

Identify the expected psychobiological changes that occur with aging

- Cognitive: Decrease in processing speed, impaired explicit memory recall
- Sensory: decreased auditory and visual discrimination (GET THE GLASSES AND HEARING AID!)
- Psychological/Emotional: changes in self-concept r/t los

Discuss ageism and elder abuse in the U.S.

- Neglect (48%): failure to provide necessities
- Psychological Abuse (35%): conduct that causes mental anguish ("If you don't stop peeing on the cat I'm going to put you in a home!")
- Financial Exploitation (30%): Misappropriation of assets
- Physical/Sexual Abuse (25%): hitting, burning, non-consensual sexual contact

- The abused = Risk factors for abuse: female, 80+, isolated, combative, hx of troubled past relationship, cognitive impairment
- The abuser = substance abuse, psychological disorders, previous hx of family violence, financially dependent on the victim
- Signs of Abuse
 - Home: falling apart house, lots of people using house, drug activity, stinky
 - Financial: irregular pattern, buying inappropriate items, bills not paid, new "best friend."
 - Physical: bruises, burns, inadequate food, unkempt
 - Elder: fearful, depressed, anxiety, isolation
 - Caregiver: excessive concern with cost, verbal abuse, doesn't let elder speak for themselves (see "abuser")

Describe biological, psychological, and sociocultural theories on aging.

- Erickson: Integrity vs. Despair; recognize life accomplishments to achieve acceptance and satisfaction
- Butler's Life Review: Reminiscence of life experiences to arrive at some degree of closure
- Stability of Personality: Changes in personality and psychological crisis are not universal expectations; elders can develop new responses to change
- Disengagement Theory: Task of old age is to let go
- Activity Theory: Use it or lose it
- Family/Transgenerational: The family unit functions to support entry into and exit from the family

Compare and contrast the clinical picture of delirium with dementia. *already on study guide*

Describe 3 delirium syndromes common in older patients.

- Sundown: fatigue increases as daylight decreases, ability to orient is compromised leading to fear/anxiety
- Sunrise: confusion and grogginess occur in the early AM; result of sleeplessness or meds
- Relocation: disorientation increases in new environment

List 9 nursing interventions for the patient with a cognitive impairment.

- Address underlying cause
- Always check to see if they have their hearing aid, glasses. **QUESTION ON TEST ABOUT THIS!**
- Always evaluate their meds for possible reactions, side effects, toxic doses. Know which meds are your anti-cholinergics b/c these cause blurred vision, urinary retention, confusion, etc.... **MAYBE A QUESTION ABOUT THIS**
- Make sure well rested, hydrated, safe, nourished
- Assign consistent staff
- Assess need for 1:1 (see chart)
- Use distraction, offer attention to personal interests
- Use antianxiety meds and antipsychotics carefully
- Communicate to reorient/reassure (stuff we learned in Gero)
- Institute fall precautions (room near nurses station, orient to call light, have family sit with pt, 1:1 prn)

Distinguish between delirium, dementia and depression. *already on study guide*

List the DSM-IV criteria for dementia

- Memory Impairment! Impairment ability to either learn new information or recall previously learned info.
- 1+ cognitive disturbances: apraxia, aphasia, agnosia, disturbed executive functioning
 - apraxia = cannot perform activity even though no motor impairment
 - aphasia = can't find the words, progresses to muteness
 - agnosia = doesn't recognize people or objects; sensory not impaired
 - disturbed executive functioning = cannot plan, organize, sequence, reason

Understand the use of the MMSE in the dx of dementia

The MMSE is only a small part of the dx for dementia. A LOT of things are done to determine this dx.

List the sequential steps for the management of an agitated patient. (see *handout for more detail*)

1. Ensure immediate safety of the pt
2. Assess and Intervene for possible causes (physical or physiological needs such as pain, hunger, missing glasses, medication reaction)
3. If behavior persists, then do one of these things:
 1. Environment management: move closer to nurses station, put in chair in hallway, check lighting, familiarize pt to surroundings and personal belongings in the room
 2. Behavioral management: frequent reorientation and supportive communication, routine ambulation and toileting q 3 hrs, diversionary activities, stagger visits
 3. Request consultation: psych consult and/or Geriatric CNS
4. If behavior persists, consider the use of restraints and/or meds
 1. Use least-restrictive restraint (i.e. a lap hugger or wedge cushion)
 2. Meds are antipsychotics (Haldol at low dose). Avoid narcs and long-acting benzos. Start low, go slow.
5. If behavior persists, use a special care attendant (a "sitter")

List the 4 questions on the CAM

1. Acute Onset/Fluctuating Course: Is there a history of acute change in mental status with evidence of fluctuation in the degree of symptoms?
2. Inattention: Does the pt have difficulty focusing attention...being easily distracted or failing to focus on the discussion or sustain an effort?
3. Disorganized Speech: Is the patient's speech disorganized or incoherent...rambling or irrelevant conversation, unclear or illogical flow of ideas, unpredictable switching of subjects?
4. Altered Level of Consciousness: Is the pt's level of alertness either hyperalert or hypoalert?

Know the 4 stages of Alzheimers

- 1st stage
 - "He forgets which bills are paid"
 - "He loses items more often"
 - "She's more withdrawn and disinterested"
- 2nd stage
 - "She doesn't know what to do or who to call in an emergency."
 - "During the night he got out of bed, drove off, got lost, and died of exposure"
 - "She calls me right after we visit, wanting to know when we'll be stopping by."
- 3rd stage
 - "Mom is fearful and won't leave me alone while I'm cooking."
 - "She accuses me of hiding things"
 - "Dad doesn't remember mom's name and is unaware of holidays."
- 4th stage
 - "Mom has lost almost all verbal abilities."
 - "Grandma needs complete help with walking and will be bed-bound soon."
 - "Gramps needs help with all his ADLs."

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