Welcome to Caring Practices for the Older Adult

“The best preparation for understanding age and aging in contemporary society comes from a careful look at the past. We...live in a world that was shaped by ten thousand generations of elders. Their contribution, however, is often overlooked ...for the same reason that the stars aren’t seen in the daytime sky... there is a canopy of stars over our heads all day long, but the tremendous glare of the sun (our action-oriented and productivity driven society) hides them from our eyes and makes it easy to forget that they are there”.

Thomas (2004,) p. 130
Purpose/Goal

The purpose of this section of the course is to enrich the nurse’s understanding of the unique needs of the older adult population in society and in healthcare today.

In doing so the nurse will learn how current practice may be doing more harm than good for older adults.

Through an exploration of theoretical underpinnings of gerontology the nurse will learn how he or she can play an active role in minimizing harm and optimizing the care of older adults.
Older adults are becoming the largest... and perhaps... the least understood population in healthcare.
They bring with them a lifetime of learning and living.
They also bring with them very complex physical, psychosocial and spiritual needs.
They are unique as a group because they continue to push forward in their lives and to grow as human beings while simultaneously moving toward the end of their lives.
They will teach you as much as you will be teaching them.
Please click on the link below:

After you watch the video, please click the “Back Arrow” on your browser to return to the PowerPoint presentation.

Hyperlink:  **A Parent's Wish** – For My Children — You Tube Video, Author Unknown
Nursing 409: Module 1

Content:

- Ageism
- Gerontology and Geriatrics
- Normal Changes of Aging
- Fragility and Frailty: How to approach the care of the older adult
- Theoretical foundations
- Cascade Iatrogenesis
- Role of Nursing
Objectives

- Describe the biopsychosocial and cultural aspects of aging.
- Identify the normal changes of aging in the context of Illness vs. Wellness.
- Define Iatrogenic Cascade (IC) as it relates to health care of the older adults.
- Identify the role of the nurse in prevention of IC.
- Discuss the importance of Nursing Theory in shaping care for the older adult.
When I was young I was called A rugged individualist.

When I was in my fifties I was considered eccentric.

Here I am doing and saying the same things I did then and... I'm labeled senile.”

George Burns

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http://www.quotesjunction.com/quotes-by-george-burns/
AGEISM

“Ageism is defined as a process of systematic stereotyping and discrimination against people because they are old, just as racism and sexism accomplish this for skin color and gender”.

Robert N Butler: In The Encyclopedia of Elder Care 2006
“The underlying psychological mechanism of ageism makes it possible for individuals to avoid dealing with the reality of aging, at least for a time.

It also becomes possible to ignore the social and economic plight of some older persons”.
Older adults are seen as a group or a cohort in society. They are no longer seen as individuals...Tom, June or Greg, but as “old people and all old people are alike”

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What are old people called? Say No to Ageism - You Tube Video, Equality Authority Author
Seen enough old bags?

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Frankie & Johnnie
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KIESELBAGS.COM | 619.819.8578
Fighting The Whoring Hoards Of Old Folks Who Expect Free Stuff From The Government Just Because They Haven't Dropped Dead Yet.

American Association of Far From Retired Persons
Nursing is the most trusted profession in society today.

Nurses are in a prime position to make headway in combating ageism.

Nurses need to be *agents of change*:

- Educate themselves
- Educate others
- Lead by example
The Study of Aging

Aging is a multidisciplinary field.

- the study of aging combines or integrates information from several separate areas of study.
- Biology, sociology, and psychology are the "core" or basic areas, along with content from many other areas of study such as public policy, humanities, and economics. Miller, 2009

There are two major foci in the study of older adults:

- Gerontology
- Geriatrics
Geriatrics

“...Associated with the diseases and disabilities of old people”. Miller, 2009 p.62

“...the comprehensive health care of older persons and the well-being of their informal caregiver”. What is Gerontology? Geriatrics?

Professionals with a focus on geriatrics, are called “geriatric specialists.”

Physicians are called “geriatricians”.

http://www.careersinaging.com/careersinaging/what.html

Click on links – to return to the PowerPoint presentation, please click the “Back Arrow” key on your browser
GERONTOLOGY
The study of Aging and Older Adults

“...transcend(s) the knowledge and methods of any one discipline or profession”. Frank, as cited in Miller, 2009 p.61

Professionals with a focus on gerontology, are called "gerontologists."

http://www.careersinaging.com/careersinaging/what.html

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This course is a: Gerontological Nursing Course designed to study the phenomena of aging & Nursing's role in helping older adults age well.
BOTH ATTEMPT TO ANSWER THE QUESTION:

“WHAT IS UNIQUE ABOUT OLDER ADULTS”?

ANSWER:

While older adults respond to the same forces to which all humans respond, Biological/Functional/Psychosocial Society, science and medicine are behind in identifying the unique interplay of these forces...

That is, like any other age group, older adults are different.
Aging is NORMAL. Illness is *NOT* NORMAL.

In the older adult, that line becomes blurred.

Until we learn what is normal, we will never be able to effectively help older adults live with aging, illness and injury.
There is much discussion as to how long the human body is programmed to live.

Most agree that the answer is in an interconnected series of biological and environmental factors as well as life choices.

In other words...
NORMAL CHANGES OF AGING ARE EXPERIENCED BY EVERYONE

AGING IS CONNECTED TO HOW OUR BODIES ARE ABLE TO REPAIR AND MAINTAIN GENETIC STRUCTURES

Slowing human ageing, Wilson, 2009
THE NORMAL CHANGES OF AGING WILL OCCUR IN ALL LIVING CREATURES...
EVEN IF WE LIVED IN A BUBBLE
THE NORMAL CHANGES OF AGING
Brain loses some axons and neurons.

High frequency hearing loss.

Visual changes including difficulty focusing, increased sensitivity to glare, and diminished nighttime vision.

Arteries stiffen and blood oxygenation levels decline.

Maximum breathing capacity in the lungs declines.

Heart muscle thickens with age, maximum pumping rate declines.

Kidneys become less efficient at removing waste from blood.
Bladder capacity declines.

Muscle mass is lost, especially in women who usually have less baseline bone mass than men.

Muscle mass can decline rapidly without exercise.

Body fat increases in the trunk.
Normal changes of aging in the endocrine system.
Normal changes of aging in the hematologic system.
Normal changes of aging in the immune system.
These changes are inescapable & based on our biological make-up. So even those of us who live healthy lives will age. For example...
Lifelong fitness guru well known for conservative life choices shows signs of aging.
How we age is also affected by how we live our lives.

Life experiences and choices we make will affect how we age:

- **Biological and environmental influences**
  - Where and how we grew up
  - Where and how we live as adults
  - Illnesses and injuries
- Sociological influences
  - Socioeconomic status
  - Family systems

- Psychological influences
  - Attitudes toward life
  - Coping strategies
  - Life choices  Miller, 2009
These influences are potentially within our power to shape, based on who we are and the choices we make.

They shape our lives and affect our aging just as much as our biology. For example...
Keith Richards

Rock music artist well known for extreme life choices. Some see to be aging more rapidly than his chronological age.
What is different about older adults?

Simply put...

the older adult ‘physiologically’ lives paycheck to paycheck
THEY HAVE VERY LITTLE IN THE “BANK” AS FAR AS PHYSICAL RESERVE

COMPARED TO YOUNG ADULTS
As a result, their response to the environment is affected by:

- changes of aging,
- lifestyle and
- most often one or more disease processes that are common to older adults...

They become...FRAGILE and Eventually...Frail
Fragility and Frailty

similar concepts...
yet miles apart in their implication for older adults...moving from independence to dependence.
FRAGILE OR FRAIL
“easily broken or destroyed…
constitutionally delicate…”

http://mw1.meriam-webster.com/dictionary/fragile

Older adults can feel and act well and yet are fragile or “constitutionally delicate.”

Due to lessened reserve, weakened and/or diseased (yet asymptomatic) body systems and social support systems are at risk.

One major event can cause a cascade of events that result in decline, as these weakened systems collapse.
Older adults are considered frail when they have *lost resources and/or reserves* in the physical, social and psychological domains of functioning...

Frailty increases to the extent that this reserve capacity decreases or is lost.

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From Promoting Well-being in Frail Elderly People

http://dissertations.ub.rug.nl/faculties/medicine/2004/j.e.h.m.schuurmans/
“Frailty is one of the most substantial indicators of functional deterioration and often results in a progressive process ending in death.”

A Medicare study identified frailty as an antecedent to death 47% of the time.

de Chesney, 2005
AS A RESULT OF THIS PHENOMENON, HEALTHCARE PROFESSIONALS MUST APPROACH **ALL** OLDER ADULTS WITH...