Geriatric Nursing

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Ageing is an universal process and inevitable law of nature. In the words of Seneca, old age is an incurable disease. Sir James Sterling Ross commented, "You can't heal old age, but you protect it, you promote it, you extend it".

No one grows old merely by living a certain number of years. Passage of time may wrinkle the skin, but worry, doubt, fear, anxiety and self distrust may wrinkle the soul! Old age is a normal part of human development and is the final phase of life. Today people are looking for pills or tonics to keep them young, yet they remain sick because they fail to change their ways of life. That is why some people appear old and worn out long before they are 40 years of age, while others are still young active at the age of eighty. The reason is not only hereditary or right ancestry, in a large measure due to physical and mental factors.

The increasing number of elderly people have come about primarily through decreases in infant mortality, prevention and control of communicable diseases and improved health care system. Many people in developed countries are living up to the age of 70 and more. In England, 12% of the people are over 65 years and as against 3.2% in India. In India, although the percentage of aged persons to the total population is low in comparison to developed countries, nevertheless the absolute size of the aged population is considerable.

Physiological changes due to age, result in a slowing in mental functioning parallel to the physiological changes. Difficulty in learning, remembering, adapting to change are areas where ageing is seen to have an effect but this depends upon the attitude of the individual, even though his power of assimilating new ideas and of doing unaccustomed tasks is reduced. He takes longer to think and his intellectual productivity is diminished. Another change is liability to forget what he has recently experienced, and ability to change to adapt new situations also difficult. Sexual interest may decline with ageing, but recent surveys suggest that in the absence of physical ill health, the elderly remain sexually active.

The elderly person is vulnerable to emotional and mental stress due to consistent losses like death of a spouse, child. Loss of social roles and resources which affect the individual's prestige, may make him withdraw and disengage himself from the mainstream of life. Also socio economic losses and decreased income, may affect the quality of health care, self esteem, and position in society, as perceived by him.

The psychological disorders of late life are a major cause of chronic ill health and debility and can be listed as : Effective disorders—mainly depression occurring in 20% to 30% of elderly, characterized by apathy, hopelessness, exhaustion, loss of interest and somatic complaints. Attack of mania or hypomania constitute about 5% to 10% of cases of effective disorders in old age, characterized by hyperactivity, overtalkative flight of ideas and paranoid suspicion and ideas of persecution. They develop ideas of reference in relation to those living near, a friend, a relative or a neighbour may come under these suspicions. According to surveys about 10% of old people are demented. Many may be of senile dementia of Alzheimer type but majority of these remain unrecognized until a crisis occurs. Memory is usually affected, narrowing of interest, blunting of emotions, irritable behaviour are also noted. Sleep disturbances are common. A sudden change in circumstances may precipitate acute delirium with severe restlessness, auditory and visual hallucination and paranoid suspicion. Memory deteriorates and they may forget the death of their brother, mother, wife or a near relative. Arterio sclerotic dementia characterized by clinical evidences of hypertensior and pseudo dimential depression, is also evidenced. It is very difficult to judge whether these symptoms and complaints are actual somatic or psychiatric or both, in the geriatric group.

Ageing is associated with a decline in physical and mental health and vigour. Physiological changes lead to decreased sensory functions, and impaired vision and hearing. Smell and taste become dull, and volume of voice becomes lower and rate of speech slow.

Hypertension and coronary artery disease are more common in this age group. They have an increased risk of stroke, ischemic heart disease and cardiac failure. The blood volume falls and there is a slight decline in haemoglobin concentration. The changes in the respiratory system cause decrease in the blood flow to lungs which contributes to decreased function. Diseases like, bronchitis, bronchiactasis, asthma, emphysema, broncho-pneumonia and pulmonary tuberculosis are therefore more common in the elderly.

Difficulty in chewing food arises, so food must be prepared in a way to make it easy for them to chew. Constipation is also there due to weak peristalsis, decreased intake of fluids and decreased in-

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take of bulky foods. There will be loss of density and increased brittleness and osteoporosis, of bones. Osteomalacia and Panget's disease are commonly seen conditions. Decrease in bone mass can lead to frequent fractures. Age brings changes in the nervous system and these are usually degenerative changes, and there is a decreased blood supply to the brain, these are the reasons for certain personality changes that we see in the elderly.

Loss of subcutaneous fat causes folds, lines and wrinkles and the skin gradually loses its ability to heal, therefore there is decreased resistance to infection and disease. Elderly are often seen to be sensitive to extremes of enviromental temperatures. Metabolic and endocrinal changes make them prone to diseases like diabetes mellitus. Glucose tolerance shows a steady decline with age. Specific complications of diabetes occur more in the elderly than in the young. Hypothyroidism is mostly of autoimmune origin. The most prominent physical signs are changes in voice and delayed relaxation of tendon reflexes. Hyperthyroidism is less common than hypothyroidism. Weight loss, anorexia, cardio vascular and gastro intestinal symptoms predominates. Enlarged prostate and urinary obstructions are commonly seen in aged males. Structural and functional changes occur in kidney through degeneration. Urinary retention, urinary incontinence, uraemia and among women, prolapse of uterus and stress incontinence are common complaints.

The major problem area in the elderly seems to be the socioeconomic problem. Additional stress in the form of socio economic adversities burden the elder, like decreased income, inflation, and loss of social role, occupation, prestige, and cultural opportunities. "Youth worship" by society further contributes to their hardship by making the elderly feel even more inferior and inadequate. Level of income undoubtedly affects quality of living as well as health. Older members of the population usually fall into the low-income group, due to fixed income and inflation. Almost one fourth of the aged live below the poverty level, while there are many wealthy senior citizens, they are unable to live in the life style, they have helped to create. Older people spend a large part of their income on food, household operation, housing and medical care. Their expenditures on clothing and transportation is less than younger persons, but health care needs increase just as their income is reduced by retirement. Also their needs change to long term care as a result of the prevalence of chronic conditions, diseases and impairments, this also adds to their socioeconomic problems.

When considering the nursing care of old people the principles observed are; primarily individualizing the nursing care so that the person should be an active participant in his plans of care. Nursing activities should be done with the person rather than of him.

The potential of the aged people should be utilized, with the nurse acting as an advocate of the elderly.

Clinical assessment of the patient is required before planning their care. A complete medical and family history including economic status should be assessed. The specific Nursing points in geriatric care, should be classified under the following headings.

Nutrition

Nutritional requirements of the elderly are similar to those of an adult except for reduction in calories intake. But it should be a balanced diet, with special attention to food preferences, attractively served.

Drug therapy

The elderly people find it difficult to take medicines regularly, they tend to forget and this can be minimized by reducing the number of drugs to be taken by them. The prescription should be legibly written to avoid complications. Drugs absorption is generally affected in old age, though some drugs like levadopa's absorption is substantially increased by reduced Dopa decarboxylase in the gastric mucosa.

Elimination

The nursing management of their elimination needs, should consider that in most elderly people a bedside commode is easier to use and is more acceptable than a bedpan. Experiments in long-term care facilities has shown that systematic bowel and bladder training programmes combined with exercises, ambulation and social activities can produce significant decrease in frequency of incontinence.

Impairments

Loss of hearing and visual impairment may predispose them to accidents, so nurses must see that all sensory defects are corrected in time. All rooms should be well lit and hazard free. It is the nurses' responsibility to take initiative in discovering any sensory defects and handicaps, and have them attended to, and/or adjust the plan of care accordingly.

Personal hygiene

Bathing every day using a mild super fatter soap is a must. In old people halitosis is a common problem. So mouth wash after each meal and before going to bed is very essential. One third of the elderly have foot disorders due to diabetes, degenerative diseases. Care of the feet should not be over looked. The basic tool of rehabilitation of the elderly is a team of medical, nursing and para medical personnel each with a special role.

Psychological care

In the care of elderly, psychological methods of treatments are

very much importance. The feelings of loneliness of which old people complain are to be taken into consideration by a process of socialization. Psychotherapy should be supportive and reassuring and mainly confined to current problems.

Prevention of problems

Preventive aspects of geriatric problems is one of the important aspects of care even if we can't prevent ageing, we can do something to keep the walls of arteries young and elastic; to keep the endocrine glands active and balanced. That means there are some ways to have youthful living, An equally well balanced mind and adequately working human body with all of its parts are essential components for this. Specific measures of prevention are a well balanced diet with careful reduction of overweight. Reduction of physical and mental strain with moderate amount of exercise and positive feelings about their health. The passing years will bring much happiness to those who remain young in mind and heart. Relaxation, out of doors is best for elderly people, whenever possible. By providing good housing, and various forms of enjoyment and successful hobbies we can keep the aged peoples' mind young and active. Periodic health examination for early diagnosis and treatment, avoidance of injuries and falls are other preventive factors.

The modern philosophy is that the old must continue to take their share in the responsibilities and in the enjoyment of privileges, which are an essential feature of remaining an active member of the community. Current population trends marked by an increasing number of older people, require major adjustments in our socio-economic planning. Youth must be educated to its inevitable responsibilities for the aged and to the concept of living cooperatively and effectively with the elderly. Much care is bestowed upon the old people in western societies by providing social welfare measures such as national assistance, supplementary pensions, home care services, meals on wheels services, old folk's homes, access to clubs, hostels, and homes and provision of services of health visitors. With foresight and planning much can be done for our senior citizens.

Branch Affairs

Election results— Tamil Nadu

Elections to the Tamil Nadu branch of TNAI were held on September 5 and 6 1991 during the XIII Biennial Conference at Madras. The following persons were elected office bearers :

Vice President : Mr. P.V. Ramachandran, Lecturer in Nursing, College of Nursing,Madras Medical College, Madras. **Treasurer** : Mrs. Chellammal Mariappan, Nursing Superintendent, Rainy Hospital, Madras. **Chairman, Socioeconomic Committee** : Mrs. Jaya Mohanraj, Lecturer in Nursing, Madras Medical College. **Chairman, Public Health Section** : Mrs. Rosalind Conway, Lecturer in Nursing; College of Nursing Madras Medical College. **Chairman, Nursing Education Section** : Mrs. Sumathi Kumaraswamy, Professor of Nursing, College of Nursing, Madras Medical College. **Chairman, Nursing Research Committee** : Mrs. Saraswathi Vidyanathan, Nursing Tutor, Dept. of Rheumatology, General Hospital, Madras. **Staff Nurses Representatives** : 1. Miss M.N. Kokilavani, Nurse, General Hospital, Madras. 2. Miss Mercy Quila, Nurse, C.F. Hospital, Oddanchatram.