

Chapter 41

Common Psychosocial Care Problems of the Elderly

Chapter 41

Lesson 41.1

Learning Objectives

Theory

- 1) Discuss general principles of care for elderly patients with altered cognitive functioning.
- 2) Assist with assessment of cognitive changes in the elderly patient.
- 3) Differentiate characteristics of delirium, dementia, and depression.
- 4) Identify options for keeping the cognitively impaired senior safe.
- 5) Implement strategies to decrease agitation, wandering, sundowning, and eating problems in patients.

Clinical Practice

- 1) Formulate a plan of care for the cognitively impaired elder.

Changes in Cognitive Functioning

- Benign senescent forgetfulness or age-associated memory impairment
 - Age-related changes in mental processes
 - Modest decline in short-term memory
 - A slight and gradual decline in cognitive skills
- Elderly people are as capable of learning new things as younger people, but their speed of processing information is slower

Changes in Cognitive Functioning (cont'd)

- Major declines in cognitive functioning usually result from conditions such as:
 - Dementia
 - Metabolic disorders
 - Stress, alcohol abuse
 - Undesirable medication effects
 - Vision or hearing impairments

Mental Changes Not Caused by the Normal Aging Process

- Confusion
- Disorientation
- Inappropriate behavior
- Depression
- Inability to follow directions

Conditions Associated with Confusion

- Vascular insufficiency
- Trauma
- Tumors
- Central nervous system infections
- Hypotension
- Systemic disorders
- Pulmonary/cardiovascular diseases
- Metabolic disorders

Conditions Associated with Confusion (cont'd)

- Electrolyte imbalance
- Anemia
- Altered renal function
- Drug toxicity
- Endocrine disorders
- Nutritional deficiencies
- Stress
- Pain
- Anesthesia

Conditions Associated with Confusion (cont'd)

- Altered body temperature
- Dehydration
- Anxiety
- Depression/grief
- Fatigue
- Sensory deprivation/overload
- New environment
- Toxic substances

Assessment of Cognitive Changes in the Elderly

- An older adult with significant changes in mental function should be given a comprehensive mental status examination
- Detailed and accurate medical history and physical examination should be performed
 - Allow the elder enough time to respond to questions
 - Compensate for sensory limitations

Assessment of Cognitive Changes in the Elderly (cont'd)

- Mental Status Questionnaire (MSQ)
 - Mental status examination tool
- Observe elderly and confused patients and question them and significant others about events preceding admission
- Assess for factors that contribute to altered mental state
 - Medication effects, a new environment, disease processes

Confusion

- Difficulty remembering, learning, following directions, and communicating their needs
- Can significantly influence a patient's dignity, independence, personality, and support system
- May complicate diagnosis and treatment of a patient's illness

Delirium

- An acute confusional state that can occur suddenly or over a long period
- A result of an underlying biologic cause or psychological stressor
- Left untreated, can lead to coma or death
- Nocturnal delirium, or sundown syndrome
- Appearance or increase of symptoms of confusion or agitation associated with the late afternoon or early evening hours and usually continuing into the night

Dementia

- Generally a permanent condition
- Characterized by several cognitive deficits
- A slow, insidious onset that affects memory, intellectual functioning, and the ability to problem-solve
- Primarily seen in Alzheimer's disease
- Also occurs with brain tumors or with serious medical or surgical disorders

Specific Interventions for Confusion and Disorientation

- Psychosocial measures
 - A behavioral approach is essential to enhance the elder's quality of life
 - Primary goal is to produce a feeling of well-being in the confused and disoriented elder
- Psychosocial approaches
 - Reality orientation
 - Validation therapy
 - Reminiscence
 - Remotivation therapy
 - Resocialization

Specific Interventions for Confusion and Disorientation (cont'd)

- Reality orientation
 - Orient to time, place, and person
 - Maintain consistent interaction with staff and family
 - Maintain consistent schedule for mealtimes and activities of daily living
 - Encourage use of memory aids such as clocks, newspapers, TV, radio, and calendars

Specific Interventions for Confusion and Disorientation (cont'd)

- Validation therapy
 - Decrease stress and promote self-esteem and communication
 - Use group support to encourage respect for the feelings of the individual
 - Encourage activities such as singing favorite songs, reminiscing, and sharing mementos or family photographs

Specific Interventions for Confusion and Disorientation (cont'd)

- Reminiscence
 - Reexamine the past to promote socialization and mental stimulation; wrap up unresolved issues
 - Individual or group sharing of life experiences

Specific Interventions for Confusion and Disorientation (cont'd)

- Remotivation therapy
 - Stimulate senses and provide new motivation in life through factual information rather than feelings
 - Introduce pictures, plants, animals, or sounds to encourage interaction
 - Consider art therapy or music

Specific Interventions for Confusion and Disorientation (cont'd)

- Resocialization therapy
 - Encourage socialization patterns within a group
 - Assign socialization roles in a group such as serving each other refreshments
 - Encourage group projects or participation in games

Specific Interventions for Confusion and Disorientation (cont'd)

- Pharmacotherapy

- Major tranquilizers

- Chlorpromazine (Thorazine) or haloperidol (Haldol)
- To manage anxiety, agitation, hostility, and paranoia

- Minor tranquilizers

- May be used to treat symptoms of agitation and anxiety

- Antidepressants

- Citalopram (Celexa) or duloxetine (Cymbalta)
- May be used if depression coexists with dementia
- May improve appetite and sleep habits, enhance socialization, and increase energy levels

Family Support

- Families of patients with dementia need social and emotional support
- The family often experiences changes in lifestyle, privacy, and socialization
- Adjustment can be enhanced by integrating the care of the family into the nursing care plan
- Financial problems and multiple role responsibilities add to the burden
- Families should be encouraged to consider adult daycare or respite care if the elder resides at home

Alzheimer's Disease

- Most common form of dementia (70%)
- Fourth leading cause of death in the elderly population
- Loss of neurons in the frontal and temporal lobes
- Unable to process and integrate new information as well as retrieve memory

Stages of Alzheimer's Disease

- Early stage
 - Mild short-term memory difficulties
 - Difficulty learning new things
 - Mild depression
- Middle stage
 - Increased short- or long-term memory loss
 - Suspicion, agitation, hallucination
 - ADLs affected
 - Wanders
 - Incontinent

Stages of Alzheimer's Disease (cont'd)

- Late stage
 - Severe memory impairment
 - Impaired mobility
 - Deteriorating speech
 - Bedridden
 - Weight loss
 - Difficulty swallowing

Treatment and Nursing Intervention

- Treatment is primarily symptomatic
- Cholinesterase inhibitor drugs
 - Tacrine (Cognex)
 - Donepezil (Aricept)
 - Galantamine (Reminyl)
 - Rivastigmine (Exelon)
 - Work by increasing acetylcholine in the cerebral cortex
- Other useful medications
 - Indomethacin (Indocin), estrogen, vitamin E, folic acid, possibly cholesterol-lowering drugs
- Nursing interventions depend on stage of illness

Behaviors Associated with Cognitive Disorders

- Agitation/hostility/paranoia
 - Usually preceded by increasing irritability
 - May have sudden explosive outburst
 - May be talking louder or pacing
 - Behavior may also occur as a self-protective response to confusion, fear, or sensory loss
- Interventions
 - Engage the patient in conversation, maintain a safe distance, and maintain eye contact
 - Move other patients or visitors out of the immediate area
 - Use behavior modification

Safety for the Cognitively Impaired

- Mild impairment
 - Patient may be able to stay in own home safely
- Increasing impairment
 - Alerting systems attached to outside doors
 - Identification should be sewn into clothes and placed in wallet or purse
 - Measures to alert the household if the person leaves the bedroom area at night
 - Residential placement may needed
 - Driving may become another safety issue

Behaviors Associated with Cognitive Disorders (cont'd)

- Wandering

- Tend to be individuals who were very active people prior to the onset of disease
- May be a need to combat boredom or restlessness
- Nursing interventions
 - Ensuring the environment is safe for wandering
 - Informing/educating others about this problem
 - Making sure the patient has an identification bracelet
 - Frequently checking the patient
 - Observing for behaviors that trigger the wandering
 - Diverting patient's attention
 - Maintaining a regular activity program

Behaviors Associated with Cognitive Disorders (cont'd)

- Sundown syndrome
 - Minimize nocturnal confusion
 - Use of a night-light
 - Placing the call bell within reach
 - Reducing stimulation in the environment
 - Moving the patient closer to the nurses' station
 - Protective devices should be used as a last-resort safety measure because they may add to the patient's anxiety

Behaviors Associated with Cognitive Disorders (cont'd)

- Eating problems
 - Adequate nutrition often a problem
 - Common feeding challenges
 - Lack of appetite
 - Refusal to open the mouth
 - Holding food in the mouth
 - Refusal to swallow food
 - Choking when swallowing

NANDA-I Diagnoses for the Cognitively Impaired

- Anxiety
- Acute confusion
- Fear
- Impaired memory
- Disturbed thought processes
- Impaired verbal communication
- Self-care deficit
- Imbalanced nutrition: less than body requirements

NANDA-I Diagnoses for the Cognitively Impaired (cont'd)

- Impaired physical mobility
- Disturbed sleep pattern
- Fatigue
- Incontinence
- Risk for injury
- Impaired social interaction
- Interrupted family processes

NANDA-I Diagnoses for the Cognitively Impaired (cont'd)

- Chronic low self-esteem
- Deficient diversional activity
- Risk for other-directed violence
- Caregiver role strain
- Compromised family coping

Question 1

An acute confusional state that can occur suddenly or over a long period as a result of an underlying biologic cause or psychological stressor is:

- 1) delirium.
- 2) dementia.
- 3) drug toxicity.
- 4) depression.

Question 2

Maggie's patient has symptoms of confusion and begins to get agitated in the late afternoon. This condition is known as:

- 1) drug toxicity.
- 2) depression.
- 3) Alzheimer's disease.
- 4) sundown syndrome.

Question 3

What is the most common form of dementia?

- 1) Alcoholism
- 2) Depression
- 3) Delirium
- 4) Alzheimer's disease

Chapter 41

Lesson 41.2

Learning Objectives

- **Theory**

- 6) Discuss the interrelationship among alcoholism, depression, and suicide in the elder.
- 7) Identify the four main categories of elder abuse.
- 8) List five crimes commonly occurring to the elderly.
- 9) Discuss two future psychosocial issues for the elderly.

Learning Objectives

Clinical Practice

- 2) Demonstrate the ability to interact therapeutically with patients with depression and suicidal tendencies.
- 3) Teach crime prevention suggestions to a group of elders.

Depression/Alcohol Abuse/Suicide

- Depression often difficult to recognize because symptoms may be attributed to the aging process
 - Often a result of factors such as multiple losses
 - Undiagnosed and untreated, depression is a major contributor to alcoholism and suicide in the elderly
- Alcohol misuse is a serious concern
 - Can interfere with the management of chronic diseases
 - Heighten risk of adverse drug reactions due to diminishing liver and kidney function

Depression/Alcohol Abuse/Suicide (cont'd)

- Interventions for depression, alcoholism, and suicide
 - Antidepressants
 - Tricyclics
 - Monoamine oxidase inhibitors (MAOIs)
 - Selective serotonin reuptake inhibitors (SSRIs)
 - Electroconvulsive therapy
 - Outpatient counseling or immediate crisis intervention

Elder Abuse

- Elder abuse
 - Most often inflicted by a spouse or adult children in the home, and is often undetected
 - Often related to caregiver stress, unresolved family conflicts, or families with a history of abuse
 - Nursing responsibilities
 - Identifying those at risk
 - Assessment of signs and symptoms of suspected elder abuse
 - Avoid a condescending tone of voice or judgmental expression
 - Report suspected elder abuse to appropriate agency for investigation

Crimes Against the Elderly

- Scams/white collar crime
 - Crime is of particular concern to the elderly because of their sense of vulnerability
 - Nurses can be instrumental in reducing fear of crime and assisting elders in exploring security-conscious behaviors that will decrease vulnerability to victimization

Future Issues of Concern to the Elderly

- Older adults of the 21st century
 - Better educated
 - More involved in community and political activities
 - More knowledgeable consumers of health care

Planning for the Future

- Safe housing and efficient mass transportation to stores and recreational facilities will continue to be needed, as well as one-stop-shopping senior centers
- Will need to include:
 - Lifelong learning opportunities that assist the elder with maintaining wellness
 - Preparing for retirement and leisure time
 - Financial planning
 - Advances in technology
 - Job training and retraining for “early retirees” who wish to remain employed

Question 4

There are three main categories of medications to treat depression. Which of the following is *not* a medication category used to treat depression?

- 1) Tricyclics
- 2) MAOIs
- 3) SSRIs
- 4) ECT

Question 5

Mark is trying to improve his patient's nutritional status. All of the following nursing interventions are strategies to help improve nutritional status with a cognitively impaired elderly patient *except* to:

- 1) limit food choices and serve in an attractive manner.
- 2) serve one food at a time.
- 3) serve three big meals.
- 4) avoid rushing the patient during meals.