

Critical discussion of health outcomes in ageing females



Choose one gender group and critically discuss how their health outcomes can be improved in regards to ageing.

The World Health Organisation's definition of 'Health' emphasizes that the overall health of an individual is determined by not only their physical well-being but also their mental and social well-being. Therefore, NICE has framed its public health outcomes broadly to allow a range of health factors to be addressed. The paper will discuss how the health outcomes of the female gender can be improved in regards to ageing. Hence, due to the limited word count of this discussion, the health initiatives addressed will be physical activity and mental well-being with reference to Menopause, Osteoporosis, Depression and Breast Cancer.

Menopause has not just been chosen because it impacts only women but because in 2007 females expressed the need for more information on menopause and its impacts on their health (BMS, 2015). This has driven the creation of new clinical guidelines to be published in approximately four months time for application in all NHS Healthcare settings (BMS, 2015). The formation of these guidelines in response to the surveyed women may act as a possible improvement in the delivery of the healthcare treatments and advice given by practitioners because a greater focus is hoped to be put on menopause than demonstrated in previous years; this could then improve the quality of health education given to the patient, hence allowing them to understand their condition better. A better personal understanding of a condition can allow a patient to be more active in the decision making processes in partnership with the practitioner (D'Ambrosia, 1999). This could then improve the relationship between the patient and the practitioner;

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Empowerment via knowledge can also positively impact the confidence of the patient because they may be able to apply principles of self-help in some situations where menopause was affecting them because they would have the knowledge to make changes in their lifestyle choices and routines. For example, exercising regularly is promoted in the menopause period to avoid gaining extra weight or to maintain muscle mass and bone strength (NHS, 2014).

Health Psychologists often unravel menopause as a bio-psychosocial event in which social, cultural and biological factors can impact a woman psychologically. Therefore, weight gain may affect their self-esteem, self-confidence and self-image (Ogden, 2012). Hence, health education is not only a method of improvement for health outcomes related to specific conditions and the associated treatments but it also encourages the individual to self develop.

Interestingly, self-image / self - representation is discussed within all media forms in regards to both men and women, however more so for women. Also, ageing and self-image are often not directly addressed within academic texts that analyse the impacts of ageing, yet the physical symptoms of menopause can psychologically impact a woman as mentioned previously in this discussion. Furthermore, despite surveys and questionnaires forming knowledge in regards to the functional aspects of an elderly woman's life, we know very little about their own perceptions on being someone who is considered as older by society (Queniart and Charpentier, 2011). The definition of Health by WHO is inclusive of social wellbeing, but we still have very limited specific research on elderly women and self-representations. <https://assignbuster.com/critical-discussion-of-health-outcomes-in-ageing-females/>

Therefore, there is a need for both qualitative and quantitative research to be conducted on elderly women to be able to support these women to see ageing as a positive process and not a negative process, as this is still a widely accepted connotation amongst society in general and among women.

Within the NHS outcomes framework, mental illness is addressed to acknowledge the growing recognition of mental disorders both diagnosed and undiagnosed and to improve the quality of care for those suffering from mental health conditions. Mental health conditions are good case studies to analyse to explore the barriers which may prevent individuals from reaching their health outcomes. Generally, statistics show that more women access mental health services in comparison to men, however females from BME communities access mental health services less than females from non BME communities. It is often shown in reports that the relationship between BME individuals and healthcare services differs from the relationship of the native community with the healthcare service (Department of Health, 2011).

Furthermore, South East Asian women may be dealt with after a delayed period of time and possibly even with inappropriate mental health services (Department of Health, 2011). This has been shown in some cases even where the female has suffered from severe mental health issues. In this case, the lack of accessibility and engagement will prevent these women achieving better health. Elderly men and women are also victims of mental disorders, with statistics suggesting approximately 15% of adults who are 60 years and older being affected (IHME, 2012). Therefore, barriers to health services will also delay treatments for these individuals. There are a variety of reasons why these barriers exist including; language barriers, cultural

reasons, practitioners who do not understand the latter, the location of services and the individual's own perceptions of the mental health condition. Furthermore, it is extremely difficult for a health service to be specialist and practical for all populations, therefore social inequalities exist as barriers to improving the wider health outcomes for services and governing bodies as well as the personal health outcomes of elderly patients.

Elderly individuals face biological, social and mental changes as part of the ageing process and they have to learn to cope and accept these changes. Many elderly individuals also lack the company of family or friends due to their circumstances. These changes could impact an individual's everyday activities, which then could negatively impact their mental well-being causing them to suffer from depression because they have become socially excluded. Hence, it is important that elderly individuals know how to access specialist services which may not be necessarily healthcare based but who have personal wellbeing as central to their work.

An example of such services are campaigns which aim to tackle elderly depression by focusing on preventing social isolation amongst this age range though the promotion of social activities within community based environments. It is extremely important to recognise that the older age groups in society desire to have or feel similar positive health and well-being states as the younger age groups. However, the method of achieving these positive health and well-being states will in most cases differ between the age groups and also at what level individuals within these groups will be content with their health outcomes may differ too. For example, the

Calderdale Clinical Commissioning Group in West Yorkshire has recently <https://assignbuster.com/critical-discussion-of-health-outcomes-in-ageing-females/>

invested approximately one million pounds to improve the health and wellbeing of individuals via inclusion within groups, activities and accessibility to services through 'The Staying Well Project' (The Halifax Courier, 2015; James, 2014). Achievement of better physical health is viewed highly in this project so physical activity sessions will be delivered for elderly individuals, however the sessions are most likely not going to be at the pace of what would be delivered for younger individuals, traditional activities may be replaced by walking football, tai chi or salsa (James, 2014; NHS, 2013). Improved fitness is a desired health outcome which can support the improvement or treatment of a variety of conditions both acute and chronic, including the prevention of weight gain due to stress in menopause (The Mayo Clinic, 2013).

Also, recommended guidelines for exercise to prevent the onset of musculoskeletal conditions differ depending on the individual's age and their present health and well-being. Osteoporosis is more prevalent in elderly women due to hormonal changes in the stages of menopause (NOS, 2010); however this may also be due to a lack of exercise or adopting a sedentary lifestyle in early life (WHO, 2003). Osteoporosis negatively impacts bone density either by reducing bone density or preventing bone from developing hence the individual becomes more at risk of acquiring bone fractures. However, physical activity and healthy eating would still be needed for maintaining overall health and as an attempt to maintain bone density, yet an individual may potentially injure themselves by breaking a bone, which then could directly impact their overall health and wellbeing. Doctors and physiotherapists (and relevant knowledgeable individuals) are advised by

NICE to promote sufferers of osteoporosis to exercise safely and gently to avoid injury however most reports highlight patients' lack knowledge of what is considered safe in accordance to their condition (NICE, 2013; Moore, 2011). Therefore, if more specific knowledge of appropriate exercise was given to the patient in relation to their condition, patients could ensure they are exercising safely; these patients could then become independent exercisers who would be more likely to sustain exercise in their daily habits for a longer period of time are able to feel fuller benefits of exercise.

In addition to this, there is a lack of research into social inequalities due to musculoskeletal conditions associated with ageing. However, a recent paper suggests that some sufferers of musculoskeletal disease are becoming victims of material deprivation because their physical ability is preventing them from using or owning social possessions. For example, the young-old Hertfordshire Cohort Study had 3, 225 participants who could not possess a home due to lower grip strength and frailty, of which 23. 1% were women (p. 54, Sydall, 2011). The health outcomes of these individuals may not be solely related to physical health outcomes in relation to improving their muscular strength but they could also desire better mental and social health outcomes because these women are facing challenging life experiences. These outcomes can be achieved or supported by secure methods such as receiving social care support within their own home, fitting assistive healthcare/Telecare technology, by accessing supported living schemes or by sharing their accommodation. This will allow them to feel at least partially in possession of important materialistic things such as a home. Addressing these wider non physical health implications is important to prevent further

health and social care concerns because these elderly women may have lost their residence due to the inability to function within their home due to their condition, and this feeling could lead to a lack of control and autonomy within their life, which could then lead to depression, hence co morbidities. To promote positive thinking and motivation in ageing, alternate therapeutic activities such as life coaching and talking therapies may be more engaging and with little or no side effects in comparison to drug based medication, to tackle what is usually diagnosed as clinical depression or anxiety (NHS, 2014).

Cohort studies suggest that physical activity has a protective role in an individual's life either to prevent the development of conditions or the deterioration/maintenance of health and wellbeing. A study in the Netherlands has suggested physical activity can protect premenopausal women from breast cancer; this study looked at the recreational activities of women throughout their life (Verloop et al, 2000). This major study suggested that present, past and future studies would struggle in measuring all kinds of physical activity done by women due to the extreme difficulty in classifying all movements and the impact of these movements. This study suggested that the relationship between the initiation of physical activity and the risk of breast cancer needed to be examined further – in order to form more reliable public health recommendations. Also, the public need to understand why physical activity is important for them at a more developed level than it simply being part of a recommended ' healthy living' regime or for ' weight management' or to ' prevent arthritis' or ' prevent cardiovascular disease', so that the role of physical activity is of greater importance. This

will improve specific health outcomes for individuals suffering from specific disease and a greater need for movements and durations of exercise will be understood by the individual.

To summarise, both physical activity and mental wellbeing health outcomes for women when ageing can be improved via health education because it will motivate individuals to self-help. To improve process this, further research needs to be done on the specific impact of physical activity on conditions and also the psycho-social impact of specific diseases; this will improve public health recommendations. Social inequalities such as accessibility of services and the perceptions of female elderly stereotypes need to be addressed via community engagement work at a local level and via national incentives. Lastly, recognition of the wider implications of poor health outcomes will allow professionals to better support both women and men through the ageing process.

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