THE ELDERLY- A PERSON THAT NEEDS MORE ATTENTION

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Abstract: The elder patient always imposes a certain specific situation putting the doctor in a different situation like when examining a young or adult patient and that is by differencing the normal from the pathological.

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This particularity diverts from the fact that the normal of an adult is different from what we consider normal at an elder person, because the
ageing process (the natural process, physiologic) attracts changes of the morphological and functional parameters of the organism, changes that are considerate physiological for a certain age. In other words, it is important to establish whether we find ourselves in front of an elder with changes of “ageing of the physiological scenery” or in front of an “elderly ill person”. With all this, the differencing is often difficult whereas the two processes can coexist tightly bounded, being hard to separate, which influences negatively the proper evaluation of the elder and the development of the therapeutic measures.

Starting from this difficulty, in practice can be met two aspects:

- Either are considerate pathological some aspects of normal ageing, situation that doctor Constantin Bogdan considers with certainty to be the most frequent one;

- Either some pathological aspects are being considered normal, belonging to the physiological ageing Roland Cape (1 Neamțu, N. (2003), Tratat de asistență socială, Editura Polirom, Iași, pp.917) appreciates that this second situation is frequently found also because of the elder’s entourage (relatives, friends) that are trying to convince him that he has to comfort himself with the idea that full health is in the past and that he has to confine himself at being ill and weak, expecting to feel even worse before the end. As long as the elder and even the doctor accepts the continue pains, the dizziness, the weakness, the fatigue and other symptoms as an integrating part of the advanced age, many diseases will remain undiagnosed and untreated.

That is why, the elderly patients must be encouraged to relate the new and upsetting symptoms right at it appears. The elderly will appreciate the interest that his doctor or his caretaker has, they will trust each other and will be able to stay calm when the situations when the
accuses regarding their physiological involution should not alarm them (it is possible that even at a very advanced age a man will hardly accept the decrease of his physical strength or eyesight, which are normal phenomena).

Resuming in a few words the clinical nature of the elder patient, it can be said that he is a person of whose enormous functional reserves during his development and maturity are in great measure lost. In spite of the reduced reserves, most of the systems continue to work pretty exact although in a considerably slowed rhythm. Rarely it requires to prohibit the elder from doing some activities. The condition is that the activities that he develops should not necessitate strength or unusual agility. The only necessary limit at this affirmation is that the elder should be warned that many activities request from now on more time to execute and he should be encouraged to accept this thing and not try to rush. (Verza, E.,(1993), Psihologia Vârstelor , Editura Hyperion XXI, București, pp.146)

Although the morbidity and mortality are constantly increasing with age, a lot of elder persons can enjoy a full and active life. The proportion of these decreases slowly from 95% at the age of 65 until at 85% at the age of 80 and to 70% or less at the age of 90. This means that the older age should not inspire fear in most of the cases, it is a period that permits the individual to fully enjoy every moment, a period when unfulfilled ambitions can be reached.

Few studies have examined the health of some random elderly lots living in their own houses. This kind of study was realized in three districts at SV Ontario and provides estimations of the elderly proportions of different ages that have lost a part or all their independence.
Based on a simple activities analyze (walk, climbing stairs, washing, dressing), this study has found that most of the elderly are keeping their life style completely independent until the end. Between the age of 65 and 70 the incidence of significant disabilities slowly increases from 5 to 10%. Only after the age of 80 this enhancement of losing independency reaches 20-30% at the risk population.

The importance of this simple study is that it draws attention about the false nature of the idea that older age is mandatory the time of debility and losing health. Most of the elder, but not all of them, rely very much on health, more that on any other aspect of life and that is why is important that this message should be sent all over and of course, accepted. It will encourage the elderly to have hopes for his health, understanding that it can be accepted that the disabilities could not necessarily occur.

The elderly usually imagine a picture of chronic and continuous disease with the reduction of its capacities and with disabilities. However, there must be emphasized that the chronic disease and the age don’t always go hand in hand. Shapiro (3) Duda, R., (1983), Gerontologie medico-socială, Editura Junimea, Iaşi, pp.171) finds that more than half the patients with internment longer than 6 months are persons under the age of 65, fact confirmed by the studies made in the hospitals of London and Ontario. Therefore, it is important to make the difference between the patients suffering of a chronic disease and elderly persons. This might have many health problems, typical to the elderly being the pathology but in relatively few cases it conducts to the continuation of complex disabilities to have as a result the lost of independence. In the other cases, the hope to obtain a satisfying recovery to independence is good.
The elder patients appear from many chronic state of disease (remarkable being the atherosclerotic disease, the vascular, bronhopenumonia chronic obstructive, the late diabetes, chronic arthritis). The first and the most common of these – atherosclerosis appears usually as a series of acute episodes of heart attack, gangrene because of the peripheral vascular disease etc.

Although a part of the individuals become chronic ill in these conditions, the majority continues to maintain a dependent way of life, besides de occasional acute episodes.

Chronicity does not mean that the treatment can’t be applied to reduce the problems and to maintain the independency. Ronald Cape appreciates that at an elderly the effect of a chronic disease falls, in big lines, in one of the three possibilities:

- First is that of the proven terminal disease and the patient dies in two-three weeks
- Second is that of the disease that responds to treatment and it properly rehabilitates and the patient is recovering it’s full independence
- Third possibility is that the disease has as a result a significant lost of functional ability so that the individual becomes dependent of the surrounding persons support.

The American geriatrician (14) Neamţu, G.(2003), Tratat de asistenţă socială, Editura Polirom, Iaşi, pp.919) considers that the elderly are afraid of the third possibility, so the management of the elderly diseases should avoid this situation if possible. This objective can be realized having the elderly patient in a continuous rehabilitation program at home or if necessary in a day center with provision of community services, in order to encourage and maintain independency, be it only partially. Another problem related to the elderly pathology, that we
consider is worth mentioning, is that of a surgical condition with a risk of
dying, for example the discovery of an asymptomatic abdominal aortic
aneurysm at an 80 years old person, situation possibly lethal because the
rupture of the aneurysm will be most certain the cause of death. A
surgery would remove the aneurysm and his lethal risk but, on the other
side, this kind of intervention performed at a healthy octogenarian is
encumbered by a pretty high mortality (approximately 19%) and can
determine, through the operatory stress and by possible adverse effects of
the drugs, the deterioration of mental capacity and of the independency of
the individual. The experience shows that most of the elderly, if they are
being given the possibility to choose, prefer a shorter and independent
life instead of a long period of invalidity, when they are dependent of the
care of others.

Returning to the importance of rehabilitation, we emphasize that
for the elderly critical part of an illness is the final stage, “namely the
rehabilitation of mental function and physical to the pre-disease stage.
There is a difference between the ways in which beings react to illness
and restore at different ages. Thus, adult individual affected by severe
acute illness it often restores remarkably quickly, its rehabilitation being
driven by the need to return to family and work responsibilities. In
contrast, the perspective of the future for the elderly is not an incentive
for its rehabilitation and not being motivated, he will not do the necessary
work of the rehabilitation process, which inevitably requires persistence
from the patient side. Therefore, the elder needs close supervision and
ongoing support to achieve this objective. He must be convinced (and it
is not always easy) that the only way to remedy the mental strength and
ability is to take responsibility, to get up of bed and use muscles,
obviously within acceptable limits, gradually over a period of time. The
effectiveness of rehabilitation programs has been repeatedly verified for both the UK and North America. This aspect of care should never be out of view regardless of disease.

Another aspect of the elderly pathology, whom we believe that deserves to be mentioned here, is the special role it may have the preventive geriatric medicine. And in this sense can be given many examples. Thus, osteoporosis, considered somewhat universal at elderly women because of hormonal deprivation at menopause, have a high risk of fracture at the age of 75-80.

In the world, annually, (5) Ibidem there are hundreds of thousands of serious bone fractures attributed to osteoporosis. The diet analysis of middle-aged women shows that, for many of them, the diet does not contain enough calcium, although negative calcium balance may be only a secondary factor of this multifactorial disease, it plays an important role and is certainly a remediable factor. It can act preventively also on other etiologic factors, of osteoporosis, by hormonal correction and physical activity, particularly important being the preservation of an even modest physical activity. Epidemiological findings reinforce the role of the physician in primary prevention of cardiovascular diseases, which are the main cause of mortality among the elderly. Risk factors identified in the Framingham study that are modifiable or preventable, are: hypertension, elevated serum cholesterol, smoking, glucose intolerance, left ventricular hypertrophy. Excessive obesity, cholesterol, saturated fat diets and excessive alcohol consumption (in contrast to the permit consumption of a glass of wine per day) are the conditions or habits in which physician is able to take a stand. There are many other opportunities to practice preventive medicine, for example the elderly immunization through vaccination.