

Gerontological project



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Obesity, hypertension, and type 2 diabetes are all risk factors that can lead to coronary heart disease and potentially a heart attack (National Heart, Blood, & Lung Institute, (a), 2011). In order to promote health and wellness in the elderly population, the focus will be on the three levels of prevention to result in a healthier lifestyle and reduced symptoms caused by a person's co-morbidities. In this patient, the primary prevention goal is to encourage regular exercise to prevent the occurrence of heart and kidney disease. The secondary prevention strategy is to promote screening for early detection and intervention for other potential diseases such as kidney and heart disease. Tertiary prevention goal involves creating realistic short and long-term goals for healthy weight loss with the active participation from the patient. For this patient, pain is an issue that will prevent her from engaging in any exercise regimen and thus it has to be dealt with first. Chronic pain occurs in 25 to 86% of the elderly population and leads to “ falls, deconditioning, malnutrition, gait disturbances, and overall slow rehabilitation” (Herr, 2002). Managing pain is a multi-dimensional process that involves pharmacological and non-pharmacological management (Herr, 2002). According to Messier et. al (2004), a combination of exercise and weight loss resulted in improved physical activity and reduced pain in overweight elderly with knee osteoarthritis. The exercise program that this patient can safely participate in could involve exercise three days per week, which consists of “ an aerobic phase (15 minutes), a resistance-training phase (15 minutes), a second aerobic phase (15 minutes), and a cool-down phase (15 minutes)” (Messier et. al, 2004). Motivation and a desire to change are key components in the initiation of and continuity in an exercise program. Based on the patient's socioeconomic situation, this patient can

choose to perform exercises at a facility, since it offers support and added motivation versus performing at home where positive reinforcements are often lacking. Early screening to prevent heart and kidney disease involves blood tests, ultrasound, and angiography to name a few. Cholesterol is a waxy, fat-like molecule that is produced by the body to help with digestion, produce vitamin D, and make hormones (National Heart, Blood, & Lung Institute, 2011). When there is more cholesterol in the blood than needed, there is a chance for developing coronary artery disease which is a precursor to heart disease (National Heart, Blood, & Lung Institute, (b), 2011). A simple blood test shows cholesterol levels and if it is high then there is a need to reduce it by diet, medications, and exercise (National Heart, Blood, & Lung Institute, (b), 2011). An angiography or echocardiogram of the heart helps to show the chambers of the heart, the heart valves, overview of the conduction system, a picture of the arteries, and determines if any electrical and/or mechanical issues exist such as an arrhythmia (Medline Plus, (b), 2011). A blood urea nitrogen blood test is an indicator of kidney function, but many factors other than kidney disease can cause elevated levels such as gastro-intestinal bleeding, heart disease, and shock (Medline Plus, (a), 2011). Therefore, a renal arteriography is a more conclusive test for kidney failure, which is an invasive procedure that looks at the arteries of the kidneys and determines blood flow (Medline Plus, (c), 2011). According to Messier et. al (2004), effective dietary weight loss planning involves three phases, which are intensive, transition, and maintenance. The intensive phase involves education about the importance of changing eating habits in order to reduce weight (Messier et. al, 2004). In order to help this patient, she needs to be engaged in goal setting that meets her needs. A good weight loss plan

involves both individual and group sessions, where in the individual session, the patient can receive nutritional education, meal plan with assistance, and keep track of her weight (Messier et. al, 2004). Group sessions can function as a support group for elderly patients with co-morbidities and offer a taste session of healthy meals (Messier et. al, 2004). The transition phase helps the patient develop new goals if she has not met her weight loss goals. The maintenance phase is to ensure that the patient is still following her regimen and if there are any barriers or relapse, new goals and strategies can be outlined to stay on track (Messier et. al, 2004).

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