

Kasey Parkhurst
The Effects of Aging
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Aging is a natural process that can occur at any point in one's life. Depending on the individual, aging can be accompanied by many different life altering situations. There are multiple different ways to test the mental and physical health of a geriatric patient. These different models include: Geriatric health questionnaires, Katz Index of Independence in Activities of Daily Living, Lawton-Brody Instrumental Activities of daily living scale, clock drawing test, Geriatric Depression Scale-short form, time and change test, Pfeiffer Short Portable mental status questionnaire, Brief pain inventory, Fall Risk assessment tool, Get-up and Go test, nutritional health, and Poly-pharmacy-medication assessments. Each one of these tests will give you a better understanding of your patient's physical health, mental health, their independence, pain, and cognitive ability. With these tests you will have education opportunities based on the results you get.

In their book, *Essentials of Psychiatric Mental Health Nursing*, authors Townsend and Morgan discuss epidemiological statistics of the aging individual. Townsend and Morgan state that in 2014, "Thirty-five percent of all women, 65 and older, were widowed" (Townsend & Morgan 2018, pg. 670). My patient is part of the thirty-five percent that they described. She became a widow in 2001 and never remarried or found a new partner. Since she has been widowed, she has been living alone in a two-bedroom condominium. Townsend adds that "46% of women 65 years and older live with their spouse, 35% live alone, and 19% live with other relatives or are institutionalized" (Townsend, 670). My client was a Registered Nurse at Firelands Hospital for over 40 years. She retired at the age of 69, and although she has wanted to go back to work, she decided to stay retired. "In 2014, 8.4 million Americans aged 65 and older were in the labor force" (Townsend, 671). Since she lives home alone it was important for her to stay working for as long as she could so that she would be able to provide for herself. It also

allowed her to stay active longer which Townsend would add “it is well accepted that involvement in purposeful activity is vital to successful adaptation and perhaps even to survival at any age” (671). Staying engaged and getting out of the house is crucial when you are aging. As activity starts to decrease, illness and injuries begin to increase. “Approximately 80 percent of older adults have at least one chronic condition, and 50 percent have two or more” (Townsend, 671). My patient is 74 years old and the only chronic condition she has is osteoporosis. She does not suffer from hypertension, arthritis, heart disease, cancer, or diabetes as many of other aging Americans do.

The normal aging process is also discussed in Townsend and Morgan’s book. The aging process is unique for every individual and it all is based on their predispositions. How they cope with changes of the external environment and what they have been exposed to may influence how they age in some way. Townsend states that, “One of the most dramatic changes that occurs in aging is the loss of elastin in the skin” (674). When thinking of the elderly population the first thing that comes to mind is wrinkly skin. When I was talking to my patient, she had stated that if she could change one thing it would be to not have wrinkly skin. Along with the loss of elastin, the cardiovascular system and the respiratory system are affected from aging. My patient does not suffer from any cardiovascular or respiratory conditions, but she is frequently checked by her health care provider. Activities of daily living are most likely limited by the effects that aging can have on the musculoskeletal system. When you are not getting as much exercise as you once were able to, muscle mass starts to decrease. “Demineralization of the bones occurs at a rate of about 1 percent per year throughout the life span in both men and women. However, this increases to approximately 10 percent in women around menopause, making them particularly vulnerable to osteoporosis” (Townsend, 675). My patient developed osteoporosis after she had a

total hysterectomy. Since her bones are demineralizing at a faster rate than other individuals it is important that she stays active. Aging can also affect the gastrointestinal, endocrine, genitourinary, immune, and nervous systems. As these effects are seen in a large population of older adults, my patient does not have any age-related deficits in any of these systems.

As you age you may start becoming less independent and more dependent on others to take care of you. Losing independence must be a struggle for many people and may even negatively impact one's health. The Katz Index of Independence in Activities of Daily Living is a point-based questionnaire that accurately describes one's independence. The Harford Institute for Geriatric Nursing identifies this tool as "is the most appropriate instrument to assess functional status as a measurement of the client's ability to perform activities of daily living independently" (McCabe, 2018). This tool lists six activities of daily living and patients are asked to score themselves as independent or dependent. A score of 6 would indicate the patient is full functioning, 4 shows that there is moderate impairment, and a score of 2 or less would indicate severe functional impairment (McCabe, 2018). My patient scored a 6 and is considered full functioning, and to see if any deterioration takes place, she can use the Lawton-Brody test. The Lawton-Brody test also evaluates how independent a person is and it is more complex than the Katz Index. This test helps identify how a person is functioning at present time and for identifying improvement or deterioration over time (Coyne, Kluwer 2018). My patient scored the highest score possible on this test as well which indicates full functioning.

Cognitive deficits may start to show during the aging process along with losing independence. Alzheimer's and Dementia are two chronic diseases that can most of the time be related to the elderly population. The Clock drawing test is a simple test that can test a patient's cognitive ability. Along with the clock drawing test, there is the time and change test, and the

short portable mental status questionnaire. All three of these tests are used to assess cognitive functioning. My patient was instructed to draw the hands of the clock to read “10 after 11” and she did that perfectly. She received a score of 1 which indicates normal cognitive functioning. For the time and change test she was asked to tell the time of a clock and she was timed while doing so. She correctly stated the time and did that in 3 seconds. She then was asked to make a dollar in change and successfully completed that in 3.19 seconds. Since she correctly completed both tasks, she received a negative result which indicates no dementia. For the short portable mental status questionnaire 10 questions were asked that aimed at stimulating both short- and long-term memory. My patient had 0 errors when completing this task, which correlates with the other 2 cognitive tests that she has normal mental functioning.

The fall risk assessment tool assesses any risk factors that a patient may have that would put them at a higher risk for a fall. Since my patient has been scored as functionally independent and shows normal cognitive functioning, it is unlikely that my patient is at risk for falls. However, it is still important to complete the assessment to see if there are any underlying risk factors that have not been previously assessed. The only risk factor she answered yes to was being over 60 years old, all other risk factors were denied. This puts her at a low risk for falls and is considered safe living at home along.

It is important to assess everyone’s nutrition but assessing the elderly’s nutrition is the most important. If they have lost independence or are suffering for cognitive disabilities, some people may not be able to feed themselves or may have forgotten if they have eaten already. Assessing each patient to see if they are at a nutritional risk is an important piece of the physical exam. My patient is at moderate nutritional risk for scoring a 3 on her nutritional health questionnaire. Since she takes more than 3 prescribed medications a day and has hyperlipidemia,

she must be conscientious of what she eats. Although this is a considered moderate nutritional risk, it is still important to reassess the score in 3 months and make my patient aware of the warning signs of poor nutritional health.

References

Coyne, R., & Kluwer, W. (2018, November 05). The Lawton Instrumental Activities of Daily

Living (IADL) Scale | ConsultGeri Assessment Tool. Retrieved June 6, 2019, from

<https://consultgeri.org/try-this/general-assessment/issue-23>

McCabe, D. (2018, November 02). Katz Index of Independence in Activities of Daily Living

(ADL) | ConsultGeri Assessment Tool. Retrieved June 6, 2019, from

<https://consultgeri.org/try-this/general-assessment/issue-2>

Townsend, M. C., & Morgan, K. I. (2018). *Psychiatric mental health nursing: Concepts of care*

in evidence-based practice (7th ed.). Philadelphia, PA: F.A. Davis Company.