



Unit 5

PART 1



Growing Up





Chapter 24

THE AGING INDIVIDUAL



INTRODUCTION

- Growing old is not popular in the youth-oriented American culture.
- Sixty-six million “baby boomers” 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 is 76.3 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 1980, Americans 65 years of age or older numbered 25.5 million.
- ▣ In 2016, Americans 65 years of age or older numbered 49.2 million.
- ▣ It is projected that by 2060 the number of Americans over 65 will double to 98 million.

EPIDEMIOLOGICAL STATISTICS



Marital status

- In 2016, 70% of men and 46% of women 65 years or older were married.
- There were over three times as many widows as widowers.

Living arrangements

- The majority of individuals age 65 years or older live alone, with a spouse, or with relatives.

Economic status

- Approximately 4.6 million persons age 65 years or older were below the poverty level in 2016.

EPIDEMIOLOGICAL STATISTICS

▣ Employment

- ▣ In 2016, 9.6 million Americans age 65 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 by promoting socialization and companionship, elevating morale and life satisfaction, buffering the effects of stressful events, providing a confidant, and facilitating 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 but still retains certain Victorian standards regarding sexual expression by elderly people.
- Cultural stereotypes play a large part in the misperception many people hold regarding sexuality of older adults.
 - Physical changes associated with aging
 - Changes in women
 - Changes in men



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.



APPLICATION OF THE NURSING PROCESS

▣ Assessment

- ▣ Assessment of elderly people must consider the possible biological, psychological, sociocultural, and sexual changes that occur in the normal aging process.
- ▣ 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.

□ **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.

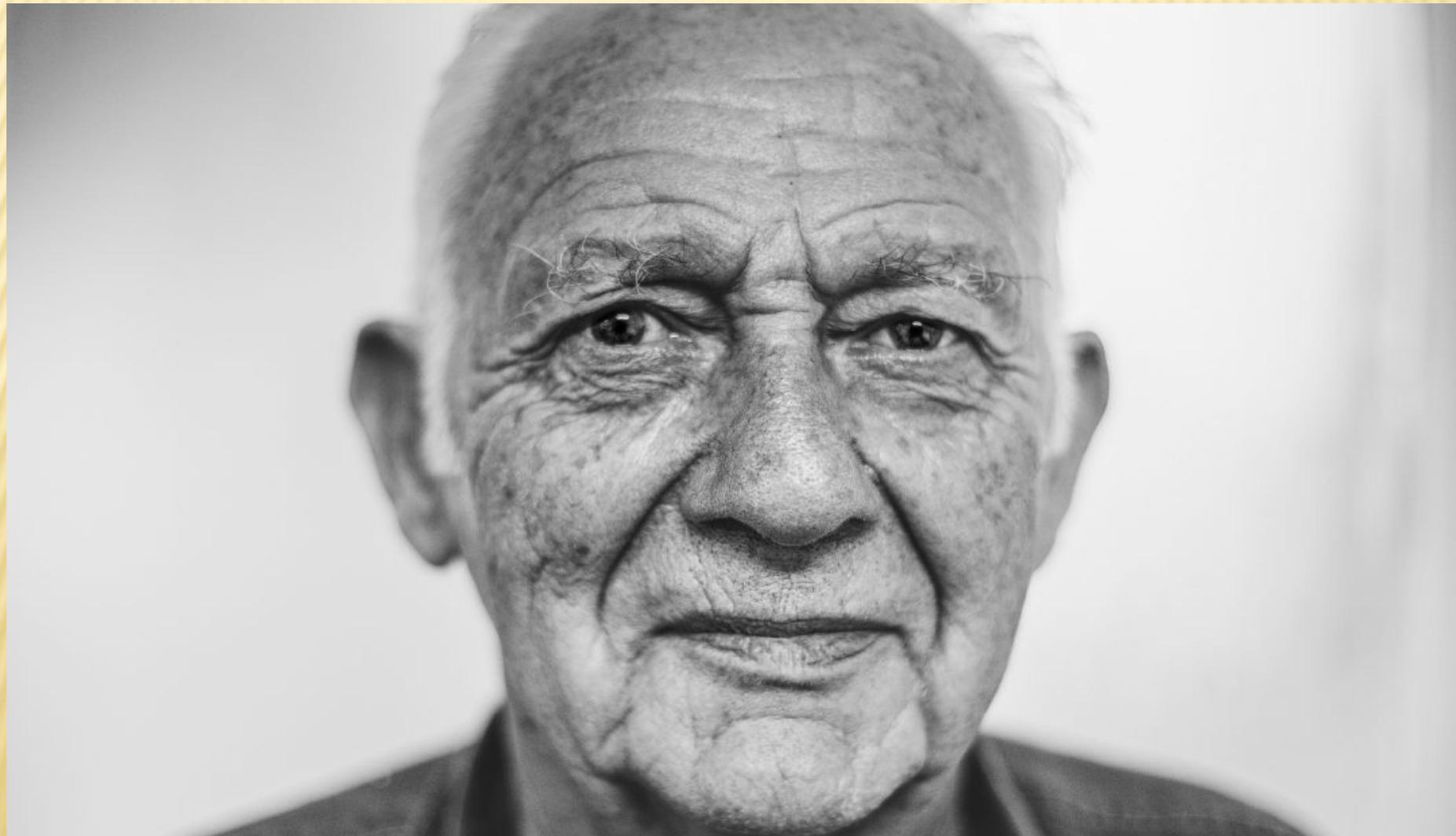
PLANNING/IMPLEMENTATION/ EVALUATION

- 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.

