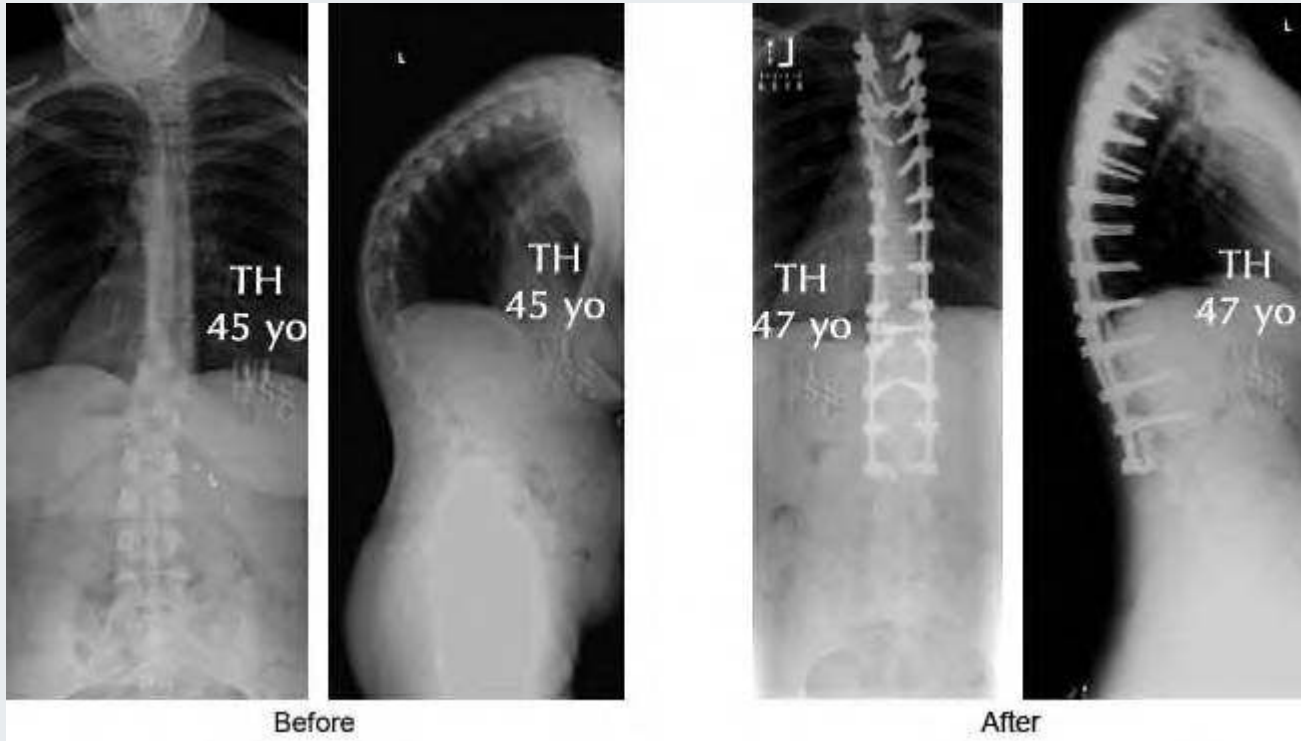
- Respiratory System (continued)
 - Common concerns and nursing interventions (continued)
 - Pneumonia
 - Liquefy secretions through adequate intake of fluids and prescribed medications.
 - Assist with removal of secretions by teaching proper coughing technique to improve airway clearance.
 - Promote turning, coughing, and deep breathing to improve gas exchange.



The Aging Body

- Musculoskeletal System
 - Age-related changes
 - There is a reduction in the number and size of active muscle fibers with decreased muscle strength.
 - Joints become less elastic and flexible with the loss and calcification of cartilage.
 - Demineralization of bone leads to osteoporosis.
 - Changes in the spine bone structure and compression of intravertebral discs result in postural changes such as kyphosis.







A bone density scan is a low-dose x-ray which checks an area of the body such as the hip, hand or foot for signs of mineral loss and bone thinning





The Aging Body

- Musculoskeletal System (continued)
 - Assessment
 - Assess ability to stand, move, and perform ADLs.
 - Assess gait, including balance, posture, base of support, size of steps, and ability to turn.
 - Assess for muscle weakness, paralysis, joint edema, pain, or limitations in joint mobility.



The Aging Body

- Musculoskeletal System (continued)
 - Common concerns and nursing interventions
 - Arthritis
 - Relief of stress on affected joints through the use of rest and assistive devices such as splints, walkers, adapted utensils, and use of clothes with Velcro fasteners
 - Range-of-motion and other forms of mild exercise
 - Heat and gentle massage

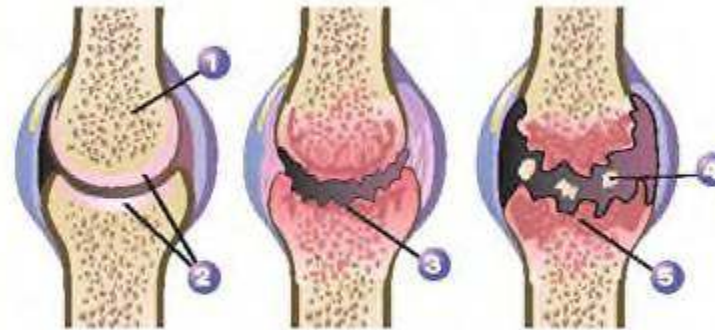


Rheumatoid arthritis





Evolution of Osteoarthritis



- 1. Bone
- 2. Cartilage
- 3. Thinning of cartilage
- 4. Cartilage remnants
- 5. Destruction of cartilage

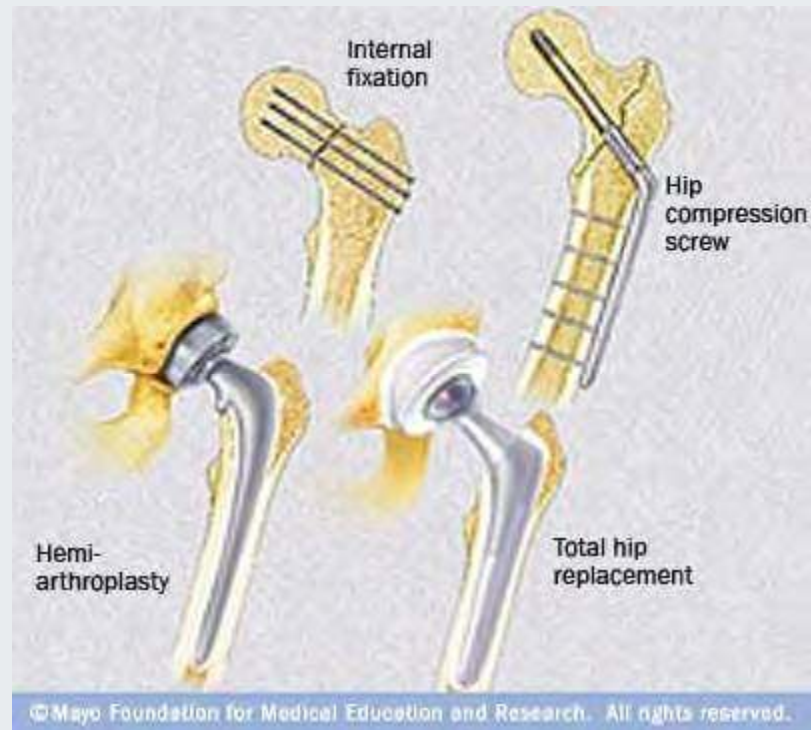


The Aging Body

- Musculoskeletal System (continued)
 - Common concerns and nursing interventions (continued)
 - Falls
 - Maintain an environment that is free of hazards.
 - Increase lighting for decreased vision.
 - Provide assistive devices such as walkers and canes to aid with balance.
 - Teach to sit on the side of bed when arising and to stand for several minutes before walking.
 - Encourage exercises that increase strength, balance, endurance, and body awareness.









Hip abduction pillow





The Aging Body

- Musculoskeletal System (continued)
 - Common concerns and nursing interventions (continued)
 - Osteoporosis
 - Prevention begins with children and adolescents
 - Diet high in calcium and vitamin D
 - Regular weight-bearing exercise
 - Hormone replacement therapy
 - Calcium supplements





The Aging Body

- Endocrine System
 - Age-related changes
 - The levels of hormones secreted and the response of body tissue to hormones change with age.
 - Assessment
 - Assess laboratory results and report abnormal calcium, glucose, or thyroid hormone levels.



The Aging Body

- Endocrine System (continued)
 - Common concerns and nursing interventions
 - Non–insulin-dependent diabetes mellitus
 - Goal is to achieve and maintain a normal metabolic state through diet management, weight control, and exercise.
 - Intake should be balanced with recommended amounts of protein, carbohydrates, fats, vitamins, and minerals; refined sugar is limited; high-fiber diet is encouraged.
 - Monitor glucose levels, good foot care, and safety precautions.

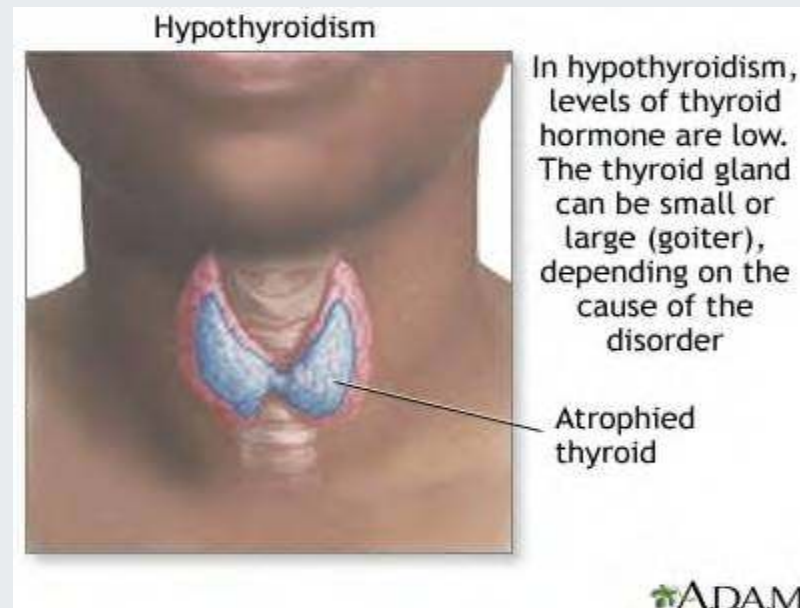


The Aging Body

- Endocrine System (continued)
 - Common concerns and nursing interventions (continued)
 - Hypothyroidism
 - Assess for weight gain, dry skin, thinning of hair, cold intolerance, delirium, and depression.
 - The goal for interventions is stabilization of thyroid levels with medication (levothyroxine).



Hypothyroidism





The Aging Body

- Reproductive System
 - Age-related changes
 - There are diminished levels of male and female hormones.
 - There is diminished sexual function.
 - Menopause in women decreases vaginal secretions and the pH becomes more alkaline.
 - Assessment
 - Assess for signs of vaginal or penile ulceration, edema, or discharge.
 - Assess for the presence of dimpling or drainage from the breast.



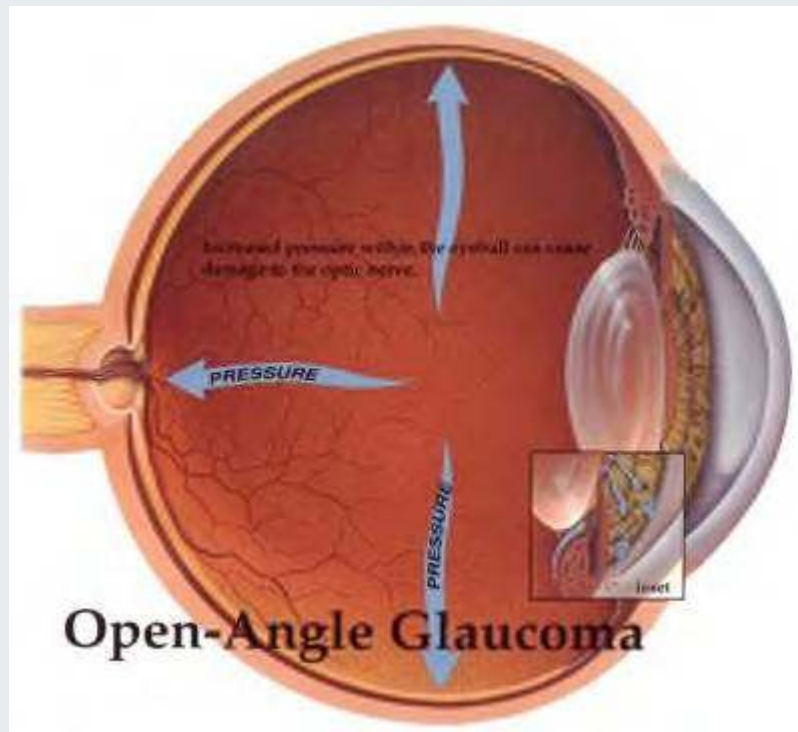
The Aging Body

- Reproductive System (continued)
 - Common concerns and nursing interventions
 - Sexual function
 - Estrogen creams or water-soluble lubricants are used for vaginal dryness.
 - Encourage and help older adults to look their best, complimenting them when they look nice.
 - Respect older adults and allow them to have their privacy.



The Aging Body

- Sensory Perception
 - Age-related changes
 - Visual impairment
 - Cataracts, glaucoma, macular degeneration, and diabetic retinopathy
 - Presbyopia, narrowing of the peripheral field of vision, decreased ability to focus on near objects, and decrease in visual acuity
 - Depth perception distorted and vision in dim light difficult





Acute closed angle glaucoma





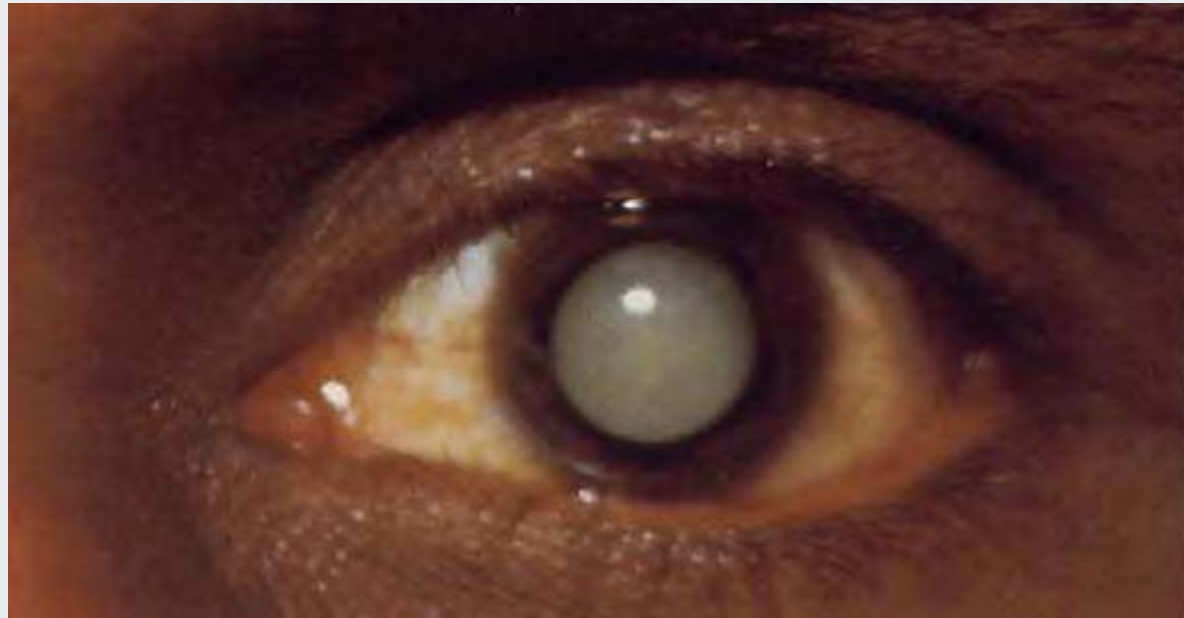
Normal Vision

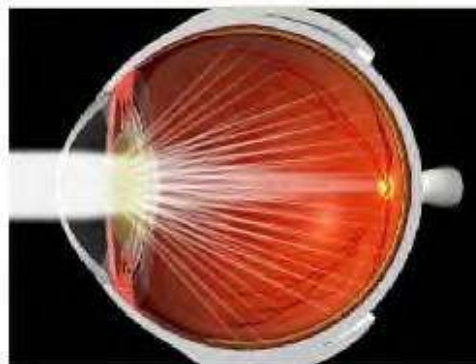
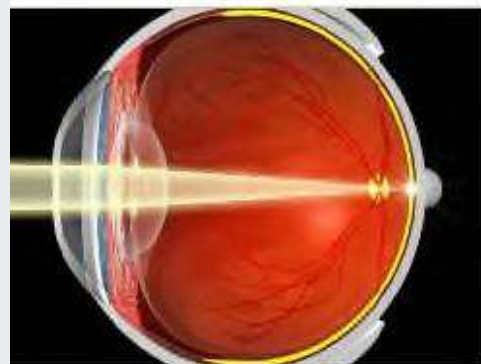


Vision with Glaucoma



Cataract







The Aging Body

- Sensory Perception (continued)
 - Age-related changes (continued)
 - Hearing impairment
 - Presbycusis: the normal loss of hearing acuity, speech intelligibility, auditory threshold, and pitch associated with aging
 - Touch and position
 - Decreased number of receptor cells in the skin and joints
 - Difficulty sensing temperature and maintaining balance



The Aging Body

- Sensory Perception (continued)
 - Assessment
 - Assess eyes for dryness, tearing, or signs of irritation.
 - Assess ability to see both close up and at a distance.
 - Assess hearing; note the use of hearing aids.
 - Assess for reported changes in taste or smell.



The Aging Body

- Sensory Perception (continued)
 - Common concerns and nursing interventions
 - Decreased vision
 - Ensure that the patient's eyeglasses are clean and are available.
 - Increase the amount of light in the environment.
 - Reduce glare by use of shades on windows and lights.
 - Use night lights to avoid abrupt light-to-dark changes.



The Aging Body

- Sensory Perception (continued)
 - Common concerns and nursing interventions (continued)
 - Decreased hearing
 - Hearing aids
 - Face the individual and speak at a normal or slightly slower pace without exaggerating or shouting.
 - Nonverbal communication: gestures, smiles, nodding, and written communication



The Aging Body

- Sensory Perception (continued)
 - Common concerns and nursing interventions (continued)
 - Peripheral neuropathy
 - Teaching the need for careful daily inspection for blisters, cuts, or infections.
 - Avoid smoking, constricting footwear, and crossing of legs.



The Aging Body

- Nervous System
 - Age-related changes
 - There is a decline in the number of peripheral nerve cells and fibers, as well as brain cells.
 - Nerve impulse transmission in the nervous system slows, resulting in slower reaction time.
 - Autonomic nervous system changes include decreased efficiency in maintaining normal body temperature and in the pulse returning to normal after exercise or stress.



The Aging Body

- Nervous System (continued)
 - Assessment
 - Assess alertness level.
 - Assess appropriateness of behavior and responses.
 - Assess changes in memory.
 - Assess for the presence of pain.
 - Assess sleep patterns.



The Aging Body

- Nervous System (continued)
 - Common concerns and nursing interventions
 - Insomnia
 - Encourage a bedtime ritual.
 - Exercise and activity during the day increase the likelihood of falling asleep at night.
 - Encourage a nap in the morning rather than in the afternoon.



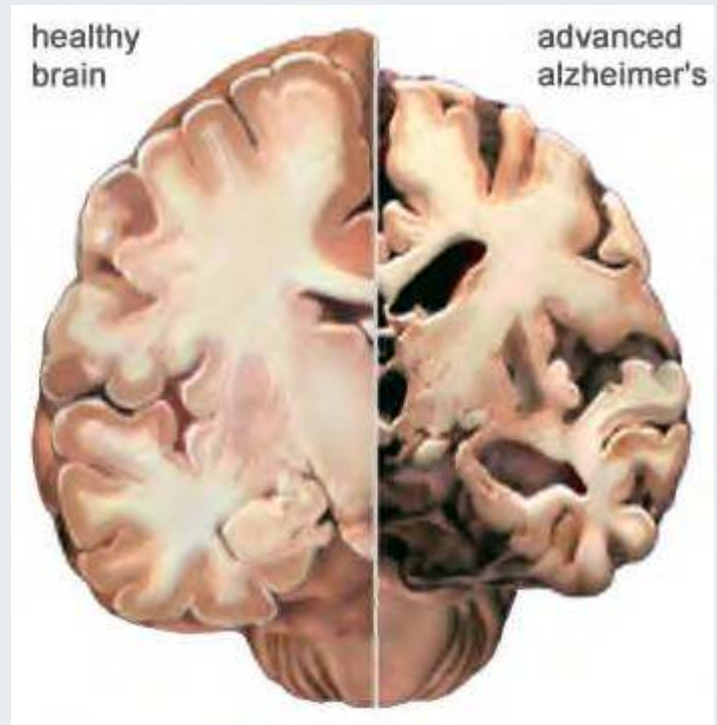
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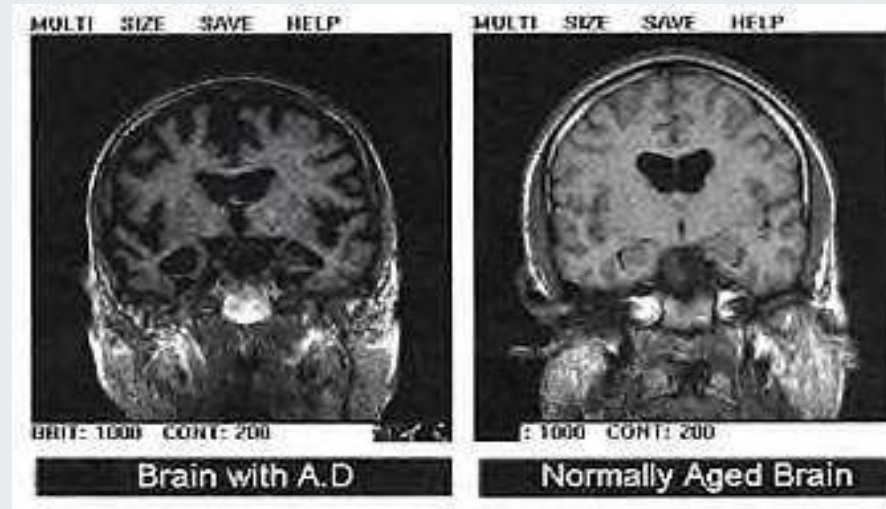
- Nervous System (continued)
 - Common concerns and nursing interventions (continued)
 - Delirium
 - Reality orientation
 - Call patient by his or her correct name.
 - Make eye contact; be honest.
 - Converse about familiar subjects.
 - Provide familiar objects in the environment.
 - Explain events and procedures in concise, simple language.
 - Set a routine and be consistent.



The Aging Body

- Nervous System (continued)
 - Common concerns and nursing interventions (continued)
 - Dementia/Alzheimer's disease
 - Goals are to maintain maximum self-care abilities and to prevent injury.
 - Divide ADLs into small steps and explain as they are done in very specific and simple terms.
 - Maintain a calm, distraction-free environment.
 - Monitor for wandering.
 - Institute interventions to prevent injury.
 - Routine is very important; any changes should be introduced very slowly.

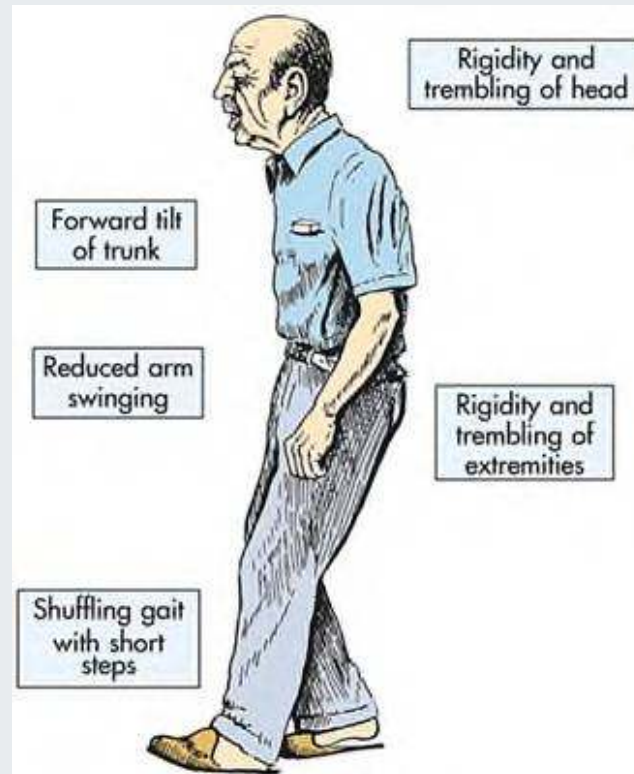






The Aging Body

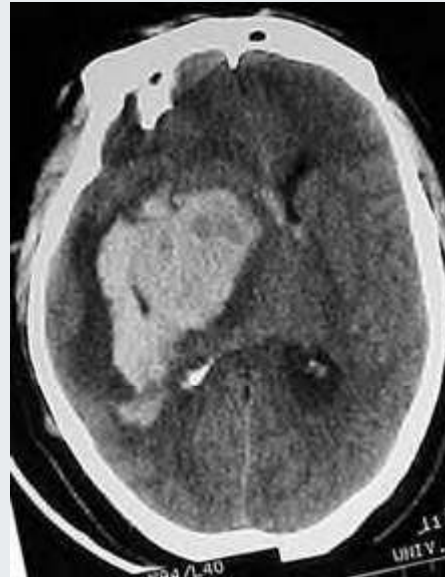
- Nervous System (continued)
 - Common concerns and nursing interventions (continued)
 - Parkinson's disease
 - Observe response to medications.
 - Maintain mobility through exercise and activity.
 - Provide range-of-motion exercises and massage.
 - Provide a safe environment.
 - Encourage use of mobility aids.
 - Give individual time to respond, encourage efforts to communicate, and show acceptance.

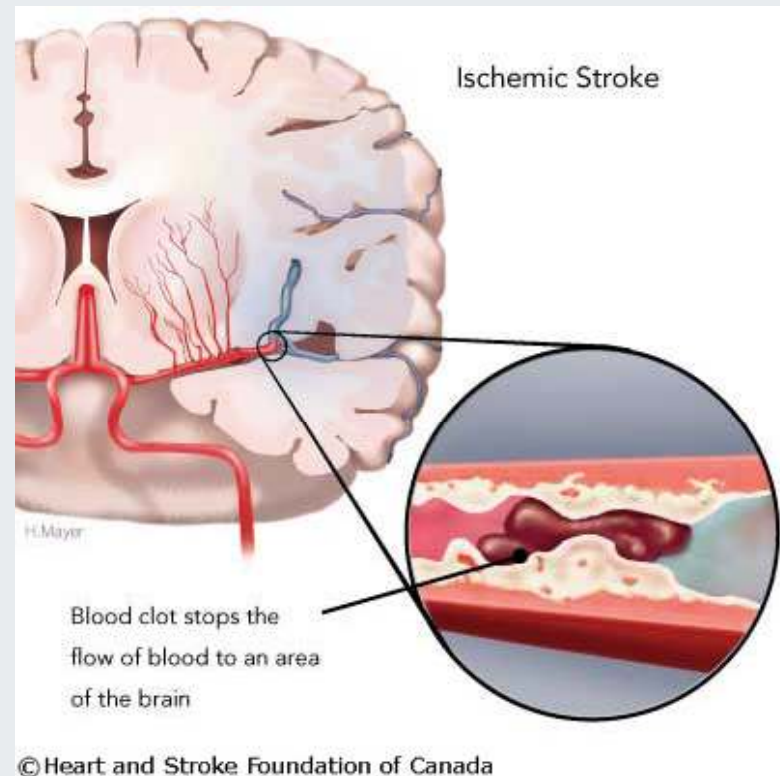




The Aging Body

- Nervous System (continued)
 - Common concerns and nursing interventions (continued)
 - Stroke
 - Goals focus on rehabilitation to maximize the ability to accomplish ADLs and to be as independent as possible.
 - Encourage or assist patient to do exercises and activities prescribed by the therapist.
 - Communication techniques for aphasia include listening carefully, using pictures and appropriate gestures, speaking slowly, using direct short statements, and not interrupting.







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.
 - The development of such changes in behavior should be recognized, documented, and reported; they may indicate treatable infection or illness before the typical signs and symptoms are seen.



Security Concerns for the Older Adult

- Finances
 - Health care can become a major expense and devastate the older adult's personal financial security.
 - Many have a fixed income from retirement pensions 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; retirement planning should begin early in life for both men and women.



Security Concerns for the Older Adult

- Housing
 - The majority of older adults prefer to remain independent and have their own, noninstitutionalized housing.
 - Other options for living arrangements might include retirement villages or senior housing apartments or single-family homes.



Health Care and the Aging Adult

- 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.



Overview of Health and Wellness in the Aging Adult

- Elder Abuse and Neglect
 - Violence toward individuals over the age of 65
 - Classifications of abuse
 - Physical or sexual abuse
 - Psychologic abuse
 - Misuse of assets
 - Medical abuse
 - Neglect
 - Indicators of elder abuse
 - Frequent unexplained crying; unexplained fear of or suspicion of a particular person



Health Care and the Aging Adult

- Hospitalization, Surgery, and Rehabilitation
 - Older adults have less reserve to cope physically and emotionally with the effects of hospitalization and surgical interventions.
 - They 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 older adult's own level of tolerance and to have rest periods.

