FOURTH EDITION

Gerontological Nursing

The Essential Guide to Clinical Practice

Patricia A. Tabloski

Publisher: Julie Alexander
Executive Portfolio Manager: Pamela Fuller
Editorial Assistant: Erin Sullivan
Managing Content Producer: Melissa Bashe
Content Producer: Michael Giacobbe
Development Editor: Barbara Price
Design Coordinator: Mary Siener
Vice President of Sales and Marketing: David Gesell
Vice President, Director of Marketing: Brad Parkins
Director, Digital Studio: Amy Peltier
Digital Project Manager: Jeff Henn
Full-Service Project Management and Composition: Integra
Full-Service Project Management: Ashwina Ragunath, Integra
Project Monitor: Susan Hannahs, SPi Global
Manufacturing Buyer: Maura Zaldivar-Garcia, LSC Communications, Inc.
Cover Designer: StudioMontage

Library of Congress Cataloging-in-Publication Data

Names: Tabloski, Patricia A., author.
Title: Gerontological nursing / Patricia A. Tabloski, PhD, RN-BC, GNP-BC, FGSA, FAAN, William F. Connell School of Nursing at Boston College.
Description: Fourth edition. | Boston : Pearson, [2019]
Identifiers: LCCN 2018006824 | ISBN 9780134554303 | ISBN 0134554302
Subjects: LCSH: Geriatric nursing.
Classification: LCC RC954 .T33 2019 | DDC 618.97/0231—dc23
LC record available at https://lccn.loc.gov/2018006824

1 18

Pearson

ISBN-10: 0-13-455430-2
ISBN-13: 978-0-13-455430-3

Contents

List of Special Features

Best Practices

Normal Changes of Aging

Nursing Care Plans

Patient–Family Teaching Guidelines

Meeting QSEN Standards

Unit I
Foundations of Nursing Practice

Chapter 1

Principles of Gerontology

Learning Outcomes

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

1. Identify common myths of aging and their contribution to ageism.
2. Interpret demographic data according to race, sex, and age.
3. Identify the effects of chronic disease and leading causes of morbidity and mortality among older adults.
4. Compare and contrast several major theories of aging.

Key Terms

blue zones, 5
epidemiology, 9
geriatrics, 3
gerontologists, 3
gerontology, 3
homeostasis, 17
homeostenosis, 17
life expectancy, 3
life span, 10
risk factors, 8
senescence, 15

Norms and Myths of Aging

LO 1.1 Identify common myths of aging and their contribution to ageism.

The aging of America has triggered 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 and interact with each other to make care of the older adult more challenging. Gerontological nurses recognize that the presentation of disease is often more subtle and less typical when compared to the younger and middle-aged adult and response to treatment varies 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 and offers an opportunity for gerontological nurses to excel. 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 a variety of 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, and also considers 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 inter-professional 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 promotion of 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* (American Nurses Credentialing Center, 2016).

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 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* (the term usually applies to those over 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 a car. 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

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, and White (2010).

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 think older people won't change when it comes to trying to change negative health behaviors. Others may think that everyone over age 65 has lost the desire for sex and intimacy. Thinking like this perpetuates 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 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 that time was to study, diagnose, and treat disease. However, in recent years, the study of gerontology has focused on 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, it serves to prevent or delay the progression of their disease; and even for those nearing the end of life and receiving palliative or hospice care, health-promotion help can retain function in order to enjoy every minute of their limited life span.

The study of aging and health is imperative to support quality of life for older people 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; possess weak immune systems; or suffer from the inevitable damage secondary to devastating poverty and substance abuse, usually do not 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

BOX 1-2 Benefits of Healthy Aging

- Creativity and confidence are enhanced.
- Coping ability increases.
- Gratitude and appreciation deepen.
- Confidence increases with less reliance on the approval of others.
- Self-understanding and acceptance increase.
- Opportunity to enjoy more time with family and friends arises.

are fortunate enough to be in relatively good health, growing older can be a time to be treasured and enjoyed. Some of the benefits of healthy aging are listed in Box 1-2.

The goal for nurses who provide health care to older people is not only to improve the length of life, but also to improve the quality of life. The healthcare needs of older patients are unique because of their stage of life, just as the health needs of children are different from those of adults. Most healthcare professionals do not receive the education and training necessary to respond to the unique and complex health needs of older adults; however, it is now recognized that content and learning opportunities related to the care of older adults should be incorporated throughout the education of all nurses to ensure that the nurse of the future will be able to provide high-quality nursing care to the nation's aging population (Hartford Institute for Geriatric Nursing, 2011). As a result, many older people who in the past received inappropriate health care that was unnecessary, harmful, or even dangerous will now have access to more appropriate health care with the desired outcome of improving their health and quality of life.

Demographics and Aging

LO 1.2 Interpret demographic data according to race, sex, and age.

Countries all over the world are facing demographic aging. In the United States, we often speak of "the graying of America," but all nations are faced with important issues regarding the provision of health care to older persons. As illustrated in Figure 1-1, the proportion of persons over the age of 60 is projected to double worldwide during the next 50 years (U.S. Census Bureau, 2016). The greatest increases will be seen in developing countries, many of which do not have healthcare systems geared to the health needs of older people. During the next ten years, the global population age 65 or over is projected to expand by more than 236 million people. Declining fertility and improved health care have increased the number of older persons worldwide at a dramatic rate. By 2050, the United Nations estimated that the proportion of the world's population ages 65 and older will more than double from 8% today to 16.2%. Countries in the world with the largest numbers of older people today include China (136.9 million older persons), India (100 million), the United States (44.7 million), and the Russian Federation (30 million) (United Nations, 2015).

Industrialized countries made great progress in extending life expectancy at birth. Japan has the highest life expectancy of the world's major nations, with the average Japanese born today expecting to live 83 years, while the Central African Republic has the lowest average life expectancy at 47 years (United Nations, 2015).

There are five ***Blue Zones***, or places in the world where people live longer and healthier lives and where many people commonly live to 90 or 100 years old. They live healthy lives without medication or disability. The five identified by journalist Dan Buettner (2012) are:

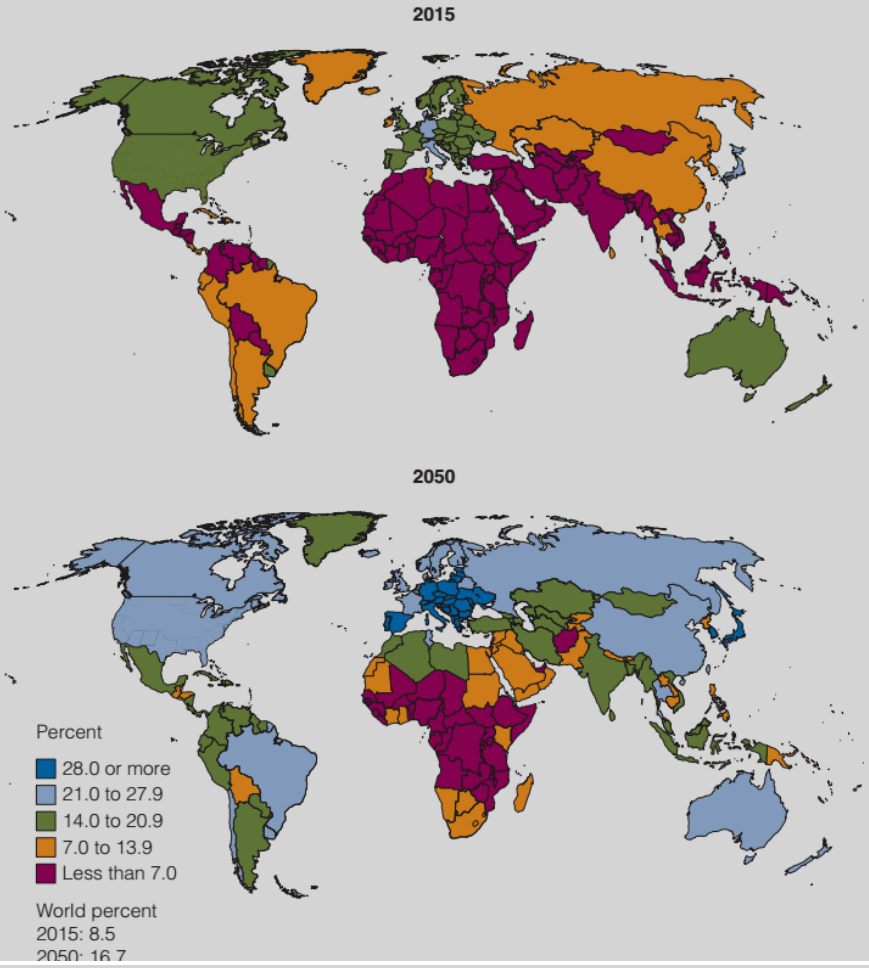
- The Italian island of Sardinia
- Okinawa, Japan
- Loma Linda, California
- Costa Rica's isolated Nicoya Peninsula
- The Greek island of Ikaria

Buettner discovered the secret to this long life includes a healthy diet, daily exercise, and low stress levels through embrace of family, purpose, religion, and meaning. Buettner believes that the key to a long healthy life is within each of us and that complicated medical therapies and modern technology are not required to live long and well. He cites the fact that one of the blue zones is in the United States, so living a healthy lifestyle is possible without moving to remote places. Buettner asserts it is possible to live an active, normal, medication-free, healthy life, but you have to work for it and earn it.

The United States is projected to experience rapid growth in its older population. According to the 2016 census update, the population of the United States was 323 million. Those age 65 and over numbered 40.3 million persons, about 13% of the population (U.S. Census Bureau, 2010). By 2050, the number of Americans ages 65 and older is projected to be 88.5 million—more than twice today's population of older adults. The baby boomers (those born between 1946 and 1964) are mostly responsible for the growth of older persons because they began crossing into the age 65+ category on January 1, 2011. The nation's 65-and-older population grew from 44.7 million in 2013 to 46.2 million in 2014. This group, which now contains the oldest four years of the baby boom generation, is 21.7% minority, less diverse than younger age groups (U.S. Census Bureau, 2015). By 2030, about one in five U.S. residents will be age 65 or older. The United States will also become more racially and ethnically diverse and, in 2042, the aggregate minority population is projected to become the majority.

Figure 1-1 Population Projection by Age and Sex, 2012, 2030, and 2050.

SOURCE: U.S.Census Bureau, 2013, 2014; International Data Base, U.S. population projections.



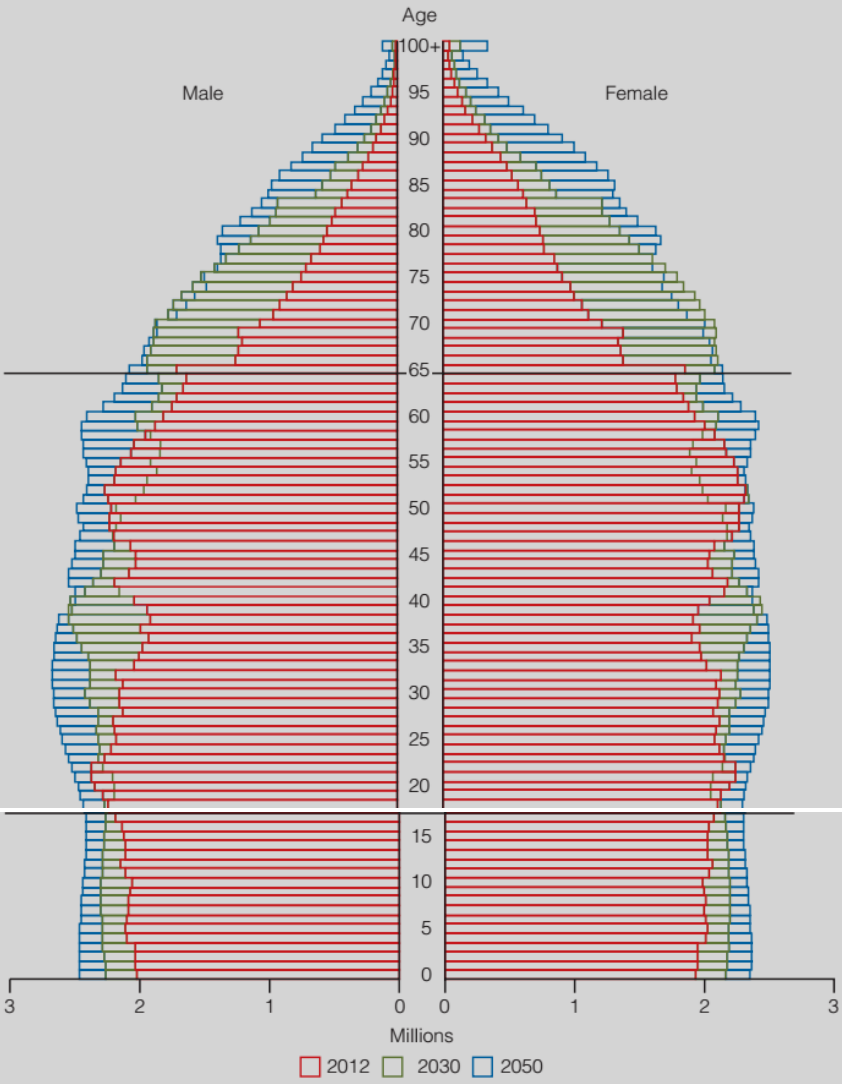
Aging trends occurring now and into the future will affect each of the three subgroups of older people in different ways:

- **The young-old (ages 65–74):** During the next 13 years, 74 million baby boomers will retire. Medicare and Social Security will add 10,000 new retirees *per day*.
- **The middle-old (ages 75–84):** During the next decade, increased life expectancy will add to the numbers of aging baby boomers and increase the total numbers in this category.
- **The old-old (ages 85+):** The old-old are the fastest growing segment of the population, growing at twice the rate of those ages 65 and over and four times faster than the total U.S. population. This group will triple from the current 5.7 million to over 19 million by 2060 (U.S. Census Bureau, 2015).

Past fertility trends exerted the strongest influence on the U.S. age structure in the 20th century. Relatively high fertility at the start of the century, lower fertility in the late 1920s and 1930s, and higher fertility after World War II during the baby boom all affected the U.S. age composition. In 1950 there were 3.01 children born to each woman in the United States; in 2015 the average was one child lower at 1.87 (U.S. Census Bureau, 2015). At the beginning of the 20th century, half of the U.S. population was younger than 22.9 years. At the century's end, half of the population was younger than 35.3 years, the country's highest median age ever (U.S. Census Bureau, 2015). The baby boomers (also called *boomers*) have had—and will continue to have—a profound impact on American culture and demographics. By 2030, all of the baby boomers will have moved into the ranks of the older population. This will result in a shift in the age structure, from 13.7 percent of the population aged 65 and over in 2012 to 20.3 percent in 2030 (U.S. Department of Health and Human Services [USDHHS], 2014). Figure 1-2 illustrates the bulge in the U.S. population pyramid and the changes by age and sex as the baby boomers have aged between 2010 and 2050.

Figure 1-2 Age and sex structure of the population for the United States: 2000 and 2012, 2030 and 2050.

SOURCE: U.S. Census Bureau (2014).



The 85+ population is projected to increase from 5.5 million in 2010 to 6.6 million in 2020 (19%) (U.S. Census Bureau, 2010, 2014). The implication of the rapid growth of the population over age 85 is that there will be larger numbers of older people with normal changes of aging, diagnosed chronic illness, and a greater demand for preventive health services. Gerontological nurses will find greater demand for their services in home, community-based, and institutional settings.

Longevity and the Gender Differential

Women comprise the majority of the older population (55%) in all nations, and the majority of these women (58%) live in developing countries. In the United States, women outnumber men and the ratio of men to women over the age of 65 is 49 men to every 100 women (U.S. Census Bureau, 2010, 2016). In 2014, life expectancy at birth in the United States for the total population was 78.8 years to 76.4 years for males and 81.2 years for females (USDHHS, 2016). Disparities in life expectancy remain according to the race/gender of the population, although all populations have enjoyed increases in life expectancy during the past decade. For instance, at the age of 65, a Caucasian male has a life expectancy of 17.3 remaining years, whereas an African American male is projected to have 15.5 remaining years. A Caucasian female has 19.9 remaining years, whereas an African American female has 18.9 projected years (U.S. Census Bureau, 2010, 2016). In recognition of this fact, *Healthy People 2020* was released with one of its four major goals being to "achieve health equity, eliminate

disparities, and improve the health of all groups" including the growing number of racially and ethnically diverse older persons (USDHHS, 2010).

PRACTICE PEARL

Older women greatly outnumber older men in most nations. Therefore, the study of gerontology is closely linked to the study of women's health.

Older women face different socioeconomic circumstances than men as they age. They are more likely to be widowed, to live alone, to be less educated, and to have fewer years of labor experience, making older women (especially those over the age of 75) more likely to live in poverty (Health Resources and Services Administration, 2010). By 2025, nearly three-quarters of the world's older women are expected to reside in what is known today as the developing world. The term *feminization of later life* describes how women predominate at older ages and how the proportions increase with advancing age (Transgenerational Design Matters, 2011). While women are projected to continue to outlive men, life expectancy is projected to increase more for men than women, potentially resulting in a smaller share of women living alone at the oldest ages in the future, at least for the youngest old (i.e., ages 65 to 84). The changing sex ratios could also have an impact on the types of care that are available to the older population. For example, because men and women are expected to survive to older ages, spouses may be able to care for one another longer. There could also be increased demand for assisted-living arrangements or institutional care for couples (U.S. Census Bureau, 2014) (Figure 1–3).

The gender differences in life expectancy may be explained by the complex interaction among biological, social, and behavioral factors. Greater male exposure to **risk factors** (factors whose presence are associated with an increased probability that disease will develop at a later time), such as tobacco, alcohol, and occupational hazards, might negatively affect male life expectancy. If women begin to approach the rates of tobacco and alcohol use and face the same environmental hazards as men, the gender gap may narrow (U.S. Census Bureau, 2010, 2014). Rates of increasing obesity affect survivorship in both men and women.

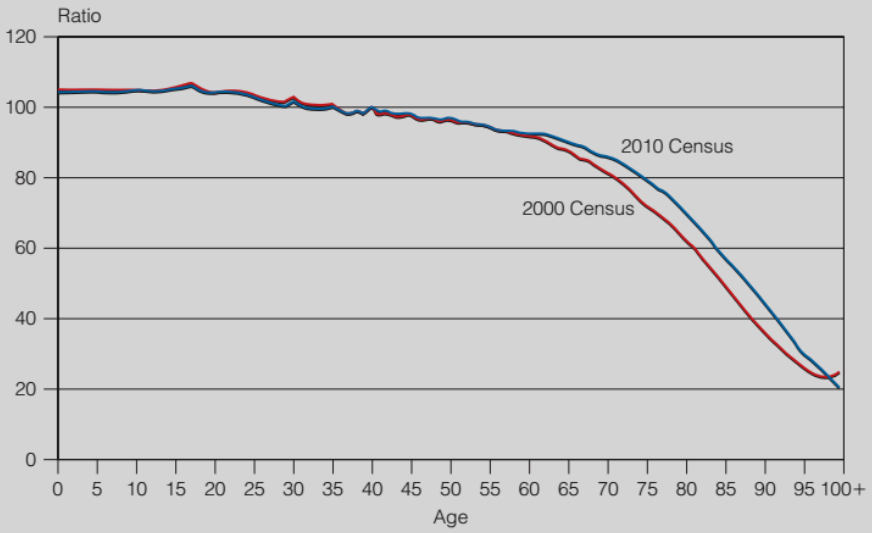
Life After Age 65

LO 1.3 Identify the effects of chronic disease and leading causes of morbidity and mortality among older adults.

This increase in life expectancy has been attributed to improved health care, increased use of preventive services, and healthier lifestyles. Experts disagree as to whether this trend in life expectancy can continue without major treatment advances or cures in heart disease and cancer, which account for nearly half (48.5%) of all deaths in older persons (Centers for Disease Control and Prevention [CDC], 2015a). However, nurses should be aggressive in health-promotion efforts and rehabilitation after surgery or illness, because the 65-year-old patient has the potential for many additional years of life. Health-promotion efforts can assist the older person to enjoy these years and enhance quality of life and functional ability rather than living out their final years with significant disability. Most older people would prefer to live out their final years independently and reside in their own homes, rather

Figure 1-3 Number of males per 100 females by age, 2010.

SOURCE: U.S. Census Bureau (2010).



than in extended-care facilities relying on others for care, making health-promotion and rehabilitation efforts essential.

Chronic Conditions

Chronic conditions usually develop over long periods and thus offer ample opportunity for nurses and other healthcare professionals to screen, detect, educate, and intervene. Using the principles of **epidemiology**, which is the study of health and disease determinants and patterns among populations, the stages of chronic disease have been documented to start at about age 20. The disease process may be altered or change course with a resultant increase or decrease in symptoms. Healthier behaviors, more supportive environments, and better access to preventive services can prevent or delay the onset of many chronic illnesses. The CDC (2015a) has developed key public-health strategies to improve the health of older adults including:

- Promoting healthy environments and lifestyles
  - Promotion of healthy diets, avoiding smoking, access to opportunities for regular exercise
- Closing gaps in the delivery of clinical preventive services
  - Cancer screening, flu and pneumonia immunizations
- Meeting the needs of older adults with cognitive impairment and their caregivers
  - Supporting Alzheimer's-friendly community efforts, caregiver support, strategic frameworks for community care delivery systems.

The aging of America is triggering a higher demand for healthcare and social services. Chronic conditions can cause years of disability, pain, and loss of function. In 2014, 21.7% of older adults rated their health as fair or poor (USDHHS, 2015). Three million older adults indicate that they cannot perform basic activities of daily living such as bathing, shopping, dressing, and eating. Their quality of life suffers as a result, and demands on family and caregivers can be challenging.

In general, older people in the United States are healthier than in the past, with lower rates of disability. Still, a significant proportion of the older population suffers from health problems and chronic disease, and causes of death have not changed dramatically:

- About 80% of seniors have at least one chronic health condition, which often leads to disability. Arthritis, hypertension, heart disease, diabetes, and respiratory disorders are some of the leading causes of activity limitations among older people. In 2012, 63% of older adults aged 65–74, 78% of those aged 75–84, and 83% of those over age 85 reported multiple chronic conditions (CDC, 2015b).
- Alzheimer's disease is the fifth leading cause of death for the older adult.
- The overall obesity rate for older adults was 37%, and the obesity rates between older men (34.9%) and women (38.8%) was not significant (CDC, 2015b).

During the many years it takes most chronic diseases to develop, nurses have the opportunity to intervene using the three levels of prevention designated as primary, secondary, and tertiary. Box 1-3 illustrates nursing interventions to promote health in older people.

The best strategy for the control of diagnosed chronic disease in the older adult is to employ tertiary prevention and attempt to slow the progression of the illness and prevent or reverse disabling loss of function. However,

BOX 1-3 Nursing Interventions to Promote Health in Older People

Primary Prevention—Health Promotion

- Education about a healthy lifestyle
- Injury prevention
- Nutritional assessment and guidance
- Exercise prescriptions as appropriate
- Avoidance of tobacco
- Moderation of alcohol
- Education regarding importance of health screenings and vaccinations

Secondary Prevention—Early Diagnosis and Prompt Treatment

- Screening questions and health assessment (use of standardized assessment instruments appropriate for older adults, including function, cognition, mood, mobility, pain, skin integrity, quality of life, nutrition, neglect, and abuse)
- Referral for examination and testing
- Disease cure and aggressive treatment to limit disability and stop disease progression

Tertiary Prevention—Restoration and Rehabilitation

- Multidisciplinary rehabilitation (physical, occupational, speech, and recreational therapy)
- Short-term placement in rehabilitation facilities or aggressive in-home rehabilitation
- Appropriate services and aids to increase independence (walkers, canes, homemaker/home-health aid, visiting nurse)

Source: U.S. Department of Health and Human Services. (2010). *Healthy people, 2020. What are its goals?* Rockville, MD: Author.

the nurse will have the opportunity to use primary and secondary prevention techniques in other areas of the older person's risk profile. For instance, when caring for an older patient after a surgical intervention to repair a broken wrist suffered in a fall, the nurse may avert a future stroke or myocardial infarction by carefully noting and reporting a consistently elevated blood pressure. Remembering that the person at age 65 has another 16 to 19 years of life expectancy, the nurse may employ all three levels of health prevention simultaneously, even in the older person diagnosed with chronic illness.

Preventative Care

In recent years, Medicare, the national health insurance for older Americans, has expanded coverage of preventive services to encourage older people to stay healthy. Changes in coverage occur on an ongoing basis, and the gerontological nurse should keep track of these changes by visiting the Medicare website or calling 1-800-MEDICARE (1-800-633-4227). At the present time, Medicare will pay for a yearly wellness visit and routine physical examination so that risk factors and/or health problems can be identified and treated in order to promote health and prevent disability. A one-time preventive physical exam is given within the first 12 months that the older person is enrolled in Part B of Medicare. The examination covers a medical and social health history with attention to modifiable risk factors for disease, education and counseling about preventive services, and referrals for care if needed. Services covered during this examination include measurement of height and weight and blood pressure, vision screening, an electrocardiogram (EKG), offering routine immunizations as needed, education and counseling on how to stay well, and a list of recommended screening tests and a timetable for when they should be obtained. Please note that screening for prostate cancer is controversial and routine yearly testing using the Prostate Specific Antigen (PSA) and digital rectal exam (DRE) is not universally endorsed by all professional groups. New guidelines are in progress at the time of this writing. Consult uspreventiveservicestaskforce.org for current recommended screening guidelines. The following tests are recommended by Medicare and require no co-payment under the Affordable Care Act:

- Screenings for breast, cervical, vaginal, colorectal, and prostate cancer
- Fecal occult blood testing (once yearly)
- Flexible sigmoidoscopy (once every four years)
- Colonoscopy (every ten years for those with normal risk levels and once every two years for those at high risk)
- Multi-target stool DNA test (once every three years for those at average risk)
- Lipids, triglycerides, and cholesterol levels (every five years)
- Barium enema (once every four years for those with normal risk levels or every two years for those at high risk)
- Mammograms (routine screenings once yearly)
- Pap smears and pelvic examination (once every two years for all women, yearly for high-risk women)
- Prostate-specific antigen (PSA) test (once yearly) in men under 70
- Digital rectal exam (once yearly)
- Bone-mass screening—once every two years for those at risk
- Fasting blood glucose screening (every six months for those at high risk)
- Diabetes monitoring—glucose monitors, test strips, lancets, and self-management training for those with diabetes
- Flu, pneumonia, and hepatitis B vaccinations—annual flu vaccine, pneumonia vaccine at the physician's discretion, and hepatitis B vaccine for those at medium to high risk for hepatitis
- Nutrition assessment and counseling for those with diabetes or renal disease
- Glaucoma screening (yearly for those with high risk of glaucoma)
- Smoking cessation counseling (eight face-to-face visits during a 12-month period for those with smoking-related illness or those taking medicine that may be affected by tobacco)

Figure 1-4 may be useful to nurses when helping older patients prepare for their initial Medicare examination. In addition to helping patients prepare for this examination, this checklist can also serve as an important patient-education tool and help the patient to plan for and schedule future preventive services.

As nurses and other healthcare professionals continue to work on closing the gap between **life span** (defined as the biologic limit to the length of life varying by species) and healthy life span, the older adult should be urged to assume more responsibility for healthy aging. About 70% of physical decline that occurs with aging is related to modifiable factors such as smoking, poor nutrition, lack of physical activity, injuries from falls, and failure to use Medicare-covered preventive services (CDC, 2015b). Older people should be educated regarding the need to start exercise programs, stop smoking, and engage in other healthy behaviors (USDHHS, 2015). Nurses often interact with older patients when they are suffering an acute health problem or traumatic injury. This interaction is considered to be a teachable moment to achieve broader goals and improve the long-term health status when an older person who may take his or her health for granted expresses interested in hearing about health promotion.

Figure 1-4 Preventive services checklist.

SOURCE: Centers for Medicare and Medicaid Services (2012).

Medicare Covered Test/Screening/Service	Date You Got This Test/ Screening/Service	Next Test/Screening Service Due
Abdominal aortic aneurysm screening		
Bone mass measurement		
Cardiovascular screening		
Colorectal cancer screening		
Fecal occult blood test		
Flexible sigmoidoscopy		
Colonoscopy		
Barium enema		
Diabetes screening		
Diabetes self-management training		
Flu shot		
Pneumococcal shot		
Hepatitis B shot		
Glaucoma test		
HIV screening		
Mammogram		
Medical nutrition therapy services		
Pap test and pelvic exam (includes breast exam)		
"Welcome to Medicare" preventive visit*		
Yearly wellness visit		
Prostate cancer screening (after discussion with your health care provider)		
Smoking cessation counseling		

***IMPORTANT:** Make your appointment for this exam within the first 12 months of enrolling in Medicare Part B.

PRACTICE PEARL

The three major misconceptions about aging and health are that most older people are sick, they don't pull their own weight in society, and are set in their ways (Family Education, 2016). The gerontological nurse can help dispel these misconceptions and serve as a role model by making health-promotion activities a major focus of nursing care.

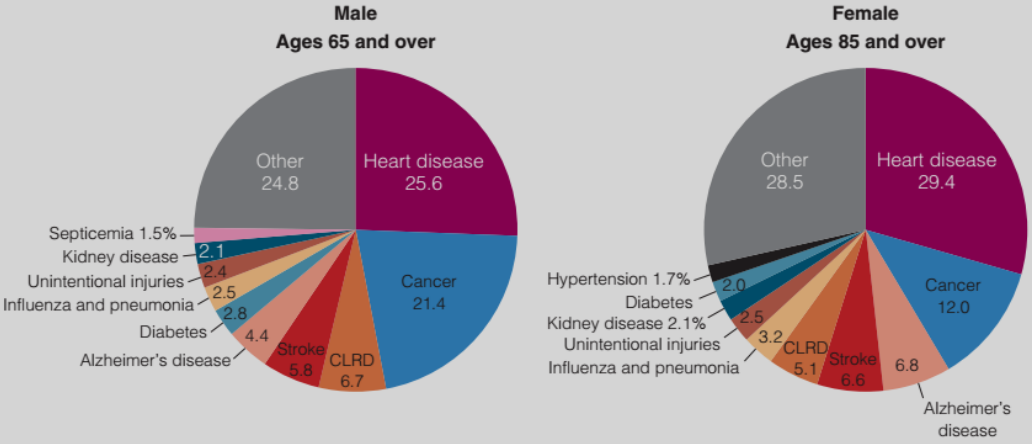
Living Longer or Living Better?

In 2013, the death rates for older persons declined significantly for 7 of the 10 leading causes of death. Heart disease (all races, both sexes) caused 25.6% of all deaths, followed by cancers (21.4%), chronic respiratory disease (6.7%), Alzheimer's (5.8%), diabetes mellitus (4.4%), influenza (2.8%), accidents (2.4%), nephritis (2.1%), septicemia (1.5%) and all other causes (24.8%). Figure 1-5 illustrates the leading causes of death by sex in people over 65 years of age.

Five chronic diseases—heart disease, cancer, stroke, chronic obstructive pulmonary disease, and diabetes—cause more than two-thirds of all deaths each year. The number of deaths fails to convey the toll of chronic disease. More than 130 million Americans live with these diseases, and millions of new cases are diagnosed each year. Although treatable, these diseases are not curable. The resulting disability and diminished quality of life is a great burden. Chronic, disabling conditions cause major limitations in activity for

Figure 1-5 Leading causes of death for men and women 65 years and older.

SOURCE: National Vital Statistics Report (2016).



1 of every 10 Americans, or 30 million people. Caring for people with chronic diseases accounts for about 86% of our nation's spending on health care (CDC, 2016), $2.3 trillion in 2011 (Partnership to Fight Chronic Disease, 2016). Box 1-4 lists the financial cost of caring for people with chronic diseases in the United States.

Because the older population is growing, overall U.S. healthcare costs are projected to increase 25% by 2030 (Partnership to Fight Chronic Disease, 2016). Preventing health problems is one of the few known ways to stem rising healthcare costs. By preserving function and preventing injury, we also can help older adults remain independent for as long as possible, which can improve their quality of life and delay the need for costly long-term care.

MULTIPLE CHRONIC CONDITIONS Many older people who have multiple chronic conditions (MCC) and disabilities lead active, productive lives, but some require assistance with activities of daily living (ADLs). About 41 million Americans with chronic conditions require assistance daily. Figure 1-6 illustrates the impact of MCC on activity. In general, older people with lower incomes are more likely to have conditions that are difficult or costly to treat. Potential causes of this disparity include social determinants such as poverty, lack of education, racism, and discrimination; environmental causes such as lack of resources to support physical activity or healthy eating; personal behaviors such as poor diet, tobacco use, and physical activity; and decreased access to high-quality health care and lower quality of medical services (CDC, 2015a). Blacks are more likely than Caucasians to have

BOX 1-4 Most Common Causes of Disability in the United States

- Heart Disease and Stroke—$157 billion
- Diabetes Care—$176 billion
- Arthritis and related conditions—$128 billion
- Obesity—$147 billion
- Smoking-related illness—$289 billion
- Alcohol abuse—$223.5 billion

Source: Centers for Disease Control and Prevention (2016).

Figure 1-6 Impact of multiple chronic conditions on daily activity.

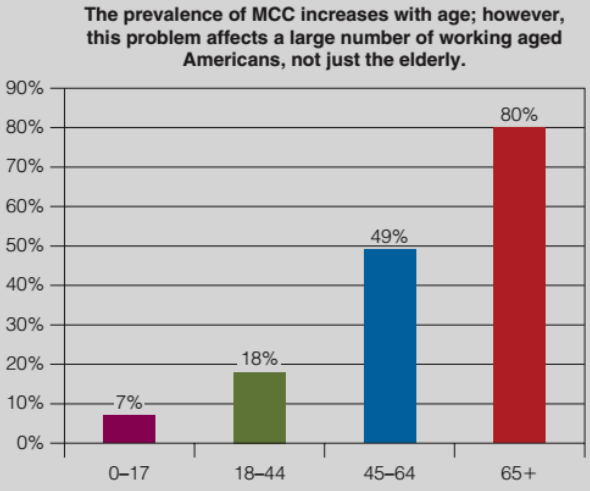
SOURCE: Agency for Health Care Research and Quality (2016).

limitations in ADLs when chronically ill. The rate of hypertension is 40% higher in non-Hispanic blacks; diabetes rates are 77% higher among non-Hispanic blacks, 66% higher among Hispanics, and 18% higher among Asians; Native Americans are 60% more likely to be obese; and life expectancy for non-Hispanic blacks is approximately four years lower than non-Hispanic whites (CDC, 2015c). To accurately measure the impact of chronic disease on daily life, the Hartford Institute of Geriatric Nursing recommends the Katz Independence in Activities of Daily Living (ADL) scale as a Best Practices in Nursing Care to older adults. This scale has been used in many clinical settings for over 30 years. The scores measure ability of the older person to care for him/herself and include ability to perform instrumental ADLs (meal preparation, use of the telephone, taking medications) and personal ADLs (walking, bathing, using the toilet). Each activity is scored as independent, needs assistance or unable to perform and the scores can be recorded in the older patient's medical record so that baseline information and progress toward independence can be measured over time. See https://consultgeri.org/try-this/general-assessment/issue-2.pdf for further information.

The number of Americans with chronic conditions is expected to increase significantly during the next several years.

Figure 1-7 Relationship between age and multiple chronic conditions.

SOURCE: CDC (2015c).



The hospitalization rates are higher for those with MCC, from chronic conditions affecting older people. In general, the need for assistance tends to increase with age as illustrated in Figure 1-7.

BOX 1-5 Opportunities to Improve Older Americans' Health and Quality of Life

Poor health and loss of independence are not inevitable consequences of aging. The following strategies have proven effective in promoting the health of older adults:

- **Healthy lifestyles.** Research has shown that healthy lifestyles are more influential than genetic factors in helping older people avoid the deterioration traditionally associated with aging. People who are physically active, eat a healthy diet, do not use tobacco, and practice other healthy behaviors reduce their risk for chronic diseases and have half the rate of disability of those who do not lead healthy lifestyles.
- **Early detection of diseases.** Screening to detect chronic diseases early in their course, when they are most treatable, can save many lives; however, many older adults have not had recommended screenings.
- **Immunizations.** More than 40,000 people age 65 or older die each year of influenza and invasive pneumococcal disease. Immunizations reduce a person's risk for hospitalization and death from these diseases. Influenza immunization rates for older adults have been about 65% for more than 15 years. The federal government's goal is 90% by 2020. Only 40% of older adults have received the pneumonia vaccine. Nearly 50% of seniors have not received a tetanus booster in the last ten years and 76% of older adults have not received the shingles vaccine.
- **Injury prevention.** Falls are the most common cause of injuries to older adults. More than one-third of adults age 65 or older fall each year. Of those who fall, 20% to 30% suffer moderate to severe injuries that decrease mobility and independence. Removing tripping hazards in the home and installing grab bars are simple measures that can greatly reduce older Americans' risk for falls and fractures.
- **Self-management techniques.** Programs to teach older Americans self-management techniques can reduce the pain and costs of chronic disease. For example, the Arthritis Self-Help Course, disseminated by the Arthritis Foundation, has been shown to reduce arthritis pain by 20% and visits to physicians by 40%. Unfortunately, less than 1% of Americans with arthritis participate in such programs, and courses are not available in many areas.

Source: Centers for Disease Control and Prevention. (2015c). *Clinical Preventive Services.* Retrieved from https://www.cdc.gov/aging/services/index.htm

HEALTHY LIFESTYLE CHANGES Americans can improve their chances for a healthy old age by taking advantage of recommended preventive-health services and by making healthy lifestyle changes. The CDC (2015c) estimates that only 25% of adults aged 50–64 and less than 50% of adults aged 65 and over are up to date on preventive services, even though these services are covered in part or completely by Medicare, Medicaid, and most private insurance plans. The challenge for nurses and other healthcare professionals is to encourage people at all stages of life to reduce their chances of disability and chronic illness by undertaking healthy lifestyle changes. This strategy will improve quality of life, delay disability, and increase the number of healthy years an older person is expected to live (CDC, 2015c). Box 1-5 illustrates actions nurses and other healthcare professionals can take to improve older Americans' health and quality of life.

Healthy People 2020

Healthy People 2020 is the prevention agenda for the United States. It is a statement of national health objectives designed to identify the most significant preventable threats to health and to establish national goals to reduce these threats. The U.S. Department of Health and Human Services (2010) recently published this document with specific areas for health improvement. The four basic goals of this document are:

1. Attain high-quality, longer lives free of preventable disease, disability, injury, and premature death.
2. Achieve health equity, eliminate disparities, and improve the health of all groups.
3. Create social and physical environments that promote good health for all.
4. Promote quality of life, healthy development, and healthy behaviors across all life stages.

The first goal signals the importance of quality of life as well as length of life. By placing emphasis on these two vital concepts in one goal, the link between the two is reaffirmed. The second goal, eliminating health disparities, addresses the growing problems related to access to quality health care and differences in treatment based on age, race, gender, and insurance coverage. The goals of *Healthy People 2020* serve as a guide for healthcare research, practice, and policy, and set the agenda for healthcare reform during the next ten years. The focus areas pertinent to older people are listed in Box 1-6. It is apparent when reviewing this list that nurses can intervene in most of these focus areas to promote health and wellness in older people. Many of the focus areas are linked to one another, and intervening in one area may stimulate a positive outcome in several other areas. For instance, by educating an older person about the benefits of a healthy nutritious diet, the nurse may decrease the chance of cancer, obesity, diabetes, heart disease, and stroke, and improve mobility to prevent falls. Further, the older person who eats a nutritious diet will probably have more energy to engage in social and recreational activities, thereby decreasing the chance of depression and social isolation.

Healthy People 2020 highlights emerging issues for improving the health of older adults including the need to coordinate care; helping older adults manage their own healthcare needs; establishing quality measures; identifying minimum levels of training for people who care for older

BOX 1-6 Focus Areas in *Healthy People 2020* Applicable to Older Persons

- Access to quality health services
- Arthritis, osteoporosis, and chronic back conditions
- Cancer
- Chronic kidney disease
- Dementia
- Diabetes
- Disability and secondary conditions
- Educational and community-based programs
- Environmental health
- Food safety
- Health communication
- Heart disease and stroke
- Human immunodeficiency virus
- Immunization and infectious diseases
- Injury and violence prevention
- Medical product safety
- Mental health and mental conditions
- Nutrition and obesity
- Occupational safety and health
- Oral health
- Physical activity and fitness
- Public-health infrastructure
- Respiratory diseases
- Sexually transmitted diseases
- Substance abuse
- Tobacco use
- Vision and hearing

Source: U.S. Department of Health and Human Services. (2010). *Healthy people, 2020: Older adults.* Rockville, MD: Author.

adults; and supporting research and analysis and appropriate training to equip providers with the tools they need to meet the needs of older adults. Further noted is the need to gather more data relating to the healthcare needs of aging lesbian, gay, bisexual, and transgender populations.

View the entire *Healthy People 2020* report online, where detailed information is provided regarding each focus area, and specific objectives are suggested for each age group.

Theories of Aging

LO 1.4 Compare and contrast several major theories of aging.

The study of aging continues to grow and evolve, and scientists uncover new insights daily. The quest to understand aging, which began as the pursuit of one all-encompassing theory, has evolved to the knowledge that multiple processes can affect how humans age. These processes combine and interact on many levels, and individual cells, proteins, tissues, and organ systems are all involved. Some of the changes of aging are benign and superficial such as graying of the hair and wrinkling of the skin. Others, however, increase the risk of disease and disability, such as arteriosclerosis. Gerontologists prefer to use the term **senescence** when characterizing the aging process. Senescence is defined as the progressive deterioration of body systems that can increase the risk of mortality as the individual gets older.

The rate and progression of aging varies greatly from one individual to the next. Even identical twins who possess the same genetic makeup will age differently. In a group of older people, there is a great variety in the way they look, express their attitudes, engage in recreational and social activities, and relate health problems. Notice the variety and differences in the older persons depicted in Figure 1-8.

Figure 1-8 Good health can last long into old age.

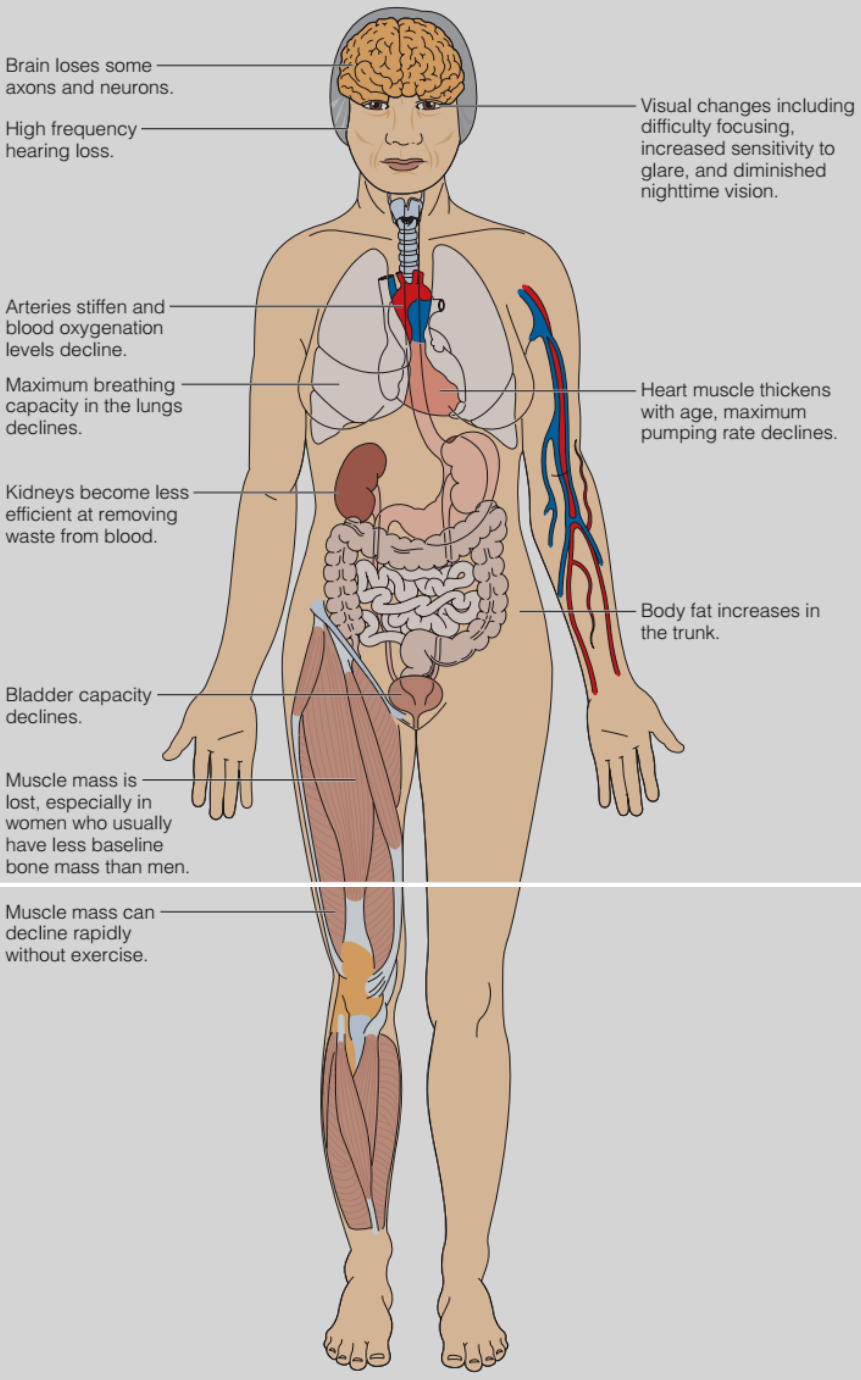
SOURCE: gwimages/Fotolia

Generally, each body system is affected by aging. Some of the changes can begin in the 20s and 30s. Plastic or modifiable changes can be slowed by exercise, good nutrition, and other elements of a healthy lifestyle. For example, most people can avoid lung disease by not smoking and avoiding secondhand smoke exposure. There is a growing understanding of what is considered to be a disease or common problem of aging and what is considered to be part of the normal aging process. Normal aging consists of those universal changes that occur in all older people, for example, the level of organ reserve declines as we grow older. Studies such as the Baltimore Longitudinal Study of Aging have supplied valuable information that can help to define normal aging. However, even within one person's organs and organ systems there are different rates of decline. Understanding these changes can help to distinguish chronological age (number of years from birth) from physiological age (degree of senescence experienced by each body system). Figure 1-9 illustrates normal changes of aging.

Normal aging includes, but is not limited to, the following changes:

1. **Heart.** Heart muscles thicken with age. The heart's maximum pumping rate and the body's ability to extract oxygen from blood diminish with age.
2. **Arteries.** Arteries tend to stiffen with age. The older heart has to beat harder to supply the energy needed to propel the blood forward through less elastic arteries.
3. **Lungs.** Maximum breathing capacity may decline by about 40% between the ages of 40 and 70.
4. **Brain.** With age, the brain loses some of the axons and neurons that connect with each other. Recent studies indicate that the older brain can be stimulated to produce new neurons, but the exact conditions that stimulate this growth are unknown.
5. **Kidneys.** Kidneys gradually become less efficient at removing waste from blood.
6. **Bladder.** Bladder capacity declines.
7. **Body fat.** Body fat typically increases until about middle age and then stabilizes until late life when weight tends to decline. When weight declines, older people lose both muscle and fat. With age, fat is redistributed to the deeper organs from the skin. Fat that is redistributed to the abdomen rather than the hips (being apple shaped rather than pear shaped)

Figure 1-9 Normal changes of aging.



makes older men and women more vulnerable to heart disease.

8. **Muscles.** Without exercise, muscle mass declines 22% for women and 23% for men between the ages of 30 and 70. Exercise can slow this rate of loss.
9. **Bones.** Bone mineral is lost and replaced throughout life, but the loss outpaces the replacement for women at about age 35. This loss is accelerated at menopause. Regular weight-bearing exercise and high calcium intake can slow bone loss.
10. **Sight.** Difficulty focusing close up may begin in the 40s. After age 50, there is increased sensitivity to glare, greater difficulty in seeing at low levels of light, and more difficulty in detecting moving objects. Adapting

to light changes and nighttime driving become more difficult. At age 70, ability to distinguish fine details begins to decline.

11. **Hearing.** It becomes more difficult to hear higher frequencies with aging and this loss begins to accelerate in middle age. Even older adults with good hearing may have difficulty distinguishing vowels and understanding speech, especially in situations with high levels of background noise. Hearing declines more quickly in men than women.
12. **Personality.** Personality is remarkably stable throughout adult life, and rarely do healthy older people show signs of personality change during their final years. Personality usually does not change radically, even as a result of major lifestyle changes such as retirement or death of a loved one. Older people who experience health problems, chronic illness, and pain are at risk for depression and social isolation (National Institute on Aging [NIA], 2015).

The final result of all the normal changes of aging is the loss of organ reserve, or the ability of a given organ to react quickly and efficiently to physiological stress. When an individual is very young, the heart can increase its output during exercise six fold, the kidneys can excrete efficiently if 80% of the nephrons are damaged or destroyed, and surgeons can remove a lung or three-fourths of the liver without loss of life or function. The organ systems of the body combine their efforts and orchestrate a complicated set of responses designed to maintain equilibrium. This equilibrium consists of temperature, acid–base balance, body chemicals, and other vital life components. This tendency of the body toward maintaining equilibrium is defined as **homeostasis**. The loss of organ reserve that can occur with aging can lead to **homeostenosis**, or inability of the body to restore homeostasis after even minor environmental challenges, such as trauma or infection. Therefore, an older person may die from pneumonia or influenza, which may have been only a minor illness to a younger person (CDC, 2015a).

Theories of aging fall into several groups, including biological, psychological, and sociological theories. A brief description of the major theories in each category follows; however, with the tools of biotechnology and new knowledge regarding aging, all-encompassing theories of aging are giving way to a more diverse perspective (NIA, 2015).

Biological Aging Theories

Biological aging theories fall into two groups: programmed theories and error theories. Programmed theories assert that aging follows a biological timetable and may represent a continuation of the cycle that regulates childhood growth and development. The error theories emphasize environmental assaults to the human system that gradually cause things to go wrong.

PROGRAMMED THEORIES Programmed theories hypothesize that the body's genetic codes contain instructions for the regulation of cellular reproduction and death. The following are some of the most popular programmed theories.

Programmed Longevity Aging is the result of the sequential switching on and off of certain genes, with senescence defined as the point in time when age-associated functional deficits are manifested. Persons who endorse this theory are interested in studying the human genome and genetic theories of aging.

Endocrine Theory Biological clocks act through hormones to control the pace of aging. Proponents of this theory ascribe to the use of various natural and synthetic hormones, such as testosterone, estrogen, and human growth hormone, to slow the aging process.

Immunological Theory A programmed decline in immune-system functions leads to an increased vulnerability to infectious disease, aging, and eventual death. Declines in immune-system function can affect the outcomes of many illnesses, such as postoperative infections, diabetes, urinary-tract infections, and pneumonia. It is generally accepted that a healthy diet and lifestyle coupled with preventive-health measures, such as a yearly flu shot and limiting exposure to pathogens, can support immune function in the older person.

ERROR THEORIES The most popular error theories are listed below and hypothesize that environmental assaults and the body's constant need to manufacture energy and fuel metabolic activities cause toxic by-products to accumulate. These toxic by-products may eventually impair normal body function and cellular repair.

Wear-and-Tear Theory Cells and organs have vital parts that wear out after years of use. Proponents of this theory see the human body as a machine. They believe that a "master clock" controls all organs and that cellular function slows down with time and becomes less efficient at repairing body malfunctions that are caused by environmental assaults. Abusing or neglecting one organ or body system can stimulate premature aging and disease (e.g., a person who drinks excessive amounts of alcohol may develop liver disease).

Cross-Link Theory In this theory, an accumulation of cross-linked proteins resulting from the binding of glucose (simple sugars) to protein (a process that occurs under the presence of oxygen) causes various problems. Once the binding occurs, the protein cannot perform normally, which may result in visual problems such as cataracts or wrinkling and skin aging. The modern diet is often high in sugar and carbohydrates, and some nutritionists believe that low-carbohydrate diets can slow the development of cross-links (American Federation for Aging Research, 2015).

Free Radical Theory Accumulated damage caused by oxygen radicals causes cells, and eventually organs, to lose function and organ reserve. The use of antioxidants and vitamins is believed to slow this damage.

Somatic DNA Damage Theory Genetic mutations occur and accumulate with increasing age, causing cells to deteriorate and malfunction. Proponents believe that genetic manipulation and alteration may slow the aging process.

Emerging Biological Theories Study and mapping of the human genome have led to the belief that many genes may be responsible for human aging. These genes may be activated by certain enzymes and/or environmental conditions and may account for the influence of toxins, stress, and lifestyle choices. As these studies progress during the next decade, much more will be known about the aging process, and scientists may be able to explain why individuals age differently.

Psychological Aging Theories

Most psychological theories maintain that various coping or adaptive strategies must occur for a person to age successfully. The triggers might be the physical changes of aging, issues of retirement, dealing with the death of a spouse or friends, and perhaps declining health. Major psychological aging theories include Jung's theory of individualism and Erikson's developmental theory.

JUNG'S THEORY OF INDIVIDUALISM This theory hypothesizes that as a person ages, the shift of focus is away from the external world (extroversion) toward the inner experience (introversion). At this stage of life, the older person will search for answers to many of life's riddles and try to find the essence of the "true self." To age successfully, the older person must accept past accomplishments and failures (Jung, 1960). Older persons subscribing to Jung's theory may spend a lot of time in contemplation and introspection.

ERIKSON'S DEVELOPMENTAL THEORY According to Erikson (1950), there are eight stages of life with developmental tasks to be accomplished at each stage. The task of the older adult includes ego integrity versus despair. Erikson advanced that during this stage, the older adult will become preoccupied with acceptance of eventual death without becoming morbid or obsessed with these thoughts. If major failures or disappointments have occurred in the older person's life, this final stage may be difficult to accomplish because the older person may be despairing rather than accepting of death. Older persons who have not achieved ego integrity may look back on their lives with dissatisfaction and feel unhappy, depressed, or angry over what they have done or failed to do. Psychological counseling can help to resolve some of these issues.

Sociological Aging Theories

Sociological theories of aging differ from biological theories because they tend to focus on roles and relationships that occur in later life. Each of the theories must be judged within the context of time that they were formulated. Major sociological theories of aging include disengagement theory, activity theory, and continuity theory.

DISENGAGEMENT THEORY Introduced by Cummings and Henry in 1961, this controversial theory asserts that the appropriate pattern of behavior in later life is for the older person and society at large to engage in a mutual and reciprocal withdrawal. Thus, when death occurs, neither the older individual nor society is disadvantaged, and social equilibrium is maintained. Mandatory retirement forces some older people to withdraw from work-related roles, accelerating the process of disengagement.

ACTIVITY THEORY This theory contradicts the disengagement theory by proposing that older adults should stay active and engaged if they are to age successfully (Havighurst, Neugarten, & Tobin, 1963). By staying active and extending the activities enjoyed in middle age, the older person has a better chance of enjoying old age. Happiness and satisfaction with life are assumed to result from a high level of involvement with the world and continued social involvement. According to this theory, when retirement occurs, replacement activities must be found.

CONTINUITY THEORY This theory advances that successful aging involves maintaining or continuing previous values, habits, preferences, family ties, and all other linkages that have formed the basic underlying structure of adult life. Older age is not viewed as a time that should trigger major life readjustment, but rather just a time to continue being the same person (Havighurst et al., 1963). According to this theory, the pace of activities may be slowed. Activities pursued in earlier life that did not bring satisfaction and genuine happiness may be dropped. For some, gaining relief from constant time pressures and deadlines is one of the bounties of old age.

Patient and Family Teaching

Gerontological nurses require skills and knowledge related to teaching patients and families about the key concepts of gerontology and the role of gerontological nurses. The patient–family teaching guidelines in the following feature will assist the nurse to assume the role of teacher and coach. Educating patients and families is critical so that older patients can assume a larger role in health-promotion activities.

Patient–Family Teaching Guidelines

The following are guidelines that the nurse may find useful when answering patients' questions and instructing older persons and their families about gerontology in health care.

Learning About Gerontology

1 What is gerontology?

Gerontology is the study of aging. It involves all aspects of an older person's life, including physical, social, psychological, and spiritual function.

Rationale:

Many people, including some healthcare professionals, are unaware that gerontology is holistic, encompasses more than the medical model, and involves all aspects of an older person's life.

2 Why is this important to an older person like me?

With aging, an older person's health status can be affected by many factors. Gerontological nurses and geriatricians have extra training to become experts in the factors that can affect health status and function, including management of chronic illness, proper medication use, lifestyle changes to improve health, disease prevention and health-promotion techniques, and early detection of diseases.

Rationale:

Nurses can educate older patients and their families regarding the many factors that contribute to maintaining and improving health status and function throughout the entire life span with emphasis on staying healthy in old age.

3 Is it too late for me to do anything to make myself healthier?

It is never too late to address behaviors and lifestyle choices that can contribute to premature death or disability. The top killers in the United States are heart disease, cancer, and stroke. Smoking, poor nutrition, and physical inactivity all can contribute to the formation and progression of these diseases.

Rationale:

The nurse should educate older persons and their families regarding the link between lifestyle choices and unfavorable health outcomes in an attempt to provide motivation and incentive for improving health behaviors.

4 Where should I go to get further information?

Many hospitals, community health agencies, and healthcare professionals can guide you to choose an appropriate source of information. The Internet also has excellent websites to guide you, including the National Institute on Aging (NIA.gov), the Centers for Disease Control and Prevention (CDC.gov), and Healthy People 2020 (healthypeople.gov). Look for a specialty clinic with a geriatrician, gerontological or advanced practice gerontological nurse, social worker, nutritionist, physical therapist, occupational therapist, and geropsychiatrist as part of a team to specialize in caring for older adults. These experts can address many common health problems of older people, including falls, medication side effects, pain, sleep disorders, memory problems, and urinary incontinence.

Rationale:

Many older persons and their adult children are interested in learning more about staying healthy and seeking resources specific to aging and geriatrics. The nurse can make a referral to a geriatric specialty clinic or specially trained healthcare professional in order to make the search easier. Guiding patients and families to reputable websites can decrease potential for fraud and prevent patients from becoming a victim of a scam.

5 Should all older people be cared for by a team of geriatric experts?

Many older people receive their health care from generalists and primary-care providers. Others with special problems related to aging would benefit from seeing specialists in aging. If you take many medications, have been diagnosed with multiple chronic illnesses, or think you may be having problems with your memory, you may benefit from seeing an aging specialist such as a geriatrician or an advanced practice gerontological nurse.

Rationale:

There is great diversity in health needs of people over the age of 65. While it is generally agreed that all older people would benefit from receiving their health care from geriatric specialists, many older people are well cared for by primary-care physicians, advanced practice nurses, and family physicians; geriatricians are sought to provide care for frail older persons with complicated medical problems. Regardless of a person's age or healthcare status, a geriatric specialist should be consulted when placement in a long-term care facility is being considered for an older person, family members are feeling stressed or burdened, or the older person is not coping well with illness or disability.