Complexity of Aging

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Objectives

• Discuss demographic trends and graying of America

• Discuss the concept of ageism as it relates to a personal attitude about aging

• Describe key quality of life issues with aging including spirituality, sexuality, and successful components of successful aging
The Baby Boomer Wave is Coming
Graying of America

Older adults are 12.8% of U.S. population
By 2030 → 20% of population (71 million)

- Living longer - 77.8 years
- Predominately women (3 to 2)
- More racially and ethnically diverse

Sub categories of aging

Young old = 65-75 years
Old old = 75-85 years
Oldest old = 85+ years - fastest growing

The Baby Boomer Tsunami is Coming
Changing Demographics

• Life expectancy:
  - 1900: 47 years
  - 1990: 76 years
  - 2050: 82 years

• Life expectancy (# of years if you reach a certain age):
  - 65: another 17 years
  - 75: another 11 years
  - 85: another 6 years
Demographic Change: The Population Pillar

- Martha Farnsworth Riche, former Director of the US Census Bureau noted this phenomenon...
- This has real implications for a variety of issues, including health care
Global Aging

2006:
500 million older adults

2030:
1 billion older adults
One in every 8 people

Most rapid increases are in developing countries

Nine emerging global trends

1. Overall aging populations
2. Increasing life expectancy
3. Rising number of oldest old
4. Chronic diseases are major cause of death
5. Some total populations will shrink
6. Changing family structures
7. Shifting patterns of work & retirement
8. Changing social insurance systems
9. New economic challenges

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Projected Increases in Global Population by Age

Young Children and Older People As A Percentage of Global Population

So, what does this mean?
Majority of U.S. Healthcare is for Older Adults

- 57% of all visits to generalist physicians
- 50% of hospital expenditures
- 80% of home care visits
- 90% of nursing home care

Health costs for older adults is 3-5 times greater than costs for those < 65 years.

By 2030, 70% of new nursing grads will be caring for an older adult in every health care setting.
Older Adults in Hospitals

Of all adult patients, people ≥65 make up:

- 47% with anemia
- 64% with heart disease, 78% with CHF
- 66% with urinary tract infections
- 70% with pneumonia
- 46% of CCU patients
- 50% of ICU days
- 60% of all visits to cardiologists
- 63% of all visits to oncologists

Chronic Diseases and Comorbidity Are Common

About 80% of older adults have at least one chronic condition

The average 75 yr old has 3 chronic diseases and takes > 5 Rx medications.

Comorbidity: condition existing simultaneously but independently with another condition (Example: patient who has CHF and osteoarthritis)

The Silver Book: Chronic Disease and Medical Innovation in an Aging Nation. Alliance for Aging Research.
<table>
<thead>
<tr>
<th>State</th>
<th>Population (in millions)</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>California</td>
<td>&gt;3.7</td>
<td>10.4%</td>
</tr>
<tr>
<td>Florida</td>
<td>2.9</td>
<td>8.2%</td>
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<tr>
<td>New York</td>
<td>2.5</td>
<td>7.0%</td>
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<tr>
<td>Texas</td>
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<tr>
<td>Pennsylvania</td>
<td>1.9</td>
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<tr>
<td>Ohio</td>
<td>&gt;1</td>
<td>3.1%</td>
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<tr>
<td>Illinois</td>
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<tr>
<td>Michigan</td>
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<tr>
<td>New Jersey</td>
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Source: Profile of Older Americans, 2003 edition, Administration on Aging, US Department of Health and Human Services
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Conchita Rader, 8/6/2004
Phewww…

“Sounds like Florida and California are going to have their hands full!”

“I’m sure glad I’m nurse in Northern New England!”
Northern New England

- Leads the nation in the rate that the median age of the population is increasing
  - Vermont: is the fastest aging state & 2nd in median age
  - Maine: 3rd fastest aging state & 1st in median age
  - New Hampshire: tied with Florida as 4th fastest aging state & 7th in median age
Well at least...

“Our rural and hardy Northern New Englanders are in better shape to handle aging with minimal disabilities”

“Clean mountain air and shoveling snow ought to help…”
Regional Health Status Indicators

• The leading cause and rate of death from heart disease and chronic illness mirror national trends

• Older adults in NH and VT report:
  - NH: No physical activity in past month (68%), lack regular exercise (85%), high cholesterol (46%), diabetes (15%), hypertension (52%), and overweight (54%)
  - VT: No physical activity in past month (69%), lack regular exercise (83%), high cholesterol (46%), diabetes (14%), hypertension (51%), and overweight (61%)
Stats, data, #’s “oh my”

• What does all this data tell us?
  – Not only will we continue to get older, but the older will continue to get older
  – The older population has a high degree of heterogeneity
  – We are not ready for this reality – aging in America is difficult
  – Why?
Complete This Phrase...

• “I will be old when…”
  – How will you know you are old – when will you be part of the tidal wave?
  – What images come to mind as you picture yourself old
  – Name one thing that could happen to you that will make you “feel” old
More Importantly

• How did you feel when you thought about “being old?”
• Did you get excited?
• Why do you think things are the way they are when we think of the elderly and aging?
• Why does this matter?
Ageism: the prejudice, stereotyping, and scapegoating of people based solely on age.

- Fear of death
- Emphasis on youth culture
- Decline of productivity and economic potential
- Research only examines negative stereotypes of old age
- Nursing’s view of care of the elderly – follows culture
Traxler (1980) "The Theoretical Basis of Ageism"
Conchita Rader, 4/3/2004
Myths about aging....

• “To be old is to be sick.”

• “You can’t teach an old dog new tricks.”

• “The secret to successful aging is to choose your parents wisely.”

• “Older people don’t pull their own weight.”
Individuality

• “If you’ve seen one old person……you’ve seen one old person.” John Rowe M.D.
Quality of Life (QOL)

“Referring to an overall sense of well-being with a strong relation to a person's health perceptions and ability to function…”

CDC, 2006

“A scientific measure of personal well-being”

Mirapex.com, accessed 2007

What components of your day to day life makes up your sense of well-being?
Issues affecting QOL

- Function
  - Physical activity
  - Independence

- Connectedness
  - Social
  - Intellectual
    - *MacArthur Foundation Study of Aging*
Spirituality

• Spirituality vs. religion
  – Purpose and meaning in life vs. organized groups

• Research
  – Connection between faith and health
  – 82% believe prayer assists healing
  – 75% use religious beliefs as a means of coping
  – 63% want doctors to ask about spirituality
Credit Where Credit is Due

• Andrew Weil, M.D. *Healthy Aging* p 227

“Despite all the evidence to the contrary, some part of me feels the same as it always has since my earliest memories of childhood. Obviously, that is not my body, which now looks and feels different from what it was ten years ago, let alone fifty. Nor can it be my mind, which has learned so much and stored so much experience in more then half a century. I call it the unchanging essence: that part of the self that is unaffected by time.”
Unchanging Essence

“I always think that I’m still this 13-year old boy that doesn’t really know how to be an adult, pretending to live my life, taking notes for when I’ll really have to do it.”

“Before Sunrise” Ethan Hawke

Taken from “Maturity and Aging”
Spiritual Assessment

- Instruments
  - Stoddard’s spiritual assessment instrument

- Spiritual Interventions
  - Acknowledge role of religion and spirituality
  - Inquire about religious or spiritual beliefs and practices
  - Refer to clergy
  - Provide spiritual counseling
  - Pray for or with the patient
Your Unchanging Essence

• Ask yourself…
  – What gives my life meaning?
  – For what am I grateful?
  – What have I learned of love and how well have I learned to love
  – What will give me strength as I die? What is my relationship with that which will give me strength?
  – Who am I?
Myths about sexuality

• “Sexual desires diminish with age”

• Issues/facts:
  • Little available information / attention to older adults’ sexuality
  • Sexual patterns persist throughout their lives
  • Societal view restricts the sexuality of older adults
  • Staff discomfort about sexual expression among older adults – regarded as behavioral problem
Myths about sexuality

• “Sexual intercourse is mainly a younger person’s activity for the purpose of procreation”

• Issues/facts
  • Older adults need to touch and be touched
  • Older adults may have difficulty accepting and understanding sexuality
  • Health care professionals do not facilitate expression of sexuality
Sexuality: changes

Hormones

• Lack of testosterone in men (male menopause)

• Lack of estrogen, progesterone and androgen in women
Sexuality: changes

Physiological Changes

- **Male**: increased time for erection and ejaculation, lower semen volume, longer period between ejaculations; fatigue, loss of muscle mass, depression, and decline in libido

- **Female**: follicular depletion in ovaries, fewer and shortened orgasmic contraction, labium atrophy, shortened orgasmic phase, dyspareunia; breast tissue replaced with fatty tissue
Sexuality

Sexual Problems

• Medical Conditions: cardiac problems, diabetes, neurological disorders, arthritis

• Medications and treatments may interfere with sexual response

• 50% of older males have erectile impotence

• Clients > 60 with AIDS has increased
Assessing Sexuality

• Can you tell me how you express your sexuality?

• What concerns or questions do you have about fulfilling your continuing sexual needs?

• In what ways has your sexual relationship with your partner changed as you have aged?

• What interventions or information can I provide to help you to fulfill your sexuality?
Summary

- Graying of America
- Ageism
- Myths
- Successful, creative aging
- Spirituality and assessment
- Sexuality: myths, issues, and normal changes
Questions?