

GERIATRIC CARE ASSISTANCE



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Module -II

Geriatric Care Assistance

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1

INTRODUCTION TO GERONTOLOGY AND GERIATRIC CARE

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Introduction to Gerontology and Geriatric care



1.0 INTRODUCTION

Getting old is a normal process that everyone has to undergo. The process of getting old is known as ageing. Ageing, though a natural process, occurs differently in different people. The reasons for this are many. Some of them include the beliefs about ageing; the age of death in the particular community, and the person's own feelings and roles in the family. For example, in a community where the life expectancy is 45 years and women are married at 15 years, a woman may become a grandmother at 32 years. She would be considered 'old'. In another society where women pursue careers and the average age of marriage is 25 years, a lady of 32 years would be considered young. Thus ageing is not exactly the age of the person.

In India, the official age at which a person is considered a senior citizen is '60' years. With medical care becoming better, more people are living to the age of 60 years. By the year 2020 it is expected that 12.6% of the population will be over 60 years of age. India has the second largest population of elderly citizens in the world. Eighty percent of these older people are in rural areas and half of them are illiterate. Most of these people cannot afford health care.

As a person becomes older, the number of illnesses and the suffering caused by illnesses (morbidity) increases. In addition to this, the ability to go to a health care practitioner, the costs involved in transportation, the inability to travel alone, etc, increases the burden on the older person.

There are certain beliefs about getting old. Some of these are, that as one grows older the problems that arise are part and parcel of life and cannot be avoided. This is not entirely true. Many problems due to age can be decreased by changing the way of doing things. Some of these ways are keeping fit, increasing strength and by minor modifications in the home. These will make it easier for an older person to carry out their activities safely and independently.

1.1 OBJECTIVES

After reading this lesson, you should be able to

1. list the things to remember while caring for the elderly
2. describe the changes that occur in the body as one grows older
3. explain the theories related to ageing

1.2. PRINCIPLES OF GERIATRIC CARE

Taking care of an older person is different from taking care of a young person. The way an older person responds to illness and medicines is different from how a young person responds. The following example will illustrate this.

Example of a problem of ageing

“A 60 year old man with diabetes had to have his leg amputated below the knee. After the operation he could still feel the foot that was no longer there. This is called “phantom limb”. At night he got up to go to the bathroom alone. He had forgotten that he did not have a leg. As a result he fell down and fractured his hip”

The main problems that an older person is likely to have, are called “the geriatric giants”. These are difficulty in controlling urine (incontinence), difficulty with walking (immobility), falling, and confusion. All of these are seen in the above example. A younger person with a similar problem of “phantom limb” would not have had the fall as he/she would have remembered that one leg was no longer there.

Some of the things that one must remember while taking care of an old person are:

- Speak with respect and attention.
- Speak clearly and face to face. There is no need to shout but you may have to speak slightly louder than usual.
- Make sure that medicines are given strictly according to the doctor’s orders.
- Make sure that the area where the old person will walk does not have any object which may cause a fall.
- Leave a light on in the bathroom at night.
- Make sure that the food consumed by the person is according to the advice of the doctor.
- Listen carefully to any symptom that he/she tells you. Don’t ignore any symptom. Older people can have infection without fever. They may just be dull and sleepy. Report to a doctor if this happens.
- Holding an old person must be done gently so as not to cause pain.

Other specific ways to deal with an older person will be covered in the following units.

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1.3 THEORIES OF AGEING

The process of ageing is due to a number of reasons. They are

- Ageing of the body- biological/ physiological ageing
- Ageing of the mind- psychological ageing
- Ageing because of society and culture-sociological aging.

A person's mind and body are connected. Thus when a person feels 'old' the body reacts by growing old as well. Therefore aging is not only the age of the person but many other factors.

Factors that affect ageing are :

Biological factors: These are the natural deterioration of the parts of the body. These will be covered in the next section.

Psychological factors: Ageing is how a person feels about his/her age. Many factors play a role in this. Being alone is one reason many people feel old and helpless. If there is no social interaction, a person feels lonely and may feel old. Likewise when one's responsibilities are completed, he/she may feel as if their life is over and they are old. These feelings can happen at any age not necessarily after 60 years. Conversely, people over 60 years may feel young at heart. They may enjoy the memories of their younger days and remain active and happy and enthusiastic about life. This is called graceful ageing. There are many examples of people over the age of 80 years and even into their nineties who have achieved many things like winning a marathon, climbing Everest etc.

Socio- cultural factors: Then, there is the way society and family look on a person. The life expectancy of people in a society is how the classification of 'old' is made. In the 1940s, the average life expectancy of a woman in India was less than 45 years. During that time a woman of 40 would have been considered 'old'. Now the life expectancy is over 65 years and hence a woman of 40 years, is not considered 'old'. This social classification may be different from country to country and between men and women. If the family and society consider a person as 'old' the person starts to believe that he/she is old and will start to behave in such a way. This in turn affects the body and the person may in fact age faster.

Other factors that cause aging are cultural norms. For example, in India, women of different ages are expected to dress differently. This is a cultural form of aging. This affects the way society looks at people and affects their responses to the person.

Finally, there is the factor of self-concept. Irrespective of the above factors, each individual by virtue of their belief systems, job orientation etc., has a unique response to growing old. These individual factors must be taken into consideration when dealing with an older person.

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1.4 CHANGES WITH AGEING IN SYSTEMS

The human body consists of many systems consisting of organs. These organs start developing and maturing from the time of birth to about 30 years. After that the systems start to degenerate. This process of degeneration is called aging in a biological sense.

The main systems that we will cover are as follows :

- **Skin**
- **Cardio vascular system**
- **Respiratory system**
- **Digestive system**
- **Urinary system**
- **Nervous system**
- **Endocrine system**
- **Musculoskeletal system**
- **Special senses**

1.4.1 Skin

The skin is the largest organ in the body. It has the property of elasticity. This means that the skin will return to its original position if it is pulled and released. As a person grows older, this property of the skin is lost and the skin becomes loose, dry and easily injured. Healing may be delayed. This is of great importance as one should be very careful in handling a person. Even a firm grip can cause the skin to become blue (bruise). Moreover, the moisture content in the skin decreases as one grows older and this

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also prevents wounds from healing soon. These factors are important to know when dealing with older persons.

1.4.2 Cardio Vascular System

The heart is the organ that pumps oxygenated blood to the rest of the body. Oxygen is required for all bodily functions. The arteries carry oxygenated blood to different parts of the body and the veins carry blood back to the heart. As a person grows older, the ability of the heart to pump effectively decreases. This can lead to higher blood pressure. The arteries become thickened as one grows older decreasing the amount of blood flow. The veins become thicker and may result in varicose veins- thickened veins that are seen on the legs of an old person. This is all the more common in people who have spent their lives in jobs involving standing and walking.

Due to these changes in the circulatory system of the older person, they may have certain symptoms. When they suddenly change position from lying to sitting they may become dizzy. When caring for an old person, these factors must be kept in mind.

1.4.3 Respiratory System

With increase in age, the ability of the lungs to expand becomes less. This is called compliance. This may manifest as getting tired easily and becoming breathless. Older people also have more susceptibility to cough and increased sputum production. Chronic cough is also due to lifestyle like smoking etc.

1.4.4 Digestive System

The digestive system starts from the mouth to the excretory organs. In the mouth, the amount of saliva production reduces. Because of this, older people may find it difficult to eat dry food. The ability of the oesophagus or food pipe to push the food into the stomach is also reduced as the muscles of the oesophagus becomes weaker. Therefore, it is possible that older people may have burning sensation in the chest or difficulty while eating certain kinds of food. Swallowing may also become difficult due to decreased saliva production. Hence older people may have a sensation of choking while eating certain textures of food.



The food that we eat is digested in the stomach. This digestion is carried out by certain juices that are secreted by the stomach and other organs. The amount of such secretions decrease as a person grows older. This results in delay in digestion and discomfort due to inadequate digestion. Moreover, undigested food in the stomach may go back into the oesophagus and cause irritation, nausea (feeling of vomiting) and vomiting. Certain foods like spicy food can cause greater burning sensation.

The waste matter after digestion is normally excreted. In an older person the water content is decreased and thus the stool may be hard and difficult to pass. This causes constipation or the feeling of not having passed stools properly. A person may strain to pass stools causing injury to the capillaries (small blood vessels) in the anal region. This is called haemorrhoids or piles. A person suffering from piles will have difficulty passing stools and may lose blood while passing. Increased frequency of defaecation may cause tiredness.

1.4.5 Urinary System

The kidney is the main excretory organ in our body. The kidney removes waste from the body through the urinary bladder as urine. As the person grows older the capacity of the kidneys to clear waste become less efficient.

The bladder is a sac that holds the urine produced and excretes it at the person's volition. As a person grows older, the capacity of the bladder decreases and even before it is full, the person has the sensation of fullness. This leads to "urgency" or the need for a person to go to the bathroom often and quickly. This urgency is the cause for many falls especially at night when the person may wake up and rush to the bathroom and trip and fall.

The ability for us to control our urine and pass it at will is due to the efficient work of the "sphincter". The sphincter is made up of muscles. Like other muscles, these muscles also become weaker as a person grows older. Because of this weakening, an older person may leak urine. This is called "incontinence". If the person is unaware, they may leak urine and smell. A person taking care of an older person must be aware that they are not doing this on purpose but it is a natural process of growing old.

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1.4.6 Nervous System

All the functions of the body are controlled by the brain. The brain gives and receives commands from different parts of the body through a network of nerves. These nerves communicate through electrical signals. This communication is how we receive information and react to it. As a person grows older, the nerves become slow to send and receive messages. This delay results in slower reaction times. This delay makes a person who is older more likely to have accidents like falling etc.

The nerves also carry sensation from the skin. As the person grows older, the amount of sensory information that is relayed to the brain may be slower or less in intensity. This can result in the person not being able to perceive sensations. Perception of sensations is a safety precaution of the body. If this is decreased, injury may occur.

Example of difference in responses in older persons

For example, a person who is older (80 years or older) may not be able to feel the exact temperature of a cup of coffee. So if he drinks it, he may burn his tongue and lips. Due to the delayed ability of the skin to heal, the burn can take a long time to become better. As it is in the mouth, his ability to eat becomes a problem. This can lead to eating less thus decreasing stamina and energy. Inadequate food intake can cause digestive problems.

Although these things can happen in younger people as well, the consequences in older people can be more serious.

The brain also consists of nerve cells which carry information. As the nerve cells become weaker with age, the ability of the person to think, remember, and solve problems also decreases. They may also forget things and get anxious because they are forgetting. A person working with older people should be aware of these changes and help the person with their activities without making them anxious, or sad. They should help the person remember important things by writing them down or other means. More details of these methods will be covered in the section on **assistive technology**

1.4.7 Endocrine System

The endocrine system consists of a number of organs that produce a variety of hormones. These hormones are chemical substances that help our body to function in many ways. As a person grows older, the production of hormones decreases. Due to this, the ability of the person to absorb proteins decreases. Protein is the main substance that builds muscle. When protein absorption is decreased, muscle size decreases and fat deposition increases. Hormones also play a part in bone formation. With reduction in hormones, the ability of the body to form bone is decreased and this results in the person being more prone to fractures. Other hormones are responsible for glucose absorption and decrease in this leads to diabetes. Hormones are also responsible for certain mental diseases like depression, and physical symptoms like tiredness, anemia and poor immunity. Poor immunity leads to increased chances of catching infectious diseases.

1.4.8 Bones, Joints and Muscles

There are 206 bones in the human body. Two bones joining together is called a joint. There are many joints in the body, for example, the knee joint. Some of these joints do not move like the joints of the skull. Ligaments connect bones together to form joints. Inside the major joints, there is a fluid that allows smooth movement of the bones. As a person grows older, the fluid becomes thick and the amount reduces. The ligaments may become weak because of over use. This leads to the bones rubbing against each other causing grating noises during movement. Pain and deformity can also occur because of these reasons. These conditions are called arthritis. Because of arthritis, old people have joint pains which can become worse when it is cold and rainy. Staying active is necessary to prevent arthritic joints from becoming stiff. If joints become stiff, chances of falling are more as the foot might trip on a floor mat or the knee may not bend enough to climb a step.

Muscles attach to bones and allow the joints to move. The strength in muscles allows a person to lift weights, walk for distances, climb stairs etc. As a person grows older, the strength in the muscles decrease because of decrease in the number of muscle units and due to inactivity. Some of the strength can be regained if the person does specific exercises or general

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activities like walking. It is not true that becoming very weak is part of growing old. Even a very old person can maintain enough strength for his/her own activities by involving in activities like cycling, yoga etc. **But these activities must be undertaken only after clearance from a doctor and under the supervision of a trained medical professional.**

1.4.9 Special Senses

Special sensory organs like eye, ear, nose and tongue are involved in carrying special sensations of vision, hearing, balance, smell and taste to the brain. As a person grows older, these organs become weaker. Older people have difficulty hearing certain types of voices (pitch). They may not be able to differentiate between certain words. Speaking loudly does not improve the comprehension. They may have difficulty reading small letters or identifying lines from similar backgrounds. This can be a problem if the stairs and floor are in similar tile patterns. The person may not realise that there is a stair and may fall.

Sensation of taste changes with age. Older people may not be able to tolerate spicy foods. They may not be able to identify small changes in taste. If food is not tasty, they may not eat enough.

The ear also has the function of keeping our balance. As one grows older, this function also becomes less. All these factors together may make an older person more likely to fall.

Hence an older person may need to use glasses, hearing aids and walking aids to do their daily activities. These are essential for safe functioning and must always be kept accessible and in good condition.

1.5 SUMMARY

To summarise, the number of people living to old age is increasing day by day. There are many things that can be done to make sure that a person does not suffer as he/she grows older. Old age is not directly the effect of number of years of age. There are many other factors that decide how old a person feels. The body undergoes a number of changes as it ages. Every system undergoes changes. A person involved in taking care of an old person should be able to understand the changes that happen as a person grows older. This will help them help the old person.

1.6 GLOSSARY

Anemia: less oxygen or haemoglobin in the blood

Depression: a problem with the mood of the person where there might be a feeling of hopelessness

Hormones : chemicals produced by certain glands in the body

1.7 SELF-ASSESSMENT QUESTIONS

1. The difference between psychological aging and biological aging is
 - a) An older person has psychological problems
 - b) An older person cannot be left alone as they might commit suicide
 - c) Depending on the person's psychological state, they may feel older or younger than the number of years that they have lived which is biological aging
 - d) None of the above
 - e) All of the above
2. The changes that happen in the main systems of the body that may pose a risk for an older person to fall are
 - a) Dry skin
 - b) Balance problems
 - c) Problems with hearing
 - d) a and b
 - e) b and c
3. Important points that a geriatric assistant must know to treat an older client with respect are
 - a) Speak clearly and in a normal voice
 - b) Keep the house clear of obstacles, and a light at night
 - c) Give medicines correctly and at the correct time
 - d) a and b
 - e) a, b and c

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- 4 Visual problems in the older person may be
- Inability to distinguish between similar shades
 - Inability to identify depth where there are no visual cues
 - Difficulty in seeing clearly in dim light
 - All of the above
 - None of the above

1.8 SUGGESTED READINGS

- Guccione A A, Wong RA, Avers, D : *Geriatric physical therapy*, New Delhi, 2012 Elsevier.
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GERIATRIC CARE ASSISTANCE

2

COMMUNICATION SKILLS FOR SPECIAL GROUPS

Structure

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2.3 Dealing with issues of special senses

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2.3.3 Communication with impaired taste, smell and touch

2.3.4 Communication with mobility impaired

2.4 Dealing with cognitive and emotional problems

2.4.1 Communication with cognitive disability

2.4.2 Communication with emotionally disturbed people

2.5 Health care education of an elderly

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2.5.2 Planning and management of health education

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2.6 Summary

2.7 Glossary

2.8 Self Assessment Questions

2.9 Suggested Readings

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Communication Skills for Special Groups



2.0 INTRODUCTION

Communicating with older people is complex. It often requires extra time and patience because of physical, psychological and social changes that take place with aging. People who are old today, have grown up in different socio-economic and political environments. Many of them had experienced economic deprivation and received very little formal education. Having been brought up in a very different era, different value systems and traditions, different exposures and experiences, they (our clients) tend to develop a set of ideals and expectations that may not be readily understood by us.

With all physical, psychological and social changes that the elderly have to adjust to, as well as inadequate understanding about them on our part, communication may be affected.

In this unit let us discuss how to communicate with the elderly who may have sensory impairments or cognitive and emotional problems. Let us learn how to give health education to our valuable clients.

2.1 OBJECTIVES

After reading this unit, you should be able to

- explain how to communicate effectively with the elderly and their families
- identify different styles that promote communication with people having sensory difficulties
- describe how to meet the needs of people with cognitive and emotional problems
- bring better change in the lives of elderly by prompt health care education
- give better health care to elderly.

2.2 COMMUNICATING WITH ELDERLY AND THEIR FAMILIES

Communication is our way of exchanging information. But more importantly, it is our way to build relationships. Making an effort to learn how to relate to our elderly clients who have special needs, deepens our ability to connect with them.

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Communication Skills for Special Groups



Whether you are serving an active young adult, active older adult or an elderly who suffers from a debilitating disease, you need to be sensitive to the conditions that impact their ability to communicate effectively. It is common to feel uncomfortable in situations where the elders have difficulty to communicate. There are two things you can do that will help.

At first, become familiar with the obstacles affecting communication. Secondly, learn a few ways of getting around them. It is still possible to communicate effectively by learning some simple skills. You will save yourself and your client from frustration and your experience will be a much more positive one.

Cultural Attitudes

We live in a culture that undervalues our elders. We will be affected by the prevalent social attitudes, beliefs and assumption about older adults. Our own belief system affects our understanding of the elder's perspective. For example, our society seems to believe that elders are no longer productive and no longer contribute to society. Based on this belief, we might assume that the elders live in the past and we might overlook their present potentials.

How to help

- Open your mind and heart to accept an elder as a whole human being no matter what the age or condition of the body or mind.

Sensory Changes

Hearing loss : There are several reasons for hearing loss, including genetic factors, repeated exposure to loud noise, viruses or brain damage from stroke or tumours. Many older adults gradually lose their hearing.

How to help

- Face the person directly while talking and be on the same level.
- Reduce background noises.
- If you have to speak louder, try lowering the tone of your voice. Lowered tones are more easily heard.
- Use short sentences.
- If the person uses a hearing aid, be sure they are wearing it and put it on.
- Use nonverbal communication-like gestures, facial expression and touch.

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Effects of Disease or Disability

Many elders suffer from chronic or debilitating conditions that impact communication in unique ways.

Lung disease : Emphysema, asthma and chronic obstructive pulmonary disease (COPD) all decrease lung capacity, resulting in shortness of breath. People with severe lung disease might avoid conversation and become withdrawn when the effort to speak makes them “winded”.

How to help

- Don't expect them to talk to you when doing any other physical activity like walking or getting dressed or eating.
- Allow plenty of time. Don't rush.
- Try placing a pillow on the person's lap to support their upper body or sit at a table so they have a surface on which to lean forward. By supporting the upper body, it conserves energy that can be used for communication.
- Gentle massage of the upper back and chest can ease muscle tension associated with shortness of breath.

Brain injury and disease like stroke, Parkinson's disease and traumatic injury can all affect the ability to communicate because of impaired motor skills associated with speech, as well as impaired function of the speech and language centres in the brain.

Dysarthria is the term used to refer to slurred speech resulting from the inability to co-ordinate the muscles used in speaking. This makes speech hard to understand.

How to help

- Be patient and respectful.
- Ask simple yes/no questions.
- Ask them to point or use gestures to help to get their message across.
- Ask the person to write it.

Aphasia is a complex communication disorder that affects the person's ability to process language. The most common cause of aphasia is stroke.

How to help

- Check with other care givers or family members to find out which communication methods have been successful and then use the same methods.

- Avoid finishing the person's sentences for them.
- Decrease any competing background noise.
- Try alternate forms of communicating such as writing or drawing.
- Speak slowly and allow the person to respond.
- Talk to the person like an adult, but use simple short sentences.

Oral health : Elders sometimes have a difficulty in maintaining healthy teeth and gums. Some issues that can arise include poor-fitting dentures(which might not be used at all); failure to be vigilant about daily cleaning; periodontal disease; or dry mouth from medication side-effects. Clearly, there is a link between any condition of the mouth that cause discomfort and verbal communication.

Oral health and communication

I once knew a woman in a skilled-nursing facility whose speech was very slurred and extremely hard to understand because she had no teeth. After seeing her several times to give her a massage, I discovered she had dentures she kept in a drawer. She just needed a reminder to put them in.

How to help

- If the elder wears dentures, be sure they are using them.
- If the dentures fit poorly or cause pain, pass this information on to the family and get it corrected.
- Offer a sip of water, or a mint or lemon drop for dry mouth.

When you feel more confident with your ability to handle communication challenges, you will be more at ease to shift your focus away from the physical condition to what is even more important- the wellbeing of the elder you are serving at the moment. You will be free to simply allow yourself to be present and connect with the elder as a human being, a form of communication that speaks louder than words ever can.

Too often we underestimate the power of a touch, a smile, a kind word, a listening ear, an honest compliment or the smallest act of caring, all of which have the potential to turn a life around.

2.3 DEALING WITH ISSUES OF SPECIAL SENSES

As you age, the way your senses (hearing, vision, taste, smell, touch) give you information about the world changes. Your senses become less sharp and you may have trouble telling apart details of what you experience.

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Communication Skills for Special Groups



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Communication Skills for Special Groups



Sensory changes can affect your lifestyle. You may have problems with communicating, enjoying activities and staying involved with people. Sensory changes can lead to isolation. Your senses receive information from your environment. This information can be in the form of sound, light, smell, taste and touch. This information is converted to nerve signals and carried to the brain. There, it is turned into a meaningful sensation.

A certain amount of stimulation is required before you become aware of a sensation. This minimum level is called threshold. Aging increases this threshold. So the amount of stimulation needed for you to be aware of the sensation becomes greater.

All senses can be affected by ageing. Hearing and vision are the most affected. These changes can be corrected with equipment as eye glasses and hearing aids or by changes in the lifestyle.

Now we will see the tips for communicating with the elderly with impaired senses.

2.3.1 Communicating with the Visually Impaired

- Speak to the individual when you approach him or her.
- If you enter a room with someone who is visually impaired, describe the room layout, other people who are in the room, and what is happening.
- Tell the person if you are leaving. Let him/her know if others will remain in the room or if he/she will be alone.
- Speak clearly in a normal tone of voice.
- When conversing in a group, remember to identify yourself and the person to whom you are speaking.
- Use whatever vision remains.
- Allow the person to take your arm for guidance.
- Ask how you may help, such as increasing the light, reading the menu, describing where things are or in some other way.
- Call out the person's name before touching, Let the person know that you are listening.
- Allow the person to touch you if comfortable.
- Treat him/her like a sighted person as much as possible.
- Use the words 'see' and 'look' normally.
- Use large movement wide gestures and contrasting colours.
- Explain what you are doing as you are doing it for example, looking for the wheel chair.

- Be descriptive when giving directions; verbally give the person information that is usually obvious to individuals who can see. For example if you are approaching steps mention how many steps are there.
- Leave things where they are unless the person asks you to move something.
- Encourage independence whenever possible.
- Make them to be familiar to their environment.
- General information for people with low vision should be provided in **Arial 18 point bold**
- Speak directly to the client rather than to their companion

2.3.2 Communicating with the Hearing Impaired

- Wait until you are directly in front of the person, you have that individual's attention, and you are close enough to the person before you begin speaking.
- Be sure that the individual sees your approach. Otherwise your presence may startle the person.
- Face the hearing person directly and be on the same level with him/her whenever possible.
- Don't eat, smoke, chew while talking to them. If you are eating, chewing or smoking while talking, your speech will be more difficult to understand.
- Keep your hands always away from your face while talking.
- Don't talk when they are tired or ill.
- Reduce back ground noises.
- Speak in a normal fashion without shouting.
- See the light is not shining in the eyes of the hearing impaired person.
- If the person has difficulty in understanding something, find different way of saying the same thing rather, than repeating the original words over and over.
- Use simple short sentences and the known language.
- Write message, if necessary.
- Use as many other methods of communication as possible to convey your message (i.e body language, pictures, illustrations etc).
- If the person is wearing hearing aid, check to see whether the hearing aid is working.
- If you telephone an individual who is hard of hearing, let the telephone ring longer than usual. Speak clearly and be prepared to repeat the reason for the call and who you are.

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Communication Skills for Special Groups



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- Relax and don't be embarrassed if you use terms like "Did you hear about....."
- Make sure the person understands you.
- Use pictogram grid or other device with illustration to facilitate communication.
- If there is a sign language interpreter present, face the person with the hearing impairment when talking, not the interpreter.

2.3.3 Communication with the elderly having impaired taste, smell and touch

Impaired taste and smell is not having much impact on communication.

Tips to communicate to impaired taste, smell and touch

- Sensitivity to your tastes often declines after the age of 60 years.
- Mouth produces less saliva. It causes dry mouth which affects the sense of taste.
- The sense of touch also includes being aware of pain, temperature, pressure, vibration and body position.
- With decreased temperature sensitivity, it can be hard to differentiate between cold and hot and warm. Hence, risk of injury from frostbite, hypothermia and burns are more.
- Reduced ability to detect vibration, touch and pressure increase the risk of injuries and pressure ulcers.
- Instruct your client to be aware of the above (including family members) and frequently monitor for the above signs and symptoms.
- To ensure safety, buy products as gas detector that gives off alarms.

2.3.4 Communication with individuals with mobility impairments

- If a person is using a wheel chair, make sure that the person does not have to look up to communicate at eye level.
- Speak directly to the person and not with someone who may be assisting him / her.
- Don't shout.
- Never patronize people who use wheel chair by patting them on the head or shoulder.
- Ensure that there is a clear pathway to intended destinations and at meetings or restaurants. Make a chair free space at the table for the person using the wheel chair to sit.



- Push the person in the wheel chair only when asked. Don't take control without asking.
- Offer assistance if the individual appears to be having difficulty in opening a door.
- If you telephone the individual, allow the phone to ring longer than usual to allow extra time for the person to reach the telephone.
- Never hang on or lean on a person's wheel chair or tray because the chair is part of one's personal body space and hanging on it can be very annoying and offensive.
- Offer assistance but do not insist or be offended if your offer is not accepted. Relax and treat the individual with dignity, respect and courtesy. Listen to the individual.

2.4 DEALING WITH ISSUES OF COGNITIVE AND EMOTIONAL PROBLEMS

Cognitive problems : As individuals age, their brains shrink. They gradually lose nerve cells that they had from birth and process information more slowly. As a consequence, learning new concepts and patterns becomes more difficult. Memory also begins to fail. The ability to store, process, remember, and co-relate information drops. These things discourage the young from talking to the elderly.

Social changes such as retirement, loss of income, loss of loved ones, will influence their desire to communicate. Such losses in the elderly may lead to withdrawal.

Hence as a geriatric health care assistants let us see the tips to communicate with the elderly who has cognitive problems.

2.4.1 Communication with individuals with cognitive disabilities

- Be honest with the individual. Take plenty of time and listen patiently.
- Always approach the person from the front.
- Speak in a normal tone.
- Ask the person (family) how best to communicate, what technique or devices can be used to communicate.
- Allow the clients to complete their thoughts if they struggle with words. Don't guess and encourage them to write the words.
- Use gestures or pointing to objects if helpful in supplying words or adding meaning.
- Avoid the setting with lot of sensory stimulation.
- Maintain eye contact and smile.

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Communication Skills for Special Groups



- Be respectful.
- Ask only one question at a time. More questions will increase confusion.
- Repeat key words.
- Don't exclude the person from conversations with family and friends.
- Avoid criticizing or correcting. Instead listen and try to find the meaning in what is being said.
- Avoid arguing.
- Ask questions which needs yes or no answers. Avoid lengthy conversations.
- Give visual cues, written notes, touch, sight, smell, sounds and tastes as a form of communication.
- Don't be afraid to ask questions.
- Talk in a quiet environment.
- Be patient, flexible and supportive. Take time to understand the individual and make sure that the individuals understand you.
- It is ok if you don't know what to do or say. Your presence and friendship are most important.

2.4.2 Communication with emotionally disturbed people

An elderly person needs to feel safe, remain close to other people and believe that his/her life continues to be meaningful. Meeting his/her emotional needs can help him/her to avoid depression, loneliness, boredom and isolation. Because of their normal ageing, physiological changes in vision, hearing, taste, smell, touch, mobility and cognitive problems, coping mechanisms in daily living are being affected.

Depending on others for everything may lead them to the following emotional feelings.

- Sadness / Depression
- Crying spells
- Anger/frustration/rage
- Confusion/overwhelmed/guilt
- Worry/ anxiety / panic/yearning
- Uncomfortable/irritability
- Memory/problems feeling distracted/pre occupied
- Euphoria/ fluctuating emotions / sense of lack of control

Let us see how to communicate with these elder persons effectively.

- Listen silently and observe them in a manner that you care and give respect to their feelings.
- Encourage them to express their feelings
- Engage them to their interests and talk to them about their interests.
- Form social groups
- Make the environment quiet and calm
- Don't argue. Your conversation are not likely to go very far if you try to correct every action of your client.
- Have patience. Be supportive.
- Understand there will be good times and bad times.
- Divert their thought to their of interest field.
- Teach them relaxation techniques and ask them to control emotions by themselves.
- Deal with the circumstances and realize that circumstances may or may not be under our control and may change also .
- Give spiritual support.
- Teach them a new hobby.
- Try to get some help if they are too aggressive.
- Make them to think positive and accept the things.

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Communication Skills for Special Groups



2.5 HEALTH CARE EDUCATION FOR ELDERLY

Health care education or Health education is part of health care that is promoting healthy behaviour.

Health education is a process aimed at encouraging people to want to be healthy; to know how to stay healthy; to do what they can do individually and collectively; to maintain health and to seek help when needed.

Health promotion is an important activity throughout the life span. Older adults are not too old to stop smoking, drinking alcohol, start exercising and change their diets or life styles.

It is important for the geriatric care person to understand the normal changes that occur with age and to know how to adopt teaching methods to accommodate for normal aging changes.

Health care education requires careful handling of our client's knowledge, attitude, perception, social status, income, their roles in the family, physical changes, cognitive changes, psychosocial issues and coping mechanisms etc.

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Communication Skills for Special Groups



2.5.1 Points to be considered while planning a health education for elderly

- Health education must be organized according to their needs (ageing changes).
- Learning desire and joy of life should be stimulated.
- Teaching should be performed by using short simple words.
- Use multiple ways, audio, video and other techniques.
- Teaching should be kept short (only 10-15 mts).
- All possible sources for the clients and their family, appropriate learning styles should be organized in one direction.
- Assistance from family members, relatives, neighbours and volunteers must be accepted.
- Instead of an authoritarian attitude, a calm understanding approach must be adopted to give health care education to the elderly.

2.5.2 Planning and Management of health education

Health education planning is as follows

- Collection of information (Needs of our client)
- Identification of problem
- Deciding on priorities
- Setting goals and measurable objects
- Assessment of resources
- Consideration of possible solutions
- Preparation of plan of action. What will be done? By whom? where? etc
- Implementing the plan
- Monitoring and evaluating the degree to which stated objectives have been achieved
- Reassess planning, implement until the objectives achieved.

2.5.3 Areas in which health care education can be given to our clients

1. Human biology

- How to keep physically fit
- Encourage daily living activities
- Encourage to the maximum possible level of self-care
- Encourage to be out of bed as much as possible so as to promote mobility (reduce the risk of pressure sores, contractures, dependency).
- Encourage adequate rest and sleep
- Encourage minimum and regular exercise (30-60 minutes/day)

- Encourage to go for regular check up according to their needs
- Male person should go for regular prostate examination
- Female person should go for regular mammogram
- Encourage annual regular check up etc

Nutrition

- Identify food likes and dislikes
- Small and frequent meals
- Encourage healthy eating plan
(fruits, vegetables, low fat foods and low in sodium)
- Safe and easily digestible food
- Should take calcium, vitamin D, exposure to sun, fiber rich diet
- Diet according to their disease condition etc

Hygiene

- Care of skin (use sunscreen and moisturizers cream to avoid sunburn and dryness of skin)
- Oral hygiene with teeth brushing and regular dental check up (Care of dentures)
- Maintain personal hygiene (daily bath, clothing , washing hands, care of nails, feet, etc) Training during coughing, sneezing, personal appearance, etc.,

Family Health

- Encourage family responsibilities and relationship
- Avoid feeling of loss due to
 - Retirement
 - Power
 - Status
 - Friendship
- Encourage
 - Social groups
 - Accepting Role change
 - Hobbies
 - Rehabilitation, when required
 - Participation in social functions, etc.

Disease prevention and control (if possible make a table)

- Regular annual check up
- Maintain healthy body weight

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Communication Skills for Special Groups



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- Minimum regular exercises
- Fiber rich and low fat diet
- Encourage daily living activities
- Use of regular medications
- Rehabilitation
- Restoring the patient to the high degree of independent living

Mental health

- Good family relationship
- Avoid loneliness
- Involve in all activities
- Encourage them to give suggestions and making decisions in family
- Encourage social activities

Prevention of accidents

- Avoid unpolished floors and wet floors
- Have good lighting
- Have correct height of beds, chairs
- Provisions of walking aids, hand rails etc
- Provide safety devices according to their needs

Use of health services

- Information about old age pension, old age insurance, medicare, medical insurance etc may be provided

2.6 SUMMARY

We have discussed that communication is one of the most important skills for a geriatric care person. It allows geriatric care persons to understand client's needs in a better way and to develop relationship that will help clients to attain healthy behaviour.

A geriatric assistant's competence depends on ability to send timely and intelligent messages and on the ability to understand the client's communications. We further studied the skillful communication tips of how to form trustful relationship with impaired hearing, vision, touch, smell and taste.

We discussed how to be confident enough while taking care of clients who are having cognitive and emotional problems. Through health care education, the geriatric assistant helps clients to accept the changes resulting from health alteration and to have a better, joyful, healthy lifestyle.

2.7 GLOSSARY

1. embracement : To hold someone in your arms as a way of expressing love or friendship
2. frustration : A feeling of anger or unable to do something.
3. perspective : A mental view of something.
4. debilitating : To make someone or something weak.
5. threshold : The point or level at which something begins or change.
6. pictogram : International scientific vocabulary
7. sign language : A system of hand movements used for communication.
8. cognitive : Mental activities such as thinking, understanding, learning and remembering
9. emotion : A strong feeling (anger, joy, hate, fear)
10. guilt : A bad feeling caused by knowing that you have done something bad or wrong.
11. over whelmed : Upset, over throw to cover over completely.
12. yearning : Urgent longing
13. euphoria : Feeling of great happiness and excitement
14. authoritarian : Expecting people to obey rules or laws.
15. monitor : Check for a special purpose over a period of time

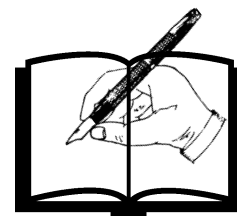
2.8 SELF ASSESSMENT QUESTIONS

Short answer questions.

1. Write any four changes that will occur in old age and the relevant technique to communicate with those changes.
2. Write ten points about how to communicate with the elderly who are visually impaired.
3. Write ten points about how to communicate with the elderly who are hearing impaired.
4. Mention ten points about how to communicate with the elderly who has cognitive disorder.
5. Write ten points about how to communicate with elderly who are emotionally affected person.
6. Mention ten points to be considered while planning a health education for the elderly.
7. Write ten areas where we can give health education to the elderly with examples.

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Communication Skills for Special Groups



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Fill in the blanks

1. While communicating with elderly we can take _____ suggestions.
2. While communicating with elderly we should reduce _____ voices.
3. Use _____ and _____ while communicating with the visually impaired elderly
4. Cognitive impairment means disturbance in _____ and _____
5. The main purpose of health care education is _____ behaviour

2.9 SUGGESTED READINGS

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GERIATRIC CARE ASSISTANCE

3

FUNCTIONAL NEEDS OF ELDERLY

Structure

- 3.0 Introduction**
- 3.1 Objectives**
- 3.2 Cognitive and Emotional Needs**
- 3.3 Sensory Needs**
 - 3.3.1 Vision
 - 3.3.2 Hearing
 - 3.3.3 Touch
 - 3.3.4 Smell and Taste
- 3.4 Nutritional Needs**
- 3.5 Cardio Pulmonary Concerns**
 - 3.5.1 Problems affecting the cardio-vascular system
 - 3.5.2 Problems affecting the respiratory system
- 3.6 Digestive System Concerns including Oro Motor and Swallowing Concerns**
- 3.7 Elimination Concerns**
- 3.8 Neuro Musculo-skeletal System**
 - 3.8.1 Nervous System
 - 3.8.2 Musculo-Skeletal System
- 3.9 Self Assessment Questions**
- 3.10 Summary**
- 3.11 Glossary**
- 3.12 Suggested Readings**
- 3.13 References**

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Functional Needs of Elderly



3.0 INTRODUCTION

Growing old is an inevitable process in every one's life. As we grow old the health needs also vary. An important part of geriatrics is concerned with helping the aged to live happy and to their satisfaction. The aging process is complex. The body continuously replaces the worn out cells throughout the life of the individual. As the years pass, the rate of replacement slows down. Thus the functions of each system of the body are impaired and give rise to disorders. So it is important to meet the special needs of the elderly people.

3.1 OBJECTIVES

After reading this unit the students should be able to

- explain the cognitive and emotional needs of the elderly
- explain the sensory needs and their management
- describe the nutritional needs
- enumerate the cardiopulmonary concerns
- explain the needs of digestive system and their management
- describe the elimination needs
- describe the needs of musculo-skeletal system

3.2 COGNITIVE AND EMOTIONAL NEEDS

3.2.1 Cognitive Changes

Aging results in normal changes in cognition. These specific changes are – reduced processing speed, greater tendency to be distracted and reduced capacity to process and remember new information at the same time, which is called as the 'working memory'. These changes are expected and not signs of cognitive impairment.

Other factors that reduce cognition include

- Vision and hearing problems
- Stress
- Fatigue
- Depression
- Medicine

Three common conditions affecting cognition are delirium, dementia and depression.

Delirium : or acute confusional state is a physically reversible cognitive impairment that is often due to a physiological cause. Physiological

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Functional Needs of Elderly



causes can include-electrolyte imbalance, cerebral anoxia, hypoglycemia, medications, drug effects, tumours, infection or bleeding. Delirium also occurs due to environment factors such as sensory deprivation or unfamiliar surroundings or psychological factors such as pain or emotional distress.

The presence of delirium requires prompt assessment. Identifying the cause and giving treatment prevents further damage.

Dementia : is a generalized impairment of intellectual functioning that interferes with social and occupational functioning. A gradual progressive, irreversible cerebral dysfunction characterizes dementia. Cognitive function deterioration leads to a decline in the ability to perform basic daily activities.

Depression : Older adults sometimes experience late- life depression, which is not a normal part of aging. Depression is a treatable medical condition. If depression occurs with dementia, careful assessment and planning care helps.

3.2.2 Emotional/psychosocial changes

The psychosocial changes occurring during ageing involves life transitions and loss. Life transitions, of which loss is a major component, includes retirement, and the associated financial changes in roles and relationships, alteration in health and functional ability, changes in one's social network and relocation.

3.2.3 Interventions for health promotion and maintenance in cognitive and emotional needs

Interventions supporting the psychosocial health of older adults resemble those for other age groups. Some interventions are more specific for older adults experiencing isolation, cognitive impairment, or stress related to retirement, relocation or approaching death. These interventions include therapeutic communication (refer module-1 unit-2), touch, reality orientation, validation therapy, reminiscence and interventions to improve body image.

Therapy Communication

- Attentive care in a timely fashion
- Meeting client's expressed and unexpressed needs
- Skillful care and competence in procedures

You must know therapeutic communication techniques and slowly develop a rapport with your client.

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Touch : Throughout life, touch tells us about our environment and the people around us. Touch is a therapeutic tool that you will use to help comfort older adults. Touch provides sensory stimulations, induces relaxation, provides physical and emotional comfort, orients a person to reality, shows warmth, and communicates interest.

An older adult who is isolated, dependent or ill, who fears death, or who lacks self-esteem has a great need for touch. Touch should convey respect and sensitivity. Do not touch in a condescending way such as patting an older adult on the head.

Reality Orientation : is a communication technique that makes an older adult more aware of time, place and person.

The purpose of reality orientation is

- Restoring the level of awareness
- Promoting socialization
- Elevating independent functioning
- Minimizing confusion, disorientation and physical regression.

Some useful guidelines for communicating with confused individuals include

- Frequent reminders of person, time and place
- The use of aids such as clocks, calendars and personal belongings
- Maintain same position of furniture, same routine care given

Communication must always be respectful, patient and calm. Question from older adults must be answered simply and honestly with sensitivity and a caring attitude.

Validation Theory : is an alternative approach to communication with a confused older adult. Reality orientation insists that the confused adults agree with our statements of time, place and person. Validation therapy accepts the description of time and place as stated by the confused older adult. Some clients with dementia benefit more with validation therapy and become more agitated with a care giver when insists on ‘correct’ time, place and person.

In validation therapy,

- Do not challenge or argue with statements and behaviours of a confused older adult.
- Recognize that the statement and behaviour represents an inner need or feeling and meeting that need.
- Validation does not mean to reinforce the statement of the client.

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Reminiscence : is recalling the past. Many older adults find enjoyment in sharing past experiences. As a therapy, reminiscence uses the recollection of the past to bring meaning and understanding to the present and to resolve current conflicts. This helps the older adults to recollect the coping strategies used in the past, the success experienced in the past and boosts self-esteem in the future.

Take time to ask questions about past experiences and listen attentively. This conveys your attitude of concern and respect to the older adult.

Reminiscence can be used in one-to-one situation and is also used as a group therapy.

Body Image Interventions : The way that older adults present themselves influences body image and feelings of isolation. Some physical characteristics of older adults which are socially desirable are grey hair, lined face that expresses character or wrinkled hands that shows a life time of hard work. Society sees older adults as incapacitated, deaf, obese or shrunken in stature. Illness and ageing threaten body image, invasive diagnostic procedures, pain, surgery, loss of sensation in a body part, skin changes, loss of scalp hair and incontinence, use of devices such as dentures, hearing aids, artificial limbs, indwelling catheters, ostomy devices and internal feeding tubes also affect body image.

You can influence the older adult's appearance by assisting with grooming and hygiene. A little effort is required in combing the hair, cleaning dentures, shaving or changing clothes. Odours created by urine and some illness are often present. By controlling odours, you create a pleasant environment both for the clients and their visitors.

3.3 SENSORY NEEDS

3.3.1 Vision

Impairment of vision related to aging leading to difficulty in reading and accidental falls.

Management

- Provide bright light for reading.
- Use lamps that do not have glare.
- Use dim light burning in bedrooms and bathrooms all through night.
- Provide safety rails at the sides of the bed to protect the patient from falls.
- Floor should be clean and dry.

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- Place furniture in a comfortable place away from the passages especially in the corridors.
- Regular eye check up and correction of eye glasses with appropriate lens for short sight and long sight.
- Treatment of infections of the eyes in their early stages.

3.3.2 Hearing

Impairment of hearing is related to aging process, disease conditions and toxicity of drugs.

Management

- Face the patient while talking so as to enable the patient for lip reading.
- Talk slowly and distinctly.
- Use simple language and short sentences.
- Lower the pitch of the voice.
- Use non verbal communication.
- Get the cleaning of the auditory canal to remove the accumulation of ear wax.
- Periodical check up to detect other problems causing impairment of hearing.
- Teach the traffic rules to prevent road accidents while walking in the busy roads.

3.3.3 Touch

Inability to recognize the temperature variations of the liquids

Management

- Check the temperature of the water /liquids before giving to the patients to drink, bath, enema, hot and cold applications on the skin.
- Daily observe the skin for its colour and break in the continuity of the skin.
- Do not apply hot applications directly on the skin.
- Do not apply any kind of pressure on the skin that cause ulcer or blister on the skin.

3.3.4 Smell and Taste

Inability to recognize presence of bad smell, poisonous gas, spoiled food articles etc may be related to ageing environmental factors ,smoking ,certain medications and decreased salivation.

Management

- Create meal time as a pleasant occasion. Avoid conflicts like arguments, emotional upsets
- Serve the food attractively as per likes of client
- Check the gas leaks from the gas cylinders. Patients with decreased sensation of smell are prone to poisoning if gas cylinders are kept open
- Maintain good oral hygiene (**refer module I , Unit VII**).
- Supply vitamins particularly Vit B complex to those taking broad spectrum antibiotics.

3.4 NUTRITIONAL NEEDS

Refer Module I Unit III

3.5 CARDIO PULMONARY CONCERNS

Cardio-pulmonary physiology involves delivery of deoxygenated blood (blood high in carbon dioxide and low in oxygen) to the right side of the heart and to the pulmonary circulation and oxygenated blood (blood high in oxygen and low in carbon dioxide) from the lungs to the left side of the heart and the tissues. The cardiac system delivers oxygen, nutrients and other substances to the tissues and removes the waste products of cellular metabolism through the vascular and other body systems (*eg.* respiratory, digestive and renal).

The body continuously changes with age. In an older adult, physiological changes occur in all systems. Some of the changes that occur in the cardiovascular and respiratory system are:

Cardio vascular

- Thickening of blood vessels
- Narrowing of vessel lumen
- Loss of vessel elasticity
- Lower cardiac output
- Decreased number of heart muscle fibers
- Decreased efficiency and thickening of heart valves
- Decreased efficiency of venous valves
- Increased pulmonary vascular tension
- Increased systolic blood pressure
- Decreased peripheral circulation

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Respiratory

- Decreased cough reflex
- Decreased removal of mucus
- Irritants from airways
- Decreased vital capacity
- Increased chest wall rigidity
- Increased airway resistance
- Increased risk of respiratory infections

Due to the above mentioned changes, older adults are prone to the following cardiopulmonary conditions – hypertension (systolic pressure more than 140mm of Hg and diastolic pressure more than 90mm of Hg). Hypertension predisposes the older adult to heart failure, stroke, renal failure, coronary artery diseases and peripheral vascular diseases.

Peripheral pulses are weaker in an older adult and hence they complain of cold extremities, especially the lower limbs.

Decreases contractile strength of the heart muscle results in a decreased cardiac output. This decrease becomes evident when the older adult experiences anxiety, excitement, illness or strenuous activity. The body in older adult takes a longer time to return to baseline

3.6 DIGESTIVE SYSTEM CONCERNS INCLUDING ORO MOTOR AND SWALLOWING CONCERNS

Altered gastro intestinal functions related due to anorexia, dyspepsia, regurgitation, dysphagia, constipation, greater sensitivity to medications causing diarrhoea, sedentary life style etc are related to ageing process and disease conditions.

Management

- Always assess the ability of the person to swallow the food before feeding starts.
- Try with a sip of plain water.
- Create a pleasing environment for meals.
- Give mouth care before and after each meals.
- Give small bite of food at a time to prevent choking.
- Alternate solids with liquids.
- Place the food in the unaffected side, if the person is hemiplegic.
- Give small amount of food at frequent intervals.

- Give large amount fluids to prevent constipation
- Have regular medical check up to detect diseases in the early stages that affects intake and digestion of food

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3.7 ELIMINATION CONCERNS

The normal ageing changes in urinary system include hypertrophy of prostate gland in men which causes urinary retention, frequency, incontinence, and urinary tract infections. Older women particularly those who have had children, can experience stress incontinence, in which an involuntary release of urine occurs when they cough, sneeze or lift an object (For bowel elimination, refer Module 2 unit 3.6.) Management of urinary needs is challenging for geriatric care givers. The important nursing actions include giving bedpan, urinals, providing catheter care and maintaining intake and output.

Bed rest or immobility among elderly can interfere with micturation (act of passing urine). It does not allow them to have the normal position for emptying the bladder. The nursing bed side assistant assists the bed ridden elders to use a bedpan for voiding. For a man who has not been able to reach the toilet facilities he may stand at the bedside and void into a plastic or metal receptacle for urine. If he is unconscious or unable to stand at bedside, the assistant needs to assist him to use the urinal.

Procedure for offering urinal and bedpan

1. Raise or level the bed as necessary. For example, some persons may desire to have the head of the bed raised. Others may require the knee part of the bed to be lowered or level.
2. Screen the person and give the urinal directly to him, placing the cover on the seat of the chair.
3. Assist the patient as needed; for example, adjust his pyjama, trousers or position the urinal. Instruct him to signal when finished. Be sure that he understands that he must never place the urinal on his bedside cabinet. This is for esthetics and sanitary reasons.
4. On signal, return promptly, bringing a basin of warm water. Remove the urinal from the bed. Assist him to wash his hands.
5. Note the colour and amount of urine before discarding it. If an output record is kept, measure and record the amount and time voided in the intake and output worksheet.
6. Follow the routine procedure for cleansing and storing the urinal.



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Use of Bedpan

Following is the proper procedure for handling a bedpan for either a male or female patient (fig 1)

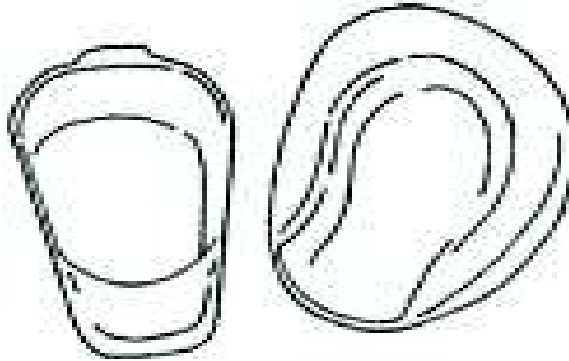


Figure 3.1 Bedpan

- Bring the person a warmed bedpan inserted in paper cover, rinsed in hot water and dried
- Provide privacy
- Place the covered pan on the chair seat and prepare to assist the person as necessary. Lift the bed cover; remove any supporting pillows; and lower the knee rail. Pull the pyjama jacket above the waist, and the pants to below the knees. Tell the person to bend his knees, press his heels against the bed, and raise hips. Slip one hand under his back, and place the pan under the buttocks. Ask for assistance if the person is heavy and unable to assist in lifting.
If the person cannot raise his buttocks, roll him to the near side of the bed, place the pan under his buttocks, and then roll him back on the pan. Check his position on the pan.
- Elevate the head of the bed. Place toilet paper and signal cord within his reach, and leave patient alone unless there is a requirement for constant attention.
- When the person is through, answer his signal promptly, bring a basin of warm water. When removing the pan, support the person in the same way as when the pan was being placed. If the person is unable to cleanse himself, turn him on his side off the pan and cleanse him with paper. If necessary, wash the anal area with soap and warm water. Dry thoroughly.
- Place covered pan on chair. Readjust pyjamas, bedding, and his position. Remove the screen. Air the area by opening a window, if possible.

3.8 NEURO MUSCULO SKELETAL SYSTEM**3.8.1 Nervous System**

Impaired memory, impaired sleep, slow speech and cognitive processing, reduced sensory perception, slow body movements and impaired heat regulation related to aging, brain damage and disease condition.

Management

- Assess the vital signs regularly
- Use an effective communication process. Always face the patient. use short sentences, ask for a feedback to determine whether the person has understood that is communicated
- Provide with hearing aids, eye glasses for the person to improve his sensory perceptions
- Arrange for a comfortable bed without wrinkles.
- Take care of the supply of food and fluids adequate for body needs
- Provide adequate treatment for disease conditions
- Administer medication on time
- Never leave the elderly alone
- Help the old age people to perform activities of daily living
- Daily observations include vital signs, mental status ,orientation, body movements and co ordination

3.8.2 Musculo-skeletal system

Impaired mobility of bones and joints, injury, pain, infection, muscle disuse, neurological disorders and disease conditions.

Management

- Active and passive exercise to promote mobility of joints
- Encourage ambulation
- Prevent fatigue by maintaining balance between exercise and rest period
- Provide side rails to beds to prevent accidental falls from beds
- Provide adequate lighting in the passages, bathrooms etc. to prevent falls.
- Familiarize the patient with his surroundings
- Avoid slippery floors



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Functional Needs of Elderly



- Never leave the persons alone
- Teach the persons/ relatives about intake of adequate nutrition
- Instruct the persons to minimize sudden movements, eg.to get out of the bed, the patient should sit for one or two minutes, then come down to a standing position.

3.9 SUMMARY

In this unit, we have discussed the changes occurring in various systems of our body, such as

- Impairment of vision related to aging leading to difficulty in reading and accidental falls.
- Inability to recognize presence of bad smell, poisonous gas, spoiled food articles etc, related to ageing, environmental factors, smoking, and certain medications and decreased salivation.
- Altered gastro intestinal functions related due to anorexia, dyspepsia, regurgitation, dysphagia, constipation, greater sensitivity to medications causing diarrhoea, sedentary life style, etc related to aging process and disease conditions.
- Impaired memory, impaired sleep, slow speech and cognitive processing, reduced sensory perception, slow body movements and impaired heat regulation related to aging, brain damage and disease condition.
- Impaired mobility of bones and joints, injury, pain, infection, muscle disuse, neurological disorders, and disease conditions and the management of the special need to be met in the elderly.

3.10 SELF ASSESSMENT QUESTIONS

1. List down any changes occurring in the musculo skeletal system in the elderly.
2. How will you take care of patient with hearing impairment?
3. What do you mean by
 - a. Dysphagia
 - b. Anorexia
 - c. Enema
4. The three common conditions affecting cognition are ___ ___ and ___
5. The psychosocial changes occurring during ageing involves ___ and ___
6. List the interventions for promotion of psychosocial needs.

7. The meaning of reminiscence is _____
8. Reality orientation is making an individual aware of ____, __ and __

MODULE-2

Functional Needs of Elderly

3.11 GLOSSARY

- **Anorexia** : loss of appetite and inability to eat.
- **Cognition** : The mental process of knowing, including aspects such as awareness, perception, reasoning and judgement.
- **Diarrhoea** : Diarrhoea is a condition that involves the frequent passing of loose or watery stools
- **Dyspepsia** : Also known as indigestion or heart burn, is a condition of impaired digestion.
- **Dysphagia** : Difficulty in swallowing, means it takes more time and effort to move food or liquid from your mouth to your stomach.
- **Enema** : An enema administration is a technique used to stimulate stool evacuation. It is a liquid treatment most commonly used to help relieve severe constipation.
- **Impaired** : Having a disability of a specified kind.
- **Psychosocial**: Involving both psychosocial and social aspects. A term referring to the mind's ability to consciously or unconsciously adjust and relate the body to its social environment.
- **Regurgitation** : Regurgitation is the expulsion of material from the stomach through pharynx or oesophagus, usually characterized by the presence of undigested food or blood
- **Synonyms** : Perception, understanding, comprehension, reasoning, thinking.



3.12 SUGGESTED READINGS

1. Cahill. S : Quality of Life. The priorities of Older People with a Cognitive Impairment.
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Functional Needs of Elderly



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Improving Cognitive functions in older adults: Non-traditional Approaches. Journals of Gerontology 2007, Vol 62 B, 45 – 52.

GERIATRIC CARE ASSISTANCE

4

MANAGEMENT OF AILMENTS AND DISEASES

Structure

- 4.0 Introduction**
- 4.1 Objectives**
- 4.2 Acute illnesses and their Management in the Elderly**
 - 4.2.1 Presentation of acute illnesses
 - 4.2.2 Management of acute illnesses
- 4.3 Common Chronic diseases in the Elderly**
 - 4.3.1 Presentation of chronic diseases
 - 4.3.2 Investigation and treatment of chronic diseases
- 4.4 Geriatric Giants**
- 4.5 Symptom Management**
- 4.6 PolyPharmacy**
- 4.7 Scales, Scores and Index**
 - 4.7.1 Barthel Index Score
 - 4.7.2 Three Objects Recall
- 4.8 Summary**
- 4.9 Glossary**
- 4.10 Self-assessment**
- 4.11 Suggested Readings**

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Management of Ailments and Diseases



4.0 INTRODUCTION

The medical problems in the elderly are different from that of the younger patients. They have multiple problems, and are given multiple medications called polypharmacy. They also present very differently than the younger patients. These are called as atypical presentations. Patient may be having pneumonia but may not have fever. Other chronic diseases like diabetes and high blood pressure are common in the elderly. Added to this, they have age related changes in the body leading to compromise of function. Older patients are frail, ie. they are physically weak and their immunity is low.

4.1 OBJECTIVES

After reading this lesson you should be able to

- state the presentation of acute illnesses and their management.
- list the common chronic diseases in the elderly.
- list the geriatric giants.
- describe the symptom management.
- explain the polypharmacy.
- describe the various scales, scores and Indices used.

4.2 ACUTE ILLNESSES AND THEIR MANAGEMENT

Elderly patients can present with many acute illnesses. They are

1. Infections : pneumonia, urinary tract infection, bronchitis, viral infection, meningitis .
2. Stroke : hemorrhagic, embolic or thrombotic
3. Myocardial infarction
4. Electrolyte imbalance due to diarrhoea, vomiting, diuretics and age related.
5. Loss of blood

4.2.1 Presentation of acute illnesses

Elderly patients most often present differently.

Infections : They may present with fever , cough, headache based on the site of infection. But many a times elderly will present only atypical symptoms which can be passed off as age related. Hence careful watch for these atypical presentations are important.

1.

- Loss of appetite
- Drowsy
- Irritable
- Weakness
- Fall

Stroke : Stroke is a condition where they will have either

- Sudden loss of consciousness
- Sudden weakness in one half of the body with or without loss of speech

This condition occurs due to a blood clot in the cerebral blood vessels or hemorrhage into the brain .Strokes are common in the elderly. This condition is common in patients who have diabetes and hypertension.

Myocardial Infarction : This is commonly known as heart attack. This disease occurs due to lack of blood supply to the heart muscle. It is also called ischemic heart disease.

Patient presents with

- Sudden severe left side chest pain which can be experienced in the left arm, throat and jaw.
- Patient may complain of suffocation
- Weakness and easy fatigue
- Breathlessness

Elderly may not have classic chest pain especially if they have diabetes.They may complain only of breathlessness and weakness.

Electrolyte imbalance: The electrolytes are sodium, potassium and chloride.

This condition is very common in elderly especially low sodium content in blood which is called Hyponatraemia.

Conditions causing Electrolyte imbalance

- **Diarrhoea and vomiting:** Here potassium is lost and patient can complain of skeletal muscle weakness, or distention of abdomen, ie, bloating sensation.
- **Drugs, Diuretics:** These are medications given for heart failure and if patient has swelling of the feet or for hypertension, ie, high blood pressure, common medications are Lasix and Thiazides.
- **Age related :** The kidneys in the elderly sometimes are unable to retain sodium and hence leading to low sodium.

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Management of Ailments and Diseases



MODULE-2

Management of Ailments and Diseases



The presentation will be

- Patient will be drowsy especially in condition leading to low sodium
- Dehydrated
- Low urine output
- Weakness
- Loss of appetite.

Blood loss ; Elderly patient can have sudden loss of blood due to

- Hametemesis : vomiting of blood
- Haemoptysis : Coughing out of blood
- Bleeding from the rectum

Patient can present with severe weakness and face will appear pale. If patient feels dizzy on standing and loses consciousness on standing, then there is a significant blood loss. Patient can also be drowsy.

4.2.2 Management of acute illnesses

All acute illnesses need immediate hospital admission and care. Recognizing that there could be an acute illness is important in the elderly.

Infections : The cause of the infection has to be identified . It could be viral, bacterial, fungal or malaria. The treatment will be antibiotics for bacterial infections which is the most common infection. It is important that the patient receives all the doses appropriately and timely. One must carefully watch for any reaction that the patient may face with these medications and report immediately.

Stroke : The patient will have to be hospitalized for the diagnosis and initial treatment. Here the patient will be put on more than

- two or three medications to control blood pressure, diabetes if the patient has them.
- **Specific medication :** Aspirin or clopidogrel. These thin the blood and prevent clot formation. Both these medications will have to be taken after food. They can cause bleeding in the stomach. The patient will pass black colour stools.
- **Physiotherapy :** Exercises are the most important part of the treatment. This is called physiotherapy. It is done to improve the strength of the muscles that is affected.

Myocardial infarction : This is a medical emergency where seconds matter. Patient has to be shifted to hospital as quickly as possible.

First aid : When there is suspicion of myocardial infarction, the following needs to be done.

- Loosen patient's clothes
- Make him lie down.
- Give aspirin if it is available immediately
- Sorbitrate sublingually (put the tablet under the tongue)

Follow up treatment

- Aspirin or clopidogrel

Electrolyte imbalance :

Investigation : Serum electrolytes which include serum sodium, potassium and serum chloride.

Treatment :

Diarrhoea : Oral rehydration solution. 150 ml after every bout of diarrhea,

4.3 COMMON CHRONIC DISEASES IN THE ELDERLY

Some diseases are very common in the elderly. They are known as comorbid conditions . These diseases occur due to changes in the organs due to aging and can affect all systems.

The common chronic diseases are :

- Diabetes and complications
- Hypertension
- Parkinson's disease
- Osteoporosis and osteoarthritis
- Thyroid diseases
- COPD and Asthma
- Ischemic heart disease

4.3.1 Presentation of chronic diseases

Diabetes and complications : Diabetes mellitus is a very common problem in the elderly. It will present as follows.

- Hyperglycemia : Increase in blood sugar
- Glycosuria : Increased sugar excretion in urine
- Weakness of body
- A typical presentation : Elderly may just present with complications like itching , neuropathy, heart and kidney failure.

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Management of Ailments and Diseases



MODULE-2

Management of Ailments and Diseases



Complications of Diabetes

Acute complications

- **Hypoglycemia** : This is a condition of low blood sugar in elderly who is on treatment for diabetes. This has to be carefully looked for. Signs of hypoglycemia in an elderly are drowsiness, delirium and coma . Other symptoms can be increased sweating , headache and palpitations. Elderly can have mid night hypoglycemia. Elderly patient do not tolerate hypoglycemia and it is life threatening for them.
- **Hyperglycemia leading to Coma** : This normally occurs when infection is not recognized in an elderly diabetic. When patient has not taken the medication.
- **Infections** : Care must be taken that the feet are kept clean and avoid injuries to the foot . Good oral hygiene is important.

Long term complications

Eye:

- Loss of vision and the blindness can be sudden.
- Increase in the eye pressure causing intense pain and loss of vision. This condition is known as Glaucoma. If not attended to the patient can become blind in the affected eye.

Neuro muscular

- Neuropathy : Severe burning sensation and pain in both the feet and hands. It is called the glove and stocking peripheral neuropathy. This is a very troubling problem for the elderly. They also have muscle wasting the proximal muscles

Cardiovascular system and blood vessels

- Myocardial infarction
- Cardiac failure
- Peripheral vascular disease leading to gangrene of the foot

Kidneys : Diabetes can damage the kidneys. This leads to renal failure and excretion of the proteins . Patients will have oedema with swelling of the feet.

Hypertension : Means high blood pressure. Normal blood pressure is 120/80 mmHg .

A blood pressure of 130/90 is mild increase and any blood pressure above 150/100 is severe. In an elderly, blood pressure can go to very high levels. This leads to damage to other organs like the heart, eyes and kidneys.



High blood pressure can also lead to stroke or bleeding into the brain. Elderly patient may complain of headache, vomiting or giddiness if the blood pressure is very high

Parkinson's Disease: This is a common condition in the elderly. The features are

Akinesia : Patient movement is very slow

Tremors : Shaking of hands and legs at rest

Rigidity : The movement at the joints are stiff

Elderly have difficulty in movement. They may also suffer memory loss.

They develop infections and have difficulty in breathing

Musculoskeletal disorders : The two main conditions are arthritis and osteoporosis

Arthritis : There is pain and swelling in all the joints mainly the joints of the knee. This leads to difficulty in movement. This affects the quality of life

Osteoporosis : Elderly patients have less calcium in their bones. Bones become very soft. This can lead to fractures. Care should be taken to prevent fall in the elderly. They will complain of aches and pains.

Thyroid diseases: Hypothyroidism is common in the elderly. This can cause slowing of movement, constipation, dullness and high blood pressure.

Respiratory system : The common respiratory problems are

Chronic Obstructive Pulmonary Disease (COPD) : This is due to smoking added with age related changes in the lungs. This causes difficulty in breathing on exercises or rest. They will have cough with expectoration and wheezing. Sleep is disturbed and they are prone to repeated infections.

Asthma : Asthma developing in the elderly is called late onset asthma. This causes repeated difficulty in breathing as the airway gets obstructed.

Ischemic heart disease : This is commonly called as angina. This is caused by decreased blood supply to the heart muscle. It is common in the elderly. They complain of breathlessness or chest pain or feeling of suffocation on walking or climbing stairs.

4.3.2 Investigations and treatment of chronic illnesses.

Diabetes Mellitus : The normal blood sugars or fasting sugar should be less than 100 and post prandial should be less than 180 in the elderly. This can be checked at home using a glucometer. Fasting sugar is checked early morning on an empty stomach and post prandial is checked 2 hours after meal.

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Management of Ailments and Diseases



The treatment is either

- **Oral tablets and Insulin injections:** Both have to be given to the patient 15 mts before food. It is important to see that the patient eats. If patient takes the treatment and does not eat he or she will go into hypoglycaemia.
- **Diet :** Small frequent meals. No refined sugar or sweets.
- **Exercise :** This helps to bring the blood sugar down. Eg. Walking for 30 mts

Treatment of Hypoglycaemia

Patient should be given sugar or plain glucose immediately.

Hypertension : Investigations are mainly to evaluate damage to all organs like kidney and heart. Fasting lipid values are evaluated.

Treatment : Antihypertensive - These are mainly oral tablets .In case of emergencies, injectable antihypertensives are given. One needs to watch for fall of blood pressure on standing in the elderly . This is an adverse effect of these medications.

Parkinson's Disease : This is a clinical diagnosis.

Treatment : Oral medications are given. There will be worsening of symptoms even when on medication.

Musculoskeletal disorders

Osteoarthritis : Investigations X ray of the joints.Blood examination mainly the ESR (Erythrocyte Sedimentation Rate) which will be increased

Treatment : Exercises and physiotherapy. Long term painkillers like brufen should not be given as they can cause renal damage in the elderly

Osteoporosis : Bone scan can be done , Blood calcium levels and Vit D3 is also evaluated

Treatment : Oral calcium and weekly Vit D .

Respiratory problems

COPD and asthma : Investigations are chest x-ray and lung function tests. Bed side tests are counting, 6 mts walking, blowing of candle held 1 foot away. If patient is breathless, he will not be able to do all three tests.

Both the conditions are treated with

- **Medical bronchodilators:** oral medicines inhalers and injectables. Oral and inhalers are commonly used. Injectables are used for severe cases.

Steroids : Oral inhalers and injectables.



- Chest exercises with respirometer. And steam inhalation to bring out the sputum. This will clear the airway and helps the patient breathe easily.

Basic Principles

Back rest / Comfort position

Oxygen -4lts/min, Nasal Prong – If SPO₂ < 90%

Bronchospasm – Bronchodilators, Steroids

Theophyllin 200mg twice a day

Anaemia – Blood Transfusion -< if less than 8 gms

Ischaemic Heart Disease (IHD) : The investigations are ECG electrocardiogram, ECHO (Echocardiography).

Treatment : Anti angina medications and aspirin.

If patient has pain while walking, give sorbitrate sublingually.

Gastrointestinal Diseases: (GERD and reflux eosophagitis), The investigation is gastroscopy

Management : Raise the head end of the bed give small frequent meals.

Patient should avoid smoking, alcohol, coffee, and fatty meals.

Medications : are pantoprozol , somepraz. Antacids orally can be given one hour before meal.

4.4 THE GERIATRIC GIANTS

Elderly people are frail. Even if they do not have any disease, they lose skeletal muscle mass and bones become osteoporotic.

They are prone to falls and infections. Certain conditions develop due to ageing. These are

- **Falls :** Check whether the patient is steady while getting up from the bed and while walking. Precaution is to be taken
 - Sit on the bed for a few seconds before getting up from the bed.
 - Bright light in the room
 - Aids like the walking stick must be used
 - Check standing blood pressure
 - Inform doctor and check medications
- **Immobility :** This could be due to poor vision, arthritis, Parkinson's disease , medical illness added with old age frailty. It is important to mobilize the patient as much as possible. This is to prevent blood clot in the

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Management of Ailments and Diseases



legs and worsening of osteoporosis. Patient should be encouraged to do his own work.

- **Incontinent bladder and bowel, constipation**

Bladder incontinent : Most elderly have difficulty in controlling the urine. They can also have continuous dribbling. Patient should be made to empty bladder every 2 hours. This is called bladder training. Adult diapers can be used so that patient can be mobilized. Check for medications which can increase urine output.

- **Confusion and delirium:** Patient can be confused and delirious as a part of aging. This can be further worsened by medical illnesses like infections and diarrhoea. A careful watch must be kept to avoid falls and selfmedication
- **Vision and hearing impairment.**

4.5 SYMPTOM MANAGEMENT

Elderly patients present atypically and many symptoms overlap with ageing process. It is important to carefully observe and report the following symptoms.

1. PAIN : Pain is the most common complaint the elderly present with and is a major health problem. Unrelieved pain, results in substantial disability and psychological stress. Many elderly have multiple pain complaints and multiple sources of pain. Pain is associated with a number of negative outcomes in the elderly and the care givers. The approach to pain management is different in elderly versus younger patients. Under reporting, cognitive impairment ,having concurrent illnesses , multiple problems makes pain evaluation and treatment very difficult in the elderly. They have higher incidence of side effects to medication. Despite these, pain can be effectively managed and it is ethical and moral obligation to relieve pain especially for those near end of life. Pain can be acute or persistent.

Acute Pain : It comes on suddenly and has a limited duration. It is usually caused by damage to tissues such as bone, muscle or organs and is usually associated with anxiety and emotional stress.

Persistent pain: Persistent pain lasts longer and sometimes does not respond to treatment.It is associated with long term illness like osteoarthritis, osteoporosis and cancer pain. Pain lasting for more than 3 to 6 months can be referred to as persisting pain.



3 Pain assessment scales.

A variety of pain scales are available to help categorize and quantify pain.

- Several tools are available to measure pain in older adults with dementia. Each has strengths and limitations
- Faces Pain Scale →FPS-Daivia Bier et al
- Functional Pain Scale →FM Gloth MD et al
- Numeric Rating Scale →NRS Keela A Phd.
- Pain Assessment in Advanced Dementia Scale PAINAD

Numerical scale



Figure 4.1 Numerical scale

Visual analogue scale

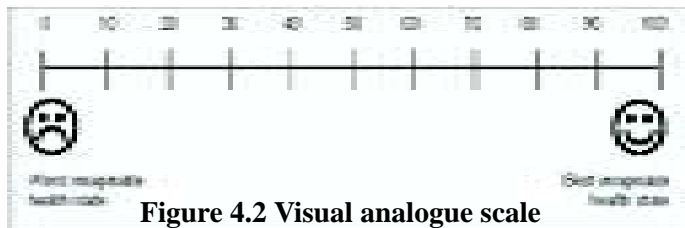


Figure 4.2 Visual analogue scale

Non verbal scale

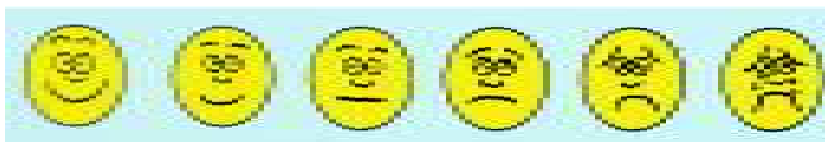


Figure 4.3 Non verbal scale

Three objects recall

Ask the patient to repeat three objects eg Fan, Cup and Pen. He must repeat it. Ask him to recall the same after 5 mts. If he cannot recall there is a memory lapse. Ask the patient the time, place, and which part of the day it is.

WHO analgesic ladder

Step 1 : Non opioids analgesic and or adjuvants

Step 2 : Non opioid analgesics with weak opioids with adjuvants for mild to moderate

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Step 3 : Non opioid analgesics with strong opioids with or without adjuvants, for moderate to severe pain.

Treatment could include

- Avoiding prolonged bed rest to relieve joint pain, neck pain and lower back pain. Prolonged bed rest may lead to a poorer outcome.
- Pain relief medications such as a short course of nonsteroidal anti-inflammatory drugs (NSAIDs) may reduce joint pain and joint inflammation
- Use warm showers, baths, hot water bottles, or warm washcloths. Heat relaxes muscles, which can help reduce pain, and give a sense of comfort. Do not set heating pads on high because they can burn the skin.
- Use cool cloths or ice. Cooling the skin and muscles can soothe pain, especially pain that comes from inflammation or swelling.
- Position the person carefully with pillows and soft seat cushions.

Both acute and persisting pain can cause depression and anxiety.

Breathlessness : An unpleasant awareness of one's own breathing

The elderly experience respiratory discomfort due to

- Aging changes in the lungs which will reduce their lung capacity in terms of maximum air intake or exhaling air while breathing out.
- Comorbid conditions associated with like COPD
- Muscle wasting and loss of strength

Dyspnoea in elderly is critical as lack of understanding will lead to fear, anxiety which will further increase respiratory rate and worsen of dyspnoea. The causes may be Respiratory, COPD (Chronic Obstruction to the airway) asthma, pleural effusion, illness varied condition such as other pain, anaemia, pulmonary embolism, chest infection, ascites, cardiac conditions, cardiac failure, ie heart failure, cancer, obstruction to the airway, metabolic acidosis, thyroid gland overactivation, anxiety, weakness and loss of strength in respiratory muscles.

Drowsiness and delirium : This could be due to infection, low sodium, medication side effects, low blood sugar or stroke.

Off food : Could be due to infections especially urinary tract infections and pneumonia, myocardial infarction, depression or due to medication.

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4.6 POLYPHARMACY

More than 5 drugs in a prescription is called polypharmacy. Most elderly patients will be taking more than 5 medications. It is important to understand which medications are important and cannot be missed. One must look for any adverse reaction and report immediately.

4.7 SUMMARY

Management of ailments and diseases is an important area of Nursing care. Acute illnesses like infections, stroke, Myocardial infarction usually occur among elderly. Chronic diseases and the elderly related issues are discussed to support knowledge in nursing assistance. Symptom management and polypharmacy are very essential in geriatric care assistance.

4.8 GLOSSARY

Barthel Index Score : Helps to evaluate patient's capacity to do his daily activities

Scales, scores and index: There are various scales , scores and index that are helpful to assess an elderly at home.

4.9 SELF ASSESSMENT QUESTIONS

- What are the common acute illnesses in the elderly?
- What are the ways an elderly can present with infection?
- Name all the chronic infections in the elderly.
- How do you recognize and treat low blood sugar?
- What would you do if a patient has imbalance?
- What are the geriatric giants?
- What are the respiratory problems in the elderly?
- Name all the scales that are used to evaluate pain.
- What are the causes of breathlessness in the elderly?

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Management of Ailments and Diseases



4.10 SUGGESTED READINGS

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2. McCaffery. M : *Nursing practice theories related to cognition, bodily pain, and man–environment interaction*, Los Angeles, 1968. UCLA Students Store.
3. Rosenthal R.A., Kavic S.M. : Assessment and management of the geriatric patient. *Critical Care Medicine* 2004.

GERIATRIC CARE ASSISTANCE

5

FALL RISK AND PREVENTION

Structure

- 5.0 Introduction**
- 5.1 Objectives**
- 5.2 Extrinsic and Intrinsic Factors Contributing to Falls**
 - 5.2.1 Extrinsic Factors
 - 5.2.2 Intrinsic Factors
- 5.3 Identification of Fall Risk and Management Strategies**
- 5.4 Summary**
- 5.5 Glossary**
- 5.6 Self-assessment Questions**
- 5.7 Suggested Readings**
- 5.8 References**

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Fall Risk and Prevention



5.0 INTRODUCTION

One of the most common problems of old people is the increased chances of falling. Falling is defined as “coming to a lower level unexpectedly”. Falls may happen with or without injury. It is estimated that 26% of people older than 60 years will have a fall in their lifetime which has serious effects. The chances of recovering from an injury sustained in a fall becomes lesser and lesser as a person grows older. There are many reasons for falls occurring in an older person. These can be broadly divided into factors within the person- intrinsic factors and factors outside the person- extrinsic factors. Most falls happen inside the home. Thus understanding and modifying the home environment are important to prevent older people from falling.

5.1 OBJECTIVES

After reading this unit, you will be able to

- identify intrinsic and extrinsic risk factors for fall in the elderly
- explain the principles of fall prevention in a given situation

5.2 EXTRINSIC AND INTRINSIC FACTORS CONTRIBUTING TO FALLS

The probability of an event happening is called risk. A risk does not mean that the particular event has happened. It only means that there is a higher than normal chance of the event from happening. Thus when we say risk factors for fall it does not mean that the person has fallen or that he will fall every day. It means that the person has a high chance of falling.

There are many reasons that a person is at risk for fall. Some of these are slippery floors, pets and small children, person’s poor balance etc. Together these reasons can be classified into extrinsic and intrinsic factors.

5.2.1 Extrinsic Factors

Any reason that is not within the person is called an extrinsic factor. These factors can also be called environmental factors. Some of the most

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Fall Risk and Prevention



important of these are given in the following section. Also given are the ways to identify and prevent these. At the end of the unit there is a chart that will help you to identify factors and how to manage these factors.

Lighting : Brightness of light and the way bulbs are placed are important in a house. Very bright light can cause confusion due to glare. Very dim light is not good as visibility may be affected. Light bulbs that are placed behind wall beams or cupboards will result in shadows. These shadows may cause confusion. Lighting must be diffused so as not to cause shadows and areas of brightness and darkness must be avoided. **Bright bulbs with milky shades are better than tubelights and naked bulbs. They must be placed in many areas so that light is evenly distributed without shadows.**

The following two pictures will illustrate concerns of lighting.



Figure 5.1 Shadows causing visual confusion



Fig 5.2: Diffuse and even lighting

The image of the left (figure 1) shows the effect of light through an open window. The shadow of the window bars causing a crisscross pattern on the floor can give the impression of change in levels and cause falls. On the other hand the image on the right (figure 2) shows a lighting scheme that does not cast shadows, with no visual confusion.

Floor pattern and friction: Tiles with different patterns can appear like the floor at different heights. Tiles with alternating patterns of light and dark shades are confusing. **The patterns of the floor tiles must be the same and darker colours must be used which will absorb light and not reflect.**

The feel of the tiles must be rough so as to provide enough friction between the footwear and floor. Too smooth tiles will be slippery and too

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Fall Risk and Prevention



rough may make it difficult for the person to move easily. This is especially so if the person is walking with a walker or crutches



Figure 5.3
Confusing tile pattern



Figure 5.4 Clear demarcation of step

The image on the left (figure 3) with a checkered pattern and borders gives the impression of a change in levels of the floor. This can be confusing and cause a person to fall. On the other hand, the image on the right (figure 4) shows a good floor pattern where the floor is of one colour and the step is of a contrasting colour so as to be clearly identifiable.

Clutter and floor mats: Many houses have small mats and carpets around the floor for decoration. These mats and carpets can cause a risk. As a person walks, if the toes get caught on the edge of the mat or carpet, they may trip and fall. Carpets make it difficult for a person to walk with walker or crutches. These are all risk factors for falls. **Carpets and foot mats that are not stuck to the ground must be removed. Carpets that are stuck to the ground must have even pile “fur”.**



Figure 5.5 Cluttered floor posing risk of fall



Figure 5.6 Well ordered room

The image on the left (figure 5) shows a cluttered floor where children and pets may contribute to the clutter. On the right (figure 6) is a neat and uncluttered living room.



Pets, small children: Household pets and small children may run in between when a person is walking. They may bump a person with poor balance and cause his fall. **Children and pets must be kept away from places where an older person is walking.**

Furniture height, width, arm rests : As a person grows older, the ability to control movement becomes difficult. Thus if a person has to sit down in a low chair they may not be able to control their descent. Therefore they may just fall into the chair. This can cause fracture of the hip.

If the chair is too wide, the person may not be able to reach the arm rests to push off the chair. This can cause them to fall forward or hurt their shoulders.

If the arm rests are too high the person may not be able to reach it adequately to push up from the chair.

The chair must be such that the person's feet are on the ground and width should be such that there is a 2 inches gap between the person and the chair on both sides. The arm rests must be such that they are at the level of the hips. (figure 7).



Figure 5. 7 Stable chair for sitting with appropriate arm rests

Climbing on furniture: In case an older person has to climb on to a piece of furniture to reach for an object high above like changing a bulb, the following factors must be taken into consideration. The safest method is to use a step ladder (figure 8). The next option is a sturdy table (figure 9) or

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Fall Risk and Prevention



plain wooden chair (figure 10). Do not use chairs with arm rests or cushions (figure 7) as they may topple with uneven weight distribution. Do not use plastic furniture to climb on.



Figure 5.8: Step ladder



Figure 5.9 Sturdy wooden table



Figure 5.10: Sturdy wooden chair

Switches, gadgets: Handling electric switches and gadgets like TV are events where there are possibilities of falls. A switch that is placed high on the wall or low near the floor requires a person to stretch or bend to reach it. This will require the person to challenge his balance and may be a cause for a fall. Likewise using a TV may need a person to bend down to see the buttons.

Switches must be placed at the person's eye level. Appliances and gadgets must be used with remotes.

Bathroom: Bathrooms are the most common areas of fall. Bathrooms in India are commonly wet and slippery. Our manner of bathing using a



bucket and mug requires a person to bend and straighten many times. Soaps may fall out of the hand and make the floor slippery. These are all common reasons for falls.

Bathrooms must have non slip floor mats. Buckets must be kept on a stool or slab so as to be at the height of the person's waist. Older persons must be encouraged to have bath while sitting on a stool. Soaps must be secured with a string so that they do not slip out of the hand. Use of a hand shower instead of using bucket and mug must be encouraged.



Figure 5. 11: A senior friendly bathroom

Kitchen: The kitchen is another area where falls happen frequently. Some of the reasons are reaching out for things kept on high shelves, bending to take objects from low shelves, sudden turning to take vessels from the stove and so on.

Objects used commonly like sugar, salt must be kept on the kitchen counter. The person must plan everything so that they are paying attention to one activity at a time. Avoiding distraction is a good way to prevent falls.

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Footwear and clothing: The kind of footwear a person wears is very important. Hawaii slippers which require the toes to hold the strap together and flip around is a major risk factor for falls. Likewise poor fitting shoes which may cause pain and not allow the toes to move properly may cause falls. Footwear must not be too tight or loose. They must fit well and comfortably. If the person has corns or bunions on the feet, shoes must be such that it does not worsen the condition. Footwear must be such that the front of the footwear must be turned up to avoid tripping.

Likewise loose flowing garments can be a risk factor for tripping and falling. Common garments worn in Indian homes like lungis that are stitched at the seams (figure 12), saris and nighties that are flowing (figure 13) are all risky. Garments must have adequate room at the bottom and should preferably be slit so as to restrict movement.



Figure : 5. 12 Stitched lungi

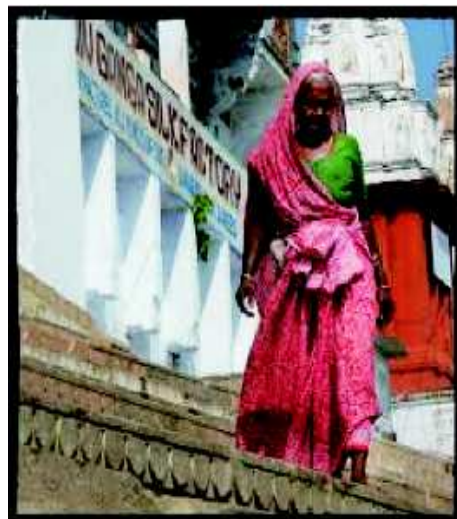


Figure : 5. 13 Flowing sari

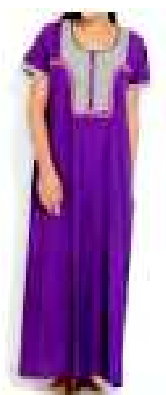


Figure 5. 14 House dress with adequate space at the bottom and appropriate length



5.2.2. Intrinsic factors

Why does a person fall? The causes of falls within the person are called **intrinsic factors**. Intrinsic factors for fall can be due to a number of causes which cause disturbance of balance. The normal mechanisms to maintain balance is done by a number of systems which allow the person to keep the body within the base of support. **The base of support is the area defined by the feet within which the person is stable.**

Balance can be affected by the following reasons.

Loss of mobility: Decrease in movement is one of the reasons for falls. The parts of the body that are most important are ankle, knee and hip. Among these, ankle is very important. As a person gets older, the ankle gets stiff. When the ankle does not bend enough, the person may drag his toes on the floor and fall. Therefore it is very important to make sure that older people have enough movement in their foot and ankle.

Loss of strength: Movement happens with strength. Strength of muscles is needed for proper movement to happen. There are more than 600 muscles in the human body. The most important muscles are the ones that control the hip, knee and ankle. Muscles on opposite sides of the body have to work together to produce movements that are smooth and proper. The most im-



Figure: 5. 15 Exercises for strengthening the front of the thigh

portant muscles in the legs which need to be strong to prevent falls are the muscles at the front of the thigh, back of the leg and side of the hip. To keep these muscles strong there are certain simple exercises. Doing these exercises (figures 15-18) can decrease the chances of a person falling.

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Fall Risk and Prevention



The above picture shows how to do the exercise for the front of the thigh. Sit in a chair and lift the leg straight up with the toes pointing straight up. Repeat this exercise 20 times a day.

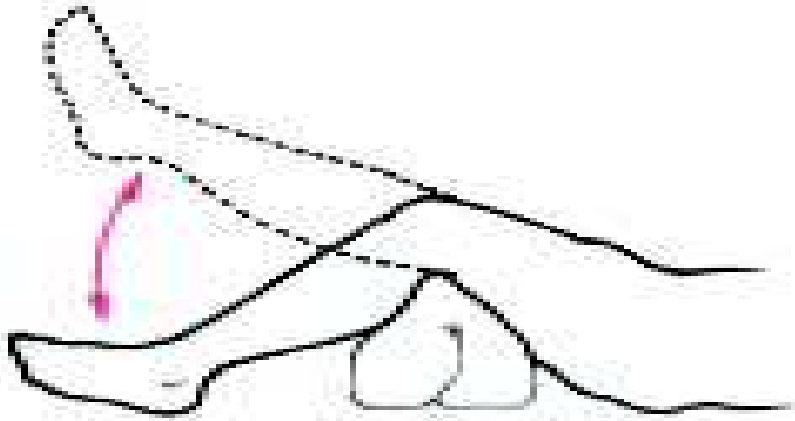


Figure: 5.16 Exercise to strengthen the front of the thigh in lying

Lie straight on the bed and keep a pillow under the knees. From this position straighten the leg to point the toes towards the ceiling. Repeat it 20 times per day.

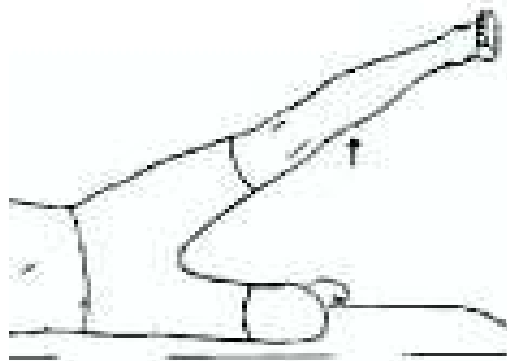


Figure: 5.17 Exercise to strengthen the hip

Lie on the side. Bend the lower leg and lift the upper leg straight up. Repeat 20 times a day

Stand on a step and come up on toes. Hold on to furniture for support. Do the exercise 20 times a day.

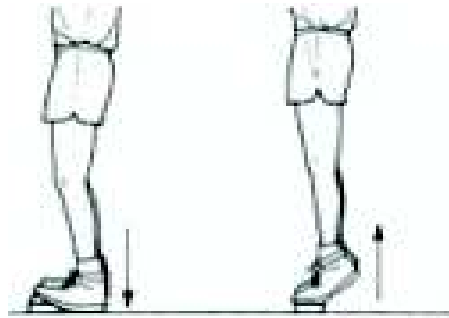


Figure: 5. 18 Exercise to strengthen the calf

Poly pharmacy: Many older people have many diseases like diabetes, high blood pressure etc. For these problems they may be taking many medicines. This situation is called “poly pharmacy”. Many of these medicines have side effects like sleepiness, dizziness, need to urinate often etc. These conditions make a person more prone to falling.

Special sensation deficits: Special senses are seeing, hearing, and taste. As a person grows older, these senses become weaker. The eyes can get many problems like cataract, long sight etc. Because of these problems, they may have difficulty seeing things in shadow and dim light. They may not be able to see differences in floor patterns etc. These can cause falls. Therefore floor tiles must be of even colour without confusing patterns. Beginning of steps must be demarcated with a contrasting colour. Floor tiles must be such that water can be easily seen.

Hearing also decreases as one grows older. An older person may have difficulty distinguishing between different voices. They may not be able to understand loud voices and sometimes certain types of voices. Thus if there is a sudden loud voice or telephone, the person may be startled and turn suddenly leading to a fall. The nerve that allows us to hear is also responsible for maintaining balance. So when hearing becomes less, balance also becomes less. The balance organs are located in the ear. So older people should be discouraged from turning their head suddenly which might cause a fall.

Use of walking aids: Canes, walkers and crutches are called walking aids. These must be the correct height and must be properly prescribed by a physiotherapist. All rubber tips on the tips of these aids must be in good condition. Improper or aids in poor condition can cause a risk for falls.

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Likewise the person must be encouraged to use walking aids in the correct way. The correct way to use a walking aid will be instructed by a physio-therapist.

Incontinence: As people grow older the ability to control urine becomes difficult. When the person has to go to the bathroom, they have to go immediately and cannot wait or hold their urine. This is called urgency. Due to these reasons, people are likely to rush to the bathroom and this is the most common reason for a fall. This is more common at night. To prevent these happening older people must be encouraged not to drink water 3 hours before they go to sleep. They should be made to go to the bathroom at least 2-3 times before they sleep.

Confusion: There are several reasons that an older person may get confused. Medicines, not drinking enough water, are reasons for confusion. Minor illnesses like a cold or fever can also cause confusion. If an older person is confused, they must be referred to a doctor immediately to find out the reason.

5.3 IDENTIFICATION OF FALL RISK AND MANAGEMENT STRATEGIES

The first step is to identify fall risk. Once identified, all extrinsic causes must be minimized to the extent possible. Those that cannot be removed must be considered as a safety risk and special care taken. For example children and pets must be kept away from the area where a person is walking.

Intrinsic factors must be compensated for by use of assistive technology which is explained in unit VI.

5.4 SUMMARY

To summarise falls are a common cause of disability for older people. There are a number of causes that predispose a person for falls. Some of these are in the environment called extrinsic factors and some are within the person which are called intrinsic factors. Extrinsic factors must be removed or taken care to ensure that these do not pose a risk to the person. Intrinsic factors must be identified and taken care as preventive measures.

5.5 GLOSSARY

Clutter	: things that are thrown around untidily
Confusion	: inability to react appropriately; forgetting events
Environmental	: in the person's immediate surroundings
Incontinence	: passing urine without one's knowledge
Mobility	: ability of a joint or part of the body to move
Poly pharmacy	: use of many medicines
Walking aids	: sticks, walkers, etc used to help a person to walk

5.6 SELF-ASSESSMENT QUESTIONS

- 1) Some common reasons that a person may fall in the house are
 - a) Rugs whose ends are torn and turned upwards
 - b) Small children running in between
 - c) Very dimly lighted corridors
 - d) Poor strength in the legs
 - e) All of the above
- 2) What are the factors in the house that can cause a fall?
- 3) What factors within the person can cause falls?
- 4) Why is the choice of footwear important to prevent falls?
- 5) Some of the factors that can cause a fall that may be removed are
 - a) Many small things lying around the floor
 - b) Very low chairs
 - c) Slippery floors
 - d) Non contrasting tiles
 - e) All of the above
- 6) Some of the precautions to be taken to avoid falls are
 - a) Avoid drinking water 3 hours before bedtime
 - b) Keep soft diffuse lights that do not form shadows
 - c) Keep the bathroom floor dry
 - d) Always wear prescribed glasses while walking
 - e) All of the above

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- 7) Tiles with multiple patterns are dangerous
 - a) In areas where a person might walk at night
 - b) Where there are differences in elevation
 - c) Where there are carpets also with contrasting patterns
 - d) All of the above
 - e) None of the above
- 8) Chairs used by elders must be
 - a) Strong and sturdy
 - b) Placed appropriately to allow easy access
 - c) Appropriate height to sit on
 - d) Always with arm rests
 - e) All of the above

5.7 SUGGESTED READINGS

- Guccione A A, Wong RA, Avers, D : *Geriatric physical therapy*, New Delhi, 2012 Elsevier.
- Multani N K, Verma SK : *Principles of geriatric physiotherapy*. New Delhi, 2007 Jaypee Brothers
- Nitz JC, Hourighan, SR : *Physiotherapy practice in residential aged care*. Sydney, 2004 Butterworth Heinemann

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- Nitz JC, Hourighan, SR : *Physiotherapy practice in residential aged care*. Sydney, 2004 Butterworth Heinemann.

GERIATRIC CARE ASSISTANCE

6

ASSISTIVE TECHNOLOGY

Structure

- 6.0 Introduction**
- 6.1 Objectives**
- 6.2 Assistive Technology in Vision**
- 6.3 Assistive Technology in Hearing**
 - 6.4.1 Types of Hearing Aids
 - 6.4.2 Care of Hearing Aids
- 6.4 Walking & Mobility aids**
 - 6.4.1 For support
 - 6.4.2 For weak persons
 - 6.4.3 For very weak persons
- 6.5 Self-care aids & appliances**
- 6.6 Safety Aids**
 - 6.6.1 In staircase
 - 6.6.2 In bathroom
 - 6.6.3 In toilet seating
 - 6.6.4 In bedroom
 - 6.6.5 In kitchen
- 6.7 Memory aids**
- 6.8 Summary**
- 6.9 Self-assessment questions**
- 6.10 Glossary**
- 6.11 Suggested Readings**

MODULE-2

Assistive Technology



6.0 INTRODUCTION

When you read this lesson, you will understand what is Assistive Technology (AT) and how it helps people who are growing old. Assistive Technology as the name suggests is a method by which assistance is available by the use of technology or aid or object. In the context of geriatrics, AT is any external aid that can help older persons manage their lives despite losing some functions or abilities.

As ageing progresses, there is loss of muscle strength, impaired balance, and loss of limb as in Diabetes, stiff/poor movement after fractures or degenerative illnesses like arthritis. Moving around is affected and therefore many available aids make up AT.

Some old people develop contractures (joints become fixed in one position due to stiffness/fractures). Due to this, they are unable to move freely. AT helps to manage functions which may be lost due to contractures.

Problems in vision arise resulting in affected, limited or no vision. So spectacles and enlargement sheets all form AT. Thus, areas like mobility, vision, memory, hearing, self-care and safety concerns being the core areas in Geriatric patients are discussed in this chapter.

The important point to remember is that independence to the extent possible in a safe environment is the key to the health of the older person.

6.1 OBJECTIVES

After reading this lesson, you should be able to

- List the AT aids in the areas of vision, hearing, mobility, safety, memory and self-care.
- Describe the AT aids available and their care.
- Explain the care of an elderly persons with AT aids

6.2 ASSISTIVE TECHNOLOGY IN VISION

If you are working with an older person with vision problems, you need to remember the following.

An older person needs vision checked by a qualified Ophthalmologist or Eye doctor for problems like cataract, glaucoma or other conditions that cause poor, low or loss of vision. Since old people may drop things, so it is

better to have plastic lenses and not glass. A chain attached to the spectacles prevents it from falling down. Spectacles are best cleaned in tap water and dried with a soft cloth. To help old people (with nerve problems) to read, a magnifying sheet may be held close to the face. It helps to make letters big.

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Figure 6.1 Spectacles



Figure 6.2 A magnifying sheet



6.3 ASSISTIVE TECHNOLOGY IN HEARING

For an old person who has hearing problems, an ENT doctor and an Audiologist (qualified hearing aid specialist) must be seen. The hearing specialist will decide which hearing aid is suitable and prescribe the same. The type and available funds will also have to be considered. There are different types of hearing aids

6.3.1 Types of hearing aids

There are different types of hearing aids such as

- Behind the ear hearing aid (BTE)
- In the ear hearing aid (ITE)
- In the canal hearing aid (ITC)
- Completely in the ear canal hearing aid (CIC)



Figure 6.3 A magnifying sheet

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6.3.2 Care of hearing aids

- Remove battery when aid is not in use for a long time.
- Do not place the aid near fire/electrical appliances.
- Avoid it from sun, rain, cosmetic powder, dust and water.
- Do not drop the aid.
- Do not twist/knot the cords.
- Do not keep the hearing aid dirty.
- For repair, go to a qualified hearing aid dealer/service agent.
- Hearing aid will last longer if regularly serviced.

Remember

- Speak slowly to the older person using hearing aids.
- Speak in a deep voice.
- Stand in front of the person when you speak, so that he can see you.

6.4 WALKING & MOBILITY AIDS

Persons will need a mobility aid depending on their difficulty level.

A single cane can help a mildly affected person who has enough balance and muscle strength to walk in a stable manner.

The other types of canes need to be tried for the best solution. A person who can walk but needs support on both sides of the body, may find a walker more stable to move forward.

6.4.1 For some support-use a cane

A cane/walking stick is a device used by many people to facilitate balancing while walking. Walking sticks come in many shapes and sizes. It can be a simple stick or a tripod or quadrupod as is shown in the picture below.



Figure 6.4 Walking Stick

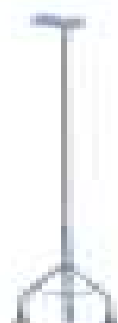


Figure 6.5 Tripod



Figure 6.6 Quadrupod



6.4.2 For weaker persons-use a walker

A walker or walking frame is a tool for elderly people who need additional support to maintain balance or stability while walking. The basic design consists of a lightweight frame that is about waist high, approximately 12 inches (30 cm) deep and slightly wider than the user.

Traditionally, a walker is picked up and placed a short distance ahead of the user. The user then walks to it and repeats the process. The front two legs of the walker may or may not have wheels attached, depending on the strength and abilities of the person using the walker. This is depicted in the figure below.



Figure 6.7 Walker without wheels, is slower



Figure 6.8 Walker with wheels, moves faster

6.4.3 For very weak persons-use a wheelchair

A **wheelchair** is a chair fitted with wheels. Wheelchairs are used by people for whom walking is difficult or impossible due to illness, injury or disability. A basic manual wheelchair has a seat, foot rests and four wheels: caster wheels (2) at the front and large wheels (2) at the back.



Figure 6.9 Parts of a manual wheel chair

Wheelchair must be of correct size, with brakes, belts and cushions to be comfortable. A physiotherapist or an occupational therapist can advise on footrest, tray to keep book/plate.

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6.5 SELF-CARE AIDS

Many old people experience problems in daily living due to chronic illness or health-related disabilities. These difficulties restrict their ability to perform self-care. The basic survival tasks, such as dressing, bathing, grooming, using the toilet, moving in and out of bed/chair, eating, cooking get affected. This is the reason why they seek help.

Clothes :An older person may have problem in dressing himself/herself , putting buttons in dress, reach out for shoes, tie shoelaces, etc. In this case, abilities can be improved by simply changing the kinds of clothes worn and the way they are fastened.

- Men can put on loose pyjamas and top (to go over the head). Women - nighty, petticoat with elastic, cotton under clothes
- Use elastic velcro to close
- Avoid buttons/hooks/zips
- Shoes should be with velcro-straps, and no laces.
- Shoe horn,buttoning aids can be useful as shown in pictures below.



Figure 6.10 Long handled shoe horn to insert foot into shoe



Figure 6.11 A buttoning aid to help fasten buttons

Other aids for self-care



Figure 6.12 Long handled scrub to clean back



Figure 6.13 Long handled mirror

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Figure 6.14 Long handled reachers to pull shoes nearer



Figure 6.15 Modified knife to make holding easy



Figure 6.16 Modified spoons if normal holding pattern is affected



Figure 6.17 Plate guard to prevent food from spillage



Figure 6.18 Jar opener to remove cap of bottles

Modifications in pen/pencil-due to age related issues,the normal holding pattern gets affected. To make holding easy, different changes are made in pen/pencil. This helps in writing better. The picture below shows the modifications.



Figure 6.19 Modified pen holder

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6.6 SAFETY AIDS

Home accidents are a major source of injuries and can even cause death. The elderly are especially vulnerable to serious injuries from home accidents. Older bones are often less dense, more brittle and break more easily. A simple fall can become a serious, disabling injury that limits independence.

As we age, our senses of sight, touch, hearing and smell tend to decline. Our physical abilities are reduced, making it more difficult to stretch, lift and bend. Our judgment and reaction time becomes slow. As a result, we cannot respond as quickly as when we were younger. These normal changes in perception, physical abilities and judgment make us more prone to accidents. Simple precautions and adjustments can help ensure a safe, accident-free home. Providing for the elder's safety enables them to live longer and gives peace of mind to the caregiver.

6.6.1 On staircase

- Steps should be in good condition and free of objects.
- Stairways and hallways should be well lit.
- Railing should be installed on ramp/staircase to hold for support
- Steps should be nonskid & their carpeting should be firm



Figure 6.20 Staircase with railings and good lighting

6.6.2 In bathroom

- The bathroom should have non-skid mats on standing area. Lighting must be without glare.
- Railings/handles to be fitted near bathing/toilet area.

- The light switch to be located near the door.
 - The bathroom door should open outward.
 - A night light should be made available.
- A stable plastic chair to be provided to allow sitting while bathing



Figure 6.21 Bathroom with grab bars and plastic chair

6.6.3 In toilet

The elderly have specific requirements as far as toilets are concerned. An ideal toilet for them is the one which is built and designed according to their physical needs and comfort. The types of toilet seating shown below will be comfortable and safer for the elderly to use without any problems.



Figure 6.22 Western commode with railings



Figure 6.23 Potty chair



Figure 6.24 Stool with cutout



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6.6.4 In bedroom

- Cot with hinged railings which can be moved up and down as in hospital cots, will be helpful.
- A lamp or flashlight to be kept within reach of bed. Should have plenty of room to walk around the bed, a smooth-surface floor covering. Night lamp-zero watt bulb to be able should be fitted to see at night and prevent a fall.
- Calling bell-a small bell can be kept next to the bed.
- Modern safety alarms placed on the body can be also available.
- Smoke and carbon monoxide alarms can be installed and in working order.
- Fall detectors are small devices worn around neck/ wrist. It detects an impact more than threshold and generates an alarm.
- Pressure mat is an electro-mechanical device which detects a person's movement from bed/chair. It is fixed under mattress/chair cushion. Any change in pressure generates an alarm.



Figure 6.25 Cot with railings

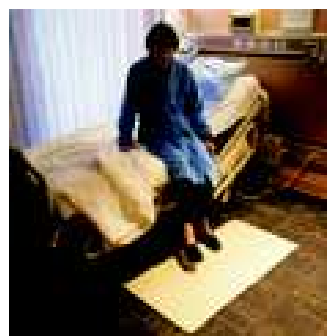


Figure 6.26 Pressure mat to detect fall



Figure 6.27 Dawn/Dusk light



Figure 6.28 Calling bell



6.6.5 In Kitchen

- Use thick gloves to avoid burns.
- There should be enough lighting for meal preparation.
- The light switch to be located near the door.
- Flooring should be safe and non-slipping.
- Grease or liquid spills to be cleaned at once.
- Knives are kept in a knife rack or drawer.
- Counter tops and work areas are cleared of all unnecessary objects.
- Drawers and cupboards are kept closed.

6.7 MEMORY AIDS

Forgetfulness is a common complaint among older adults. To help a senior manage with his forgetfulness, the following measures can be taken-

- Make lists on a MAGIC SLATE or a WHITE BOARD like notes or make checklists. If he/she has trouble remembering how to do something, write down the steps. Put appointments and important dates on calendars and in a day planner or electronic organizer.

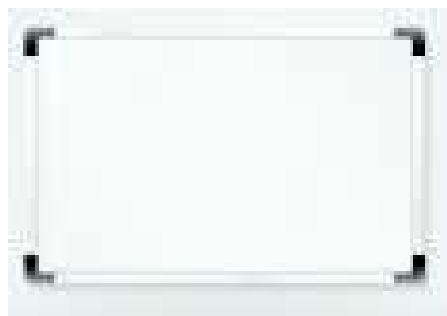


Figure 6.29 White board

Medications are stored in a safe place according to instructions on the label of the container. Medicine box with days of the week on each compartment; inside which tablets can be put.



Figure 6.30 Medicine box with label

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Set an alarm clock/timer to remind about appointments. Speaking clocks that speak time and date are useful for those with low memory.



Figure 6.31 Speaking clock

This is important to remember

It's time to consult a doctor when memory lapses become frequent enough or sufficiently noticeable to concern you or a family member.

All aids must be kept free from dust, and in good condition. Check for any loose nuts/bolts. If any part breaks, use only after it is repaired.

6.8 SUMMARY

Nursing Assistance is an approach that focuses on a person's physical, psychological and emotional needs to improve his or her quality of life. It also supports the person's family members in the care of the elderly. The theory covers the basis of comprehensive geriatric assessment. Some common illness related to the elderly. Assessment of few important symptom management. The medication in the elderly covers polypharmacy. Some common morbidities like diabetes and hypertension chapters also covers the target organ damage, medications and complications. The section also covers the main geriatric issues like mobility, incontinence, fall, memory loss.

6.9 SELF ASSESSMENT QUESTIONS

Tick the correct answer

- 1) Spectacles are cleaned with
 - i) Dry hands
 - ii) Water and cloth
 - iii) Soft paper
- 2) A weak person who walks with 2 people supporting on both sides, needs
 - i) A cane
 - ii) Walker
 - iii) Wheelchair
- 3) One safety aid in the bathroom is
 - i) rubber mat
 - ii) chair
 - iii) grab bar

- 4) You clean a hearing aid with
 - i) Water
 - ii) Clean cloth
 - iii) Brush
- 5) Clothes for an older person should be
 - i) With buttons and zips
 - ii) No buttons
 - iii) With elastic
 - iv) Well-fitting loose

6.10 GLOSSARY

Assistive Technology
Self-care aids
Spectacles
Hearing aids
Walking aids
Safety aids
Memory aids

6.11 REFERENCES

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Assistive Technology



GERIATRIC CARE ASSISTANCE

7

RIGHTS OF THE ELDERLY

Structure

- 7.0 Introduction**
- 7.1 Objectives**
- 7.2 Indian Elderly : A Situational analysis**
- 7.3 Human Rights and UN effort to protect Rights of the elders**
 - 7.3.1 Elder Abuse-Violation of rights of the elderly
 - 7.3.2 The Maintenance and Welfare of Parents and Senior Citizens Act 2007
 - 7.3.3 Governmental initiatives for Protection of Rights
- 7.4 Non Governmental Organisations working for senior citizens**
 - 7.4.1 Help Age India
- 7.5 Home Care assistance services**
- 7.6 Ethics of care**
- 7.7 Summary**
- 7.8 Glossary**
- 7.9 Self assessment questions**
- 7.10 Suggested readings**
- 7.11 References**

7.0 INTRODUCTION

The proportion of older people is increasing in almost all countries of the world. A person who is 60 years and above is considered elderly or a senior citizen. Increased proportion of older persons drew the attention of United Nations due to various issues related to the problems faced by the elderly. The problems faced by the elderly had a direct bearing on violation of their Rights. The problem of elder abuse reached high proportion that the world could not simply ignore the problems any more. In this context, the current module focuses on the rights of the elderly, the problems faced by the elderly, the legal measures adopted to stop elder abuse. The governmental programmes to protect the rights of the elderly are discussed. The efforts of the Non Governmental Organisations (NGOs) to protect the rights of elderly are discussed. The ethics of care in the context of the rights, problems faced by the elders, elder abuse and home care assistance service are discussed in this module.

**7.1 OBJECTIVES**

After reading this unit, you should be able to

- state the problems faced by elders.
- state the rights of the elderly in the context of problems.
- explain the various welfare benefits given to the elderly in India.
- elaborate the legal provisions to prevent elder abuse.
- brief the scope of NGOs working with elderly in India.
- explain how to inculcate ethics of care in Home care assistance services.

7.2 INDIAN ELDERLY: A SITUATIONAL ANALYSIS

Dear students, you know that the current estimate of elderly in the world is close to 750 millions. According to an UN estimate, India had more than 91 million elderly in 2010. By 2050, nearly 20% of Indians will be Senior Citizens. In terms of absolute numbers, this will come close to 315 million elderly! I am sure, these numbers make one to seriously look at the various issues related to elderly in our country. Increasing dependence of elderly on younger generations can make elderly a vulnerable population which can be exploited. The United Nations developed a series of measures to address these issues by organising conferences. These conferences looked at protecting the Human Rights of the elderly and preventing the violations of the rights of the elderly such as elder abuse.

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7.3 HUMAN RIGHTS AND UN EFFORT TO PROTECT RIGHTS OF THE ELDERLY

Rights can be defined as reasonable claims of persons recognised by society and sanctioned by law. Every one of us, born as human beings, has some rights. These Rights include the right to live happily, without fear and without being subjected to degraded treatment. These are called human Rights. Elderly as a group have right to live with dignity. The United Nations recognised this need when it organised the first World Assembly on aging in Vienna in 1982. The issue of human rights for older persons was taken up in 1991 during the formulation of the United Nations Principles for older persons.

India as a signatory to U.N. resolutions, announced a National Policy on Older Persons (NPOP) in 1999. This National policy was brought out to commemorate the International year for older persons. Unfortunately, till date, this policy has not been implemented. The UN followed up the issue of rights of elderly with the Madrid International Plan of Action on Aging (MIPAA) in 2002. This plan of action lists eighteen basic rights of elderly in five broad sections- Independence, Participation, Care, self fulfilment and Dignity. Did you know that in 2002 Madrid conference the UN declared that **1st October** of every year be declared as “World Elder’s Day.

7.3.1 Elder Abuse-Violation of Rights of the Elderly

Elder abuse refers to causing intentional harm and injury to an older person. In 1974, an article described ‘Granny bashing’, a type of violence against elders in England. Gradually as more and more such reports started appearing, the governments of a few developed countries made laws to protect the elderly from such abuse.

Every year June 15th is observed as ‘*World elder abuse awareness day*’ to sensitize people on this issue. The abusers are usually the kith and kin of the elders in their own homes. They may also be exploited by the hired care takers, health staff or home nursing assistants too!

Did you know that Elder abuse can be in many forms?

- **Physical abuse:** hitting, beating, pushing, kicking, locking up etc.
- **Financial:** stealing money, pension or property; changing will in one’s favour, transferring property to one’s name etc.

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- **Emotional abuse** : using bad words, ridiculing, threatening, calling names, being rude etc.
- **Sexual abuse**: without consent sexually exploiting the elder person
- **Neglect** : neglect providing food, medication or comfort when needed.

Prevention of elder abuse is very important to protect the rights of elders. In order to prevent the violation of Rights of the elderly, the Ministry of Social Justice and Empowerment piloted landmark legislation The Maintenance and Welfare of Parents and Senior Citizens Act 2007 to protect the Rights of the Elderly. As nursing assistants, you need to be aware of this law to prevent abuse of elders in the hands of others.

If you notice old people being abused, you could report it to local NGOs working for senior citizens. Directorate for welfare of senior citizens runs toll free Help lines. For example in Bangalore, elders may call number 1090 for immediate help. Helpage and other NGOs also run their own help lines to assist elders in distress.

7.3.2 The Maintenance and Welfare of Parents and Senior Citizens Act 2007

As per the provisions of this Act

- Parents, grand-parents and senior citizens who are unable to maintain themselves from their own income and property are entitled to demand maintenance from their children and specified relatives respectively with sufficient means.
- Maintenance includes provision for food, clothing, residence, medical attendance and treatment.
- Application for maintenance may be made by the senior citizen or parent to the Tribunal under **Section 4** in layperson's language giving names, full details and addresses of the persons from whom they are demanding maintenance.
- If such applicants are incapable of making an application themselves, any other person or registered voluntary organisation authorised by him/her can make the application; or the Tribunal can take sue motto cognizance and proceed.
- In case of family members not looking after the elderly, the tribunal can order maximum amount not exceeding Rs. 10,000/- per month.

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- Once the case is lodged by the senior citizen, the tribunal has to settle the case within 90 days.
- The Act directs state governments to establish at least one old age home in each district.

Apart from this Act, Section 125(1) and (2) of Code of Criminal Procedure 1973 and Section 20(1) of Hindu Adoption and Maintenance Act, 1956 deal with rights of parents to be supported by children having sufficient means. Dear student, take note of the fact that this provision is applicable to both sons and daughters, married and unmarried.

7.3.3 Governmental Initiatives for Protection of Rights

The constitution of India protects the Rights of elderly under Article 41 of Directive Principles of State Policy. The Article states “the state shall, within the limits of its economic capacity and development, make effective provision for securing the right to work, to education and public assistance in case of unemployment, old age, sickness and disablement and in case of undeserved want”.

The Union Ministry of Social Justice and Empowerment is the nodal department for the implementation of measures for the welfare of older persons. The department has an Inter Ministerial Committee which has representation from 22 ministries to formulate and collaborate various welfare benefits for the elderly. This information will be useful to you when you are providing care for elderly in different care settings

Issues Related to Elderly

Changing Family: with nuclear families replacing the joint families, elderly cannot assume that the children will look after them. Housing and security issues can cause concern

Gender issues: more women survive in old age. Status of elderly, widowed women is very poor in Indian society

Economic factors: high dependency on younger generation; most elders in unorganised sectors means reduced or nil income and dependence on families.

Health and disability issues: chronic illnesses make elderly more vulnerable. Age related deterioration can lead to disabilities and dependency. Loneliness, depression and neurological disorders can hamper the mental health of elderly.

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The National Policy on Older Persons (NPOP) covers important aspects of financial security, health, shelter, education, welfare and protection of life and property. The NPOP is coordinated by the Ministry of Social Justice and Empowerment. The revised National Policy for Senior Citizens (NPSC) brought out in 2011, has recommended eight areas of intervention.

They are:

- Income security in old age
- Health care
- Safety and security
- Housing
- Productive ageing
- Welfare
- Multi generational bonding
- Enhancing involvement & participation of media on ageing issues.

In order to protect the rights of elderly, the government of India has proposed and also implemented a number of welfare measures.

Table No. 7.1 Rights of the senior citizens and government initiatives to protect the Rights

Sl.No	Rights/Ministries	Problems faced by elderly	Welfare measures
01	Income security in old age- Ministry of Finance	65% of aged depend on others for day to day maintenance	-Pension for below poverty line elderly -Government employees pension provisions -Higher rate of interest for senior citizens at banks Income tax concessions -Personal loans -Varistha pension bima yojana -Provident fund for employees of organised sector -pension plan has been launched newly for younger generation to plan for their post retirement years
02	Health care- Ministry of Health	Indian elders have high morbidity rates in heart conditions, disorders of joints and respiratory disorders Disability- A survey shows that nearly 22% of 80+ are confined to home	-National Policy on Older People envisages mobile Medicare services -Strengthening of primary health centres -Health insurance and care to be provided -Geriatric clinics to be opened in all hospitals

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Sl.No	Rights/Ministries	Problems faced by elderly	Welfare measures
02		and additional 6.4% are bed ridden	-ESI, CGHS and other services of employees of government sectors -provision for free cataract operations, distribution of hearing aids through NGO collaboration
03	Safety and security- Ministry of Social Justice and Empowerment; Ministry of Law & Justice; Ministry of Rural Development	-Crimes against elders have increased over a period of time. -Elder abuse is on rise	-Legal protection against elder abuse provided through 'Maintenance and Welfare of Parents and Senior Citizens Act', 2007 -Free legal aid -Speedier disposal of cases - Elder help line in association with police and local NGOs
04	Housing – Ministry of Social Justice and Empowerment	A survey in Punjab noted that 68% elderly moved to old age homes because of non cooperation of family members.55% were thrown out of the house by children.	-Setting up of old age homes, day care centres by providing grant in aid to NGOs -10% reservation of sites and homes for poor elderly - homeless elders to be covered under Indira Awas yojana - reduced rate of interest for house construction by the elderly
05	Productive ageing - Ministry of Social Justice and Empowerment	Post retirement engagements for those elderly who are still active and want to be economically productive	-Encourage self employment -opportunities to enhance educational interest through enrolment to open universities - travel concession to road, rail and air fares - separate counters for senior citizens in few of the services
06	Welfare- many ministries are involved	Senior citizens face problems of poverty, food security, housing etc. Different ministries are providing services to address these issues.	-Food security for below poverty line elderly by distribution of food grains - housing provisions under various schemes - tax exemptions, higher rates of interest etc
07	Multi generational bonding	gaping differences between parents and children causes rifts that make elderly vulnerable to abuse	Inter generation bonding encouraged through schools; encouraging children to celebrate grand- parents days, visits to old age homes are carried out by schools etc

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Sl.No	Rights/Ministries	Problems faced by elderly	Welfare measures
08	Enhancing involvement and participation of media on ageing issues.	Media needs to play a vital role in highlighting the issues pertaining to elderly	1 st October-World Elders day- Usually the government launches special programmes which gets the press coverage 15 th June-World elder abuse awareness day, the press highlights the plight of elderly

Source: Concessions and Facilities given to Senior Citizens; Web portal of Ministry of Social Justice & Empowerment, GoI. <http://socialjustice.nic.in/constd.php>

Thus there are a number of provisions covered under state and central government schemes for the benefit of senior citizens. While serving the elders, you, the geriatric care assistants, must be cognizant of these provisions. So that you can give qualitative service to the elderly.

7.4 NON GOVERNMENTAL ORGANISATIONS WORKING FOR SENIOR CITIZENS

A non-governmental organization (NGO) is any non-profit, voluntary citizens' group which is organized on a local, national or international level. Task-oriented and driven by people with a common interest, NGOs perform a variety of service and humanitarian functions, bring citizen concerns to Governments, advocate and monitor policies and encourage political participation through provision of information (<http://www.ngo.org/ngoinfo/define.html>). You need to be aware that a number of services for the elderly is provided by Nongovernmental organisations. They may also hire you to provide care for elders.

Nongovernmental sector plays a vital role in the issues related to the elderly. A number of agencies across the country are working towards Geriatric care. There are senior citizen forums which champion for the cause of elderly. The NGOs such as Help Age have international presence. There are several national, regional and local organizations such as Alzheimer's and Related Disorders Society of India (ARDSI), Dignity Foundation, Harmony for Silvers Foundation etc. Seniors have organized themselves for protection of their own rights, for eg. All India Senior Citizens' Confederation (AISCCON); Federation of senior citizens forums of Karnataka etc. Some NGOs provide day care services with grants from the Government. Many NGOs provide care for the elderly by offering old age home services and

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geriatric care services. One of the pioneering Non Governmental organisations working for the elderly is Help Age India.

7.4.1 Help Age India

This organization was established in 1978 and is registered under the Societies Registration Act of 1860. Dedicated to improving the status for India's senior citizens, it works in 23 states providing medical services, poverty alleviation and income generation schemes in urban and rural India. Help Age India is into mobile medical care, active ageing centres, cancer care, cataract surgeries, advocacy, elder help lines, old age homes, support a grant and other programmes. Through its 90 branches in 26 states, Help Age is one of the major NGOs working for the welfare of elders.

Association of Gerontology (India), Indian Gerontological Association and Geriatric Society of India are few of the professional scientific bodies working toward scientific research in to ageing and related issues in our country.

7.5 HOME CARE ASSISTANCE SERVICES

Home care assistance for senior citizens is being offered by a number of agencies both as business venture and also as a service for senior citizens. While hiring home care assistants, the service receivers must ensure the credibility of the agency and training the personnel have under gone for taking care of the senior citizens. You should know that when services of home care assistant is hired from an agency running such service, then the agency services come under the purview of the Consumer Protection Act, 1986. Thus there should be

- A contractual document between the Service providing agency, the Home care assistant and the service receiver about the type of services that are covered by the home care assistant
- The facilities to be provided to the home care assistant at the place of employment
- The clauses of hiring the services of the nursing assistant

You need to note that guidelines to run home care assistance agencies are being worked out, and this type of service delivery is yet to be regulated by exclusive legal frame work.



While seeking employment from agencies offering Home Nursing services, you must enquire about

- Whether the agency is registered?
- Under which law?
- What are the benefits available to the employees?
- What is the employee support system in the organization? etc

If, as home care assistant, you choose to self advertise then, the employer has a right to have a background check of the person seeking employment so as to know your credentials. This way the service provider and service receiver interest is protected. While internet serves as a source to find out agencies providing services for the elderly, it is always advisable to personally visit the service providers to satisfy oneself about the services provided. The family of the elderly may insist on police verification of the antecedents of nursing assistants also.

7.6 ETHICS OF CARE

Ethics may be defined as moral principles that govern a person's behaviour or the conducting of an activity. Synonymous terms include morality, moral stand etc. Nursing assistants while providing services must follow certain ethical service delivery principles. The nursing assistants should

- Consider the comfort of the patient under their care as the first priority. Eg: inform family members about client preference to food, visitors, etc if noticed so that the same may be considered by the family while providing care
- The nursing assistant must ensure that the patient is provided with an environment in which the human rights, values, customs and spiritual beliefs of the individual, family and community are respected. Eg: if you notice any type of elder abuse in the home setting, they must inform the elder helpline for support
- The nursing assistant shall at all times maintain standards of personal conduct which reflect well on the service delivery and enhance confidence of the service receiver. Eg: Inform well in advance if you are taking leave, provide alternate replacement before you go on leave.
- The nursing assistant should maintain a standard of personal health and hygiene so that the ability to provide care is not compromised. Eg: Always dress neatly in your uniform, take daily bath, attend to your nails,

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hair etc. Eat a balanced meal. If you have any health issues, inform the family before joining so that they can help you if you need care.

- The nursing assistant should use judgment regarding individual competence when accepting and delegating responsibility.
- The nursing assistant must follow the Doctor's prescription diligently and take care as to not give the patient over the counter medication under any circumstances.
- The nursing assistant should maintain a professional attitude while discharging the duties-must not get too attached to the patient or family. Eg: Family members might tell the nursing assistants the family gossip, or complain about others. The nursing assistant must not get involved in the family dynamics nor carry tales about one family member to another.
- If the patient gets attached to the nursing assistant and tries to give gifts which are very much beyond the scope of acceptance, then the nursing assistant should refuse such gifts and inform the family about the same. Eg: If the patient gifts a valuable jewellery or property etc, the nursing assistant must not accept such gifts and inform the family and the agency which has sent the nursing assistant for the house about these instances.

Finally, a care giver should take care of own health and well being in order to provide quality care. Last but not the least, You as nursing care assistant should be aware of your own Rights.

7.7 SUMMARY

Elderly as a group have a number of issues that need to be addressed by the concerned Governments. United Nations highlighted the importance of conserving the Rights of elderly in Madrid International Plan of Action on Aging (MIPAA) in 2002. India being a signatory to this document brought out the National Policy on Older Persons (NPOP) in 1999 which was revised in 2012. Protection of Human Right of elders has come in the context of violation of elders rights in the context of elder abuse. Indian government has brought out a number of legal measures to prevent violation of Rights of the elders and to protect the rights of elders. The Nongovernmen-

tal organisations have also been rendering various types of services to protect the rights of the elders. Home care assistance is a service provision to provide assistance to those elderly who cannot take care of themselves. The home care assistants can be hired in different settings of care for elders. While providing care for the elders, the nursing care assistants must provide compassionate care and also ensure that they take care of themselves to be able to provide care for their clients.

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7.8 GLOSSARY

Human Rights; Protection of Rights; Elder abuse; Nursing assistance; ethics of care

7.9 SELF ASSESSMENT QUESTIONS

What are the Rights of the elderly?

What are the types of elder abuse?

What are the salient features of Maintenance and Welfare of Parents and Senior Citizens Act 2007?

Enlist various welfare measures provided for the elders by the Government of India

What are the care ethics to be followed by the nursing care assistants?

7.10 SUGGESTED READINGS

The Maintenance and Welfare of Parents and Senior Citizens Act 2007.

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GERIATRIC CARE ASSISTANCE

8

END OF LIFE CARE

Structure

8.0 Introduction

8.1 Objectives

8.2 Continuum of Care

8.3 Different care giving settings for the elderly

8.4 Old Age homes

8.5 End of life care issues

8.5.1 Palliative Care

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8.9 Self assessment questions

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8.0 INTRODUCTION

The living arrangements of the elderly vary in accordance with the family condition, financial factors etc. Care giving requirements are different according to the living settings of the elders. In this module we explore the concept of continuum of care for the elderly, different living settings of elderly, types of care needed in the care settings, palliative care, hospice care and issues concerning the death and post death issues related to the elderly. The topics of making a Will and also concerns with regard to euthanasia are also covered in this Module. Further, the module delves on compassionate care, care giver burden and concerns.

8.1 OBJECTIVES

After reading this unit, you should be able to

- explain about continuum of care and care giving settings of the elderly.
- state the concept of palliative care.
- elaborate the concept of Hospice.
- state about organ donation, euthanasia, Will and living will.
- explain compassionate care for the elderly.
- explain concerns of care givers.

8.2 CONTINUUM OF CARE

Dear student, you need to understand that aging is a part of life cycle. Ageing per se is not a cause for concern. Healthy aging and independent functioning by aged persons is very much a common observance. You might have come across a number of elders who are active, productive and enjoying their old age with great gusto. Over a period of time, the elderly may gradually show a decline in their functioning and begin to require assistance in a few activities. Hence care giving in elderly is now identified under ***continuum of care***. Under continuum of care, an individual gradually may progress from total independence to partial dependence on others for a few activities. Eg: Need help to go out to do transactions like paying bills, buying vegetables and groceries etc. This can further progress to moving in with children or families or choosing to stay in retirement communities. Further care may progress to day care centres. In between, the individual may require institutional care such as hospitalisations, rehabilitation and recovery. Eg: falls causing fractures may lead to brief hospitalisation, post

operative care and physio therapy. Then at a later stage, the individual may require total management including support for activities of daily living and bed side care.

In accordance with the needs of the elderly and the care settings, the type of care provided differs. Home based elders may seek temporary bed side care during post operative recovery or frail elderly may need total bed side care. The care provided at nursing homes may have different job demands from the nursing assistants.



8.3 DIFFERENT CARE GIVING SETTINGS FOR THE ELDERLY

We all know that Home based care is the most preferred type of care in India. It is a common feature in our country that the children take care of the parents; support them financially, emotionally and physically also. But due to changing family structures, migration of younger generation in search for better life, nuclear family settings with both spouses working to earn livelihood, the responsibility of taking care of physical aspects of elder care is being delegated/ relegated to home nursing assistance services. Home based care providers are recruiting nursing assistants to provide bed side care/ assistance for frail elderly, elderly who are suffering from chronic medical conditions and other types of ailments. Majority of nursing assistance is sought by the elderly staying at their homes with their families. Usually the families provide boarding and lodging facilities. The nursing assistants are given the room to be shared with the senior citizen. Under such situation, you need to adjust to the food habits and food timings and other practices of the families in which you will be a hired member.

You are aware that a number of elderly are choosing the option of residing in retirement communities reserved exclusively for elderly in India. In such communities, elderly are provided with facilities of banking, health care, cooking, recreation, elder friendly houses and environment along with 24/ 7 (round the clock) security for safety. Such elders may also require nursing assistance when they become too frail. The type of care and the job demands will be similar to that of home nursing care.

Day care centres for elderly have been envisaged to the National Policy on Older people. The day care centres serve the purpose of providing recre-

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ational/ educational activities and companionship to senior citizens. A few day care centres are also taking care of elderly suffering due to dementia.

8.4 OLD AGE HOMES

Old age homes are another stay option for senior citizens. It is seen that a number of NGOs are working for elderly by running old age homes which offers boarding, lodging and care facilities. Some of the old age homes are run on charity offering safe place to reside for elderly who are in need of such services. There are a number of NGOs running old age homes on payment basis and the type of facilities vary and have a wide range of services. Most of the old age homes prefer to admit those elderly above 60 years of age and physically fit. The data on exact number of old age homes is yet to be ascertained as different compilations give varied numbers. One of the websites that give details of the old age homes in India is the archive web portal of Government of India. Similarly NGOs such as Help Age India have brought out a list of old age homes. According to one estimate by Mr. P. Vyasamoorthy, an executive member of All India Senior Citizens Confederation, there are 1508 old age homes at present in India. Southern states of Tamil Nadu (251), Kerala (182), Andhra Pradesh (114) and Karnataka (91) lead the list. Dear student, note that in Western countries, the old age care institutions are called as nursing home care.

While taking a decision on admitting a senior citizen to any old age home, a back ground check of the agency, whether the old age home is registered under appropriate law, the terms and conditions of stay, type of care available and other details need to be checked. Some NGOs are offering day care and recreational centres for the elderly. Some offer health care services for senior citizens at their door steps such as laboratory testing, schedule doctor visits etc.

Nursing assistants can be deployed in old age homes either as regular employees of the old age homes or can be hired by the individual elderly to assist them. If the nursing assistant is hired by the old age home, then the nursing assistants need to follow the job description given in their appointment order. If they are hired by the individual elder's family, then they have to render the services like attending an individual at home.

8.5 END OF LIFE CARE ISSUES

We all need to understand that the life cycle which began at birth will end with death. The human beings have always tried to conquer death and thanks to modern treatment methods, it is indeed very much possible to prolong life and postpone death. Statistics released by the Union ministry of health and family welfare show that life expectancy in India has gone up by five years, from 62.3 years for males and 63.9 years for females in 2001-2005 to **67.3 years and 69.6 years** respectively in 2011-2015. In India, average life expectancy which used to be around 42 in 1960, steadily climbed to around 48 in 1980, 58.5 in 1990 and around 62s in 2000 (Sampath , 2014).

The demographic profile depicts that in the years 2000-2050, the overall population in India will grow by 55% whereas population of people in their 60 years and above will increase by 326% and those in the age group of 80+ by 700% - the fastest growing group. Increase in life span also results in chronic functional disabilities creating a need for assistance required by the Oldest Old to manage simple chores (National Policy for Senior Citizens, 2011)

In this scenario, as more number of people live longer, the elderly population would increase further. There will be increase in the number of people suffering due to chronic diseases. More elders will require greater degree of assistance. But the death is a certainty for all those who are born. Thus it is to be noted that, at the other end of the care continuum, we have palliative care and hospice care facilities.

8.5.1 Palliative Care

Palliative care is a multi disciplinary approach to specialised medical care for people with serious illnesses. It focuses on providing patients with relief from the symptoms of pain, physical stress, and mental stress of a serious illness-whatever the diagnosis. The goal of such therapy is to improve quality of life for both the patient and the family. Palliative care is provided by a team of physicians, nurses, and other health professionals.

Starting in 2006 in the United States, palliative medicine is now a board certified sub-speciality of internal medicine with specialised fellowships for physicians who are interested in the field.



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A World Health Organisation statement describes palliative care as “an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.”

The predominant features of Palliative care are:

- Provides relief from pain and other distressing symptoms
- Affirms life and regards dying as a normal process
- Intends neither to hasten nor postpone death
- Integrates the psychological and spiritual aspects of patient care
- Offers a support system to help patients live as actively as possible until death
- Offers a support system to help the family cope during the patient’s illness and in their own bereavement
- Uses a team approach to address the needs of patients and their families, including bereavement counselling, if indicated
- Will enhance quality of life, and may also positively influence the course of illness
- Is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications.

Nursing assistants can play a major role in palliative care services. Pain relief and pain alleviation combined with caring bed side services can mitigate the patient’s sufferings by providing quality care. The patients in palliative care have different needs. Their physical condition would be deteriorating day by day which requires increasing level of physical assistance. Pain management with prescribed drugs requires careful monitoring of the vital parameters and providing proper dosage of medicines according to the prescription of the doctors. They will be emotionally fragile. They would require counselling to ventilate their fears, losses and also reminiscences about their past which may provide the required emotional support.

8.5.2 Hospice care

Hospice care is similar in its philosophy to palliative care. It aims at accepting the death with equanimity and tries to provide comfort to the dying individual. The National Hospice and Palliative Care Organization (NHPCO) of USA, defines palliative care as treatment that enhances comfort and improves the quality of an individual's life during the last phase of life. Hospice provides support and care for persons in the last phases of an incurable disease so that they may live as fully and as comfortably as possible. Hospice recognizes that the dying process is a part of the normal process of living and focuses on enhancing the quality of remaining life. Hospice affirms life and neither hastens nor postpones death. Hospice exists in the hope and belief that through appropriate care, and the promotion of a caring community sensitive to their needs that individuals and their families may be free to attain a degree of satisfaction in preparation for death.

Hospice believes that death is an integral part of the life cycle and that intensive palliative care focuses on pain relief, comfort and enhanced quality of life as appropriate goals for the terminally ill. Terminal illness is frequently defined as the point where nothing more can be done to cure someone. This limited focus and lack of concern for caring issues such as pain and symptom control can lead to increased suffering and isolation for patients and family members. In reality, supportive, positive care directed toward comfort and growth can be offered to individuals and their families during the end of life. Senior citizens may opt for hospice care or palliative care when treatment options fail to bring in the expected cure or relief.

The hospice team usually includes doctors, nurses, home health aides, social workers, clergy or other counselors, and trained volunteers. The team may also include speech, physical, and occupational therapists, if needed. A hospice team member is on-call 24 hours a day, 7 days a week to provide support. The hospice team will work with the patient on the patient's goals for end-of-life care, not a predetermined plan or scenario. Hospice care is very individualized.

Hospice care most often takes place at home. However, hospice care can also be delivered in special in-patient facilities, hospitals, and nursing homes. Nursing assistants have a major role to play in providing hospice



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care for the patients in their end stage of life. The nursing assistants become the first line of care givers who can facilitate the comfort of the dying patients.

Though death is an inevitable reality, every human being approaches the impending death in different way. Among elderly, the thoughts concerning death and fear of suffering can be a major area of concern. The elderly start preparing for the end of life cycle stage according to their personality types, individual coping styles, the religious and spiritual beliefs.

In 1969 the psychiatrist Elisabeth Kubler -Ross wrote one of the most influential books in the history of psychology, *On Death and Dying*. It exposed the heartless treatment of terminally-ill patients prevalent at the time. On the positive side, it altered the care and treatment of dying people. Ross postulated the five stages of dying—Denial, Anger, Bargaining, Depression, and Acceptance (DABDA). The lessons Kubler-Ross learned from those dying people, coupled with her compassionate regard for them, became a focal point of the emergent Hospice movement.

Will : A written document of the individual giving the instruction to bequeath the belongings of the person after their demise is called as will. A will can be be hand written, or made by a lawyer upon the insructions of the person who is making the will.

Organ Donation : Organ donation is the harvesting of an individual's organs for the purpose of transplanting them into another person. The person who gives the organs is called a donor while a person who receives the organ is called a recipient. The harvesting of organs of a deceded person is called cadaver donation.

Euthanasia : Also known as assisted suicide, physician assisted suicide (dying), doctor-assisted dying (suicide), and more loosely termed mercy killing, basically means to take a deliberate action with the express intention of ending a life to relieve intractable (persistent, unstoppable) suffering, There are two types of euthanasia-Active and Passive.

Advance Directive/living will : A written document that allows a patient to give explicit instructions about medical treatment to be admistered when the patient is terminally ill or permanently unconscious.



When one is at the last stage of one's life, saying good bye to near and dear ones is an important aspect for the dying. Similarly, the mental preparation of the family members to let go off the near and dear one is difficult be it the spouse, parent or children. Grief at the loss of loved one due to death can impact those who stay behind. Immediately after death there are procedures to be followed to bid adieu to the departed soul. Preparation of the body and intimating those who are the immediate people responsible for the person are two important aspects that needs to be attended to by the Nursing assistants.

While the elderly may prepare for demise, there are a few issues regarding which they may want leave behind their instructions to be carried out by their kith and kin. The legacy may be in the form of writing a Will to leave the belongings to others, decide on donating the body or organs through cadaver donation etc.

8.6 COMPASSIONATE CARE

Every senior citizen has a right to live with dignity and die with dignity. Old age poses innumerable difficulties be it physical, emotional, financial, familial and societal factors. The elderly can suffer due to a number of factors causing them both physical and mental trauma. The society, the family and the community needs to understand the problems of elders and try to help them overcome their personal suffering with care and compassion. Elders feel wounded by loss of respect, hate the dependency, and the problems due to ageing body. They feel the need to reminiscence and feel lonely without love and respect.

In the modern world, the families may not have the time and energy to spend time with the elders. The need of the elders to be heard and looked after can be met by the nursing assistants. The nursing assistants need to understand and appreciate the responsibilities shouldered by them and provide compassionate care for the elders. Thus compassion provided with professional service can lead to high job satisfaction.

Compassionate care requires a great deal of strength from care givers. Such strength needs physical stamina, emotional equilibrium to face the end of life of others with equanimity and spiritual awareness. Nursing assistance as a vocation requires commitment to work with ill patients with patience, care and concern. The nursing assistants need to be aware

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of the suffering of the elderly to show empathy for their patients. The Nursing assistants need to take time off from care giving duties to avoid work related burn out and frustration. The nursing assistance is one such service needed by many people and the man power requirement for nursing assistance is huge. This job can offer good financial stability and work satisfaction for those who take their employment with commitment to service.

8.6.1 Care Giver Concerns

Dear students, you need to take care of yourself to be able to provide care as nursing assistant to others. A few tips to take care of yourself are provided here for your reference.

Aspect of care	Tips
Physical	Eat your food on time at regular intervals; Sleep would be disturbed if the elderly patient has insomnia, wakes up many times at night; make your own sleep and rest schedule after observing the patient sleep wake cycle for a few days. Take your day off diligently and go out of the care giving setting after informing the family about the outings.
Emotional	Looking after patients can be emotionally taxing. Take time to pursue a hobby which can be practiced without compromising on patient care. Be in regular contact with your supervisors and share your feelings. Plan your work in such a way that you get adequate breaks in between different assignments
Social and Financial	Social life gets restricted due to the type of occupation. When you take breaks, go for outings, meet up with friends and pursue activities that you would like to pursue. Make a career plan and plan your finances in such a way that you have money to spend on yourself and also keep aside savings for your future.
Spiritual	Seeing suffering and pain can be disturbing to anyone. You need to follow spiritual practices to keep you calm in face of such situations. Yoga, meditation, relaxation can help.

8.7 SUMMARY

In this module, you have learnt the concept of continuum of care for elderly; you have understood that care giving of elders varies according to the care continuum requirements and the care giving settings namely home based care, day care and home based care. End of life care includes palliative

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care and hospice. Palliative care is the care given to those patients to reduce or manage pain with medication and compassionate care. Hospice provides support and care for persons in the last phases of an incurable disease so that they may live as fully and as comfortably as possible. Every senior citizen has a right to live with dignity and die with dignity. Nursing assistants can provide compassionate care for the elderly through their difficulties and facilitate their life through compassionate care. It is important to remember that care giver also needs to be physically , mentally and spiritually fit to be able to do justice to care giving responsibilities. The tips for care givers provided in the last part of the module provides few important tips to take care of eth care giver concerns.

8.8 GLOSSARY

Continuum of care; old age homes; Hospice; Palliative care;

8.9 SELF ASSESSMENT QUESTIONS

1. What is meant by continuum of care?
2. What are the care giving settings for the elderly?
3. What is palliative care?
4. What is Hospice care?
5. What are the stages of adjustment to dying?
6. What is meant by organ donation?
7. Which Act deals with organ donation?
8. What is meant by Euthanasia?
9. Make a list of care giver concerns.

8.10 SUGGESTED READINGS

The references given in section 8.10

8.11 REFERENCES

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