

Unit developing essay



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The menopause can start as early as 35 years of age and as late as 60 years of age. Without the high level of the hormone estrogen your risk of heart disease and osteoporosis increases significantly. You may start to notice that the menopause is approaching as your periods may become slightly longer apart, or may not last as long but occasionally the menopause may just stop altogether without any warning.

Physical changes can occur a few years before your menopause begins, for example you could experience hot flushes where you could be extremely hot one minute enough to open all the windows in the house then the next minute you could be hovering cold. Night sweats often affect women during menopause. If they are severe they could drench your bedding and disturb yours or your partner's sleeping pattern. This could emotionally affect a person that is/are ageing, frequently becoming anxious can lead to the individual having regular panic attacks, and this can include shortness of breath, dizziness or palpitations.

Estrogen plays a part in the health of the nerve cells in the brain however during menopause when there become less of it this could cause memory loss and poor concentration. This may cause the individual to lose self-confidence and low self-esteem due to the woman becoming embarrassed if night sweats cause disruption to theirs and their partner's sleeping pattern. The menopause may also cause the individual to lose her self-confidence and reduce her self-esteem due to her body changing; this may cause mood swings and arguments towards those she's close to which could cause relationship problems with family, partners, friends and colleagues.

Cardiovascular system As you get older in life your cardiovascular system becomes weaker making it harder to pump blood around your body which is efficient enough to reach all the vital places in the body I. E the brain.

Therefore in addition to this your blood vessels may lose some of their elasticity and hardened fatty deposits may form on the inside of your arteries causing Atherosclerosis this can cause your heart to work even harder to pump blood throughout your body which can lead to high blood pressure and/or other cardiovascular problems.

Arterial is the term for loss of elasticity and sclerosis is the term for meaning hardening creating the name Atherosclerosis. There are on your individuality. Having this cardiovascular disease this may cause the individual to become increasingly worried about shortness of breath, becoming sweeter, having anxiety and may develop a chest pain. Therefore this could effect on how they act around others as they may not want them to change the opinion they already had on the individual.

This will cause worrying which will put pressure on the individual therefore their self-esteem and self-confidence may become significantly lower than what it used to be. Respiratory System Chronic obstructive pulmonary disease Chronic Obstructive Pulmonary Disease otherwise known as COPED is the name for a collection of lung diseases. Usually people with COPED struggles to breathe this is because of the narrowing of their airways. The main cause of COPED is smoking risks increase depending on the amount you smoke and the longer length of time you've smoked for.

COPEL is usually misdiagnosed because individuals will dismiss the symptoms off ' smokers cough' and occurs from the age 35 upwards. Chronic obstructive pulmonary disease may decrease an individual's self-confidence and self- esteem because others will watch them become weaker, then eventually they will need to be on oxygen 24 hours a day therefore the individual will not be as strong as they used to be meaning that they will be a lot less dependent and relying on family members/ careers to help them with some everyday tasks depending on how bad they're deteriorating.

Nervous system Motor neurons disease This is a progressive disease which attacks the motor neurons or nerves in the brain and spinal cord which interferes with messages being sent to muscles, therefore messages being passed to muscles gradually stop leading to weakness and wasting. Motor neurons disease doesn't affect a person's intelligence however it may affect and change a person's emotional state of mind changing personality.

This is a moon sign as a person can go from fits of laughter to cry uncontrollably within seconds Gaps refer to this as emotional liability. Motor neurons disease can affect any adult at any age however the age which people are diagnosed at the most is 40+ the highest peak occurring in the ages of 50 and 70. This occurs when the nerve cells the motor neurons stop working properly. Motor neurons control muscle activity such as: * Walking * Speaking * Breathing * Swallowing * Changes to mental abilities E. G. Difficulties with memory, learning, concentration etc.

In the final stages of motor neurons disease the symptoms will become more ever as total body paralysis may start to occur meaning that the individual

will not be able to move their body and significant breathing difficulties will also start to affect the individual. Because in the final stages they will not be able to move their body the aim of an individual's final stages of life is to ensure that they are as comfortable as possible so that they don't become challenging or agitated, this is so that their dignity is maintained throughout the duration of the final stages.

There are three different types of motor neurons disease these are: * Limb onset disease sometimes loss of function. Bulbar onset disease - this begins with symptoms that affect the throat and mouth, such as difficulties speaking, swallowing and slurred speech. * Respiratory onset disease - this begins with symptoms that affect the lungs, such as shortness of breath.

This disease will significantly affect the individual's self-confidence and self-esteem, this is because the person may not be as chatty and out-going as they used to be therefore hiding themselves away, depending on the type of motor neurons disease they have this will differ, for example if they slur their speech then they may not be confident at all because they may be afraid that no one will be able to understand them, this will also lower their self-esteem because they will have a lower opinion of themselves due to what could be a misunderstanding.

Cognitive changes Cognitive changes such as thinking, processing, learning and remembering information may be caused by some cancers and treatments; therefore this can become disturbing and upsetting to the individual and may affect certain aspects of their everyday life. This doesn't necessarily mean that having chemotherapy, radiation or surgery means

that you're going to have cognitive changes this can occur over a period of time or suddenly, it can occur in adults and children.

Those who are at an increased risk are cancer survivor patient who has experienced the following: * Tumor located in the central nervous system *

Treatment administration directly to the central nervous system *

Treatments administration when extremely ill * Chemotherapy and radiation given to the brain * Chemotherapy given into the spinal fluid after radiation

Cognitive changes may change the individual's opinion on themselves if they find it hard to remember information they've learned lowering their self-

esteem and possibly becoming agitated if they cannot remember at all, if

this happens then the confidence of that person may deteriorate because

they may refer to themselves as 'stupid' if they cannot remember certain

information which they've learned. Muscular-skeletal Osteoarthritis This

condition affects the joints within your body, this is the most common type of arthritis within the UK - around 1 million people go to see their GPs about

this case of arthritis every year. Due to this the NASH in England and Wales

performs over 140,000 hip and knee replacement operations every year.

The symptoms of this condition vary depending on the individual and

different affected joints, an example of this is a joint could be severely

damaged without causing symptoms or may be severe without affecting the

joints movement. * Mild inflammation of the tissues in and around the joints

* Damage to the cartilage, the strong, smooth surface that lines bones and

allows joints to move easily without friction * Bony growths that develop

around the edge of the joints This can lead to pain, stiffness and difficulty

doing activities. This condition usually occurs in the knees, hips, spine and

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small Joints of he hands and base of the big toe, however almost any Joint can be affected.

Developing osteoarthritis is common in individuals aged 50 years and over – this is more common in women than men. People tend to think that you develop osteoarthritis due to ageing however this isn't exactly true as young people can also through physiotherapy and weight loss, medication such as painkillers, surgery in a small number of cases such as knee or hip replacement. This disease may reduce a person's self-esteem and self-confidence due the mild inflammation of the tissues, damage to cartilage and bony growths that develop around the edge of Joints, due to his they may feel uncomfortable or embarrassed sharing a bed with their partner due to the symptoms of osteoarthritis.

Their self-esteem may be more affected when they're participating in activities which could lead to pain, stiffness or even difficulty carrying out the activity. Skin Loss of elasticity * Skin elasticity is the ability of the skin to stretch out and return to its original shape, this is greatly determined by health, tone and strength of the underlying muscles. Therefore as you get older the skin begins to age due to decreased elasticity. Due to being the largest organ of the body the skin is responsible for retention the internal organs defending your body from pathogens, UP rays etc. Due to this the skin starts to age losing its elasticity whilst looking after your internal organs.

Some tips of how to keep your skin elasticity improved are keeping a well balanced diet, certain vitamins, minerals, herbs and hormones – here are some of the examples * Copper * Ginseng * HIGH (Human Growth Hormone)

* Elastic * Collagen * Vitamin A * Vitamin C * Retinal These are effective in rejuvenating the skin and increasing its elasticity, these are mostly allergy-free therefore friendly towards sensitive skins. I don't think that they self-esteem of the individual will be affected by the loss of elasticity in the skin only the self-confidence of the individual, this is due to them being used to have firm skin therefore having to take tablets and use a range of different creams to get the nutrients and vitamins to get their skin back to how it used to be.

Psychological changes Effects on confidence Due to the ageing population a lot of older people tend to go in care homes to ensure that they're cared for in the appropriate manner however this is where their confidence and self-esteem start to slacken. Age discrimination is a factor that may affect an individual's confidence, this is due to the psychological and emotional abuse they receive therefore this can lead to depression and low confidence within themselves. If this does happen then they're likely to withdraw themselves and stop coming out in public. Once this starts the loss of confidence discourages the elderly to stop having relationships and enjoying opposite sex company - therefore giving them a negative attitude towards happiness.

Effects of self-esteem Self-esteem isn't something that is set once and for all, it can grow as we mature or it can deteriorate, therefore this means that self-esteem can rise and fall then rise self-esteem and underestimate their power to change in themselves and grow, therefore they're not seeing choices that do exist. Due to this they rarely appreciate how much they can do on their behalf if they are willing to take responsibility for their lives. However when people really start losing their self-esteem is usually around the time they're

retiring from work, this maybe because they feel like they have no use now that they do not do anything with the time that they may have spare/what used to be working hours. Effects of ageism E.

G loss of a partner Bereavement can cause depression as you age, the loss of a spouse, partner, friends or even pets the loss is still painful no matter how many times you experience it. But as people age they think depression is something that occurs with ageing when actually it's not, however the elderly may mistake grief for depression therefore in order to distinguish this you should know that grief has a mixture of good days and bad days which include a variety of emotions whereas on the other hand depression the feeling of emptiness and despair are constant. Symptoms that suggest depression and not just grief are: * Intense, inescapable sense of guilt. * Thoughts of suicide or a preoccupation with dying. Feelings of hopelessness or worthlessness. * Slow speech and body movements. * Inability to function at work, home and/or school. * Seeing or hearing things that aren't there. Retirement Retirement is supposed to be the best milestone in your life due to spending time with loved ones and traveling, however for some this can be confusing, unsettling, and sometimes depressing especially if the individual doesn't know what to expect! This can create anguish as if the individual had a profession in law they would be changing meeting clients expectations for days that fulfill unknown tasks and expectations which can leave them feeling empty, confused and misunderstood.

Retirement can have positive effects on health and wellbeing, depending on how active they are they may take up hiking which can exceed some of their lifetime goals seeing views that they wouldn't see if they happened to still be

working, or it can take a negative toll because the individual may not know what to do with their day so they may wake up late in the day and stay up late and night meaning they rarely leave the house. Social disengagement This theory believes that the older people become the more likely they are to withdraw social contact with others, and that older people will disengage because of the reduced physical health and loss of social opportunities. There is also little statistical evidence that this is particularly true. Social disengagement may happen due to ill-health or having poor mobility especially those living in the rural parts of the country to where they retired too, also having poor sight and hearing may scare some individuals because they were so used to relying on themselves whilst they're out and about.

Other factors may include retirement; some individuals may lose contact with those who they used to work with therefore not participating in many social activities, caring for those close to them who are particularly ill therefore not considered are that some may only have a landline and not a mobile phone which may make it easier to contact others, for health reasons they may not be able to drive a car, some may not have internet or know how to work computers etc. Activity theory This theory argues that older people need to stay mentally and socially active in order to limit the risks associated with disengagement, therefore this may include: * Walking * Gardening * Yoga * Swimming * Cycling * Hiking * Playing with grandchildren If however you may be in a residential care home you will need permission to leave the residential area on the condition that a carer is with you, however most residential care homes have an allotment in which the residents go

down and collect fresh eggs, feed the chickens, produce home grown vegetables etc. This will contribute towards keeping active.

Due to it being possible that the lack of mental activity may result in depression staying mentally active may help them therefore this may include: * Studying and taking courses (for pleasure instead of employment reasons) * Joining community activities, such as book clubs, to engage in discussion * Taking up leisure activities that include social activities * Deliberately tackle crosswords and puzzles to practice thinking skills * Enjoying conversations and discussions with friends - perhaps in a restaurant or pub UP ; MM Disengagement Theory A theory that older people will need to withdraw from social contact with others. Older people will disengage because of reduced physical health and loss of social opportunities. Engagement means to be involved with people socially and disengaged means to withdraw from any involved socially.

The disengagement theory was put together by two authors named Cumming and Henry in 1961; they thought that old people would naturally tend to withdraw from social involvement with others as they get older; this is because as a person gets older they will have restricted mobility and opportunities to interact with others. Cummings thought that as the person aged they will become an 'individual' as they will become less concerned about what others think of them/their expectations. He argued that the older people are no matter how healthy they are that it is okay for them to withdraw from society because disengagement was a natural part of ageing. The disengagement theory suggests that losing contact with other people is an inevitable consequence of biological declines and that disengagement

from other people is a natural and appropriate response, but there is little statistical evidence to suggest that this is a general rule for everyone.

The disengagement theory was widely accepted in the 1960s; Brimley (1974) writes: ' although some individuals fight the process all the way, disengagement of some sort is bound to come, simply because old people have neither the physical nor the mental resources they had when they were young. ' largely discredited for a number of reasons. ' He argued that the majority of the older population was socially involved with numerous amounts of family and friends, and also that many older people become closer to family as they get older, this may be because many older people may choose to spend their time with people that they feel comfortable with rather than go out and make new friends.

When Cummings and Henry first introduced the disengagement theory in 1961 there was no internet or text messaging nor did many people have access to a car and quite a few older people may not have even had a phone to contact people. However in 1966 Brimley argued that older people need to disengage but also need to remain active to avoid disengagement going too far, he argued that ' it is not sufficient merely to provide facilities for elderly people. They need to be encouraged to make use of them and encouraged to abandon apathetic attitudes and fixed habits. Activity Theory order to limit the risks associated with disengagement. Some studies argue that it is physical ill-health that causes a loss of mental ability later in life and that physical activity is the most important issues.

If the brain isn't used the nerve cell connections become weaker (or forgetting), however it is also possible that lack of mental activity may result in depression and that depression may cause physical inactivity, lack of physical exercise may damage our health many older people choose to stay mentally active by:

- * Studying and taking course (for pleasure instead of employment reasons)
- * Joining in community activities, such as book clubs, to engage in conversation
- * Taking up leisure activities that include social activities
- * Deliberately tackle crosswords and puzzles to practice thinking skills
- * Enjoying conversations and discussions with friends - perhaps in a restaurant or pub

During day and residential care homes many people join in the activities such as group discussion, sharing their life stories etc. MM The disengagement theory and the activity theory both differ from each other because they both have different arguments and points of views, this is because the disengagement theory believes that older people will withdraw themselves from society because of reduced physical health and loss of social opportunities, whereas the activity theory believes that if older people stay mentally and socially active then it will limit the risks associated with disengagement. The disengagement theory believes that the older the person gets the have stricter mobility and opportunities to interact with others.

Not only did they believe this but they also believe that the older the person becomes they become more of an 'individual' because they care less about what people think. However the activity theory doesn't believe or promote this in their theory, they just believe that they should carry on with mental and social activities as the less the brain is used the nerve cells become

weaker therefore making it harder to concentrate etc. The disengagement theory also believes that the elderly begin to systematically disengage from their previous roles within society because they realize the inevitability of their death within the near future. Due to this the theory further suggests that society responds to the elderly disengagement with prepare to function in their absence.

Whereas the activity theory sees a positive relation between keeping active and ageing well and doesn't mention that the people around the elderly preparing for the death of the individual through their Withdrawal from society. Both theories however both agree that the individuals are eager to conduct a life review, taking trips to favorite places they've visit or yet to visit throughout their life, looking over scrapbooks, photo albums, videos, telling stories even if you've heard them before so that they can relive the good times within the their lives. By doing this they look back trying to find a purpose that characterized their lives, in their quest to find life's meaning.