THIRD EDITION

Gerontological Nursing

PATRICIA A. TABLOSKI

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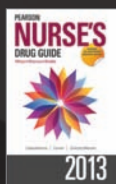

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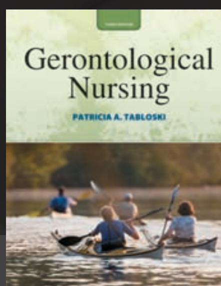

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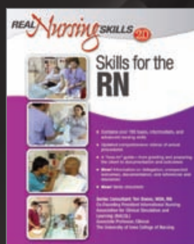

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Gerontological Nursing

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Publisher: Julie Levin Alexander
Publisher's Assistant: Regina Bruno
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Editorial Assistant: Cynthia Gates
Development Editor: Kim Wyatt
Managing Editor, Production: Patrick Walsh
Production Liaison: Yagnesh Jani
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Composition and Production: S4Carlisle Publishing Services
Production Editor: Amy Gehl
Printer/Binder: Courier Kendallville
Cover Printer: Lehigh-Phoenix Color/Hagerstown
Cover Images: © Blend Images/Alamy

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Library of Congress Cataloging-in-Publication Data
Tabloski, Patricia A.
Gerontological nursing / Patricia A. Tabloski. — 3rd ed.
p.; cm.
Includes bibliographical references and index.
ISBN-13: 978-0-13-295631-4
ISBN-10: 0-13-295631-4
I. Title.
[DNLM: 1. Geriatric Nursing. WY 152]
LC Classification not assigned
618.97'0231—dc23
2012026383

PEARSON

10 9 8 7 6 5 4 3 2 1
ISBN-10: 0-13-295631-4
ISBN-13: 978-0-13-295631-4

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Patricia Tabloski possesses three degrees in nursing. She received her BSN from Purdue University, her MSN from Seton Hall University, and her PhD from the University of Rochester. As a gerontological nurse practitioner, Dr. Tabloski has provided primary care to older patients in a variety of settings, including acute care facilities, geriatric outpatient clinics, long-term care facilities, and hospice programs. She has taught graduate and undergraduate students about gerontology since 1981 and presently is an Associate Professor at the William F. Connell School of Nursing at Boston College. In 2002, Dr. Tabloski was honored as a Fellow in the Gerontological Society of America and in 2010 was honored as a Fellow in the American Academy of Nursing. She has numerous publications and presentations relating to gerontological nursing and has lectured internationally in Hungary, China, Switzerland, and the United Kingdom. Dr. Tabloski has chaired the Test Development Committee for the Gerontological Nurse Practitioner examination by the American Nurses Credentialing Center and is a member of the American Nurses Association, the Gerontological Society of America, the American Geriatrics Society, the National Organization of Nurse Practitioner Faculties, Sigma Theta Tau, and the Eastern Nursing Research Society. Dr. Tabloski is a federally funded researcher and conducts clinically based outcome studies related to nonpharmacological interventions designed to improve sleep and ease agitation in older persons in community and institutional settings. Additionally, Dr. Tabloski has received federal funding to establish an Advanced Practice Nursing Program in Palliative Care.

DEDICATION

To the students with the clarity of vision to see beauty and strength in aging and to my family for their ever-present love and support.

THANK YOU

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FOREWORD

Dramatic changes in American health care will dominate the 21st century. Advances in science, new theories of caring, and the application of knowledge into practice contribute to this changing environment and affect the education and delivery of nursing services. The challenges to nursing education for preparing tomorrow's practitioner are huge. Evidence-based practice generated from real-life situations will enhance patient care. The older patient will dominate nursing care, and stands to gain from this changing environment.

Additions to this edition further elaborate the care described in the original text. The inclusion of QSEN standards and healthy aging tips expands the nurse's repertoire of strategies in caring for the older person.

This text offers the nursing professional a valuable direction in caring for life, care that is research based, logical, and humane. The authors are experts in their fields and offer the reader a virtual tour on caring for the older person. Dr. Tabloski is an eminent researcher and practitioner and has been a lifelong advocate for responsible, considerate, and expert nursing care for the older person. She has been a champion for the aging population. Along with her colleagues, she presents challenges and solutions for caring for our aging population. She and her colleagues make it fun to care for those who are aging, and have influenced many nurses over the years toward this new attitude and vision. The users of this text will discover this vision and will come to know the pleasure of caring for the older person.

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PREFACE

This book is intended to guide the reader in the care of older people. All patients, regardless of age, deserve expert and dignified nursing care, and the challenge is to encourage our patients to grow and evolve throughout the entire life span. The work of our hands and our hearts contributes much to the dialogue between nurses and patients and softens the sometimes harsh boundaries between humanity and technology.

The older population is the largest consumer of healthcare and nursing services. This population will present societal challenges to nurses and citizens as we plan to meet the healthcare needs of an increasingly diverse group with higher expectations regarding quality of life and health in old age. Nurses and other healthcare workers in a wide range of settings will find themselves caring for larger numbers of older persons with a variety of healthcare needs. Additionally, we are all aging and encountering issues of aging within our own families, so there is a tremendous need for increased knowledge and preparation in gerontological nursing.

The new focus of research and health care for older persons involves "adding life to years" rather than a singular focus on "adding years to life." This new focus acknowledges that merely extending life without attention to the quality of life may lead to a life that is neither active nor fulfilling. This new focus calls for health care delivery within the context of a multidisciplinary team with recognition that nurses play a key and vital role in the function of this team. Highly specialized and expert health care is needed when caring for older adults, including emergency treatment of life-threatening illness; management of chronic health problems; primary healthcare services with emphasis on disease prevention and health promotion; support for professional and family caregivers; provision of culturally appropriate care to an increasingly diverse older population; removal of barriers to emotional, educational, and financial resources; and providing expert palliative and hospice care to frail older adults and those at the end of life. There are expert nursing faculty and graduate and undergraduate curricula available to instruct students, research-based journals and websites with current information to assist clinicians, and a variety of specialized textbooks, such as this, designed to prepare the nurse to meet these crucial challenges.

New To This Edition

- QSEN Feature
- Healthy Aging Tips
- Application of New NANDA-I Diagnoses
- *Healthy People 2020* Goals for Older Adults
- More Evidence-Based Practice
- Current Demographics Using the 2010 Census

The third edition of *Gerontological Nursing* comes at a critical time in the continuing evolution of our healthcare system. Not only are the demographics of aging changing in our country, but also nurse educators have been encouraged to add content to the curriculum that relates to the care of older adults. *Gerontological Nursing* is a comprehensive, research-based text to guide nursing students in their care of older adults. This text presents information related to the normal and pathological changes of aging, healthy aging tips, commonly encountered diseases of aging, and the broad psychosocial, cultural, and public health knowledge required to provide expert nursing care to older persons. The emphasis is on providing the critical information needed to engage in the nursing process of assessment, diagnosis, planning, and evaluating outcomes of care.

The current emphasis on evidence-based practice and the appropriate delivery of scarce healthcare resources are factors that have guided the development of this textbook. Several chapters provide information on "Best Practices" in the nursing care of older adults and cutting-edge information on QSEN standards. The nursing student of today will need to possess as much knowledge as possible regarding the care of the older person. It is no longer sufficient to utilize basic medical-surgical knowledge and modify it for use with the older person. The knowledge needed by the nurse caring for the older patient must be grounded in gerontology with emphasis on holistic assessment, setting realistic goals, use of appropriate pain assessment and pain management, recognition of cognitive impairment and frailty, and provision of end-of-life care. This text provides the comprehensive information that the nurse will use to practice safely, effectively, and appropriately when caring

for the older patient in the home, hospital, long-term care, and hospice settings. Whether the goal is to return the older patient to his or her previous levels of health and function, improve overall health status, provide supportive care, or prepare for death by instituting hospice care, the nurse assumes a pivotal role on the interdisciplinary healthcare team and this text will provide crucial information in preparation for that role.

Organization of the Text

The text is organized to facilitate student learning. Unit One is composed of three chapters that form the foundations of gerontological nursing practice. In these chapters the principles of gerontology, identification of key gerontological nursing issues, and the principles of geriatrics are covered. Unit Two describes the challenges of aging and the cornerstones of excellence in nursing care and includes information on cultural diversity, nutrition, pharmacology, psychological and cognitive function, sleep, pain management, violence and elder mistreatment, and care of the dying. Unit Three describes the physiological basis for nursing practice in gerontology with information on body systems, including the integument, the mouth/oral cavity, sensation, circulatory, respiratory, genitourinary, musculoskeletal, endocrine, gastrointestinal, hematologic, nervous, immune, and multisystem problems relating to care of the frail older adult.

The chapters in Units Two and Three begin with an overview of the content, describing the normal changes of aging, and the common diseases of aging, and move toward the assessment, diagnosis, management, and evaluation of nursing care. This framework allows the student to integrate the basic knowledge presented in Units One and Two with the clinical issues presented in Unit Three.

Throughout the text, issues related to cultural diversity are integrated into the discussions of disease and care. Increasingly large numbers of older adults will be from ethnically diverse cultures, and threats to healthy aging can vary according to cultural heritage.

Key Components of the Text

The following features will help students integrate the theoretical and clinical information essential to the understanding and practice of gerontological nursing.

New to the Third Edition:

- **QSEN Feature—**This four-column table appears in clinical/systems chapters and addresses competencies in phase 1 of the Quality and Safety Education for Nurses (QSEN) project. These competencies included patient-centered care, teamwork and collaboration, evidence-based practice, quality improvement, and informatics as well as safety.

Meeting QSEN Standards: Frailty

	KNOWLEDGE	SKILLS	ATTITUDES
Patient-Centered Care	Involvement of patient and family in plan of care is crucial.	Family assessment and adult learning principles.	Appreciate uniqueness of each patient/family.
	Examine barriers that may keep patients from being active in formulating their plan of care.	Evaluation for depression, vision/hearing, tobacco use, and cognitive and functional status.	Provide patient-centered care to improve successful nursing outcomes.
Teamwork and Collaboration	Recognize scope of practice for interdisciplinary team members.	Use leadership skills to coordinate team and share knowledge.	Value the contribution of each member of the team to improve outcomes.
	Be aware of organizational problems that can inhibit effective team functioning.	System assessment skills. Plan for patient care at the appropriate level to maximize functioning and quality of life.	Be open to input from team members on effective means to improve communication and collaboration.
Evidence-Based Practice	Describe effective interventions to decrease iatrogenic risk factors and improve overall health and functioning.	Access current evidence-based protocols to guide interventions.	Possess confidence in necessary skills to evaluate and incorporate nursing interventions from the literature about caring for frail older adults.

HEALTHY AGING TIPS

Musculoskeletal Improvement

At home: walk on toes around the house, and stand on one foot at a time for as long as possible.	These activities will decrease risk for falling by improving balance.
Exercise routinely: find activities you like and find a partner to do them with.	Having a schedule with a friend improves your chances of keeping fit.
Implement healthy eating habits.	Weight loss decreases risk of osteoarthritis.

- **Healthy Aging Tips—**A new, boxed feature designed for health promotion in older adults.

NORMAL CHANGES OF AGING

Most of the changes of aging in the hematologic system are the result of the bone marrow's reduced capacity to produce RBCs quickly when disease or blood loss has occurred. However, without major blood loss or the diagnosis of a serious illness, the bone marrow changes of aging are not clinically significant. Figure 21-1 ▶▶▶ illustrates the normal changes of aging in the hematologic system.

At about age 70, the amount of bone marrow in the long bones (where most RBCs are formed) begins to decline steadily. Additional changes of aging in the hematologic

- **Normal Changes of Aging—**Each of the clinically based chapters covers the normal changes of aging as a basis for the nursing assessment and care to follow. Full-color illustrations and photographs complement the text, allowing for a more meaningful synthesis of information.

Common Diseases of Aging Related to the Mouth and Oral Cavity

Oral diseases and conditions are common to those older people who grew up without the benefit of community water fluoridation and other fluoride products. More than 25% of older adults have not seen a dental professional within the past 5 years (Centers for Disease Control and Prevention [CDC], 2011b). About 25% of adults ages 65 and older no longer have any natural teeth and are **edentulous** (without teeth). Rates of edentulism vary, from a high of 37.8% of older Americans in West Virginia, followed by Tennessee and Mississippi, compared to only 13% in Maryland (CDC, 2011b). Having missing teeth can affect nutrition because older adults with no teeth have difficulty chewing and swallowing foods with fiber and texture. Poor oral hygiene and ill-fitting dentures can exacerbate oral problems with an older person's self-esteem and speech, serve as a source of halitosis, increase the risk of aspiration pneumonia, and negatively alter facial appearance (Reuben et al., 2011). Even those with dentures and partial plates may choose softer foods and avoid fresh fruits and vegetables because artificial teeth are not as efficient as natural teeth in the chewing and biting process. **Periodontal disease** (gum disease) or dental **caries** (cavities) most often cause tooth loss. The severity of periodontal disease increases with age. About 20% of people from the ages of 65 to 74 have severe periodontal disease, measured by a 6-mm loss of attachment of the tooth to the adjacent gum (receding gum dis-

had tooth pain at least twice during the past 6 mo
adults who belong to racial or ethnic minorities o
a low level of education are more likely to re
pain than older adults who are Caucasian or bette
(CDC, 2011a).

Many Americans lose their dental insurance
retire, and hence do not have access to regular d
The situation may be even worse for older wo
generally have lower incomes and may never
dental insurance. Medicare does not cover rou
care or most dental procedures such as cleaning
tooth extractions, or dentures. Additionally, Med
not pay for dental plates or other dental device
for Medicare and Medicaid Services, 2012). Me
jointly funded federal–state health insurance p
low-income people, funds dental care in some
reimbursement rates are so low that it is often
locate a dentist who will accept Medicaid patien

Oral and pharyngeal cancers, diagnosed in 30,
icans every year, result in about 8,000 deaths an
proximately 3% of all malignancies occur in th
neck. These cancers, primarily diagnosed in old
carry a poor prognosis. The 5-year survival rate
Americans is 50% and for African Americans is
(CDC, 2011b). Early detection is the key for inc
survival rate.

Most older Americans take prescription and
counter medications that can decrease salivary fl
sult in xerostomia or dry mouth. It is estimated t

- **Common Diseases of Aging—**Each clinical chapter emphasizes the common diseases (acute and chronic) that afflict older people, nursing implications of these diseases, atypical presentation of disease in older persons, functional implications of these diseases, pharmacological treatment, and evaluation of care. Etiology, risk factors, function, and complications are included.

- **Complementary and Alternative Therapies—**Learners are introduced to therapies used by patients to supplement mainstream medicine. Nurses need to understand the therapies themselves and how they interact with more traditional therapies.

COMPLEMENTARY AND ALTERNATIVE THERAPIES

Pain is among the most common reasons that adults use complementary and alternative therapies (National Center for Complementary and Alternative Medicine [NCCAM], 2011). Nontraditional methods to control pain can be effective as stand-alone treatments and adjuncts to traditional pharmacological interventions with the potential to reduce dosages of medications and thus reduce the risk of adverse drug reactions. Nurses can assess older patients' preferences and attitudes toward nontraditional methods of relieving pain and

- **Drug Alerts and Practice Pearls** supply students with crucial information and call attention to key issues.

Drug Alert! ▶▶▶ Instruct older patients to take blood pressure medication at the same time each day and as prescribed and to never abruptly stop taking a prescribed medication without consulting care provider first. It is important to kee drug levels for effective blood pressure c rapid discontinuation of medication can rebound hypertension.

Practice Pearl ▶▶▶ Oral medications should be given with a nutritious liquid (e.g., juice) rather than water if a patient is anorexic or is likely to refuse to take adequate amounts of liquid. This maximizes the nutritional values of liquids ingested. (Do not use liquids that are contraindicated due to drug–food interactions.)

- The **Best Practices** feature presents an assessment instrument, protocol, or nursing intervention that recommends the best practice for an older patient with the particular health problem under discussion.

Best Practices Hospital Admission Risk Profile (HARP)

1. Scoring Range 0–5

A. Age

Age Category	Risk Score	
<75	0	
75–84	1	
≥85	2	SCORE =

B. Cognitive Function (abbreviated MMSE)*

MMSE Score	Risk Score	
15–21	0	
0–14	1	SCORE =

C. IADL Function Prior to Admission**

Independent IADLs	Risk Score	
6–7	0	
0–5	2	

2. Risk Categories

Total Score	Risk of Decline in ADL Function	
4 or 5	High risk	
2 or 3	Intermediate risk	
0 or 1	Low risk	

- **Patient–Family Teaching Guidelines** include sample questions and answers an older patient and his or her family may pose when receiving care for a particular problem. A rationale is given for each answer to assist the student in gaining valuable insights into how best to provide succinct, focused answers to patient and family questions within the context of a busy and sometimes hectic clinical setting. When educating patients and families about a life-altering chronic illness such as diabetes, teaching priorities are described.

Patient–Family Teaching Guidelines

The following are guidelines that the nurse may find useful when instructing older persons and their families about mental health.

MENTAL HEALTH AND THE OLDER ADULT

Many older people think it is normal to have a variety of physical and mental problems. However, mental health problems, including depression and anxiety, are not part of the normal aging process. If you, a family member, or friend experience a sudden change in mood, the way you think, or your memory, see your healthcare professional as soon as possible.

1 What causes mental health problems?

Some mild memory or mood problems can occur in healthy older adults, but serious problems can be a sign of underlying mental health disease.

RATIONALE:

Chronic unrelieved pain, some physical illnesses, problems with eyesight and hearing, certain medications, and use of alcohol can cause mental health problems. To further complicate things, serious physical illnesses can cause delirium or acute

hopeless, loss of interest in sex, or difficulty concentrating and making decisions, you may be depressed. Some older people say that they just do not feel like their old self. Others gain or lose weight because they change the way they eat. Others may avoid going out to social events and prefer to stay home alone. Everyone is different, so it is important to think broadly and look for a variety of symptoms.

RATIONALE:

Recognition of depression in the older person is a key skill for every clinician working with older patients. Depression is a treatable disease and may masquerade as a symptom of illness or be falsely attributed to normal aging.

4 Is suicide a problem with older people?

Yes, some groups of older people (especially older Caucasian men) have high suicide rates. If you have persistent thoughts of death

- **Nursing Care Plans** illustrate the nursing process. A case study is used to tie together content described in the chapter and provide an example of various nursing interventions and the planning and implementation of nursing care. Each case study presents an **ethical dilemma** in anticipation of the kinds of situations the student will encounter when delivering care to older persons. The case studies present the real-world experience of the author and contributors of this book and encourage the student to participate in the assessment and planning process.

CARE PLAN A Patient With Alterations in Nutrition

Case Study

Mrs. McGillicuddy is a 78-year-old woman admitted 2 weeks ago to a nursing home following a complicated hospital stay for a cerebrovascular accident. While hospitalized, she lost 10 lbs in 1 month and developed a stage II decubitus ulcer. Her prior medical history was significant for hypertension managed with an ACE inhibitor and low-sodium diet.

On admission to the nursing home, she was found to weigh 115 lbs and reported a height of 5′5″. Her albumin was 3.0 mg/dL and complete blood cell count was normal. Physical examination revealed residual right-sided weakness. Mrs. McGillicuddy reported that she had been feeding herself in the hospital and felt she could manage. A therapeutic 2-g low-sodium diet was ordered.

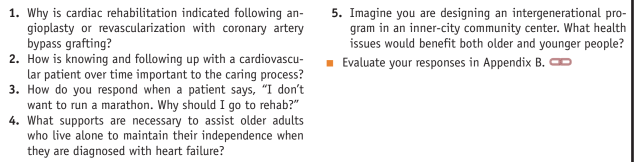
Now, 2 weeks later, it is discovered that she has lost another 4 lbs. Her urine is dark in color and a mouth examination reveals dry mucosa and long tongue furrows. Pocketed food was noted along the gum line as well.

Mrs. McGillicuddy's roommate has noticed that she "gravelly." Her decubitus ulcer is reportedly unch

Upon further discussion with Mrs. McGillicu comes apparent that she has been having diff self-feeding and managing the utensils. Freq spills food from the spoon or fork and feels e about this. She is experiencing particular troub liquids. It is difficult to hold the cup handle, seem to be spilling out of her mouth. This e her as well. Lately, she has just been moving around on her plate to make it look like she Her nursing care assistant has been recording due to the report of weight loss on admission. cal chart reports that 75% to 90% of food wa most meals.

Mrs. McGillicuddy also reports that the food bland and she often has a bad taste in her r reduces her appetite.

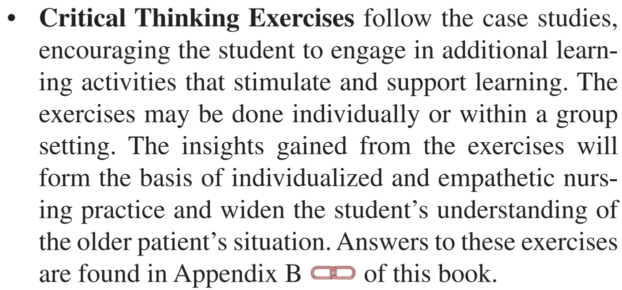
- **Critical Thinking Exercises** follow the case studies, encouraging the student to engage in additional learning activities that stimulate and support learning. The exercises may be done individually or within a group setting. The insights gained from the exercises will form the basis of individualized and empathetic nursing practice and widen the student's understanding of the older patient's situation. Answers to these exercises are found in Appendix B of this book.



Critical Thinking and the Nursing Process

1. Why is cardiac rehabilitation indicated following angioplasty or revascularization with coronary artery bypass grafting?
2. How is knowing and following up with a cardiovascular patient over time important to the caring process?
3. How do you respond when a patient says, "I don't want to run a marathon. Why should I go to rehab?"
4. What supports are necessary to assist older adults who live alone to maintain their independence when they are diagnosed with heart failure?
5. Imagine you are designing an intergenerational program in an inner-city community center. What health issues would benefit both older and younger people?

■ Evaluate your responses in Appendix B.



Physical examination revealed residual right-sided weakness. Mrs. McGillicuddy reported that she had been feeding herself in the hospital and felt she could manage. A therapeutic 2-g low-sodium diet was ordered.

Now, 2 weeks later, it is discovered that she has lost another 4 lbs. Her urine is dark in color and a mouth examination reveals dry mucosa and long tongue furrows. Pocketed food was noted along the gum line as well around on her plate to make it look like she has eaten. Her nursing care assistant has been recording her intake due to the report of weight loss on admission. The medical chart reports that 75% to 90% of food was eaten at most meals.

Mrs. McGillicuddy also reports that the food tastes too bland and she often has a bad taste in her mouth that reduces her appetite.

Applying the Nursing Process

Assessment

The nurse should think broadly and assess a variety of factors, including the following:

- **Physical.** Assess for signs or symptoms of dehydration—tongue furrows, dry oral mucosa; dysphagia symptoms—drooling, food pocketing, voice alterations, coughing during swallowing or afterwards. Reassess decubitus ulcer stage.
- **Diet.** Assess appetite; observe self-feeding and dietary intake, especially of calories and protein; note food textures that are difficult to swallow.
- **Laboratory.** Assess plasma levels for blood urea nitrogen, creatine, and sodium, and urine for sedimentation rate.

Diagnosis

Appropriate nursing diagnoses for Mrs. McGillicuddy may include the following:

- *Nutrition, Imbalanced: Less Than Body Requirements* related to increased need for nutrition with hypermetabolic state (decubitus ulcer) and decreased intake
- *Fluid Volume: Deficient*
- *Aspiration, Risk for*
- *Swallowing, Impaired*

NANDA-I © 2012.

- NANDA-I **Nursing Diagnoses** are suggested for many of the common diseases presented to help students categorize the nursing problems that accompany the medical diagnoses.

Acknowledgments

I wish to thank the many older patients and families I have worked with and cared for through the years. They have been wise teachers and provided the impetus for me to pursue my education, undertake my research, and write this text. I also wish to thank my students who have an insatiable desire to provide the highest quality nursing care possible and improve the quality of their patients' lives. The reviewers of this text have provided suggestions that have strengthened and improved the content, and I am most appreciative of their thoughtful suggestions. I also wish to express my appreciation to the expert contributors who generously agreed to share their knowledge and expertise even though they lead busy and overcommitted lives.

Additional thanks go to my family who has provided support, encouragement, and advice when needed. I especially want to thank the editorial and production staff of Pearson Health Science, including Pamela Fuller, Kim Wyatt, Cynthia Gates, Yagnesh Jani, Pat Walsh, and Amy Gehl at S4Carlisle Publishing Services.

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UNIT 1

Foundations of Nursing Practice

CHAPTER 1 Principles of Gerontology

CHAPTER 2 Contemporary Gerontological Nursing

CHAPTER 3 Principles of Geriatrics

CHAPTER

1 Principles of Gerontology

Robert W. Ginn/PhotoEdit

KEY TERMS

epidemiology *9*
geriatrics *4*
gerontologists *4*
gerontology *4*
homeostasis *17*
homeostenosis *17*
life expectancy *4*
life span *11*
risk factors *8*
senescence *16*

LEARNING OUTCOMES

On completion of this chapter, the reader will be able to:

1. Interpret demographic data according to race, gender, and age.
2. Relate leading causes of morbidity and mortality among older adults.
3. Identify common myths of aging and their contribution to ageism.
4. Describe the effects of chronic disease.
5. Contrast several major theories of aging.
6. Evaluate the natural history of disease using principles of epidemiology.

The aging of America will trigger a huge demand for increased healthcare services. Nurses with skills in caring for older people, or gerontological nurses, will be especially in demand because of their understanding of the normal changes of aging and the ways that symptoms of illness and disease present differently in the older adult. Gerontological nurses recognize that the presentation of disease is often more subtle and less typical when compared to the younger adult and response to treatment differs in the older adult when compared to other groups of patients. The care of the frail older person, defined as the older person with multiple chronic conditions or comorbidities, presents a unique challenge. This book addresses the key issues involved in caring for the older person, with an emphasis on health problems encountered by nurses caring for older persons in clinical settings.

The diverse health needs of an older person mandate that care be holistic and delivered by professionals with varying but complementary viewpoints; the study of aging combines or integrates information from several separate areas of study including biology, psychology, and sociology but also considering public policy, economics, and the arts.

Gerontology is the holistic study of the aging processes and individuals as they mature throughout the adult life span and includes the following:

- Study of the physical, mental, and social changes of aging
- Analysis of the changes in society as a result of an aging population
- Application of this knowledge to policies and program development

As a result of the multidisciplinary focus of gerontology, professionals from diverse fields, including nurses, call themselves **gerontologists.**

Geriatrics is the field more closely aligned with medicine and involves:

- Study of health and disease in later life
- Comprehensive health care of older persons and the well-being of their caregivers

The fields of gerontology and geriatrics are of interest to nurses, and some nurses providing care to older people call themselves *geriatric nurses* while others prefer the term *gerontological nurses* (Association for Gerontology in Higher Education, 2012).

Older people receive nursing care in skilled nursing facilities, retirement communities, adult day care, residential care facilities, transitional care units, rehabilitation hospitals, community-based home care, and a variety of other settings. The underlying core values and principles of gerontological nursing include health promotion, health protection, disease prevention, and treatment of disease, with emphasis on evidence-based best practices and current clinical practice guidelines. A well-educated and confident gerontological nurse is a vital member of the healthcare team and brings improved health outcomes to older patients and their families by providing appropriate skilled nursing care, preventing adverse outcomes, and improving quality of life.

Aging is an inevitable and steadily progressive process that begins at the moment of conception and continues throughout the remainder of life. The life or aging process is artificially divided into stages and usually includes antepartum, neonate, toddler, child, adolescent, young adult, middle age, and older adult. The final stage of life, called *old age* (this term usually applies to those over the age of 65), can be the best or worst time of life and requires work and planning throughout all of the previous stages to be a successful and enjoyable period. Old age can be further subdivided to reflect the longer **life expectancy,** defined as number of years from birth that an individual can expect to live, in the United States and other developed countries and includes the young-old (ages 65–74), middle-old (ages 75–84), and old-old (ages 85+). This designation reflects the philosophy that a 65-year-old will be as developmentally different from an 85-year-old as a 20-year-old is different from a 40-year-old.

Most people do not consider the issues related to aging during their childhood and youth unless they have reason to contemplate certain milestones. For instance, some adolescents may anticipate reaching the age of 16 so that they may learn to drive an automobile. Perhaps others will anticipate turning 18 so they may enlist in the military. However, as we get older, we might begin to dread our own aging because of the perception that disease, disability, and decline are inevitable consequences of the aging process. Many attitudes and myths about older people can be considered to be ageist or reflect negative stereotypes of aging. Box 1-1 lists myths of aging and the facts that prove them false.

Some people may say "you can't teach an old dog new tricks" when it comes to trying to change negative health behaviors in older people. Others may think that everyone over age 65 has lost the desire for sex and label older persons with a healthy sexual interest in another person a "dirty old man or woman." Although comments such as these can be hurtful and reflect poorly on the speaker, they do further damage by perpetuating stereotypes. Negative stereotypes of aging make it more difficult to recruit the best and the brightest nurses to work with older patients, limit the opportunities for rehabilitation and health promotion services offered to older people, and segregate older

BOX 1-1 Myths of Aging

- Myth: Being old means being sick.
  - Fact: Fewer than 5% of people over the age of 65 are frail enough to require care in a skilled nursing facility.
  - Fact: Many older adults have chronic diseases but still function quite well.
- Myth: Most older people are set in their ways and cannot learn new things or take up new activities.
  - Fact: Older people can learn new things and should be challenged to stay mentally active.
  - Fact: Healthy older adults find hobbies that they can enjoy to give life meaning and pleasure.
- Myth: Health promotion is wasted on older people.
  - Fact: It is never too late to begin good lifestyle habits such as eating a healthy diet and engaging in exercise.
  - Fact: Although it may not be possible to reverse all of the damage caused by bad habits, it is never too late to stop smoking cigarettes or drinking too much alcohol. Even people who quit smoking at older ages enjoy better health outcomes than those who continue to smoke.
- Myth: Older adults do not pull their own weight and are a drain on societal resources.
  - Fact: Older people contribute greatly to society by supporting the arts, doing volunteer work, and helping with grandchildren.
  - Fact: Paid employment is not the only measure of value and productivity and older people continue to make contributions to society into advanced old age and many continue working, volunteering, and mentoring others long after formal retirement.
- Myth: Older people are isolated and lonely.
  - Fact: Many older people join clubs and do volunteer work to stay active and connected.
  - Fact: There are many ways to maintain contact with people and healthy older adults have a variety of great options for staying connected with others.
- Myth: Older people have no interest in sex.
  - Fact: Although sexual activity does decrease in some older people, there are tremendous differences. Most often, the human need for affection and physical contact continues throughout life.

Source: Adapted from Saison, Smith, Segal, & White, 2010.

people from mainstream society. Gerontological nurses can help by educating others when they hear these negative attitudes about aging from their colleagues and peers.

The study of gerontology is a relatively new science. Congress created the National Institute on Aging (NIA) in 1974 as part of the National Institutes of Health. In the 1950s and 1960s, little was known about aging. Much of the knowledge resulted from the study of diseases associated with aging. This practice resulted in the widespread idea that decline and illness were inevitable in old age (Hamerman & Butler, 2007). The focus of gerontology and gerontological nursing at this time was to study, diagnose, and treat disease. However, in recent years, the study of gerontology has moved beyond the disease focus to the improvement of health holistically, including physical, mental, emotional, and spiritual well-being. Health promotion and "Tips for Healthy Aging" are a key component of the practice of gerontological nursing and many of the chapters in this book include this feature. The addition of a health promotion focus in the nursing care plan is appropriate for essentially well older persons in order to maintain and improve their state of good health; for those with chronic illness, so they can prevent or delay the progression of their disease; and even for those in hospice, so they can retain function in order to enjoy every minute of their limited life span.

Nurses should test their knowledge about aging to find out if they have the needed knowledge to provide the best gerontological nursing care to their patients. Nurses can take the aging IQ quiz developed by the NIA (2011). The NIA conducts and supports research on aging and educates the public about the findings.

The study of aging and health is imperative for older people to enjoy quality of life in their final years. The new reality of aging reflects our understanding that there has been a dramatic reduction in the prevalence of the precursors to chronic disease including hypertension, high cholesterol, and smoking. The enlightened nurse now knows that having a healthy and productive old age is possible for growing numbers of aging Americans. Those persons who suffer from inherited illnesses such as cancers and blood dyscrasias that present in youth and middle age, weak immune systems, and the inevitable damage from devastating poverty and substance abuse do not usually live to be old. Often, they carry the burden of chronic disease and poor health developed in younger years into old age, resulting in disability at the end of life. For those older persons who are fortunate enough to enter old age in relatively good health, growing older is a reward and a time to be treasured and enjoyed. Some of the benefits of healthy aging are listed in Box 1-2.