

# Health of Elderly: Importance of Nursing and Family Medicine Care

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## Abstract

A large percentage of today's aging population continues to live independently despite a variety of chronic health problems. Both age and disease related changes that affect the elderly's image of themselves; societal values and life experiences also play a role. Health maintenance is an ongoing challenge for these people, their families and health care providers. Health care for a growing elderly population is also of concern throughout the world. Individuals may have different views regarding ageing and elderly, which reflect in the attitudes of people including aging person and of health care providers.

Careful assessment of the aging person's perception of his or her health, health practices, and knowledge of safety factors affecting their own health is an important part of primary care in all settings, for especially family practitioner (FPs) and nurses. Early detection of problems and early intervention can prevent more serious complications and enable older adults to maintain the highest possible level of wellness and function. Nurses and FPs possess the knowledge, skill and caring to build a powerful understanding-communication with the seniors and to design, to implement alternative cost-effective elder care environments or direct in home and facility services.

## INTRODUCTION

Aging is a complex process that can be described chronologically, physiologically, and functionally. Authorities use various systems to categorize the aging population<sup>1</sup>. We all have a different view of what getting old means. Before we look at the attitudes of others, it is important to examine our own attitudes, values, and knowledge about aging. Our attitudes are the product of our knowledge and values. Our life experiences and our current age strongly influence our views about aging and old people. If we view old age as a time of physical decay, mental confusion, and social boredom, we are likely to have very negative feeling toward aging.<sup>1,2,3,4</sup> It is important to separate fact from myth when examining our attitudes about aging. It is hard for young people to imagine that they will ever be old. Despite some cultural changes, becoming old retains many negative connotations. Many people do not know enough about the realities of aging and because of ignorance they are afraid to get old. This fear of aging and the refusal to accept the elderly into the mainstream of society is known as gerontophobia.<sup>1,5,6</sup>

## REVIEW AND DISCUSSION

By 2020 more than 1.000 million people aged 60 years and older will be living in the world, more than 700 million of them in developing countries.<sup>7</sup> The impact of increased elderly population will be felt in shifting lifestyles, health needs, social policy and family responsibilities.<sup>4,7,8</sup> As people live longer and the percentage of elderly in the population increases, society faces several major challenges. One of the most significant of these challenges involves meeting the health care needs of the aging population. Although most older persons are in basically good health, 80% of those over 65 have one or more chronic conditions.<sup>1,5, 9</sup> Safety is a major concern when working with or providing care to the elderly. Falls, burns, poisoning, and automobile accidents are the most common safety problems among the elderly. FPs and Nurses can play an important role by helping the elderly person recognize their risk factors, by planning coping strategies to promote safety, and by modifying their environment to minimize the likelihood of injury.<sup>9,10,11</sup>

Research by the National Institute on Aging reports that older patients receive less information than do younger

patients with regard to resources, health management, and illness management.<sup>1,11,12,13</sup> Elderly people suffer at least one chronic health problem and multiple conditions. Mental health problems often go unrecognized but are significantly more frequent in later life and can influence the physical illness. Alzheimer's disease and cognitive impairment are principal reasons for institutionalization.<sup>10,11,12,13,14</sup> The elderly experience acute, life threatening, medical conditions just as younger persons do, but acute episodes in the elderly are more likely to be associated with chronic conditions. It is estimated that 80% of the elderly live with chronic conditions such as arthritis, hypertension, diabetes, heart disease, and vision or hearing disorders. Most of those with chronic illness are able to meet their own needs; only 25% require any special type of care.<sup>1,3,11,15,16,17</sup> When the elderly lose health and independence, they lose control over their own destiny and are at the mercy of others for care. More than two thirds of the elderly (68%) live independently in a family setting. About 5% are institutionalized, and this percentage increases with advancing age. It is estimated that 10% of the elderly will need some form of long-term care in the home.<sup>10,11,12,14,18</sup>

Problems related to medications are common in the elderly, and they are costly in terms of both time and money. Studies have revealed that as many as 17% of hospitalizations of persons over 66 years of age were related to adverse drug reactions. The methodology used to test drugs and to establish therapeutic dosages generally doesn't take into account the characteristics of the elderly. When considering the responses of the elderly to medication, it is more important to consider physiologic age than chronologic age.<sup>1,13,19</sup> Polypharmacy, is a common problem in the elderly. According to a recent survey the average institutionalized elderly person takes 7.5 medications. The safety of the older adult is the primary concern and nurses or FPs must take special precautions to ensure that drugs are administered safely.<sup>1,17,18,19,20,21,22</sup>

The elderly should be examined at least once a year by their FPs, and more often if known health problems exist. Physical examinations in the elderly should include evaluations of height and weight, blood pressure, and blood cholesterol levels, rectal examination, for women a pelvic examination, mammogram, and PAP test. For men a prostate examination and blood tests to rule out prostate cancer, vision, dental and hearing examinations need to be done on a yearly basis. Evaluation of joints, feet, and gait should be a part of the physical examination. Some problems require

surgical correction, whereas others can be treated more simply using analgesics, anti-inflammatory medications, or physical therapy.<sup>4,22,23,24,25,26</sup>

Effective care for older patients requires an accurate assessment of the elderly's health status. Physical, psychological, social, and behavioral and health system factors may influence their health status. Functional health status includes: a) basic activities of daily living; dressing, feeding, bathing, toileting, transfer-moving inside and round the house, b) instrumental activities of daily living; shopping, laundry, cooking, housekeeping, taking medication, managing money, c) advanced activities of daily living; social activity, occupation, recreation. Cognitive function assessment includes: attention span, concentration, intelligence, judgment, learning ability, memory, orientation, perception, problem solving, psychomotor ability, reaction time, social intactness.<sup>1,27,28,29</sup>

Nurses and FPs must possess knowledge about common physical changes of aging systems affected, changes noted, their implications for health, changes in normal laboratory values and the normal structures and functions all of the body systems so that deviations from the norm can be detected.<sup>1,11,12,13,14,15,16,17,18,22</sup> The elderly's used medications, communication impairments, ethnic and cultural differences, and language barriers may affect psychological assessment. Psychological status may be affected by abuse or neglect by family members that may be poor hygiene, poor nutritional status, social isolation, lack of needed assistance with daily living, evidence of tampering with the elderly's finances, and failure to assist the older person to maintain his or her independence.<sup>1,3,25,26,27,28,29,30</sup>

Planning to meet health care needs of older patients may take place at the primary, secondary, and tertiary levels of prevention. The most cost-effective means of providing health care to elderly involves primary prevention. In planning health promotion for elderly include nutrition, hygiene, safety, immunization, rest and exercise, maintaining independence, and preparing for death. Secondary prevention measures are undertaken when health problems have occurred, and primary prevention is no longer possible. Skin breakdown, constipation, urinary incontinence, sensory loss, mobility limitation, pain, confusion, depression, social isolation, abuse and neglect, alcohol abuse, inadequate financial resources, communicable diseases are conditions to be dealt with at this stage. Tertiary preventive activities focus on preventing complications of

existing conditions and preventing their recurrence.

Whatever the level of prevention involved, health care for the elderly has three common goals: 1. Improved functional ability, 2. Increased longevity, 3. Increased comfort and decreased suffering.

Community health nurses and physicians must be mindful to involve older patients and their families in the planning of care. Patient involvement in planning is also likely to enhance compliance with the plan. Noncompliance should be suspected when a person doesn't show the expected amount of progress toward wellness, or gets worse instead of better, or develops repeated or unexpected complications. Cognitive impairment, inadequate knowledge, inadequate resources, lack of transportation, fear, anger, decreased self-esteem, substance abuse, and conflict of beliefs or values are the factors related to noncompliance.

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Nurses and FPs can help to reduce problems of the elderly patients by communicating with them and by gaining more in-depth information regarding their physical and emotional needs. They should provide emotional support, enhance personal control, and promote self-esteem when caring for the elderly. To maintain and promote the health of elderly, they need to be seen and respected with their past and family as a whole.

The elderly patient's knowledge of the factors that promote health and the existing health maintenance practices should be assessed. A little encouragement and information about options can help stimulate the elderly person's interests on positive health maintenance behaviors (such as diet, safety, stress management, elimination, sleep, rest, exercise). Before discharge from a health care institution, the elderly should have a thorough explanation of what they need to do to maintain health, including when to see or call the physician; what medications are required and when they should be taken; how to perform home screening procedures (e.g. blood glucose monitoring, daily weights.) and how to keep records and monitor their health

condition. Community health nurses and FPs should assist in identifying family or community resources that will promote health maintenance. Often a little assistance is all that is needed to enable an elderly person to live a healthy independent life style

Much can be done to enhance the health status of the elderly population, improve their quality of life, and decrease the health care costs associated with the needs of

this population by the community health nurses and FPs.

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