

Geriatric health conditions: types, causes and support



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Name: Clare Josephine Montuya

Student No: 12001442

1. Introduction

Generally, as we are living in the area of progression, we forget to look back into the ones, who in their prime, have done their best to establish the growing community that we are today. We tend to forget that we age along just like them. From this sentiment alone, we should be able to return the favour by means of answering their needs in a holistic manner and at the same time educating future generations about any problems that may arise from present-day health care so they would innovate means to address them in the near future. Time after time, problems tend to arise not from the premise that people have pre-existing health-related problems but from needs that have been overlooked or unaddressed. This report aims to discuss existing knowledge on common geriatric conditions, support organizations as well as services provided to the present day geriatric population so that rest homes, particularly Kindly Residential Care Rest Home, would be able to meet or exceed the expectations of clients or residents.

2. Task 1

Dementia

Dementia is a progressive-degenerative disorder that widely affects the general geriatric populace. It is progressive in a sense that those affected by it tend to develop severe symptoms as they age and degenerative by nature because of degeneration of certain and/or parts of the brain, resulting into <https://assignbuster.com/geriatric-health-conditions-types-causes-and-support/>

changes in cognition, emotion, behaviour and personality. Although this may be prevalent among the elderly, this does not mean that the young adult populace is exempted from such. In present-day society, young adults tend to develop symptoms sooner than they think and tend to disregard the possibility of developing dementia in the long run. A hallmark sign of dementia is forgetfulness or short term memory loss. People as early as in their twenties tend to forget the keys to their room, their mobile phones, their assignments, and all other day to day activities no matter how simple these tasks may seem. But memory loss alone is not enough to diagnose dementia. A person should be able to have memory loss accompanied by four or more of the following criteria: language disturbance, trouble carrying out motor activities, failure to recognize or identify objects and trouble with planning, organising things and making judgments (Perkins, 2013).

The severity of dementia can be categorized into mild, moderate and severe. In mild dementia, one can still be independent in carrying out certain tasks though they may tend to have one or two symptoms of it. This is most prevalent in the young to middle adult stage. In moderate dementia, supervision may be required to be able to execute important tasks and most likely some of a few activities of daily living. In severe cases, full and extensive assistance and supervision is needed to carry out activities of daily living.

Early Stages of Dementia

Early symptoms of dementia may vary in progression depending on the type of dementia presented. Dementia may be categorized into the following:

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1. *Alzheimer's disease*

Short term memory loss is the most profound symptom of the disease. A good example of such would be losing or misplacing things, inability to concentrate or focus, inability to follow conversations, have trouble using the telephone since he or she would tend to forget phone numbers, inability to keep track of recent events at certain times and constantly ask questions for a time because he or she forgot the answer. Another symptom would be having trouble to plan, organize or carry out decisions. One could forget to pay the bills on time or even keep track of certain events in the office and the like. Poor sense of direction is another where one lost his or her way in a mall he or she has visited more than twice in a week. Emotional changes may happen as well, such as increased anxiety, embarrassment in social situations, anger or frustration, powerlessness, suspiciousness, boredom or worse depression.

2. *Vascular Dementia*

Due to any damage or obstruction in the blood vessels in the brain, certain parts of the brain are deprived of oxygen from insufficient blood supply, hence causing damage to certain lobes of the brain responsible for cognition and emotion. Although short-term memory loss is a common denominator for all types of dementia, another significance of this type is the earlier onset of the loss of executive skills. Considered to be an after effect of multiple stroke attacks, it causes a lot of frustration, most particularly the emotional aspect of a person's well-being. They become overly emotional at most times. In the medical world, a person becomes labile. A person may tend to be furious over a small issue or even cry at something funny.

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3. *Lewy body dementia*

Persons suffering from this type of dementia would usually display loss of concentration and impaired judgement. Short-term memory loss is usually present but at its earliest stages, it is way better compared to Alzheimer's disease. Another unique symptom would be able to have visual hallucinations, which would eventually lead to fear and depression.

4. *Frontal lobe dementia*

The front lobe of the brain is mainly affected in this particular type of dementia due to insufficient blood supply. They may have some similarities with vascular dementia but in its earlier stages, people suffering from such type would initially experience personality changes such as being tactless or breach rules of social etiquette. They tend to have difficulty expressing their feelings and have a problem reciprocating the appropriate response or emotion. Worst case scenario, they express no concern for their surrounding environment. They tend to feel that they are purposeless, so they tend to slack off or feel powerless to do anything. As a result, hygiene would be a concern for them and would require assistance and supervision in carrying out certain tasks of daily living.

Interventions

Regardless of what type of dementia the person has, dementia in its early stages is not to be taken lightly. Awareness is the key so information on dementia should be disseminated especially to clients and their families who are directly affected by it. This also does not limit to direct family members

of the client but also to other health care professionals involved in his or her care.

Taking care of the financial and legal aspect in the earlier stages of dementia is one of the many important things to prepare before the client. Security of assets such as having joint accounts, or preparing last will and testament and making advance directives before the client reaches a severe stage of dementia. Another would be to develop a routine for them to do and make these tasks simpler than they used to be. In any case there is a certain routine that they stick to, never break their routine. Providing them references to different support groups and providing access to their services is the best intervention so they could achieve the quality of life they desired.

Support Organizations

Access to these support groups would be essential to the geriatric populace.

1. Alzheimer's New Zealand

This organization aims to disseminate information and promote high standards of education for people with dementia, their caregivers, families and health professionals. The regional member organisations may offer all or some of the following services:

- Support through group “ get-togethers” for the person diagnosed with dementia
- Support group meetings for carers and family members
- Home visits by member organisation staff or field workers
- Carer education programmes

- Volunteer services
- Day-care programmes
- Regular newsletters
- Library – books and audio resources

(http://www.alz.org/documents_custom/world_report_2012_final.pdf)

2. Eldernet

This support group provides options to clients as to how and where they want their care delivered. Either they need care delivered in a large community or in the comforts of their home, Eldernet is able to provide links to these services such as list of different residential care homes, rest homes, support services and retirement villages.

3. *National Dementia Cooperative*

The said support group has been created to facilitate sharing of information regarding support systems made available and share ideas to achieve the goals of the cooperative.

4. *Age concern*

Age Concern provides free and confidential Elder Abuse and Neglect Prevention Services in many major cities and provincial areas throughout New Zealand. These services employ professional staff to work with older people and their carers, providing support and advocacy so that older people can be happy, healthy and safe.

The services also raise awareness of elder abuse by providing education for aged care workers, community groups, families and anyone with an interest

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in the wellbeing of older people. There are also other providers of Elder Abuse and Neglect Prevention Services. ([http://www. ageconcern. org. nz/ACNZPublic/Services/EANP/ACNZ_Public/Elder_Abuse_and_Neglect. asp?hkey= df8b9042-ce1e-4d3a-9fe5-861fc17d2ecf](http://www.ageconcern.org.nz/ACNZPublic/Services/EANP/ACNZ_Public/Elder_Abuse_and_Neglect.aspx?hkey=df8b9042-ce1e-4d3a-9fe5-861fc17d2ecf))

5. New Zealand Aged Care Association

New Zealand Aged Care Association (NZACA), is a not-for-profit, national membership organisation which represents all parts of the aged care residential sector. Our members provide long and short term residential services to the over 65 cohort. Services include:

- Long term residential care
 - Rest home care
 - Hospital care
 - Dementia care
 - Psychogeriatric care
- Short term residential care
 - Respite care
 - Carer support care
 - ACC care
 - Non-weight bearing care

Services

1. Residential care

This type of service is ideal for clients whose family wishes them to stay for a long period of time. People entering into residential care would normally experience separation anxiety and would be difficult for the staff to establish <https://assignbuster.com/geriatric-health-conditions-types-causes-and-support/>

rapport. As much as possible, an initial assessment for the first 48 hours is made and the staff should be able to gather enough information as to the routine care that they will be able to include in their care. After enough background history or information is gathered, a profile is made as basis for the plan of care. The care plan is then discussed with the family and must be reviewed or updated every six months or when significant changes have taken place. Regular meetings with the family are held every now and then to promote collaboration in the care of the patient. Activities cannot be only limited to the confines of the facility but outings are encouraged as well. A walk in the park, spending the afternoon in a familiar coffee shop or any recreational activity that keeps them company. But when it comes down to having outpatient visits to the doctor, a family member must accompany them as they know the history of the patient well than any other caregiver. In any case they wish to have services such as a reflex massage on the foot, or a manicure or pedicure, or hairdresser, these services can be brought from the nearest parlour to their very doorstep. But when dementia gets severe enough that the facility can't handle, these clients will then be endorsed or sent to a higher level of care facility such as the hospital.

2. End of Life Support

Palliative care is an essential care pathway when clients reach their terminal stage in life. This not only applies to the physical aspect but also the emotional, cultural and spiritual well-being as well. Advance directives are made in advance while the client's cognition is still intact and involve the family as well in the decision-making. Heaps of issues tend to arise from this as well, affecting the delivery of care to clients. One would be medical

issues, such as addressing clients with terminal stage illnesses like pneumonia, cancer, chronic kidney disease, diabetic ketoacidosis, stroke and more chronic diseases. We should also consider the hydration status and nutrition of each of the clients to ensure that they keep up with their nutritional needs. Another issue to address is euthanasia or “Death by Dignity”, an ethical issue that is still debatable to this day. According to Perkins, a system called Liverpool Care Pathway was developed to ensure the best possible end-of-life care delivered to the individual in the last few days of his or her life (Perkins, 2013). In the care of the terminally ill in the home setting, a private duty nurse can be arranged to assist the family in taking care of the client.

3. Hospices

Though this may be similar to end of life support, these facilities specialize in taking care of demented clients with diseases such as cancer or HIV/AIDS. Palliative care is still the main intervention for this facility.

4. Hospitals

These facilities offer numerous services open 24/7 to be able to cater to the health needs of patients requiring a higher level of care. In this setting, they require to people to assist in the care of the client. Demented clients who become frail and enter into dementia of a severe kind are most likely to be admitted.

5. Rest Homes

In this facility, the residents are more likely to take care of themselves independently but still require supervision and a bit of support from health

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care assistants. These are privately-owned and offer 24-hour staffing who are trained well in dementia care. A registered nurse may be present but not at all times. They tend to have limited hours to visit and may tend to visit whenever there is an emergency.

6. *Advocates*

Advocates for the demented elderly support their rights to care they deserve in order to achieve good quality of life. They organize and provide information about dementia and share links to certain support groups. They do everything they can to help protect and defend the rights of the client in getting what they want out of the care given.

Task 2

On Stigmas of Dementia

They say that what you wouldn't know couldn't kill you. What if what you thought about dementia isn't as bad as it seems? What if something you thought was wrong seemed to help at all? Here a few things that you thought wrong about dementia:

1. *Social isolation of the individual and their family*

What it actually is...

People shouldn't look at dementia as something to be ashamed of but rather something that could open barriers of communication. Individuals who suffer from dementia tend to create more bonding moments with their family and their caregivers as well as both family and caregivers collaborate together to give much attention to the needs of the client. Being a resident in a rest
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home doesn't mean being confined behind four walls for the remainder of his or her life. Recreational activities in the facilities and getting them involved in support groups help answer the emotional and social needs of the residents and clients. So people should start to see that they won't be that alone after all.

2. Assumption of automatic loss of independence

What it actually is...

Dementia, once diagnosed at an early stage, can still be managed since it is in this stage that people can still carry on effectively and independently certain activities of daily living. Although they may be under supervision, that does not mean that independence has been totally taken away from the individual. Health care providers stick to the code of upholding the rights of the clients, therefore independence isn't lost after all.

3. Unable to make decisions about own care

What it actually is...

This stigma may be considered granting to it that one is already in a severe case of dementia. Though health care providers and family members tend to make certain decisions on the care of the client, they are still guided by the laws protecting the rights of the client to make health care decisions. If the client has something to say about how he or she wants it to be, then there is nothing they can do but respect it. Therefore, clients can still make decisions about their own care after all.

4. Dissatisfying interactions with the medical community

What it actually is...

A lot of issues tend to arise from care rendered by caregivers. Proper lines of communication is essential to establish rapport and eventually gain cooperation from the client. Health care providers, especially trained in dementia care, are guided by the ethics in caring for these clients. Though there may be a few reported to have ill-mannered staff, that does not generalize the entire medical community to be the same. Appropriate disciplinary actions will take place and every client has every right to complain about the care rendered to them. Therefore, not all health care providers in the medical community are that mean after all.

*5. Uncertainty of support services and treatments**What it actually is...*

Support services and treatments are all just a click away. The internet is flooding full of advocacy organizations and support groups, which allows families and affected individuals as well easy access to the services they desire. If in any case that the internet is not within their reach or when computer literacy may pose as a challenge to the elderly populace, then they can always consult health professionals for referrals to such support groups. After all, there is no harm in asking.

3. Conclusion

Awareness is the key to unlock all the possible barriers to the demented client's right to attain the quality of life they desire. Raising awareness of dementia, especially in its early stages, and eradicating any stigmas

surrounding it would be able to help the affected individuals gain access into support systems that are readily available to accept them and advocate their rights to proper care and treatment. As soon as they get in contact with these links of support groups, they could gain access to the services they desired.