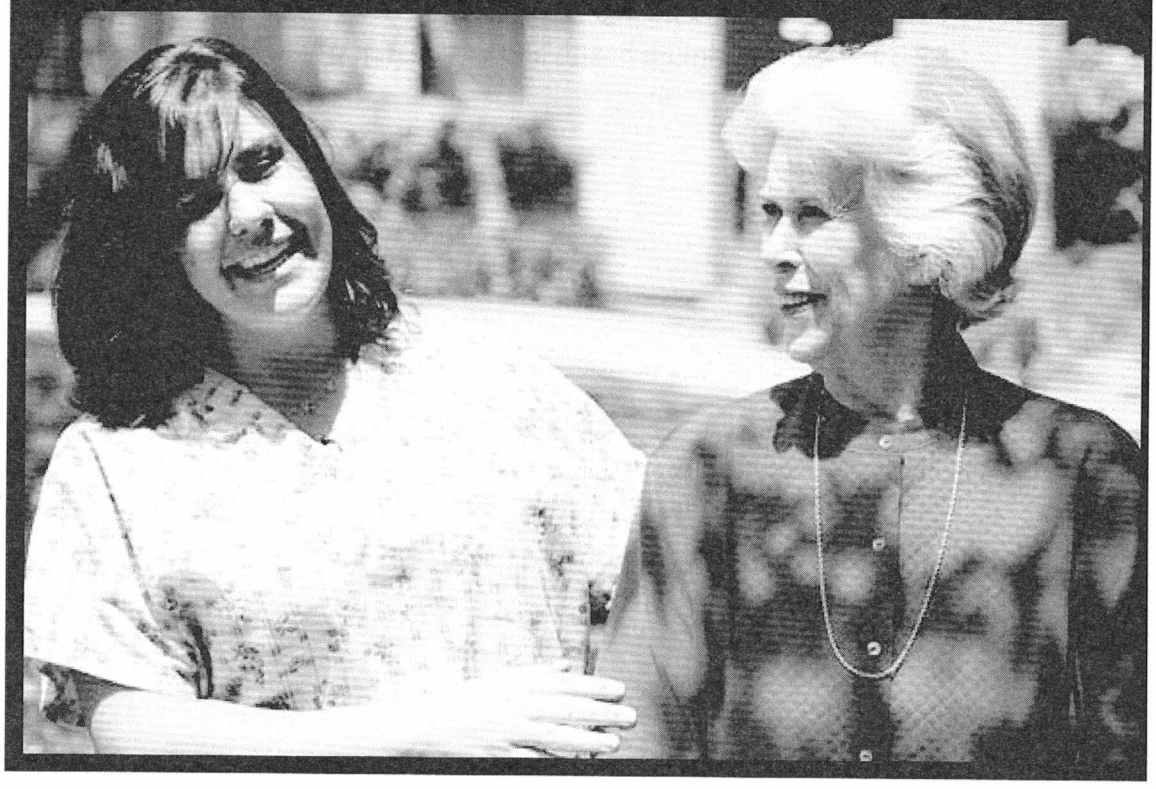
Special Needs of the Elderly

Instructor Guide



UPDATED JUNE 23, 2011

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INSTRUCTOR GUIDE:

SPECIAL NEEDS OF THE ELDERLY

Overview	In this module we will examine age related changes our residents may experience, discuss effective interventions to assist our residents with these changes, and observe for signs and symptoms of dementia.
Video(s)	"Special Needs of the Elderly" (60 minutes)
Special Supplies	None
Learning Objectives	1. What is normal aging, aging theories, and aging changes; 2. How we age; 3. Myths and facts about aging; 4. Successful aging; 5. Changes in body systems as we age; 6. Age-related grief and loss; 7. Ageism and resident dignity; 8. Supporting optimum health and wellness.

QUIZ: SPECIAL NEEDS OF THE ELDERLY

Name: Date:

1. If a resident has a problem with ear wax build up, you should:

   a. Place warm moist wash cloths on the outside of the ear before cleaning
   b. Gently clean out the ear canal as far as you can reach with a cotton swab
   c. Instill warm oil in the ear
   d. Make a physician appointment

2. If a resident has increasing hearing problems, what might you observe?

   _____
   _____
   _____

3. List at least four things you can do for a resident with a visual impairment.

   _____
   _____
   _____
   _____

4. You should remind a resident to use caution when entering a room that has a dramatically different light level because:

   a. A resident can be frightened of the dark
   b. The resident's eyes need time to adjust to a different light level
   c. A change in light can cause permanent blindness in the elderly
   d. None of the above

5. When a resident has a poor appetite it is best to:

    a. Serve very large portions so they are encouraged to eat
    b. Serve small portions so they can finish the food and offer more if desired
    c. Skip every other meal so the resident can build up an appetite
    d. All of the above

6. When a resident has a respiratory infection you may notice:

    a. Elevated body temperature
    b. Fatigue
    c. Increased sputum
    d. All of the above

7. If a resident who uses routine oxygen develops a red area under his nose, your first intervention should be:

    a. Clean the area well and apply Vaseline twice a day for three days
    b. Put a small amount of baby oil on the red area to sooth the area
    c. Clean the area twice a day with rubbing alcohol
    d. None of the above

8. If a resident has had a stroke and cannot say words easily you should:

    a. Try to complete the resident's sentences for him so he is not embarrassed
    b. Tell the resident to speak as little as possible, so he does not become frustrated
    c. Have patience when the resident is speaking
    d. All of the above

9. Functional incontinence interventions typically include:

    a. Have the resident perform special pelvic exercises as ordered by the physician
    b. Leave the light on in the bathroom
    c. Possible surgical enlargement of the urethra so it functions properly
    d. All of the above

10. A dark, blackened area on the skin, called eschar, is:

    a. A concern as there may be greater tissue damage we cannot see
    b. A good sign that the skin is healing and the scabbing over
    c. Is not a major concern, unless it is larger than a half dollar
    d. None of the above

11. Which of the following best describes skin care for elderly residents?

    a. Their skin is very strong and does not require special care.
    b. Skin monitoring should only be done by a Registered Nurse or physician.
    c. Pressure ulcers are normal.
    d. Their skin typically becomes frail and should be monitored for breakdown.

12. The memory impairment seen in Alzheimer's disease can be best described as:

    a. Short term memory is affected first
    b. Long term memory is affected first
    c. Both short term and long term are affected immediately
    d. Memory is unaffected

QUIZ KEY: SPECIAL NEEDS OF THE ELDERLY

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2. If a resident has increasing hearing problems, what might you observe?

   The resident repeats things
   May cup hand behind the ear
   May isolate themselves
   May become agitated or frustrated
   Doesn't participate in conversations

3. List at least four things you can do for a resident with a visual impairment.

   Provide adequate lighting
   Have activity and reading materials in large print
   Remind the resident to wear their glasses
   Use contrasting colors
   Describe placement of things in the environment
   Do not rearrange furniture without first advising the resident

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Certificate of Completion

THIS IS TO RECOGNIZE

_____

FOR DEDICATION TO QUALITY RESIDENT CARE
THROUGH EDUCATION AND PROFESSIONAL DEVELOPMENT.

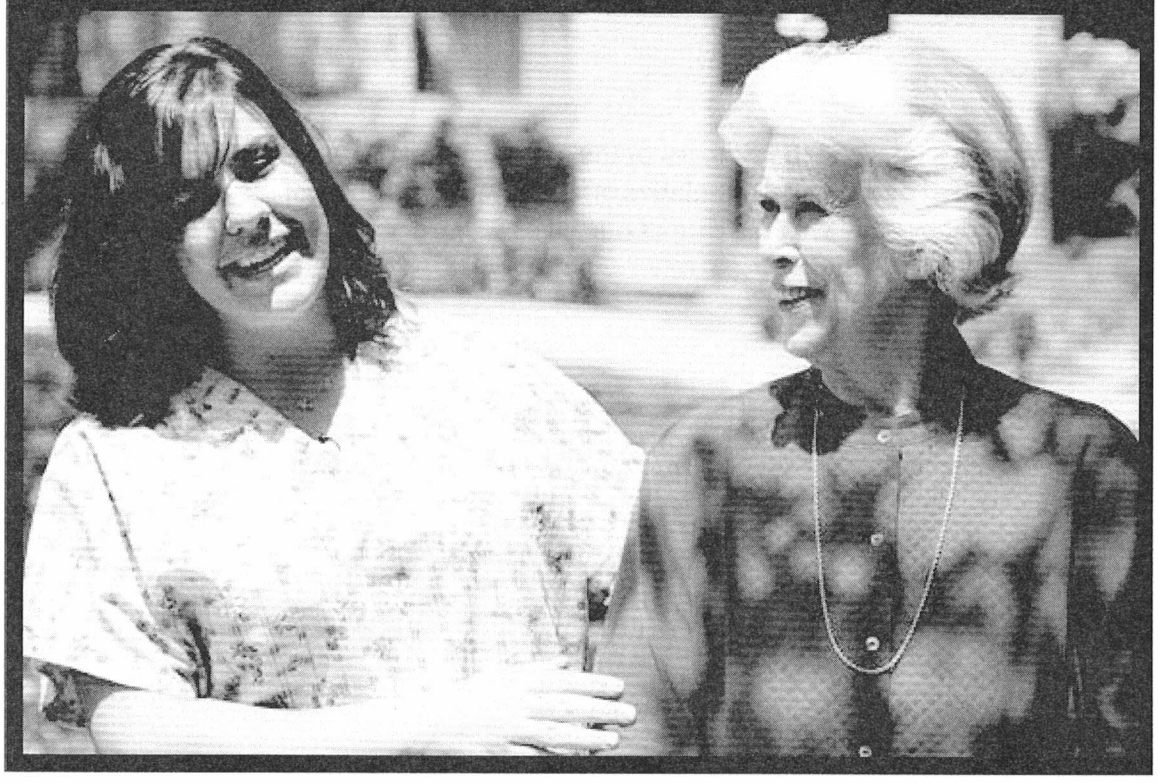
SPECIAL NEEDS OF THE ELDERLY

_____ _____

Instructor Signature Date

Special Needs of the Elderly

Learner Workbook



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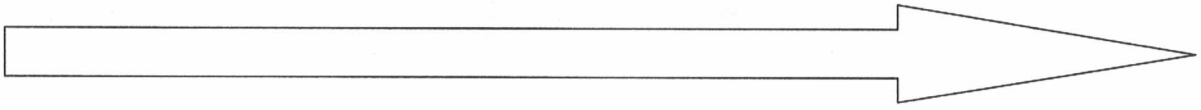
WHAT IS NORMAL AGING?

Every person experiences aging, though each of us ages differently. This section explores the physical, emotional, and spiritual changes that occur with aging. Suggestions are provided for direct care staff to assist residents as aging processes occur.

The process of aging is a continuum of changes progressing throughout the individual's life.



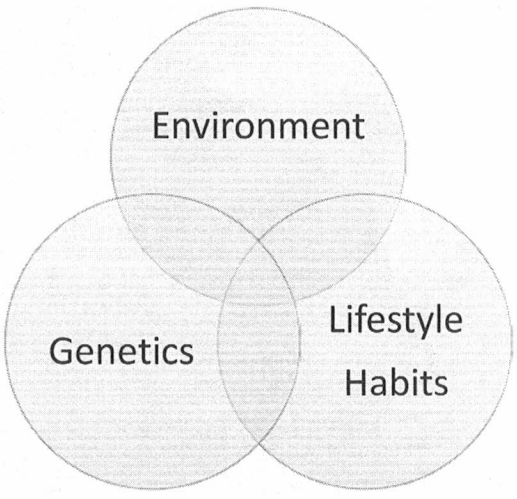
Birth Middle Old Age

The aging process affects everyone – we all will age. However, how the aging process occurs is different in each person. So, the rate of "normal aging" can vary widely.

Aging is a multidimensional process of physical, psychological, and social changes. Some people use the term *senescence* to describe the process of aging or aging itself.

Aging Theories

No one theory can explain all the changes of the aging process. Most gerontologist (people who study aging) feel that aging is the cumulative effect of the interaction of our genes, the environment, and how well we take care of ourselves.



Aging Changes

Human aging causes a wide range of changes in our body that limit our normal functions and we become more susceptible to disease. No one dies of "old age." We die from a system, tissue, or organ that fails; you can think of it as the "weakest link" results in death. Research on persons who live long lives, such as people over 100 years old, suggest that these individuals age uniformly without a prominent "weak link."

Normal aging is not always accompanied by illness, injury, or disability. When a person ages their quality of life does not have to decline. Our job as direct care staff and administrators is to encourage those activities that promote quality of life for our residents.

The effects of aging and changes in the body take place over many years, allowing the person to adjust to their new life style. Remember: We cannot avoid getting older, but the rate of how our body ages will vary greatly among individuals.

Life Expectancy

Even though our human life expectancy has increased over the years, the maximum life span that people typically live to has remained constant at 90-100 years. Arbitrarily, the aged or elderly population is defined as persons aged 65 years or older.

According to the April 2009 National Vital Statistics report by the Centers for Disease Control, life expectancy in 2006 was:

- 80.2 for women
- 75.1 for men

Two factors – longer lifespan and aging baby boomers – will combine to double the population of Americans aged 65 and older during the next 25 years. Good medical care, technology, and improved living conditions all contribute to a longer, healthy, and productive life.

The major causes of death have shifted from infectious diseases (like pneumonia) to chronic diseases and degenerative illness (like cancer and heart disease). Today about 80% of older Americans are living with at least one chronic condition. Three behaviors – smoking, poor diet, and physical inactivity – are the root causes of over a third of U.S. deaths.

HOW WE AGE

Unlike the changes of our childhood and teenage years, which are predictable to within a few years, each person ages at a unique rate. Some systems begin aging as early as age 30; other aging processes are not common until much later. Although some changes typically occur with aging, they occur at different rates and to different extents. There is no reliable way to predict specifically how a person will age.

Even though people age differently, some common changes are experienced by nearly everyone.

- **Sensory changes:** Nearly everyone will experience changes in sight, hearing, touch, and smell.

- **Cognitive abilities:** Nearly everyone will experience a steady rate of natural decline in cognitive (thinking and reasoning) abilities. However, the elderly still can learn and retain new information. This decline in cognitive abilities is NOT dementia; dementia is a decrease process that effect the brain.

- **Physical strength:** Nearly everyone will have a natural decline in muscle quantity and strength. However, appropriate exercise can greatly modify the decline.

  Total muscle mass decreases by nearly 50 percent for people between the ages of 20 and 90. On average, people lose about 30 percent of their strength between ages 50 and 70, and another 30 percent of what's left per decade (10 years) after that. (Generally, people lose about 1 percent of their lean muscle mass per year after age 40).

- **Disease:** The risk factors for developing many diseases increase with age. Many diseases are interrelated. For example, arteries get stiffer with age, and stiffer arteries increase the risk for cardiovascular (heart and blood vessel) diseases.

- **Personality:** An adult's personality doesn't change much after age 30. If a person was cheerful at 30, he/she is likely to be cheerful at 80.

MYTHS AND FACTS ABOUT AGING

Next, let us take a look at some common myths and the facts about aging.

MYTH	FACT
Aging causes a decline in intellectual abilities and learning	Some loss of brain cells occurs with aging; however, it has a negligible effect on the brain's ability to function. In fact, reasoning, vocabulary, and other skills often improve with age. Older persons may experience a decline in the speed in which learning occurs. The brain's ability to function remains best when it is used regularly.

MYTH	FACT
Older people are not interested in nor are capable to perform sexual activity.	Sexual needs, desires, and functioning do not change abruptly with age. For most people who have enjoyed an active sexual life, the desire and capacity for sexual expression continues.

MYTH	FACT
All older people will experience urinary incontinence (inability to hold urine).	Urinary incontinence is not inevitable in later life. Urinary incontinence affects only 15% of older adults living at home. In fact, 80% of urinary incontinence cases can be cured or significantly improved.

MYTH	FACT
Older workers are not as productive as younger workers.	Performance may decline with age if physical strength or speed is important. However, older persons can be more dependable, have lower turnover rates, have fewer absences and accidents, show better judgment, and may be more productive than many younger workers.

MYTH	FACT
It is normal for older people to be depressed.	Depression is not a normal part of aging. Emotional experiences of sadness, grief, response to loss, and temporary "blue" moods are normal. Persistent depression that interferes significantly with the ability to function is not. Depression in the elderly is also frequently confused with the effects of multiple illnesses and the medicines used to treat them.

MYTH	FACT
If an older person has a chronic disease, he/she cannot do anything about it other than take medication.	Lifestyle is very important in the development and treatment of chronic illness. Exercise can strengthen the cardiovascular system, increase muscle strength and tone, and lower blood pressure. Exercise can also contribute to increased flexibility and a positive attitude. Lifestyle habits and behaviors remain important during later life to minimize many diseases.

MYTH	FACT
Personality changes with age.	Personality patterns persist throughout life. If a person has been easy going and fun-loving throughout life, the person is most likely to remain the same as he/she ages. In fact, dramatic personality changes can be the sign of serious conditions, such as dementia.

SUCCESSFUL AGING

Given that all persons will age (though at different rates), what are the components of "successful aging"? The consensus among seniors is that the following are most important:

1. Good health

2. High mental and physical functioning

3. Active engagement with life, including an active social life

Direct care staff play an important vital role in assisting our residents to continue to experience these three components of "successful aging." The "Care Tips" throughout this module provide suggestions on how to help residents continue to enjoy successful aging and maintain a high quality of life.

CHANGES IN BODY SYSTEMS AS WE AGE

In this section we are going to discuss the changes that occur in each of our body's physical systems as we age. As we discuss these specific changes, it is important to remember that everyone ages differently. For example: An elderly professional ballet dancer who has spent years becoming very flexible may be more flexible at 70 years old than a young weight lifter who simply bulks up with no flexibility training.

Despite the great difference among us, research shows some predictable changes that every person will experience to some degree. For example, we will all get wrinkles in our skin; some people wrinkle sooner or get more wrinkles than others.

In addition to the changes that occur with age, this section will also provide direct care staff with tips to meet the challenges and needs that these aging changes present for elderly persons. Knowing this information can help administrators and direct care staff, provide the best care possible to your residents.

Physical Changes with Aging

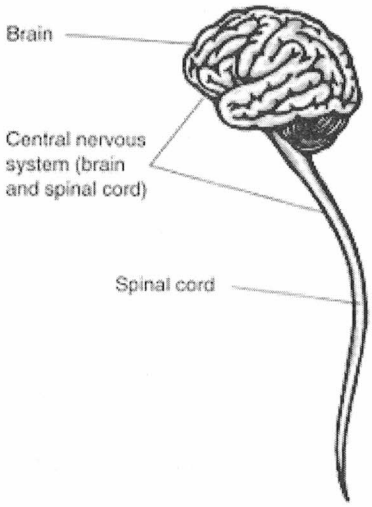
Physical changes with aging occur in each of our major body systems. We will discuss each of the following systems in the order listed below:

- Nervous system
- Endocrine system
- Immune system
- Circulatory system
- Musculoskeletal system
- Sensory system
- Digestive system
- Respiratory system
- Urinary system
- Integumentary system

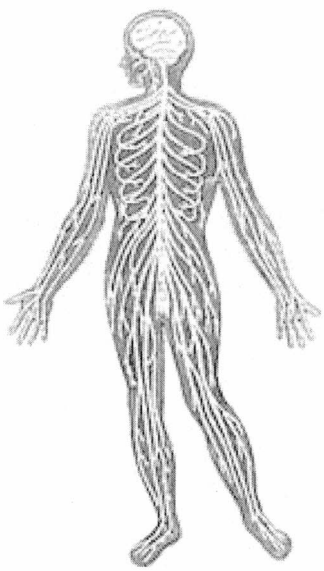
NERVOUS SYSTEM

Our nervous system contains a network of specialized cells that communicate information about our body and our surroundings. For example, our nervous system communicates when we are hungry, hot or cold, tired, etc. It also communicates to tell us to catch a ball or to lift our feet to go up stairs.

Our nervous system is made up of two parts:



Central nervous system
Includes the brain and spinal cord.



Peripheral nervous system
Consists of sensory neurons and nerves throughout the body that connect to the central nervous system.

The peripheral nervous system includes two components: the somatic nervous system and the autonomic nervous system. The somatic nervous system that is responsible for coordinating the body movements, and also for receiving external stimuli. It is the system that regulates activities that are under conscious control.

The autonomic nervous system that is responsible for controlling many of the body process we almost never need to think about, like breathing, digestion, sweating, and shivering.

As people age, their brain and spinal cord lose nerve cells and weight. Brain weight starts to decline between the ages of 45 – 50 and decreases 8-11% from its maximal weight in young adulthood. Does this mean that older persons are less smart? No. There is little evidence that reduction in mental competence is correlated with a reduction in brain weight. Many elderly persons remain very intellectually sharp.

Changes with age are most prominent in the area at the back of the brain mainly responsible for balance and dexterity of movement. Thus, older persons may have more difficulty with balance and agility.

Remember: these changes are not the same in everyone.
Some people have many physical changes in their nerves and brain tissue; others have few changes.

In general, nerve cells may begin to transmit messages more slowly than in the past. Thus, reaction times may be slowed. For example, answering a question or swinging a baseball bat.

Memory

Some slight slowing of thought, memory, and thinking seems to be a normal part of aging. Although these changes are natural, many people have misconceptions about the type and extent of these changes. Sometimes people mistake the slowing of thought as confusion. Dementia and severe memory loss are NOT normal processes of aging. It is a result of a disease process.

Care Tips: Help with Memory

There is some evidence that both physical and mental exercise can help maintain thinking abilities. Reading, doing crossword puzzles, and engaging in stimulating conversations – as well as ordinary physical exercise – may all help keep your brain as sharp as possible.

- Keep residents mentally active and involved in current events.
- Provide instructions in shorter chunks.
- Repeat short instructions as needed.
- Use visual cues.

Slower Reflexes

With a reduction in nerve cells and slower nerve conduction, the reflexes are slower and cause a slower response to stimuli. For example, if an elderly person slips, he or she is more likely to fall than a younger person. The message telling the brain that he/she has slipped travels slowly. The message from the brain needed to prevent the fall also travels slowly, thus the person falls.

Care Tips: Help with Slower Reflexes

- Minimize trip hazards (e.g., rugs, electrical cords, etc.).
- When assisting with ambulation, warn residents if a change in elevation is approaching, such as a step, rug, doorway, etc.
- When assisting with ambulation, be sure to remind residents to use their ambulatory aid (if applicable).

Sleep

Changes in the nervous system can create changes in sleep patterns. Most people find that as they age they have a harder time falling asleep, and that they awaken more often. For example, insomnia is one of the more common sleep problems for the elderly.

Sleep occurs in multiple stages. The sleep cycle includes dreamless periods of light and deep sleep, with occasional periods of active dreaming. The sleep cycle is repeated several times during the night.

As a person ages, less time is spent in deep, dreamless sleep. Older people average 3 or 4 awakenings each night, with increased recall of being awake. Awakenings are related to less time spent in deep sleep, and to factors such as need to get up to urinate, anxiety, and discomfort or pain associated with chronic illnesses.

Total sleep time remains the same or is slightly decreased (6.5 to 7 hours per night).

Care Tips: Help with Sleep

- Residents tend to go to bed early and get up early.
- Snacks should be available during nighttime hours.
- Encourage physical activity during the day.
- Discuss medications with the resident and his/her physician to determine if the side effect of a medication may be interrupting sleep.
- If the resident has dementia, such as Alzheimer's disease, the resident may be suffering from sundowning (a condition in which the resident becomes agitated and restless late in the day or evening).

Common Nervous System Diseases and Conditions

Some common diseases of the nervous system include:

- Alzheimer's disease
- Dementia
- Parkinson's disease
- Tremors

SENSORY SYSTEM

Our sensory system is the part of the nervous system responsible for processing sensory information. Our sensory system allows us to receive information from our environment through our:

- Eyes (vision)
- Ears (hearing)
- Skin (touch)
- Tongue (taste), and
- Nose (smell)

Our sensory system provides us with great deal of information about our immediate environment so we know how to react and respond. For example, think how you feel and act when you smell the sweet smell of a puppy's breath. In contrast, how you feel and act when you smell the smoke of a house fire or scent of spoiled food.

Sensory Loss

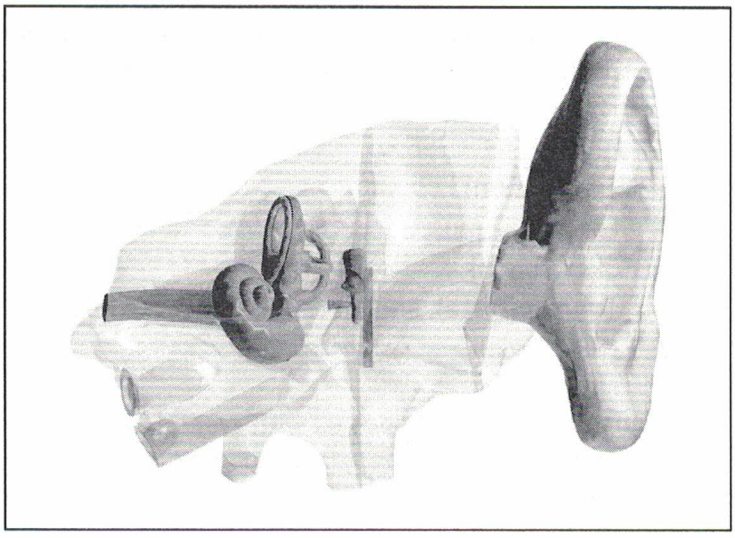
Sensory loss is defined as "a decrease ability to responds to stimuli that affects our senses." Losses of a resident's ability to enjoy his or her environment through the sense can lead to social isolation, loneliness, and feelings of depression.

Sensory changes occur differently for everyone in both the age of onset and the degree of loss. In general, the following sensory losses accelerate at these approximate age ranges:

- Hearing: mid-40's
- Vision: mid-50's
- Touch: mid-50's
- Taste: mid-60's
- Smell: mid-70's

SENSORY SYSTEM: HEARING

Hearing loss is one of the most common conditions affecting older adults. Hearing loss often develops slowly and quietly. 25% - 40% of Americans over 65 years and 47% of those 75 and older have a hearing loss.



Hearing loss may be caused by any or all of the following changes that occurs with age:

- Changes in the auditory nerve
- A decrease in the elasticity of the eardrum
- Atrophy (shrinking) of the eardrums
- A drop in the number and activity of wax glands, which cause a decrease in wax glands, which causes a decrease in wax secretion, and the ear wax becomes drier. This drier wax can more easily become impacted, block the ear canal, and reduce the ability to hear.

The loss that occur with age often causes a decrease in the ability to hear high frequencies, more difficulty hearing in environments that are noisy, and a decrease in hearing certain sounds. 30 – 50% of older adults suffer a hearing loss serious enough to negatively affect the quality of communication and interpersonal relationships.

Hearing loss can affect a person's life since he/she may:

- Miss out on talks with friends and family
- Have difficulty understanding telephone conservations
- Be unable to follow a conversation at the dinner table or in a restaurant
- Miss important information stated in a noisy environment

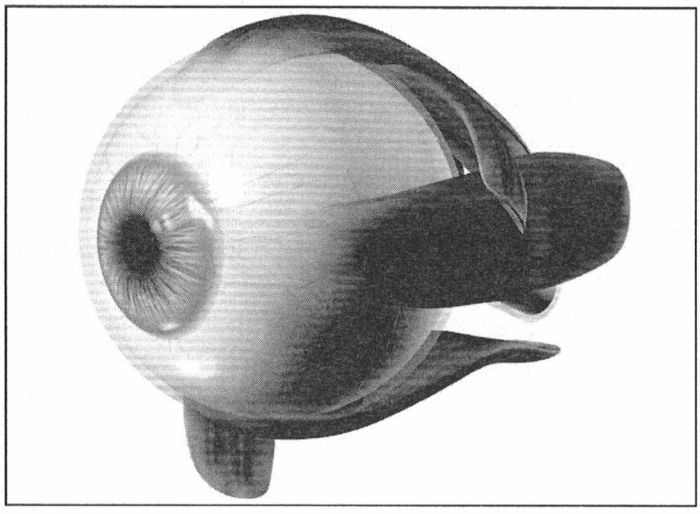
Sometimes hearing problems can make a person feel embarrassed and withdraw from participating in a conversation. It is also easy for friend and family to think the persons is confused, uncaring, or difficult, when the problem may be that he/she just can't hear well.

Care Tips: Hearing Impairments

- Be aware that high pitches may be difficult to hear, so speak in a lower-normal tone.
- Minimize background noise.
- Speak in front of the person so he/she can see your lips and facial expressions.
- Schedule regular hearing visits if ear wax builds-up is a problem.
- Encourage the use of a properly fitted hearing aid, if needed.

SENSORY SYSTEM: VISION

Most people experience some decline in vision as they age. Some of the "normal" changes that older adults experience with vision include:



- Reduced ability of the lens to accommodate; reading glasses may be needed around age 40+
- A yellowing of the lens, so more lights is required
- Reduced speed in adapting to changes in light and dark
- Problems with color discrimination
- Increased numbers of "floaters." Eye floaters look like black or gray specks, strings or cobwebs that drift inside the eye. Most eye floaters occur when microscopic fibers within the eye clump together and cast tiny shadows on the retina in the back of the eye.
- Pupils that become smaller and less responsive to light. This causes decreased vision at night or in dark rooms. Eyeglasses may also cause difficulty seeing green and blue colors due to the lenses.
- Dryer eyes from less tear secretions resulting in less protection. Eyes are easily irritated by dust and air pollutants.

Common Vision Disease and Conditions

Vision loss that is severe enough to impede performance of everyday tasks is considered low vision. Most older adults with low vision will have one of four conditions:

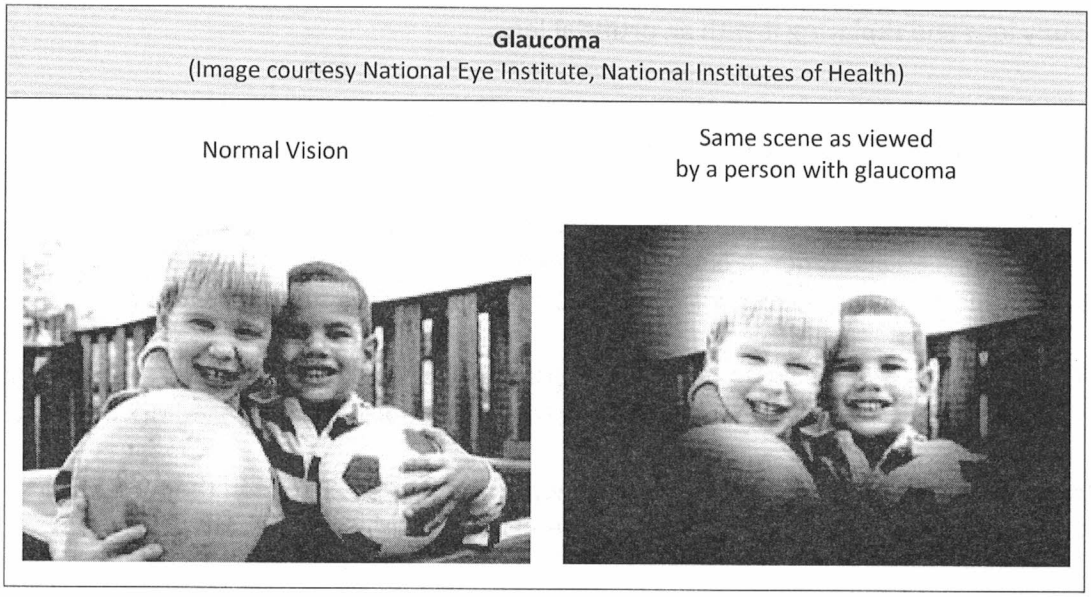
- Macular degeneration
- Glaucoma
- Cataracts
- Diabetic retinopathy

Glaucoma

Glaucoma is a disease in which the optic nerve located in the back of the eye is damaged, which leads to progressive, irreversible loss of vision. It is often, but not always, associated with increased pressure of the fluid in the eye. Glaucoma affects 1 in 200 people aged fifty and younger, and 1 in 10 over the age of eighty.

Eye drops prescribed for treatment of glaucoma work to prevent pressure inside the eye from rising and causing damage to the optic nerve. Ensure your resident instills the drops exactly as prescribed by the optometrist, as an increase in intraocular eye pressure is intraocular eye pressure is painful and will blue eyesight which can contribute to falls.

Glaucoma
(Image courtesy National Eye Institute, National Institutes of Health)

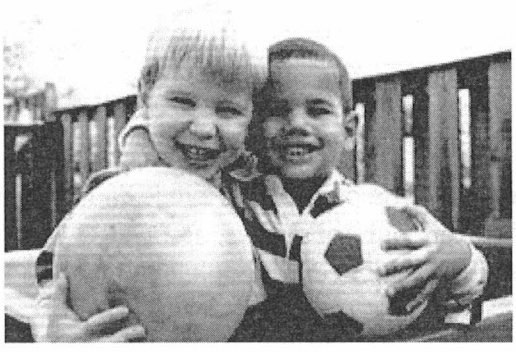


Cataract

A cataract is a clouding of the eye's natural lens, which lies behind the iris and the pupil. The clouding varies in degree from slight to complete opacity that obstructs the passage of light. The resident's vision clouding caused by cataracts places your resident at a high risk for falls and injury.

Cataract
(Image courtesy National Eye Institute, National Institutes of Health)

Normal Vision



Same scene as viewed
by a person with cataract

When symptoms begin to appear, your resident may be able to improve his or her vision for a while using new glasses, strong bifocals, magnifying lenses, direct lighting or other visual aids. If these measures do not help, surgery is the only effective treatment. Surgery involves removing the cloudy lens and replacing it with an artificial lens.

Age-Related Macular Degeneration

Macular degeneration or age-related macular degeneration (AMD) is a leading cause of vision loss in Americans 60 and older. It is a disease that destroys the sharp, central vision. Central vision is needed to see objects clearly and to do tasks such as reading and walking.

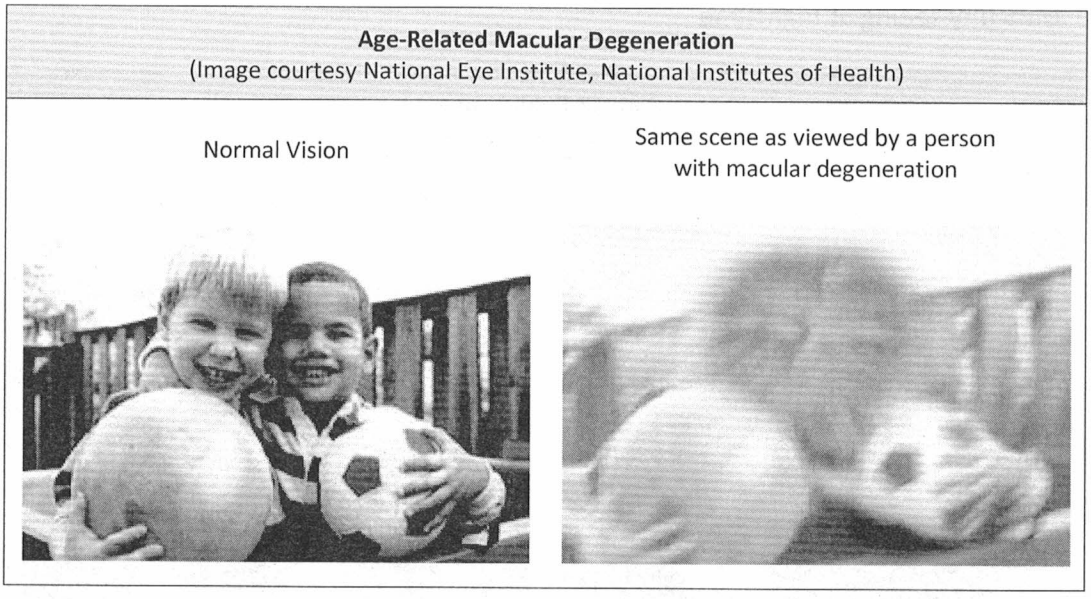
AMD causes cells in the macula (a part of the retina) to die, so central vision loss may occur. With loss of central vision comes an increase in the risk for falls and increased risk of injury.

In some cases, AMD advances so slowly that people notice little change in their vision. In others, the disease progresses faster and may lead to a loss of vision in both eyes.

The symptoms of age-related macular degeneration include:

- The need for increasingly bright light when reading or doing close work
- Increasing difficulty adapting to low light levels, such as when entering a dimly lit room
- Increasing blurriness of printed words
- A decrease in the intensity of brightness of colors
- Difficulty recognizing faces
- Gradual increase in the haziness of overall vision
- Blurred or blind spot in the center of the visual field combined with a profound drop in the sharpness (acuity) of central vision

Age-Related Macular Degeneration
(Image courtesy National Eye Institute, National Institutes of Health)



Diabetic Retinopathy

Diabetes can cause vision disturbances which place the resident at a risk for falls. All people with diabetes – both type 1 and type 2 – are at risk of diabetic retinopathy. Retinopathy refers to non-inflammatory damages to the retina of the eye, in most cases, due to problems with blood supply. Retinopathy leads to decreased vision and eventually blindness.

Diabetic retinopathy is the leading cause of blindness in those with diabetes. Between 40 to 45 percent of Americans diagnosed with diabetes have some stage of diabetic retinopathy. The longer someone has diabetes, the more likely he or she will get diabetic retinopathy.

Poor blood sugar control in diabetic patients makes small blood vessels in the eye (capillaries) become fragile and leak onto the macula (part of the retina), which is responsible for precise vision. As the disease progresses, some of the damaged blood vessels are closed off and block the blood supply to parts of the retina.

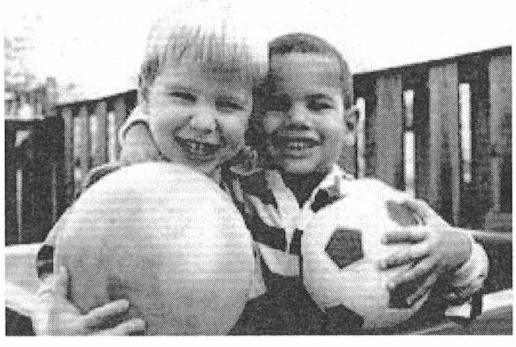
During the later stages of retinopathy, new capillaries grow in the eye to supply blood to the areas that are damaged. These new capillaries are very fragile. Bleeding from these new capillaries can severely reduce vision capacity and cause blindness.

Symptoms of diabetic retinopathy include:

- Blurred vision and gradual vision loss
- Floaters (particles that float in the eye)
- Shadows or missing areas of vision
- Difficulty seeing at nighttime

Diabetic Retinopathy
(Image courtesy National Eye Institute, National Institutes of Health)

Normal Vision



Same scene as viewed by a person with diabetic retinopathy

Good control of blood sugar levels through medications and/or lifestyle changes prevents the onset and slows down the progression of diabetic retinopathy. However, diabetics also have a higher risk of other eye problems we discussed previously including cataracts and glaucoma.

Care Tips: Visual Impairments

- Help prevent falls and other accidents by making sure the resident always wears his/her eyeglasses.
- Keep rooms well lit.
- Provide night lights to help residents see at night when they get up, especially to and from the bathroom.
- Keep hallways, stairs, elevators, and other indoor traffic areas well lit.
- Provide plenty of light in areas where residents may read.
- Print menus, song books, calendars, activities materials, etc. in large print.
- Write with bold, black felt-tip markers.
- Encourage use of telephones, clocks, and watches with large numbers.

SENSORY SYSTEM: TOUCH

The sense of touch may be the most important of the senses. The skin is the largest organ of the body and has millions of nerve endings. People thrive on stimulation through touch; without it, humans often feel a longing or aching.

Examples of nurturing touch include:

- The warmth of a pet resting in one's lap
- A hand placed on someone's arm for reassurance
- The feel of someone brushing his/her hair
- A hug
- The hand of a grandchild

As a person ages, the sense of touch decreases because the skin's sensitivity decreases. Touch is necessary for the basics of feeling temperature (such as putting on a sweater when cold), movement, or the pain of an injury. Risk of injury, such as burns or frostbite, can occur with inability to distinguish warm from hot or cold from cold.

Small motor skills may also be affected with the loss of touch such as picking up coin, a sweater, or writing with a pen.

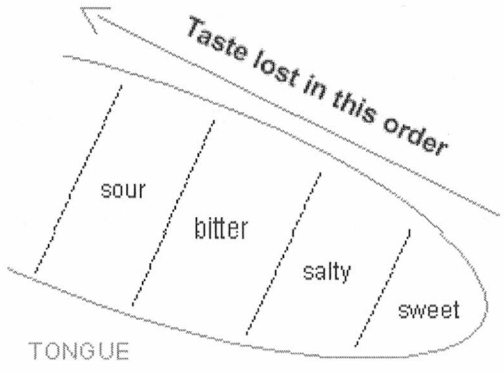
Care Tips: Touch

- Provide textures that are pleasing for residents to touch and feel, such as a soft wall hanging.
- Be sensitive that residents may experience different responses to room temperature, such as feeling cold when the room may feel warm to a direct care staff person.
- Offer sweaters and blankets to a resident so he or she may remain comfortable.
- Provide appropriate touch, such as holding a resident's hand, placing your hand on his or her shoulder or arm, etc.
- Frequently check the resident's skin since normal pain from injuries and disease may go unnoticed.
- Be very careful when applying heat or cold to the skin; always check the water temperature in a shower or bath.

SENSORY SYSTEM: TASTE

The ability to taste also decreases with age. At age 30 a person has 245 taste buds on the tongue; by age 70 the number decreases to approximately 88. Older persons also have less saliva; saliva is needed in order to taste. The normal seasoning in foods may seem bland, lack taste appeal, and discourage the older adult from eating.

Sweet and salty tastes are the first affected. This loss can cause older adults to eat excessive amounts of salt and sugar.



Graphic from: http://fcs.tamu.edu/families/aging/aging_simulation/taste.php

Care Tips: Loss of Taste

- Help residents keep their appetites by ensuring that food tastes good to them and is served in an appealing manner.
- Be aware that loss of taste senses may cause residents to complain that food has no taste or to see more salt or sugar.
- Salt substitutes may be helpful for some residents.

SENSORY SYSTEM: SMELL

Smell makes things enjoyable. Our "odor memories" frequently have strong emotional qualities and are associated with the good or bad experience in which they occurred. Some examples include: talking time to smell the flowers; the smell of fresh bread baking; or the perfume or cologne on a special friend.

Humans can recognize as many as 10,000 different scents (compared to the sense of taste which is limited to four basic categories: sweet, salty, sour, and bitter).

The senses of taste and smell are intertwined to allow the appreciation of good smells and tastes. Since the loss of smell also impacts the sense of taste, a loss of smell can also make foods seem bland. If you have never done it, hold your nose while eating a familiar food. How does the taste change?

The loss of smell can create social problems, such as a lack of awareness of poor personal hygiene.

Nearly half of individuals 65 to 80 years old experience a loss of smell and nearly three-quarters of those over the age of 80 experiencing such loss.

The loss of smell can also be due to:

- Upper respiratory infections, head trauma, or sinus problems.
- Tobacco smoke
- Exposure to toxic agents, such as workplace chemicals
- Other causes that damage the olfactory nerves in the nose

Care Tips: Smell

- Serve foods that look appealing.
- Color and texture can help compensate for the sensory losses of taste and smell.

ENDOCRINE SYSTEM

The endocrine system is a system of eight major glands that function to regulate many of the body's activities. The endocrine system produces hormones. The hormones they release influence almost every cell, organ, and function in our bodies.

Hormones work slowly and affect:

- Growth and development
- Metabolism (digestion, elimination, breathing, blood circulation and maintaining body temperature)
- Sexual function
- Reproduction
- Mood

As a person ages and hormones change, many things occur:

- Loss of muscle tissue and skeletal (bone) mass
- Decrease in sexual activity
- Menopause in women, which creates many hormonal based changes
- And, many other functions that are regulated by hormones

Whether hormonal changes control the pace at which aging happens or are a consequence of other changes in the body is unknown.

Common Endocrine System Diseases and Conditions

Diabetes is the most common endocrine disease in the United States. Thyroid disorders are another common endocrine system disease. Many of the endocrine system changes with aging are thought to contribute to other problems or diseases, such as obesity, high cholesterol, and hypertension (high blood pressure).

Care Tips: Diabetes

- Helping a resident monitor and regulate his or her blood sugar is very important.
- Assist the resident to take blood sugar readings as recommended by the physician.
- Timely administration of medications to control diabetes is very important.
- Regularly and carefully check the feet of diabetic residents as high blood sugar can damage nerves and blood flow.
- Assist the resident to follow a prescribed diet as recommended by his/her physician or dietitian.
- Encourage physical exercise (per doctor's orders)

IMMUNE SYSTEM

The purpose of the immune system is to protect the body from disease. The immune system is made up of special cells, proteins, tissues, and organs that protects against disease by identifying and killing bacteria, parasites, viruses, fungi, infected cells, tumors, and other "invaders' to the body. Immunodeficiency disorders occur when the body's immune response is reduced or absent.

As a person grows older the immune system loses its ability to fight off infections. This increases the risk for getting sick. The immune system's ability to detect and correct cell defects also declines. This increases cancers associated with aging.

Later in life, the immune system also seems to become less tolerant of the body's own cells. Sometimes an autoimmune disorder develops – immune cells attack one's own normal tissues in certain organs or other areas.

Inflammation

Inflammation is a process by which the body's defense system uses white blood cells and chemicals to protect us from infection. Aging affects inflammation and wound healing, so older people heal more slowly. This may be directly related to changes in the immune system, or it can be a result of other problems such as diabetes or arteriosclerosis. Also, many older people take anti-inflammatory medications (to control conditions such as arthritis) which may slow wound healing.

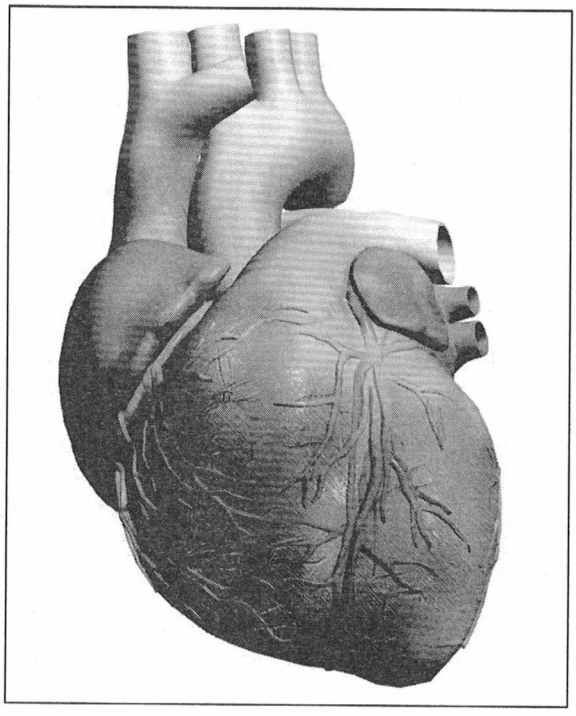
Care Tips: Immune System

- Encourage seasonal flu vaccine, if physician approves.
- Monitor for and report wounds, skin tears, etc.
- Monitor and report signs and symptoms of infection.
- Observe the resident for confusion, as that can be an indicator of infection.

CARDIOVASCULAR SYSTEM

The main components of the cardiovascular system are the heart, blood, and blood vessels. The cardiovascular system is an important transportation system. The heart pumps blood that contains oxygen and nutrients to feed the body's cells. On the return trip, the blood picks up waste products so that the body can get rid of them.

All vital organs, including the heart, begin to lose some function with age. Most people do not notice this loss because we seldom need to use our organs to their fullest capability. For example, the heart of a 20 year old is capable of pumping about 10 times the amount that is actually needed to preserve life. Even though the loss is gradual and often unnoticed, aging changes in the heart and blood vessels do occur.



As a person ages, the following changes in the heart and blood vessels occur:

- The heart muscle becomes less efficient and pumps with less force.
- The arteries narrow and become less elastic (stiffer).
- A weakened heart has to work harder to pump blood through narrowed vessels.
- Narrowed arteries cause less blood flow.
- Less blood flow causes poor circulation.

Dizziness

Reduced blood flow can also reduce blood flow to the brain. This can result in dizziness, especially going from sitting to standing, which increases risk of falls. Remind residents to get up slowly from sitting or getting out of bed. Report dizziness to the physician. Sometimes medications can cause or make dizziness worse.

Care Tips: Help to Maintain the Cardiovascular System

- Encourage residents to exercise (per physician's orders) to maintain health and well-being. Moderate amounts of daily exercise helps stimulate circulation.
- Encourage walking, jogging, bicycling, swimming, chair aerobics, or any other exercise that a resident can do safely and is approved by his/her physician.
- Exercise can also help prevent the formation of thrombi (blood clots) in leg veins.
- Residents who are confined to bed can benefit from active or passive range-of-motion exercise.
- Make sure the resident eats a "heart healthy" diet.

Care Tips: Helping with Severe Cardiovascular Problems

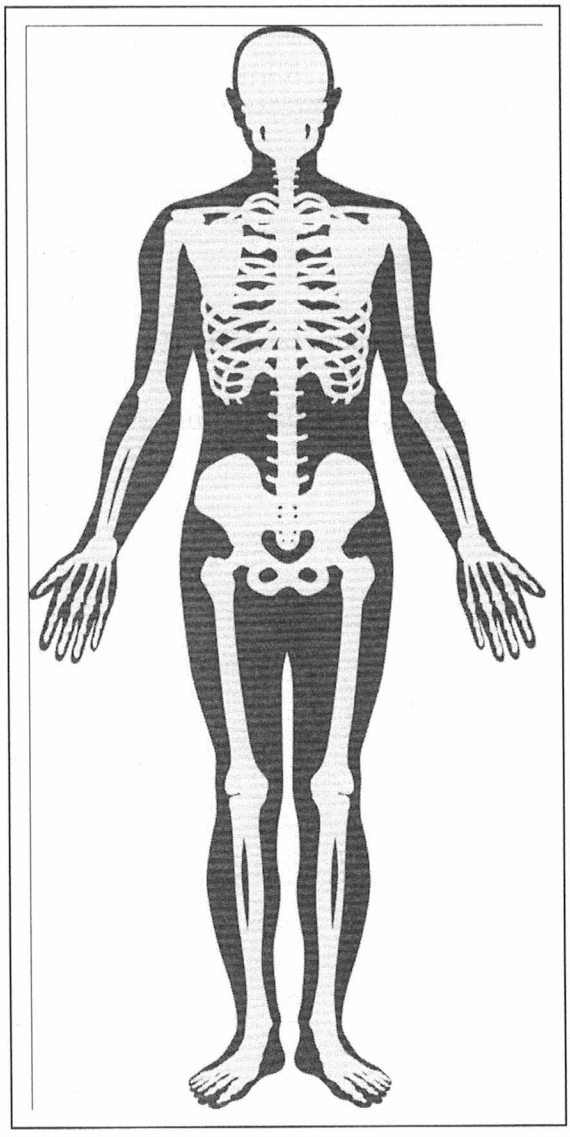
- Residents with severe cardiovascular problems may need planned daily activities to avoid over-exertion. These individuals should not walk long distances, climb many stairs, or carry heavy objects.
- Always consult with the resident's physician to know limitations for exertion.
- Minimize over-exertion.
- Keep personal care items in a convenient location.
- Often it is helpful to keep the room cool and use fans.

Common Cardiovascular System Diseases and Conditions

Some common diseases of the cardiovascular system include:

- High blood pressure
- Heart attack
- Stroke
- Heart failure (inability to pump sufficient blood flow)
- Atherosclerosis ("hardening of the arteries")

MUSCULOSKELETAL SYSTEM



The musculoskeletal system includes the bones, muscles, cartilage, ligaments, tendons, joints, and other connective tissue. Our musculoskeletal system is the foundation of our form, gives us stability, provides the ability for movement, and protects vital organs.

Bone mass or density is lost as people age, especially in women after menopause. The bones lose calcium and other minerals. This causes: a decrease in bone strength; and brittle bones that break easily.

Lean body mass also decreases with age, caused in part by loss of muscle tissue (atrophy). The rate and extent of muscle changes seems to be genetically determined. Muscle changes often begin in the 20s in men and in the 40s in women. Even so, many elderly persons continue to have a full, active life. Many people in their 70's and 80's still participate in athletic competitions!

Aging also contributes to shrinkage in the muscle fibers, and lost muscle tissue may be replaced with a tough fibrous tissue. This is most noticeable in the hands, which may appear thin and bony. Muscle and nervous system changes cause muscles to have reduced tone and ability to contract. Muscles may become rigid with age and may lose tone even if exercised regularly.

Care Tips: Loss of Muscle and Bone Strength

- Be aware that residents typically will have less strength and less stamina, so remind them to not overexert themselves.
- Be proactive to help prevent residents from falling.
- Turn residents in bed very gently and carefully.
- Help residents get out of bed and assist them when they are walking if necessary.
- Assist and remind residents to use ambulatory aids (if applicable).
- Activities, exercises, and a good diet can help minimize loss of bone and maintain muscle strength.
- Encourage residents to be active and participate in activity programs.
- Encourage walking and range of motion exercises (per physician's orders).
- Provide a well-balanced diet with optimum levels of protein, calcium, and vitamins.

Other musculoskeletal changes include:

- Joints become stiff and painful.
- Hip and knee joints become flexed, which causes a gradual loss of height and strength, and decrease in mobility.
- Vertebrae shortens: people typically lose about 1 cm (0.4 inches) every 10 years after age 40. Height loss is even greater after 70 years old.

Care Tips: Loss of Flexibility

- Be careful when working with residents who may have a limited range of motion and are less flexible. Over-extension can be painful and cause damage to muscle and connective tissue.
- Encourage residents to complete everyday activities. For example, bending over to tie a show helps to maintain the flexibility in those muscles and joints used.

As people move into middle age, fat tissue may increase toward the center of the body, especially around abdominal organs. The amount of body fat may increase by as much as 30%. Men often gain weight until about age 55, then begin to lose weight. This may be related to a drop in the male sex hormone testosterone. Women usually gain weight until age 65, then begin to lose weight. Weight loss is, in part, caused by a loss of muscle tissue.

The typical appearance of the face and neck changes with age. Muscle tone may be lost, causing a flabby or droopy appearance. The jowls may begin to sag, leading to a "double chin" in some people. In some people the nose and ears lengthen slightly and may look more prominent.

The skin may thin, become dryer, and develop wrinkles. Although wrinkles and colored spots are inevitable to some extent, sun exposure is likely to increase the likelihood.

The skin around the eyelids becomes loose and wrinkled, often making a "crow's feet" pattern. The eye socket loses some of its fat pads, making the eyes look sunken and limiting eye movement. Drooping eyelids are fairly common, occasionally limiting vision, and the lower eyelids may appear baggy.

Common Musculoskeletal System Disease and Conditions

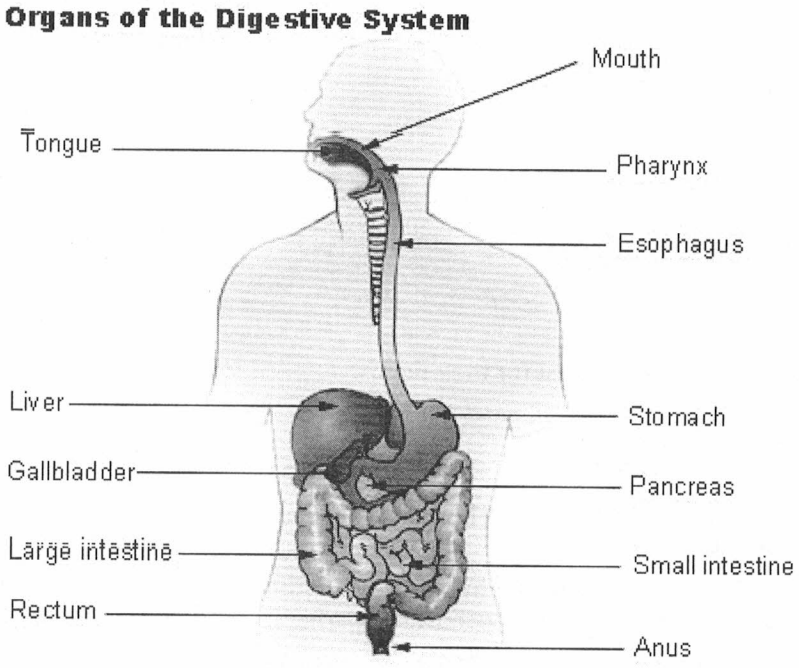
Some common diseases of the musculoskeletal system include:

- Arthritis and join pain
- Osteoporosis
- Spinal problems creating neck and back pain

DIGESTIVE SYSTEM

Our body needs food for energy. Digestion is the process of breaking down foods into small enough components so it can be absorbed by the blood stream. The digestive system is made up of the digestive tract – a series of hollow organs joined in a long, twisted tube from the mouth to the anus – and other organs that help the body break down and absorb the nutrients in food.

The digestive of food begins in our mouth when we chew food into smaller pieces and mixing with saliva. Additional digestion occurs in the stomach and intestines. Juices from other digestive organs mix with the food to help break it down for absorption. Finally, the waste products are eliminated in the stool.



The digestive process becomes less efficient as a resident ages. This means that even if the food is healthy and packed with nutrients, the resident may not be getting as much of what he or she needs, even with a good diet.

More specifically, below are some of the digestive changes that occur with aging:

- Loss of teeth and ill-fitting dentures can make chewing more difficult
- Decreased saliva productions by glands
- Difficulty swallowing (dysphagia)
- Decreased appetite due to dull senses of taste and smell
- Decreased secretion of digestive juices. Digesting fried and fatty foods is especially difficult.
- Increased indigestion
- Decreased peristalsis in the intestines (peristalsis is a series of muscle contractions that moves the food through the digestive tract). Decreased peristalsis can cause more gas and constipation.

Care Tips: Digestion

- Help residents choose a diet best for their needs.
- Avoid dry, fried, and fatty foods.
- Monitor the resident's ability to chew high-fiber foods.
- Assist resident to maintain good oral hygiene and denture care. If a resident has teeth or denture problems, or has difficulty swallowing, his/her food could be pureed or ground.
- Make sure the resident maintains an adequate intake of fluids.
- Adjust caloric intake to maintain proper weight (per physician orders).

Common Digestive System Diseases and Conditions

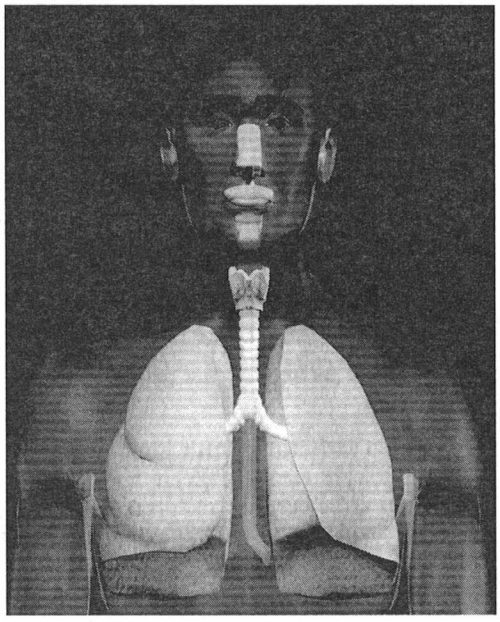
Some common disease or disorders of the digestive system include:

- Stomach ulcers
- Indigestion
- Constipation
- Hemorrhoids
- Diarrhea
- Cirrhosis of the liver
- Gastroesophageal reflux disease (GERD)
- Irritable bowel syndrome (IBS)

RESPIRATORY SYSTEM

The respiratory system consists of the lungs and muscles that support our ability to breath. With aging, four characteristic changes occur in the respiratory system:

1. A decline in elasticity of the bony thorax around the lungs (stiffer chest wall)
2. Weaker respiratory muscles
3. A decrease in the surface area on the inside of the lungs to take in oxygen, and
4. A decrease in central nervous system responsiveness.



As a result of these changes with aging, residents may have difficulty breathing (dyspnea) and decreased strength for coughing. A resident may not have enough strength to cough and clear the upper airway of secretions. This can increase the risk of respiratory infection and diseases.

Care Tips: Help for Breathing

- If a resident has breathing difficulties, do not place heavy bed linens on the residents chest because this can place additional stress on chest expansion.
- If a resident is bedridden, turning, repositioning, and helping the resident take deep breaths can help prevent respiratory complications.
- Encourage the resident to be as active as possible.
- Residents with respiratory problems, such as chronic obstructive pulmonary disease (COPD) may prefer a cooler room temperature or to have a fan flowing.
- Encourage activity, as tolerated and recommended by physician.

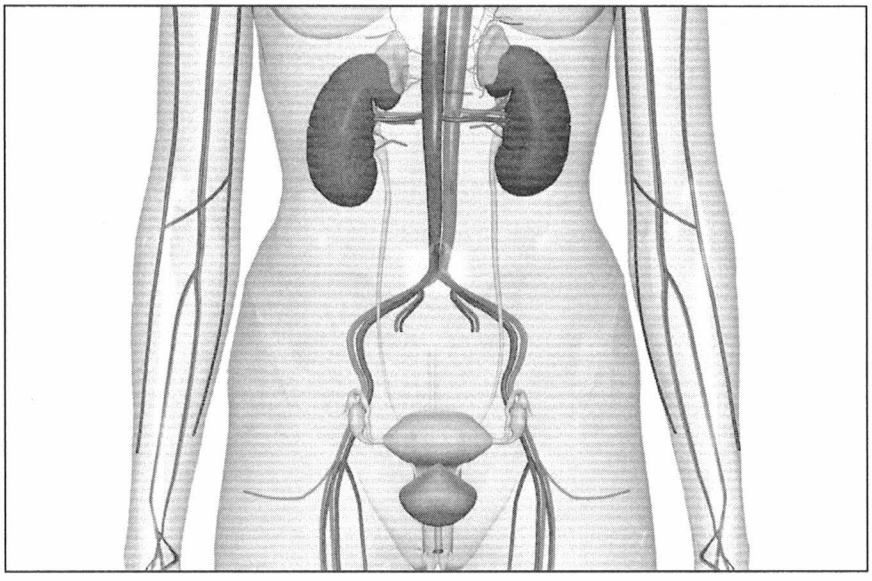
Common Respiratory System Diseases and Conditions

Some common diseases of the respiratory system include:

- Chronic obstructive pulmonary disease (COPD)
- Chronic bronchitis
- Emphysema
- Asthma
- Common cold
- Influenza ("flu")
- Pneumonia
- Lung cancer

URINARY SYSTEM

The urinary system is the organ system that allows us to excrete waste from our body in the form of urine. The urinary system consists of two kidneys, two ureters, the bladder, and the urethra.



Like most other systems, the urinary system also experiences a decrease in function with age. Specifically the following may occur:

- Kidney functions is decreased
- Blood flow to the kidneys is reduced.
- Kidneys atrophy (shrink) which can cause poisonous substances to build up in the blood and cause serious health problems.
- Urine becomes concentrated, especially if residents do not intake enough fluids.
- Bladder muscles weaken and hold less urine
- Urinary incontinence may occur

Care Tips: Urinary System Health

- Make sure residents drink adequate amounts of fluids to avoid urinary tract infections.
- Fluids include: water, fruit juices, milk, and gelatin.
- Remind residents to drink, and make sure fluids are available to them.
- Encourage fluids before 5:00 p.m. to help avoid urination at night.
- Follow bladder training programs to help those with urinary incontinence.
- Monitor residents for any signs of a urinary tract infection (UTI).

Common Urinary System Diseases and Conditions

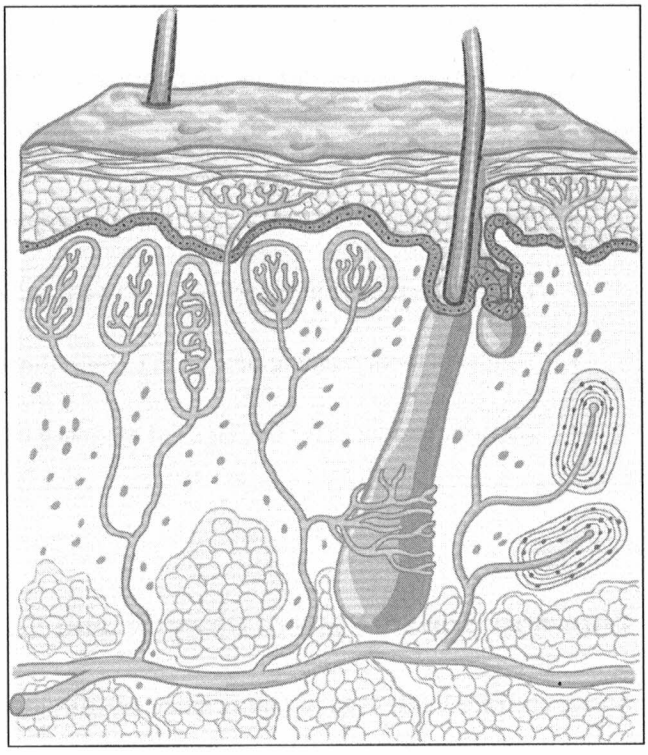
Some common diseases of the urinary system include:

- Urinary tract infections (UTI)
- Urinary incontinence
- Kidney stones
- Kidney failure

INTEGUMENTARY SYSTEM

The integumentary system is the largest organ system of the body and includes the skin, hair, and nails. The integumentary system is the organ system that protects the body form damage. It functions to:

- Waterproof our body
- Cushion and protect the deeper tissues
- Regulate temperature
- Detect pain, sensation, pressure, and temperature



Skin

The skin does many things. It protects us from the environment, helps regulate the body temperature, helps with fluid and electrolyte balance, and provides receptors for sensations such as touch, pain, and pressure. Skin changes are among the most visible signs of aging as our skin begins to wrinkle and sag.

With aging, the outer skin layer (epidermis) thins even though the number of cell layers remains unchanged. The fat layer under the skin (subcutaneous), which provides insulation and padding, also thins. This increases the risk of skin injury and reduces the ability to maintain body temperature. With less natural insulation hypothermia (cold body temperature) can result more easily in cold weather. Because of skin and fat layer thinning, aging skin appears thinner, more pale, and translucent.

Changes in the connective tissue reduce the skin's strength and elasticity. This is especially pronounced in sun-exposed areas and produces the leathery, weather-beaten appearance common to farmers, sailors, and others who spend a large amount of time outdoors. The blood vessels in the skin become more fragile, which can cause a resident to bleed or bruise more easily.

Sebaceous glands produce less oil as a person ages. Men experience a minimal decrease, usually after the age of 80. Women gradually produce less oil beginning after menopause. This can make it harder to keep the skin moist, resulting in dryness and itchiness.

The sweat glands produce less sweat. This makes it harder to keep cool, and a resident is at increased risk for becoming overheated or developing heat stroke.

Growths such as skin tags, warts, large pigmented spots (called age spots, liver spots, or lentigos), and other blemishes are more common in older people.

Care Tips: Skin

- Be aware that a resident is at greater risk of injury due to the skin becoming thinner and more fragile. Even a very minor bump can tear the skin.
- Take care to prevent a resident from getting hypothermia and overheating.
- Apply additional moisturizer to compensate for the drying of the skin and to reduce itching, if approved by physician.
- Carefully observe skin to identify any abnormal growths or bruising.
- Maintain clean, healthy skin.
- Use mild soaps and lotions; aged skin is more sensitive to chemicals and other products.
- Consistently monitor the skin for breakdown and pressure sores. Report any signs of skin breakdown immediately.
- Because of the sensitivity to cold due to the loss of the skin's fatty later:
- Keep the resident warm with sweaters, lap blankets, and socks.
- Keep the resident away from drafts and extreme cold.
- Keep thermostat settings higher than normal.

Hair

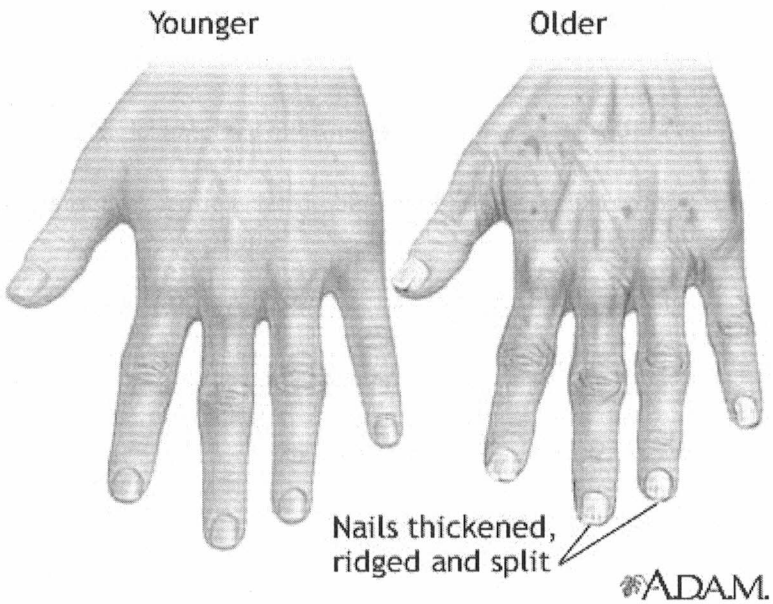
Hair color change is probably one of the most obvious signs of aging. Hair color is caused by a pigment (melanin) produced by hair follicles. With aging, the follicle produces less melanin. Hair becomes progressively lighter, eventually turning white. Body and facial hair also turn gray, but usually later than scalp hair. The hair in the armpit, chest, and pubic area may gray less or not at all. Hair becomes dry because of the decreased production of scalp oils.

The hair strands become smaller, so the thick, coarse hair of a young adult eventually becomes thin, fin, light-colored hair. Many hair follicles stop producing new hairs altogether. About a quarter of men begin to show signs of baldness by age 30; and about two-thirds of men have significant baldness by age 60.

Many may find the hair of their eyebrows, ears, and nose become longer and coarser. Some women may find that they have coarser facial hair, especially on the chin and around the lips.

Nails

The nails also change with aging. They grow slower and may become dull and brittle. They may become yellowed and opaque. Nails, especially toenails, may become hard and thick. Ingrown toenails may be more common. Lengthwise ridges may develop in the fingernails and toenails.



Care Tips: Hair and Nails

- Maintain good hair hygiene.
- Brush the residents' hair to stimulate circulation and oil production.
- Do not trim toe nails; refer the resident to a podiatrist.

AGE-RELATED GRIEF AND LOSS

Understanding aging goes beyond focusing just on the physical changes our residents may experience as they age. Residents in your Community may also be struggling with any one or many of the following issues related to grief and loss.

LOSS OF A LOVED ONE

Many residents may have recently lost a spouse, significant other, friend, or family member. To compound the loss, the individual lost may also have played a role in taking care of the resident. A loss of a loved one can also trigger the reality of one's own mortality.

DECLINE IN FUNCTIONAL ABILITIES (Mental and Physical)

Residents who have a decline of functional abilities may feel sadness, anger, or frustration as one becomes aware of the loss of physical strength, greater forgetfulness, inability to perform everyday tasks, etc. These feelings can also become triggered when worry over the failing health observed in a spouse or loved one.

SOCIAL ISOLATION

Prior to entering a Community residents may have lost their mobility, such as the ability to drive, that way necessary to maintain social contacts. Or, their friends may have passed away and/or no longer be physically able to visit. Depression can also play a role in social isolation since person often withdraw and isolate as a result of the disease.

HELPLESSNESS

Residents entering a Community need help with an average of 1.6 activities of daily living (ADLs). Residents may feel inadequate, frustrated, or simply give up trying when they become aware of their perceived helplessness. Not only do they need to depend on others, which results in a loss of independence, they may also be struggling with esteem issues in the role change from being valued to help another (maybe caring for an ailing husband) to requiring care themselves. It is important to encourage residents to continue to do as much as they can for themselves.

CHANGE IN FAMILY ROLE (Caregiver, mom, dad, husband, wife) AND/OR SEPARATION OF SPOUSES

Competence, physical presence, and/or loss may change the family role. For example, the strong family "matriarch" or "patriarch" whose health declines and can no longer maintain that family role. Or, the couple who becomes physically separated due to different care needs, such as when one spouse needs dementia care and the other spouse is very mentally competent.

CHANGE IN SOCIAL ROLE

Entering a Community often changes a person's social role. For example, a resident who was a lead volunteer at church, played an important role in his/her local Chamber of Commerce, was instrumental in getting donations for a new library to be built in his/her local community, or many other significant social roles before moving into the Care Community. Residents may have had to move to be closer to family; thus, are no longer connected to those who know and valued their past social role.

INTERPERSONAL CONFLICTS

Interpersonal conflicts can result from dysfunctional family members fighting over money or control, conflict from feelings of perceived "desertion" when family does not visit as anticipated, and/or interpersonal conflicts that result within a Community. Some residents have the skills to resolve interpersonal conflicts; others do not.

CHANGES IN SOCIAL STATUS

Many residents have held powerful positions in corporations, owned their own businesses, etc. Many have recently lived in very large, prestigious homes. Moving into a Care Community shifts those dynamics into one of more equality among residents. This can be a difficult adjustment for many residents.

Another type of change in social status is the loss of recognition of cultural importance. For example, many Communities promote independence and decision-making (e.g., resident council, advance directives, etc.). But, consider those residents whose cultures value decision making by a group or elders or the cultural differences in end-of-life beliefs.

RECONCILIATION OF PERSONAL ACCOMPLISHMENTS AND DISAPPOINTMENTS

As a person ages, it is natural for him or her to reflect on one's accomplishments and disappointments. For some residents this reflection can bring peace and joy. For others, it can bring despair, depression, feelings of failure, and a sense that they are unable to reconcile their disappointments before their death. Depending upon their religious beliefs, this may be a significant source of emotional/spiritual pain and suffering.

PHYSICAL PAIN AND MEDICAL PROBLEMS

Medical problems can result from a very wide range of issues including: pain of arthritis, fear of memory loss, a newly diagnosed medical problem, recently falling, becoming more frequently incontinent, etc. Depending upon the issue, residents' feelings may range from agitation due to chronic discomfort to fear of disability or death.

FINANCIAL WORRIES

Residents can become very concerned and anxious as they see their investments declining in value and worry about paying for the cost of care. Residents can obsess about what will happen to them if they can no longer afford to remain in your Community.

LOSS OF CONTROL AND INDEPENDENCE

Residents may be used to being about to reach for medications at will for pain relief, constipation, etc. Now they have to wait for doctors' orders and the med tech/med aid to arrive. They have been used to going to the local market whenever they craved a favorite cookie, peaches, or other special treat. Loss of the ability to drive is a very big loss of independence for many residents.

AND, WHAT ABOUT ALL THE "LITTLE THINGS"...

...like residents giving up of life-long passions such as boating, tennis, farming, etc.; being unable to build birdhouses in the garage; having lived in the same home for 40 years; leaving behind favorite rose bushes planted when the resident's parents died; leaving cherished wedding/anniversary presents behind because they are too big; gays having to pretend they are straight to fit in; leaving dogs, horses or other animals that may have brought joy for years; or leaving a community inhabited by a similar culture (Asian, black, Hispanic), etc. The list could go on.

On top of all the life challenges we have discussed are any effects from medications and losses of psychological capacity that may reduce the person's capacity to "cope." Having the knowledge of the numerous sources of resident loss, anger, frustration, sadness, and other emotions can help bring insight and a deeper understanding when providing care to residents.

AGEISM AND RESIDENT DIGNITY

Ageism, also called age discrimination is stereotyping of and discrimination against individuals or groups because of their age. It is a set of beliefs, attitudes, norms, and values used to justify age based prejudice and discrimination. The term was coined in 1968 by Robert Neil Butler to describe discrimination against seniors, and patterned on sexism and racism. Butler defined ageism as a combination of three connected elements. Among them were prejudicial attitudes towards older people, old age, and the aging process; discriminatory practices against older people; and institutional practices and policies that perpetuate stereotypes about older people. (Adapted from www.wikipedia.org)

When he coined the term in the 1960s, Robert Butler defined ageism as:

> "A process of systematic stereotyping of and discrimination against people because they are old, just as racism and sexism accomplish this with skin color and gender. Old people are categorized as senile, rigid in thought and manner, old-fashioned in morality and skills . . . . Ageism allows the younger generations to see older people as different from themselves; thus they subtly cease to identify with their elders as human beings . . . ."
> (See R. Butler, Why Survive? Being Old in America, 1975

Inequitable treatment occurring in the workplace, in the health care sector, and in the legal arena appears to be based, at least in part, on age discrimination. Even efforts to offer protection may be based upon compassionate ageism that may lead to disempowerment. Ageist beliefs and policies categorize seniors as a homogenous group, ignoring diversity issues and individual needs. Furthermore, it appears that aging individuals are not only subjected to ageist beliefs by others; they internalize these beliefs as well. Age discrimination can impact elders in tangible ways by contributing to reduced financial security and poorer health outcomes, but also appears to a have subtler, though perhaps more pervasive impact, by contributing to social isolation (a risk factor for mistreatment), lower self-esteem and poorer quality of life. When combined with other prejudices, such as sexism, racism and biases against the disabled (known as "ableism"), the health and well-being of elders is further jeopardized. (Adapted from the National Center on Elder Abuse)

Examples of Ageism

- A son or daughter assuming they are automatically entitled to a parent's assets or resources: "I'm young, I deserve it more"

- A decision by a government or community group to not include any seniors on their advisory committee when the issues under discussion primarily affect older adults: "because they wouldn't understand the policy issues"

- A doctor who is unwilling to take older patients because "they take more time"
- A caregiver who makes decisions for a resident because the caregiver "knows what's best"

Effects of Ageism

Ageism can have significant negative effects on older adults, including:

- Reducing one's sense of dignity and self-worth
- Reduced self-esteem due to infantilization and patronizing language
- Cause the older adult to feel more dependent
- Increased dependence on others
- Cause the older adult to feel like a non-contributing member of society
- Research has shown that older adults who experience ageism perform wore on measures of competence and memory
- Older adults may direct the stereotypes towards themselves
- Increased risk of depression and isolation
- Changes in behavior, mood, and attitude

Ideas to Prevent Ageism and Promote Dignity

- **Education:** A better understanding of aging and its effects improves our understanding of each older adult as an individual.
- **Respect the Individual:** Do not label residents, and do not treat them as though they all have the same needs, concerns, and preferences. Get to know each resident as an individual by learning more about their history as well as their present needs, preferences, goals, and desires.

- **Overcome Fear:** Working with dependent older adults for the first time can be intimidating. The resident you are caring for is a person, just like you. Do not see them as old, young, frail, or strong; simply look at them as a person.

- **Talk About It:** Share your fears, concerns, and questions with your supervisors and your co-workers. Talking about the issues—while respecting resident privacy—can benefit everyone.

Tips for Treating Elderly Residents with Dignity

Here are some simple tips that can make a world of difference to an elderly resident. (Adapted from http://blog.mynursinguniforms.com.

- Move into the resident's field of vision when speaking with them.

- If the resident has problems answering questions, simplify the questions to simple yes-no questions and list options or choices for them to respond to.

- Do not call residents "sweetie" or "dear", and if you are going to call them by their first name, ask if it is okay.

- Help residents stay clean and, when possible, allow them to participate in their own hygiene care.

- Give elderly residents privacy when needed for changing, speaking with family or with their doctor.

- Take time to stop and listen to elderly residents' stories and conversations. Let them know what's happening in the news and the world around them.

- Provide complete privacy when assisting a resident with personal care.

- Explain each procedure and step you are going to take when providing care.

- Do not speak as if the elderly resident cannot hear you or is an object.

Elderly patients deserve the care they need and need the care they deserve.

SUPPORTING OPTIMUM HEALTH AND WELLNESS

The following is adapted from *Health Aging, Lessons from the Baltimore Longitudinal Study of Aging* a publication available from the National Institute on Aging. The information is written from the resident's perspective.

Not all the information will necessarily relate to your resident's needs or fit with their lifestyle. But these findings will provide a context and general ideas for you to consider. Before trying anything new, talk with the resident's doctor.

Get Moving Consider Exercise and Other Physical Activities

Some people love it, some people hate it, but regardless of your personal feelings, exercise and physical activity are good for you — period. In fact, exercise and physical activity are considered a cornerstone to almost every healthy aging program. Emerging scientific evidence suggests that people who exercise regularly not only live longer, they live better. And, being physically active — doing everyday activities that keep your body moving such as gardening, walking the dog, and taking the stairs instead of the elevator — can help you to continue to do the things you enjoy and stay independent as you age.

Specifically, regular exercise and physical activity can reduce your risk of developing some diseases and disabilities that often occur with age. For instance, balance exercises help prevent falls, a major cause of disability in older adults. Strength exercises build muscles and reduce the risk of osteoporosis. Flexibility or stretching exercises help keep your body limber and give you the freedom of movement you need to do your everyday activities.

Exercise may even be an effective treatment for certain chronic conditions. People with arthritis, high blood pressure, or diabetes can benefit from regular exercise. Heart disease, a problem for many older adults, may also be alleviated by exercise. Scientists have long known that regular exercise causes certain changes in the hearts of younger people. These changes, which include lowering resting heart rate and increasing heart mass and stroke volume (the amount of blood pumped with each heart beat), make the heart a better pump. Evidence now suggests that people who begin exercise training in later life, for instance in their sixties and seventies, can also experience improved heart function. In one study, BLSA researchers observed a decrease in the risk of a coronary event, like a heart attack, in older male BLSA

participants who took part in high intensity, leisure time physical activity like lap swimming or running.

In addition to benefits for the heart, studies also show that exercise helps breathlessness and fatigue in older people. Endurance exercises — activities that increase your breathing and heart rate — such as dancing, walking, swimming, or bicycling, increase your stamina and improve the health of your lungs and circulatory system as well as your heart.

There are many ways to be active. You can be active in short spurts throughout the day or you can set aside specific times of the day or specific days of the week to exercise. Many physical activities, such as brisk walking or raking leaves, are free or low-cost and do not require special equipment.

For more information about how to get started and stick with an exercise and physical activity program, get a free copy of Exercise and Physical Activity: Your Everyday Guide from the National Institute on Aging. If you have a chronic health condition, you may want to talk to your doctor about your interest in physical activity and exercise. He or she may have some safety tips to accommodate any health problems you might have.

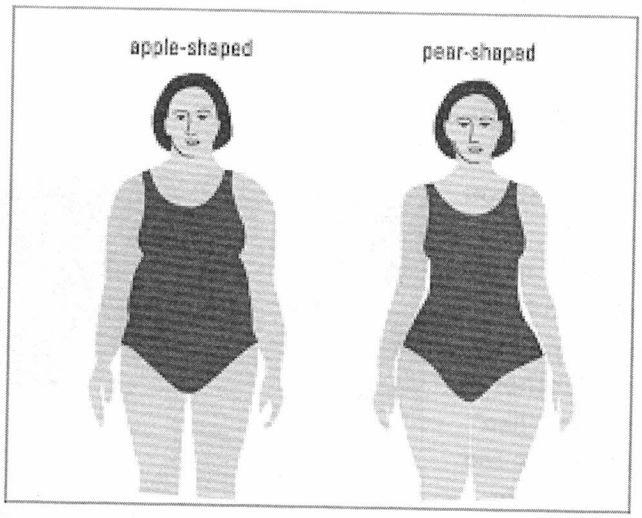
Pay Attention to Weight and Shape

Weight is a very complex issue. For older people, the health problems associated with obesity may take a back seat to problems associated with body composition (fat to muscle ratio) and location of fat (hip or waist) on the body.

Most of us know that many health problems are connected to being overweight or obese. People who are overweight (defined by a BMI of 25 to 29.9) or obese (a BMI greater than or equal to 30) are at greater risk for type 2 diabetes, high blood pressure, heart disease, stroke, some types of cancer, sleep apnea (when breathing stops for short periods during sleep), and osteoarthritis (the wearing away of joints). But data show that for older adults, thinner is not always healthier, either. In one study, researchers found older adults who are thin (a BMI less than 19) have a higher mortality rate compared to those who are obese or of normal weight. In another study, women with a low BMI had an increased risk of mortality. Being, or becoming, thin as an older adult can be a symptom of disease or an indication of developing frailty. Those are possible reasons why some scientists think maintaining a higher BMI may not necessarily be bad as we age.

For some older adults, problems associated with body composition can be more dangerous than obesity alone. For instance, one study compared older adults with sarcopenic obesity — a deficiency in skeletal muscle mass and strength as well as a high percentage of body fat — with obese older adults without sarcopenia and with lean older adults with skeletal muscle deficiencies. Scientists found older adults with sarcopenic obesity to have an increased risk of disability for doing instrumental activities of daily living (IADLs). Sarcopenic obesity interfered

with the ability to perform such tasks as using the telephone, accessing transportation, getting groceries, making meals, doing housework, and managing money.



Body fat distribution, specifically waist circumference and waist-to-hip ratio, can also be a serious problem for older adults. We know that the "pear" shape, with body fat in peripheral areas such as the hips and thighs, is generally healthier than the "apple" shape, with fat around the waist. Being apple shaped can increase risk of heart disease and possibly breast cancer. According to BLSA research, with age, the pattern for body fat can shift from safer peripheral areas to the abdominal area of the body. BLSA researchers examined 547 men and women over a 5-year period to observe body measurement changes. They found that men predominantly shifted in waist size while women showed nearly equal changes in waist and hip measurements. The men developed a more dangerous body fat distribution, even though women carried more total body fat. This may help explain why men generally have a higher incidence of certain diseases and a shorter lifespan.

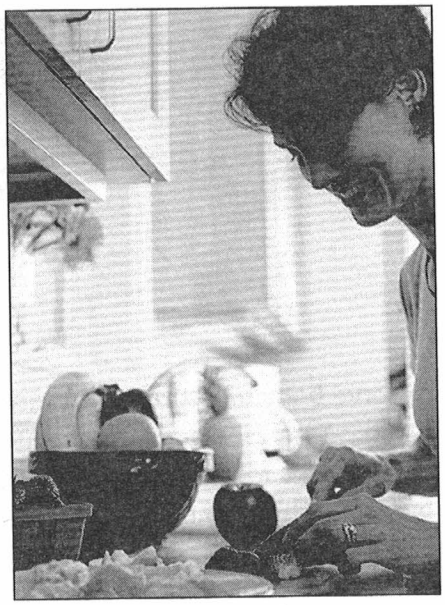
So is there a "normal" weight range or pattern for healthy aging? For older adults, one size does not fit all.

On one hand, when deciding whether or not to lose weight, there are a variety of risk factors to consider: high blood pressure (hypertension); high LDL cholesterol ("bad" cholesterol); low HDL cholesterol ("good" cholesterol); high triglycerides; high blood glucose (sugar); family history of premature heart disease; physical inactivity; and cigarette smoking. The National Heart, Lung, and Blood Institute guidelines recommend weight loss for people who are considered obese or overweight and have two or more of these risk factors. Even a small weight loss (just 10 percent of your current weight, for example 16 pounds if you weigh 160 pounds) can help to lower the risk of developing diseases associated with obesity.

On the other hand, it is normal for people to gain some weight with age. While extra weight — especially around the waist or accompanied by loss of skeletal muscle mass — can cause health risks, losing weight may not be a good idea for some older adults. For example, it may be more important for people who are pear shaped and have less than two of the risk factors described above to prevent weight gain rather than try to lose weight. One group of researchers found that involuntary and even voluntary weight loss, regardless of BMI, can actually increase an older adult's risk of mortality. In another study, scientists had similar findings, reporting that weight change (loss or gain) is associated with mortality risk.

While we have learned a lot about patterns of weight and aging, watching your weight as you age is very much an individual matter. Talk to your doctor about any weight concerns, including decisions to lose weight or if you notice unexplained weight changes.

Healthy Food for Thought: Think About What You Eat



You may have heard of the French saying "tell me what you eat and I will tell you what you are" or the shortened American version "you are what you eat." The insight in both of these sayings speaks to an interplay between food and health. What you eat can either support healthy aging or cause health problems. NIA scientists along with other investigators have found certain components of food, like saturated fats, cholesterol, and trans fats, may increase the risk of age-related disease, whereas foods like vegetables, fruits, fish, and nuts may have health benefits.

This booklet has already discussed how weight and body composition may play a role in how people age. Food has been shown to be an important part of that equation. In one BLSA study, scientists investigated how dietary patterns influenced changes in BMI and waist circumference, risk factors, again, for many diseases. Scientists grouped participants into clusters based on what foods contributed to the greatest proportion of the calories they consumed. BLSA participants who had a pattern of eating "meat and potatoes" had a greater annual increase in BMI, and participants in the "white-bread" pattern had a greater increase in waist circumference compared to those in the "healthy" cluster. "Healthy" eaters had the highest intake of foods like high-fiber cereal, reduced-fat dairy, fruit, nonwhite bread, whole grains, beans and legumes, and vegetables, and low intake of red and processed meat, fast food, and soda. This same group had the smallest gains in BMI and waist circumference.

Scientists think there are likely many factors that contribute to the relationship between diet and changes in BMI and waist circumference. One factor may involve the glycemic index value (sometimes called glycemic load) of food. Foods with a low glycemic index value (such as most vegetables and fruits and high-fiber, grainy breads) decrease hunger but have little effect on blood sugar and therefore are healthier. Foods like white bread have a high glycemic index value and tend to cause the highest rise in blood sugar.

Scientists have also used BLSA data to look at how the diet of male participants influenced risk of mortality from coronary heart disease (CHD) — the leading cause of death for people age 65 and over. Researchers studied the protective effects of eating fruits and vegetables along with the harmful effects of eating saturated fat. As expected, they observed that people who ate fruits and vegetables, particularly vegetables, had proportionately (based on amount of fruits

and vegetables consumed) less coronary heart disease mortality. Participants with diets high in saturated fat had proportionately greater risk of CHD death and, conversely, participants on a low saturated fat diet had a lower risk of CHD death. A diet rich in fruits and vegetables and low in saturated fat was even more effective in decreasing risk. These BLSA findings are supported by data from many similar studies.

In addition to the BLSA, other NIA-supported researchers have studied the connection between food and health. For example, the relationship between physical problems and micronutrient or vitamin deficiency is one area of focus. Low concentrations of micronutrients or vitamins in the blood are often due to poor nutrition. A low carotenoid concentration, which can result from not eating enough fruits and vegetables, is associated with a heightened risk for a decline in skeletal muscle among older adults. Low concentration of vitamin E in older adults, especially women, is correlated with a decline in physical function. When compared to other older adults, those with low vitamin D levels had poorer results on two physical performance tests. Women with a low vitamin D concentration were more likely to experience back pain. These studies provide support for the takeaway message: the nutrients you get from eating well can help keep muscles, bones, organs, and other parts of the body strong throughout life.

So, eating well is not just about your weight, it can also help protect you from certain health problems that occur more frequently among older adults. And, eating unhealthy foods can increase your risk for some diseases. If you are concerned about what you eat, talk with your doctor about ways you can make better food choices. You may also want to visit www.MyPyramid.gov, a website developed by the U.S. Department of Agriculture (USDA), offering personalized eating plans, tools to help you plan and assess your food choices, and other advice to help you make healthy food choices.

Participate in Activities You Enjoy

Sure, engaging in your favorite activities can be fun or relaxing, but did you know that doing what you like to do may actually be good for your health? It's true. According to BLSA data, people who are sociable, generous, and goal-oriented report higher levels of happiness and lower levels of depression than other people. Research from other studies supports this observation.

People who are involved in hobbies and social and leisure activities may be at lower risk for some health problems. For example, one study followed participants for up to 21 years and

linked leisure activities, like reading, playing board games, playing musical instruments, and dancing, with a lower risk for dementia.

In another study, older adults who participated in social activities (i.e., played games, belonged to social groups, attended local events, travelled) or productive activities (i.e., had paid or unpaid jobs, cooked, gardened) lived longer than people who did not report taking part in these types of activities.

Other studies have found that older adults who participate in what they see as meaningful activities, like volunteering in their community, reported feeling healthier and happier. Programs like the Experience Corps® are testing this idea, with promising preliminary outcomes. The Experience Corps® is a community-based program that places older adult volunteers living in an urban setting in public elementary schools for approximately 15 hours a week. Results suggest that the first group of Experience Corps® volunteers (living in Baltimore, Maryland) had an increase in physical, social, and cognitive activity levels, which might decrease their risk for disability, dependency, and dementia in later life. In addition to physical health benefits, volunteers reported feeling personal satisfaction from their experience.