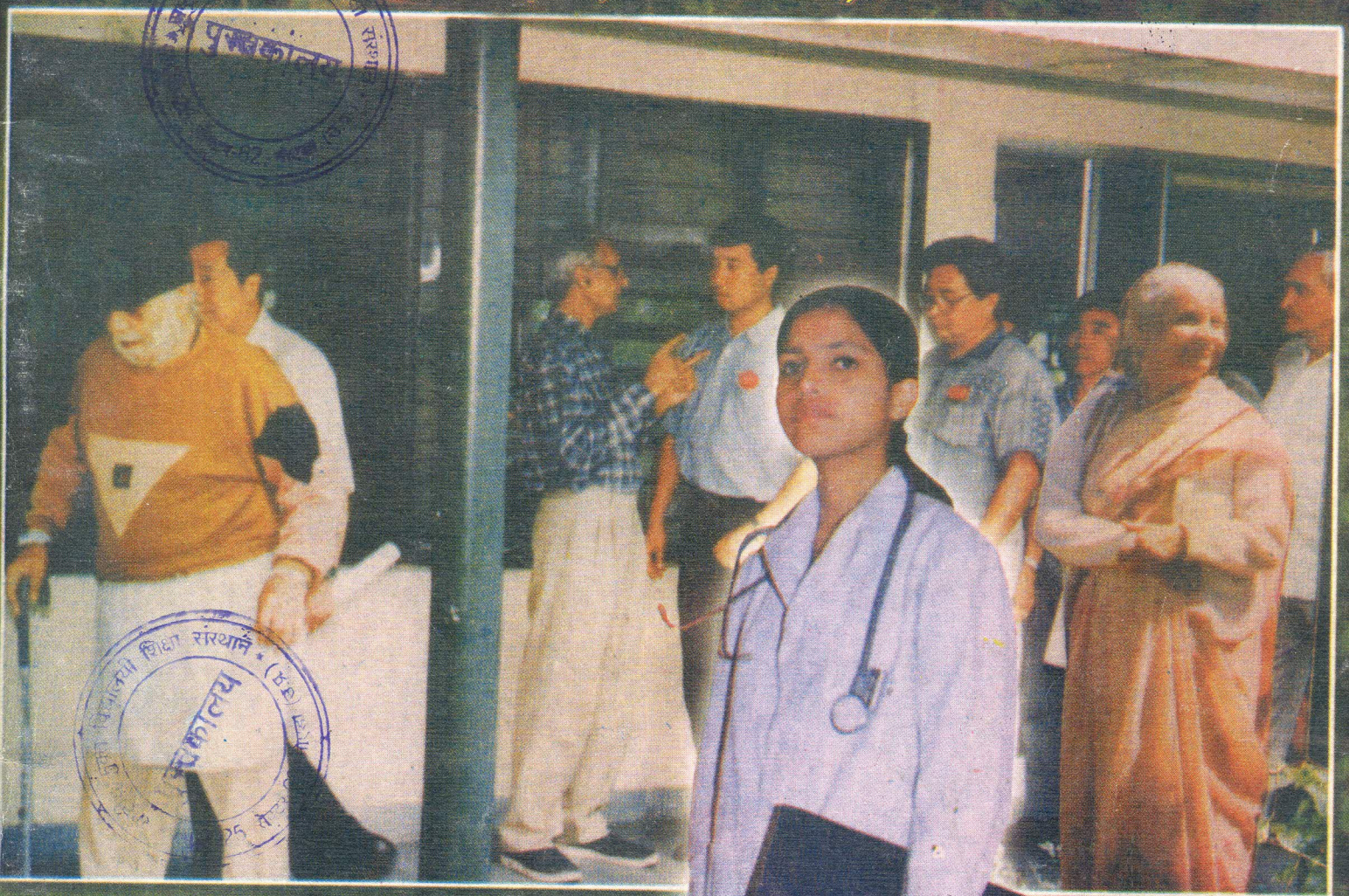
Open Vocational Education Programme (Health & Para Medical)

Certificate in Care of the Elderly
(CCE)

3

GENERAL CARE AND SPECIFIC NEEDS OF THE ELDERLY

(Subject Code-411)



National Institute of Open Schooling

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NATIONAL INSTITUTE OF OPEN SCHOOLING
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To the Learner

Dear Learner,
Welcome to the National Institute of Open Schooling.

By enrolling with this institution, you have become a part of the family of the world's largest open school. As a learner of the National Institute of Open Schooling vocational programme, I am confident that you will enjoy studying and will benefit from this very unique School.

Before you begin reading your lessons, there are a few words of advice that I would like to share with you. We, at the National Institute of Open Schooling, are well aware that you are different from other learners. We realize that there are many of you who may have rich life experiences; you may have prior knowledge about trades and crafts that are a part of your family's legacy; you may have a sharp business sense that will make you fine entrepreneurs one day. Most importantly, you have that drive and motivation that has made you enroll with this institution which believes in the ***spirit of freedom****. Yes, we are aware that you have many positive aspects to your personality, which we respect and relate to them.*

During the course of your study, National Institute of Open Schooling will treat you as the manager of your own learning. This is why your course materials have been developed keeping in mind the fact that there is no teacher to "teach" you – ***you are your own teacher****. Of course, if you have a problem, we have provided for a teacher at your Accredited Vocational Institution (AVI). I would advice that you should always be in touch with your AVI for collection of study materials, examination schedules, etc. You should also always attend the Personal Contact classes and Practical classes held in these study centers. These will give you the necessary Hands, on training that is so essential to master a professional course.*

Studying for a vocational course is different from any other academic course. Here, while the marks obtained in the examination will indicate your grasp on your subject knowledge, your real achievement will be when you are able to apply your vocational skills in the market. I hope that this skill-based learning will help you perform your tasks better. Perhaps you could even think of starting your own business. In order to guide you in this direction, we have included a lesson on Job Opportunities/Placement. We hope that you find it useful.

The present course is on ***Care of the Elderly****, which is a very important course for Care of Aged Persons. I am confident that you will enjoy studying through the open Learning System.*

On behalf of NIOS, I wish you the very best for a bright and successful future.

Chairman

From the Director

Dear Learner,

In the fast expanding world of work, learning new skills has become a necessity. Learning and relearning have become essential for all. In such an environment, vocational education has assumed great importance. Vocational education, as a stream of education promotes the skill development and training of youth and directs them towards meaningful employment.

In the formal education system, secondary and senior secondary are important terminal stages because at these stages, as per the existing policy, options are exercised to enter higher education or vocational education or world of work.

In keeping with the needs of learners, the National Institute of Open Schooling (NIOS) introduced Vocational Education through distance mode in 1991-92. NIOS provides quality education for all learners particularly from disadvantaged sections of society.

NIOS has now developed a new course in the area of Health & Paramedical, namely ***Certificate Course in Care of the Elderly****. This course is being offered through open learning mode of education. The objective of this course is to train persons to take better care of the Elderly, be it at home or at old Age Homes. The course would enable a learner to understand the physical emotional and spiritual state of an Elderly person. After completing this course, we hope that learners would be able to find employment as Assistants for Elderly Care or can establish an Old Age Home.*

We are confident that this course will prove to be beneficial to you. We look forward to any comments and suggestions from you for further improvement. Sincere efforts have been made to present the matter in a very simple and interactive manner which we hope will make it interesting and facilitate learning.

We wish you all the best in your future career.

(V. J. Williams)

Director (VE)

A Word with you

Dear Learner,

Welcome to the Vocational Course, Certificate in Care of the Elderly

The Certificate course in **Care of the Elderly** (CCE) has been developed keeping in view the requirements of the competent and skilled work force to provide care to the elderly to keep them healthy and productive.

The proportion of senior citizens in our country is increasing due to betterment of medicare facilities leading to increase in average age. These senior citizens need a special kind of treatment and care. A holistic approach, taking into account all their social, psychological and physical care needs, in required. Realising these needs Certificate in Care of the Elderly has been lunched. It is aimed at creating a specialized and skilled manpower for working in old age homes, geriatric wards of hospitals/nursing homes, special centres for Senior Citizens and even for a family. Doctors, Social workers, nurses and para medical & health workers, will find this course useful.

This is the third of the three subjects of this certificate course. This subject deals with care and assessment of specific needs of the elderly. It also deals with common physical, physiological and psychological problems of the elderly. Special emphasis has been given to the type of nutrition an elderly should have to maintain a healthy life.

I hope you will find this book informative, interesting and useful. If you have any point for clarification or suggestion to improve this course, please feel free to write.

Wishing you all the success

Course Coordinator

CONTENTS

Lesson 1

Living Environment of the Elderly

STRUCTURE

1.0 Introduction

The ageing population is increasing in number and proportion all over the world. In developing countries and particularly in India, the question of providing means of decent living to the elderly is posing a serious problem due to our limited resources. The country is already pressed with the problems of poverty, unemployment and under-employment to the younger generation. Old age does naturally bring with it certain changes in the system of the person and he or she is bound to experience a decline in physical strength and impairment of senses. The person may not be any longer in a position to perform the role of provider, protector or manger of the family.

In Module 2 you have learnt about the ageing process. In this lesson you will learn the limitation imposed on the elderly due to physiological changes and chronic disabling diseases creating special environmental needs/ problems of the elderly. You will also learn how to help the elderly and the family to adjust and meet the specific environmental needs.

1.1 Objectives

After reading this lesson, you will be able to :

- explain the meaning of environment;
- describe impact of physiological changes on environment;
- enumerate various types of environment;
- explain the essential features of environment of the elderly;
- describe various environmental attributes which may be considered for the elderly;
- describe the role of social environment;
- explain the effect of environment on the health of the elderly;
- observe and assess the living environment of the elderly;
- explain the role as care provider in improving the living environment of the elderly;

1.2 Meaning of Environment

Environment is by us and for us. Our environment expresses a great deal about our preferences and attitudes and even styles of different personalities.. In turn we perceive messages from environment such as behaviour that is expected and how well we are considered for our needs. The relationship between us and our surroundings is dynamic and significant individual environment includes more than shelter. It should promote continued development, stimulation and satisfaction to enhance our psychological well being. This is particularly important for the elderly.

Physical or physiological changes experienced with ageing along with limitations imposed by widely prevalent chromic diseases, create special environmental problems for elderly persons.

1.3 Types of Environment

There are two ways of considering the environment:

(i) Micro-environment

(ii) Macro-environment

(i) Micro-environment refers to our immediate surroundings with which we are closely interacting, for example, furnishing, wall covering, lighting, room temperature and sound. This is particularly important for the elderly, many of whom spend considerable time in their homes or a bed room of an institution and have reduced interaction with the larger environment of their communities.

(ii) Macro-environment consists of elements in the larger world which affect a group of people or even the entire population, for example, weather, pollution, traffic and natural resources. Although a care provider should be concerned with improving the macro-environment to benefit the elderly yet more emphasis should be given to microenvironment which can be manipulated easily and from which immediate benefits can be realised.

To achieve the fullest satisfaction from their micro-environment the elderly need to have other needs met within their surroundings. Basic human needs reflect environmental needs. For example:

Basic human needs	**Environmental needs**
Self-actualization	Environment or space that promotes realization of all abilities which can be aspiring objects or relaxing aids.
Self-Esteem	A home one can feel pride in having which means a well arranged house
Trust	Environment in which one feels confident with control over life style, temperature, lighting, etc.
Love	A place one derives pleasure from being familiar and comfortable.
Security	A place without external threats and ability to safe- guard personal possessions like adequate lighting, locks and alarms.
Physiological Need	A shelter in which to live with adequate ventilation and room temperature at approximately 70^0 F

INTEXT QUESTIONS 1.1

1. Give the meaning of the following terms:

   (i) Micro-environment

   _____

   (ii) Macro-environment

   _____

1.4 Physiological limitations in ageing and the environmental impact

Ageing process itself leads to physiological changes. Chronic or acute diseases leads to limitations for the elderly which further have environmental impact on the elderly. Elderly members' limitations may also result in perceiving the environment in a way different from what a younger person would do. Some of the examples given below explain how these limitations affect the ability of the elderly in adopting to a specific environment:

Limitation	**Potential environmental impact**
Presbyopia	Decreased ability to focus and visualize nearby objects.
Cornea less transient and	More external light needed to produce adequate
transmits less light	image on retina
Senile cataracts cloud lens	Glaring light bothersome, vision more difficult,
macular degeneration	more magnification required.
Dependency on hearing aid	Amplification of environmental sound.
Reduced sense of smell	Odoursome gas leaks difficult to detect.
Less discriminating touch sensation	Less stimulation from textures
Less body insulation and body temperature	More sensitivity to lower body lower temperature
Slower nerve conduction	Slower response to stimuli, less ability to regain balance
Decreased muscle tone	Easily fatigued, difficulty in rising from sitting position.

Stiff joints	Difficulty in climbing stairs or manipulating knobs and handles.
Urinary frequency	Frequent need for easily accessible bathroom.
Poor or short memory	Forgetting to lock doors or turn off appliances
High use of medications Causing lower blood pressure, dizziness	Increased risk of falls.

These specific limitations mostly accompany various diseases and create unique environmental problems. Based on common limitations found among older people, it can be determined that most elderly need an environment that is:

- safe and functional compensating for their limitations
- personal and normalizing
- psychologically comfortable
- suitable for socializing and meeting social needs.

1.5 Consideration for Environmental Attributes

Some considerations (which can be made) are discussed below in promoting and improving the environment for the elderly.

(A) Light

Light has a more profound effect than illuminating an area for better visibility. For example light affects:

(i) **Function**- we may move around and participate in more activities in a brightly lighted area whereas we may be more sedate in a dim room.

(ii) **Orientation**- we may lose our perspective of time if kept in a room that is lighted or darkened for long periods.

(iii) **Mood or behaviour** - Blinking light causes a different reaction than candle light or dim light. In restaurants customers eat slowly with soft light than with bright light.

Several diffused lighting sources rather than few bright ones are better in areas used by the elderly. Fluorescent light is the most bothersome due to eye strain and the glare. Sunlight can be filtered through curtains. Lighting should be adjusted for sitting or lying down positions since insufficient lighting can create other problems.

Night lights are useful to facilitate orientation when one awakens during the night and in providing enough visibility to locate light switches or lamps for night time mobility.

(B) Temperature

It has been realised that hot and cold temperature affects human being and their performance. Research has shown that

- textile sensitivity is best at 85° F
- visual vigilance performance is best at 90° F
- Psychometry tasks become impaired below 55° F

The elderly have problems in relation to environmental temperature. There is a direct correlation between body temperature and performance. The older the person the less is the temperature tolerance. Room temperature less than 70° F can cause hypothermia in the elderly. Brain damage can occur when temperature exceedes 106° F. Consideration must be given for maintaining room temperature of the elderly as per the weather.

(C) Colour

It is realised that warm colours such as red, orange and yellow can be stimulating and increase blood pressure, pulse and appetite, while blue and green colours can be relaxing. Since certain colours can be arrested with certain effects and individual responses, it is best to consider personal preference. Bed room may be green or blue. Eating and sitting areas may be green and blue.

Patterned wall and floor covering can add appeal to the environment but wavy pattern and diagonal lines can cause a sensation of dizziness and could lead to confusion. Simple pattern may be more effective and pleasing.

(D) Floor covering

It is believed that carpeting of room represents warmth but it may create problems like

- Difficulty in wheel chair mobility.
- Difficulty in cleaning
- Smell of cigarette, unpleasant odours of urine, vomits and other substances can create unpleasant feeling
- The undersurface of carpeting provides environment for pests
- Scattered rugs can be a source for falls

Floor treatments that create a non-slip surface are particularly useful for kitchen, bathroom and areas leading to outside doors.

(E) Furniture

Furnishing should be appealing, functional and comfortable. Firm chairs with armrests provide support and assistance in getting up and sitting down. Low sinking cushions and seats are difficult for older people to use.

- Chairs and beds should be at an appropriate height
- Upholstery should be easy to clean and should be fire resistant
- Tables bookcases and other furniture should be sturdy.
- Wheel chair bound persons require a different level of furniture than ambulatory counterparts.

(F) Sensory stimulation

By making thoughtful choices, much can be done to create an environment that is pleasing and stimulating to senses. Some suggestions for these are:

- Soft blanket and bed linen.
- Attractive pictures and wall hangings
- Plants and freshly cut flowers
- Birds to listen to and animal pets
- Soft music.

Different areas of one's living space can be created for different sensory experiences.

(G) Noise control

Many of the sounds we take for granted, for example, television, traffic noise, conversation from adjoining room, motorised appliances, cookers cause difficulties for older persons. The elderly wants or needs to hear such as telephone calls or radio/ T.V. news. Poor hearing may cause frustration. Unwanted sound can cause stress and lead to physical and emotional problems.

Noise control can be done by:

- appropriate design of the building
- false ceiling
- appliance's maintainence
- avoiding unnecessary use of radio, T.V., etc.
- use of earphone.

Determine what sort of community assistance is available to help the elderly cope with deficit and losses caused by ageing and crisis situations.

Assess the community services such as proximity of shopping, banking, chemist, post office, social security office, etc. Accessibility of these services can promote independence of an elderly person.

For the elderly who is able to walk to avail these facilities the availability of sidewalk lanes and proper condition of these sidewalk areas, lighting, safety provisions and slope of the land area are important considerations.

Sense of smell is an important aspect of environmental assessment and if there is bad odour, the source and the cause of it must be investigated. For example odour of food in the elderly is room-may indicate that he/she is hoarding food. Mouth or body odour indicates poor oral and body hygiene.

(H) Bathroom

Many accidental injuries occur in the bathroom and can be avoided with common sense and inexpensive measures such as:

Lighting - small light in the bathroom should be left at all times as with frequency in urination the elderly will be using the bathroom more often. This is helpful when he can locate the area and switch for the light.

Floor surface - Falls for older people are dangerous in any circumstances. Slippery floors or surfaces should be avoided. Unnecessary items should not be stored on floor surface. Leaks in the taps should be corrected to avoid creating another cause of falls.

Toilet - Grab bars or support frames aid in difficult task of sitting and rising from the seat. Raised toilet seat may be more comfortable.

Electrical appliances - use of electrical appliances like heater rod in bathroom can create considerable safety risk and should be avoided.

Variety of devices can make living area more functional and safe. It is wiser to invest in these devices to prevent injury.

INTEXT QUESTIONS 1.2

Fill in blanks:

(i) Decreased muscle tone effects the environmental needs.....

(ii) Stiff joints lead to difficulty in.....

(iii) Essential features to be considered for environmental needs of elderly.....

(iv) Light around the elderly affects on.....

(v) There is a direct correlation between body temperature and.....

(vi) Brain damage can occurs if temperatare extends.....

(vii) List the considerations to be given in the bathroom for the elderly.....

(viii) Noise control around the elderly can be done by .....

1.6 Mental Health and Environment

Living arrangement of the elderly or the living environment affects the mental health of the elderly. Physical environment of the elderly should ensure uniform temperature, plenty of light, safe building, few stairs, noise free sleeping quarters, labour saving household devices and adequate space for indoor or outdoor recreation. For meeting psychological needs living arrangements should ensure for the elderly full privacy, space for sedentary recreation, space for storage of cherished prized possessions, provision for personal upkeep. Easy access to relatives, friends, social contacts and easy access to stores for meeting urgent personal needs is important.

Though it is a basic right to have a sheltered roof over everyone's head in practice it is not so. With decreased income, social isolation, changing family dynamics, the elderly at times have to reside in poorly maintained and awfully inadequate housing. This leads to increase in sickness and poor quality of life. There are hardly any worthwhile schemes for the elderly for housing or any subsidy towards these. Few old age homes are set up by the state but are inadequate to meet these needs. There are a number of other basic needs such as transportation and travel for the elderly and certain environmental needs which are of importance for positive mainteinance of mental, physical and social health of the elderly.

(i) Factors contributing to **positive mental health and happiness in old age are:** reasonably good health without chronic health problems, adequate financial security to meet personal needs, enjoyment of social activities with friends and relatives, productive activities at home or voluntary services, acceptance and respect from social group, participation in meaning ful activities, freedom to pursue life style without much interference, acceptance of physical and psychological changes of ageing, opportunity to establish a socially acceptable pattern of life, happy memories of adulthood and child hood, and enjoyment of recreation activities.

(ii) Factors contributing to **poor mental health and adjustment to old age are:** constant worry, habit of criticism and complaining, poor

family relationships, little interest in social surrounding and involuntary residence with grown up children.

> *Preparation for old age is the cardinal factor that ensures good mental health. Significant areas of preparation are health, retirement, use of leisure time, financial independence, social contacts, role change and life pattern.*

INTEXT QUESTIONS 1.3

List the factors that contribute to:

(i) Positive mental health

_____

_____

(ii) Poor mental health and adjustment.

_____

_____

1.7 Social Environment

Traditional relationships between generations have undergone substantial changes and modifications. Care and support provided for the elderly by their children are no longer a simple function of family relationships as used to be earlier. It depends primarily on personal relations existing between these two generations.

Ageing by it self indicates multiple problems and one of the major problems faced by the elderly is the **economic problem.** In general aged people have low income and little accumulated wealth and as a result many of them are in a poor position to maintain even the optimum standards of food, clothing, housing and social amenities. The problem of maintaining a reasonable standard of living of the aged and ensuring them the availability of physical amenities of life are being given greater importance in almost all developed countries.

In the Indian context, a larger section of population is living below the poverty line. Economic position of the rural aged is relatively lower as they are neither supported by social security programmes of the state, nor by the family. In the process of ageing individuals grow old and the physical

and mental strength gradually decreases. Consequently they may not be able to perform certain roles and tasks which they were previously performing. Inability to do so decreases their earning capacity and eventually they are forced to depend upon other members of the family.

Social and recreational activities are important as **health related activities**. These help in preventing loneliness, isolation, depression, anxiety and dementia and are the best ways to maintain good mental health. Cultivating friendships and interacting with **neighbours** and **peer groups,** participating in **adult education** programmes and undertaking **vocational activities** and **hobbies** such as **gardening** and **indoor games** are useful mechanisms for social interactions. Participating in recreational activities, **prayers, divine songs** (bhajans) **religious discourses** and group activities are useful. Resource utilization activities undertaken by the elderly gives, them a feeling of belongingness, satisfaction and even empowerment, all of which go a long way to promote mental health also. These include participation in community development work and managing day care centres and other organizations for elderly care. Such activities will also preserve and enhance the capacities of the body and the mind to work.

Participation of the elderly in productive activities is important as it helps to reduce the impact of many problems associated with ageing. Involvement in work affords the individuals a means to alleviate boredom. The person meets others in work situations thereby enriching the social life. Work also generates income and reduces economic dependency.

(A) Clubs for the elderly

It is important to change the thinking that old people should do nothing. Old people can do many kinds of work and this will also help them to support their families. Clubs for the elderly can be used to facilitate joint efforts by the elderly and even suitable employment for aged can be available in the business sector.

Most old people are deeply interested in religious activities and play a vital role in these. They visit religious places regularly. It is desired that old people's clubs can be based in temples or other religious places, where members can exchange views on serious matters and participate in activities of common interest. Clubs can be used as means of educating old people on health matters. Some volunteers from young groups can also contribute in care or regular health checkup and health education. The clubs are easy to set up because old people have similar life styles and have meeting places like the religious organizations. When they get together in a club they are well placed to develop worthwhile ideas and can play a leading role in religious and traditional activities They can also learn how they can improve their health by proper exercises. The clubs help the aged to have more confidence in their abilities.

1.8 Assessment of the Living Environment

(a) Need for assessment

(i) Environment of the elderly must be assessed in order to develop a realistic plan of care. A plan in elderly care in extended care setting will differ from a plan for an elderly who lives at home in his home setting. A plan for a person living alone at home will differ from the plan for an elderly person who lives at home with family members or others chose to him or her. In assessing the living environment the person should note the particular objects that are familiar to the elderly and support his feeling of well being. Such personal items may include family pictures, family furniture, handicraft articles made for or by the client, gifts to the client or religious articles.

(ii) The person must evaluate the change in the living environment which affects the aged person's personal boundaries. It could be that the elderly person has moved from a large house to a room that is shared with another elderly person in dependent care setting. The assessment should be made to the degree of space adjustment that the client has made to the new environment. Elderly people often tend to collect many small items such as pictures and cards. The assessment must be made, therefore, to include the client's feelings about such meaningful articles.

(iii) The person caring for the elderly should determine how free the aged person feels to decide what objects will be part of his environment. Personal items tend to be scarce in an institutional setting. This may contribute to loss of identity and more limited territorial boundaries. As a result of these losses, **depersonalization** can occur.

For an elderly person living at home it is necessary to assess the home environment. Assessment is also important for the elderly person who plans to return home following a stay in an institutional setting. It is necessary to determine what are the barriers or facilities that exist in the home for rehabilitation, for example, the design of the house, apartment or the room, etc.

(b) Areas of assessment of the living environment or design of living area should include.

- Living space, protected walking area
- Toilet and bathing facilities
- The number and condition of stairs
- Water supply
- Cooking facilities
- Heating lighting and ventilation

Assessment of environmental hazards:

- scattered rugs
- slippery floors in any part of the house
- size of toilet facilities and the door way leading to the toilet is of special importance for an elderly person, who uses wheelchair or any mobility aid such as walker, stick, etc.
- for assessing bathroom, bath tub, shower area should be examined for the availability of grips, rails, seats and a non slippery surface
- If an elderly person is in a communal living environment assessment should include the distance to the bathroom, degree of privacy provided as well as number of persons using the same toilet or bathroom facilities.

(c) Assessment of family Support in daily activities

- Support for an elderly person in home should be assessed, which includes the relationship between the elderly person and his relatives as well as their willingness to help when needed. This relationship is especially significant when the elderly is living in a relative's house.
- It is important to determine who does the cooking, shopping and cleaning. It is necessary to know that an elderly person who is happy in his/her own home even if unclean and untidy may be better off than the person who is clean and tidy but miserable.

(d) Assessment of community support

- Community to which client belongs must also be assessed. This includes evaluation of community attitudes towards the elderly as indicated by health maintenance, safety and support services available.

Environmental check list

- Room temperature - 85-90 °F
- Adequately lighted room and stairways
- No shadows or glares
- Hand rails on stairs
- Low noise level-soft music
- Floor surface - even, easy to clean, free of scattered rugs/carpets
- Doorways unobstructed
- Bathroom toilet and kitchen floor non-slippery

- Bar handles and supports in the bathroom, toilet
- Windows screened and easy to reach and open
- Safe electrical switches preferrably 2.5 feet higher than floor level and easy to reach
- Safe stove and heaters
- Uncluttered simple surroundings
- Room with familiar objects
- Designed space for needed articles like books, spectacles, mobility aids, etc.
- Furniture functional, easy to use
- Orienters like clock, picture of the family / friends
- Locked cubboard for medicines
- Signal alarm system

1.9 Role of the Care Provider in Maintaining a Conducive and Safe Environment for the Elderly

Care provider has a major role in helping the elderly to have an environment preferred by him/her. Environment can affect the mental and physical functioning of the elderly. Identifying and correcting problems early in relation to the elderly's environment (living conditions) will help in mininizing risks to safety. The responsibilities of care providers are listed below:

- Regular assessment for identification of any problems in physical, psychological, social and mental environment.
- Advising and assisting the family to meet the specific environmental needs of the elderly.
- Motivating the family and community to have a positive attitude to wards the elderly.
- Helping the elderly to maintain social contacts, participate in the family, society and community activities to prevent isolation.

In order to prevent accidents, advise the elderly to take the following precautions:

(i) While moving in the house, be sure that there is good lighting

(ii) Remove all the scattered rugs and carpets, or be careful while walking on these.

(iii) Remember to be extra carefal on wet and slippery floors in the bathroom, kitchen, etc.

(iv) Avoid quick movements while changing positions

(v) Use bar handles or supports while getting up from bed or chair.

(vi) Be careful while using stove or electric heaters

(vii) Remember to keep all the necessary articles required for use in the accessible places.

- Based on the needs assessed a care provider can plan care. This plan should be related to environment. Formulating the plan should be viewed as a dynamic process that recognises the constant changes taking place in the elderly's external and internal environment.

Intervention should allow the aged person to clain his or her own territory or living environment. Maintaining the need for personal property such as pictures or other objects, encourages a sense of personal or social identity. Participation in the intervention enables the aged person to feel valued and significant.

Family must also participate in maintaining the environment conducive to the elderly's safety and security. All these effort will promote a feeling of well being among the elderly.

1.10 Summary

In this lesson you have learnt the importance of environment for healthy and happy living of the elderly. We have also discussed which environmental attributes should be considered for the elderly to prevent hazards and have comfortable living. It is also explained how social environment is important for elderly living. As a care provider your role in assessing and planning comfortable and safe environment is discussed.

Conclusion : Environment contributes to positive physical, mental, social and spiritual well being. Care provider, family and the elderly themselves can monitor a comfortable environment to promote a feeling of well being.

1.11 Answers to Intext Questions

1.1 Refer to page 3

1.2 (i) Difficulty in rising from sitting position.

(ii) Climbing stairs or manipulating knobs and handles

(iii) Lighting, temperature, colour, Floor covering, furniture, sensory stimukition, noise control, bathroom

(iv) Function, orientation, mood or behaviour

(v) Environment temperature

(vi) 106° F

(vii) Lighting, floor surface, toilet, electric appliances

(viii) Design of building, false ceiling, appliances maintenan, avoiding unnecessary use of T.V., radio, etc, use of earphone.

1.3 refer to page 10

Lesson 2

Special Nutritional Needs of the Elderly Individuals

STRUCTURE

2.0 Introduction

In Lesson 2 of Module 1, you had learned about the importance of food for the protection and promotion of our health. You had also learnt that foods have different functions and that all foods are not the same in undertaking specific functions. Their functions depend on the types and amount of nutrients which they contain.

As the body ages with structural and functional changes, its needs for nutrients also change considerably. The elderly individuals must eat foods which respond to their special nutritional needs. You will learn how to do this by reading this lesson.

2.1 Objectives

After reading this lesson, you will be able to :

- explain that due to the structural and functional changes in the body, selection of foods and the dietary pattern also change.
- advise and assist the elderly in making a proper selection of foods, and in planning appropriate meals.
- identify what foods to be avoided which otherwise may lead to various diet related degenerative diseases.
- explain the value of anti-oxidants and name the foods containting anti-oxidants.

2.2 Structural Changes

Please read again the learning content of Lesson 2 of Module 2 before this learning content. This would remind you of the structural and functional changes in the body due to ageing.

The common physiological and structural changes in the gastro-intestinal tract due to ageing and which need alterations of dietary pattern are given in the form of table:1

Table - 1

Affected part of the body	Changes in ageing	Alterations of nutritional needs and dietary pattern
Taste buds on the tongue	Atrophy of certain types of taste buds	Lowered threshold of certain taste, especially for sweet and sour foods. Elderly prefer to eat more sweet food and take more sugar in tea.
Teeth	Loss of teeth	Difficulty in mastication (chewing) and preference for soft mashy food and liquid foods. Elderly individuals usually avoid vegetables, especially green leafy vegetable and whole fruits.
Stomach	Gets smaller in size with reduced gastric enzymes, which help in digestion.	The common practice of two big meals a day will cause gastric discomfort and digestive disturbance. The meal should be smaller in volume and is to be taken 3 or 4 times a day.
Intestinal tract	Atrophy of muscles of intestine leading to reduced motility (lazy intestine), and reduced digestive enzyme	Undigested foods remain in the intestine for a longer time resulting in gas formation (flatulence) and constipation and other types of intestinal disorders.

Keeping these changes in mind let us plan meal for the elderly.

What is meal planning?

> *Meal planning means making a plan of meals for adequate nutrition: in other words we can say, it means deciding what to eat each day at each meal.*

2.3 Factors Affecting Meal Planning

While planning the meals, what guidelines do you keep in mind? What all should be considerd to make meal planning effective? Yes, there are many factors. Some important ones that we consider, when deciding upon the kind and amount of foods to include in the meal are as follows:

(i) Nutritional adequacy

This is the most important factor that we keep in mind while planning meals. This means that the nutritional requirements of all the family members are fulfilled. Let us take an example. You know a growing child needs more protein, a pregnant or lactating woman needs to eat more as she eats not only for herself but also for the growing baby who gets food from her. So while planning meals for them you provide them with extra servings of the nutrients they require.

Thus different members of the family have different needs and you keep these in mind while you are planning the meals.

Also, when you are planning meals for them, you will include food from various food groups, that is, energy giving foods, body building foods and protective and regulating foods.

(ii) Age

People normally eat according to their age. You must have observed in your family that the diet of various members of different age groups is quantitatively different. A new born baby drinks only milk, a small child's meal is also very small quantitatively, an adolescent eats still more in amount and variety of foods.

(iii) Sex

Sex is another factor, which determines the dietary intake. Dietary requirements of adolescent and adult meal are more than of their female countersparts.

(iv) Activity

The kind of work a person does affects the kind and amount of food he/she needs to take. Do you remember that RDI is different for people

engaged in different activities? A labourer not only eats more quantity but needs more energy because he is engaged in hard work. His body uses up more energy while performing hard work. So, if you have to plan for such a person you will include more energy giving foods in the diet. Similarly for an elderly person, energy intake goes down, as he is not engaged in strenuous activities. More over with age the BMR (Basal Metabolic Rate) also goes down.

(v) Economic considerations

Another important factor to be considered in meal planning is money available to the family to be spent on food. Foods like milk, cheese, meat, fruits, nuts, etc., help us to make our diet balanced but they are expensive. However, alternative sources like toned milk, seasonal fruits and vegetables are less costly and serve the same function of making the diet balanced. You can therefore plan a balanced diet to suit every budget.

Can you think of certain other ways of lowering the budget on food? Here are some tips to be even more economical:

- Buy food in bulk, if you have enough place to store.
- Buy from fair price shops like ration-shops, super bazars, co-operative stores, etc.
- Compare prices and quality while buying.
- Make use of left-overs.

(vi) Time, energy and skill considerations

In order to make the meals acceptable to the family, it is important that the meal pattern fits into its working schedule. This means that while planning the meals, you consider the resources like time, energy and skill available to the family. Meals can be elaborate with different dishes but you can simplify them by cooking a simple but nutritious dish. For example, working mother could prepare a *paushtik* pulao, instead of preparing three or four items for dinner.

(vii) Seasonal availability

Some foods are available in summers while others are available only in winters. The off-season foods are expensive while those in season are fresh, nutritious, tasty and cheap. Hence while planning the meals, use seasonal products as far as possible.

(viii) Religion, region, cultural patterns, traditions and customs

You will be influenced by cultural factors while planning the meals. For example, if you are a north Indian, you will consume more of wheat, if you are staying near the coastal region, you will consume more of foods like coconut, fish, etc. Similarly your staple food would be rice if you are a south Indian.

You will also be influenced by the religious beliefs prevalent in the family. If certain food is prohibited in your community, you will not include them in your meals. For example, if you are a vegetarian, your diet will not have any meat or meat product. Hindus do not eat beef and Muslims do not eat pork Such consideration have to be kept in mind.

(ix) Variety in colour and texture

Examine the following two menus: which one is better?

Menu - I	**Menu - II**
Chapati	Chapati
Rice	Rice
Arhar dal	Rajmah
Pumpmkin vegetable	Fried ladyfinger
Curd	Carrot raita
Salad (radish and onion)	Salad (cabbage, cucumber, beetroot)
	Papad

The second one is a better menu, as it has variety in terms of colour, texture, flavour and method of preparation. These factors help you to make meals more appealing, attractive and hence more acceptable.

(x) Likes and dislikes of individuals

The food you serve should cater to the likes and dislikes of the individual family members. It is often better to change the form of some particularly nutritious food item rather than omitting it completely. For example, if someone in your family does not like to drink milk you can give it in the form of curd, paneer, etc. Similarly, if one does not want to take green leafy vegetables in cooked form, what alternative would you suggest so that it can be taken in adequate quantity? Yes, it can be used in a variety of ways : mixed with flour and made into paranthas or poories; or as cultlets or pakodas. It can also be given in the form of koftas, idlis, vadas, etc.

(xi) Satiety value satiety-feeling of fullness after eating

While planning meals, take care that you select foods which provide satiety value. Meals which produce inadequate satiety will lead to onset of hunger pangs which will in turn affect the working capacity and efficiency of a person.

INTEXT QUESTIONS 2.1

Fill in the blanks:

(i) Seasonal foods are ..... and ..... in order to be attractive and appealing.

(ii) A meal should have variety in ..... and ..... in order to be attractive and appealing.

(iii) Moderate workers require less energy giving foods than ..... workers but more of such foods compared to ..... workers.

(iv) Giving ghia koftas instead of ghia curry is an example of planning the menu according to the ..... of an individual.

(v) Comparing prices before buying is an example of making meals more .....

2.4 Modification of Family Meal

Let us suppose there is a family having five members in various age groups. i.e. parents, a school going child and an adolescent girl and grandparent, who is 70 years old. So how will you cook food for them so as to meet their individual nutritional needs. What will you do, cook for them separately or cook a common meal and serve according to their needs? What do you think? Yes, the second alternative is better. So this is known as diet modification, What are you doing? You are modifying the same meal according to their needs.

Hence we can say diet modification means serving the meal cooked for the family to any member after changing the quantity, quality, consistency and frequency of eating.

(i) Qualitative modification

How will you modify the diet qualitatively?

This also means change in consistency, flavour, spices and roughage of food.

Eaxmple : A dal is prepared in the house.

Before adding seasoning some portion of it can be taken out and given to *a small child, as he does not require spices. Similarly it can be taken out* for an elderly person, and remaining of the people can eat the seasoned dal. This a qualitative modification.

(ii) Quantitative modification

This refers to the increase or decrease of certain nutrients or calories.

Example: The increased protein requirement of a pregnant woman can be met by increasing of quantity of protein rich foods in her diet. Similarly, a growing child the needs to take more of proteins, an athlete needs to take foods which provide more energy.

A. Modification in terms of frequency

What would you suggest to a person whose requirements are increased but he/she it not to increase the quantity of food in his/her original meals? Yes, you will suggest to increase the number of meals instead, that is, to take something in between the main meals. This is known as modification in terms of frequency.

B. Food exchanges

If you are modifying the same meal for different family members, then how will you decide on how much of one item is equivalent to another one? It you are not sure about how to go about exchanging one food item with another in the correct proportion, then you may not be able to fulfil everyone's requirements correctly. For example, if you are exchanging milk with egg then you should know how much of milk is equivalent to one egg or if one does not want to eat egg, in that case, how much of pulses should be given instead?

Food exchanges help you to modify the diet for an individual according to needs likes dislikes and food habits and help you to make the diet more flexible and interesting. The following food exchange table gives you a fair idea about the exchanges that can be done among various foods so that the nutrients derived by these foods remain the same.

Food Exchange Table: Protein Rich Foods

1 glass of milk = 1 medium size katori meat = 1 big katori pulses = 1 big katori curd = 1/2 cup of paneer = 3 cups of butter milk

Cereals

1 chapati = 1 bread slice = 1 potato = 1/2 cup rice = 1/2 cup dalia = 4 salted biscuits = 1/2 cup noodles = 1 idli = 1 plain dosa = 1/2 cup upma/poha

Fats

1 tsp of butter = 1 tsp of oil = 2 tsp of mayonnaise = 4-5 pieces of nuts = 10-12 pieces of peanuts = 5 tsp of cream.

Note : The above table has to be kept in mind while planning a diet.

A sample menu of a common meal

While planning meals for different family members, keep in mind the nutrient content of food. You want that the common menu should be served to everyone. Had the needs been the same for all family members, you would have planned for one person and simply multiplied by the number of family members. But this does not work out as the needs of different individuals are different.

One easy way is to start with a sample menu for a healthy adult man engaged in normal activity. Plan for one person, decide how much to provide at different meals, according to the requirements. This becomes the reference menu for different family members according to their specific requirements.

You all have already learnt in the previous lesson that the diet of an adult man should have a certain recommended amount of calories, protein, iron, Vitamin C and other nutrients which vary according to the level of activity. Here we are presenting a sample menu for an adult man who is engaged in moderate work. We will use this reference menu and tell you how this will be adapted to suit the needs of other members.

Modifications for old people

We know that due to many physiological changes occurring during old age the nutritional requirements of old people decrease. They need less of energy and fats as compared to that of an adult man but the proteins and other nutrients remains the same. But yes, you should provide them with unsaturated fats and also lots of water and fibre to check the problems of constipation. We also know that they may suffer from chewing problems, so give them soft and well cooked foods.

Keeping these points in mind, we have modified the reference menu for old age.

Modified Menu for old people

Meal	Menu	Amount
Early morning	Tea	1 cup
Breakfast	Aloo parantha	1
	Sprouted pulse raita	1 medium katori
	Boiled egg	1
Lunch	Chapati	2
	Methi aloo vegetable	1 medium katori
	Dal	1 big katori
	Stewed salad	half plate
	Fruit	1 orange
Evening time	Suji upma	1 medium katori
	Tea	1 cup
Dinner	Chapati	1
	Rice	quarter plate
	Rajmah curry	1 big katori
	Cauliflower vegetable	1 small katori
	Fruit custard	1 medium katori

Now you see how the reference diet can be modified for old people: Similarly it can be changed or modified according to the need.

INTEXT QUESTIONS 2.2

1. Give an alternate for the following so that equal amount of calories are obtained.

   (i) 1 katori pulse/dal — 1 tsp of butter

   (ii) 1 chapati — 1 glass of milk

   (iii) 4-5 pieces of nuts — 1 tsp of butter

   (iv) 10-12 pieces of peanuts — 1 bread slics

2.5 Formulating Diet for Elderly

- Instead of taking two major meals a day, the elderly person should be given smaller quantity of food 3 or 4 times a day.
- The preference of most elderly for soups and soft mashy diet should not be encouraged and soft nutritious foods which need chewing should be given. For example, soft fruits should be given in place of fruit juices.
- Care should be taken to encourage the elderly to take foods which contain some fibre like the vegetables and whole fruits. Instead of taking refined cereals like refined wheat flour (media) and white bread "atta" and brown bread should be consumed. The fibres are extremely useful in maintaining motility of the intestinal tract to prevent constipation and flatulence as well as regulating the absorption of certain nutrients to prevent serveral diet related diseases.

Three Simple Rules for Elderly Diet

- Advise the elderly individuals not to take too heavy meals a day. Divide the daily food intake into 3 to 4 small meals.
- Advise them not to take ONLY liquids - milk, soup, liquid Khichri. Make them eat foods like fruits, vegetables, which need some chewing.
- Advise them to take foods containing fibres like coarse cereals, vegetables and fruits.

(i) Energy needs of ageing individuals

With the advance of age, the metabolism of the body becomes reduced and as a result the total amount of food supplying energy to the body should also be reduced. In addition to this, all elderly individuals restrict their physical activity and thus the energy need would also be less. An adult person with normal activity, as in office-work, will need about 2200 K. cal, while an elderly individual, staying at home and sitting or lying on bed a major portion of the day time, will need about 1600-1800 K cal.

Let us calculate the energy requirements.

The approximate percentage of reduction in total energy requirement with advancing age is:

5 % for age group 40 - 49 yrs.

+ 5% for 50 - 69 yrs.

+ 10% for 60 - 69 yrs.

+ 10% for 70-79 yrs. of age

Suppose the energy requirement of an adult man is 2200 Kcal. So now on the above reductions, calculate the energy requirement for various age groups.

Be careful about body weight

The body weight of elderly individuals should be taken at intervals so that any tendency of overweight (obesity) should be controlled. Obesity in the elderly is dangerous because it leads to development of chronic diet-related degenerative diseases like hypertension, coronary heart diseases and diabetes which are the major killers of the elderly individuals.

All elderly individuals should be advised to keep the body weight slightly below the desired level as prescribed by the doctors or the health worker. Special care should be taken to avoid or restrict those foods which are energy rich like sugar, sweet foods, pastries, butter, ghee and all fried foods.

Dangers of over-weight (obesity) in old age

- Obesity is a metabolic disease
- Mortality in obese old individuals is much higher than in lean aged individuals.
- Obesity leads to other degenerative diseases like high blood pressure, diabetes, coronary artery diseases, which are the common killers of older persons.

(ii) Prevention of degenerative diseases in the elderly

You had learnt in Lesson 1 of this Module that ageing is a progressive biological process causing considerable changes in the body structure and function.

However, this is not a disease and thus regarded as physiological ageing. On the other hand, when these diet-related degenerative diseases develop in aged individuals, the condition is then regarded as pathological ageing. Old age mortality is mostly due to pathological ageing.

You have also learned that obesity (excessive deposition of fat in the body) leads to other degenerative diseases like diabetes, high blood pressure, coronary heart diseases, each of them being killers of elderly individuals. All elderly individuals and family care-givers should be advised that there are certain foods which very commonly lead to these degenerative diseases in the elderly individuals. You all have ready learnt that OBESITY is one such disease and for which foods which are rich in calories like sugar and sweets, carbohydrate rich vegetables like potatoes, fats and fried foods should be avoided as far as possible.

Similarly, diet for older persons should not contain foods which are rich in saturated fats like animal flesh food like mutton and beef and dairy products like egg, butter and cheese should be avoided. These foods produce a condition known as **atherosclerosis** of blood vessels, the walls of which become rigid and inelastic and the inner smooth lining becomes rough. Foods containing cholesterol like egg, liver, cheese are also harmful if taken in larger quantity because they lead to the formation of clot on the already sclerosed blood vessel walls which ultimately leads to **thrombosis** by the blockage of small vessels in heart and brain.

2.6 Anti-Oxidants in Food

You must also remember that recent nutritional studies with elderly individuals and with individuals with chronic degenerative disorders have revealed that there are certain vitamins and minerals present in foods which in addition to their specific role in the body perform another type of protective action and are known as **anti-oxidants.**

During the metabolic process in the body, which is going on throughout the day and night, a group of chemical compounds is formed continuously which are known as "free radicals". These are harmful compounds and produce damages in various tissues and organs in the body as well as they accelerate the ageing process. There are certain vitamins like Vitamin A, Vitamin C and Vitamin E which are extremely beneficial in acting as antioxidants. Similarly, there are minerals like iron, selenium and zinc which also have such protective action. Their major function is to neutralise the harmful actions of "free radicals".

In addition to these vitamins and minerals, there are certain foods and spices which contain chemical substances which also act as powerful **anti-oxidants.** Onion, turmeric, olive, tea and soyabean are examples of such food which contain anti-oxidants and which have been recently identified to have such protective action. Many coloured fruits and vegetables contain chemical compounds of various types with such protective action. Tomato has lycopene which has similar protective action. Many leafy vegetables have such anti-oxidants.

In general, the elderly individuals and the family care-givers should be encouraged to take leafy vegetables and fruits which can be eaten as fruits or as salads. Light cooking with small or moderate quanitity of spices is another useful advice.

Value of anti-oxidants in ageing individuals

Many foods and spices contain vitamins, minerals, flavourings and other chemical compounds, which are anti-oxidants and which protect the body from various disorders common in ageing. Elderly individuals should be encouraged to consume such foods.

List of Food Containing Anti-Oxidants: Use Them "Generously" in Diet of Elderly Individuals

Citrous fruits like lime, lemon and orange.

Coloured fruits and vegetables like carrot, papaya, tomato

Leafy vegetables like spinach, cabbage

Onion, ginger and turmeric.

Water content of the body of aged individuals

An adult has 75% of body weight consisting of water whereas an elderly individual has only 55-60% of the body weight as water. The body of an old person is thus slightly dehydrated. This is one reason why the skin on body and face look so dry. Elderly individuals are vulnerable to heat stroke and dehydration. All elderly individuals should be encouraged to take as much of water and liquid drinks like any beverage or juices as possible with a general guideline that 8 glasses of water should be taken daily.

Remember that the thirst centre of the brain goes into gradual atrophy and so the elderly do not feel thirsty. It is the responsibility of the care-giver to encourage them to take adequate quantity of fluids every day.

INTEXT QUESTIONS 2.3

Fill in the blanks:

(i) Obesity is a ..... disease

(ii) Degenerative diseases are....., ..., ..., ..., ...

(iii) The elderly should avoid ....., ..., ...in the diet.

(iv) The elderly should dirnk..... glasses of water daily.

2.7 Summary

In this lesson you have read the structural changes in the body, factors affecting meal planning modifications of diet food exchange - what it is? rules for elderly diet, and dangers of over weight

2.8 Answer to Intext Questions

2.1 (i) fresh nutritious
tasty

(ii) colour
texture

(iii) hard
Sedantary

(iv) taste

(v) economical

2.2 (i) 1 glass of milk

(ii) 1 bread slice

(iii) 1 tsp of butter

(iv) 5 tsp cream

2.3 (i) degenerative

(ii) diabets, high blood pressure, coronary heart diseases

(iii) sugar, sweets, fats and faied foods.

(iv) 6 - 8

Lesson 3

Physical Problems of the Elderly Assessment and Care

STRUCTURE

3.0 Introduction

You must have observed a number of men/women at the age of 60 years and above. You may have realised that some of them look young, active and productive and some look sick, passive and depressive. What is the reason for this variation? The reason is that people differ in life style, thinking, dietary habits, health status, attitudes, and health-seeking behaviour. This leads to the varied state of well being in the individuals. If you happen to have any elderly person at home or in your neighbourhood you would have come across their various problems and complaints. This is because the process of ageing is accompanied by change in structure and functions of various parts of body such as heart, lungs, bones, joints, muscles, kidney, brain, etc. These changes occur gradually over the years. These changes can restrict activity and functioning of an elderly person. As you have seen in lesson 2 of Module 2 although these are normal changes of ageing yet these can sometimes lead to physical, psychological and social problems. In this lesson we shall mainly focus on physical problems. You must remember that all the individuals do not suffer from disability and problems in a uniform way and the problems may also vary in young olds (60 - 70 years) or old olds (above 70 years).

3.1 Objectives

After reading this lesson, you will be able to :

- classify and explain the common/selected physical problems in the elderly;
- describe the steps of assessment of common selected problems in the elderly;
- enumerate the signs and symptoms related to the physical problems in the elderly;
- discuss first level care in physical problems;
- explain various measures to prevent morbidity and mortality due to the physical problems.

3.2 Classification of Physical Problems

Physical Problems of elderly are given below:-

(i) Problem of Sensory System.

(ii) Problem of Musculoskeletal System

(iii) Problem of Respiratory System

(iv) Problem of Cardiovascular System

(v) Problem of Urogenital System - Urinary Incontinence

(vi) Problem of Nervous System

(vii) Problem of Integumentary System

(viii) Problem of Metabolism - Diabetes Mellitus

3.3 Sensory Problems

We shall discuss two main sensory problems.

(A) Problems related to the eye: visual problems

Eye disorders are the commonest form of morbidity among the elderly. Visual efficiency may decline throughout advancing years. With the passage of time the power of visual accommodation diminishes and there can be particular difficulty with accommodating to darkness. The common problems include **Presbyopia, Senile Cataract** and **Glaucoma.** We shall discuss each one of these in subsequent paragraphs. Before discussing these problems let us have a look at general **management of the elderly with problems of vision.**

Your first responsibility is to make sure whether an elderly person has a problem of vision or not, whether he/she is using spectacles properly or not if it has been prescribed. Many old people do not have their eyes tested regularly, so their lenses may not be effective. Therefore you should also try to check for the effectiveness of lenses and instruct them to get their eyesight re-tested, help them to keep lenses clean. However, the following steps should be taken while taking care of him/her:

- While talking with an elderly person with visual problems, introduce yourself to him before you speak as he may not be aware of your presence.
- Sit or stand in a position that suits him.
- Never sit/stand very close to him because you know that they are unable to focus or accommodate to very near objects.
- Communicate your feelings by touch and use clear intonation.
- Try to make him very comfortable in a consistent and familiar environment.

Do you know what difficulties an elderly person will face if he/she has any problems of vision?

Visual changes may limit the active and passive activities of the elderly, and will:- *prevent enjoyment of travel, shopping, reading, watching television and other diversional activities. This may lead to a difficult physical handicap.*

To prevent these problems you should advise the family to get the elderly person's eye examination done annually for detection of any visual defects. Let us discuss these common defects.

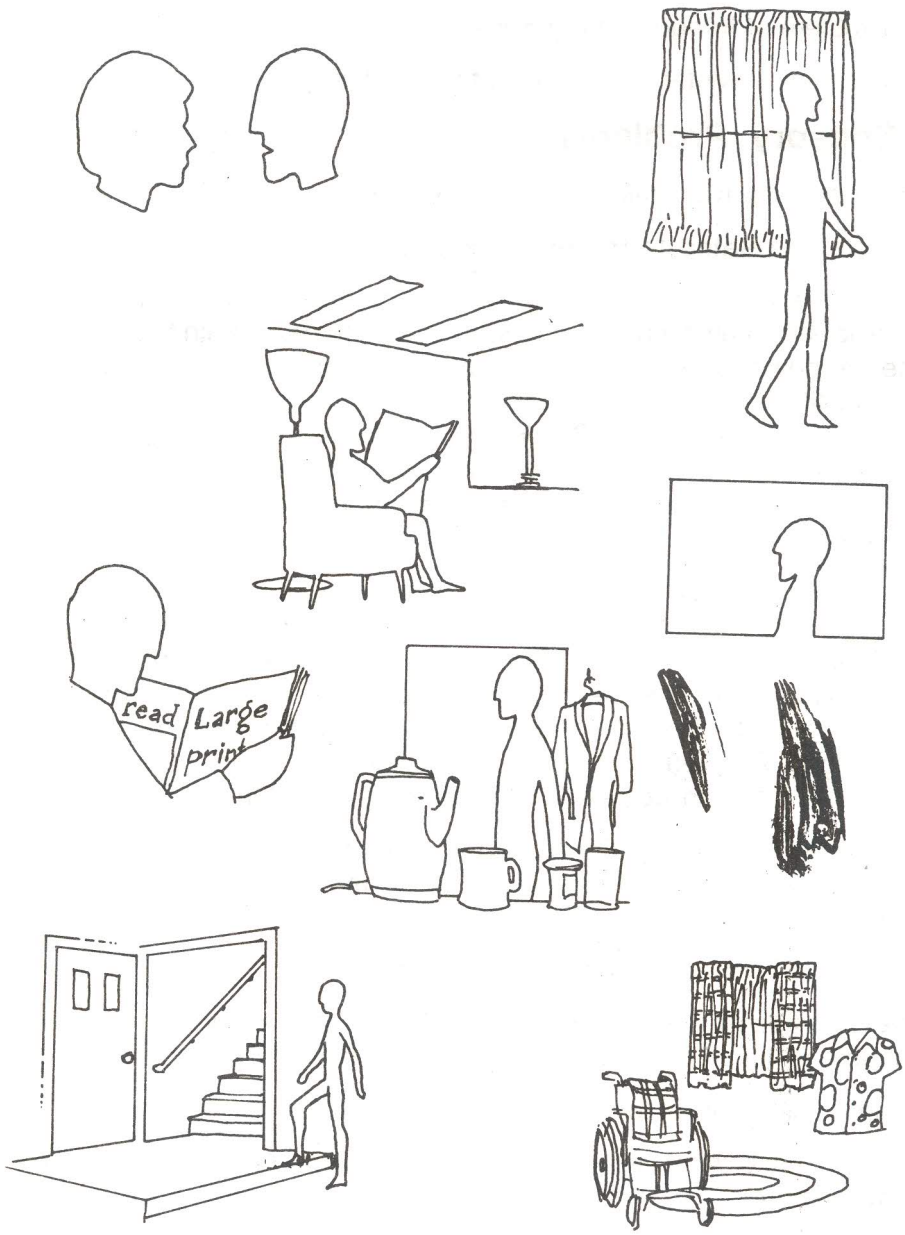


Fig. 3.1:

Compensating for visual deficits in the aged. (a) Face the person when speaking. (b) Use several soft indirect lights instead of a single glaring one. (c) Avoid glare from windows by using sheer curtains or stained windows. (d) Use large-print reading material. (e) Have frequently used items within the visual field. (f) Avoid the use of low-tone colours and attempt to use bringht ones. (g) Use contrasting colours on doorways and stairs and for changes in levels. (h) Identify personal belongings and differentiate the room and wheelchair with a unique design rather than by letters of numbers.

(i) Presbyopia (Farsightedness)

This is a condition characterised by decreased near vision resulting from progressive rigidity of the lens and reduced ability to accommodate. It can be corrected with eyeglasses.

(ii) Senile Cataract

Cataract means opacity of the lens that distorts the image projected on the retina. Senile Cataract is usually present to some degree in all old people, but it is impossible to live beyond the age of 80 without any handicap from a cataract. If opacity increases it may gradually reduce visual efficiency. The rate of visual impairment may vary from individual to individual. When an elderly faces problems in vision, the patient may be referred to or advised to go for cataract surgery, that is removal of the opacifying lens, known as cataract operation.

How will you assess that an elderly has cataract? signs and symptoms

There can be early and late signs/symptoms (s/s) of cataract. (s/s)

- **Early** (s/s) include blurred vision and decreased colour perception.
- **Late** (s/s) include diplopia (double vision), reduced visual acuity progressing to blindness.
- Absence of real reflex.
- Presence of white pupil.

Management of an elderly with cataract

When an elderly faces problems in vision, you should help the elderly to seek medical/surgical advice. Usually cataract surgery is advised for these elderly. Do you know what is done in cataract surgery? In this, opacifying lens is removed.

If an elderly has undergone cataract surgery, you have to take the following measures to take care of him at home.

- You need to instill the eye drops at regular intervals as advised by the doctor.
- Help him to wear eye-shield during the night on the operative side to prevent accidental injury.
- Orient the elderly to home environment.
- Orient him about the placement of the furniture and mainatain the pathways clear from any obstacle to prevent him from any injury.
- Help him to wear and take care of cataract glasses if prescribed.
- Help the elderly to follow up the treatment.

*educate him regarding **complications** such as sudden sharp pain, bleeding discharge, lid swelling, decreased vision, seeing flashes of light.*

- Assist him in performing daily activities.
- Tell him not to perform straining activities such as straining for bowel movements, bending at the waist, and lifting heavy objects.

INTEXT QUESTIONS 3.1

1. Fill in the blanks.
   a) Presbyopia means.....
   b) Opacity of lens means .....
   c) Elderly should use eye shield during ..... on ..... after cataract surgery.
   d) Complications after cataract surgery are:
      1. .....
      2. .....
      3. .....
      4. .....

(iii) Glaucoma

This condition is associated with **increased pressure in the eyes** (intra-ocular pressure). If there is increased intra-ocular pressure, it can cause asymptomatic destruction of optic nerve tissue leading to gradual loss of visual fields and ultimately to blindness. You should know that all individuals should be advised and referred for routine **Tonometer Test** to measure intra-ocular pressure over the age of 35-40 years so that **Glaucoma** can be detected early and visual loss due to it can be prevented by early diagnosis and treatment.

How will you assess that an elderly is suffering from Glaucoma: signs and symptoms

These include early and late signs and symptoms.

Early (s/s)

Gradual loss of visual fields.

Foggy vision.

Diminished accommodation

Mild aching in the eyes or headache.

Late Symptoms

Visual field loss.

Decreased visual acuity (which cannot be corrected).

Halos around lights.

> *Remember, as a health-care provider you should teach the elderly the warning signals to prevent Glaucoma. These are:*
>
> - *Occasional brow aching*
> - *Seeing halos or coloured rings around lights*

If an elderly has developed Glaucoma you should assist him to get medical help and get the operation done. Prepare him for Glaucoma surgery if advised by the doctor. Once the surgery has been performed and the client / elderly has been discharged from the hospital you need to take the following steps for the care of the elderly.

- Assess the patient for any post-operative problems such as **pain in the eye, change in the vital signs.** This may indicate low intra-occular pressure.
- The client may also develop increased intra-ocular pressure that may be evidenced by **ocular pain, pain above eyebrows** and **nausea**. Therefore, you should help the patient in the daily activities.

> *Advise the client to avoid bending from the waist, lifting heavy objects, straining while making movements, coughing and vomiting.*

- Help the patient to wear the eye shield over the operated eye at night, and to wear protective eyewear during the day to prevent accidental injury.
- Help him to take medicine regularly as advised by the doctor.
- Instill eye drops regularly as prescribed.
- Assist in other day-to-day activities.

INTEXT QUESTIONS 3.2

(i) List the early symptoms of Glaucoma

_____

_____

_____

(ii) Name the warning signals of Glaucoma.

_____

_____

_____

(B) Problems related to ear: hearing problems

The common problems associated with hearing loss is **Presbycusis,** which means hearing loss with age. You must know that this problem generally begins about the age of 30, but does not usually cause any difficulty until middle years of life or later. In elderly people the hearing loss begins in the higher frequencies and progresses to lower frequencies. You must have experienced that elderly people always complain that they are unable to understand rather than not being able to hear and this difficulty in discrimination is usually experienced when the environment is noisy or the speech is rapid.

How will you assess the hearing problems: signs and symptoms

The problems can be at two levels:

(a) Cochlear problems : These include diminished hearing and tinnitus (remaining sensation).

(b) Vestibular problems : These result in disturbance of balance.

Other problems include **inappropriate responses, straining forward** to hear, **asking people to repeat words.**

Do you know what can be the effects of hearing impairment ?

There can be limitation in social relationships, social visiting, watching and listening of television and radio etc.

The more serious effect of hearing impairment is isolation which in turn may result in **withdrawal, frustration** and **concomitant personality changes.**

Managing the elderly with hearing problems

As you know most of the cases with hearing loss can be corrected only with hearing aid but this is not the ultimate answer for treating every elderly who has a hearing problem.

In case of high frequency hearing loss the aid will do very little to help discrimination of sounds (merely amplifies the sound). Remember that deafness makes the elderly feel **closed in, inferior, frustrated** or **depressed.** So try to improve communication with him. Therefore, while taking care of an elderly with hearing impairment the following points need to be kept in mind while communicating with him.

- Ensure that light is on the face of the person who speaks (speaker) to elderly so that he can see the lip movements.
- Ensure that the person should not cover his face with hands or distort the speech by eating or smoking.
- Ensure that the elderly person is listening carefully to the speaker and does not do something else while talking which may distract him/her.
- Try to talk clearly yourself and also encourage others to talk clearly. Make sure that you do not shout even if the voice is raised.

> *Do you know that shouting causes pain?*
>
> *Shouting is characteristic of sensorineural deafness (a kind of deafness most frequently associated with ageing). That the transition from hearing little or nothing to hearing sound very loudly (called recruitment) is abnormally abrupt. Pain is caused by overboosting those frequencies that are not impaired.*

- Talk slowly in familiar words or expressions and use words in context; it will be difficult for them to hear single words reflected again and again with no clue.
- Talk with kindness and sympathy. Tone or the voice will be understood even if word is not understood. Remember that you should try to reduce the stress.

Tips to prevent hearing problems

- Prompt and complete treatment of any ear infection.
- Prevention of injury to ear by any severe blow or object.
- Prevention of use of cotton tipped applicator, hair pins etc to remove wax from the ear.
- Protection from exposure to loud sounds.
- Regular ear check up.

Tips for care for the elderly with hearing loss

- Assist in routine hearing examination.
- Reduce background noise.
- Face the person while talking.
- Speak the words clearly.
- Speak with low pitched voice.
- Use non-verbal clues.

INTEXT QUESTIONS 3.3

(i) Write true or false

(a) Elderly with hearing problem strains forward to hear. T/F

(b) Shouting is characteristic of sensorineural deafness T/F

(c) Recruitment means transition from hearing more to hearing slow sounds. T/F

(d) Speak to the elderly with high pitched voice. T/F

(ii) How would you prevent hearing problems in the elderly.

_____

_____

3.4 Problems of Musculoskeletal System: Bone and Joints Disorders

You must have come across an elderly person complaining of aches and pains while standing or walking or in certain types of movements of their fingers, hands, legs, head or neck, etc. These are generally due to disorders in bones and joints.

You must have learnt in Lesson 2 of Module -2 that as the individual ages bone density decreases causing pastoral changes and this predisposes the elderly to fractures. Synovial joint cartilages degenerate owing to repeated use of joints, especially weight bearing joints, such as the hips and the knees. This often results in degenerating arthritis. There can be muscle tissue atrophy. These changes lead to **decreased coordination, changes in gait, predispositions to falls with injury.**

The bone and joint diseases in the elderly are commonly due to **Osteoporosis** and **Arthritis.** We shall briefly discuss these.

Before we discuss the specific problems, as care giver you need to focus on the following points for prevention of problems of bones and joints.

- Teach safety tips to prevent falls.
- Prevent pressure on bony prominence.
- Teach to maintain proper body mechanism.
- Instruct the elderly to sit in supportive chair with arms.
- Provide moist heat such as shower because it increases blood flow to the area.
- Help him to perform activities of daily living (ADL) and mobility if needed.
- Teach exercise to prevent muscle wastage and help the elderly to move as per his own pace because he has slow movements.

We shall now focus on some common bone disorders such as Osteoporosis and Arthritis as given below:

(A) Osteoporosis

If you see a patient after 50 years of age having fracture of hip, wrist, or vertebrae he should be suspected to have Osteoporosis. You have to advise the family or the client for having surgical consultation and if surgery has been performed your role is to rehabilitate the patient. This involves mainly physiotherapy and socio-psychological support.

You have to help the elderly to do physical exercise, eat calcium-rich or high protein diets, avoid falls, and advice him to stop taking alcohol and smoking to prevent Osteoporosis. Sometimes elderly patients with Osteoporosis are given hormone replacement therapy so you can help them by accompanying to the hospital to seek further medical advice.

(a) Definition

Osteoporosis is an age related metabolic disease in which bone demineralization results in decreased density and subsequent fractures. The wrist, the hip and the vertebral column are most frequently affected.

It is a common and important cause of morbidity in the elderly. It is characterised by reduction in the mass of bone. In Osteoporosis there is greater absorption and less bone formation leading to increased bone loss or we can say that excessive loss of bone-density results in Osteoporosis. This condition is apparent in **post-menopausal women, inactivity, inadequate calcium intake and loss of estrogen.** The **demineralization** that occurs in **Osteoporosis** is accelerated by loss of **estrogen inactivity** or low **calcium** or **phosphorus** diet. The elderly may complain of **acute pain** in back and **deformity which** is due to vertebral body fracture which usually occurs in lower dorsal and upper lumber regions. **Hip fractures** are common manifestations of Osteoporosis. In addition, the danger of fracture is especially high for the dorsal vertebra, humerous, radius, femur and tibia bones.

(b) Types

There are two types of osteoporosis

(i) Primary

(ii) Secondary

Primary Oesteoporosis is the most common and is not associated with underlying pathological conditions (diseased process).

Secondary Oesteoporosis results from a medical condition such as hypothyroidism and drug therapy, etc.

Primary Oesteoporosis is subdivided into two types:

(i) **Post-menopausal:** which occurs in women between the ages of 55-65 years. This leads to vertebral and wrist fractures in this group.

(ii) **Senile Osteoporosis:** which occurs after the age of 65 years and in this type hip and vertebral fractures are more common.

(c) Care of the elderly with Osteoporosis

This mainly includes drugs, exercise and diet therapy.

We shall focus on care to be given in each problem which results from Osteoporosis such as injury or accidents, decreased muscle tone and dysfunction due to fractures and pain which may result from pain due to vertebral fractures.

Care related to injury (fracture) due to accidents or falls

- Help the elderly to get out of the bed with bed height in the lowest position.
- Help him to use non-slippery slippers and keep the floors dry.
- Keep the floor of the room clean so that there may not be tripping or stumbling on the carpets.
- Provide additional light.
- Always place necessary items close to (within easy reach) bedside such as water, milk, etc.
- Provide support while using bathroom.
- Provide help while walking.
- Provide cane or walker if needed
- Help the elderly to take calcium rich diets
- Advise him not to smoke or drink.

Care in physical mobility related to decreased muscle tone

- Help the elderly to perform exercises (muscle strengthening and weight bearing) as advised by physiotherapist.

- Explain the elderly that exercise will prevent the muscle wastage.
- Assist the elderly with ADL as necessary and make him independent as far as possible

Care in pain related to vertebral fractures

- Help the elderly to take medication on time as prescribed. See that he takes right type of medicine in right dose at the right time.
- If he has been given some orthodox devices such as back braces or corsets, you should check that they fit properly.
- Always take care of the skin for any sore where the devices cause pressure.
- Apply moist heat (heat packs or hot compress) as needed to reduce pain.
- In case of a woman if she has been advised hormone therapy, you should help her to have regular gynae check-ups.

INTEXT QUESTIONS 3.4

(i) Define Osteoporosis.

_____

_____

_____

(ii) List the problems of the elderly with Osteoporosis.

_____

_____

_____

_____

(B) Arthritis

Arthritis means inflammation of various joints, especially in the hip spine and knees. Arthritis in the elderly is often degenerative which is known as **Osteoarthritis.** In this condition there are degenerative changes in the cartilage and bony surface of the joints.

(a) Definition

Osteoarthritis is characterised by the progressive deterioration and loss of articular cartilage in peripheral and axial joints and bony surface of the joint. It is caused by excessive use of these joints. Weight bearing joints, the vertebral column and hands are primarily affected because these are used most often and/or bear the stress of the body weight.

(b) How to assess that an elderly may be saffering from Osteoarthritis: signs and symptoms

- Pain and stiffness in the knees and lower back.
- Painful restriction of movement of the joints, e.g., in walking and movement of head and neck.
- Muscle wastage from disuse and joint pain.

(c) Care of the elderly with Osteoarthritis

The **general care includes** giving rest to joints, giving diathermy (heat application) and pain relieving drugs as prescribed.

The **specific intervention includes** therapeutic exercise and promotion of ADL and ambulation, thorough teaching about health and mechanical aids/devices.

Therapeutic exercises include carefully planned activities that improve the muscle strength and tone and range of motion of the joint:

Remember to teach the following tips to the elderly regarding exercise;

- Help him to do the exercise daily as prescribed (consistency is important)
- If pain increases with exercise discontinue the exercise and report to the physician.
- Use active rather than passive exercise.
- Do not repeat when inflammation (more pain) is severe.
- Do not substitute ADL or household tasks for the prescribed exercises.

Use of mechanical devices: Sometimes an elderly needs to use the ambulatory aids such as canes, walkers or platform crutches. He should be encouraged to make proper use of these devices.

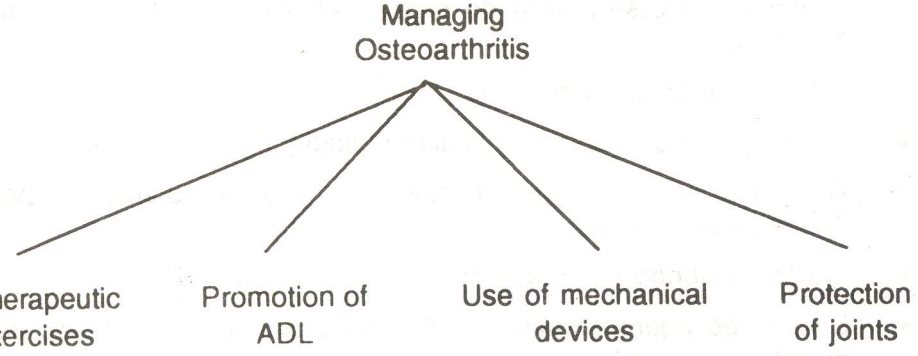
Other areas of care include the following:

If the weight bearing joints are markedly involved the elderly may be unable to go up and down the stairs. So help him to remain in ground floor rooms. In order to help an elderly with this problem to perform ADL there may be a need to make some alterations in the house, for example, a kitchen counter may need to be lowered, a seat or handrails may need to be installed in the bathroom. If the elderly has total hip replacement, higher level toilet seat is necessary to prevent hip flexion.

If you are caring for an elderly with Osteoarthritis, you have to help him to protect the joint or prevent further damage to joints. **Do you know how to help to protect the joints?**

- *Help him to use larger joints instead of smaller, ones e.g., the elderly can put pressure on shoulder rather than hold with hands.*
- *Teach him not to turn the door knob clockwise but turn it anticlockwise (prevents ulnar deviations)*
- *Use two hands instead of one hand to hold an object.*
- *Help him to sit in a chair with a tight straight back.*
- *Teach him to use entire palms of both hands when getting out of bed and not to push off with fingers.*
- *Ensure that the elderly person, while bending, bends the knees and not the waist and keeps the back straight.*
- *Assist him to use long handled devices such as using a hair brush with long handle*
- *Advise him not to use pillows except a small pillow under the head to prevent flexion contracture.*
- *Help him to avoid twisting or wriggling the hands.*

Now just to sum up the points you need to focus on while caring an elderly with Osteoarthritis



INTEXT QUESTIONS 3.5

Fill in the blanks:

(i) In Osteoarthritis there is loss of articular cartilage in.....and .....joints.

(ii) The aim of caring for an elderly with Arthritis is to .....joints and prevent further.....

3.5 Respiratory Problems

Respiratory disease is a major cause of acute illness and chronic disability in the elderly. As you have learnt in Lesson 2 of Module 2, there are three components of the respiratory system that show age-related impairment. This includes **ventilation** (breathing), **diffusion** (exchange of oxygen and carbon dioxide) and **pulmonary circulation.** Although respiratory system functioning declines with the increasing functioning age, there is little difficulty in performing ordinary activities.

(a) Common signs and symptoms of the elderly having respiratory problems

The elderly may have the following symptoms:

- Difficult cough with sputum.
- Fatigue and shortness of breath (Dyspnoea) a with sustained activity.
- Wheezing (audible sounds).
- Imposed healing of tissues due to decreased oxygenation.
- Chest pain due to some chronic disease like asthma, bronchitis, pneumonia etc.

(b) General care of an elderly with respiratory problems

- Advise the elderly against taking self-medication for common cold and cough, as these may react with other medicines he/she may be taking. Drugs such as pain killers also affect the breathing.
- Teach and advise him to do regular exercise, especially the deep breathing.
- Advise him to avoid smoking.
- Help him to take adequate liquids to liquify the secretions.
- Avoid exposure to upper respiratory infections such as going to overcrowded places.
- Watch for abnormal breathing.
- Encourage vigorous pulmonary functions, i.e., turn, cough and deep breathing exercises.
- Encourage frequent oral hygiene by gargling after every meal
- Help him to get periodic checks to evaluate respiratory functions.
- Focus on obstructive airway diseas as an age related respiratory disease.
- Close observation should be kept for development of any complications.

(c) Obstructive Airway Disease

Chronic Obstructive Airway Disease (COAD) includes diseases varying from Bronchial Asthma to chronic Bronchitis.

It is estimated the COAD occurs in 15 to 20% of elderly people and most of them have the history of childhood asthma which persists in old age.

In the elderly, asthma is precipitated by viral and bacterial respiratory infections which damage the airway epithelium.

Other factors include chemicals, drugs, exercise and gastrointestinal reflex.

Clinical features

Intermittent wheezing (audible breath sound)

Shortness of breath

Chest tightness/pain

Cough with thick mucoid sputum

Respiratory rate > 25 breath/minute

Heart rate 110 beats/minute

(d) Assessment

You have to watch for life threatening features of the disease while caring an elderly with COAD. These are:

Silent chest

Cyanosis (bluish discolouration)

Feeble respiratory effort

Slow pulse, low blood pressure

Appearance of neck veins while breathing

Exhaustion, confusion or coma.

Your main responsibility is to help the elderly to get medical care and help him to take prescribed medicines regularly and have regular check ups.

Provide supportive care.

INTEXT QUESTIONS 3.6

(i) List the various problems related to respiratory system in the elderly.

_____

_____

(ii) List the clinical features of Chronic Obstructive Airway Disease.

3.6 Cardiovascular Problems

Cardiovascular disease is a leading cause of death for all age groups including the aged. The mortality rate with cardiovascular disease increases with age. As you have learnt in Lesson 2 of Module 2 the normal structural changes in heart due to ageing reduces its "ability to function efficiently. The valves become thicker and stiffer and arteries lose their elasticity. Fat and calcium deposits accumulate within the arterial wall and veins become tortuous.

You know that throughout the ageing process, the incidence of conditions such as coronary artery diseases and valvular diseases increase.

Risk factor leading to heart diseases

There are some risk factors which lead to the heart disease? These are:

- Age
- Sex
- Ethnic background and family history,
- High blood pressure
- Excessive weight
- Excessive blood cholesterol level, smoking etc.

You need to be aware of the above risk factors so that you can identify the problem in the elderly.

(a) Major symptoms which you have to identify in the elderly with cardiovascular problems are:

- Chest pain or discomfort
- Dyspnoea
- Fatigue
- Palpitation
- Weight gain
- Syncope (fainting)
- Extremity pain (left arm and scapular region)

(b) General care of an elderly with cardiovascular problems

- Advise for regular exercise
- Help him to avoid too much exertion
- Help him to pace the activities
- Advise the elderly to avoid smoking
- Advise to take low fat and low salt diet
- Check blood pressure regularly
- Administer medicine in correct dose and at correct time regularly as advised
- Help him to reduce and control weight

Remember too much bed rest and immobility should be avoided because of psychological and physical ill effects.

After discussing the general tips in case of the elderly with heart disease you must also know about the care in common cardiovascular problems in the elderly. We shall now focus on coronary heart disease and hypertension.

(A) Coronary Heart Disease

Coronary Heart Disease or Ischemic Heart Disease has been the leading cause of mortality and morbidity in the elderly. This disease affects the three major coronary arteries (right, left, anterior descending and left circumflex) that provides blood and nutrients to the myocardium. When blood flow through these major vessels becomes partially or completely blocked, ischemia and infarction of the myocardium may result. (Refer to stracture and functions of heart and blood vessels in Modul -1, Lesson 2.

Now we shall learn what exactly is Coronary Heart Disease.

Definition

It is an **occlusive coronary arterial disease** mostly due to **Atherosclerosis** producing relative or complete impairment of blood supply to heart.

As you have learnt in Lesson 2 of Module 1 the blood vessels become inelastic due to the aeging process and narrower due to deposition of fatty material and cholesterol on the inner walls of blood vessels. There may be block due to a blood clot (Coronary Thrombosis). This can lead to death.

Signs and symptoms

The signs and symptoms include:

- chest discomfort/pain radiating to the back shoulder and arms.
- epigastric discomfort/pain.
- Jaw, back and arm discomfort/pain which is often described by the client as **tightness, burning sensation, pressure or indigestion.**

The other symptoms **include nausea, vomiting, sweating, dizziness, weakness, palpitation** and **shortness of breath.**

> *The chest pain which radiates to the back, shoulder and arm is a characteristic symptom of coronary arterial diseases.*

There can be two reasons for chest pain:

(1) Angina Pectoris

(2) Myocardial Infarction

Let us briefly look into both of these problems.

Angina Pectoris: It is derived from a Greek word meaning strangulation of chest. This is a disorder mostly due to atherosclererotic heart disease. The presence of angina indicates ischemia. This may lead to **Myocardial Infarction.**

Myocardial infarction : It is a threatening condition characterised by permanent formation of dead muscle tissue (necrosis) because the muscles of the heart are deprived of oxygen. **It is also called heart attack.**

You need to know the difference between the two problems.

Angina Pectoris	**Myocardial Infarction**
In this chest pain is of short duration usually upto 3-5 minutes but can last upto 30 minutes	Chest discomfort lasts longer than 30 minutes
Chest discomfort usually occurs with exertion or stressful situation and subsides with rest or administration of medicine (Nitrates)	In this symptoms often reoccar

Remember to assist the elderly to seek medical help in case of chest pain to rule out infarction.

Care of the elderly with CAD

You need to assist an elderly with an attack of myocardial infarction in his ADL because he has reduced activity tolerance. You have to focus on rehabilitation rather than treatment.

Elderly need to be educated and helped to reduce risk factors. This includes:

- Cessation of smoking.

- Change in dietary habits. This includes reducing total fat intake, sodium intake and maintaining body weight.
- Regular exercise.
- Controlling high blood pressure and diabetes.
- Reduction of stress.

Cessations of smoking : motivate the elderly to give up smoking and explain to him the effects of smoking tobacco on the cardiovascular system.

Dietary changes

- Help him to take low fat, low sodium diet and maintain body weight.
- Help him to eat foods which are low in fats, oil and salts.
- Saturated fats such as palm and saffola oils should be used, in place of unsaturated fats such as ghee, butter, vanaspati ghee, etc.

Control blood pressure : You need to check blood pressure regularly and keep a record of it. Teach the elderly to take his own blood pressure. A blood pressure of above 140/90 must be reported. Assist him to take regular medical advice.

Regular exercise

- Help the elderly to engage in normal daily activities that do not increase the possibility of leading to angina.
- Teach him to avoid strenuous activities such as lifting and pulling heavy objects.
- Assist him to perform regular exercises, for example, a simple walking programme three times a week may provide enough motivation for the elderly to make the exercise a daily routine.

Drug therapy : You need to help the client by the following:

- Ask him to take regularly the drugs as prescribed.
- Ask him to take drugs in correct dose and at right time.
- Teach him to carry with him/her the nitroglycerine tablets at all times.
- Instruct the client to keep medicine in a light resistant container.
- Instruct to take nitroglycerine sublingually (place tablet under the tongue) at first sign of angina. This dose can be repeated after 5 minute's interval for a total of 3 tablets.

INTEXT QUESTIONS 3.7

1. List the major symptoms in the elderly with cardiovascular problems.

   _____

   _____

2. Fill in the blanks

   (a) Teach the elderly to carry.....tablet with him.

   (b) Help an elderly with CAD to take low and ..... diet.

   (c) Blood pressure reading of ..... should be reported immediately.

   (d) Chest pain radiating to shoulder and arm is indicative of.....

(B) Hypertension

Hypertension is a common clinical problem for most elderly. Normal blood pressure in the elderly is 140/90 mm of Hg. (Mercury)

Definition

It is defined as an increase in blood pressure greater than 140/90 mm Hg. It is generally defined as **systole blood** pressure greater than 140 mm Hg and **diastole blood pressure greater than 90 mm Hg.** occuring in a client on at least three separate occasions.

Assessment : signs and symptoms

- Headache
- Edema
- Nectar
- Lethargy
- Nose bleeding
- Vision changes

In addition to these signs the client may give family history of hypertension, intake of alcohol. excesive salt intake and smoking and poor exercise habits are the contributory factors.

General care of the elderly in Hypertension

- Help him to seek medical advice.
- Give the medicines regularly in right dose and at right time at regular intervals.
- Check the blood pressure regularly and record it.
- Help him to remain physically active and perform mild exercises such as walking which will help him to reduce blood pressure.
- Help him to reduce body weight by dietary adjustment.
- Provide low salts, low fat and low sugar diet.
- Ask him to avoid fried food.

- Adivse him to avoid smoking as it can lead to coronary disease.
- Help him to identify danger signals such as **swelling of feet, persistent headache** and **impairment of vision.**
- Advise him to avoid too much exertion.
- Help him to plan a regular walking schedule.
- Help him to get his blood pressure checked regularly.

3.7 Problems of Urogenital System: Urinary Incontinence

As you have learnt in Lesson 2 of Module 2 there is decline in bladder capacity and increase in residual volume. The thickness of **detours** muscle increases. There are involuntary bladder contractions. This may be due to effort to overcome outlet obstruction caused by enlarged prostrate. In females there will be decreased bladder outlet and urethral resistance pressure due to **atrophic vaginitis** and **urethritis.** You know mostly the elderly shy away from disclosing the problem of incontinence or urgency in the beginning.

You must have observed that urinary incontience is a common problem in both elderly males and femal. In initial stages it may be felt only during stress of coughing and sneezing, etc. Later it may give rise to an **uncontrollable** situation leading to **depression** and **isolation.**

Definition

Urinary incontinence is inability of an elderly to hold back the urge to pass urine.

Factors contributing to incontinence in the elderly

1. Medications such as narcotic analgesics.
2. Disease - cerebrovascular accident and other neuralgic disorders.
3. Arthritis which decreases mobility and causes pain.
4. Parkinsos'n Disease causes muscle rigidity and inability to movement.
5. Depression : It decreases energy which is necessary for continence.

How you will assess incontinence : signs and symptoms

There may be:

- Involuntary leakage of urine mainly during coughing and sneezing.
- Insufficient amount of urine.
- Frequency of passing urine.
- Urgency of passing urine.
- Urinary retention.
- Difficulty in passing Urine.

Remember

- The urinary incontinence may lead to skin breakdown and recurrent urinary infection.
- It also predisposes to isolation, depression and dependency

Types of incontinence

You have to observe following types of incontenence when you are caring for an elderly.

(i) Stress incontinence

When there is involuntary loss of urine during coughing, sneezing, laughing or exercise.

(ii) Urge incontinence

It involves strong feeling of the need to urinate. In this urinary leakage occurs because of inability of the elderly to delay voiding. This may be associated with other urinary problems also.

(iii) Overflow incontinence

This is due to overflowing of bladder.

(iv) Functional incontinence

This may occur from physical, environmental or psychological causes or lack of assistance in getting toilet facilities.

(v) Total incontinence

This occurs as a result of neurological disorder.

Care of the elderly with incontinence

You have to provide care as per the changes which occur in the urinary system of the elderly as given below:

Change	Care
Bladder capacity decreases	You have to encourage the elderly to use toilet/bed pan or urinal at least 2 hourly. When the elderly feels the need to void he/she should be immediately assisted to pass urine. Advise him to take time and empty the bladder completely to prevent frequent urination.
Tendency to retain urine	Sometimes the elderly may have urinary infection which may be indicated by urinary frequency and confusion. So you have to help the elderly to get medical assistance in this situation.
There may be increased tendency to void during night (Nocturia)	You should make sure that there is adequate light during night.

Also ensure that the toilet is within the easy reach, and/or bed pan and urinal is available. Advise the elderly not to have liuquids at least 3 hours before sleeping.

Remember

- That you should respond as soon as possible to the need of elderly to void and to prevent episode of incontinence.
- Provide thorough perineal wash after each voiding to prevent irritation and urinary infection.

Depending upon the types of incontinence as mentioned earlier the elderly may require care in many ways.

Drug therapy

You have to help the elderly to take drugs regularly at right time and in right dose as prescribed by the doctor.

Bladder training

You may need to give him bladder training as advised. This will promote bladder contraction. This can be done by teaching the elderly to breathe in to increase the intra-thoracic and intra-abdominal pressure and direct this pressure towards bladder during expiration. You may also teach double voiding in which the elderly empties the bladder and then consciously attempts a second bladder emptying.

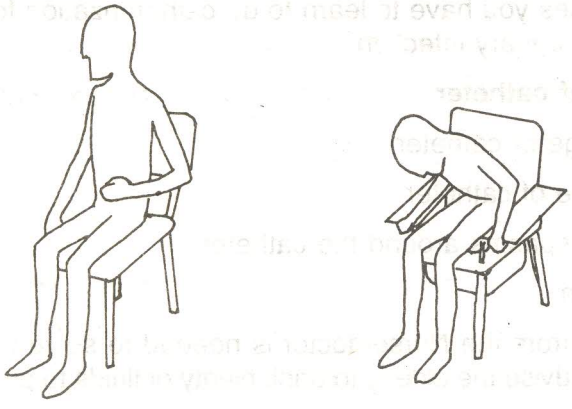


Fig. 3.2

Measures to facilitate voiding: (a) Massaging bladder area. (b) Rocking back and forth.

Use of devices

In case of total incontinence sometimes devices may have to be prescribed for the elderly. So you have to teach him how to use the devices, for example, intravaginal devices for women and urethral clamps for men.

Intravaginal devices provide support to uterus and help to maintain a correct angle of urethral exit from bladder.

For men urethral clamp is applied externally to compress the urethra and to prevent leakage.

Remember

These devices will be applied by the doctor and are used on doctor's advice only. The elderly is taught the technique of using these. Your responsibility as a care provider is to:

> *Teach the elderly to remove the intravaginal devices before voiding for female and deflate the balloon in case of men before voiding.*

Use of pads

The elderly may need to wear incontinence pads to collect urine and to keep skin and clothing dry. So you need to take care of skin to prevent skin breakdown.

Urinary catheters

Use of catheters in incontinence may involve intermittent catheterization. In these cases you have to learn to do catheterization for your client and prevent any urinary infection.

Problems of catheter

- Blockage of catheter
- Leakage of catheter
- Painful spasms around the catheter
- Infection

Expert help from the Nurse/doctor is needed to solve these problems of the elderly. Advise the elderly to drink plenty of fluids to prevent the blocking of catheter.

The elderly may restrict fluid intake in incontinence but you have to advise an elderly that fluid restriction can not prevent incontinence and you have to teach importance of fluid for kidney and health. Assist him to reduce weight and modify diet as per requirement.

Now we shall summarise the care you need to give in general.

- Help the elderly to seek regular medical supervision.
- Help him/her to have ready access to toilet.
- Advise him to wear easily manageble underclothing.
- Advise him to drink adequate fluids.
- Avoid bladder irritants such as beverages, alcohol, sweeteners.
- Help him to practise pelvic floor muscles exercises (contraction and relaxation).
- Maintain perineal hygiene.
- Keep the skin clean and dry.
- Help him to use absorbent pads, water resistant skin cream, clean underclothes if required.

INTEXT QUESTIONS 3.8

1. (a) List the signs and symptoms of incontinence.

_____

_____

_____

(b) List the types of incontinence.

_____

_____

_____

(c) Name the devices that can be used in incontinence.

_____

_____

_____

2. State True or False

a) Elderly with incontinence should drink adequate fluids. (T/F)

b) Perineal hygiene is not needed in the elderly with incontinence. (T/F)

c) Urinary infection is not a major problem in incontinence. (T/F)

3.8 Disorders of the Nervous System

The common age related-disorders of neorous system are: **Cerebrovascular Accident/Stroke** and **Parkinson's Disease.**

(A) Cerebrovascular Accident (CVA) Stroke

This a serious disorder which affects the blood supply to brain and leads to high rate of death and long-term disability. In **stroke there** is interruption of blood supply to a part of brain which results in neurology deficit in the elderly. It is mainly due to hypertension. This may either result from rupture of small blood vessels in the brain causing cerebral haemorrhage or this may also be due to blocking of blood vessels by a small clot known as **Cerebral Thrombosis.**

Usually the relatively large blood vessel is involved in stroke and that affects one side of the brain which leads to partial or complete paralysis of opposite side of the body i.e. if the brain is effected on right side the left side of body will be affected and *vice versa.*

Assessment

This includes assessment of **vital signs, level of consciousness, motor and sensory functions.** The stroke may present with some warning symptoms such as **mental confusion, drowsiness, dizziness** and **headache.** There may be **loss of speech, hemiplegia** or **weakness of half of the body.**

Care of the elderly with stroke (CVA)

- If the elderly person has survived the stroke your main responsibility is to rehabilitate the elderly which involves the exercise of paralysed part. You should try to move all the joints of paralysed limbs in full **range of motion.** The joints should be moved slowly and gently at least three times a day for 30 minutes each time.
- Avoid rapid jerky movements and the movements which cause pain.
- In case the elderly has loss of speech you should teach him/her to use picture boards or word cards depending upon the need of the patient.
- Doctor may advise the use of aspirin regularly which is usually prescribed in a dose of 50-100 mg daily; this helps to reduce further stroke.
- Advise the family to provide comfortable environment to prevent accidents such as providing hand rails in bathroom, keeping all the articles within easy reach and keeping the floor dry and non-slippery.
- As you know **hypertension, diabetes, smoking** or high **cholesterol** levels are risk factors which can lead to stroke, these should be controlled in the elderly.

(B) Parkinson's Disease

It is a **movement disorder** characterised by a combination of **rigidity and movement** and frequently the **resting tremor, disorders of posture** and balance, **autonomic dysfunction** and **dementia.** It occurs after the age of 50 years and affects men and women equally.

Assessment - signs and symptoms

- Generalised tremors at rest
- Muscle rigidity
- Change in facial expression (mask like)
- Wide open fixed staring eyes
- Difficulty in swallowing and chewing
- Uncontrolled drooling
- Laboured breathing
- Low pitched voice
- Echolalia (automatic repetition of words what another person says)
- Stooping posture with flexed trunk
- Difficulty in rolling over the bed and changing from sitting to standing position
- Slow and shuffling gait, with short hesitant steps

Other symptoms include:

- Low blood pressure
- Excessive perspiration
- Oily skin

Care of elderly with Parkinson's Disease

- The main aim of care is to encourage the elderly to participate in self-care activities.
- Since the elderly with Parkinson's disease slowly loses the ability to care for himself owing to decreased mobility, the aim of care is to encourage him to participate in self-care activities so that he remains mobile.

The important areas of care are:

(i) Administration of drugs.

(ii) ROM exercises (Range of motion)

(iii) Self-care activities.

Administration of drugs

Teach the patient the name, use, dosage and timing of the drug administration.

Exercise programme

Encourage the client to follow regular exercise programme to maintain mobility and functional motor skills. This includes ROM exercise, stretching exercises and exercises for muscles and face.

Since the elderly with Parkinson's Disease will have difficulty in speaking:

- Help him to speak slowly and clearly and to pause and take deep breath at appropriate intervals during each sentence.
- Avoid environmental noise.
- Instruct him to organise thoughts before speaking
- Encourage him to use facial expressions and gestures.

Try to watch lip movements and non-verbal expressions for cues as to the meaning during conversation.

INTEXT QUESTIONS 3.9

1. Fill in the blanks.

   (a) In CVA relatively.....blood vessel is involved.

   (b) In CVA there may be partial or complete paralysis of.....side of the body.

   (c) The main aim of caring of elderly with CVA is to.....him.

2. (a) List the signs and symptoms of Parkinson's Disease.

   _____

   _____

   _____

   (b) List the areas of care of an elderly with Parkinson's Disease.

   _____

   _____

   _____

3.9 Problems of the Integumentary System

You have studied that normal ageing results in changes of the four significant functions of the skin: **protection, heat regulation, sensation** and **body image.** All of these changes may affect an elderly person's comfort and the extent to which he/she interacts with the environment. As changes in physiological processes progress with ageing, the skin also undergoes age-related alteration in structure and functions.

You need to be aware of these changes so that you will be able to make an assessment of the elderly with both potential and actual impairments in skin integrity. You know that there are individual differences in how quickly and to what degree the skin ages.

Remember

> *Certain factors such as genetic background, hormonal changes and presence of systemic disease may greatly contribute to changes in the appearance of the skin over time.*

You need to observe the following to assess the skin problems of the elderly

Moisture : Dry, oily or sweaty,

Texture : Smooth, or rough

Temperature : Difference of temperature between the body and extremities.

Colour and areas: of discoloration e.g. bluish pigmentation.

Thickness, loose skin & wrinkles

Oedema

Blemishes : Scars, rashes, soreness.

Infestation : Head lice, body lice, scabies.

Areas of discontinuity : Blisters, cuts, ulcers, pressure sores.

After you have assessed the skin you need to identify the problems/ disorders in the elderly. Here we shall focus on some of the common skin lesions and pressure sores.

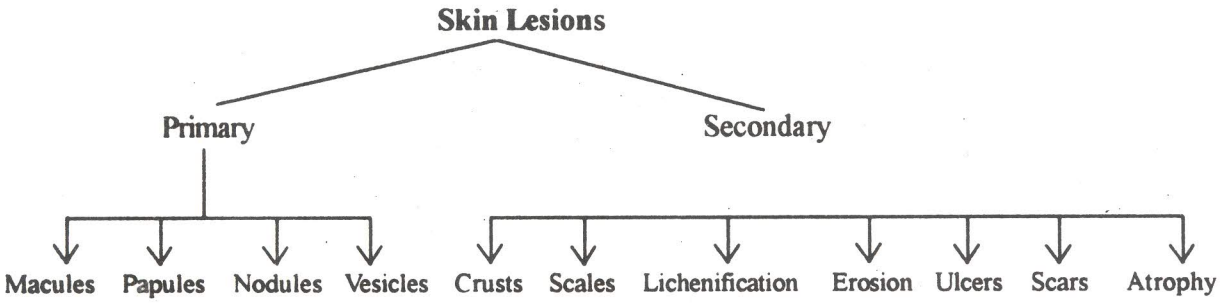
Let us begin with common lesions.

(A) Skin lesions

Skin lesons are common in the elderly. You should observe their location, structural characteristics, size, colour and grouping (i.e., whether they occur in tissue folds, following nerve pathway).

Classification of skin lesions

Go through the following figure. It will help you to learn about various types of skin lesions. There are primary and/or secondary lesions.



We shall now briefly describe each one of these.

(1) **Primary Lesions :** These include the following:

(a) **Macules :** These are flat lesions of less then 1 cm in diameter. Their colour is different from the surrounding skin most often red, white or brown (such as drug rashes, blue discolouration, senile purpura, freckles).

(b) **Papules :** These are small firm elevated lesions (such as senile warts or elevated moles) less than 1 cm in diameter.

(c) **Nodules and Tumores :** Neurofibromas (Lipoma) basal cell carcinomas are elevated marble like lesions more than 1 cm wide and deep.

(d) **Vesicles** (Such as in infected pimples and boiled acute dermatities) These are less than 1 cm in diameter and **bullae** such as second degree burns are blisters filled with clear fluid more than 1 cm in diameter.

2. **Secondary lesions :** These include following:

(a) **Crusts:** from serum, blood or pus (such as in eczema and impetigo) These are composed of dried serum or pus on the surface of skin beneath which liquid debris may accumulate. Crusts frequently result from broken vesicles, bullae or pustules.

(b) **Scales :** These are visibly thickened, stratum corneum. They may appear dry and are usually whitish. They are seen most oftenwith papules and plaques.

(c) **Lichenfication:** These are palpable thickened areas of epidermis (such as in chronic dermatitis) with accentuated skin markings. They are caused by chronic rubbing and scratching.

(d) **Erosions :** These are wider cracks involving only epidermis. They are often associated with vesicles or pustules.

(e) **Ulcers:** These are deep erosions (such as in pressure sores) that extend beneath the epidermis and involve dermis and sometimes subcutaneous fat.

(f) **Scars and Atrophy :** This is characterised by thinning of skin surface such as scratch marks and shed skin with loss of skin marking. The skin is translucent and paper like. Atrophy involving dermal layer results in skin depression.

Signs and symptoms of skin disorders:

- Itching
- Pain
- Dryness
- Extremes in temperature
- Injury
- Fatigue, loss of sleep, and
- Fluid loss

Other problems include:

- Low self concept
- Infection
- Skin breakdown and
- Depression

Care of the elderly with skin lesions:

You have to assist the elderly :

- To prevent skin problems by maintaining skin hygiene (ref: Module 1 Lesson 3 on personal hygiene) by use of cream/oil for dry skin.
- To maintain maximum level of skin function.
- To promote return to a healthy skin state.
- By touching the affected part (if not contraindicated)
- By loving the elderly without disgust or distaste.
- By listening to problems.
- By helping in care and explaiming the nature of the problem.
- By assisting in applying the medicine and taking treatment as prescribed.

(B) Pressure sores

Pressure sores are a break in the continuity of skin on the pressure points, i.e., mainly in bony areas of the body.

Age is an important contributory factor in the development of pressure sores. Other factors are:

- Unconsciousness/coma
- Immobility bedridden for prolonged period
- Poor nutritional status
- Incontinence
- Neurological and cardiovascular diseases
- Poor skin hygiene
- Excessive massage
- Use of drugs which decrease sensation
- Improper lifting and positioning
- Friction with bed, table, trolley, etc.

Signs and symptoms

- Redness and inflammation
- Epidermal blister formation
- Ulceration and necrosis of superficial and deep tissues.

Care of an elderly with pressure sores

- If an elderly is bedridden or chairbound you have to turn him two hourly to relieve pressure.
- Help him in proper positioning of the body and limbs to prevent contractures and pressure sores.
- Use pillows and back support properly.
- Give thorough skin care and mouth using appropriate mouth users (Sodabicarbonate and/or regular tooth brushing).
- The elderly should be encouraged to relieve their own pressure by changing position.
- Bedridden elderly should be lifted properly i.e., shoulder lifting technique should be followed.
- A balanced diet such as fluids, protein, iron, Vitamin C and zinc sulphate helps to prevent tissue damage.
- Avoid excessive washing and vigorous massaging.
- If the pressure sores are deeper you have to assist the elderly in dressing the wound.
- Non - adhesive parafin dressings can be applied to wound and changed regularly.

INTEXT QUESTIONS 3.10

(i) List common skin disorders.

_____

_____

_____

(ii) List the signs and symptoms of pressure sores.

_____

_____

_____

3.10 Disorders of Metabolism: Diabetes Mellitus

Diabetes is a common disease of the elderly. In this, there is inability of cells in the human body to utilise sugar which comes from food. This is due to inadequate production of insulin. Insulin is secreted from pancreas and is necessary for metabolism of carbohydrates. But if there is less secretion of insulin the sugar level in the blood rises and a portion of it is passed out in the urine.

Signs and symptoms

- **Polyuria:** increased Urination especially at night.
- **Polydypsia:** Excessive thirst, dry mouth.
- **Polyphagia:** Excessive hunger.
- Dry itching skin, blurring of vision.

How can you assess the diabetes in the elderly?

- If there is a delayed healing of wound.
- Frequent changes in the eye lens power which requires changes of glasses.
- On a routine medical check-up of the elderly.
- If there is history of diabetes in the family.

Remember diabetes is not curable, but it can be kept under control by diet restriction, exercises, tablets taken by mouth, or sometimes by regular insulin injection.

Do you know what happens when diabetes lasts for many years? The blood vessels, kidneys, heart, eyes and nerves get damaged.

Care of a diabetic elderly

You have to help the elderly to take medical help. If the medicines are prescribed, help him to take the medicines regularly at proper time. Explain the elderly with diabetes that it is not curable but can be controlled with medicines and diet. Therefore, medicines have to be taken continuously without missing any dose.

Help him to take proper diet as advised, because, in some cases diet alone is sufficient to control the disease. (Refer to the lesson on therapeutic diet).

Remember that some cases need regular injection of the insulin. So you should know the technique of giving insulin and also teach the elderly self-injection and urine testing.

In addition to the above, you have to give the following instruction to the elderly and make sure that these instructions are followed:

- Regular check-up for blood sugar
- Avoiding sugar and sweets
- Reducing weight
- Cutting down consumption of bread, rice, potatoes and fat
- Take special care of feet, i.e., observe the feet for injury or examine spaces between toes and soles.Keep the spaces between toes clean and dry.

Do you know why foot care is important?

> *Gangerine of the feet is a serious complication of diabetes and sometimes leads to amputation of the foot.*

- Help him to consult a doctor if there is an eye problem such as **flashes** or **floating spots.**
- Advise him to perform regular exercises.
- Teach him to monitor blood glucose if a glucometer is available.
- Assist him in performing urine test for sugar.

You must teach an elderly the signs and symptoms of hypoglycemia (when glucose level decreases) and hyperglycemia (when there is increased blood glucose level).

The signs and symptoms of **hypoglycemia** (low blood sugar level.) are:

- Sweating, cold and clammy skin
- Palpitation and rapid strong pulse

- Pallor
- Irritability
- Anxiety
- Blurred vision
- Diplopia (double vision)
- Headache
- Slurred speech
- Weakness
- Confusion, unconsciousness and coma

If such a condition arises you should help an elderly to:

- Seek immediate medical advice.
- Take simple sugar or table sugar or juice followed by a meal.
- Teach him to carry glucose tablets or solution as well as a card that identifies him as a diabetic. Monitor blood glucose level regulary.

Hyperglycemia

The symptoms of hyperglycemia are:

- Headache, weakness, irritability and nausea
- Rapid thready pulse
- Deep and rapid respiration
- Warm and dry skin

Low Blood Pressure : Dehydration polyphagia, polydipsia, polyuria, etc., as already discussed in Section 3.10 of this Lesson.

INTEXT QUESTIONS 3.11

Fill in the blanks:

(a) Hyperglycemia means .....

(b) Hypoglycemia means .....

(c) In diabetes there is inadequate production of .....

(d) Advise the elderly with diabetes to take care of.....

(e) Advise the elderly to carry.....along with him always.

(f) The common symptoms of diabetes are

.....

.....

3.11 Summary

We have discussed common physical disorders of the elderly. You have seen that changes in the body systems due to ageing process can deteriorate activity and functioning of all body systems of an elderly and lead to various physical disorders. There can be deterioration in the special senses — hearing and seeing. The other related disorders which restrict the functioning of the elderly may be due to problems in heart, kidney, lungs, skin and metabolism. You need to be alert in recognizing these problems and provide appropriate care.

3.12 Answers to Intext Questions

3.1 1. (a) *Decreased near vision*
(b) Cataract
(c) Night, operative side
(d) Sudden sharp pain, bleeding discharge, lid swelling and decreased vision.

3.2 (i) & (ii) Refer page - 37

3.3 (i) (a) True (b) True
(c) False (d) False
(ii) Ref. page 38 & 39

3.4 (i) & (ii) Refer to page - 41

3.5 (i) Peripheral, axial
(ii) Protect, damage

3.6 1. (i) Refer page - 46
(ii) Refer page - 47

3.7 1. Refer page - 49
2. (a) Nitroglycermic
(b) Fat, sodium
(c) 140/90 mm
(d) Angina pecans

3.8 1. (a) Refer page - 54
(b) Refer page - 54
(c) Intraveginal devices
Urethral clamps
Urinary catheters
Pads

2. (a) True (b) False (c) False

3.9 1. (a) Large (b) Opposite (c) Rehabilitate

2. (a) Refer page - 59

(b) Administer drug, exercises (physical therapy), self care activities.

3.10 (i) Refer page - 63

(ii) (a) Redness & inflamation

(b) Epidermal blister formation

Ulceration and necrosis of tissues.

3.11 (i) (a) Increased blood sugar level

(b) Decrease/low blood sugar level

(c) Insuline

(d) Put sugar cubes

(e) Identification card.

(f) Polyuria

Polyphagia

Polydypsia

Lesson 4

Psychological Disorders of the Elderly: Assessment and Care

STRUCTURE

4.0 Introduction

Changes like decline in physical efficiency, loss of economic productivity and job, traumatic experiences in family life, loss of people around them put immense psychological stress on elderly people making them vulnerable to a number of psychological disturbances. Some examples of these symptoms are feelings of **sadness, low self-esteem, remaining anxious, thinking pessimistically, forgetfulness, lack of attention, lack of motivation, unable to think clearly, disorientation to the surroundings etc. Psychological disturbances also adversely influence bodily functions like sleep, appetite and bowel function.**

When psychological symptoms are so many and are so severe that they cause continuous disruption in day-to-day life of the elderly and cause significant distress to the elderly and their families, we consider elderly to be suffering from a psychological disorder. Some of these disorders are depression, anxiety, mixed anxiety depressive disorder, dementia and acute confusional state (delirium). It is estimated that a large number of elderly people suffer from these disorders. There is a need to approach them, assess them and look for the ways to help them. We will study these in detail in this lesson, as you have an important role in the care of the elderly suffering from these disorders.

In many elderly people, the psychological symptoms are fewer in number and lesser in severity and occur in response to some stressful life event or other adverse circumstances. Though there is lesser impairment and disruption in functioning, the suffering elderly perceive a definite distress and hence need attention and support to alleviate this distress. We will discuss how you can help them to alleviate their distress.

4.1 Objectives

After reading this lesson, you will be able to :

- explain the characteristics (signs/symptoms) of various psychological disorders of elderly people;
- assess the needs of the elderly with psychological disorders with regard to the care and referral for treatment;
- enlist various illnesses and life events which can lead to psychological symptoms in elderly people;
- describe the role of a care giver (formal and informal) in handling psychological problems of the elderly.

4.2 Psychological Disorders

(A) Depressive disorder

(a) Characteristics of depressive disorder

You must have experienced fluctuations in your mood in various situations. Can you recall the occasions when your mood became depressed for a few hours or a few days after some setback? However, usually such transient sadness of mood is not severe and is not accompanied by other depressive symptoms like disinterest in everything, lack of energy, pessimistic thoughts, crying, etc. This kind of depressed mood is not a depressive disorder and becomes normal spontaneously. However, **if the sadness persists for longer duration** (usually a few weeks to months) and is accompanied by the above symptoms and cause significant distress and impaired functioning, then it is called **depressive** disorder which requires immediate treatment. Take the example of the following case.

Mr. Shyam Lal, a 65 year old man, had been living an active life selling milk products at his dairy shop and socially interactive with his friends and neighbours. A few months ago, he started remaining sad and quiet, showed less interest in talking with others, and watching TV. Gradually he stopped going to the shop, complained of lack of energy, remained lying down in the bed most of the time and wept frequently. His family members reported that for 5-6 weeks he did not look after his personal hygiene, ate very less, talked less, slept less and had stopped daily activities like morning walk, shopping, etc. On further inquiry by the health worker visiting his house, Mr. Shyam Lal revealed to have disturbed sleep, poor palette, feeling like weeping all the time, worries about family and his own future. He showed lack of self-confidence, talked pessimistically and expressed no hope in life and admitted that he had wishes to die or commit suicide. The health worker immediately understood that Mr. Shyam Lal was suffering from 'depressive disorder' and advised family members to take him to the nearest psychiatrist. Mr. Shyam Lal started showing improvement after 3 weeks of treatment and after about 2 months he was completely asymptomatic and resumed his life and work as if he did not suffer from anything. However, he continued medicines for one year as it was recommended by the treating psychiatrist. Throughout this period, the health worker also played a significant role by listening to the feelings of Mr. Shyam Lal, encouraging him to become active and helping him in resisting the pessimistic thoughts. The health worker also educated family members regarding the nature of the illness and need for complete treatment and for support to the patient emotionally, physically and financially.

From the above case example, can you now describe the symptoms and signs (characteristics) of depressive disorder? The depressive disorders are quite common in the elderly. At times the elderly can have recurrent depression in which depressive episodes of a few months occur again and again after a gap of few years, if no treatment is given.

Characteristics of Depressive Disorder

- *Continuous sadness or depressed mood*
- *Lack of interest in everything*
- *Lack of energy, decreased activities*
- *Increased fatigability*
- *Decreased self-confidence, self-esteem*
- *Pessimistic thoughts helplessness, worthlessness, weeping frequently*
- *Death wishes, suicidal ideas*
- *Impaired day-to-day functioning including self care, work, socialization*
- *Lack of appetite and sleep (in most cases)*
- *Lack of desire for sex, pleasurable activities and leisure time activities*

(b) Impact of depressive illness

Depression is the commonest psychological disorder of the elderly people. In a community, it affects 10-15% of elderly people. Depression is quite distressing to the elderly and their families, it makes the sufferer's life standstill, causes immense burden in the family and it leads to significant loss of productivity for the period of illness. It puts the sufferer to the risk of death by suicide and the risk of physical illnesses due to decreased immunity, loss of weight, decreased appetite, etc. However, this impact can be reduced by early identification of the depressed elderly and providing them necessary care and treatment because depressive disorders are treatable upto a significant extent.

(c) Assessment of an elderly depressed person

After knowing about characteristics of depressive disorder and importance of identifying an elderly suffering from depressive disorder, now you ought to learn how to assess an elderly depressed person. A comprehensive and accurate assessment of an elderly person with depression is essential for an effective plan of care and referral for treatment to be formulated. Assessment has to cover the following areas:

(i) Which are the symptoms and signs present in the patient? Whether the degree of depressive illness is mild, moderate or severe?

(ii) What is the degree of illness— mild, moderate or severe?

(iii) Which of the activities of daily living are affected? Which areas are dysfunctional? What is the extent of disability? Is the patient unable to maintain even self-care?

(iv) Is the patient harbouring death wishes or suicidal ideas? If yes, are they frequent and persistent?

(v) Is there any coexisting physical illness like arthritis (joint pains), cataract, bronchitis, cancer, etc. which needs to be treated? Coexisting physical illnesses (if not treated) exaggerate depression and vice-versa.

(vi) Are there any maintaining factors like interpersonal relationship problems in the family, sudden change in living arrangement, losses in business or other stressors?

(vii) How helpful is social support network consisting of family, friends, etc.

Assessment	
How to assess	**What to assess**
1. Interview of patient	Patient's thought, feelings, sufferings
2. Interview of family members	Patient's illness, its impact on overall life
3. Observation of patient over a few days	Makes assessment complete.

(d) Care of an elderly depressed person

The decisions related to care and treatment of an elderly depressed person will largely depend on the findings in assessment.

(i) Referral for treatment

Most of these patients need to be referred to a qualified doctor (preferably a psychiatrist) for treatment. If depression is severe, patient is **highly dysfunctional, can't maintain even self-care or is suicidal or there is lack of adequate family and social support,** then the **patient needs to be hospitalised.** In other cases, the patient can be treated at home. It must be noticed that many times an elderly depressed person may not be motivated for treatment or his family members may consider the depressive symptoms merely a part of old age. In these cases, a care provider should educate the family members and persuade the concerned persons for treatment.

(ii) Role of caregiver

Apart from referral for treatment and ensuring treatment compliance, the care giver has the following roles depending upon the severity of illness and other factors.

1. **Counselling and support in mild and moderate cases:** The care provider has to interact with the depressed elderly empathetically and provide support to him. He needs to listen to the feelings of the patient attentively. The care provider should build up self-confidence/ esteem in the patient by reminding his past achievements and should instil hope by informing that depressive illness is completely treatable.

2. **Education about treatment:** Educate the elderly and his family members about the need and importance of taking medicines regularly. Tell them about common side-effects of the drugs given in depression. Some of the side-effects are **dryness of mouth, constipation, urinary retention, blurring of vision, gastric disturbances,** etc. Advise the patient to take lot of fibres in diet and drink plenty of water. If the side effects are intolerable, then the treating doctor should be consulted so that he can prescribe newer medicines which have lesser side-effects. Electric Convulsive Therapy (ECT) is also a safe treatment *(contrary to popular belief) and one should not hesitate, if* recommended by the doctor.

3. **Care of the severely depressed elderly in severe depression:** The elderly person needs to be assisted by the care giver in maintaining his personal hygiene and self-care. He needs to be constantly motivated even for activities like eating food, drinking water and taking medicines. **The care giver has to be very attentive, supportive and concerned** towards a severely depressed elderly so as to stimulate him to communicate his feelings and sufferings to the care giver. In extreme cases of severe depression, the elderly may be totally bedridden and require more intensive care (in hospital).

4. **Prevention of suicide or self-harm:** The caregiver has to be constantly in touch with the elderly to know about death wishes and suicidal ideas which he might be harbouring. The patient should be encouraged to tell about his pessimistic ideas to the care givers and should be advised not to act upon these ideas.

5. **Care for coexisting physical illnesses :** As mentioned earlier, a care provider should provide enough attention and care to the coexisting physical illnesses and shall carry out necessary tasks to alleviate or control the symptoms of physical illnesses.

6. **Care for stress :** Recognition and management of the stressors include:

- providing relief from **tension** by listening to the distressed elderly,
- counselling him in problem solving and **decision making,**
- offering him **help** and **support and mobilising social support** for him and
- **resolving unsettled family issues.**
- The above steps are of great help for the depressed elderly.

INTEXT QUESTIONS - 4.1

1 What is not true for depression in the elderly?

(a) It affects 50% of elderly people.

(b) It leads to loss of productivity.

(c) Risk of death is increased.

(d) It is a treatable illness.

2 Write down five conditions when a depressed elderly may needs hospitalisation.

_____

_____

_____

3. Enumerate ten characteristics of depressive illness.

_____

_____

_____

4. Name the common side-effects of medicines used for treatment of depression.

_____

_____

_____

5. Summarise the role of a care giver in the management of a depressed elderly person.

_____

_____

_____

(B) Anxiety disorders

(a) Characteristics of anxiety disorders

Like normal transient sadness, anxiety also can be normal (or physiological) when it is a realistic, focused around a triggering event and is not accompanied by too much distress or dysfunction. However, when anxiety is **irrational, unfounded** and **too severe to be explained** by the triggering event and **causes significant distress** and **dysfunction in the** elderly, it is termed as 'abnormal' (or pathological) anxiety. This kind of anxiety is present in the elderly suffering from anxiety disorders. These elderly also experience certain physical symptoms due to the effect of pathological anxiety. These symptoms include tremors, palpitation, excessive sweating, dryness of mouth, **feeling of numbness, body aches, sleeplessness, gastric upset, early fatiguability,** etc. According to the nature of anxiety, anxiety disorders can mainly be of three kinds:

(i) **Generalized anxiety disorder:** Here the anxiety is called 'free floating', as it is not focused on any specific issue or subject. The elderly remains anxious continuously without any reason. Usually there are symptoms like irritability, and lack of concentration. The abovementioned physical symptoms are present in these patients especially when the level of anxiety is high.

(ii) **Panic disorder:** In panic disorder, the elderly suffers from episodes of suddenly arising intense anxiety and there are corresponding physical symptoms during which the patient has the feeling that he may die suddenly due to heart attack or suffocation. These attacks remain for a few minutes only but the experience is very frightening and distressing. These attacks can occur either in response to certain situations or without any such situation. In between the attacks there are no anxiety symptoms except apprehension of having the next attack.

(iii) **Phobia:** This is pathological fear of certain specific objects or situations exposure to which results into intense anxiety symptoms (both physical and psychological) in the elderly. As a result the elderly person starts avoiding these objects or situations.

(b) Assessment of an elderly patient with anxiety disorder

As in cases of depressive illness, the assessment is carried out by interviewing the patient as well as family members. However, here patient is able to provide most of the information. While interviewing patient one should **listen attentively showing complete concern towards** patient's anxiety and fears, and try to **assess the degree** of **distress and dysfunction.** One should also try to ascertain whether anxiety disorder in a particular elderly is merely a continuation of long standing anxiety disorder (which began in adulthood) or it has appeared afresh. In freshly

appearing anxiety disorders try to see whether onset of anxiety coincides with the starting of some medicines or some illness (e.g., Asthma, thyrotoxicosis) in which case you need to refer the patient to the treating doctor.

(c) Care of an elderly with anxiety disorders

It is always better that these elderly should be referred to a doctor (preferably a general practitioner) for treatment. Once medicines are started, it is important to care for the compliance of side-effects of the drugs (e.g., giddiness, over-sedation). Special care has to be taken to avoid over-doses of medicines, which may result in addiction or toxicity.

If relaxation exercises or breathing exercises are advised, then the elderly may need assistance and supervision in carrying out these exercises. These elderly may need support and assurance during stressful events, which may otherwise lead to increase in anxiety symptoms.

(Q Mixed anxiety depressive disorder

Many elderly persons suffer from symptoms of both generalised anxiety disorder and depressive disorder. Though symptoms are less severe than in depressive illness or anxiety disorder still they produce distress as well as dysfunction. Severely low mood, constant crying, suicidal thoughts usually do not occur. The assessment is done on the lines of depressive disorder. These patients do require referral to a doctor (general practitioner or psychiatrist) and are also helped greatly by supportive and reassuring care provided by people around them.

INTEXT QUESTIONS 4.2

1. Explain the difference between normal and abnormal anxiety.

   _____

   _____

2. Enumerate eight physical symptoms found in the elderly suffering from anxiety disorders.

   _____

   _____

3. Compare the features of generalised anxiety disorder with the features of panic disorder.

   _____

   _____

4. What are the risks of overdoses of medicines used for anxiety disorders in elderly people?

_____

_____

(D) Dementia

(a) What is dementia

Definition

'De-mentia' implies loss of mind or loss of mental abilities (which have been present earlier). It can be **defined as progressive and significant decline or failure of most of the mental functions resulting in dysfunction in socio-occupational life and in personal care.** You may be surprised why the 'decline' in cerebral functions is being labelled here as a disease while in Lesson 2 it has been described as a normal ageing effect. Can you guess the difference between the decline in mental abilities due to normal ageing and due to dementia ? Yes, in **dementia the decline is 'progressive', faster and more severe in comparison to the same in a normal ageing person.** It is so marked that it results in gross dysfunction in the areas of social and occupational life and self care.

(b) Characteristics of dementia

You can infer from the definition (previous section) that the hallmark of dementia is "decline in mental functions". You must keep in mind that in dementia, this decline should be progressive, global (should affect many mental functions) and occur in the background of clear consciousness (at least in the beginning). Here, clear consciousness means the elderly is aware of time and persons and places in the surroundings. To understand the characteristics of dementia you should know what losses (in mental functions) the dementing elderly can suffer from and what will be the effects of these losses on the elderly's life and behaviour? Secondly, due to the progressive nature of decline, the characteristics of a dementing elderly patient will differ according to the stage of illness. In the beginning there are memory problems only. Subsequently other mental functions decline like intelligence, judgement, planning abilities, ability to attend and concentration, communication (comprehension, speech and language), ability to be motivated, imagination, orientation, habits, emotions, etc. Towards the ending stages the elderly loses control even on primitive functions like urination and defecation, and is completely disoriented about the surroundings (called vegetative stage). Three stages of dementia have been described as below:

(i) **Mild dementia** (early stage): Some recent memory loss affecting daily life, difficulty in handling complex problems, not being interested

in outside activities abandoning of complicated tasks at home, needing some prompting in self care, at times may being disoriented in strange places.

(ii) **Moderate dementia** (middle stage) : Severe memory loss, retaining only highly learnt material, being disoriented in time and often in place, inability to handle problems or make judgements, inability to function independently away from home, doing only the simplest chores at home, needing some assistance in dressing, maintaining personal hygiene.

(iii) **Severe dementia** (late stage): Severe memory loss, fragmentary mental activity, completely disoriented state except as to own identity, inability to solve any problem or make judgements, inability to care for self and becomeing totally dependent, often incontinent and bedridden.

These three stages or degrees of severity of dementia describe a gross pattern of declining mental functions. Despite constant sliding down of the mental abilities, it takes 5 -15 years to reach the terminal stage.

You should try to infer the effects of different levels of deterioration on the dementing person's life and behaviour.

These effects include difficulties in **activities of daily living (ADL), behavioural problems, emotional reaction** to **symptoms of dementia,** and **intermittent crises in the life of a dementing elderly.** ADL include dressing and undressing (including remembering to change clothes) washing and bathing, toileting, getting about in the house and outside, shopping for and cooking food, eating, dealing with bills, dealing with laundry, leisure time activities, going to bed and sleeping, and having no difficulty in communicating with others. Impairment in these functions is most crucial to the patient's 'independent survival'.

Emotionally these elderly react to their symptoms in different ways. Thus they may show **depression, anxiety, frustration, guilt, embarrassment, withdrawal, tendency to cover up** and **confabulate, paranoid thinking.**

Other behavioural problems in these elderly are disinherited behaviour, changes in personality, agitation, angery outburst, violence, motor restlessness, emotional apathy or liability, wandering tendency, delusions and hallucinations (especially when there is sensory loss).

Off and on, these elderly land up in one or other crisis like getting **lost in street, leaving the gas on, shop lifting, medical illnesses, delirium** (see below), **drug overdose.** These also face a crisis of discontinuity in care when the main care giver dies or falls sick or leaves the house.

(c) Impact of dementia on elderly, family and community

It is estimated that 1% of the elderly above age 60 and 5% of the elderly above age 65 suffer from dementia. Can you calculate the number of elderly who are suffering from dementia in our country? Can you guess the same for your locality/town? The figures will confirm that dementia posed an enormous challenge to health and social services and to the community as a whole. The disability in the individual sufferer is pervasive and hampers **occupational, social, emotional** and **day-to-day life significantly.** The burden on the family and care givers is too obvious and at times it needs major modification in family structure, functioning, and finances. And the most unfortunate aspect is that once diagnosed, the illness worsens with time (barring few treatable cases) leading to progressively increasing burden on elderly persons, their families and the community.

(d) Assessment of an elderly with dementia

Any elderly who shows decline in mental functions more than the expected decline due to ageing should be shown to a doctor who shall be able to diagnose if the elderly is suffering from dementia. He also should be able to diagnose if the dementia is reversible, i.e., if it has been caused by some treatable illness. If yes, then appropriate treatment has to be started.

Once an elderly is diagnosed as a case of dementia, then the care giver needs to assess the elderly to plan out the care. In assessment one needs to assess which functions are lost and which functions are still retained? What is the practical significance of these losses? A list of problems can be useful in the assessment (see Module 4 lesson 4). It must be noticed that the assessment of a dementing elderly is a continuous process and not once for all because the mental losses gradually increase and factors like variation in family support and occurrence of medical illnesses can influence the sign-symptoms of dementia during the course of illness. The various ways to assess are by talking to the patient, talking to the family members, observing the patient and applying a problem checklist.. Assessment should include the **baseline level** of **functioning, assessing severity of dementia, assessing the problems** (by problem checklist or **ADL checklist**), **assessing the cause of a particular problem** and also **evaluating the problems** which are not due to dementia (e.g., pain due to arthritis). You will also learn assessment of a demented elderly in Module 4.

(e) Care of elderly with dementia

As you are aware in dementia there is progressive and unhindered deterioration of mental functions and the purpose of providing care to the dementing elderly is to maintain a better quality of life for the suffering person and to maintain a person at a particular level of functioning. The

well planned care, if carried out effectively, results in some improvement in the ability to communicate, perform various tasks, social functioning and self care as well as in reduction of behavioural symptoms and crises, thus alleviating the problems experienced by sufferers and their families. Most of the elderly with dementia are best cared at home. However, they may require intermittent hospitalisation or long-term care at old age homes.

The care has to be based on the problems as they appear and are identified by continuous assessment. General guidelines are:

1. Assess what is lost and what is left ?
2. Attempt retraining of the lost function wherever possible.
3. Help (by stimulation and encouragement) the patient use to his remaining (intact) abilities to the full extent.
4. Simplify the tasks the patient has to carry out.
5. Provide external help, fill the gaps of what still remains missing.
6. Remember: do not take over completely until necessary.

While following the above guidelines keep in mind the points given below in providing care to these elderly.

- *Set reasonable goals.*
- *Establish priorities.*
- *Tell the patient what is being done/planned.*
- *Engage the family in treatment plans.*
- *Set a time scale and evaluate the progress/outcome.*
- *Call in expert help where necessary.*

Various techniques of providing care: Various techniques can be classified into better communication skills, appropriate environmental modifications, behaviour therapy for problematic behaviours and psychological treatment like reminiscence, reality orientation, etc. You will learn about these techniques in Lesson 4 of Module 4. You can read them there now also. To avoid repetition, these are not described in this lesson.

INTEXT QUESTIONS - 4.3

1. What is the difference between declines in mental functions due to ageing and due to dementia?

_____

_____

_____

2. State whereby the following statements about dementia are true or false :

   (i) Mental Decline is global in Dementia. True/False

   (ii) Mental functions continue to deteriorate in dementia. True/False

   (iii) Memory loss in dementia occurs in late stages. True/False

   (iv) All the elderly with dementia need to be looked after completely. True/False

   (v) Most of the elderly with dementia should be admitted to hospital for treatment. True/False

3. What are the three stages of dementia?

   _____

   _____

   _____

4. Enumerate five activities of daily living which are affected in dementia.

   _____

   _____

   _____

(E) Acute confusional state (Delirium)

(a) Clinical features of delirium

Normally our mind is able to think clearly and keeps us attentive and oriented to the surroundings. In delirium there is sudden deterioration in these functions of the mind. Usually this deterioration fluctuates in intensity (often worsens at night) and if caused by treatable causes, it reverts back to normality with adequate treatment. The symptoms include **reduced attention, impaired orientation to time, place or person** (hallmark of delirium), **disorganised thought, reduced comprehension, irrelevant or incoherent speech, altered perceptions** (like illusions, hallucinations), **increased or decreased activity, insomnia, disturbed mood and impaired memory.**

(b) Impact of the problem

Delirium is quite common especially in the hospitalised elderly patients though due to transient nature it remains unidentified. You should be careful to look for the signs/symptoms of delirium in the elderly looked after by you because delirium in the elderly has a high mortality rate, i.e.,15-40 %.

During delirium an elderly is more likely to die, harm himself or others and to remain hospitalised for longer periods. Do you recall any elderly who might have suffered from delirium during past one year.

> Delirium is more likely to occur in the elderly after fractures, head injury, surgery, during cerebro-vascular diseases, metabolic disorders, chest and urinary infections, anoxia or due to effect of medicines. It also occurs during the course of dementia or withdrawal from alcohol in a chronic alcoholic elderly.

(c) Assessment and care of the elderly with delirium

(1) **Immediate referral and treatment:** Delirium is a medical emergency. Hence whenever you suspect an elderly under your care to be suffering from delirium, you should refer him to the physician who will assess the patient by examination and investigation, find out the cause and will treat the cause. The physician will also give medicines for over-excitement, agitation, hallucinations, etc., if any.

(2) **Role of care giver:** Besides referral for treatment, a care giver like you can help a delirious elderly in many ways-

(i) Delirious patients should never be left alone. They may hurt themselves; their trouble may increase while alone.

(ii) Despite disjointed communication , you should listen to the delirious elderly carefully for expression of fear, anxiety and bewilderness.

(iii) You should explain the situation to the elderly and the family. These elderly should be explained and reassured slowly, clearly and repeatedly about what all is happening and that all this will be treated back to normalcy. This will allay the fear and anxiety in these patients.

(iv) Hallucinations, illusions and other abnormal experiences should not be dismissed as unreal or imaginary. Rather you should discuss these experiences and reassure that everything is being done to help in alleviating these experiences.

(v) Reorientation to the surroundings is helpful, though requires constant, repeated efforts at a personal level by the care giver.

(vi) Surroundings should be safe and calm; lights should neither be dim nor bright; clear indications of usual facilities should be given; frequent change in the surroundings should be avoided.

INTEXT QUESTIONS 4.4

1. Enumerate at least five symptoms of delirium.

2. Name a few conditions which can cause delirium in the elderly.

3. Summarise the role of a care giver in management of an elderly in delirium.

4.3 Psychological Symptoms as a Response to Stressful Events/Circumstances

(A) Events causing psychological symptoms

As you are aware, old age brings a multitude of problems in every sphere of life. The elderly try to cope with these problems as much as possible. However many times these problems either occur too suddenly or are too severe or are present for a long time. In these conditions the coping capacity of the elderly is inadequate in handling the overwhelming stress and he may suffer from psychological symptoms which may make him more distressed and result in impaired functioning. These problems may by:

(a) Medical illnesses: like myocardial infarction, stroke, cataract, arthritis, glaucoma, diabetes mellitus, tuberculosis, cancer, Parkinso's Disease, urinary problems, etc.

(b) Social conditions/life events: like death of spouse, close friend or family members, serious illness of spouse, separation from children or other care givers (even a servant going on long leave), change of residence, loss of dominance in society/family.

(c) Occupational problems: retirement from job, sudden closure of business or sudden losses in business.

(d) Other problems: like accidents, fractures, stressful events affecting the community at large viz., disasters like floods, earthquake etc.

(B) Psychological symptoms

The commonest psychological symptoms are those of depression, anxiety and changes in personality. The impairment caused by these symptoms is never too gross as to hamper the day-to-day life completely. The symptoms usually focus around the causative stressors. The usual symptoms are **excessive worrying, restlessness, sleep disturbance, pessimistic thoughts, sadness, low self esteem, low interest and other anxiety** — depressive symptoms mentioned in earlier sections. Personality changes may include **exaggeration of personality traits.** For example, an elderly in response to a stressor may become more **stubborn, irritable, suspicious, overcautious, rigid or moralistic than before.**

(C) Intervention done by care giver

Intervention shall aim at:

(a) Reduction of the impact of stressors.

(b) Enhancement of coping capabilities of the elderly.

(a) ***Reduction of the impact of stressors:*** The impact of stressors can be reduced by directly removing the cause of stress. This will include proper treatment of physical illnesses and finding solutions to social and financial problems. A few examples are: analgesics and exercises in case of arthritis, surgery in cases of cataract, and diet, medicines and regular exercises in cases of diabetes and hypertension.

As all the problems may not have complete solutions, adequate compensating measures shall be taken to reduce the impact of those problems. Thus in case of death of spouse an elderly can start living with children. In case of leave or absence of servant/care giver, someone in the family may take leave from work to stay with the elderly. Provision of bed pan for the elderly with urine problems, shifting from a first/second floor house to ground floor in case of an elderly with heart or lung diseases are few other examples.

(b) ***Enhancement of coping capabilities of the elderly:*** You can help the elderly to cope with and adjust to the stressful events/problems in following ways.

(i) *Specific attitude and relationship*

(1) have a concerned, compassionate, positive and helpful attitude towards him.

(2) Develop a relationship which is emotionally warm, genuine and long lasting.

(3) Communicate with him attentively and encourage him to communicate freely.

> *Remember, you can help the eloerly only if they perceive you as caring and helpful and trustworthy.*

(ii) Counseling

You need to counsel these elderlies in many ways.

- By reminding an elderly about his past achievements as well as his past success over problems of life, you can improve his self-esteem and reduce anxiety or depression.
- By supporting an elderly person in his efforts to deal with the stressors. Constant encouragement and appreciation of his efforts and abilities is required.
- Inevitability of some of the events (e.g., death of the spouse) can be discussed with the elderly. Listening patiently and allowing him to ventilate can be very helpful in reducing the stress.

> *Remember : "An elderly should feel there is someone who cares"*

INTEXT QUESTIONS - 4.5

1. Enlist various medical, social and occupational stresses which cause psychological symptoms in elderly people.

_____

_____

_____

2. Explain the changes in personality of an elderly in response to stressors of elderly life.

_____

_____

_____

3. Describe way to enhance coping capabilities of the elderly to help them to cope better with the stress in their life.

_____

_____

_____

4.4 Summary

In this lesson you have learnt that:

1. The elderly are more prone to psychological disorders due to age related physical and psycho-social changes.
2. Depression and dementia are the commonest psychological disorders of the elderly and put immense burden on the elderly, their families and the community.
3. Depression is by and large a treatable illness and hence you should help in identification and referral for treatment of the depressed elderly.
4. As in many cases of dementia, there is no treatment to reverse the deteriorating mental functions, the role of care givers is the most important in maintaining a better quality of life for these elderly.
5. Delirium is a medical emergency. You should be efficient in identification and prompt referral to a doctor.
6. Elderly people may not be able to cope well with stressful life events or circumstances. You can help them to cope better by a number of measures.

4.5 Tasks

1. Prepare a list of symptoms (checklist) of psychological disorders from the description of characteristics of various psychological disorders of the elderly and show it to your supervisor if possible. Use this checklist on the elderly to detect psychological disorders in them. Discuss your findings with the supervisor if possible.
2. Approach some known elderly who have undergone some stressful life event recently and help him.
3. On the basis of your knowledge gained from this lesson prepare a list of advices to be given to family members of an elderly with a psychological disorder.
4. If possible, try to learn relaxation therapy and breathing exercises yourself.

4.6 Glossary

1. *Electroconvulsive therapy (ECT) :* It is a form of treatment of patients with psychiatric problems (mainly patients of depression) in which electric current is applied in a controlled manner through scalp electrodes to induce seizures which in turn bring about the relief in illness. The electric current applied is of very low voltage and only for less then a second's duration.

2. *Illusion :* It is a misinterpretation of a perceived object/stimulus due to which the object is misperceived as something else. For example, a rope can be misperceived as a snake, a hair can be misperceived as a worm.

3. *Hallucination (Perception without stimulus) :* It is a symptom is which some one sees some object, hears some voices or sounds even when there is no such object or voice in the surroundings actually present and the other people are not seeing any object or hearing voices.

4. *Delusion :* It is false belief which can not be corrected by reasoning and is not shared (believed) by others in the society.

5. *Incoherent speech :* When different words of speech are clear but they are not organized properly making it difficult to make sense out of whatever is spoken.

4.7 Answers to Intext Questions

4.1 1. (a) It affects 50% of the elderly people.

2. (a) Depression is severe
   (b) Patient is suicidal
   (c) Impairment in functioning is marked
   (d) Patient cannot maintain self care
   (e) There is lack of family or social support.

3. (a) Continuous sadness or depressed mood
   (b) Lack of interest in everything
   (c) Lack of energy, decreased activities
   (d) Increased fatiguability
   (e) Decreased self-confidence, self-esteem
   (f) Pessimistic thoughts - helpessness, worthlessness, weeping frequently

(g) Death wishes, suicidal ideas

(h) Impaired day-to-day functioning including self care, work, socialization

(i) Lack of appetite and sleep (in most cases)

(j) Lack of desire for sex, pleasurable activities and leisue time activities

4. (a) Dryness of mouth

(b) Constipation

(c) Urinary retention

(d) Blurring of vision

(e) Gastric disturbances

(f) Giddiness

5. Role of a care giver in management of depressed elderly people: A care giver can be helpful in early identification and referral for treatment in these patients. He can help in ensuring compliance to treatment, educating patients and families about treatment, can support and counsel patients regarding their illness and stresses and can help patients in controlling pessimistic thoughts.

4.2 1. Normal anxiety is a physiological response to stresses of day-to-day life and it is realistic (not out of proportion to the real stress), focused around the triggering stressor and it is not assosciated with impaired functioning.

2. Physical symptoms of anxiety disorders are: tremors, palpitation, excessive sweating, dryness of month, feeling of numbness, body aches, increased startled, etc.

3. In generalised anxiety disorder the physical and psycholgical symptoms of anxiety are present most of the time and in stressful situations the severity of these symptoms increaeses. In panic disorders, there are sudden appearances of severe anxiety symptoms (both physical and psychological) for few minutes to half an hour. These symptoms though very severe at the time of attack (panic attack) disappear after sometime and in between two attacks the patient is asymptomatic.

4. Overdoses of these medicines can cause toxicity or addition.

4.3 1. Decline in mental functions due to ageing is less servere and slow to occur. Decline in the same due to dementia is more severe, progressive and relatively faster and cuases significant dysfunction in day-to-day life.

2. i) True
   ii) True
   iii) False
   iv) False
   v) False

3. Stages of dementia are:
   i) Early stage (mild dementia)
   ii) Middle stage (moderate dementia)
   iii) Late stage (severe dementia)

4. Activities of daily life affected in dementia include dressing and undressing (including remembering to change clothes), washing and bathing, toileting, getting about in the house and outside, shopping for and cooking food, eating, dealing with bills, dealing with laundry, leisure time activities, going to bed and sleeping and having no difficulty in communicating with others.

4.4 1. Impaired attention, impaired orientation to time, place or person, disorganised thoughts, reduced comprehension, altered perceptions are some of the features of delirium.

2. Conditions which may cause delirium include head injury, post-operative periods after a major surgery, after fractures, cerebrovascular diseases (e.g. stroke), metabolic disorders (like electrolyte imbalance) and infections.

3. A care giver can help the elderly with delirium by early identification and referrel for treatment. In addition he can provide support and care to these patients and education to their family members.

4.5 1. (a) *Medical illness:* Like myocardial infarction, stroke, cataract, arthritis, glaucoma, diabetes mellitus, tuberculosis, cancer, Parkinson's Disease, urinary problems, etc.

(b) *Social conditions/life events:* Like death of spouse, close friends or family members, serious illness of spouse, separation from children or other care givers (even a servant going on long leave), change of residence, loss of dominance in society / family.

(c) *Occupational problems:* Retirement from job, sudden closure of business or sudden losses in business.

2. Personality changes in reaction to stressors usually manifest in the form of exaggeration of personality traits (characteristics). Thus an elderly may become more stubborn, irritable,

suspicious, overcautious, rigid or moralistic when facing a stressor.

3. One can help the elderly in enhancing their coping capabilities by having passionate, positive and helpful attitude towards them and by developing a warm and genuine relationship and by providing counselling and support to these elderly preople.

Lesson 5

Care in Specific Serious Conditions of the Elderly

Cancer, Diabetic Coma, Stroke and Fractures

STRUCTURE

5.3 Diabetic Coma

(A) Meaning of diabetic coma

(B) Types of diabetes

(C) Signs and symptoms of diabetic coma

(D) Treatment and care by health worker at home

(E) Progress of elderly patient's condition

(F) Guidelines to follow during period of illness

(G) Some tips for diabetic care

5.4 Stroke

(A) Meaning of stroke

(B) Causes of stroke

(C) Signs and symptoms of stroke

(D) Types of paralysis.

(E) Objectives of care and treatment, for an elderly who has suffered a stroke

(F) Rehabilitation phase

5.5 Fractures

(A) Meaning of fractures

(B) Causes of fractures

(C) Types of fractures

(D) Signs and symptoms of fractures

(E) Objectives of immediate aid for elderly people

(F) Care of the elderly person with fractures

(G) Improving mobitity and patient rehabilitation

5.6 Summary

5.7 Glossary

5.8 Answers to Intext Questions

5.0 Introduction

A "sound mind in a sound body": this proverb or saying applies to all stages of life. In this lesson we are dealing with the care of elderly who are apt to have a number of diseases, economic insecurity, loneliness, dejection by family members and other age related ailments. There are increasing number of elderly people in all the communities. Therefore we as health care workers have to understand that health needs of the

elderly sick people will be different from those of middle age diseased people. Most of the diseases of elderly people are chronic diseases like diabetes, fractures due to imbalance and falls, unconsciousness or coma due to diabetes, strokes, cancer of any organ of the body. It is sad that in old age after retirement elderly people have more time for pleasure, but they develop one or the other health related problem, which causes stress, strain and emotional upheavals in them.

Majority of elderly people are extremely stressful and are frightened and depressed when they are overcome by a diseases. Therefore, meeting health needs of the sick elderly is of the highest priority. In this lesson we will discuss the care of sick the elderly with specific illnesses/conditions.

5.1 Objectives

After reading this lesson you will be able to:

- explain the meaning of cancer, diabetic coma, stroke and fractures;
- list the causes, signs and symptoms of cancer, diabetic coma, stroke and fractures;
- list guidelines for treatment and care of the above specific diseases/ conditions;
- describe the care of an elderly patient with cancer, diabetic coma, stroke and fractures.

5.2 Cancer

What is cancer ?

Cancer may be best regarded as a group of diseases characterised by abnormal growth of cells arising from normal body cells. After we are born, the cells go on dividing rapidly until we reach our full adult size of at least 10 million cells. Cancer is often thought of severe pain, and death in our society. Cancer can occur at any cell or tissue of the body and may involve any type of the cells.

Cancers also differ in how serious they are and depend on the type of cell that is affected, how quickly the abnormal cells are multiplying and how soon cancer cells travel to the other parts of the body.

(A) Causes of cancer

Cancer is not one, but many diseases. What causes one type of cancer does not necessarily cause another, e.g., smoking is the main cause of lung cancer but not of breast cancer.

It is thought that cancer is caused by certain elements/things.

(a) *Chemical agents :* Most hazardous chemicals used in various industries.

(b) *Physical agents :* Mere exposure to ultraviolet radiation of the sun especially in fair skinned people increases risk of skin cancers.

(c) *Family factor :* It is thought some genes are responsible, which are abnormal in family.

(d) *Viruses :* We do not know which virus exactly causes cancer. The viruses on their own do not cause the cancer, but they effect the body cells in such a way that they make the cells more "open to attack" from other cancer causing agents.

(e) *Dietary factors :* Obesity (over-weight): there is some evidence that being over-weight increases the risk of some form of cancer. Long-term injestion or chronic absence of pro-active substances in diet is another risk tactor.

(B) Incidence of cancer

Cancer affects every age group. But most of the cancers of different parts of the body occur over 65 years of age. Leading causes of cancer deaths include cancer of the breast and cervix in the females and lung, prostate and colon cancers in the male.

(C) Signs and symptoms of cancer and cancer 'Warning Signals'.

C → Change in bowel or bladder habits.

A → A sore that does not heal.

U → Unusual bleeding or discharge from any part of the body.

T → Thickening or lump in breast or elsewhere in the body.

I → Indigestion or difficulty in swallowing.

O → Obvious change in wart or mole.

N → Nagging cough or hoarseness

In addition to the signs and symptoms already mentioned unexplained weight loss is also taken into consideration while diagnosing a case of cancer.

(D) Diagnosis of cancer

In order to detect and confirm that an elderly person is suffering from cancer he/she should undergo following examinations and tests which will be conducted by a doctor.

- Complete physical examination.
- Complete routine tests and investigations.
- Specific tests such as
  - CT scan

- MRI
- Mammography
- Bone scan
- Ultrasound scan
- Pathological investigations, for example, excision biopsy
- Cervical smear tests.

(E) Guidelines for care: Steps to follow for care

Guideline for care

- To provide physical comfort to the elderly patient.

Steps to follow for care

- Provide physical care including the hygienic needs.
- Teach and counsel the elderly patient and his family members.
- Promote the active role of an elderly sick in self help and self care.
- Teach skin care or any special care needed.
- Teach self care measures.
- For maintaining good personal hygiene for prevention of any other diseases.

Guideline for psychological care

- To help the elderly in dealing with anxiety and in maintaining hope.

Steps to follow for care

- Ensure that the elderly sick person has developed trust and confidence in the care taker.
- Encourage to express negative feelings.
- Reduce the feeling of helplessness or loneliness.
- Help to keep anxiety in manageable limits.

Guidelines for care

- To counsel the elderly sick and the family to continue treatment and follow-up care.

Steps to follow for care

- Encourage the elderly sick person to make decisions about his care.
- Emphasize on acceptance of difficult treatments.

- Plan for follow-up treatment.

Guidelines for care

- To protect the elderly from complications of the disease and decreased movement.

Steps to follow for care

- Observe keenly and report the severe problem.
- Use resource services, supplies and equipment efficiently for prevention of complication and disability.
- Assist in rehabilitation
- Observe side-effects of drugs to prevent complication.
- Be alert for toxic side-effects of drugs.
- Protect patients from infections
- Help patient with side-effects, for example, nausea, vomiting, diarrhoea and hair loss after drug therapy.
- Help in protection from injury.

Guidelines for care

- To help in decreasing pain and agony

Steps to follow for care

- Evaluate the pain and help the patient to cope with it by providing maximum comfort measures, analgesics and explain each and every procedural steps.

Guidelines for care

- To help maintain nutritional status

Steps to follow for care

- To maintain nutrition by providing small nutritional feeds at frequent intervals and manage general physical care.

(F) Prevention of cancer: Health Education

- Fortake of fresh vegetables and fruits (specially cabbage family).
- More intake of Vitamin A and Vitamin C.
- More fibre and roughage in food intake.
- Less fat in daily diet.
- Weight control, as it is thought that cancer of uterus, gall bladder, breast and colon is more common in fat people.
- Stop cigarette smoking.

- Reduce alcohol intake.
- Improvement in personal hygiene, oral, skin and genitals, will help to reduce the risk of certain types of cancer.

(G) Care of the Elderly who has cancer

The recent improvements in Cancer treatment offer many elder patients cure or long-term control of their sickness : To give them every chance for cure or control of their illness, maximum benefits of today's cancer treatment technology should be taken. A cancer patient must be helped to develop positive attitude about cancer care. The most important attitude is HOPE. The elderly cancer patient should be made to realize that cancer today is a chronic illness, not always a fatal one. It is a complex disease and the elderly sick needs support at all levels of care.

Pain is one of the reasons for an elderly which will make him fear cancer. Some cancers cause no physical pain. Lot of progress has been made in pain control and it can be prevented or controlled. Even elderly patients with advanced cancer disease can be kept comfortable by providing comfortable surroundings such as room, bed, etc, or takeing maximum care of his personal cleanliness or hygiene (please refer to Module 6, Part II, Lesson 1).

In addition to the above, the following points shall be taken care of while caring for the elderly who has cancer:

- All guidelines and steps to be followed; refer to the guidelines at 1.2 E in this lesson which are to be followed with great care and concern.
- Following steps need special attention while caring for an elderly who has cancer.
    - Prevention of infection becasue of the decreased immunity.
    - Prevention of injury and bleeding.
    - Maintenance of intact skin.
    - Maintenance of healthy oral mucous membrane.
    - Coping with hair loss.
    - Coping with fatigue.
    - Relief of pain and discomfoart.
    - Encourage expressing fears and concerns, and questions.
    - Encourage active participation of the elderly sick/family in care and treatment.
    - Arrange for counselling.
    - Coping will feelings about body image.

(H) Common questions and expectations of the elderly cancer patients and their families

Many people have beliefs or ideas about cancer that are not true. False belief can get in the way of how elderly cancer patients react to cancer and its treatment.

Q. Is cancer disease of elderly people.

A. About 60% of all cancers occur in people over 65 years of age. They delay seeing their doctor even though they have warning signals (please refer to 1.2 C of this lesson).

Q. Can cancer be passed down (Inherited).

A. It is true that the risk factors for certain types of cancers tend to run in families. Examples include breast cancer, colon cancer and a type of skin cancer called melanoma. In these cases risk of cancer may be increased by poor diet, smoking, harmone problems and exposure to cancer causing substance on the job.

Q. Is cancer always painful?

A. Uncontrolled pain makes the elderly fear cancer so much but the pain can be prevented or controlled.

Q. Is treatment for pain safe and effective ?

A. It is a myth that too much medication for pain will cause a patient to become addicted. The elderly person with cancer can take pain medication as long as needed, as per the doctor's prescription.

Q. Does cancer mean certain death ?

A. No, in fact about half of all the people just told of their cancer will be cured by today's treatment. All cancers are not the same. The truth is there are over 100 kinds of cancers.

A cure for cancer means the cancer cells in the patient's body must be eliminated, if a cure is not possible then the goal is to control the cancer meaning to stop or slow down: its spread. So remember the good news about half of the elderly who get cancer today survive.

Q. What is to be expected from the family?

A. Honesty and communication is the best thing you and your family can do for each other. Be honest about what you are feeling. It is best to talk about these feelings so that they will not interfere with your ability to feel hopeful.

Q. What help can be expected from outside the family?

A. There are times when families cannot help the elderly cancer patients. The family may be having money problem, conflict, that makes cooperation difficult, health difficulties or other pressures, all unrelated to the cancer.

Some elderly cancer patient do not have families to call upon, when extra help is needed, some community agencies can help a elderly cancer patient maintain a reasonable quality of life.

INTEXT QUESTIONS 5.1

(i) Name the factors which are responsible for the cause of cancer.

_____

_____

(ii) List the warning signals of cancer.

_____

_____

(iii) List five main points for prevention of cancer.

_____

_____

_____

_____

_____

5.3 Diabetic Coma

(A) Defenition

Diabetes is a disease primarily Effecting the metabolism of carbohydrates. The usual age is between 40 and 60 years. Diabetes is partly a hereditary disease so that more than one member of the family may be affected. In diabetes, either the pancreatic gland does not produce enough insulin or if insulin is produced, it is ineffective in action with the result excess glucose gets stored in the liver and gets collected in blood. When sugar in the blood rises above normal it gets rid through large amount of urine.

When there was no insulin injection, many elderly people who had developed diabetes died due to diabetic coma. Now because of early diagnosis and treatment diabetic coma is uncommon. Sometimes, an elderly person does not report to the doctor, he becomes drowsy and is found in coma.

(B) Types of diabetes

(a) Insulin dependent diabetes mellitus (IDDM)

(b) Non-insulin dependent diabetes mellitus (NIDDM)

(a) Insulin dependent diabetes:-In this form of diabetes, inadequate amount: of insulin are produced by the pancreas with the result injection of insulin is to be given as per doctor's advice.

(b) Non-insulin dependant diabetes: This may be due to decrease in the amount of insulin produced. In this form of diabetes it is very important to maintain near normal range of blood sugars. Weight reduction is also very important in this type of diabetes by means of keeping control on the diet.

(C) Symptoms and Signs of Diabetic Coma and Insulin Coma

(C)	SYMPTOMS AND SIGNS	DIABETIC COMA	INSULIN COMA (HYPOGLYCAEMIA)
1.	Onset	Gradual, history of severe thirst and polyurea, abdominal pain and vomitting.	Sudden, patient previously well and active, taking insulin
2.	Infection	Usually present e.g. tonsillitis, Enteritis, pyelitis.	Not usually present.
3.	Respiration	Deep, sighing, breath smells of acetone.	Quite regular breathing
4.	Skin	Dry, inelastic, tongue dry and shrunken.	Sweating, moist
5.	Blood Pressure	Very low : rapid thin pulse	Normal full pulse
6.	Urine	Sugar and acetone	No sugar or only a trace

In diabetic coma

(a) At first drowsiness with great thirst and polyurea, followed by unrousable coma.

(b) Deep sighing respiration with the breath smelling of acetone.

(c) Cold limbs, sunken eyeballs, dry skin, shrivelled tongue, low blood pressure, and dehydration.

(d) Urine contains heavy amounts of sugar and ketones.

(D) Care at home

1. Constant supervision and observation of all the signs and symptoms.
2. Close cooperation with hospital doctors, nurses and laboratory staff.
3. Replacement of fluid and electrolytes, as sodium, potassium by providing more fluids, as per the doctor's advice.
4. Continuous I/V drip and insulin strictly as per the doctor's orders.

5. Regular laboratory checking of urine and blood for sugar level.
6. Control of infection
7. Urine test every 4-6 hourly to check sugar by use of Urostix7.

(E) Progress of the Elderly patient's condition

(a) When an elderly gains consciousness and the blood sugar and electrolytes return to normal he should be given adequate fluids by mouth.

(b) Regulate the dose of insulin with the orders of the doctor concerned.

(c) A light diet of small frequent feeds as advised by the doctor/nurse/dietician.

(F) Guidelines to Follow During Periods of Illness

- Take injection insulin or oral anti-diabeties as usual.
- As a result of illness more insulin may be prescribed by doctor for increased blood sugar level.
- Report nausea, vomiting, dehydration, diarrhoea to the physician.
- Test blood for glucose (Laboratory Test).
- Test urine for Ketones (Laboratory Test).
- Follow his meal plan, soft food to supply required calories.
- Keep in touch with the physician of the elderly patient.

(G) Some tips for diabetic care: Health Education

(I) Diet

(a) A meal plan is to be prepared as per the doctor's orders.

(b) While making a meal plan cultural and nutritional requirements shall be kept in mind.

(c) High fibre meal plan consisting of grain, vegetables and fruits that cannot be digested or absorbed quickly, this fibre meal satisfies his hunger and slows down the absorption of foods.

(d) If a meal is delayed give him fruit, butter milk as per meal plan.

(e) No to alcohol, as it interfers with medication.

(f) Teach him to eat in a slow and relaxed manner. In this way less food can satisfy his hunger.

(g) Let him not eat while watching T.V. and listening to the radio.

Let him understand

- A properly followed meal plan can improve the action of his injection or tablet.
- Barfi, Peda, Cakes, Jams cause blood sugar to rise, ensure avoiding these items.

II Exercise

Advise an elderly with diabetes to exercise for 30 minutes every day. Exercise causes improvement in Insulin action leading to control of diabetes.

III Feet

One of the most common sites of nerve damage is the foot of the diabetic elderly. He may not feel pain even if he steps on a piece of glass. If it is not treated, the condition could lead to ulcers, gangrene and sometimes loss of foot.

We as health care workers for an elderly should check the following:

- Soreness and redness of the foot or burning sensation
- Changes in the shape of foot/pain in the leg.
- Ulcers and pus formation and dry scarly and craker skin.

Tips for foot care

- Keep feet clean, warm and dry.
- Wash feet daily with warm water.
- Use soap and rinse well.
- Dry feet throughly particularly in between toes.
- Powder feet or shoes every day.
- Wear comfortable well fitting shoes.
- Avoid using sandals with toe grips.

IV Eye

diabetic may have Glaucoma and Retinopathy

- Do not touch eyes with dirty finger.
- Do not rub eyes.
- Do not wear dirty contact lenses.

V Low Blood Sugar (Hypoglycaemia)

- Excessive hunger
- Increased sweating
- Trembling
- Faintness
- Weakness
- Rapid heart beat
- Double vision or blurred vision

- Headache
- Abnormal behaviour
- Confusion
- Lethargy

Tip to take care of low blood sugar

- Raise the blood sugar level by giving 3 to 4 spoons of powdered sugar.
- Advise to keep in pocket sugar or sweet biscuits.
- Teaching of self-injection of insulin.
- Lower blood sugar level can lead to unconsciousness. Avoid it by advising him to take sugar immediately.
- Self-monitoring of sugar level in the blood and urine.

INTEXT QUESTIONS 5.2

(i) Define the term diabetes.

(ii) List four signs and symptoms which can lead to diabetic coma.

_____

_____

_____

_____

(iii) What will be the condition of the skin of an elderly who has diabetic coma?

_____

_____

_____

_____

5.4 Stroke

The incidence of stroke or cerebrovascular accident rises steadily with age. It is often felt that olde people are lonely. Here the health worker's primary role is to become skilled at recognising and assessing the extent of each patent's needs and plan the care appropriately. Stroke patients will depend on you mostly during post stroke period for all aspects of care and support. An elderly patient with stroke has to cope with the weaknesses of limbs which will be manifested. In the elderly patient with stroke, impairment in the abihty to communicate can be viewed possible as the greatest burden. Diminished hearmp and vision will limit the reception of both spoken and written information Changes in the tongue, jaw and lip movements com-

bined with the disease will impair expressive function, and these changes will reduced the elderly person's ability to express needs and emotions. In this lesson we will talk about stroke in an elderly person.

(A) Meaning of Stroke

Stroke is sudden loss of brain function, due to the disruption of the blood supply to a part of the brain.

(B) Causes of Stroke

Stroke usually takes place because of one of the following four events:

- *Cerebral Thrombosis:* It is a blood clot within a blood vessel of the brain or neck.
- *Cerebral Embolism:* It is blood clot carried to the brain from another part of the body.
- *Ischaemail :* It is decrease of blood flow to an area of the brain.
- *Cerebral haemorrhage:* It is rupture of blood vessel with bleeding into the brain tissue or spaces around the brain. Hypertension causes rupture of cerebral blood vessel.

(C) Signs and Symptoms of Stroke

1. Signs and symptoms of cerebral thrombosis, haemorrhage or embolism are exactly the same except for the onset.

- **Cerebral Thrombosis: In thrombosis onset is a matter of hours or even days**
  - First sign may be onset of paralysis without unconsciousness
  - In many cases patient becames drowsy and lapses into coma.
  - When patient is unconscious breathing is deep, stertoritis.
  - Pupils are dilated.
  - Incontinence of urine and feaces
  - When patient regains consciousness paralysis is usually present generally in the form of hemiplegia (paralysis of one side of the body including the face and arm).
  - Disorder of speech
  - Mental sluggishness
  - Visual loss
  - Sensory Loss
- **Embolism**
  - In embolism the onset is very sudden.

- In embolism the patient may be under treatment for mitral stenosis and coronary thrombosis.
- Mental sluggishness.
- Rest of the signs and symptoms will be present as in cerebral thrombosis (refer to in cerebral thrombosis in 1.4 C of this lesson).

- **Cerebral hemorrhage**
  - In cerebral haemorrhage the onset is also fairly sudden, over a few hours only.
  - Usually preceding history of hypertension (rest of the signs and symptoms will be same as in cerebral thrombosis or embolism). (refer to Cerebral Thrombosis and Embolism in 1.4C of this lesson)

Course

If the patient remains in coma for move than few days, recovery is less in other cases the patient often gains some power of movement in the panalval limbs.

(D) Types of paralysis

(a) Paralysis of one side of body, face arm, leg is known as hemiplegia.

(b) Paralysis of one limb is monoplegia

(c) Paralysis of all the four limbs is quardreplegia

(d) Paralysis of both legs is paraplegia

(E) Objectives of treatment and care for an Elderly person who has suffered a stroke

Objectives

Keep the patient alive.

Lesson further damage to an elderly sick person with stroke.

Manage the patient as is done for an unconscious patient in all ways.

Prepare a chart/check list to check the following:

(a) Check changes in movement, changes in position and his response to stimulation, i.e., if you touch him he responds to your touch, if you talk to him he responds by lip movement.

(b) Check voluntary or involuntary movements of the extremities (legs and arms).

(c) Reaction to light: does he respond when you throw bright light on his eyes.

(d) Check colour of the face and extremities.

(e) Check quality and rates of pulse and respiration and check body temperature.

(f) Check ability to speak.

(g) Talk to the patient while caring for him.

(h) Maintain a calm and accepting manner during peridos of emotional stability.

(i) Remove indewelling catheter as soon as patient is conscious.

(j) Offer bed pan and urinal at scheduled short intervals.

(k) For detailed nursing care please refer to nursing care of an unconscious patient.

Care during unconsciousness

During the stage of unconsciousness, maximum care is of great importance.

- A clear airway is maintained, the elderly patient's is head is put on one side if there is any difficulty over drainage of mouth sliva, care of an elderly should be taken in half sitting position, half sitting position shall be given by extra pillows and back rest (please refer to Module 4)
- Pressure sores usually take place in any prolonged coma in elderly people and particularly if paralysis is present. Therefore attention of the skin over the pressure areas and frequent and gentle changing of the patient's is position with great care is very important.
- Careful watch on the bladder is necessary.
- Hot water bottles for providing warmth shall be used with great care to avoid burns.
- Rest of the care should be given with great care and concern (please refer to care of an unconscious patient Module).
- All bed clothing weight must be taken off the paralysed limb by bed cradles.

(F) Rehabilitation phase

- The whole stress of treatment of hemiplegia/paralysis is to mobilise an elderly sick as early as possible. An elderly sick person must not be in bed if he is able to sit in a chair and active movements and exercises must be organised.
- Prevent deformities by active and passive exercises.
- Help the patient in self care and encourage him for self care.
- Help the patient to get used to those functions, which he can perform unaided.

- Position the patient in bed correctly.
  a. Prevent contractures.
  b. Relieve pressure.
  c. Maintain good body posture.
  d. Follow principles of positioning which are carried out during unconscious state.

INTEXT QUESTIONS 5.3

(i) Define the following terms:

(a) Thrombosis _____

(b) Cerebral Embolism _____

(c) Ischaemia _____

(d) Cerebral Haemorrhage _____

(ii) What do you understand by haemoplegia? discuss its signs and symptoms.

_____

_____

(iii) Differentiate between voluntary and involuntary movements.

_____

_____

5.5 Fractures

Elderly persons are common victims of various types of accidents. These are mostly due to loss of muscle power required for quick movement to prevent fall. A gradual progressive decrease in bone mass also already sets in the elderly people. Bones are weak due to old age. Bone lose strength and flexibility in old age. Due to weak eyesight also an elderly slips sometimes and gets a fracture. Cartilage of joints are also deterioraited Degenerative disease of joints also leads to weakness, thus causing fractures even with small jerk or force. Even the slightest accidents may produce fractures of bones which will make the elderly immobile and make them bed-ridden for long time. Fractures of long bones of the thigh (femur) and hip bones are commonly effected in elderly persons.

Many elderly people get fractures in their own homes or surroundings. The most common types are:

- getting out of bed
- crossing the door stop
- slipping on rugs or carpets
- slipping on bathroom floors or any wet place
- using the stairs usually when coming down.

In this lesson we will learn about the care of the elderly with fractures.

(A) Meaning of fractures

It is the partial or complete breakage of bone

(B) Causes of fractures

a. *Direct force:* A bone of the body can be fractured directly at that point where the force of a blow is applied.

b. *Indirect force:* The bone may break away from the spot of application of force, eg., fracture of collar bone after a fall on the outstretched hand.

(C) Types of fractures

I ***Simple***

In this fracture skin surface around the fracture bone is not broken.

II ***Compound (Open) Fracture***

In this fracture broken bone enters the surface of the skin. It is known as open fracture also.

III ***Complicated***

When there is an injury to the blood vessels, nerves in addition to the fracture of a bone.

Specific types of fractures

1. *Green stick:* In which one side of a bone is broken and the other side is best.
2. *Transverse:* The fracture is straight across the bone.
3. *Oblique:* A fracture occurring at an angle across the bone.
4. *Spiral:* A fracture twisting around the shaft of bone.
5. *Comminuted:* Fracture in which bone has splintered into several fractments
6. *Depressed:* A fracture in which bone fragments are in driven (It is mostly in fracture of skull and facial bones).

7. *Compression:* A fracture in which the fractured bone has been compressed by another bone (usually in vertebral fracture).

(D) Signs and Symptoms

1. Pain at or near the site of injury, which increases on movement.
2. Difficulty in moving
3. Swelling of the area and discolouration
4. Deformity, tenderness
5. Signs of shock

(E) Objectives of Immediate aid for Elderly people

1. To prevent further damage.
2. To reduce pain.
3. To make an elderly person as comfortable as possible.
4. To seek medical aid for the elderly person urgently.

Care

- Do not move the fractured site unnecessarily.
- Use splint and bandage.
- Do not apply bandage over the area of fracture.
- Apply bandage firmly and lightly at the end of the fractured limb, so that there is minimum movement.
- Check pupil, its size, reaction to light.

(F) Care of the Elderly person with Fractures

(a) Encourage the elderly person with fractures to describe type and location of pain and then put him in a comfortable position which will reduce the stress on his fractured limb. Change of position will relieve pressure and associated discomfort

(b) Handle the affected limb gently, supporting it with hands and pillows.

(c) Modify the environment by encouraging him to interact with others for distraction from pain.

(d) Administer prescribed pain medication as needed.

(e) Record elderly person's response to pain medicine.

(f) Give simple explantations of procedures and plan of care.

(g) Encourage to participate in hygiene and nutritional activities.

(h) Provide for safety measures

- Pillows on both sides when he/she is in bed.
- Keep light on at night , if possible have call bell.
- Be alert for assistance.
- Check how the elderly person is responding to medicines/pain killers.
- Encourage the elderly sick person to express concerns about his fractured limb.
- Check for infections and complications; observe for shock and bleeding.
- When elderly sick person with fracture is in plaster cast health care provider will look for pain, swelling, discolouration (paleness or blueness) tingling or numbness, less pulse, cold limb. Usually the toes or fingers should be felt warm with touch and pink in colour. A blue tinge on the toes or fingers will indicate that plaster is too tight.
- To check for pressure sores and numbness. Any pain near bone warns of pressure sore.
- In the lower limb, heels, dorsum of the foot, head of the fibuls are likely to get sores.
- Promote comfort to the affected limb by giving support.
- Do not ignore pain, the plaster cast may be putting pressure on nerve, blood vessel or bony prominence.
- Avoid excessive use of the fractured limb in the plaster cast.
- Perform the exercise faithfully as per doctor's instructions.
- Keep the plaster cast dry. Wetness distroys the hardness of plaster casts.
- If plaster cast breaks, talk to the doctor concerned; do not fix it yourself.
- Report to the doctor concerned, if pain continues, swelling, changes in sensation, decreased ability to move exposed finger/ toes and changes in skin colour and temperature.

After removal of plaster cast:

- Clean the skin gently with warm water and soap.
- Apply soothing lotion to avoid scratching of the skin.
- Resume activities and exercise regularly as per doctor's order.

(G) Improving mobility and patient rehabilitation

A health worker must ensure the following:

- Health maintenance and ultimate restoration of function.
- Exercise of non-immobilized muscles and joints as per the advice of the doctor concerned.
- The elderly person shall be involved in self help activities of daily living, e.g., hygiene, dressing, eating to provide sense of independence.
- Encourage an elderly to do the activities with the limits of treatment.

INTEXT QUESTION 5.4

(i) Define the term 'fracture'

_____

_____

(ii) List the specific types of fractures.

_____

_____

(iii) What are the aims of immediate aid which is required for an elderly person, if he has a fracture?

_____

_____

(iv) Fill in the blanks:-

Splint is..... of wood or ..... to support the..... and to.....

5.6 Summary

It is the first and foremost duty of the care taker to recognise and assess the each elderly person's needs with different diseases, e.g., cancer, diabetic coma, post stroke period and fractures and provide care as per the instruction given in the lessons. A health care worker must observe keenly, listen properly and attend promptly to the individual elderly persons's problem. The elderly person with a specific disease should be encouraged to talk about his feelings and emotions.

5.7 *GLOSSARY*

Analgesics	Pain reliever agent
Acetone	One of the ketone bodies

Biopsy	Removal & Examination
Blurred Vision	Less clean vision
C.T. Scan	Computer used to visualize deeper body tissue
Chronic	Persisting for a long time
Diagnosis	Identification of disease
Digestion	Absorption of food in the stomach
Dehydration	Excessive loss of fluid from body
Electrolyte	A substance which produces electricity when in solution
Genes	Biological unit of heredity
Glaucoma	Raised intraoccular pressure
Hypoglycaemia	Low blood sugar in the body
Hemiplegia	Paralysis of half body
Haemorrhage	Bleeding
Inherited	Derived from parents
Metabolism	Chemical routine of living bodies
Nausea	Feeling of vomiting
Obesity	Very fat
Psychological	Pertaining to mind
Pancreas	Endocrine gland which produces insuline
Pyelutis	Inflammation of a renal pelvis
Polyurea	Excessive urine
Polydypsia	Excessive thirst
Retinopathy	Degeneration of retina
Rehabilitation	Bringing back to the normal condition.
Sensation	Feeling
Tonsillitis	Inflammation of tonsils
Thrombosis	Formation of blood clot
Viruses	A minute infectious agent
Victim	Person or animal kills
Wart	Small hard growth on skin

5.8 Answers to Intext Questions

5.1 Chemical Agents

Physical Agents

Family factors (Hereditary)

Viruses

Dietary factors

(ii) Change in bowel or bladder habits

Sore throat that does not heal

Unusual bleeding or discharge

Thickening or lump in the breast

Indigesion or difficulty in swallowing

Obvious change in wart or mole

Nagging cough or hoarseness

(iii) Intake of fresh vegetables in diet.

More intake of Vitamin C and Vitamin A

Weight Control

No smoking

5.2 (i) Diabetes = Effect on the metabolism of carbohydrate

(ii) (a) Infection

(b) Deep signing respiration and smells

(c) Blood pressure very low

(d) Sugar and acetone in urine.

(iii) Skin will be dry, inelastic, tongue dry and shrunken.

5.3 (i) (a) Thrombosis = It is a blood clot in a blood vessel of the brain.

(b) Embolism = It is a blood clot carried to the brain or neck.

(c) Ischaemia = It is a decrease of blood flow to the brain.

(d) Cerebral haemorrhage is rupture of blood vessel with bleeding into the brain tissue or space around the brain.

(ii) Hemiplegia is paralysis of one side of body face, arm and leg.

(i) Communication loss

(ii) Visual loss

(iii) Sensory loss

(iv) Incontinence of urine a faeces

(v) Sluggish mental activity

(iii) Voluntry movements:

Involuntry movements: When an elderly moves his legs and arms himself.

Involuntry movements: When does not more legs & arms himself.

5.4 (i) It is the partial or complete breakage of bone

(ii) (a) Transverse

(b) Oblique

(c) Spiral

(d) Comminuted

(e) Depressed

(f) Compression

(iii) - To prevent further damage

- To reduce pain.
- To make an elderly person as comfortable as possible.
- To seek medical aid for elderly person urgently.

(v)

Hard piece	plastic material
fractured limb	prevent movement of broken bone.

Lesson 6

Care of the Bed Ridden Elderly

STRUCTURE

6.0 Introduction

You have learnt in Module -2 Lesson-1 that ageing is a natural phenomenon in which every organ of the system undergoes structural and functional changes.

Some scientists compare the changes in the pattern of activity of human beings beginning from early stages of life until death as similar to the path of javelin, when it is thrown upwards. First it travels fast, then slows down gradually, reaches a plateau and then desecends, its speed increases as it nears the ground due to gravity.

Unfortunately, in the advanced age there are certain conditions and diseases which make the elderly helpless and dependent on others and unable to take care of themselves and hence become bedridden. In this lesson you will learn how to take care of the elderly who is bed ridden.

> *The ageing process and disorders of agening cannot be completely prevented, but can be delayed by suitable measures, thus to have a longer period of healthy life.*

6.1 Objectives

After reading this lesson, you will be able to :

- review the changes that take place in normal ageing;
- identify common conditions/diseases leading the elderly to become bed ridden;
- assess the needs of bed ridden elderly;
- give care and prevent further the development of complications.

Crow old along with me

The best is yet to be

The last of life

for which the first was made.

— Robert Browning

6.2 Meaning of Bed Ridden

When an elderly is confined to the bed due to certain debilitating diseases and conditions and is dependent on the care provider for meeting his/her daily care needs.

The elderly should be encouraged to take interest in self cafre to make himself comfortable, escape boredom, and improve his functional ability. Imparied vision, hearing, locomotion, loss of memory and accidents, changes in cardio-vascular and respiratory systems affect his morale and discourage him to face his problems. They become his handicap and cause of his impaired functional ability and thus he becomes a recluse and confines to his bed.

6.3 Common Diseases and Conditions Leading the Elderly to Become Bed Ridden

- Generalised weakness due to ageing
- Impaired vision due to ageing - senile cataract
- Impaired hearing due to ageing

- Arthritis
- Osteoporosis, deformity, orthopaedic problems
- Cardio-vascular problems
  - Cardiac problems
  - Hypertension
  - Diabetes
- Parkinsonism
  - Alzheimer's disease

6.4 Assessment of the Elderly

Assessment means the collection of information and analysis of data regarding the physical and emotional status of the individual. The capacity of the individual to fulfil each of basic needs should be reviewed along with the capacity to meet these needs imposed by illness or medications, exercises, etc.

Assessment is done as follows:

(i) Physical examination

(ii) Observation of the palient

(iii) Interview of the patient

(a) Entire surface of the body should be examined to assess the condition of the skin. Any break in the skin or wound should be taken care of.

(b) Urine examination for albumin and sugar.

(c) Checking vital signs.

(d) By palpation temperature, texture, mobility of various body parts, swelling oedema can be observed.

INTEXT QUESTIONS 6.1

1. What is the meaning of bed ridden?

   _____

   _____

2. List the common diseases and conditions leading the elderly to become bed ridden.

   _____

   _____

   _____

   _____

6.5 Care of the Bed Ridden Elderly

(A) Goals of care

(i) Increase self care capacity : Patient should be encouraged to take care of himself, e.g., combing, brushing of teeth self feeding by etc. Action, towards this goal includes education aboul disease management.

(ii) Delay, deterioration and decline : This depends upon to what extent treatment plans are adhered to. The complications are prevented by the elderly e.g. whether a diabetic leads an active life or becomes a blind amputee. Efforts should be made to reinfroce the importance of care and early detection of problems. Complications must be prevented because they will weaken self care capacity, increase disability and hasten decline.

(iii) Promote the highest possible quality of life. Consideration should be given to help bed ridden patients to participate in activities that will give them pleasure. The recreational, social, emotional and spiritual needs should be met and they should be encouraged to have a positive attitude.

(B) Areas of care

Physical Care	—	Personal hygiene
		Mouth care
		Care of hair
		Care of skin and pressure points
Position	—	Place him in a position which makes him most comfortable. Frequent change of position to prevent bed sores and pooling of secretions in the lungs. Deep breathing and coughing exercises.
Nutrition	—	As taste buds atrophy due to age, the patient should be encouraged to take meals.
Exercises	—	All the joints should be put through full range of motion and what movements are possible actively, with assistance and passively should be observed.
	—	Patient should be encouraged to put all joints through full range of motion at least once a day.

When assisting the patient with exercise remember:

— give support below and above the joint being exercised;

— move joints slowly and smoothly;

— do not force the joint part and point of resistance for pain.

Use of mobility aids like walkers and wheel chairs that will made patient feel some independence.

- Communication and socialization

  People are social beings holds true for the elderly also. Ability to communicate is essential for soical interaction and sensory deficit hearing may interfere with this. Presbycusis may cause speech to be inaudible, so the elderly may avoid situations where they have to interact. Corrective measures should be explored. Hearing aids may help in some disorders.

  Vision is equally important in communication. Most of the elderly use corrective lenses. If there is cataract, it should be operated upon. Other problems causing visual problems are glaucoma, retina degeneration, myopia.

  Due to decline in physical function the older person may not socialize. They should be explained that most of the eldery have the same problems. No drastic changes should be made in his food habits. They may need help in feeding and should not be rushed as they will take long time to chew, for there may be few teeth and saliva is also decreased.

— Food should be easily digestible and contain roughage.

— Too spicy and oily foods should be avoided.

— Encourage fluid intake during day time.

- **Elimination**

  — Care should be taken to prevent constipation. Diet should have roughage. Encourage use of bedside commode. If there is bowel and bladder incontinence then care should be same as for unconscious patients.

- **Exercise**

  — An accident, stroke, arthritis or any chronic illness will make an individual disabled and bed ridden; this needs a proper plan of activity to prevent further deterioration.

  — Range of - motion Exercise: It is an essential component of care of the elderly. Exercise promotes joint motion and muscle strength, stimulation of circulation, prevention of contractures and other complications.

  — Exercises can be done: Independently by the patient (active exercise), with help to patient (active assistive). or passive with assistance.

Some of the problems are natural part of ageing, which may help them to feel normal and encouraged to do what they enjoy doing, like reading, listening to music, watching television.

- Spiritual Care: refer to Module 2 Lesson 6.

6.6 Complications of Prolonged Bed Rest

- **Osteoporosis :** It is withdrwal of calcium from the bones due to ageing and prolonged bed rest which can lead to stone formation in the kidneys and gall bladder makes bones brittle and causes fractures. How to prevent it. Frequent change of position willl prevent accumulation of calcium and calcium supplements will help prevent osteoporsis to some extent.
- **Development of contractures :** Prolonged bed rest and disuse of limbs, both upper and lower, can lead to contractures. How to prevent? Exercises and change in position, use of extra pillows and rolls and pads to maintain body alignment prevent contracture and deformity.
- **Bed sores :** Loss of subcutaneous fat and weight bearing on pressure points leads to bed sores. How to prevent (B) Use of air or water mattress, frequent change in the position and frequent massage of pressure points will prevent bed sores.
- **Chest complications :** Prolonged bed rest, loss of elasticity of lung tissure and imporoper expansion of chest while breathing or any pathology of chest, e.g. chronic bronchitis, pulmonary emphysema lead to collection of secretions in the lower part of lungs which can lead to infection. How to prevent? Coughing and breathing exercises and change of position will prevent collection of secretions.
- **Nutritional problems :** Anaemia, low proteins usually develop as due to ageing food intake is reduced. How to prevent? Planned diet and high protein intake will help.
- **Gastro-Intestional problems :** Flatulence and constipation are some of the problems. Diet with cellulose and fluid intake will prevent constipation. If constipation develops it can lead to faecal impaction and this should not be allowed to develop.
- **Other complications :** Foot drop, external rotation of foot and thighs are some of the problems. Use of foot board, knee and hiproll will prevent these deformities.

INTEXT QUESTIONS 6.2

1. List the areas of care.

   _____

   _____

2. List the complications of prolonged bed rest.

   _____

   _____

6.7 Summary

In this lesson, you have learnt what conditions make the elderly bed ridden. Ageing and prolonged bed rest can lead to many problems and complications and how to take care of the bedridden elderly. To prevent complications from developing or further deterioration is the biggest challenge for the care giver.

6.8 Answers to Intext Questions

6.1 1. When an elderly is confined to the bed due to certain debilitating diseases and is dependent on the care provider.

2. Refer to 2.3 of this lesson.

6.2 1. Physical care

Position

Nutrition

Exercises

2. Osteoporosis

Development of Confractures

Bed sores

Chest complications

Nutritional problems

Gestro-Intestinal problems, etc.

Lesson 7

Voluntary Social and Health Services, Resources for the Care of the Elderly

STRUCTURE

7.0 Introduction

Ageing is a normal phenomenon of human life. The well being of the elderly is one of the growing challenges of the 21st century. The voluntary sector was the first to respond to the needs and problems of the elderly in India. Their role in the care of the elderly has become crucial, in view

of the fact that the Goverment/State response to this issue has somewhat slowed down since 1993. The intervention by the voluntary sector has brought to light the different hardships being faced by the elderly; based on this, they have continued with their efforts for elderly care.

Until recently, most of the non-governmental welfare organizations for the care of the elderly were charitable and/or religious and they focused their attentions towards the poor and destitutes. It is now that these institutions have intensified and expanded their activities (to include welfare as well as health care) for elderly care and have started receiving government assistance for these activities. Also, these services are increasingly being made available to all sectors of the society, both in the rural as well as urban settings unlike their concentration in the urban settings in the earlier times.

The voluntary sector has played a significant role in :

- higlighting the needs/problems of the elderly; and
- providing care to them.

3.1 Objectives

After reading this lesson, you will be able to :

- enlist the purposes and functions of the voluntary social and health services/resources available for the care of the elderly;
- list the types of voluntary services/resources available for the care of the elderly;
- identify the problems frequently faced by these services/resources; and
- outline your role as a co-ordinator for utilization of these services/ resources.

7.2 Key Concepts

Purposes and functions of voluntary social and health services/resources for the care of the elderly, types of voluntary services/resources available for care of the elderly, problems faced by these services/resources, your role as a co-ordinator for utilization of these services/resources.

7.3 Purposes and Functions of Voluntary Social and Health Services/Resources for Care of the Elderly

In view of the near-total absence of social security measures by the Government, the timely intervention of the voluntary sector has proved very beneficial, especially in terms of providing shelter, food, health care and other welfare services to the elderly.

The voluntary services/resources provide care to the elderly, especially in terms of :

- shelter;
- food and other requirements;
- health care, and
- other welfare services.

Some of the issues before the voluntary sector, which they have to deal with while functioning towards provision of care to the elderly are discussed below:

(a) To identify and outline the social and health needs/problems of the elderly: It is essential to clearly find out and define social and health needs of the elderly which will determine the kind and nature of services (health as well as welfare) to be provided to them.

(b) To create community awareness for adequate respect and care for the elderly; Ageing is a natural and ***inevitable*** phase in everyone's life. Demonstration of care, concern and consideration for the aged can definitely help to ***enhance*** their ***self-esteem.*** The voluntary health organizations make attempts to enhance the social status of the elderly, especially among the young couples in their families as well as within the community.

(c) To provide ***vocational*** centres for the elderly: By active involvement of the elderly in certain activities of their interest and within their capacity, their feelings of dependence and uselessness in society can be overcome. These activities provide good rehabilitation to the elderly.

(d) To establish special homes/day care centres for the elderly :- These organizations help to provide guidance and counselling to the elderly, with an emphasis on self care practices. The elderly are thus productively occupied and don't feel lonely and isolated or dependent on others.

(e) To earmark specific duties for the elderly assigning specific tasks to the elderly and their involvement in other activities of the community help them to feel responsible. It gives them a sense of satisfaction, raises their confidence and also makes them feel useful to the society. Efforts can be made to prepare and disseminate documents/ literature relating to ***terminal*** care, both within the community as well as to the elderly, so as to enable them to die with dignity.

(f) To organize workshops to prepare retirement plans: Organising and conducting workshops on preparation for retirement, i.e., pre-retirement counselling for all categories of retiring people, viz. the educated, the uneducated, the rural, the urban, the poor and the well-off, with families or alone, the single and the married, etc. This can help plan a productive future for them. This helps in raising their confidence and thus their social status.

The key issues which affect the functioning of the NGOs are :

- outlining the social and health needs/problems of the elderly;
- creating community awareness for according respect to and taking care of the elderly;
- provision of vocational training of the elderly;
- provision of guidance and counselling to the elderly.
- active involvement of the elderly in productive work; and
- plan for active retirement of the elderly.

INTEXT QUESTIONS - 7.1

1 List at least three issues before the voluntary sector to provide care to the elderly and discus these.

_____

_____

_____

2 Fill in the blanks:

(a) The nature of services provided to the elderly shall depend on their.....

(b) By active involvement of the elderly in various activities, their feelings of .....and can be overcome.

(c) Guidance and counselling being provided by the special homes for the elderly lay emphasis on their.....

(d) The terminally ill elderly have the right to die with.....

(e) .....can help the retired people to live a productive life.

7.4 Types of Voluntary Social and Health Services/ Resources Available for the Care of the Elderly

The formal support organizations in the voluntary sector may be grouped into six categories, as outlined below :

(a) Old Age Homes or Vriddhashramas: Here, the aged are admitted and taken care of, totally.

(b) Day Care Centres: In which the elderly spend day-time or a few hours.

(c) Senior Citizens' Associations or Jyestha Nagarik: These organise

different kinds of activities, ***periodically,*** for the benefit of senior citizens living in the neighbourhood.

(d) Organizations which provide medical help to the elderly.

(e) Charitable institutions which support the poor aged with food, clothing and other items of their need.

(f) Organizations which are engaged in research on the problems and issues of the elderly.

In addition to these, certain hospitals and clinics provide the necessary care and support to the elderly patients. Certain dharamshalas, religious trusts and places of worship also provide shelter, food and clothing to the needy elderly.

According to data collected in 1992 by the Association of Senior Citizens, Mumbai, there were 655 organizations in India which were engaged in care and support to the elderly in different ways. Of these, over 65% were Old Age Homes and 3% were Day Care Centres. About 18% were the Associations of Senior Citizens. Even today, the majority of these institutions are Old Age Homes.

Though their number is small, there are care homes often referred to as Old Age Homes for elders living in rural and tribal areas. Homes have also been established for the aged belonging to the Scheduled Castes and Scheduled Tribes and Other Backward Classes.

Certain hospitals run mobile dispensaries and provide specialized services for the elderly suffering from certain medical conditions like leprosy, kidney problems and cancer. Other specialized services include rehabilitation of those suffering from hearing and/or speech defects as well as certain psychiatric disorders.

Certain voluntary organizations are engaged in helping the aged ex-servicemen and rehabilitation of the physically handicapped.

Some private charitable institutions provide a variety of services for the needy elderly like distribution of warm clothes, financial assistance and even employment, short-stay home facilities, guidance in domestic problems, medical assistance, legal aid, etc.

Establishing Senior Citizens's Associations and Pensioners' Clubs is a recent development in urban areas. They provide guidance and entertainment to members, arrange for their education on various aspects of ageing, and lobbying for their needs. There is a need to establish such organizations in all cities and towns.

Certain Old Age Homes have also been set up ley different religious groups like the Hindus, Christians, etc. A recent development has been the establishment of old age homes for persons belonging to different language states/groups like old age homes for Gujaratis, Sindhis, Maharashtrians, etc.

The old age homes established by brothers and sisters belonging to Mother Teresa's institution admit the dying, the unwanted and the invalid, irrespective of caste and regligion.

Hospices provide palliative care to the terminally ill old patients. Whether such facilities are there please mention that.

An important development in the last two to three decades is setting up old age homes for the middle income group. They charge fees, provide basic facilities and thus help the needy elderly to lead comfortable lives. Usually the reasons for elderly to in these kinds of homes are :

- shortage of accommodation;
- generation gap with the younger members of their family; and
- insufficient family income to spend on the elderly in the family.

Table 1 depicts the classification of Elderly Care Services in the voluntary sector

Table 1
Elderly Care Services

Institutional Care	*Non-Institutional Care*
• Old Age Homes	• Day Care Centres
• Destitute Homes	• Income Generation Schemes
• Paid Homes	• Free Health Care Services
• Hospice	• Free Rehabilitation Services
	• Research Organisations
	• Senior Citizens' Associations

The above table helps to sum up the services being provided to the elderly in the voluntary sector.

The different types of voluntary services/resources for care of the elderly are mainly of two categories :

- *Institutional (e.g., Old Age Homes, Destitute Homes, Paid Homes etc.)*
- *Non Institutional (e.g. Day Care Centres, Free Rehabilitation Services, Senior Citizens' Associations, etc.)*

The Centre for the Welfare of the Aged (CEWA) has maintained a directory which profiles the services available to the elderly under govermental and non-govermental auspices in different parts of India, as on December 31, 1994. The organizations in Delhi are listed below :

(1) Age - Care India Society,
A-67, South Extension, Part II,
New Delhi-110049.

(2) Arya Mahila Ashram,
Durga Colony, Near Gurdwara,
New Rajinder Nagar, New Delhi -110060

(3) Bridh Aasra - Age Aid India,
C - 229, Defence Colony,
New Delhi - 110024

(4) Delhi Brotherhood Society,
Brotherhood House,
7, Court Lane, Delhi - 110054

(5) Delhi Christian Friend - in - Need Society,
The Home for the Aged,
Fatehpur Beri, New Delhi - 110030.

(6) Guild of Service (Delhi Branch)
Shubham, C-25,
Qutab International Area,
South of I.I.T.,
New Delhi - 110016.

(7) Helpage India,
C-14, Qutab Institutional Area,
South of I.I.T., New Delhi - 110016.

(8) Home for Aged and Infirm Persons,
Khadi Ashram, Narela,
Delhi - 110040.

(9) Jyoti Social Welfare Society,
B-14, West Joyti Nagar, Loni Road,
Shahdara, Delhi - 110032.

(10) Lok Kalyan Samiti,
II-A, Vishnu Digamber Marg,
New Delhi - 110002.

(11) Ozanam Home Society,
Ozanam Home, Rosary School Compound,
Radio Colony, Kingsway Camp, Delhi - 110023.

(13) St. Mary's Home for the Aged Women,
6, Rajpur Road,
Delhi - 110054.

(14) Ghar,
Fatehpur Beri,
Mehrauli,
New Delhi.

INTEXT QUESTIONS - 7.2

1. List the main two categories of Elderly Care Services in the voluntary sector, with three examples of each.

_____

_____

2. State whether the following statements are True (T) or False (F) :

   (a) Old Age Homes are institutions which provide for total care to the elderly. (T/F)

   (b) There are currently no institutions in India carrying out research on issues related to the elderly. (T/F)

   (c) Majority of the institutions providing care to the elderly in India are the Old Age Homes. (T/F)

   (d) Scheduled Castes and Scheduled Tribes do not receive any care from the voluntary sector, in so far as their elderly population is concerned. (T/F)

   (e) There is a need to establish Senior Citizens' Associations in all cities and towns. (T/F)

3. List the three main reasons for the elderly seeking admission to Old Age Homes.

_____

_____

_____

7.5 Problems Frequently Faced by These Services

Usually, these welfare organizations in the voluntary sector face a large number of problems, which are discussed below :

(a) Usually, there is a lack or shortage of finances to open such institutions, especially at individual levels and most certainly in the initial stages. Unless the institutions is established and run efficiently, ***potential donors*** are reluctant to help.

(b) Homes for the blind and other handicapped elders face special problems. They are supported by goverment ***grants*** and public donations; and earn money by undertaking small business, thus providing work to the immates. In the wake of non-receipt or delay of grants and funds, the functioning of these organizations is affected ***adversely.***

(c) A dearth of trained and committed personnel working in these institutions is another frequent problem.

(d) Poor wages given to the employees working in these institutions is also a frequent cause of inadequate staff and/or high turnover rate.

(e) Shortage of space and a lack of necessary equipment and facilities is also a major feature of these services.

(f) An important reason accounting for dissatisfaction among inmates of Old Age Homes is lack of timely medical aid. This usually creates a sense of fear and suspicion among the residents. One way to ensure a smooth running of these Homes is that it should be established in quiet suburbs of cities where medical facilities are within easy reach.

(g) In recent times, it has been observed that there is a rush for admission to Old Age Homes. Some elderly may seek admission based on false information: statements. The reasons being or to get away from their family members whom they may not like; to avoid being a burden on their family members, etc.

(h) There seem to be hardly any innovations in organizing programmes and projects by the staff in these institutions. This further leads to an inadequate community involvement in taking care of the elderly.

(i) There appears to be lack of knowledge and understanding among the staff running these Homes, about the emotional and psychological aspects or other needs of the elderly who live in these Homes or those who live in their families. Also, there is a lack of proper information among them regarding the extent of utilization by the elderly of their savings, property, pension, etc. by themselves.

Certain problems in the functioning of the voluntary institutions which work for the elderly care are :

- *lack or shortage of funds;*
- *inadequate staff;*
- *inadequate understanding of the needs of the elderly among the staff;*

- *inadequate equipment and supplies, especially with regard to medical aid;*
- *untrained personnel (ie., care providers);*
- *unclear regulations regarding admissions; and*
- *lack of innovation and commitment among the staff.*

INTEXT QUESTIONS 7.3

1. State any three problems being faced by the voluntary organizations providing elderly care.

   (a) _____

   (b) _____

   (c) _____

2. Fill in the blanks with appropriate terms :

   (a) Usually, there is a shortage of ..... to open a Voluntary institution to provide elderly care.

   (b) The personnel working in these institutions are usually..... and .....

   (c) Among the equipment and supplies lacking in these institutions, the major ones are those of .....

   (d) The staff working in these institutions need to work with ..... while organising programmes and projects for care of the elderly.

7.6 Role of Care provider in Voluntary social and health services/resources for care of the elderly

You, as a care provider might have to work in the voluntary sector involved in providing services for care of the elderly. In this regard, you will be assuming certain roles and your functioning may require you to perform the following activities :

(a) Develop a positive perception of the elderly whereby regard them as useful human resources and not dependent liabilities.

(b) Understand well the needs and problems of the elderly. Also, understand that their needs and capabilities generally vary. Their capabilities and potentialities need to be harnessed to their well being as well as for the benefit of the society and the nation.

(c) Create awareness among the elderly about

- the existing services for them,; and

- the programmes and projects which are in the process of being developed in the community for promoting their welfare;

(d) The elderly should be made aware of their rights and the legal remedies against infringement of their rights.

(e) Try to generate awareness within the community of the problems and needs with regard to the elderly's potentialities and capabilities, as well as their dignity and their right.

(f) Communicate and co-ordinate with the elderly, other staff members of the institution and the organizers, as well as with the community.

Care provider's role in voluntary sector, is :

- *regard the elderly as useful resources;*
- *understand clearly the needs/problems of the elderly;*
- *create awareness among the elderly regarding facilities available for their care;*
- *create community awareness for elderly care; and*
- *enhance communication and co-ordination skills as well as adopt innovative approach in providing elderly care.*

INTEXT QUESTIONS - 7.4

1 Outline any three activities that you can perform as a care provider of social and health services in a voluntary organization.

7.7 Summary

The voluntary organization for social and health services in India have worked tremendously towards the cause of the elderly, in the absence of a strong government support for the same. Despite the various services being rendered by them to the elderly in different spheres of their lives and relating to their differing needs, there appears to be a lack of funds and inadequate facilities to run these institutions. Another setback is the lack of basic understanding of the needs of the elderly and inadequate commitment on the part of the care providers working in these institutions. The solution lies in the hands of all of us, as citizens of our country to realise the impact of "greying of population" and make efforts towards

according the elderly the social status they deserve and taking care of their needs. The care providers working in the voluntary sector, especially, need to understand the needs/problems of the elderly and need to communicate and co-ordinate between the elderly, the community as well as the institution.

In this lesson, you have learnt about the kinds of voluntary social and health services available for elderly care and their functions, as well as problems faced in their functioning. You have also learnt your role as a care provider in these voluntary organizations.

7.8 Glossary

Voluntary	:	able to act of one's own free will
Intervention	:	interference
Self-esteem	:	a good opinion of oneself
Vocational	:	directed at a particular occupation and its skills
Rehabilitation	:	restore to effectiveness or normal life by training
Earmark	:	to set aside for a special purpose
Terminal	:	ending in death
Research	:	the systematic investigation into and study of material, sources, etc., in order to establish facts and reach new conclusions.
Dharamshala	:	a charitable institution providing resting place to the needy.
Tribal	:	a feature relating to the tribes.
Dispensaries	:	public or charitable institutions for medical advice and giving out of medicines.
Psychatry	:	the study and treatment of mental disease.
Aid	:	financial or material help especially given by one country to the other; the goverment to the state; the government to the voluntary sector; etc.
Lobbying	:	an organised attempt by members of the public to influence legislators and other influential quarters
Hospice	:	a home for people who are ill or destitute.
Palliative	:	anything used to alleviate or lessen pain, anxiety, etc.
Institutional	:	like an institution, having set rules and regulations.
Destitute	:	without food, shelter, etc.
Statistics	:	the science of collecting and analysing numerical data.

Infirm	:	physically weak, especially through age.
Donor	:	a person who gives or donates something.
Grant	:	a consent to fulfil.
Turnover	:	the number of people entering and leaving employment.
Inmate	:	an occupant of a house, etc.
Suburb	:	an outlying district of a city, especially residential.
Legal remedies	:	offering legal advice and help to someone
Infringement	:	to act contrary to

7.9 Answers to Intext Questions

7.1 1. (a) Outlining the social and health needs/problems of the elderly.

(b) Creating community awareness for according respect to and taking care of the elderly

(c) Provision of guidance and counselling to the elderly.

2. (a) needs

(b) dependence and uselessness

(c) self care practices

(d) dignity

(e) Pre-retirement counselling

7.2 1. (a) Institutional Care, e.g., Old Age Homes, Destitute Homes and Paid Homes.

(b) Non-Institutional Care, ie., Day Care Centres, Free Health Care Services and Senior Citizens's Associations.

2. (a) T

(b) F

(c) T

(d) F

(e) T

3. (a) Shortage of accommodation.

(b) Generation gap between the elderly and the younger members in their family.

(c) Insufficient family income to spend on the elderly in the family.

7.3 1. (a) Lack or shortage of funds/finance.

(b) Inadequate staff.

(c) Inadequate equipment and supplies, especially medical aid.

2. (a) funds

(b) untrained and uncommitted

(c) medical aid

(d) needs

(f) innovation

7.4 1. (a) Regard the elderly as useful resources.

(b) Understand the need/problems of the elderly

(c) Create awareness, among the elderly regarding facilities available for their care.

(d) Create community awareness for elderly care.

Lesson 8
Establishing Home for the Elderly

8.0 Introduction

Congratulation for completing the course!

This course in elderly care has provided you the basic expertise of dealing with the elderly. But you may still be wondering, how to utilise this knowledge purposely. In this lesson we are going to discuss the opportunities available after this course.

8.1 Objectives

After learning this lesson you may be able to :

- Explore the opportunities in the job market
- Appreciate the need for having old-age homes
- Explain the basic process of establishing an old age home

8.2 Opportunities in Wage Employment (Job Market)

The population of elderly is rising due to many reasons, as discussed in the course. Most of the elderly now live isolated. They are away from their families. For this simple reason, they require special homes.

With the establishment of the old age homes, Elderly care is emerging as a new service area. The old age homes generally require the following type of staff :-

(i) Qualified Doctors : both general as well as specialist in Geriatric Medicine

(ii) Qualified Nurses

(iii) Assistants to Doctors and Nurses,

(iv) General staff to assist management in the services, other than medical and nursing.

It is the number 3 and 4 types, given above where in the pass-outs of this course may fit in. As discussed earlier, this is an emerging area, the functions and designations are not well defined. Similarly the salary pattern in this area are not very lucrative. Generally jobs in this area are also not advertised properly, you have to contact the organisations, yourself and request for a suitable job. You may also contact the Organisations like HelpAge India, Age Care India for a suitable placement. As a certificate holder in this area, you are sure to find good response. Now that old age homes are being established in all parts of the country, you may hope to get a good job.

8.3 Prospects of Establishing a Home for Elderly

The other alternative before you is to establish an old age home of your own. But this is certainly not an easy job. It is a very complex process. The idea is not to discourage you but to caution that is a challenging option. Well, if you are determined to set up such a home, you should know the various aspects of this process.

8.4 Present Status of Old Age Home

Most of the Old Age Homes as of now are managed by the religious charitable organisations. You may find such homes in holy cities like Mathura, Vrindavan, Varanasi, Haridwar, Rishikesh and Tarantaran etc. In these homes free service is provided. The inmates of these homes do not pay any charges. These homes run on the earnings of the trust, donations and in some cases government grants.

Unfortunately many of these homes are not well equipped and just provide shelter and meager food.

Very recently some Old Age Homes have been established in corporate sector. Corporate sector means the companies established for earning profit. The homes established by the companies provide good accommodation, food, medicare and other facilities. But every service is charged for. The payment pattern may include a one time lump-sum payment or monthly payment plan. Looking at the need and the trend, more such homes are likely to be set up in future.

If you want to set up a home for elderly, with a profit motive, the company is the only option. The sole propritorship or the single ownership is ruled out as it is practically almost impossible. Planning a company involves a huge investment and complex planning. First of all as a promoter of the company you should have a substantial amount of money. Rest of the money could be arranged from the banks as a loan. Banks both in private as well as public sector today are very liberal in sanctioning loans. But elderly care being a new area, they also may be reluctant. You may have to convince them a lot about the feasibility of your project. The money may also come from issue of shares to the public, but again being a new area, good response may not be coming. Inspite of all these challenges, if you are determined to promote a company, you should consult a good company lawyer, chartered accountant and a management expert.

8.5 Guidelines for Setting Up and Management of Home for Elderly

Home for the elderly should be established in a congenial environment providing a quiet and peaceful accommodation. It should provide for facilities of simple, balanced and nitritious food, adequate health care, recreation, social interaction, spiritual pursuits and meaningful involvement. It should not feel like isolated community from the society.

Basic requirements & facilities available in the home for the Elderly are :

- Single or double bedrooms, toilet and small cooking space
- Dormitory type accommodations for people who can not afford to pay high charges
- A Geriatric Day Care centre (both out door and indoor)
- A multipurpose room for meetings, functions and educational sessions.
- A meditation cum prayer room
- Well maintained reception room, visitors room and library facilities with useful reading material.
- Facilities for jogging and indoor games.
- Residential accommodation for staff (like doctors, nurses, helpers and other service staff) nearby to meet emergencies
- Dedicated, sincere and trained staff to look after specific needs of the elderly.
- A flexible set up to meet the changing needs.

Equipment and supplies should include facilities for-

- Catering
- Counselling services
- Social adjustment
- Day care facilities
- Nursing care to sick
- Domiciliary care facilities.

Financing the Home

- Through charities / donations
- Self financing
- Elderly cooperation (in case of home set up as a Cooperative Society)
- Through Government grants
- From income of the trust

Community housing plans for senior citizens are getting more and more

attention these days. Self sufficient residential complexes are being designed for elderly. These can have recreation facilities, support service like transport, laundry, telephone help line, inhouse helping and health care.

8.6 Legal Liabilities and Obligations

Institutional efforts for earning from elderly have found a new form in the modern concept of Homes for the Elderly. The legal obligations have to keep in mind while managing homes for elderly. Those who manage a home for the elderly can be regarded as impliedly undertaking an obligation to look after the inmates of such homes irrespective of the amount of money charged for. They have to considered as doing so with an undertaking to exercise at least a reasonable degree of care in looking after the inmates. Even if there is no written contract or formal agreement incorporating such an undertaking, the same will be implied by the law from the very nature of circumstances. It can be asserted with some justification that if the management feels in properly looking after an inmate, the inmate would be able to file a civil smt against the management for the damages for breach of contract. The measure of damages is laid down in the Indian contract act 1872 in section 73 and gist of this section is that –

- a person with whom a contract is broken is entitled to claim compensation for loss suffered by him if the loss was in the contemplation of the parties when the contract was trade.
- such person is also entitled to claim compensation for such loss as is a natural and probable consequence of the breach of contract.

More important is the liability which the management of home of the aged in curs, in the field of law of 'tost'. The tort means a civil wrong for which damages can be claimed even where there is no contract.

Where a person holds him self responsible as running an institution for care of certain class of persons, failure to take reasonable care would amount to the tort of negligence and liable to pay compensation for harm caused to the inmate for such negligence. The amount to be paid is not laid down anywhere in prectise or predetermined terms. It will depend on facts of physical suffering

and discomfort. Besides this the courts are now a days readily awarding compensation or mental agony and nervous shock caused by negligence of the nature mentioned above. Therefore it is important that management of Home for the elderly exercise reasonable care in looking after it's inmates. Since the inmates are elderly and it defiantly throws heavy burden on the management of such homes, if inmates become seriously ill or injured the law would expect that the management will take reasonable effort to secure services of a quay doctor. That is how it is important to consider the legal obligation when you plan to establish a home for elderly.

8.7 Summery

National policy seeks to assure the senior citizens that their concerns are national concerns and they will not live isolated or ignored. It aims to strengthen their legitimate place in the society. The elderly have the right to live the last phase of their life with dignity, purpose and peace. It is a joint effort by the government and the non-government agencies to pool their resources. It is the duty of the society to improve their quality of life.

In this lesson we discussed how to provide quality services to elderly through Oldage homes or homes for elderly. You the passouts of this course have a special duty towards this objective. Whether you set up a home or work in an existing home, you should work with honesty and dedication towards this goal.

Wishing you good luck.

FUNDAMENTAL DUTIES

Part IVA (Article 51 A)

It shall be the duty of every citizen of India-

(a) to abide by the Constitution and respect its ideals and institutions, the National Flag the National Anthem;

(b) to cherish and follow the noble ideals which inspired our national struggle for freedom;

(c) to uphold and protect the sovereignty, unity and integrity of India;

(d) to defend the country and render national service when called upon to do so;

(e) to promote harmony and the spirit of common brotherhood amongst all the people of India transcending religious, linguistic and regional or sectional diversities; to renounce practices derogatory to the dignity of women;

(f) to value and preserve the rich heritage of our composite culture;

(g) to protect and improve the natural environment including forest, lake, rivers and wild life, and to have compassion for living creatures;

(h) to develop the scientific temper, humanism and the spirit of inquiry and reform;

(i) to safeguard public property and to abjure violence;

(j) to strive towards excellence in all spheres of individual and collective activity so that nation constantly rises to higher levels of endeavour and achievement.

A brief Guide to NIOS web site

The success of open learning and distance education very much depends upon the harnessing of the new and latest technology. The emerging Internet and Web technology help in effective dissemination of knowledge breaking all geographical boundaries. The web-site is a dynamic source of latest information and is also electronic information guide. The contents in the NIOS web site are open to all.

The learners can have an access to NIOS web-site at the following address:

http:/www.nos.org & nios.ac.in

Clicking the site address will bring the user to NIOS home page that will further guide them to visit different information pages of NIOS. NIOS is also developing a school network through Internet known as Indian Open Schooling Network (IOSN). The network will provide a common communication platform for learners and educators. NIOS is offering Certificate in Computer Applications (CCA) through selected AVI. This course is also offered through Internet on NIOS Web-Site.