Unit 33

Care of the Elderly and Chronically Ill

Long-Term Care Population

People living in long-term care facilities are usually called residents. This is because the facility is considered their home as well as a place to receive health care. Many admissions are permanent, but some residents are able to go home or to a less restrictive environment.

Residents are admitted to skilled-care facilities because they have problems that require ongoing monitoring and health care. They are not admitted just because they are old. The problems of residents are a result of a disease process and are not a natural part of aging. Most facilities also have younger residents who are mentally or physically disabled due to chronic disease or injuries (Figure A).

The number of people requiring long-term care is growing rapidly, for several reasons:

- There are more people alive today.
- More people are living longer (Figure B).
- Modern science has enabled people to recover from illnesses or injuries that would have been fatal in the past.
- The longer a person lives, the greater the risk of acquiring a chronic, degenerative disease.
- Families are unable to provide care because of geographic distances or because everyone in the family is employed.

Here are some examples of residents in a long-term care facility:

- Rose Johnson is 78 years old and had surgery in the hospital to repair a fractured hip. She is receiving rehabilitation to learn how to walk correctly on her affected leg. She will go back to her own home after the rehabilitation is completed.
- Antony Donali is 86 years old and has Alzheimer’s disease. He wanders and paces constantly, and has poor safety judgment and awareness. He is incontinent of urine, and needs supervision to ensure that he eats his meals. His family can no longer provide the 24-hour attention that he needs. He will remain in the facility for the rest of his life.
- Ted McMurry is 47 years old and has cancer of the lung. He is receiving chemotherapy. He may be able to go home after finishing the therapy unless his condition worsens.
- Jill Green is 18 years old and suffered severe, permanent head injuries in a motorcycle accident. She will never be able to care for herself and will need 24-hour-a-day care for the rest of her life. She will probably remain in the facility for this care.
- Tom Hernandez is 35 years old and has had multiple sclerosis for 10 years. The disease has progressed to the point where Tom can no longer care for himself. He will probably remain in the facility.
- Sara Pembkoski is 64 years old and has had a stroke. She is receiving intensive rehabilitation and hopes to return home. If she is not able to do so, she will transfer to an assisted living facility.

The percentage of persons living in long-term care facilities is only 1 percent for those 65 to 74 years of age. However, this increases to 22 percent for people 85 years and older. As people grow older, the consequences of chronic disease increase. Varying degrees of functional deficits (disabilities) result. Therefore, the person requires assistance in performing the activities of daily living (Figure C).
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Elderly Population (in Millions) 1900 to 2030

FIGURE B (Source: U.S. Bureau of the Census, 2004 release)

Note: Increments in years are uneven.
(Sources: Projections of the Population by Age are taken from the January 2004 Census Internet Release. Historical data are taken from “65+ in the United States,” Current Population Reports, Special Studies, P23-190. Data for 2000 are from the 2000 Census and 2004 data are taken from the Census estimates for 2004.)

Percent with Disabilities, by Age

Emotional Adjustments to Aging

Emotional adjustments to aging are basically extensions of the adjustments the individual has made throughout life to the many changes in circumstances. Personality characteristics and ways of reacting to stress are developed fairly early in life and tend to become a constant in an individual's personality. In fact, as a person ages, personality traits become even more pronounced. The stress produced by the circumstances and illnesses that accompany old age do not drastically alter the individual's personality, but they do tend to magnify, and in some cases distort, the basic traits.

Old people have the same emotional needs and require the same supports for good mental health as young people (Figure A). They need:

- To be loved
- To have a sense of self-worth
- To feel a sense of achievement and recognition
- To have a degree of economic security

Although these needs are common to all human beings, regardless of age, the means of achieving satisfaction and gratification of these needs are greatly reduced for older people. The opportunities for social exchange and sexual expression, the two major means of gratification, are lessened as the years advance. The need for them does not change, however.

The attitude of the Western world toward old people tends to relegate (place) them to positions of lesser and lesser significance. The older people become, the more their self-image is depreciated (devalued), both in their own eyes and in the eyes of others.

Physical ailments, far more common in the elderly because of slowed body processes, are superimposed (layered on top of) upon the changes brought about by the natural aging process. Change of body image and loss of the vigor and vitality (lively character) of former years are major losses that older persons must accept—losses that further alter their self-image and self-esteem. The caregiver can make an important contribution by promoting the self-esteem of those being cared for.

In old age, some accommodations must be made in the attitudes or psychological outlooks of all persons. The most healthy emotional responses are based:

- On philosophies that accept aging as a natural progressive stage
- In life attitudes that recognize the strengths as well as the limitations of the body
- On a form of behavior that demonstrates interest in living here and now

Healthy psychological adjustments mean both a realistic appraisal of the present circumstance and building on the positive values while coming to terms with the negative aspects.

Some of your long-term care residents will have already made these adjustments. Some will be in the process. Your supportive caring will be important and helpful to each.

Specific Emotional Responses. The elderly or infirm resident is apt to experience some common emotional responses. Frustration is an emotion frequently felt by the elderly—frustration at physical limitations and at having less control over their own lives. That is why it is important to allow the elderly the opportunity to make as many decisions as possible. Signs of frustration are often demonstrated by:

- Aggressive behavior
- Anger
- Hostility
- Demanding behavior
- Complaining
- Crying

Some residents even resort to manipulating families, staff, or other residents in an attempt to relieve their feelings of helplessness (Figure B). Anxiety and fear may be expressed in periods of depression and withdrawal. The depression experienced by the elderly is easily understood. In many instances, they:
Reporting changes in behavior, mood swings, and emotional responses to your supervisor so that the entire staff can form a supportive network

Responding to residents’ negative attitudes by being willing to listen and interact with them and emphasizing the positive

KEEPING RESIDENTS SAFE

Each year an estimated 30 to 50% of all nursing home residents fall. The risk and incidence of falls increase with age. Caregivers often recognize these aging changes, but fail to associate them with an increased risk for falls. There are several reasons for this:

- Changes in vision and hearing that most older people experience, which cause a loss of “warning systems”
- Problems with mobility resulting from arthritic changes, loss of flexibility, and endurance
- Loss of balance related to inner ear changes
- Reduced reaction time
- Frequency of urination, leading to fears of incontinence that result in unsafe toileting habits
- Disorientation and faulty judgment in persons who are mentally incompetent, have delirium or dementia
- Dizziness that may occur when coming to a standing position too quickly
- History of falls within previous year

External factors can also increase the risk of falls:

- Unfamiliar surroundings
- Use of medications that affect mental status, balance, and coordination
- Unsafe use of assistive mobility devices
- Poorly planned environment
- Staff delay in attending to the needs of residents

In an effort to reduce the number of falls, the environment can be altered to meet the needs of elderly persons:

- Aging changes in the eye cause older people to be more sensitive to glare and to changes in lighting. They also have difficulty seeing colors at the blue-green end of the spectrum. To prevent falls due to faulty vision:
  - Use blinds and curtains to prevent glare from windows.
  - Position or cover mirrors to prevent glare.
  - Use bright nonglare lighting with constant, even illumination.
  - Use colors that serve as caution reminders to mark the edges of steps and curbs.
  - Use colors in the red and yellow range that increase residents’ ability to see changes in walls and floors.
  - Encourage residents to wear sunglasses (if not contraindicated) and hats when they go outdoors.

- Are cut off from their social support systems
- Have had to make major adjustments in lifestyle
- May have lost loved ones and friends
- May have very limited finances
- May truly feel that they no longer have any control over their destinies or even of their day-to-day activities
- May have stretched their coping ability to the breaking point because of physical weakness and disease processes

Withdrawal, a common frustration response, is shown by:

- Lack of communication
- Temporary confusion
- General disorientation as to time and place

You can play a major role in helping residents move successfully through these periods by:

- Reassuring them that they will not be abandoned now that they are no longer able to care for themselves
- Treating each person with respect, to reinforce self-esteem
- Calmly helping residents keep in touch with reality while conveying your own feelings of compassion and caring

FIGURE B Residents may exhibit feelings of frustration and anger.
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EXERCISE AND RECREATIONAL NEEDS

Residents in long-term care facilities need the stimulation of planned recreation and exercise. The type of activity must be carefully tailored to the needs and abilities of the residents. Health workers in these facilities are often responsible for coordinating this aspect of care.

Recreation

It is important for those who do the activity planning to keep in mind:

- The age and possible physical limitations of the participants.
- The fact that older people have less coordination and are more apt to have hearing and vision deficiencies.
- The fact that recreation with a purpose is considered the most stimulating and enjoyable by mature people.
- That activities planned by the participants are generally the most successful. Shows and skits call for many different talents. Exhibits, sales, and making gifts for others are some other examples of activities that combine recreation with purpose. These types of activities are usually enjoyed by everyone. Most facilities have a special room where out-of-bed residents can gather. With care, activities that meet special rehabilitation objectives can be planned. For that reason, the occupational therapist is a valuable person who can serve in a consultative capacity, both in care facilities and recreational centers. Recreational planning can thus combine physical and rehabilitative activities with enjoyment.
- Exercising, singing, and clapping hands to music can be enjoyed by bed residents, wheelchair residents, and those who are confused.
- For residents who are ambulatory, dancing can be stimulating as well as enjoyable.
- Handicrafts, games, television, and conversation all offer a measure of entertainment to the less active (Figure C).

Other Safety Concerns

Elderly people are at risk for other injuries, such as accidental poisoning, choking, thermal injuries, and skin injuries. These are discussed in Units 14 and 52.

Safety in long-term care facilities is a major concern. Unlike hospitals, residents are given the freedom to move about the facility as they desire. For this reason, the entire building must be free of hazards that contribute to accidents. All employees need to be constantly aware of residents’ safety.

Other Age-Related Concerns

- Noise increases disorientation and can create anxiety even in alert persons. This increases the risk of falls. Minimizing noise reduces this risk.
- All tubs and showers should have chairs so residents can remain seated throughout the procedure. Lifts for tubs avoid the needs for the resident to stand in the tub. Avoid using oils that can make the tub bottom slippery.
- Check residents’ clothing for fit. Loose shoes and laces, slippers, long robes, and slacks increase the risk of falling.
- Observe ambulatory residents when they get out of bed and chairs, off the toilet, and when they walk.
  - Give instructions to residents who have unsafe habits.
  - Residents who self-propel their wheelchairs may need instruction on how to enter and leave elevators, how to use ramps, and reminders to use the brakes.
  - Dependent residents may benefit by learning self-transfer techniques. Check with the nurse to see if this is possible.
  - When you help dependent residents transfer, always use the method indicated in the care plan.
- Side rails are a frequent cause of falls. Many facilities leave side rails down on one side for residents who can safely transfer without help. In some situations, half rails are more effective.

Review Unit 14 for actions that can reduce the risk of falls and for guidelines regarding the use of restraints.
## EXPLORING THE WEB

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