

Promoting Healthy Adaptation to Aging

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Objectives

Upon completing this chapter, you should be able to:

Theory

1. Compare the biologic theories of aging.
2. State how a person might behave in light of the psychosocial theories of aging.
3. Identify four factors that contribute to longevity.
4. Discuss physical changes that occur as adults get older.
5. Explain Schaie's theory of cognitive development in the older adult.
6. Explain Erikson's stage of psychosocial development in the older adult.

Key Terms

ageism (Ā-jīsm, p. 169)

aging (p. 164)

benign senescence (bē-NĪGN sē-NĒ-sēns, p. 166)

biologic theories (p. 164)

centenarians (sēn-tēn-ĀR-ē-ānz, p. 165)

dementia (dē-MĒN-shē-ā, p. 167)

demographic (dē-mō-GRĀ-fīk, p. 165)

ego integrity (p. 170)

elder abuse (p. 170)

Clinical Practice

1. Identify at least six signs and symptoms of normal aging.
2. Design an educational program to help older adults maintain physical health.
3. State three ways the nurse could help older adults maintain cognitive health.
4. Identify nursing problems related to changes in psychosocial health.
5. Guide the older adult's family members regarding signs that the older person needs assistance.

gerontologists (jēr-ōn-TŌ-lō-jīsts, p. 164)

life span (p. 165)

longevity (lōng-JĒ-vī-tē, p. 165)

psychosocial theories (SĪ-kō-SŌ-shāl, p. 165)

reminiscence (rē-mī-NĪ-sēns, p. 170)

wisdom (p. 168)

OVERVIEW OF AGING

Aging (a continual process of biologic, cognitive, and psychosocial change) begins at conception. Although there is no way to escape it, we can learn to live with it. As a nurse, you will care for people of all ages, and many of your patients will be older adults. You are also aging, as are family members and friends. Knowing about normal development in the later years of life will help you in many ways.

Older adults are not all alike. Some are active, busy, and healthy; others are inactive because of illness and may be dependent on others. Being an older adult means different things to different people; **it is your perception of aging that influences your definition of being old.**

Scientists are interested in learning how people can maintain a healthy body into advanced years. Research about healthy aging is ongoing, and results are changing our ideas. Many older adults have the potential for years of interesting and productive life. The later years of life can be exciting and rewarding. Most people do not mind growing older, especially if they are relatively

healthy. Others fear that the later years of life will be painful, boring, and filled with illness. See the Evolve website for Healthy People Objectives related to older adults. Overcoming the myths about aging (Box 13-1) can be a challenge for nurses when working with middle and older adults.

? Think Critically

When are people considered old? What does it mean to be old? How do older adults view life? What are the concerns of older people?

THEORIES OF AGING

There are numerous theories about aging. Some **gerontologists** (specialists in the study of aging people) claim that aging is primarily determined by genetics, whereas others are certain that environment and lifestyle play important roles. These factors seem to interact with other things to determine how long a person lives.

Biologic theories (theories based on cellular function and body physiology) provide ways to look at the

6. Which health screenings are most appropriate in the middle years of life? (Select all that apply.)
1. HIV
 2. Colon cancer
 3. Hypertension
 4. Diabetes
 5. Memory decline
7. When working with depressed middle-aged adults, and following Erikson's theory, you encourage them to find meaning in life by:
1. developing intimate relationships with spouses.
 2. caring for their elderly parents.
 3. contributing to the development of younger people.
 4. volunteering as a hospital aide.
8. A 58-year-old man complains that he has difficulty remembering everything he wanted to buy when he gets to the store. Your best response would be:
1. "Forgetting some things is a common occurrence with aging."
 2. "Do your siblings have similar problems?"
 3. "You should always take a list with you to the store."
 4. "Life is so busy that everyone forgets things now and then."
9. The psychosocial task of generativity refers to:
1. the task of procreation.
 2. achieving one's career goals and ambitions.
 3. how one achieves economic stability.
 4. assisting and guiding the next generation.
10. Successful coping with midlife changes are likely when the individual:
1. has children still at home.
 2. has a good support system.
 3. is married.
 4. is established in a career.

Critical Thinking Activities

Read each clinical scenario and discuss the questions with your classmates.

Scenario A

As a clinic nurse, you are interviewing a new patient, a 34-year-old high school French teacher who complains of irregular menstrual periods. She has been married for 2 years and has no children.

1. What are some of the health concerns this patient might have? How can you help her understand the workings of her reproductive system?
2. What kinds of questions can you ask to help determine whether this patient is within the parameters of expected cognitive and psychosocial development?

Scenario B

Another clinic patient is a 52-year-old man who has recently been diagnosed with type 2 diabetes mellitus. He is 5 foot, 11 inches tall and weighs 245 lb. His blood pressure is 160/100 mm Hg at this time. He works as a computer consultant and travels about 3 days each week.

1. How will you begin exploring any health concerns he may have? What will you say to determine how much of his diagnosis he understands? How can you encourage him to follow the prescribed regimen for maintaining or improving his physical health?
2. What is his expected stage of cognitive development? Where would you expect him to be in the occupational cycle? What are some questions you might ask?
3. You learn that he is divorced and shares custody of three adolescent children. How can you tactfully determine whether he is at the appropriate stage of psychosocial development?

Box 13-1 Myths About Old People

- Old people are sick.
- Old people cannot learn new things.
- It is too late for lifestyle changes to improve health.
- Genetics are the main factor in longevity.
- Old people are not sexual.
- Old people are a drain on society.
- Old people are senile.
- Most old people are isolated from their families.
- Most old people live in nursing homes.
- Old people are poor.
- Old people are unhappy.

physical aging process. The **biologic clock** is one of these theories; this states that body cells are programmed to function for a specific length of time, after which they break down and die. When too many cells quit functioning, the person eventually dies.

Advocates of the **free-radical theory** believe that cells are damaged by toxins, ions break off from ion pairs, and the resulting free radicals are unstable. This occurs in the environment, in waste products of metabolism, and from disease. These toxins are causes of free radicals, or oxidizing substances in the body; the use of antioxidant vitamins and lotions is supposed to counteract the harmful chemicals.

The **wear-and-tear theory** states that body cells and organs eventually wear out, like machinery.

In the **immune system failure theory**, the system loses its ability to protect the body from disease. Older people become more susceptible to diseases such as influenza, which may kill them. The **autoimmune theory** is similar; here the body no longer recognizes itself and begins to attack itself and break down, as occurs in some types of arthritis.

? Think Critically

Can you think of any health problems that could serve as examples of the biologic theories of aging?

There are also **psychosocial theories** (theories related to socialization and life satisfaction). The **disengagement theory** suggests that it is normal for older people and society to withdraw from each other; most gerontologists no longer give credence to this concept. In contrast, the **activity theory** states that people who remain interested and active will continue to enjoy life and to live longer. Conversely, people who make no effort to contribute become less and less involved and shorten their life as a result.

In the **continuity theory**, each individual continues to live and develop as the unique person he or she is. Individuals' basic personalities do not change, and they cope with aging in ways similar to how they coped with other stages of life.

LONGEVITY

The **life span** (maximum years one is capable of living) for humans is 115 to 130 years. **Longevity** (length of life) has been increasing. In 1900 the average length of life in the United States was 47 years. The U.S. Census Bureau (2012) projects the average life span to be 78.9 years by 2015. What is causing this increase?

A major contributor to longer life is that people are healthier throughout their lives now than they were 100 years ago. Principles of hygiene have helped eliminate many illnesses. Health care and nutrition have improved, anti-infective drugs are in common use, and technology allows surgeons to perform intricate procedures and replace body parts.

Education also contributes to longevity. People who are better educated practice preventive health care and may seek treatment earlier in the course of an illness.

Lifestyle makes a significant difference in longevity. A healthy diet and lifestyle, including stress management and regular exercise, are crucial. Nonsmokers usually live longer than smokers; people who abuse chemicals risk shortening their lives. People who are married tend to live longer.

A person's personality seems to affect the length and quality of life. **The optimistic, happy person generally lives longer.** This is true even when a chronic illness is present.

Gender has been a contributing factor to longevity in the past; women in the 20th century lived 6 to 7 years longer than men. Currently, if a man reaches age 65, he dies only 2.7 years sooner than the average woman.

The final factor in longevity is genetics. Studies of twins have suggested that heredity determines 20% to 30% of longevity in people who live to age 85. For **centenarians** (people 100 years old or older) genetics may be even more important due to over 150 genetic variances they seem to possess, according to a recent study (Smith, 2010).

? Think Critically

How long did your ancestors live? Has the longevity of your family been increasing? How long do you think you will live?

DEMOGRAPHICS

Demographic (statistics about populations) studies show that the number of older people in the United States grows every year. In 2010 over 40 million people were over age 65—13% of the total population. The number of older adults grew at a faster rate than the total population. Older females outnumber older men, but between 2000 and 2010 the number of older men increased faster than the number of older women, narrowing the gap (U.S. Census Bureau, 2011). The Center for Disease Control and Prevention (2011) predicts that we will have 71 million older adults by 2030.

For purposes of study, the older adult or elderly population is often divided into three distinct groups: the “young old” are 65 to 74 years of age, the “middle old” are 75 to 84, and the “very old” are 85 and beyond. Sixty-five years is used because the federal Social Security system originally used the 65th year as a marker for retirement. Today, seniors born in the years 1943 to 1959 will qualify for full coverage at 66 years, and those born after 1960 will qualify at age 67. The qualification age may extend further in the coming years. The young old are those who remain fairly healthy and active. You may not even recognize them as old when you see them in the shopping mall or restaurant. Many contribute to their community and may remain employed, at least part time. They are not much different from middle adults.

The middle old are in a transition time. As people approach 80, they may become frail and are less able to be as active. The very old are the most rapidly growing group, and this group will continue to increase in the future. These are also the most dependent older adults.

Centenarians are becoming more common. The number of centenarians had been projected to increase dramatically, reaching over 600,000 by 2050 (U.S. Census Bureau, 2008). The 2010 census data suggests a more modest growth, however, as there were 50,454 centenarians in the year 2000, increasing only to 53,364 in 2010 (U.S. Census Bureau, 2011). Despite the slower growth than expected, the long-term census forecasts have not yet been revised, and with the many advances in medicine, who knows?

Living a long and better life is everyone’s goal. The ancient Greeks were the first to say they wanted to “die young, as late in life as possible.” Most centenarians enjoyed good health at least into their 90s. To live to be very old, you have to be healthy for most of your life. **People are becoming healthier, better educated, and actively involved in their own health care and are therefore living longer.**

Think Critically

Do you know any centenarians? What are they like? What does this mean for nursing and other health care providers?

PHYSICAL CHANGES

Physical declines happen to everyone. **Benign senescence** (normal physical changes of aging) begins early in adulthood, but often goes unnoticed until a problem develops. Changes mentioned in Chapter 12 continue. Table 13-1 summarizes the physiologic changes of aging. Heart and lungs gradually become less efficient. Bones become more fragile, and posture becomes bent. A table of Typical Changes of Aging, Potential Health Problems, and Helpful Nursing Responses is on the

 Evolve website.

Table 13-1 Physiologic Changes of Aging

BODY SYSTEM	SOME TYPICAL CHANGES
Cardiovascular	Increased heart size Decreased cardiac output, causing less blood flow to all organs Thickened heart valves and blood vessels Decreased elasticity of blood vessels Slower blood cell production Slower immune response
Respiratory	Thickened alveolar walls, causing less elasticity Weakened respiratory muscles Decreased vital capacity and tidal volume Decreased number of cilia
Musculoskeletal	Thinned intervertebral disks Decreased bone calcium Smaller muscle mass Decreased elasticity of ligaments and tendons Degeneration of cartilage
Integumentary	Thinner, drier skin Loss of subcutaneous fat Slowed rate of hair and nail growth
Urologic	Decreased bladder capacity and tone Loss of nephrons, slowed function of remaining nephrons Decreased sphincter control
Neurologic	<i>Vision:</i> presbyopia, slowed accommodation, cataract development, decreased peripheral vision, decreased depth perception <i>Hearing:</i> presbycusis, thicker eardrum, increased wax production, decreased hair cells in inner ear <i>Taste, smell, touch:</i> decreased number of receptors <i>Balance:</i> may be affected by decreased circulation <i>Reflexes:</i> slowed reaction time Slowed autonomic system responses
Endocrine	Slowed production of all hormones Decreased metabolic rate Delayed insulin response
Gastrointestinal	Decreased secretion of saliva and other digestive enzymes Slowed peristalsis Slowed liver and pancreatic functions Reduced absorption of nutrients
Reproductive	Decreased hormone production Atrophy of ovaries, uterus, vagina Benign prostatic hypertrophy Slowed sexual responses

The skin is thinner and more fragile; a reduced amount of subcutaneous tissue causes older adults to complain of feeling cold. Older people often have smaller appetites. Vision continues to deteriorate; night driving becomes difficult.

Hearing deficits may become more pronounced. Nearly half of the population over age 75 has some hearing loss. Various types of hearing aids can be helpful. The earlier a person with hearing difficulty obtains a hearing aid, the better the brain can adjust to it and provide a good quality of hearing.

Changes in the brain also occur with normal aging. There may be less blood flow. Neurotransmitters may be imbalanced. Any loss of brain cells caused by injury or illness will affect the body's functions. The brain can adapt by growing more dendrites up to age 90 if the person is reasonably healthy. Brain changes are also important in trying to understand cognitive changes in older adults, such as sensory and memory losses.

Think Critically

What health problems might be associated with the changes identified in Table 13-1? What nursing responses could be helpful?

HEALTH CONCERNS

Most people over 75 have at least one chronic health problem. Hypertension is the most common, affecting more than half of older adults, followed by arthritis and heart disease. Obesity contributes to joint problems by causing increased stress on joints; it also contributes to hypertension. For many older adults, these conditions do not prevent living active and full lives.

Other common concerns include cancer, diabetes, asthma, chronic bronchitis or emphysema, stroke, influenza, malnutrition, cirrhosis, and mental illness. The leading causes of death are heart disease, cancer, stroke, lung disease, Alzheimer disease, diabetes, influenza, and pneumonia (Federal Interagency Forum on Aging Related Statistics, 2010).

Older people are often concerned about falling, especially about breaking a hip, and about being dependent on others. Accidents may happen because of changes in depth perception, changes in gait, and slower reaction times. It is important to teach older people safety measures to prevent falls (see Chapter 40). Resistance training can improve balance and help prevent falls.

Health Promotion

Fitness for the Older Adult

- A fitness program to promote strength and balance is an excellent way to decrease the risk of falls and to promote the ability to stay independent.
- Many communities have special fitness programs for older adults.

Mental health in the older adult may be difficult to evaluate. Many treatable physical conditions, such as malnutrition, dehydration, infection, and misuse of medications, can lead to impaired cognition. A thorough examination should be done to make an accurate diagnosis. It is estimated that more than 18% of older adults experience depression, and suicide rates for people over age 65 are higher than those of the general population (National Alliance on Mental Illness, 2010). Depression can often be treated successfully with medications and counseling. **Dementia** (degeneration of brain tissue) occurs in a small percentage of older adults. The incidence rises as aging progresses. Confusion, memory loss, and disordered thinking are early signs. This problem has numerous causes, from malnutrition to mini-strokes to Alzheimer disease (see Chapter 41). Table 13-2 compares the memory decline that is age related with depression-related and dementia-related memory problems. Between 5% and 15% of older adults have dementia; more than half of these have Alzheimer disease (University of Cincinnati, 2010).

HEALTH PROMOTION BEHAVIORS

Eating a healthy diet helps delay physical aging. Encourage older adults to learn about nutrition and meal planning. Additional seasonings can counter the loss of taste buds. Some physicians encourage a daily multivitamin. Eating is a social experience for many, so they should find opportunities to share meals with others. Many communities offer communal dining; prepared meals can also be delivered to a home.

Physical activity also postpones many effects of aging. Daily activity, whether walking, biking, or swimming, keeps the body functioning. Benefits from weight training include reduced risk of osteoporosis, hypertension, and diabetes, and increased ability to perform activities of daily living (ADLs). The *Exercise Guide for Older People*, in English or Spanish, is available free from the National Institute on Aging. It describes appropriate exercises to keep fit and promote good balance.

Another positive behavior is having regular physical examinations to monitor chronic conditions and to screen for new problems. Older adults may need encouragement to participate in their own health care management. The cost of health care is a concern to some, but programs designed for older adults help provide regular care.

Older adults who smoke should be encouraged to quit. They may have been smoking for years, but the health benefits of quitting are significant, even in advanced years. Individual counseling, support groups, and nicotine replacement have been shown to be effective. Alcohol use should also be limited, since its effects may be greater in the elderly and it may interfere with prescribed medications. Some adults may need guidance in taking prescribed medications correctly.

Table 13-2 Memory Decline as the Result of Normal Aging, Depression, or Dementia

NORMAL AGE-RELATED MEMORY DECLINE	DEPRESSION-RELATED MEMORY PROBLEMS	DEMENTIA-RELATED MEMORY PROBLEMS
Onset age specifically identifiable	Onset with depression	Hard to establish onset
Slow progression of symptoms	Rapid or sudden progression of symptoms	Slow or stepwise progression
History of depression less common	History of depression more common	History of depression less common
Complains about memory loss	Complains about memory loss	Usually unaware of memory loss
May emphasize disability	May emphasize disability	Conceals disability
May decrease or increase efforts to perform	Decreases efforts to perform	Struggles to perform
Uses notes and other memory aids	May not try to keep up	Needs instruction to use memory aids
No lasting mood change associated	Consistent depressive mood	Emotional lability and shallowness
Behavior may or may not change	Behavior change is greater than impairment	Behavior change may be appropriate
Nocturnal drop in performance unusual	Nocturnal drop in performance unusual	Nocturnal drop in performance common
"Don't know" answers common	"Don't know" answers common	Guesses or "near miss" answers common
Recent and remote memory losses equal	Recent and remote memory losses equal Memory gaps for specific events common	Recent memory impaired; remote memory intact Memory gaps for specific events unusual

From Leifer G., & Feck, E. (2013). *Growth and Development Across the Lifespan: A Health Promotion Focus*, (2nd ed.). St. Louis: Elsevier Saunders.

Health Promotion

Medication Regimen Aids for Older Adults

- Using a weekly pill-minder box with compartments for each day, or for different times of each day, is a useful tool for helping the older adult take required medications on time.
- The pill box is refilled weekly, and a list can be made to aid the person when filling the box.

COGNITIVE ASPECTS OF AGING

Schaie's stage of cognitive development for older adults is called the **reintegrative stage**. This states that older adults are more selective about how they spend their time. They take time for interesting activities, but not for things that seem irrelevant. A woman who hosts family meals on special occasions may try new recipes and enjoy a cooking class. However, someone who lives alone and rarely entertains may not be interested in such activities. Discovering the interests of older people can provide clues to ways to stimulate and maintain their cognitive abilities. One person may enjoy crossword puzzles, and another may enjoy reading mysteries.

Healthy adults can maintain intelligence into advanced years. The speed of thinking may slow, but thinking processes remain intact. Many older adults

who are ill or who have vision or hearing deficits do not suffer cognitive dysfunction. They should be certain that glasses or hearing aids are in place before interacting with other people.

WISDOM AND LEARNING

Wisdom (having good judgment based on accumulated knowledge) is often credited to older adults because of their wealth of life experiences. Younger people can benefit by listening to the advice of older people.

Some people assume older adults can no longer learn. This is not true. Subjects of interest can fascinate the older learner. They have more patience for learning. Many have learned to operate computers and enjoy using that technology. Elder hostel programs provide stimulating opportunities to learn and sometimes travel with other older adults.

Patient Teaching

Teaching the Older Adult

Keep the following points in mind when teaching the older adult:

- Provide motivation for the content to be learned.
- Keep the topic relevant to the learner.
- Assess readiness to learn and take advantage of "teaching moments" (when the learner is most receptive).
- Use visual aids in large print and bright colors.

- Provide good lighting in the room and on the materials.
- Ensure the learner has reading glasses and hearing aid (turned on) if used.
- Speak clearly, distinctly, and slowly in a normal tone.
- Obtain feedback at intervals about what has been taught.
- Relate learning to better autonomy, health, and activity.

MEMORY ISSUES

Some older adults have problems remembering recent events; this is short-term memory loss. They may not *recall* much of yesterday. However, long-term memory remains intact. They can remember many details of their younger life. Memory aids such as making lists or notes on a calendar can help keep life orderly.

Health Promotion

Cognitive Stimulation in Older Adults

Regular exercise of at least 30 minutes five times a week helps decrease mental decline. Encourage elderly patients to engage in some sort of exercise program, even simply walking in the neighborhood. Exercise classes at the senior center or parks and recreation department are available in many communities. Even moderate activity and resistance training (for bed-bound older adults) has been shown to be beneficial.

The more severe memory losses and dementias of aging are often the result of circulatory changes. People experiencing memory changes and their family members should not assume that such changes are inevitable. The older adult should be evaluated for nutritional status, hypertension, arterial health, an endocrine disorder, and specific neurologic problems. Sometimes underlying conditions can be treated and the memory problems will also be resolved.

EMPLOYMENT AND RETIREMENT

The ability and desire to keep a job vary, depending partially on the older adult's cognitive ability. Some types of work maintain a mandatory retirement age, particularly if the work involves public safety. In other situations, retirement is a matter of preference.

Think Critically

What suggestions could you give older adults to help them remain active after retirement?

Some people are eager to leave a regular job and may retire in their 50s or early 60s. Some continue to work because they need the income. Retiring early requires planning for finances and other concerns. Other people enjoy working and want to continue beyond a traditional retirement age. About 10% of older adults are at poverty level according to income, and 26% are in the low-income group (Federal Inter-agency Forum on Aging Related Statistics, 2010). About 5 million older adults are employed at least part time.

Workers who lose their jobs a few years before retirement may find it hard to obtain other employment at similar wages. **Ageism** (discrimination because of age) is illegal in the United States. A worker who has lost a job in favor of a younger person simply because of age has recourse through the government and the courts.

Think Critically

Do you know anyone who lost a job in their 50s or early 60s? Were they able to find other employment at a comparable income? How did they feel about that experience?

Retirement brings with it major changes in many aspects of lifestyle: no alarm clock, no set schedule, no coffee break with co-workers, no need to dress neatly, no paycheck. People who have adequate finances may feel comfortable about retiring. Some travel extensively if health and finances permit.

Many early retirees decide to begin a second career. Older adults may continue to work in family businesses. Others volunteer to keep themselves busy and involved. The contributions of older adults should not be underestimated. According to the Pew Research Center, approximately 2.9 million children in the United States are being raised primarily by a grandparent (Pew Social Trends Staff, 2010). Again, attitude is important. People whose lives revolved around their work may have difficulty adjusting to retirement. Some become disillusioned with retirement and find another job. Others become depressed, withdraw, and die. Recent retirees should be encouraged to set small daily or weekly goals until the adjustment has been made.

HEALTH PROMOTION BEHAVIORS

Behaviors that help with successful cognitive aging are the same behaviors that are encouraged throughout life. Having a positive attitude remains important. Some people are unhappy with their lives and unwilling to try to change. Encouragement is always appropriate. For example, you can remind them of their past accomplishments, of their success in raising children, or even the accomplishment of living a long life.

Active involvement in a job and community during earlier adulthood often carries into continuing involvement in hobbies, religious and service groups, and volunteerism in older adulthood. Remind older adults how much they have to offer their community.

Using the brain by reading, doing puzzles, using a computer, and writing keeps the neural connections active and healthy. A computer game called "Brain Age" has been shown to improve cognition in the elderly. The brain, like a muscle, should be exercised regularly. Even the physically limited older adult can maintain mental stimulation with a little effort.

PSYCHOSOCIAL ASPECTS OF AGING

Erikson's stage of development for older adults is called **ego integrity** (state of being complete) versus despair (see Table 11-2). Older people naturally spend time thinking about their lives. If they find their lives have been good, then they are satisfied and have ego integrity. However, if they are unhappy about the way life has evolved, they will despair. Resolution to ego integrity may occur if you can help the person find enough areas of satisfaction to outnumber the areas of regret.

LIFE REVIEW

This is the time for **reminiscence** (reviewing one's life). If individuals accept that they have had good lives and that they have contributed to others, then they are satisfied. People who were not successful at working through a developmental stage when younger may find unhappiness with the way their lives progressed. Sometimes it is enough to realize that one did the best one could under the circumstances.

Many psychologists consider this stage of life review important as a person faces mortality. **Being content with past accomplishments is important for self-worth at any stage of life.** The older adult simply has more years about which to reflect.

FAMILY RELATIONSHIPS

Families continue to be important in older adulthood. Married people seem to live longer than those who are alone (Figure 13-1). Widows usually adjust better than do widowers. According to the Federal Interagency



FIGURE 13-1 Romance can exist in later life.

Forum on Aging Related Statistics (2010), 42% of all women over age 65 are widows; 14% of men in that age-group are widowers. Many widowed, divorced, or single older adults continue to date, and some will remarry.

? Think Critically

Widowers frequently die within 1 year of their wife's death. Why do you think that is true?

The majority of older adults who have children live within 40 miles of one child. Contact with that child usually occurs at least weekly. This is important, since the older parent may need assistance with one or more aspects of daily life.

The active older adult may contribute to extended family life by helping with child care of grandchildren or great-grandchildren. Sometimes retired adults end up raising grandchildren. Adult children may have died or may be imprisoned, hospitalized, or otherwise unable to care for the children. This arrangement can bring both benefits and problems for the children and for the older adults.

Nearly 2.1 million older adults are affected by **elder abuse** (any type of abuse of the elderly). Those over age 80 have the greatest incidence, with the primary type being neglect. When it occurs in a family, it is for many of the same reasons abuse happens to children or spouses. Elder abuse may also occur in a long-term care setting.

Legal & Ethical Considerations

Reporting Elder Abuse

All licensed professionals are required to report any signs of or suspected abuse to a law enforcement agency. Social services personnel or law enforcement officials will conduct an investigation.

SOCIAL ACTIVITY

Community involvement was discussed earlier relative to cognitive development; it is also important for psychosocial health. **Older adults need to feel needed; this contributes to their self-concept and emotional health.** Some volunteers and part-time workers choose those activities primarily for the social activity.

Older adults experience a gradual loss of their peer group as friends and siblings die. These can be difficult times for the survivors; they continue to need support from their family and community. Those who have cultivated friendships with younger people fare best.

LIVING ARRANGEMENTS

Many older adults prefer to live in their own homes as long as they are physically able. Others choose to rent

an apartment when they cannot maintain a house and yard. More than half of older adults lived with a spouse in 2009 (Administration on Aging, 2010). About 30.1% lived alone; many of these older adults need some assistance at times. About 716,000 grandparents age 65 or over maintained households in which grandchildren were present in 2008. That number continues to grow. One recent trend in living arrangements is an increase in the number of multi-generational households, where a grandparent plus another generation live under the same roof (Pew Social Trends Staff, 2010).

About 20% of older adults live in institutional settings such as long-term care, and 8% reside in community residential care (AARP Public Policy Institute, 2010).

As more people live to be older adults, it is important for them to remain healthier longer. Although this is beginning to happen, people over age 85 remain the most frail and will probably continue to need help with daily activities. As that group grows, more nurses and other health care workers will be needed to give care.

HEALTH PROMOTION BEHAVIORS

Older adults have several psychosocial challenges to face. They need to accept and adjust to a changing body. Family roles change, especially if one spouse becomes ill or dependent on the other or dies. There are changes in the use of time as a result of retirement. Finally, older adults have to face their own mortality.

The helpful behaviors for these adjustments continue to revolve around maintaining an optimistic outlook, staying as physically fit as possible, and remaining involved with others. **Those who face the future with a hopeful, positive attitude will cope better with aging.**

Older adults should be encouraged to make a living will and to designate someone to make health care decisions for them in case they cannot. Completing a durable power of attorney for financial arrangements is recommended. Each state has guidelines and forms

that can be obtained from lawyers or health clinics. The office of the patient's physician should be given a copy of the documents.

Older adults with children should involve them in planning. If there are no children, another relative, a younger friend, or a trusted lawyer can be named as their trustee.

WHEN A PARENT NEEDS HELP

It is not easy for adult children to admit that a parent needs their assistance. Sometimes the nurse can help stimulate a conversation about the future and offer resources for the family.

Some older adults recognize that they need help and initiate discussion with their children or others (Figure 13-2). They may decide to move to a smaller apartment or into an assisted living facility. Others deny their aging and resist making any changes until a crisis arises. This denial is an understandable way of maintaining their dignity and self-esteem.

PLANNING AHEAD

Experts recommend adult children keep communication lines open with their parents. The parent may need encouragement to discuss alternative living arrangements or other needed changes. Adult children should try to do the following:

- **Plan ahead:** Discuss possibilities and make plans with the parent before a crisis occurs. This way decisions will be mutually agreeable and less traumatic.
- **Include everyone:** Siblings should share in planning and decisions. No one adult child should feel wholly responsible.
- **Find important information:** This includes knowing about the parent's financial situation, current medical care and medications, and alternative housing possibilities. If parents are reluctant to discuss changes, they may need more time to think about it. Consider the choices and seek resources.



FIGURE 13-2 A family gathers to consider options for the older adult.

Box 13-2 Signs That an Older Person Needs Help

- Neglected personal hygiene, irregular dressing, and soiled clothing
- Altered eating habits in the past year resulting in weight loss; decreased appetite or missed meals
- Neglected home and less than desirable sanitary conditions
- Inappropriate behavior, such as being unusually loud or quiet, paranoid, or agitated or making phone calls at all hours
- Frequent falls, burns, injuries
- Social isolation and cessation of activities previously important
- Altered relationship patterns such that friends and neighbors express concern
- Inability to find the right words
- Forgetfulness resulting in unpaid bills, unopened mail, missed appointments, or hoarding money
- Confusion about medications
- Unusual purchases, such as more than one subscription to the same magazine, increased buying from television advertisements

OBSERVING CHANGES

Safety is a basic need. Adult children have to make decisions for parents who are no longer able to safely care for themselves. If older adults show signs of deteriorating behavior, it is time for adult children to make some of those decisions for them (Box 13-2).

RESOURCES FOR FAMILIES

Many communities provide services for older adults, including adult day services, chore services, transportation, counseling, companionship programs, exercise and rehabilitation programs, and telephone reassurance services. To learn what is available in your community, begin with the yellow pages or the Internet. Your state agency on aging coordinates information. The federal Administration on Aging can also provide information. AARP has information about services for older adults.

Get Ready for the NCLEX® Examination!**Key Points**

- Most older Americans are in reasonably good health and living independently. Americans are living longer.
- There are biologic theories of aging and psychosocial theories of aging.
- Many factors contribute to longevity, including maintaining a healthy lifestyle, appropriately using the health care system, genetics, and education.
- Young old adults are ages 65 to 74; middle old adults are ages 75 to 84; very old adults are age 85 and beyond. Centenarians are people age 100 and older.
- Leading causes of death in older adults are heart disease, cancer, stroke, lung disease, Alzheimer disease, diabetes mellitus, influenza, and pneumonia.
- Exercise for increasing strength and balance helps prevent falls and promotes longer independence.
- Older adults can benefit by improving their diets and increasing their physical activity. A positive attitude helps all aspects of development.
- Schaie's stage for older adults is the reintegrative stage; older adults are careful about how they spend their time and take time only for things that are interest them.
- Short-term memory may weaken with age, but memory aids can help. Although mental processing slows, given time, the older adult can do as well as a younger adult.
- The age of retirement varies widely. Older adults are a growing segment of the U.S. part-time labor force, whereas others engage in volunteering.
- Erikson's stage for older adults is ego integrity versus despair. Older adults reminisce, and if life has been satisfactory, they have ego integrity.

- Family relationships remain important. Role changes occur when a spouse becomes ill or dependent or dies.
- Many older adults prefer living in their own home as long as possible. Multigenerational households are becoming more common.
- Adult children of older adults should remain aware of their parents' status and be prepared to help if the parents are no longer able to safely care for themselves.

Additional Learning Resources

SG Go to your Study Guide for additional learning activities to help you master this chapter content.

evolve Go to your Evolve website (<http://evolve.elsevier.com/deWit/fundamental>) for the following FREE learning resources:

- Animations
- Answer Guidelines for Think Critically boxes and Critical Thinking Questions and Activities
- Answers and Rationales for Review Questions for the NCLEX® Examination
- Glossary with pronunciations in English and Spanish
- Interactive Review Questions for the NCLEX® Examination and more!

Online Resources

- *Administration on Aging*, www.aoa.gov
- *AARP* (organization geared for people over age 50), www.aarp.org
- *Centers for Disease Control and Prevention, Healthy Aging*, www.cdc.gov/aging
- *Site for, about, and by caregivers*, www.caregiver911.com