

Unit 8
Psychiatric Mental Health:
Death & Dying



Chapter 24

THE AGING INDIVIDUAL



INTRODUCTION

- ✘ Growing old is not popular in the youth-oriented American culture.
- ✘ Sixty-six million adults will reach their 65th birthdays by the year 2030, placing more emphasis on the needs of an aging population.

- The disciplines of gerontology (the study of the aging process), geriatrics (the branch of clinical medicine specializing in problems of the elderly), and geropsychiatry (the branch of clinical medicine specializing in psychopathology of the elderly population) are expanding rapidly in response to demand of an aging population.
- Growing old in a society that has been obsessed with youth may have a critical impact on the mental health of many people.

HOW OLD IS OLD?

- ✘ Our prehistoric ancestors probably had a life span of 40 years, with the average life span around 18 years.
- ✘ The average life expectancy for a child born in the United States today 76.2 years for men and 81.2 years for women.
- ✘ Myths and stereotypes affect the way in which elderly people are treated in our culture.

- The concept of “old” has changed drastically over the years.
- An improvement in the standard of living was not evident until about the middle of the 17th century when assured food supply, changes in food production, better housing conditions, and more progressive medical treatment began to contribute to declining mortality rates and substantial increases in longevity.
- Myths and stereotypes of aging have long obscured our understanding of the aged and the process of aging.
- Ideas that all elderly individuals are sick, depressed, obsessed with death, senile, and incapable of change affect the way elderly people are treated.

HOW OLD IS OLD?

- ✘ Whether one is considered “old” must be self-determined, based on variables such as attitude, mental health, physical health, and degree of independence.



- Health care workers, should see aging people as individuals, each with specific needs and abilities, rather than as a stereotypical group. Some individuals may seem “old” at 40, whereas others may not seem “old” at 70.
- In the final analysis, whether one is considered “old” must be self-determined.

EPIDEMIOLOGICAL STATISTICS

✘ Population

- + In 2018, Americans 65 years of age or older numbered 52.4 million.
- + It is projected that by 200 the number of Americans over 65 will double to 94.7 million.
- + It is projected that by 2040 the number of Americans over 85 will more than double as well.

EPIDEMIOLOGICAL STATISTICS



✘ Marital status

- + In 2019, 69% of men and 47% of women 65 years or older were married.
- + Of the women in this age group, 31% were widowed.

✘ Living arrangements

- + As of 2020, about 28% of older adults live alone.

✘ Economic status

- + Approximately 9.7% of persons aged 65 years or older were below the poverty level in 2018.

- In 1980, Americans 65 years of age or older numbered 25.5 million.
- By 2018, these numbers had increased to 52.4 million, and this number is expected to double by 2060 to 94.7 million.
- The 85 years and older population, which numbered 6.5 million in 2019, is expected to more than double by 2040.
- In 2019 there were 93,927 persons aged 100 years or older.
- About 28% of older adults and 44% of women older than age 75 years live alone (AoA, 2020).
- Approximately 1.1 million grandparents age 60 years and older were responsible for the basic needs of one or more grandchildren younger than age 18 years living with them in 2018, a trend that continues to grow.
- A relatively small number (1.2 million) of adults older than 65 years lived in nursing homes in 2018.
- This percentage increases dramatically with age, ranging from 1% for people ages 65 to 74 years to 7% for those ages 85 years and older.
- About 9.7% of persons aged 65 or older were below the poverty level in 2018, and when the U.S. Census Bureau figures adjusted for regional variations in cost of housing, other benefits, and out-of-pocket expenses for needs such as medical care, the percentage of those living below the poverty level rose to 13.6% (AoA, 2020).
- Older women had a higher poverty rate than older men, and older Hispanic women living alone had the highest poverty rate.
- Of individuals 75 years or older who were living in a house, 76% owned their own homes, and 37% spent one-third or more of their income on housing expenses in maintenance and repairs (AoA, 2020).
- Poor people who have worked all their lives can expect to become poorer in old age, and others will become poor only after becoming old.
- However, there are a substantial number of affluent and middle-income older persons.

EPIDEMIOLOGICAL STATISTICS

✘ Employment

- + In 2019, 10.7 million Americans (20.2%) aged 65 years and older were in the labor force.

✘ Health status

- + The number of days in which usual activities are restricted because of illness or injury increases with age.
- + Emotional and mental illnesses also increase over the life cycle.

- With the passage of the Age Discrimination in Employment Act in 1967, forced retirement and age discrimination for employees over the age of 40 years is now illegal, although there are some exceptions to protections under this law.
- It is well accepted that involvement in purposeful activity is vital to successful adaptation and perhaps even to survival at any age. Increasing numbers of adults over age 65 years are remaining active in employment environments.
- In 2019, 10.7 million Americans (20.2%) aged 65 years and older were in the labor force (working or actively seeking work), and that number represents a steady increase for women since around the year 2000 (AoA, 2020).
- The data do not clarify whether this tendency to remain in the workforce during older adulthood is related to the desire to remain active and productive through the labor force or whether it is based in necessity for income.
- The number of days in which usual activities are restricted because of illness or injury increases with age.
- Most adults ages 65 years and older have at least one chronic illness, and almost half have two or three.
- The most commonly occurring conditions among the elderly population are hypertension (67% for men and 79% for women), hyperlipidemia (48%), arthritis (54%), heart disease (28%), diabetes (28%), cancer (19%), and stroke (9%) (AoA, 2020).
- Emotional and mental illnesses increase over the life cycle.
- Depression is particularly prevalent, and suicide is a serious problem among older Americans.
- Prevalence of major depression is estimated between 1 and 5% for the general population of older adults but may rise as high as 13.5% for older adults requiring hospitalization or home health care (CDC, 2021).
- The Centers for Disease Control and Prevention (CDC) adds that depression in this age group is particularly underdiagnosed and undertreated by both health-care providers and older adults themselves, perhaps related to a misperception that this is a normal part of aging or a natural reaction to illnesses.
- Neurocognitive disorders increase dramatically in old age.

THEORIES OF AGING

- × Biological theories
 - + Genetic theory.
 - + Wear-and-tear theory.
 - + Environmental theory.
 - + Immunity theory.
 - + Neuroendocrine theory.

GENETIC THEORY

- ✘ This theory suggests that life span and longevity changes are predetermined.
- ✘ The finding supported with the fact that similar life spans exist among identical twins and children of parents with a long life span.
- ✘ A second genetic theory identifies aging as a process of genetic mutations that essentially create “errors” in transmission of information with the outcome being molecules that no longer function properly.

WEAR-AND-TEAR THEORY

- ✘ Proponents of this theory believe that the body wears out on a scheduled basis.
- ✘ A related theory suggests that free radicals, which are the waste products of metabolism, accumulate and cause damage to important biological structures.
- ✘ According to this theory, these free radicals cause DNA damage, cross-linkage of collagen, and the accumulation of age pigments.

ENVIRONMENTAL THEORY

- ✘ According to this theory, factors in the environment (e.g., industrial carcinogens, sunlight, trauma, and infection) bring about changes in the aging process.
- ✘ Although these factors are known to accelerate aging, the impact of the environment is a secondary rather than a primary factor in aging.
- ✘ Science is only beginning to uncover the many environmental factors that affect aging.

AUTOIMMUNE THEORY

- ✘ This theory describes an age-related decline in the immune system.
- ✘ As people age, their ability to defend against foreign organisms decreases, resulting in susceptibility to diseases such as cancer and infection.
- ✘ These aging cells become unable to distinguish between themselves and foreign proteins and begin to attack themselves.

NEUROENDOCRINE THEORY

- ✘ The theory suggests that as humans age the hypothalamus declines in its ability to regulate hormones, becomes less sensitive to them, and consequently hormone secretion and hormone effectiveness declines.
- ✘ Some believe that hormone replacements impacted by the hypothalamus may be a future treatment to counter the effects of aging but more research is needed.

THEORIES OF AGING

- ✘ Psychosocial theories
 - + Personality theory.
 - + Developmental task theory.
 - + Disengagement theory.
 - + Activity theory.
 - + Continuity theory.

PERSONALITY THEORY

- ✘ These theories address aspects of psychological growth without delineating specific tasks or expectations of older adults.
- ✘ Some evidence suggests that personality characteristics in old age are highly correlated with early life characteristics.
- ✘ Research has focused not only on what constitutes aging but more specifically what constitutes successful aging.
- ✘ The research of Kern and Friedman has identified the personality trait of conscientiousness as most linked to health promoting behaviors.

DEVELOPMENTAL TASK THEORY

- ✘ This theory holds that there are activities and challenges that one must accomplish at predictable, changing stages in life to achieve successful aging.
- ✘ Erikson described the primary task of old age as being able to see one's life as having been lived with integrity.
- ✘ In the absence of achieving that sense of having lived well, the older adult is at risk for becoming preoccupied with feelings of regret or despair.

DISENGAGEMENT THEORY

- ✘ This theory describes the process of withdrawal by older adults from societal roles and responsibilities.
- ✘ This withdrawal process is predictable, systematic, inevitable, and necessary for the proper functioning of a growing society.
- ✘ Older adults were said to be happy when social contacts diminished and responsibilities were assumed by a younger generation.
- ✘ The benefit to the older adult is thought to be in providing time for reflecting on life's accomplishments and for coming to terms with unfulfilled expectations.
- ✘ The benefit to society is thought to be an orderly transfer of power from old to young.

ACTIVITY THEORY

- ✘ In direct opposition to the disengagement theory is the activity theory of aging, which holds that the way to age successfully is to stay active.
- ✘ Sadock, Sadock, and Ruiz report that growing evidence supports the importance of remaining socially active for both physical and emotional well-being.
- ✘ Cultural expectations are influential and as older Americans are identified as reaping the benefits of physical and social activity cultural expectations begin to shift.

CONTINUITY THEORY

- ✘ It emphasizes the individual's previously established coping abilities and personal character traits as a basis for predicting how the person will adjust to the changes of aging.
- ✘ Basic lifestyle characteristics are likely to remain stable in old age, barring physical or other types of complications that necessitate change.
- ✘ A person who has enjoyed the company of others and an active social life will continue to enjoy this lifestyle into old age.
- ✘ One who has preferred solitude and a limited number of activities will probably find satisfaction in a continuation of this lifestyle.

BIOLOGICAL ASPECTS OF AGING

- + Changes are observed in
 - × Skin.
 - × Cardiovascular system.
 - × Respiratory system.
 - × Musculoskeletal system.
 - × Gastrointestinal system.
 - × Endocrine system.
 - × Genitourinary system.
 - × Immune system.
 - × Nervous system.
 - × Sensory system.

- Age-related changes occur at different rates for different individuals, although in actuality, when growth stops, aging begins. There are many biological changes that occur with the aging process.

Skin

- One of the most dramatic changes that occurs in aging is the loss of elastin in the skin.
- This effect, as well as changes in collagen, causes aged skin to wrinkle and sag.
- Excessive exposure to sunlight compounds these changes and increases the risk of developing skin cancer.

Cardiovascular

- The age-related decline in the cardiovascular system is thought to be the major determinant of decreased tolerance for exercise and loss of conditioning and the overall decline in energy reserve.
- The aging heart is characterized by modest hypertrophy and loss of pacemaker cells, resulting in a decrease in maximal heart rate and diminished cardiac output.

Respiratory

- Thoracic expansion is diminished by an increase in fibrous tissue and loss of elastin.
- Pulmonary vital capacity decreases, and the amount of residual air increases.
- Scattered areas of fibrosis in the alveolar septa interfere with exchange of oxygen and carbon dioxide.
- These changes are accelerated by the use of cigarettes or other inhaled substances.

Musculoskeletal

- Skeletal aging involving the bones, muscles, ligaments, and tendons probably generates the most frequent limitations on activities of daily living experienced by aging individuals.
- Loss of muscle mass is significant, although this occurs more slowly in men than in women.
- Demineralization of the bones occurs at a rate of about 1% per year throughout the life span in both men and women.

Gastrointestinal

- The teeth show a reduction in dentine production, shrinkage and fibrosis of root pulp, gingival retraction, and loss of bone density in the alveolar ridges.
- There is some loss of peristalsis in the stomach and intestines, and gastric acid production decreases.
- Levels of intrinsic factor may also decrease, resulting in vitamin B₁₂ malabsorption in some aging individuals.
- A significant decrease in absorptive surface area of the small intestine may be associated with some decline in nutrient absorption.

Endocrine

- A decreased level of thyroid hormones causes a lowered basal metabolic rate.
- Decreased amounts of adrenocorticotropic hormone may result in less efficient stress response.

Genitourinary

- Age-related declines in renal function occur because of a steady attrition of nephrons and sclerosis within the glomeruli over time.
- Vascular changes affect blood flow to the kidneys, which results in reduced glomerular filtration and tubular function.
- In men, enlargement of the prostate gland is common as aging occurs.
- Prostatic hypertrophy is associated with an increased risk for urinary retention and may also be a cause of urinary incontinence.

Immune

- Aging results in changes in both cell-mediated and antibody-mediated immune responses.
- The size of the thymus gland declines continuously from just beyond puberty to about 15% of its original size at age 50.
- The consequences of these changes include a greater susceptibility to infections and a diminished inflammatory response that results in delayed healing.

Nervous

- With aging, there is an absolute loss of neurons, which correlates with decreases in brain weight of about 10% by age 90.
- The brain has enormous reserve, and little cerebral function is lost over time, although greater functional decline is noted in the periphery.
- Some of the age-related changes within the nervous system may be due to alterations in neurotransmitter release, uptake, turnover, catabolism, or receptor functions.

Sensory

- Visual acuity begins to decrease in mid-life.
- Presbyopia (blurred near vision) is the standard marker of aging of the eye. It is caused by a loss of elasticity of the crystalline lens, and results in compromised accommodation.
- Hearing changes significantly with the aging process.
- Gradually over time, the ear loses its sensitivity to discriminate sounds because of damage to the hair cells of the cochlea.
- The most dramatic decline appears to be in perception of high-frequency sounds.
- Beyond 70 years of age, taste sensitivity begins to decline related to atrophy and loss of taste buds. Taste discrimination decreases, and bitter taste sensations predominate.
- Sensitivity to sweet and salty tastes is diminished. The deterioration of the olfactory bulbs is accompanied by loss of smell acuity.
- Although the primary sensory changes that occur specifically related to aging are in hearing and vision, sensitivity to touch and pain may also decline or change with age related to less blood flow to nerve endings, in the spinal cord, or to the brain.
- These changes have critical implications for the elderly in their potential inability to use sensory warnings to escape serious injury.

PSYCHOLOGICAL ASPECTS OF AGING

- ✘ Memory functioning
 - + Short-term memory deteriorates with age.
 - + Long-term memory does not show similar changes.
 - + Time required for memory scanning is longer.
 - + Mentally active people show less memory decline than those who are not mentally active.
- ✘ Intellectual functioning
 - + Intellectual abilities of older people do not decline.
- ✘ Learning ability
 - + Ability to learn continues throughout life.
 - + Adjustments do need to be made in teaching methodology and time allowed for learning.

- Age-related memory deficiencies and slower response times have been extensively reported in the literature.
- Although short-term memory seems to deteriorate with age, perhaps because of poorer sorting strategies, long-term memory does not show similar changes.
- There appears to be a high degree of regularity in intellectual functioning across the adult age span.
- Crystallized abilities, or knowledge acquired in the course of the socialization process, tend to remain stable over the adult life span.
- Fluid abilities, or abilities involved in solving novel problems, tend to decline gradually from young to old adulthood.
- The ability to learn is not diminished by age.
- Studies, however, have shown that some aspects of learning do change with age.
- The ordinary slowing of reaction time with age for nearly all tasks or the

over-arousal of the central nervous system may account for lower performance levels on tests requiring rapid responses.

PSYCHOLOGICAL ASPECTS OF AGING

- + Adaptation to the tasks of aging
 - × Loss and grief
 - ★ Experience many losses.
 - ★ Mourning has become a lifelong process.
 - ★ Bereavement overload.
 - × Attachment to others
 - ★ Social networks contribute to well-being of seniors.
 - ★ Promotes socialization and companionship.
 - ★ Elevates morale and life satisfaction.
 - ★ Buffers the effects of stressful events by providing a confidant.
 - ★ Facilitates coping skills and mastery.

- By the time individuals reach their 60s and 70s, they have experienced numerous losses, and mourning has become a lifelong process.
- Unfortunately, with the aging process comes a convergence of losses, the timing of which makes it impossible for the aging individual to complete the grief process in response to one loss before another occurs.
- Because grief is cumulative, this can result in bereavement overload, which has been implicated in the predisposition to depression in the elderly.

PSYCHOLOGICAL ASPECTS OF AGING

- + Adaptation to the tasks of aging
 - × Maintenance of self-identity
 - ★ Self-concept and self-image appear to remain stable over time.
 - ★ Factors that have been shown to favor good psychosocial adjustment in later life are:
 - Sustained family relationships.
 - Maturity of ego defenses.
 - Absence of alcoholism.
 - Absence of depressive disorder.

- Maintaining a positive self-concept and identity is important in successful aging.
- Individuals who tend toward a rigid self-identity and a negative self-concept will struggle with any changes and adaptations faced in the process of aging.

PSYCHOLOGICAL ASPECTS OF AGING

- × Adaptation to the tasks of aging
 - × Dealing with death
 - ★ Studies show that elderly people do not fear death itself.
 - ★ They fear abandonment, pain, and confusion.
 - ★ Death anxiety among the aging is apparently more of a myth than a reality.

Death anxiety is a universal phenomenon and attitudes about death are a result of cumulative life experiences.

As more people are living longer there has been a resurgence of interest in research about death anxiety.

Interestingly, death anxiety seems to be the highest during middle age and, by later adulthood, stabilizes.

Addressing these issues with middle-aged patients may be in the interest of primary or secondary prevention in the aging process.

PSYCHOLOGICAL ASPECTS OF AGING

- ✦ Psychiatric disorders in later life
 - + Neurocognitive disorders.
 - + Delirium.
 - + Depression.
 - + Schizophrenia.
 - + Anxiety disorders
 - + Substance Use Disorder.
 - + Sleep disorders.

- Cognitive disorders, depressive disorders, phobias, and alcohol use disorders are among the most common psychiatric illnesses in later life.
- Many factors may influence symptomatology including medical conditions and medications.

Neurocognitive

- Most common causes of psychopathology in the elderly.
- About half of these disorders are of the Alzheimer's type, which is characterized by an insidious onset and a gradually progressive course of cognitive impairment.

Delirium

- Delirium is one of the most common and critical forms of psychopathology in later life.
- A number of factors have been identified that predispose elderly people to delirium, including structural brain disease, reduced capacity for homeostatic regulation, and impaired vision and hearing, among others.

Depressive

- Depressive disorders are the most common affective illnesses occurring after the middle years.
- The incidence of increased depression among elderly people is influenced by the variables of physical illness, functional disability, cognitive impairment, and loss of a spouse.

Schizophrenia

- Schizophrenia is an illness that typically begins in young adulthood.
- In most instances, individuals who manifest psychotic disorders early in life show a decline in psychopathology as they age.
- Late-onset schizophrenia is rare.

Anxiety

- Most anxiety disorders begin in early to middle adulthood, but some appear for the first time after age 60.
- Because the autonomic nervous system is more fragile in older persons, the response to a major stressor is often quite intense.

Substance Use Disorder

- It is believed that the incidence of substance abuse and addiction in older adults may have been underdiagnosed, but nationwide attention to the epidemic use and abuse of opioid pain medication has shed light on this problem in the elderly population.
- Older adults use prescription and over-the-counter (OTC) medications at least three times as frequently as the general population (Jeste, 2017) and may have more difficulty tolerating some drugs, particularly some long-acting drugs, sedative hypnotics, and benzodiazepines.
- For these reasons (and others), older adults are an at-risk population for substance use disorders and should be screened for prescription, OTC, and other substance use to identify an emerging problem.

Sleep

- Sleep disorders are very common in the aging individual.
- Roughly 50% of older adults report difficulty initiating or maintaining sleep and these disorders may

contribute to cognitive changes.

SOCIOCULTURAL ASPECTS OF AGING

- + Elderly people in virtually all cultures share some basic needs and interests.
 - × They choose to live the most satisfying life possible until their demise.
 - × They want protection from hazards and release from the weariness of everyday tasks.
 - × They want to be treated with the respect and dignity that is deserving of individuals who have reached this pinnacle in life.
 - × They want to die with the same respect and dignity.

- Old age brings many important socially induced changes, some of which have the potential for negative effect on both the physical and mental well-being of older persons.
- In American society, old age is defined arbitrarily as being 65 years or older because that is the age when most people have been able to retire with full Social Security and other pension benefits.
- There is little doubt that most individuals choose to live the most satisfying life possible for as long as possible.
- They want protection from hazards and release from the weariness of everyday tasks.
- They want to be treated with the respect and dignity that is deserving of individuals who have reached this pinnacle in life.

SOCIOCULTURAL ASPECTS OF AGING

- ✘ In some cultures, the aged are the most powerful, the most engaged, and the most respected members of society.
- ✘ This has not been the case in the American culture, with the exception of several subcultures, such as Latino Americans, Asian Americans, and African Americans.

- Historically, the aged have had a special status in society. Even today, in some cultures the aged are the most powerful, the most engaged, and the most respected members of the society.
- This has not been the case in the modern industrial societies, although trends in the status of the aged differ widely between one industrialized country and another.
- Many negative stereotypes color the perspective on aging in the United States.
- Ideas that elderly individuals are always tired or sick, slow and forgetful, isolated and lonely, unproductive, and angry determine the way younger individuals relate to the elderly in this society.
- Assisted living centers, retirement apartment complexes, and even entire retirement communities intended solely for individuals over age 50, are becoming more and more common.
- Geographic distribution of older populations varies significantly in different states.
- In 2018, more than half (51%) of those aged 65 years and older lived in nine states with the largest numbers in California, Florida, Texas, New York, and Pennsylvania (AoA, 2020).
- Older adults may be migrating to these areas in an effort to achieve integration with others in their age group.
- This phenomenon provides additional corroboration for the activity theory of aging and the importance of attachment to others.
- The status of the elderly may improve with time and as their numbers increase with the aging of the baby boomers.
- As older individuals gain political power and increase in number, the benefits and privileges designed for the elderly will increase.

SEXUAL ASPECTS OF AGING

- ✘ Americans have grown up in a society that has liberated sexual expression for all other age groups.
- ✘ With reasonably good health and an interesting and interested partner, there is no inherent reason that individuals should not enjoy an active sexual life well into late adulthood.
- ✘ Cultural stereotypes play a large part in the misperception many people hold regarding sexuality of older adults.
- ✘ Physical changes associated with sexuality.



- Sexuality and the sexual needs of elderly people are frequently misunderstood, condemned, stereotyped, ridiculed, repressed, and ignored.
- Negative stereotyped notions concerning sexual interest and activity of the elderly are common.
- Some of these include ideas that older people have no sexual interests or desires; that they are sexually undesirable; or that they are too fragile or too ill to engage in sexual activity.
- With reasonable good health and an interesting and interested partner, there is no inherent reason why individuals should not enjoy an active sexual life well into late adulthood.

Physical Changes in Women

- Decline in ovarian function.
- Reduced production of estrogen.
- Menopause may begin anytime during the 40s or early 50s.
- Menopausal symptoms (hot flashes, night sweats, sleeplessness, irritability, mood swings, migraine headaches, urinary incontinence, weight gain).
- Some women choose to take hormone replacement therapy.
- During this time there is a gradual decline in the functioning of the ovaries and the subsequent production of estrogen, which results in a number of changes.
- The walls of the vagina become thin and inelastic, the vagina itself shrinks in both width and length, and the amount of vaginal lubrication decreases noticeably.
- Orgasmic uterine contractions may become spastic. All of these changes can result in painful penetration, vaginal burning, pelvic aching, or irritation on urination.

Physical Changes in Men

- Testosterone production declines gradually over the years, beginning between ages 40 and 60.
- A major change resulting from this hormone reduction is that erections occur more slowly and require more direct genital stimulation to achieve.
- There may also be a modest decrease in the firmness of the erection in men older than age 60.
- The refractory period lengthens with age, increasing the amount of time following orgasm before the man may achieve another erection.
- The volume of ejaculate gradually decreases, and the force of ejaculation lessens.
- Viable sperm are produced well into old age.
- Decrease in testicular size

SPECIAL CONCERNS OF ELDERLY PEOPLE

- ✗ Retirement
 - + Social implications.
 - + Economic implications.



- Statistics reflect that a larger percentage of Americans are living longer and that many of them are retiring earlier.
- Reasons often given for the increasing pattern of early retirement include health problems, Social Security and other pension benefits, attractive “early out” packages offered by companies, and long-held plans (e.g., turning a hobby into a money-making situation).
- Although many Americans are retiring earlier, the Bureau of Labor Statistics notes that the growth rates of older adults continuing to work into their 70s, 80s, and beyond are increasing rapidly.
- They estimate that in the decade from 2014 to 2024, the growth rate will increase 55% for those 65 to 75 years old and 86% for those 75 and older.
- It is estimated that about 29% of Americans reenter the workforce after retirement even though current estimates suggest that there will still be dramatic shortages in the number of needed employees.
- In the field of nursing, for example, the American Association of Colleges of Nursing (AACN, 2020) predicts that, as more nurses retire, there will be an annual shortage of 175,900 nurses through 2029.
- Reasons for older adults not wanting to return to the workforce included ageism, unsupportive work climates, lack of flexibility in the availability of part-time positions, and their own inability to effectively search for employment.
- Retirement has both social and economic implications for older individuals.
- The role is fraught with a great deal of ambiguity and is one that requires many adaptations on the part of those involved.

LONG-TERM CARE

- + Potential need for services is predicted by:
 - × Age.
 - × Health.
 - × Mental health status.
 - × Socioeconomic and demographic factors.
 - × Marital status, living arrangement, and the informal support network.
- + Attitudinal factors: Elderly individuals in general are opposed to the use of institutions. Many view them as “places to go to die.”

- Long-term care facilities are defined by the level of care they provide.
- They may be skilled nursing facilities, intermediate care facilities, or a combination of the two.
- Most older individuals prefer to remain in their own homes or in the homes of family members for as long as this can meet their needs without deterioration of family or social patterns.
- Many older individuals are placed in institutions as a last resort only after efforts have been made to keep them in their own or a relative’s home.
- In determining who in our society will need long-term care, several factors have been identified that appear to place people at risk.
- Factors that influence the need for long-term care include prevalence of chronic health conditions and disabilities, level of ability to independently provide self-care, presence of mental disorders (particularly neurocognitive disorders), financial hardships that prohibit exploring other options (such as senior living settings), and lack of a spouse or other support network to provide care or assistance.
- State and national licensing boards perform periodic inspections to ensure that standards set forth by the federal government are being met. These standards address quality of patient care as well as adequacy of the nursing home facility.
- Yet, many older individuals and their families perceive nursing homes as a place to go to die, and the fact that many of these institutions are poorly equipped, understaffed, and disorganized keeps this societal perception alive.
- There are, however, many excellent nursing homes that strive to go beyond the minimum federal regulations for Medicaid and Medicare reimbursement.
- In addition to medical, nursing, rehabilitation, and dental services, social and recreational services are provided to increase the quality of life for residents of nursing homes.
- These activities include playing cards, bingo, and other games; parties; church activities; books; television; movies; and arts, crafts, and other classes.
- Some nursing homes provide occupational and professional counseling. These facilities strive to enhance opportunities for improving quality of life and for becoming places to *live* rather than to die.

ELDER ABUSE

- ✘ It has been estimated that 1 in 10 older adults in the United States is a victim of abuse.
- ✘ The abuser is often a relative who lives with the elderly person and may be the assigned caregiver.
- + Factors that contribute to abuse:
 - ✘ Longer life, dependency, caregiver stress, learned violence.
- + Identifying elder abuse
 - + Psychological abuse, physical abuse, neglect, sexual abuse, financial abuse.

- Abuse of elderly individuals, is a serious form of family violence.
- It is estimated that 1 in 10 older adults in the United States is a victim of abuse (National Council on Aging, 2021).
- However, a study found that only 45% of older adult (over 65) victims of violence reported those crimes to the police (National Crime Justice Reference Center, 2018).
- The abuser is often a relative who lives with the elderly person and may be the assigned caregiver.
- Factors that may contribute to risks for caregiver elder abuse include economic stress, substance abuse, difficulty coping with the caregiver role, and history of criminal behavior (Gillbard & Leggatt-Cook, 2019).
- Identified risk factors for victims of abuse include being a white female age 70 years or older, being mentally or physically impaired, being unable to meet daily self-care needs, and having care needs that exceed the caretaker's ability.
- A number of contributing factors have been implicated in the abuse of elderly individuals.
- The 65-and-older age group has become the fastest growing segment of the population.
- Dependency appears to be the most common precondition in domestic abuse.
- Changes associated with normal aging or induced by chronic illness often result in loss of self-sufficiency in the elderly person, requiring that they become dependent on another for assistance with daily functioning.
- The stress inherent in the caregiver role is a factor in most abuse cases.
- Some clinicians believe that elder abuse results from individual or family psychopathology. Others suggest that even psychologically healthy family members can become abusive as the result of the exhaustion and acute stress caused by overwhelming caregiving responsibilities.
- Children who have been abused or witnessed abusive and violent parents are more likely to evolve into abusive adults. In some families, abusive behavior is the normal response to tension or conflict, and this type of behavior can be transmitted from one generation to another.
- Because so many elderly individuals are reluctant to report personal abuse, health-care workers need to be able to detect signs of mistreatment when they are in a position to do so.

The following *manifestations* of the various categories of abuse have been identified:

- Indicators of **psychological abuse** include a broad range of behaviors such as the symptoms associated with depression, withdrawal, anxiety, sleep disorders, and increased confusion or agitation.
- Indicators of **physical abuse** may include bruises, welts, lacerations, burns, punctures, evidence of hair pulling, and skeletal dislocations and fractures.
- **Neglect** may be manifested as consistent hunger, poor hygiene, inappropriate dress, consistent lack of supervision, consistent fatigue or listlessness, unattended physical problems or medical needs, or abandonment.
- **Sexual abuse** may be suspected when the elderly person is presented with pain or itching in the genital area; bruising or bleeding in external genitalia, vaginal, or anal areas; or unexplained sexually transmitted disease.
- **Financial abuse** may be occurring when there is an obvious disparity between assets and satisfactory living conditions or when the elderly person complains of a sudden lack of sufficient funds for daily living expenses.

SUICIDE

- Persons 85 years of age and older represent a disproportionately high percentage of individuals who commit suicide.
- The group at highest risk appears to be white men experiencing loneliness, financial problems, physical illness, loss, and/or depression.
- The suicide rate for men over age 65 years is five times higher than that of the general population.



- In 2019, the highest rates of suicide occurred in those aged 85 years and older (American Foundation for Suicide Prevention [AFSP], 2021).
- The AFSP also reports that men, and particularly white men (in all age groups), die by suicide more often than do women.
- Predisposing factors include loneliness, financial problems, physical illness, loss, and depression.
- It has been suggested that increased social isolation may be a contributing factor to suicide among older populations.
- Boland Verduin (2022) identify that older suicide victims are more likely to be widowed, and the most common precipitants are physical illness and loss.

ASSESSMENT

- ✘ Assessment must consider the following aspects that occur with the aging process:
 - + Biological changes.
 - + Psychological changes.
 - + Sociocultural changes.
 - + Sexual changes.
- ✘ Age alone does not preclude the occurrence of these changes, and each patient must be assessed as a unique individual.

- Older adults are likely to have multiple physical problems that contribute to problems in other areas of their lives.
- Nursing the elderly is a multifaceted, challenging process because of the multiple changes occurring at this time in the life cycle and the way in which each change affects every aspect of the individual.
- Several considerations are unique to assessment of the elderly.
- Assessment of the older person's thought processes is a primary responsibility.
- Knowledge about the presence and extent of disorientation or confusion will influence the way in which the nurse approaches elder care.
- Information about sensory capabilities is also extremely important. Because hearing loss is common, the nurse should lower the pitch and loudness of his or her voice when addressing the older person.
- Looking directly into the face of the older person when talking facilitates communication.
- Knowledge of the patient's functional capabilities is essential for determining the physiological, psychological, and sociological needs of the elderly individual.

DIAGNOSIS/OUTCOME IDENTIFICATION PHYSIOLOGICALLY RELATED DIAGNOSES

- | | |
|---|------------------------------------|
| + Risk for trauma | + Constipation |
| + Hypothermia | + Stress urinary incontinence |
| + Decreased cardiac output | + Urinary retention |
| + Ineffective breathing pattern | + Disturbed sensory perception |
| + Risk for aspiration | + Insomnia |
| + Impaired physical ability | + Chronic pain |
| + Imbalanced nutrition, less than body requirements | + Self-care deficit |
| | + Risk for impaired skin integrity |

- Using information collected during the assessment, the nurse completes the patient database, from which the selection of appropriate nursing diagnoses is determined.
- Possible nursing diagnoses for the aging patient will vary depending on the individual need for assistance and may come from many different areas of nursing.
- Based on the normal changes that occur in the elderly, the following diagnoses are common.

PSYCHOSOCIALLY RELATED DIAGNOSES

- + Disturbed thought processes
- + Complicated grieving
- + Risk for suicide
- + Powerlessness
- + Low self-esteem
- + Fear
- + Disturbed body image
- + Ineffective sexuality pattern
- + Sexual dysfunction
- + Social isolation
- + Risk for trauma (elder abuse)
- + Caregiver role strain

OUTCOMES

- ✦ **The patient:**
 - Has not experienced injury.
 - Maintains reality orientation consistent with cognitive level of functioning.
 - Manages own self-care with assistance.
 - Expresses positive feelings about self, past accomplishments, and hope for the future.
 - Compensates adaptively for diminished sensory perception.

OUTCOMES

× Caregivers:

- Can problem-solve effectively regarding care of the elderly patient.
- Demonstrate adaptive coping strategies for dealing with stress of caregiver role.
- Openly express feelings.
- Express desire to join a support group of other caregivers.

PLANNING/IMPLEMENTATION/ EVALUATION

- ✘ Nursing care of the aging individual is aimed at protection from injury caused by age-related physical changes or altered thought processes related to cerebral changes.
- ✘ The nurse is also concerned with preserving dignity and self-esteem in an individual who may have come to be dependent on others for his or her survival.

- Protection from injury and preserving dignity and self-esteem should be the focus of nursing care for the elderly individual.
- Interventions should include several changes to the patient's environment, frequent monitoring of the patient, providing simple, structured environments, encouraging the patient to express honest feelings, and encouraging group activities, to name a few.
- A more comprehensive plan of care, including short-term and long-term goals, nursing interventions, and rationales can be found in Table 24-2 in the text.

PLANNING/IMPLEMENTATION/ EVALUATION

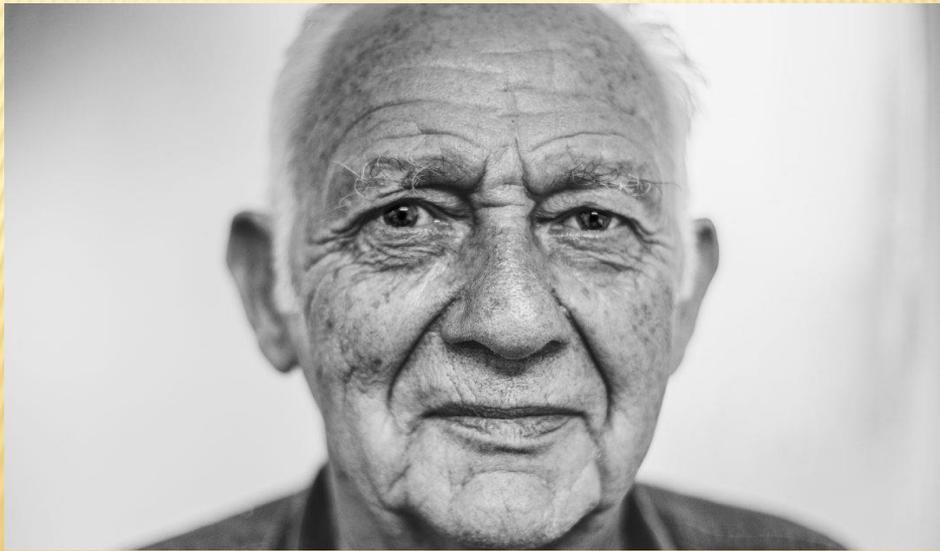
- ✘ Assistance is provided with self-care deficits while encouraging independence to the best of the patient's ability.
- ✘ Reminiscence therapy is encouraged.
- ✘ Evaluation is based on accomplishment of previously established outcome criteria.

- Reminiscence therapy is especially helpful with elderly patients.
- Studies have indicated that *reminiscence*, or thinking about the past and reflecting on it, may promote better mental health in old age.
- Individuals who participate in reminiscence therapy are less likely to experience depression.
- Reminiscence therapy can be used to treat depression and help elderly work through unresolved issues of the past.
- *Life review* is related to reminiscence, but differs from it in that it is a more guided or directed cognitive process that constructs a history or story in an autobiographical way.
- More information about this therapeutic intervention is highlighted in Box 24-2 in the text.

Evaluation data may be derived from the following questions:

- Has the patient escaped injury from falls, burns, or other means to which he or she is vulnerable because of age?
- Can caregivers verbalize means of providing a safe environment for the patient?
- Does the patient maintain reality orientation at an optimum for his or her cognitive functioning?
- Can the patient distinguish between reality-based and non-reality-based thinking?
- Can caregivers verbalize ways in which to orient patient to reality, as needed?
- Is the patient able to accomplish self-care activities independently to his or her optimum level of functioning?
- Does the patient seek assistance for aspects of self-care that he or she is unable to perform independently?
- Does the patient express positive feelings about himself or herself?
- Does the patient reminisce about accomplishments that have occurred in his or her life?
- Does the patient express some hope for the future?
- Does the patient wear eyeglasses or a hearing aid, if needed, to compensate for sensory deficits?
- Does the patient consistently look at others in the face to facilitate hearing when they are talking to him or her?
- Does the patient use helpful aids, such as signs identifying various rooms, to help maintain orientation?
- Can the caregivers work through problems and make decisions regarding care of the elderly patient?
- Do the caregivers include the elderly patient in the decision-making process, if appropriate?
- Can the caregivers demonstrate adaptive coping strategies for dealing with the strain of long-term caregiving?
- Are the caregivers open and honest in expression of feelings?
- Can the caregivers verbalize community resources to which they can go for assistance with their caregiving responsibilities?
- Have the caregivers joined a support group?

WHAT DO YOU SEE, NURSE?



Read Poem from book page 695



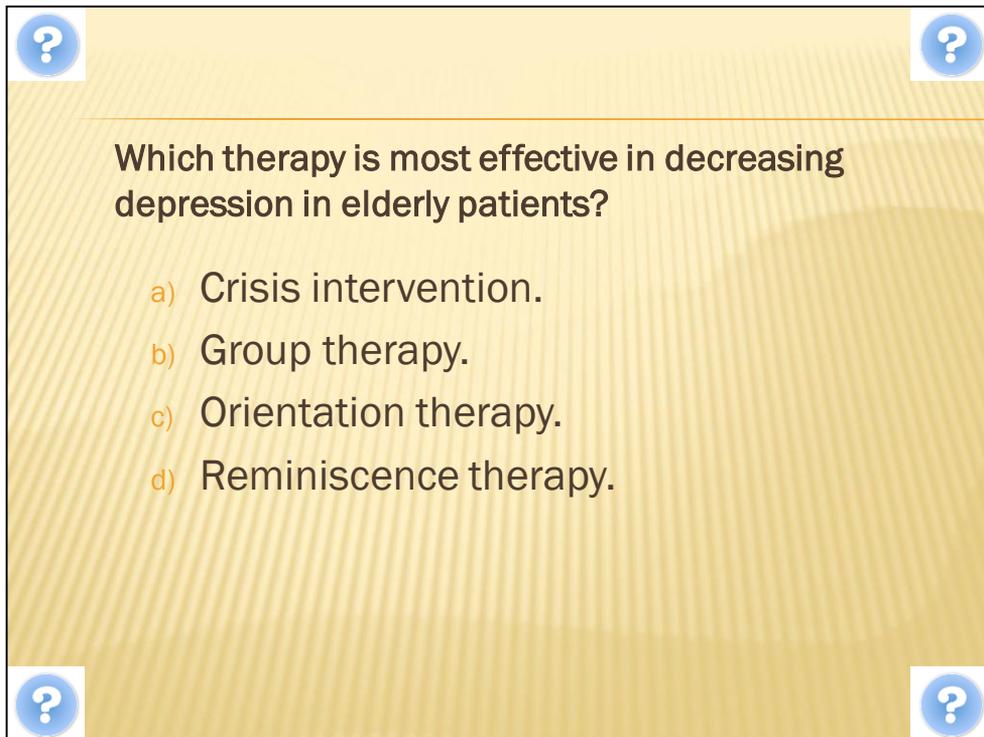
An elderly patient, newly admitted to a nursing home, refuses to participate in activities of daily living (ADLs). Which nursing intervention would best help the patient to be as independent as possible in meeting self-care needs?

- a) Assign a variety of caregivers so that one person does not do everything for the patient.
- b) Establish a specified amount of time for ADL completion.
- c) Set patient expectations at the beginning of each day.
- d) Structure the ADLs to mirror previous home routines.



Correct answer: D

Structuring the activities of daily living to mirror previous home routines can help foster independence in activities of daily living. Maintaining familiar routines will ease the transition to residential care and increase patient compliance in meeting self-care needs.



Which therapy is most effective in decreasing depression in elderly patients?

- a) Crisis intervention.
- b) Group therapy.
- c) Orientation therapy.
- d) Reminiscence therapy.

Correct answer: D

Reminiscence therapy encourages patients to think about and reflect on the past. Studies have shown that patients who participate in this therapy have increased self-esteem and are less likely to suffer from depression. Reminiscence therapy helps older adults to work through their losses and maintain self-esteem.