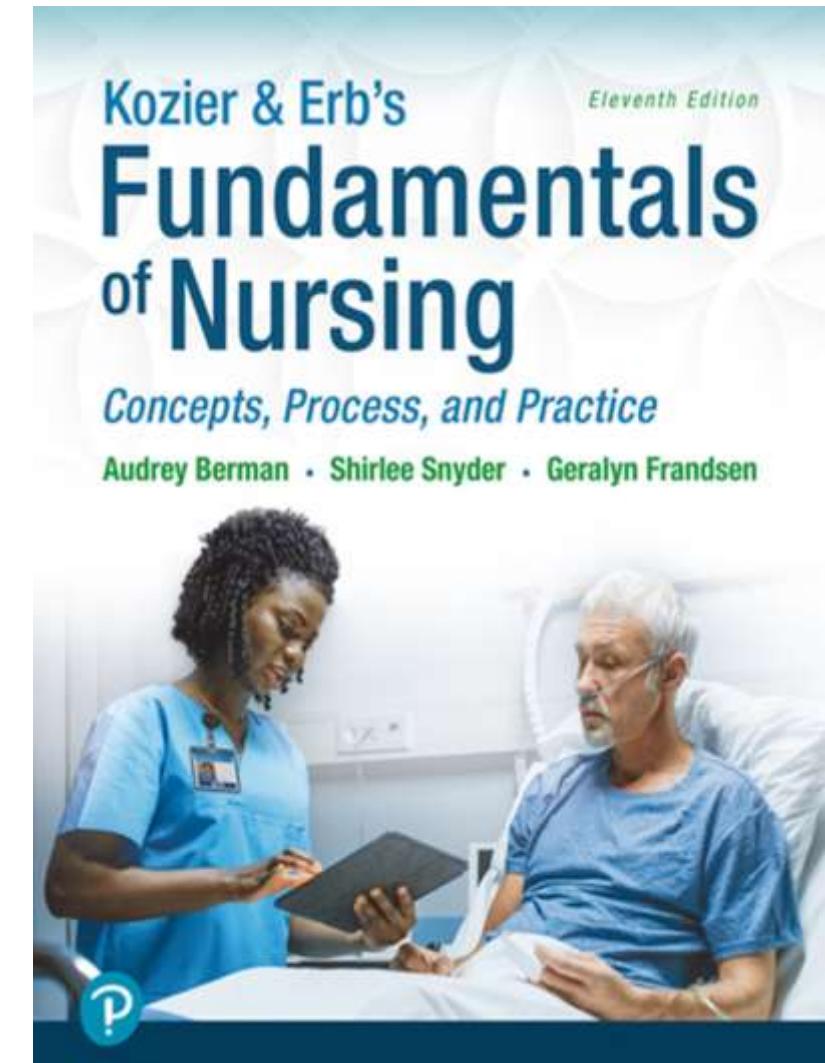


Growth and Development from Nursing Perspective

Unit 7

Promoting Health in Older Adults

- Introduction
- Characteristics of Older Adults
- Attitudes Toward Aging
- Care Settings for Older Adults
- Physiological Aging
- Cognitive Abilities and Aging
- Moral Reasoning
- Spirituality and Aging
- Health Problems
- Health Assessment and Promotion



The Categories of Older Adults

Include:

- The young-old, ages 60 to 74 years;
- The old, old, ages 75 to 100 years;
- Centenarians المعمريين, older than 100 years.
- Each of these groups has a distinct set of interests and health care needs.

Late Adulthood

- **Gerontology** is a term used to define the study of aging and older adults. Gerontology is multidisciplinary and is a specialized area within various disciplines such as nursing, psychology, and social work.
- **Geriatrics** is associated with the medical care (e.g., diseases and disabilities) of older adults.

CARE SETTINGS FOR OLDER ADULTS

1- Acute Care Facilities

- Older adults are the majority of clients cared for in acute care(emergency).
- Older adults often perceive that hospitalization could change their ability to be autonomous and independent.

2- Long-Term Care Facilities

It is the provision of health care and personal care assistance to clients who have a chronic disease or disability

- Care includes many different levels of care:
 - a. assisted living,
 - b. intermediate care,
 - c. skilled care,
 - d. Alzheimer's units.

2- Long-Term Care Facilities

- a.. **Assisted living** for older adults who do not feel safe living alone or require additional help. They usually have their own apartment
- b.. **Residents of intermediate** care are no longer able to live independently. This level of care provides 24-hour nursing oversight to protect the client from injury and increase the client's quality of life

2- Long-Term Care Facilities

- c.. **Skilled care units** or skilled nursing facilities (SNFs) are designed to provide for the needs of clients whose acuity levels require a higher level of nursing care. Gerontological nurses working in SNFs often care for clients who require tube feedings, intravenous therapy, chronic wound therapy, and mechanical ventilators
- d.. **Alzheimer's disease** (AD) units: AD is characterized by progressive dementia, memory loss, and inability to care for oneself. Gerontological nurses working in AD units have specialized knowledge and help family members understand and cope with the disease process affecting their loved one.

CARE SETTINGS FOR OLDER ADULTS

3- Hospice Gerontological nurses may also work in hospice and care for dying clients and their families.

The goal of hospice care is to provide the client with pain management and with psychosocial and spiritual care through the dying process

4- Rehabilitation: often care for older adults

with chronic illnesses and long-term functional limitations (e.g., orthopedic surgery, stroke, or amputation).

5- Community include

- a. Home health care.
- b. Adult day care.

Normal Physical Changes Associated with Aging

SKIN

- Increased skin dryness
- Increased skin pallor
- Increased skin fragility
- Progressive wrinkling and sagging of the skin Loss of skin elasticity,
- Brown “age spots” (lentigo senilis) on exposed body parts (e.g., face, hands, arms)
- Reduced number and function of sweat glands
- Thinning and graying of hair
- Slower nail growth and increased thickening

Normal Physical Changes Associated with Aging

NEUROMUSCULAR

- Decreased speed and power of skeletal muscle contractions
- Decrease in muscle fibers
- Loss of height (stature)
- Loss of bone mass
- Joint stiffness
- Impaired balance
- Stooping(Round-shouldered) posture due to muscle weakness and kyphosis
- Greater difficulty in complex learning

Normal Physical Changes Associated with Aging

SENSORY/PERCEPTUAL

- Loss of visual acuity : Degeneration leading to lens opacity (cataracts), thickening, and inelasticity (presbyopia)
- Increased sensitivity to brightness and decreased ability to adjust to darkness
- Partial or complete glossy white circle around the periphery of the cornea (arcus senilis) due to Fatty deposits
- Progressive loss of hearing (presbycusis) Changes in the structures and nerve tissues in the inner ear; thickening of the eardrum
- Decreased sense of taste, especially the sweet sensations at the tip of the tongue due to Decreased number of taste buds in the tongue because of tongue atrophy
- Decreased sense of smell due to Atrophy of the olfactory bulb at the base of the brain (responsible for smell perception)
- Increased threshold for sensations of pain, touch, and temperature due to neuron changes

Normal Physical Changes Associated with Aging

PULMONARY

- Decreased ability to expel foreign or accumulated matter due to decreased elasticity and ciliary activity
- Decreased lung expansion, less effective exhalation, reduced vital capacity, and increased residual volume due to weakened thoracic muscles; calcification of costal cartilage,
- Difficult, short, heavy, rapid breathing (dyspnea) following intense exercise

Normal Physical Changes Associated with Aging

CARDIOVASCULAR

- Reduced cardiac output and stroke volume, particularly during increased activity may result in shortness of breath on exertion and pooling of blood in the extremities Increased rigidity and thickness of heart valves, decreased contractile strength
- Reduced elasticity and increased rigidity of arteries
- Increase in diastolic and systolic blood pressure
- Orthostatic hypertension

Normal Physical Changes Associated with Aging

GASTROINTESTINAL

- Delayed swallowing time
- Increased tendency for indigestion
- Gradual decrease in digestive enzymes, reduction in gastric acid production, and slower absorption rate
- Increased tendency for constipation

Normal Physical Changes Associated with Aging

URINARY

- Reduced filtering ability of the kidney and impaired renal function Due to decreased number of functioning nephrons
- Urinary urgency and urinary frequency
- Less effective concentration of urine
- Enlarged prostate gland in men; weakened muscles supporting the bladder or weakness of the urinary sphincter in women
- Tendency for nocturnal frequency and retention of residual urine

Normal Physical Changes Associated with Aging

GENITALS

- ✓ Prostate enlargement (benign) in men
- ✓ Multiple changes in women (shrinkage and atrophy of the cervix, uterus, fallopian tubes, and ovaries ...)

IMMUNOLOGIC

- ✓ Decreased immune response; lowered resistance to infections T cells less responsive to antigens; B cells produce fewer antibodies
- ✓ Poor response to immunization Decreased stress response

ENDOCRINE

- ✓ Increased insulin resistance
- ✓ Decreased thyroid function

Psychosocial Aging

- Adjusting to decreasing physical strength and health
- Adjusting to retirement and lower fixed income
- Adjusting to new relationships with adult children and grandparenting
- Adjusting to free time
- Adjusting to slower physical and cognitive responses
- Keeping active and involved
- Making satisfying living arrangements as aging progresses

Psychosocial Aging

- Adapting to living alone
- Safeguarding physical and mental health
- Finding meaning in life
- Maintaining Independence and Self-Esteem
- Adjusting to the death of parents, spouses, and friends
- Facing death and grieving
- Adjusting to one's own death

COGNITIVE ABILITIES AND AGING

Perception

- Perception, or the ability to interpret the environment, depends on the acuteness of the senses.
- If the aging person's senses are impaired, the ability to perceive the environment and react appropriately is diminished.

Cognitive Agility

- In older adults, changes in cognitive abilities are more often a difference in speed than in ability.
- Overall the older adult maintains intelligence, problem solving, judgment, creativity, and other well-practiced cognitive skills.
- Intellectual loss generally reflects a disease process such as atherosclerosis, which causes the blood vessels to narrow and diminishes perfusion of nutrients to the brain.

COGNITIVE ABILITIES AND AGING

Memory

Memory involves the following steps:

1. Momentary perception of stimuli from the environment referred to as sensory memory.
2. Storage in short-term memory
3. long-term memory,
 - In older adults, retrieval of information from long-term memory can be slower, especially if the information is not frequently used.
 - Older adults tend to forget the recent past. This forgetfulness can be improved by the use of memory aids, making notes or lists, and placing objects in consistent locations.

SPIRITUALITY AND AGING

- Older adults take their faith and religious practice very seriously, and display a high level of spirituality.

HEALTH PROBLEMS

- Injuries: Falls are a leading cause of morbidity and mortality among older adults because vision is limited, reflexes are slowed, and bones are brittle,
- Chronic Disabling Illness: arthritis, osteoporosis, heart disease, stroke, obstructive lung disease, hearing and visual alterations, and cognitive dysfunctions.
- Drug Abuse and Misuse
- Dementia is a progressive loss of cognitive function characterized by changes in memory, judgment, language, mathematic calculation, abstract reasoning, and problem-solving ability.
- Mistreatment of Older Adults: The abuse may be physical, psychological, or emotional in nature, financial abuse, violation of human or civil rights, and active or passive neglect

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THANKS