

This document was produced by the American International Health Alliance (AIHA) with support from the US Agency for International Development (USAID). This document is part of the EurasiaHealth Knowledge Network at www.eurasiahealth.org.

EurasiaHealth resources are provided free of charge and are freely distributable. An electronic version of this document may be posted on another Web site for non-commercial purposes only, provided that the following conditions are met: the content may not be altered, credit is given to the EurasiaHealth Knowledge Network as the source of the document, notification is sent by e-mail to webmaster@aiha.com, and a reference to the EurasiaHealth Web site (www.eurasiahealth.org) is included in the credit notice. No fees may be assessed for access to EurasiaHealth materials.

AIHA and EurasiaHealth are not responsible for the opinions expressed in this document. The responsibility for the interpretation and use of the material lies with the reader. AIHA and EurasiaHealth disclaim responsibility for any errors, omissions, or other possible problems associated with this document.



This information is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents do not necessarily reflect the views of USAID or the United States Government.



III. GERONTOLOGY

A. OBJECTIVES

At the conclusion of this workshop, the participant will be able to:

1. Discuss the normal process of aging.
2. Given physical changes in the 5 senses, state three adaptive interventions in basic nursing care to accommodate for the changes.
3. Identify the older adult's stage of development according to Eric Erikson.
4. List six developmental tasks of the older adult.
5. Identify personal meaning of old age.
6. Define elder abuse.
7. List two clues that an older person may be abused.
8. List 4 contributing factors to osteoporosis.
9. Describe 2 nursing interventions for preventing osteoporosis.
10. List 4 common symptoms of arthritis.
11. List 3 treatment goals for the patient with arthritis.
12. Identify the primary treatment goal for the patient with Heart Failure.

B. CURRICULUM

AGE-RELATED CHANGES

1. Normal aging.
 - a. Aging is normal, with predictable physical and behavioral changes that occur in all people as they achieve certain chronological milestones. It is a complex, multi-dimensional phenomenon that is observable within a single cell and progresses through the entire body system. Cristofalo (1996) notes that a great amount of learning has occurred during the past 40 to 50 years about how cells work but little has been learned about the processes that bring about age. Scholars have yet to uncover a definitive theory that fully explains how aging happens. Age-related changes do influence the quality of life and the day-to-day activities of older adults.
2. Myths of aging
 - a. Every culture has myths about aging that are commonly accepted as truths. Negative attitudes about older adults are widespread. Nurses cannot exert a positive influence, however, until they have identified and addressed their own attitudes about aging, many of which may be based on myths rather than realities. Please see the following page on myths of aging.
3. Age-related changes
 - a. Inevitable, progressive and irreversible changes that occur during later adulthood are called age-related changes. These changes are independent of extrinsic or pathologic conditions. Changes may be viewed as a positive functional occurrence. An example is the postmenopausal inability to become pregnant. Many women view this event as a positive event of aging and the freedom to enjoy sexual activity.
 - b. Age-related changes differ from risk factors. One cannot reverse or alter the effects of age-related changes but it is possible to compensate for their effects and intervene. For example, the aging eyes have a lack of accommodation. This change in accommodative ability usually begins in the fourth decade of life, when people have difficulty reading small print. Impairment of accommodation occurs

because the ciliary muscle becomes weakened and more relaxed, with the loss of elasticity and ability to focus up close (myopic -near vision) (Hunt, 1993). A successful intervention is the use of reading glasses or the addition of bifocals to prescription lenses.

- c. Risk factors can often be modified or eliminated by interventions. An individual's lifestyle or environment can be changed to reduce the element of risk. There is not always a clear distinction between age related and disease related processes. A detailed assessment will help determine the cause of the problem and provide guidance for the solution.
- d. Mobility is essential to maintain independence. Mobility is influenced to a small degree by age related changes in bones, joints and muscles and to a large extent by risk factors. Because many risks threaten mobility, falls are an unfortunate common occurrence.
- e. All activities of daily living (ADL) are directly influenced by the function of the skeletal muscles. Loss of muscle mass as a result of decreases in the size and number of muscle fibers has a great impact on muscle function. The deterioration of muscle fibrils and subsequent replacement by connective tissue and eventually by fat tissue decreases muscle strength and endurance. Exercise programs to increase strength and endurance may help to prevent negative consequences.
- f. Despite the fact that overall musculoskeletal function depends on the bones, muscles and joints, it is the joints that are harmed by continued use. The joints show the effects of wear and tear - eventually as degenerative processes that effect function. Exercises that promote flexibility and stretching of the joint action will delay physiological changes.
- g. Age related changes that affect the bone include bone reabsorption, diminished calcium absorption and impaired bone formation. These changes affect both men and women and account for age-dependent type of osteoporosis. Adequate calcium intake is needed to minimize osteoporosis.
- h. Risk factors that are of greatest concern with regard to safe mobility are those that contribute to falls, fractures and osteoporosis. When these risks are minimized or eliminated, serious functional consequences may be prevented.
- i. Nursing assessment focus is on the risk factors for falls and the functional status of the client. Falls are predominantly attributable to a combination of disease- and medication -related factors. (Tideiksaar,

1997) The environment in which an older person lives is also a critical factor (Rubenstein et al., 1996). The nurse needs to assess overall musculoskeletal performance by observing the mobility and activities of a client and ask questions about their ability to perform ADL. The Functional Independence Measure (FIM) is useful in assessing all ADL activity. (Granger et al., 1986)

- j. The nurse has an important role in helping clients maintain or improve functional status. Health promotion that focuses on physical activity and proper nutrition is an important part of patient education for maintaining functional ability.

4. Physical Activity

- a. Maintaining a physically active state is a challenge. Regular physical activity aids all body systems and may postpone many health problems. Activity may delay age related losses in cardiovascular function and improve maximal oxygen uptake. Resting systolic and diastolic blood pressure can decline with regular exercise. Physical activity can increase muscle strength and flexibility.
- b. Exercise programs need to match individual's interests and needs as well as ability. Exercise programs must be introduced gradually with sedentary individuals. The reduced stroke volume experienced with age usually is adequate during mild exercise, although it is unable to increase in response to sudden strenuous exercise. This causes the heart rate to accelerate in order to supply adequate circulation to the tissues. This response results in increased resistance to blood flow, elevating blood pressure. Reduced vital capacity of the lungs causes the respiratory muscles to work harder and respiratory rate to increase. Vital signs may need to be monitored at various activity levels. To determine an age-adjusted training heart rate, start with the figure of 220 and subtract the person's age from that, multiply that answer by 70% (Hunt, 1990). This calculates the maximum rate that will provide vascular and other benefits without causing deleterious effects. Activity goal is 20 minutes of aerobic activity 3 or more times a week.

5. Nutrition

- a. Gastrointestinal symptoms are more of a bother to older adults. Age related problems include less efficient chewing, atrophy of the gastric mucosa and slowed gastric motility. Digestion of food is slowed and there is decreased absorption of iron, calcium and Vitamin B 12.

Constipation is a frequent problem due to loss of elasticity in the intestinal wall. Adequate dietary fiber and fluid can minimize the problem.

- b. Elderly persons are at risk for undernutrition. Often advancing age and chronic illness coexists in the same individual. Older adults require nutrient-dense food, the amount depending on each person's state of health and degree of physical activity, but usually a minimum of 1600 calories.

Because many older adults have low incomes, food may end up a low priority item. In addition, older adults may be unable to take care of all their own needs, may be isolated, and often are depressed -- all important factors that can influence food intake. Handout on food pyramid and nutritional analysis.

- c. Older adults need additional calcium due to bone demineralization. Women may need 1000-1600 mg. daily. Vitamin B12 may need to be supplemented due to atrophy of the gastric mucosa. Proteins provide essential components for new tissue growth, an on-going process even in older adults. A minimum daily protein intake of 1 gm/kg of body weight is recommended.
- d. Older adults often lose their sense of thirst and consequently do not drink a minimum of 1500 mL/day. Total body water also falls with aging as the lean muscle mass diminishes. Together these changes make older people more likely to become dehydrated, a condition that leads to confusion. Other symptoms of dehydration are dry lips, sunken eyes, swollen tongue, increased body temperature, decreased blood pressure, decreased urine output and nausea. Patient education needs to include nutritional needs for healthy aging.

6. Urinary

- a. Older adults have a mild increase of residual urine, a slight decrease in bladder capacity (about 150 mL), increased involuntary bladder contractions, and a decreased ability to postpone voiding. In women, there is a decrease in estrogen levels after menopause that affect pelvic floor musculature and sphincter support. Pelvic support may also have been affected by trauma occurring in childbirth. Among men, the incidence of benign prostate enlargement causes pressure on the urethra, which results in decreased urinary flow and obstruction.
- b. The older person who is continent may restrict fluid intake inappropriately in an attempt to prevent embarrassing episodes. Fluid intake reduction before bedtime can reduce nighttime incontinency,

but more fluids need to be taken during the day so that total daily intake remains the same. Minimal fluid intake is 1500 mL/day (7 glasses), with a more adequate range of intake between 2500 and 3500 mL/day assuming no contraindicating conditions. (Hoffman 1991) Urinary incontinence is not a normal aging process.

- c. Bladder retraining. This helps to promote continence by gradually increasing the intervals between voiding in an attempt to correct the habit of frequent voiding and eventually diminish urgency. The objective is to restore normal bladder function by adjusting voiding patterns. Unlike habit training, in which the voiding schedule is adjusted to the needs of the client, bladder training encourages the client to adopt an expanded voiding interval. Bladder retraining may be an important aspect of social situations.
- d. Kegel exercises. Kegels involve improving urethral resistance and urinary control through the use of active exercise of the pubococcygeus (PCG) muscle (perineal). The objective is to strengthen the voluntary periurethral and pelvic floor muscles to reduce the incidence of incontinence in women and men. The PCG muscle is also used to hold back the passing of flatus. To identify the correct muscle, voluntarily stop and start the stream of urine. Instruct the client to squeeze the PCG muscle and hold for a count of ten seconds. Then relax for ten seconds. Repeat the exercise 15 times in the morning, again in the afternoon and evening. These exercises are effective for stress incontinence when taught properly. After two weeks of consistent daily exercise, fewer incontinent episodes should be noticed.
- e. Patient education is directed at maintaining or improving urinary control.
Despite many age related changes in the urinary tract, the mechanisms involved in the elimination of wastes are not greatly affected in healthy, non-medicated, older adults. Home environments need to be assessed for barriers that might interfere with the performance of urinary elimination by the older adult.

7. Integumentary (Skin)

- a. The skin is the largest organ of the body representing approximately 16 percent of an adult's body weight. Architecturally, the skin is a complex organ consisting of the epidermis, dermis and subcutis. During the aging process, the epidermis changes very little in thickness, however, there is slower cell renewal resulting in delayed

wound healing. There is also a flattening of the rete ridges reducing the contact between the epidermis and the dermis, causing easy separation of these skin layers. The resultant skin tears are slow to heal and predispose the individual to infection. As individual ages, the dermis thins and undergoes degenerative changes. Enzymes resulting in sagging and wrinkling as well as diminished vascularity gradually dissolve elastic fibers and collagenous tissue. The skin loses its turgor. The subcutaneous tissue layer also thins with reabsorption of body fat. Veins become more pronounced on the face, hands, feet and shins. The fat is redistributed to the abdomen.

- b. Decreased cell cohesiveness in conjunction with a decrease in cell replacement places the older adult at risk for pressure sore development over bony prominences, venous ulcers, and pruritis (dry and itchy skin).
 - c. Personal care practices influence the health of the skin. Patient education needs to be directed to improving personal practice, if necessary, as well as encouraging optimal nutrition and hydration. The best method to prevent skin wrinkles is avoidance of exposure to sunlight. Using fatted soaps and supplemental moisturizing lotions can assist dryness of the skin.
8. Cognition/Memory
- a. Healthy older adults are capable of learning new things and intellectual development but have slower processing of information. There is a slight decline in short-term memory as part of the aging process. Factors influencing memory and learning include motivation, expectations, learning habits, good physical health and nutrition. (Perlmutter & Nyquist, 1990).
 - b. The Mini-Mental State Exam (MMSE) screening tool is a structured evaluation that does test for orientation and memory. It is a standardized test, research based on the United States. An assessment of behavior and cognitive function aids in differentiating symptoms of psychiatric illness from normal reactions to life events.
 - c. Strategies for mental health include being physically active, mental stimulation, social events and social support of families and friends. Most older adults have no cognitive impairment. Senility is not synonymous with growing older.
9. Emotional/Psychological
- a. There is substantial evidence that physical illness is highly predictive of emotional distress and depression. Usually there is not a single

event but several events close together, along with chronic hassles of everyday life, that influence the ability to cope - the perceived need to control event and life. (Blazer, 1998; Stokes & Gordon, 1988; Menec & Chipperfield, 1997).

- b. Coping is a process used to manage stress / stressful events such as loss of spouse, functional impairment due to chronic illness, or dependency on others. In the United States over 85% of people over the age of 65 years have one chronic illness; 50% of those over 65 years have two or more illnesses. Depression can be a consequence of stressors such as physical impairment, social dissatisfaction, decreased function, loss of income or decreased social support. It is associated with late life losses. Depression is common among older adults and is a serious mental health problem. Depression may lead to somatic symptoms that in turn may lead to physical illness
- c. A standardized screening is the Geriatric Depression Scale (GDS) (Yesavage et al., 1983). It is simple and effective to use. It has been tested for reliability and validity in the United States.

The signs and symptoms of depression include sadness and inappropriate crying, anxiety and panic attacks, paranoia, withdrawal from the usual activities, unreasonable fears and expression of suicide. All expressions of suicide must be taken seriously. Nurses can use a variety of interventions to assist the depressed client. They include providing structure in daily activities, encouraging interaction with family and friends, validating the self worth of a person. Depressed clients need to be referred to a physician.

Healthy aging is having a balance of physical, mental and spiritual well-being.

C. BIBLIOGRAPHY

Blazer, D. (1998). *Emotional problems in later life*. 2nd edition. New York: Springer.

Cristofalo, V.J. (1996) Ten years later: What have we learned about human aging from studies of cell cultures. *Gerontologist*, 36(6).

Eliopoulos, C. (1997). *Gerontological Nursing (4th ed.)* Philadelphia: Lippincott

Granger, C., Hamilton, B., Keith, R., Zielezny, M., & Sherwin, F. (1986). Advances in functional assessment for medical rehabilitation. *Topics in Geriatric Rehabilitation*, 1(3), 59-74.

Hoffman, N.B. (1991). Dehydration in the elderly: Insidious and manageable. *Geriatrics* 46(6):35.

Hunt, H. (1990). Geriatric exercise programs require careful design. *Geriatrics*, 45(10), 20.

Hunt, L. (1993). Aging and the visual system. *Insight*. 18(3).

Menec, V & Chipperfield, J. (1997). Remaining active in later life: The role of locus of control in seniors' leisure activity participation, health, and life satisfaction. *Journal of Aging and Health*. 9(1), 105-125.

Miller, C. (1999) *Nursing Care of Older Adults: Theory and Practice*. 3rd Edition. New York: Lippincott.

Pearlmutter., & Nyquist, L. (1990) Relationships between self-reported physical and mental health and intelligence performance across adulthood. *Journal of Gerontology: Psychological Sciences*, 45(4), 145-155.

Stokes, S. A. & Gordon, S (1988). Development of an instrument to measure stress in the older adult. *Nursing Research*. 37, 16-19.

Tideiksaar, R. (1997). *Falling in old age: Prevention and management* (2nd ed.). New York: Springer.

Yesavage, J., Brink, T., Rose, T., Lum, O. Huang, V., Adey, M., Leirer, V. (1983) Development and validation of a geriatric depression screening scale: A preliminary report. *Journal of Psychiatric Research*, 17, 37-49.

D. PRETEST EVALUATION

Gerontology

Choose one best answer. Circle the letter.

1. Which statement represents an appropriate generalization about anyone over age 65?
 - a. Aging is an individual, unique, human experience
 - b. Older adults are generally economically stable
 - c. Older adults are incapable of productivity after age 75
 - d. Most older adults are self-centered and experience diminished intellect.

2. A common theme in all proposed theories of aging is that:
 - a. Persons age at different rates
 - b. There is a biologic basis for aging
 - c. Older people are more vulnerable to disease
 - d. The aging process involves change

3. During an educational program addressing nutrition in older adults, a participant asks if large doses of vitamins A and C would be beneficial in preventing a heart attack or stroke. Of the following responses by the nurse educator, which would be most appropriate?
 - a. "Older people should avoid taking vitamins because they accumulate in the body and become toxic."
 - b. "All older adults should take multivitamins because they do not eat properly."
 - c. "There are no definitive studies to indicate this is true, but large doses of vitamins should be avoided."
 - d. "People who eat a well-balanced diet are not at risk for heart disease."

4. Older adults experience normal age-related skin changes. Which of the following nursing diagnoses inaccurately reflects an age-related problem?
 - a. Risk for impaired tissue integrity related to decreased circulation
 - b. Risk for infection related to diminished barrier function
 - c. Risk for injury related to decreased thermoregulation
 - d. Pain related to increased sensory perception

5. The most important aspect of care for all older adults prone to the development of musculoskeletal disorders is for the nurse to encourage:
 - a. Physical exercise and activity
 - b. Patients to have yearly radiologic examinations of their joints and spine
 - c. The prophylactic intake of aspirin or non-steroidal anti-inflammatory drugs (NSAID) on a regular basis.
 - d. A high-carbohydrate, high-protein diet

6. When assessing the musculoskeletal system of older adults, which of the following would be a normal change associated with the aging process?
 - a. Increased hip flexion
 - b. Increased hip extension
 - c. Decreased height
 - d. Narrowing of the bony pelvis

7. While urinary problems are more common among older adults, some changes are simply a part of the aging process. What normal, age-related change do nurses need to consider when planning care for older patients?
 - a. Urinary incontinence
 - b. Frequent bladder infections
 - c. Nocturia
 - d. Bladder spasms associated with retention

8. Mrs. J is an older adult patient who voices concern about her ability to hold her urine even though she is physically active and in good health. What effective and affordable method can you suggest to her for dealing with her incontinence?
 - a. "Ignore your urge to void and void only at 8-hour intervals."
 - b. "Practice frequent contraction and relaxation of your pelvic muscles."
 - c. "Take an over-the-counter antihistamine daily."
 - d. "Void at least every two hours to keep your bladder empty."

9. When considering the concept of aging and cognitive function, it would be accurate to say that as people age they:
 - a. Lose the ability to make important decisions
 - b. Tend to be depressed
 - c. Have greater difficulty recalling information
 - d. Lose interest in usual activities

10. When an examiner asks a patient to repeat a series of number, which of the following is being evaluated?
- a. Judgment
 - b. Memory
 - c. Ability to learn
 - d. Computation

True or False.

T F 11. A normal part of aging is the development of symptoms of depression.

T F 12. Older adults have little need or desire for physical contact with one another.

T F 13. Salmon, yogurt, and green, leafy vegetables are foods naturally high in calcium.

T F 14. In older adults, stress incontinence is an expected outcome following episodes of laughter.

T F 15. Osteoporosis is a common occurrence in older adults, especially older women.

E. POSTTEST EVALUATION

Gerontology

Choose one best answer. Circle the letter.

1. Which statement represents an appropriate generalization about anyone over age 65?
 - a. Aging is an individual, unique, human experience
 - b. Older adults are generally economically stable
 - c. Older adults are incapable of productivity after age 75
 - d. Most older adults are self-centered and experience diminished intellect.

2. A common theme in all proposed theories of aging is that:
 - a. Persons age at different rates
 - b. There is a biologic basis for aging
 - c. Older people are more vulnerable to disease
 - d. The aging process involves change

3. During an educational program addressing nutrition in older adults, a participant asks if large doses of vitamins A and C would be beneficial in preventing a heart attack or stroke. Of the following responses by the nurse educator, which would be most appropriate?
 - a. "Older people should avoid taking vitamins because they accumulate in the body and become toxic."
 - b. "All older adults should take multivitamins because they do not eat properly."
 - c. "There are no definitive studies to indicate this is true, but large doses of vitamins should be avoided."
 - d. "People who eat a well-balanced diet are not at risk for heart disease."

4. Older adults experience normal age-related skin changes. Which of the following nursing diagnoses inaccurately reflects an age-related problem?
 - a. Risk for impaired tissue integrity related to decreased circulation
 - b. Risk for infection related to diminished barrier function
 - c. Risk for injury related to decreased thermoregulation

- d. Pain related to increased sensory perception
5. The most important aspect of care for all older adults prone to the development of musculoskeletal disorders is for the nurse to encourage:
 - a. Physical exercise and activity
 - b. Patients to have yearly radiologic examinations of their joints and spine
 - c. The prophylactic intake of aspirin or non-steroidal anti-inflammatory drugs (NSAID) on a regular basis.
 - d. A high-carbohydrate, high-protein diet
 6. When assessing the musculoskeletal system of older adults, which of the following would be a normal change associated with the aging process?
 - a. Increased hip flexion
 - b. Increased hip extension
 - c. Decreased height
 - d. Narrowing of the bony pelvis
 7. While urinary problems are more common among older adults, some changes are simply a part of the aging process. What normal, age-related change do nurses need to consider when planning care for older patients?
 - a. Urinary incontinence
 - b. Frequent bladder infections
 - c. Nocturia
 - d. Bladder spasms associated with retention
 8. Mrs. J is an older adult patient who voices concern about her ability to hold her urine even though she is physically active and in good health. What effective and affordable method can you suggest to her for dealing with her incontinence?
 - a. "Ignore your urge to void and void only at 8-hour intervals."
 - b. "Practice frequent contraction and relaxation of your pelvic muscles."
 - c. "Take an over-the-counter antihistamine daily."
 - d. "Void at least every two hours to keep your bladder empty."
 9. When considering the concept of aging and cognitive function, it would be accurate to say that as people age they:
 - a. Lose the ability to make important decisions
 - b. Tend to be depressed

- c. Have greater difficulty recalling information
- d. Lose interest in usual activities

10. When an examiner asks a patient to repeat a series of numbers, which of the following is being evaluated?

- a. Judgment
- b. Memory
- c. Ability to learn
- d. Computation

True or False.

T F 11. A normal part of aging is the development of symptoms of depression.

T F 12. Older adults have little need or desire for physical contact with one another.

T F 13. Salmon, yogurt, and green, leafy vegetables are foods naturally high in calcium.

T F 14. In older adults, stress incontinence is an expected outcome following episodes of laughter.

T F 15. Osteoporosis is a common occurrence in older adults, especially older women.

F. HANDOUTS

How to Help Someone Who Has Hearing Loss

Do's

1. Do talk in a normal tone of voice. Don't shout.
Speaking in a normal tone of voice is preferable to shouting. When you raise your voice, sound becomes distorted and fuzzy, making it even more difficult for the person to hear. Shouting only accentuates the vowel sounds and obscures the consonants. Also, facial expressions often associated with shouting may be interpreted as anger.
2. Talk face to face.
Speak at eye level. Often people develop lip reading skills to help fill gaps in information they cannot hear. Speak to the person at a distance of 3-6 feet. Make sure lighting is adequate so that your lip movements and facial expressions are clearly visible. Position yourself so that light is shining from above or toward you, not from behind you into the person's eyes. Never talk from another room.
3. Get the person's attention before speaking.
Call the person by name to start a conversation or use touch to get the person's attention.
4. Eliminate or reduce background noise.
Turn off the radio and television. Even soft music, typewriter, air conditioner, dishwasher, or street noise can reduce the ability of a person to hear. These sounds also are amplified by a hearing aid. Pay attention to acoustical problems in rooms or other areas.
5. Speak distinctly.
However, don't overexaggerate lip movements. This distorts the message and makes it harder for the person to "read" visual clues from your facial expression. Don't drop the volume of your voice at the end of a sentence.
6. Enhance your speech.
Use facial expressions, gestures, and visual aids to illustrate your message. Write important information down as well as give it orally.
7. Give time to respond.
It may take the person longer to absorb and understand what you have said. Therefore, allow longer pauses between sentences.
8. Try rewording a message.
Don't repeat the same words if they are not understood. Using different words or different phrases may make it easier for the person to "hear" your message. Rephrase your statement into shorter, simpler statements.

Don'ts

1. Don't chew, smoke, or cover your mouth.
Anything in front of your lips, including fingers or mustaches, are potential barriers to communication.
2. Don't speak directly into the person's ear.
The person can't make use of visual clues and it tends to distort what you are saying. However, if the person has greater loss in one ear than in the other, direct your conversation to the "good" ear.
3. Be aware of false impressions.
Head nodding doesn't necessarily mean "I understand".
4. Explore adaptive and assistive listening devices. In recent years, many devices have been developed to help hearing-impaired people. They include devices that can be attached to the television and radio that transmit sound directly to the ear: flashing lights on appliances, doorbells, and telephones, vibrating alarm clocks; and pocket size amplifiers and speakers.

Myths and Realities of Aging

Myth

People consider themselves to be old at the age of 65 years.

As people grow older, it is natural for them to want to withdraw from society.

Increased disability in older people is attributable to age-related changes alone.

Widowhood and other specific life events have been found to have a consistently negative impact on older people.

In old age, there is an inevitable decline in all intellectual abilities.

Older adults cannot learn complex new skills.

Constipation develops primarily because of age-related changes.

Urinary incontinence is best managed by using an indwelling catheter or incontinence products.

Older people lose interest in sexual activity because they are less able to perform sexually.

Reality

People usually feel old based on their health and function, rather than chronological age.

Because older people are unique individuals, each of them responds differently to society.

Although age-related changes increase one's vulnerability to functional impairments, the disabilities are attributable to risk factors such as diseases.

No one event affects all old people negatively. Events have unique meaning for the individual.

A few areas of cognitive ability decline in older adulthood, but other areas show improvement.

Older adults are capable of learning new things, but the speed with which they process information slows with age.

Constipation is attributable primarily to risk factors such as restricted activity and poor dietary habits.

In most cases, addressing its cause can alleviate urinary incontinence.

If sexual activity in older people declines, it is because of social reasons (loss of partner) or risk factors, such as diseases or adverse medication effects.

Suggested Simulation Exercises

1. **Sight:** To partially impair vision, fold cellophane or plastic wrap several times. Yellow cellophane is recommended. Cheesecloth, cling gauze, sunglasses or laboratory protective glasses smeared with petroleum jelly also are effective. These adaptations will filter out colors at the blue end of the light spectrum and simulate the aging eye as it yellows. Warm colors (yellow, orange, and red) are more easily distinguished than cool colors (blue, green, and violet). The folds in the cellophane simulate the difficulties associated with small details.
2. **Hearing:** Industrial earplugs are effective for simulating volume loss. Cotton balls or swimmer earplugs or playing an audiotape at a low sound level will also work. Any on these methods will simulate the 2 major hearing losses that occur with age which are decibel loss (reduced ability to hear sounds of low intensity and presbycusis (loss in the ability to hear high frequency sounds).
3. **Mobility/Dexterity:** To simulate loss of finger dexterity, wrap masking tape around each finger, particularly the thumb and index finger, or tape splints on several fingers. Knee and elbow joints may be immobilized by using splints or wrapping them with 3-4 inch elastic bandages. Have individuals also use a wheelchair, cane, crutches or walker. These activities simulate illnesses such as arthritis, Parkinson's disease and stroke.

Give the "impaired" several tasks. The visually impaired might be asked to find a number in the telephone directory, prepare a meal, read an article in the newspapers or thread a needle. An "arthritic" individual might be asked to tie shoelaces, peel an orange, button a shirt or write a letter. Discuss the simulated activities focusing on reactions, feelings, and implications of such impairments for older adults and care givers. Emphasize that most older people are in relatively good health and for those older person who experience such physical changes many compensate for them in various ways.

Suggested Supplies for Sensory Simulations:

Cotton balls

Needle and thread, or wire and small balls

Square of cloth 4x4"

Pencil

Magazine, something to read

Latex or surgical gloves

Sandpaper of different textures

Containers with different smells....food extracts and spices,

Toothpicks

Yellow Cellophane or plastic wrap

Masking tape

Based on: Schmall, V. (1985, May) *Simulation: A Method to understand physical changes associated with aging*. Oregon State University

Elder Abuse: Sample Interview Questions

When screening for elder abuse, start with general questions, such as the following:

Do you feel safe where you live?

Are you alone a lot?

Do you know someone you can turn to in a crisis?

Do you support anyone?

Do you make your own decisions about your life, such as where you live/

Do you need help taking care of yourself:

Do you take your own medicines?

Who prepares your meals?

Who handles your checkbook?

Does anyone in your family drink too much alcohol or take drugs?

If you suspect a problem based on the answers, move on to more direct questions, such as:

When you disagree with a family member, what happens?

Are you yelled at or punished in any way?

Does anyone at home make you uncomfortable or afraid?

Has anyone ever threatened or hurt you?

Have you ever been forced to do something?

Has anyone ever made you stay in your home or room?

Has anyone ever taken anything or yours without your permission?

Has anyone ever failed to take care of you when you needed help?

Has anyone ever withheld food or medications from you?

Have you ever signed a document that you did not understand?

Personal Meaning of Old Age

What does old mean to you? Look for clues about yourself in the following exercise. Complete the sentences as spontaneously as possible. Do not pause to think. There is no right or wrong answer.

1. When I think about growing old, I...
2. Growing old makes me feel...
3. Growing old means getting...
4. The older I become, the...
5. Old people never...
6. When I get old I will lose...
7. Seeing an old person makes me...
8. A person can be considered old when...
9. When I am old, I...
10. As I look back on the preceding statements, I feel aging is...

After you have completed your statements, identify how you felt as you wrote. Were you tense or fearful? Do you see any similarities in your answers? Try to begin to realize what getting old might mean to you.

The Sighted Technique Guide

1. Making Contact

Touch the back of your hand against the back of hers. This is the signal for her to take your arm.

2. Grip

She holds your right arm with her left hand or your left arm with her right hand. She takes hold of your arm just above your elbow -- with her four fingers on the inside and her thumb on the outside of your arm. Her grip should be firm but not tight enough to cause you discomfort.

3. Stance

Keep your arm relaxed by your side. Her arm is also relaxed, bent at about 90 degrees and held close to her side. She stands beside you about half a pace behind. Don't hold your arm too close to your body. It soon becomes uncomfortable. But don't hold it too far away, as you'll lose some of your control and find that the two of you are walking wider than too abreast.

4. Narrow Places

For narrow aisles, doorways and other places where it is difficult to walk two abreast, start to change your position by making a definite move with your arm backwards and over to the center of your back. She responds by straightening out her arm and stepping directly behind you. Now you are in single file, one full pace apart. Her arm must remain fully extended to prevent either of you from tripping over the other's feet. When you have passed through the narrow place, return your arm to its normal position (by your side). She responds by returning to her normal position.

5. Opening Doors

She must be on the side towards which the door opens (the same side as the hinges). As you are approaching the door, say to her: "We are coming to a door. It opens towards us and to the left." She then knows to be on your left side and if she is not already on your left, she changes over. Take the doorknob in your right hand and open the door. Ask her to support and shut the door. Release your hold on the doorknob. She holds the door until you have both passed through, then shuts the door. For doors opening away from you the procedure is the same. For doors opening to the right, the directions should be reversed.

6. Stairs

Tell her you are approaching stairs and whether you are going down or up. Always approach stairs and curbs at right angles and stop as you reach them. If she is not the side with the handrail, tell her and let her change sides if she wishes to grip it. Always protect person by being in front -- don't let her move by your side and put a toe on the step until she is well oriented. Tell her to feel for the step as you step down onto it, which gives extra clues as to where the step is. Then you both proceed together in rhythm.

Stop when you reach the end of the stairs. This indicates to her that you have reached the bottom (or top). Until she is familiar with your signals, you should explain to her where you are going and what you want her to do.

7. Getting into a Chair

Place her hand on the back of the chair. You may like to mention which way the chair is facing. From there on most people will manage themselves.

8. Getting into a Car

Place her hand on the door handle giving indication of which way the car is facing. When the door is opened, help her free hand make contact with the edge of the car roof and then it can be brought down to contact the back of the car seat to the sitting area.

The Sighted Guide Technique is reprinted courtesy of the Royal Guide Dogs for the Blind Association of Australia

Vision: What can you do to help?

We've already talked about some things you can do to help, some other techniques are:

Use good contrast between the background and lettering of printed materials. Paper should have a dull finish and large lettering should be used.

Obtain large-print books or "talking" books for the severely impaired who enjoy reading.

Use contrasting colors, for example between doorways and walls, dishes and tablecloth, and the risers and flat surfaces of steps.

Use coding schemes, for example, color or dots of glue at different points on oven and washing machines dials can make different dial settings easier to find and, consequently, enhance independent living.

Simplify the visual field and avoid clutter, but don't change the location of objects without the person knowing about it.

Give pre-warnings when approaching or moving the visually impaired. Otherwise, you may unintentionally frighten the person. Let the individual know what you are going to do. This gives advance information about actions and helps the person to feel more secure.

Use touch to enhance communication. Holding or patting someone's hand can tell the person where you are and that you are listening and have not walked away while the individual is talking.

When entering a new environment with a visually impaired person, explain the people present and their location.

When walking, let the visually impaired person take your arm just above the elbow. You will be walking a half step ahead. The person can better anticipate your movements and generally feels more secure than if you grab his arm.