Geriatric Problems and their Management

The Nursing Perspective

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Introduction

The word 'Geriatric' is derived from the Greek word, 'Geriasios' meaning old age and 'Iatros' meaning medicine, and coined by Nacher in 1914. Geriatrics both in Medical and Surgical Nursing aspects represents diseases and disabilities of old people.

Description

Two decades ago the life expectancy was 55 years; now it is considered 60 years. By 2000 AD it would be 65 years and above. The extension of the life expectancy and the increasing population of old age group of people is due to prophylactic measures and the introduction of antibiotics which prevents diseases and controls infections respectively.

Status of the Old

Today everyone of us knows the old people are left alone without love and affection. This is mainly due to urbanization and breakdown of the joint family system. Most of the younger groups are forced to move to other places and foreign countries for jobs leaving their elders at home without support. In a city-based life, daughters-in-law are willing to keep their fathers-in-law with them rather than their mothers-in-law. Most of the aged people are left with a feeling of complete isolation. Whether they are at aged people's hostels or at their homes, they require medical attention.

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Facilities Available

The Government General Hospital at Chennai has separate Medical and Surgical Wards to deal with Geriatric problems. The Medical Ward is headed by Professor V.S. Natarajan and the Surgical Wrd is headed by Professor R. Sivaraman. Both Wards have all the facilities to handle the geriatric problems effectively and efficiently. The problems which are experienced by aged people are being elaborated here. These problems are treated effectively within the existing facilities available.

Whether rich or poor the younger generation are not in a position to take care of the aged people due to various reasons. Hence the aged people are kept in the homes either on payment or on free dependance according to the socio-economic conditions of the family. Philanthropists and well wishers have come forward to provide facilities for these old people. There are many homes, to name the few 'Visharanthy', 'Dayasadhan', 'Friend in Deed Society', 'Little Sisters for the Poor', and so on. Though the aged people have these shelters to stay and spend the rest of their lives, they face many problems and appear not too happy.

Problems

Psychological Stress: The causes and effects of psychological stress vary with age. The elderly person is often lonely with diminished hopes which often manifests as medical problems. The psychological stress is more in females and may arise from a sense of powerlessness and lack of control over their lives, and confusion over their roles render the functional system become sluggish. Most of the aged lose their hearing. Hearing is a primary mode of communication for daily functioning in society. Communication impairments caused by an inability to understand spoken words often have a profound effect. People who are unable to discriminate words are afraid to respond to questions and may decided not to answer. Their eyesight also becomes blurred due to cataract, glaucoma and so on.

Respiratory System: Adequate respiratory performance is essential to life because all body organs and tissues need oxygen. Age related changes affect respiratory function. Upper airway changes, calcification of cartilege, altered neuromuscular functioning and reflexes lead to mouth-breathing, snoring, diminished coughing, decreased efficiency of gag reflex. Respiraroty performance may be altered by risk factors such as illness, tobacco smoking or exposure to environmental pollution. Older adults are more prone to get lower respiratory infection than the younger adults.

Cardiovascular System: Cardiovascular functioning is most important to circulate blood and remove Carbon-Dioxide and other waste products, deliver Oxygen, nutrients and other substances to all the body organs and tissues. Age related changes affecting cardiovascular performance, stiffening of the vasculature, and thickening of the ventricular changes plus altered broncho-reflex mechanism lead to reduction in cerebral blood flow. Thickness reduces elasticity and more dialated veins cause increased susceptibility to varicosites and venous stasis. Age related changes in cardiovascular functioning increase the susceptibility of older adults to atherosclerosis, cardiac arrythemias and postural hypotension. Age related changes also interfere with their adaptive response to intense exercise. Factors that increase the risk of impaired cardiovascular functioning include obesity, hypertension, tobacco smoking, physical inability and dietary habits that contribute to hyperlipidemia. Functional causes include atherosclerosis and an increased susceptibility to cardiac arrythemia.

Digestive System: Ageing affects the entire function of the digestive tract. It is essential to identify the difference between the age related changes and risk factors, so that appropriate treatment can be planned. Digestion and nutrition in older adults is often affected by risk factors such as tooth loss, diminished smell and taste. Impairment of cognitive and physical functioning and various socio-economic, cultural and environmental factors also contribute to it. Risk factors can directly affect digestion and nutrients and they can interfere with activities involved with obtaining, preparing and enjoying food. In the absence of risk factors the primary consequence of age related changes is a reduction in the need for calories. Thus, the older adults needs to consume higher quality foods and beverages to achieve adequate nutrient intake with fewer calories.

Urinary System: Urinary incontinence may result from impaired neurological functioning secondary to illness, that affect either the central or peripheral nervous system such as diabetes, alcoholism, Parkinson's Disease, Alzheimer's disease, multiple sclerosis, Vit B12 deficiency and cerebrovascular accidents. Urinary incontinence may be the earliest or only sign of urinary tract infection in older people. Faecal impaction and chronic constipation are very common physical causes of incontinence in older adults.

Environmental influence accompanied by mobility limitation and age related changes affect urinary functioning. As a result of age related physiological changes the bladder of the older adult has a decreased capacity, empties incompletely, contracts during filling and retains residual urine.

Musculo-skeletal System: Age may also be a factor in musculo-skeletal injuries, and older persons are susceptible to fractures. Their vision and hearing may become impaired, increasing the possibility of accidents. Osteoporosis of the bone, occurring as part of the ageing process, may also inmcrease susceptibility to fractures (e.g., fracture of femur). A newly hatched bird may walk out of its egg shell, but a human being does not attain full control of stance until adulthood. After this age the level of proficiency progressively deteriorates.

Aged persons may have disorders which predispose them to musculoskeletal injuries, e.g., drop attack, cerebral ischemia, osteoporosis, cancer of the bone, arthritis, dizziness, postural hypotention, muscular weaknesses or neurologic disorder that affect locomotion.

Operating on an elderly person is risky for the following reason: The aged are highly sensitive to stress, to anaesthesia and to certain drugs that are used pre- and post-operatively. The elderly are often dehydrated and malnourished, making them prone to shock and retard tissue healing. Senoscent patients frequently are victims of degenerative diseases (e.g., congestive heart failure and arterosclerosis) as well as chronic respiratory diseases. The ageing process itself produces pathopshysiological organ changes. Thus risk of surgery increases for the elderly person because the functional reserve of body organs may have been diminished by degenerative process or by a disease developed over the years.

Geriatric Nursing: Geriatric Nursing plays a key role in the care of the elderly in the community. Nursing in Geriatric Wards equals and may often exceed in quality that is required in General Wards. The recommended norms of staff are: there should be one Nurse to two patients in Geriatric Wards (1:2). The team should include the Ward Sister, Staff Nurse, enrolled Nurses and Nursing students. Utilization of existing hospital facilities is seriously hampered not by shortage of physicians but by shortage of Nurses. General Nursing is more than just performing skills. To nurse is to nurture care and to achieve faster growth. In planning Nursing care for elderly patients, it is important to consider each patient's physical, social, economic and psychological capabilities and limitations. When Nursing care is given to elderly pa-

tients a few special considerations contribute to protecting their sense of worth and their feelings of adequacy.

Summary

Geriatric problems and its Nursing care is not like any other speciality which deals with one group of diseases. Older adults suffer from various disabilities and diseases. Geriatric group will lose memory power, hearing, eyesight, etc. The Nurse who deals with geriatric patients is expected to be well versed in all the aspects. She approaches the patients through Nursing process. She plans and directs the day-to-day Nursing care according to the situation that arises. Because of the scientific knowledge and modern techniques acquired by the Nurses and health care workers they are able to give a fairly comfortable life to the elderly people.

References

1. V.S. Natarajan, *Aging Beautifully.*
2. Altschul, *Psychology for Nurses: Illness, Chronicity and Diasbility.*
3. *The Principles and Practice of Surgery.*

World Health Day

Those sending reports of World Health Day celebrations are requested to send them at the earliest to ensure publication. The reports should be as brief as possible.

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ABSTRACT

Screening School Children for Psychiatric Morbidity

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Introduction

Surveys of mental morbidity carried out in various parts of the country suggest a morbidity rate of not lesser than 18-20 per 1000 and the types of illness and their prevalence are very much the same as in other parts of the world (J.E. Park and Park, Dec., 1991).

About 50% of General Medical problems are associated with psychiatric problems in India [Reddemma (1982)].

Keeping in mind the magnitude of the problem, a study was conducted on 230 school children to screen for psychiatric morbidity. The study was undertaken by Bishop's College of Nursing in August 1997, in Dharapuram. The motive is to take up some preventive measures in Dharapuram.

Aim: To screen psychiatric morbidity among school children of Nanchiampalayam-Dharapuram.

Objectives: 1. To identify the potential cases through a self-reporting questionnaire. 2. To assess the psycho-social stress among school children.

Hypothesis: Pathology (Alcohol dependence, family separation, marital discord) in family causes psychological disturbances among the school children.

Tools: (a) Socio-demographic schedule. (b) WHO mental health screening device.

Data Collection: Data was analysed in terms of Chi-Square, Mean, Standard Deviation and Percentiles. The major findings from the analysis are given below:

1. Majority of them were in the age group of 10-12 years.
2. Majority of them, that is 87%, were from the Hindu religion.
3. Subjects were from 6th, 7th and 8th standards.
4. Seven per cent (7%) of the subjects were potential cases.
5. Among the 16 identified potential cases 9 were male and 7 were female.
6. Students with psychological disturbances revealed family pathology and had physical deformity.

Suggestions

1. The researchers have made a small beginning which would be an eye-opener for the future studies in the same area.
2. The researchers feel that the screening device has to be sharpened and also the intervention programme has to be framed accordingly.
3. This valid study would help Nursing professionals to do preventive an promotive, positive mental health programmes among school children.

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