



Unit 7

Psychiatric Mental Health



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.

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.

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.



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.

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.

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.

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.

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.

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.

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.

PSYCHOLOGICAL ASPECTS OF AGING

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

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.

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.

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.



SPECIAL CONCERNS OF ELDERLY PEOPLE

- ▮ Retirement
 - ▮ Social implications.
 - ▮ Economic implications.



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.”

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.

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.



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.

DIAGNOSIS/OUTCOME IDENTIFICATION

PHYSIOLOGICALLY RELATED DIAGNOSES

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

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.

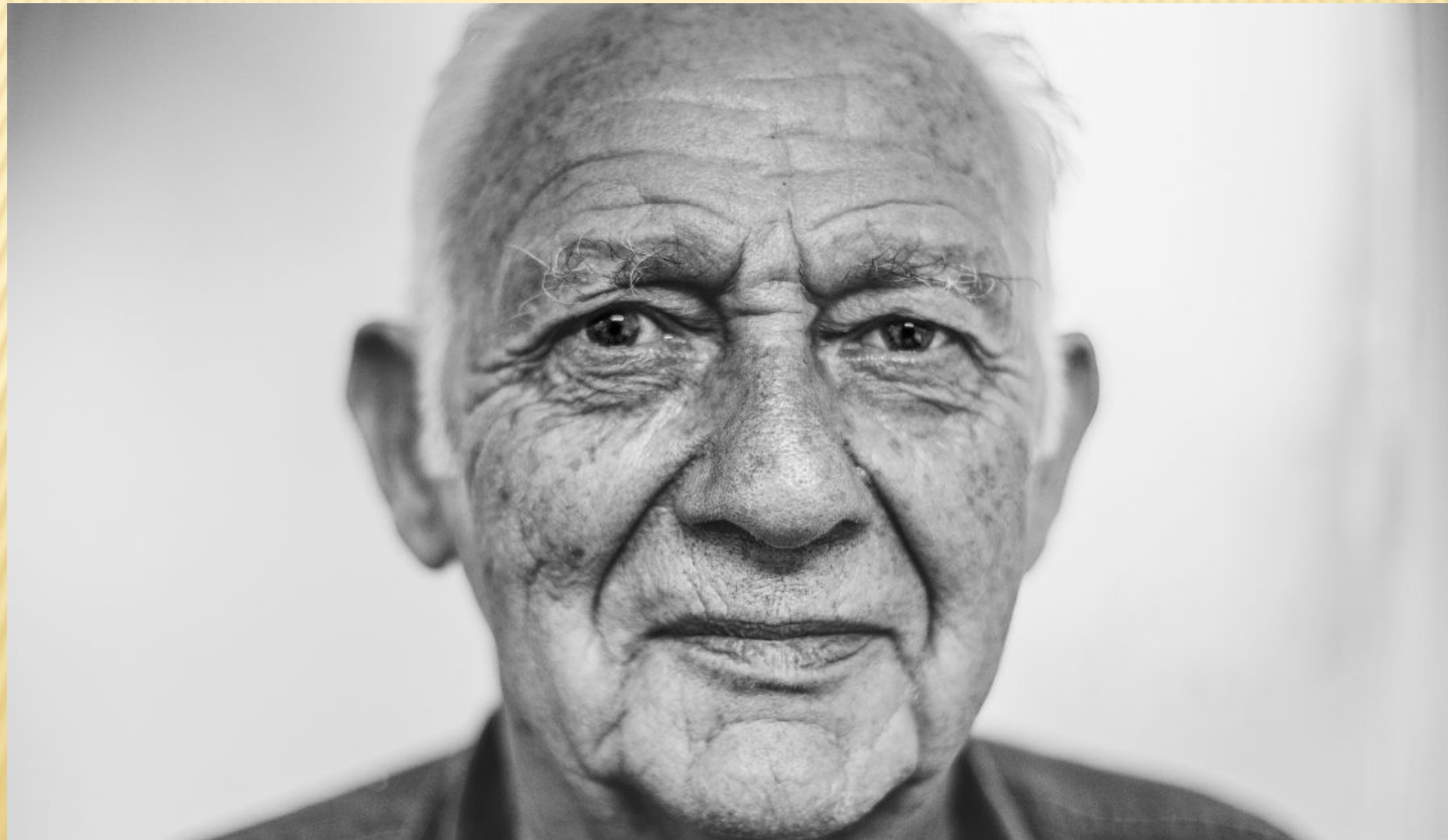
PLANNING/IMPLEMENTATION/ EVALUATION

- ▮ 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.

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.

WHAT DO YOU SEE, NURSE?





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.
- 
- 



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

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

