

WITH the advancement in Medical Science, Nursing and Education have shown tremendous progress. The life expectation of people also has increased to a higher level. The number of old people is increasing at a rapid rate in many countries. When they live longer their needs become complex and complicated. Thus the concept of geriatric nursing was evolved in the changing society.

In India the role of the elderly was given much importance until recently but the climate is slowly changing. Even now in the rural areas the old people are not as much neglected as in the urban areas, thanks to the inherited culture, tradition and the joint family system.

There are no geriatric hospitals established in India to give nursing care to the elderly people as in the West, but there are institutions in many cities in India to look after them.

What is Geriatrics ?

The word geriatrics is of Greek origin and means care of the aged. Geriatrics is then that branch of medical and Nursing Science that deals with the treatment and care of disease conditions in older people, including constructive health practice and prevention of disease. But the word gerontology means the study of the process of aging.

The words aging and aged should be understood clearly. Aging is a process that begins with conception and ends with death. Aged means old. The aged exhibit various mental and physical characteristics which we recognize as a result of a long aging process. Some people are physically and mentally old at 35 years whereas others are young at 65 years. In Western countries 65 years and above could be taken as the old age. American authors Newton and Anderson have suggested the terms "young-old" to designate persons from 60 to 75 years of age and "old-old" to designate persons above 75 years of age.

The mental and physical problems associated with old people

Modern Concepts of Geriatric Nursing

By K. Ramaiah

are not abnormal behaviours. These are due to the changes in the physiological functions of the body. We must be able to understand the various changes such as the thickening and hardening of the arteries which can result in a reduced flow of blood through the brain so that a life time of knowledge and experience is slowly whittled away. We also must be aware that while this mental process is going on, physical changes are taking place in the eyesight, hearing and mobility of limbs. Most of the old people are attacked by nerve spasms or muscle failure, and as a result of this comes fear, confusion, irritability and disorientation. Therefore, we nurses must realise that the only way in which we can remove these fears is by tolerance, kindness, patience and understanding. The old person's individuality must be recognized and respected in every aspect during our nursing care to make them feel homely and happy.

Psychological Aspects

There are various factors which disturb the emotions of the older people. They also have the quality of survival capacity. Retirement is not the end of life. It may be the beginning of a new life, free from the idea that usefulness is the only real meaning in life. They don't want to be idle and neglected by the other members in the society. For the older people every illness is the great emergency in life, because of the general loss of physical capacity and decreased ability to resist stress with age. Fear is at a maximum although it may not be obvious. These factors increase the stress in the old person but the capacity to resist is lowered to a considerable extent.

When the elderly patient is placed in such a situation, he may

become exhausted, may remain in a state of prolonged illness due to the various factors described. In addition to these, there are two fears attacking the elderly patients. The first and most pressing one is the fear of dying especially under abandoned or lonely circumstances. The second is the fear of the unknown and unfamiliar. These profound ideas induce him to go to temporary states of confusion, anxiety and disorientation. Again fears themselves are the product of inadequacy feelings and a self-concept of weakness. Usually older people suffer from an underlying lack of trust in their ability to cope with a complex or strange situation.

Wolff has rightly pointed out some of the symptoms of geriatric patients which are purely associated with psychological problems and not due to physiological changes in the elderly patient. He says that apparent deficiency in organic central nervous system, intellectual dysfunction, poor judgement, concreteness, perpetual motor inaccuracy and incontinence are frequently the symptoms associated not with permanent brain damage or irreversible metabolic or endocrine imbalance, but with psychologic problems and needs. Getting "sick" is sometimes one's own compromise against isolation, loss and fear.

Having understood the psychologic problems, the nurse's psychological potential to the aged patient is manifold. She is a supportive figure. She is, in the patient's mind, the interpreter of the unknown, a private individual, the possessor of important secrets. She is a companion and guide. She is a fellow human being, an ally who has potentially an empathic regard for the person of the

(Contd. on page 272)