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Chapter 1

Ageing Process



Chapter Outline

- Defining healthy ageing.
 - Global and national demographic trends.
 - Physical diseases that can occur in the older person.
 - Physiological process of ageing.
 - Psychological process of ageing.
 - Social impact of ageing.
 - Differing attitudes to ageing.
 - Healthcare assistant's role in promoting positive attitudes to ageing.
 - Statutory and voluntary agencies in promoting wellbeing.
 - Understanding the concept and practice of preparation for retirement.
 - Ethnic and cultural influences on the older person.
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Defining Healthy Ageing

Normal ageing refers to the time-related processes that affect everyone as they grow older. The process of ageing is very gradual and natural, and it is hardly noticeable to us. Each individual will age in different ways depending on a number of factors.

Where we live in the world is a factor: people in the west live longer than those in the third world. (Consider the reasons for this.) Ageing can be affected by our environment: whether we are rich or poor, the position in society we hold, the type of job we do and housing we live in. Our lifestyle

can affect the ageing process: what we eat and drink and abuses of the same, the amount of exercise we take, drug abuse, smoking and sexual habits.

Social factors have an affect also, such as outlook on life, good relationships with family and friends, and a strong support system in our community. Inherited or genetic factors such as diseases or traits, and whether we are male or female (females have a longer lifespan) contribute. All of the above factors will have an effect on the normal process of ageing.

How We Grow Old

There are many theories of how and why we age. Those theories are still largely unproven. One such theory leads us to believe that the body is pre-programmed with a lifespan. Other theories suggest that cell replacement cannot keep pace with cell death, and the cell replacement process simply wears out. However, we do know that the metabolic rate slows down and body cells become less efficient, which affects the functioning of the body's major organs. Our muscles, joints and ligaments become less supple, resulting in stiffness, and loss of abilities and agility.

Most elderly people complain of some degree of arthritis. As the lubricant (synovial fluid) around the joints dries up, the cartilage becomes rough and flaky, causing both friction within the joints themselves and pain. The bones/joints become enlarged and swollen, often appearing misshapen or deformed.

Osteoarthritis is a degenerative disease, which is caused mainly by 'wear and tear' of the joints. Wear and tear occurs with day-to-day activity during the lifetime of a human being. This explains why it is common in older adults. Apparently, three times more women than men are affected by the disease, which may be due to women's longer lifespans or possibly because women do more physical work.



The lens of the eye is affected by loss of elasticity and reduced focusing power results in long-sightedness. The expiratory recoil in the lungs is also affected by loss of elasticity, which can affect breathing ability and overall fitness. Body temperature becomes difficult to maintain because of an inability to move around as much or a lack of income to afford adequate home heating. This can result in hypothermia, which can frequently have fatal consequences for older adults, particularly in the winter months.

Why We Grow Old

There are also many theories as to why we grow old. There is the 'biological clock' theory, which implies that ageing results from a definite timed programme. Our lifestyle can help to speed up or slow down the biological process but, mainly, it is predetermined for us. The 'auto-immune theory' (in animals) is due to a deterioration of the immune system. This eventually results in system failure, when the body finds it difficult to differentiate foreign 'invasions' of cells (bacteria etc.) from its own cells, causing tissue breakdown and, inevitably, death.

Nutritional balance problems occur when we eat more than we need to and there is insufficient exercise. The theory is that if high energy foods are restricted but otherwise a healthy diet is maintained, lifespan can be increased (animal experiments show up to 50 per cent lifespan increase).

Global and National Demographic Trends



Demography means the study of the characteristics of a human population. These characteristics include size, growth, density, distribution etc. Longevity refers to the number of years an individual actually lives while life expectancy refers to demographic projections regarding the length of life.

Life expectancy has increased over the past number of years. Reasons for this increase include improved healthcare and medicine. For example, vaccinations, antibiotics and heart disease medication have eradicated some types of diseases. Improved social conditions, such as housing, are also a factor.



Heart disease and cancer are two of the major killers in Eire, the United Kingdom and the United States of America. Health promotion trends/campaigns geared towards improving the life cycle of those affected, and those likely to be affected, are increasingly being stepped up. People live longer with these diseases than they used to, but they still require intensive treatment and lifestyle changes in order to survive them.

TASK

Consider current campaigns aimed at prolonging life for people with heart disease, cancer etc.

Demographic changes affect a society's healthcare and social care needs. An increase in the number of older adults in society requires an increase in both healthcare and social resources so that these needs can be met.

The healthcare resources needed include more hospital beds, nursing home beds, day hospitals, staff (to operate these additional wards) and homecare packages so that the older adult can remain at home for longer.

The social resources needed include more day centres and social outlets for older adults, including an improvement in transport to ensure that access to these events and activities are manageable for the older adult. More community resources include Meals on Wheels.

TASK

Consider other resources that the older adult may benefit from.

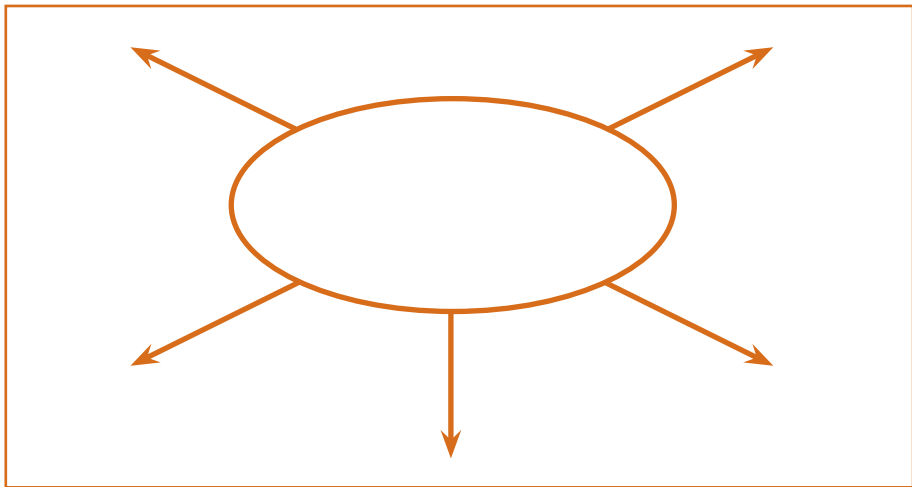
When government formulate policies, they should consider not just the actual demographics of a population but projected dimorphic (differences between males and females) changes also. This would enable them to plan for the future and deal effectively with situations before they arise.

TASK

Discuss the role of the Irish government.

Consider the current health service. What will it be like in 20 years when our middle-aged population have become elderly and our elderly population have become the old-old population of society?

Use the diagram on the following page to consider your answer.



Diminishing Labour Force

The number of people available for work compared with the number of people required for jobs has a major influence on welfare policy. Predictions show that there will be a shortage of skilled and educated workers in the future. This is already evident if we consider immigration and the number of low-skilled non-national employees in Ireland. So, the number of people requiring state benefits, such as the pension, is increasing rapidly, but is the tax-paying workforce? Will the low number of children being born to families be able to fund state pensions in years to come? Could this be the reason why maternity packages are being made more attractive to women? It is also quite common to see organisations offering retirement packages nowadays.

Factors that influence population size include the following:

- Birth rate
- Death rate
- War and migration
- Emigration and immigration
- Industrialisation (caused a population increase – up to the nineteenth century, the birth and death rates had more or less balanced)

- People began to limit the number of children per family in the early part of the nineteenth century
- Medical advances
- Average of 1.8 births per woman based on age 18+ years old (below government replacement rate)
- Reduction may continue as more women pursue careers (research shows that higher earnings for women depress the birth rate; higher earnings for men increase it).

The Ageing Population

Life expectancy greatly increased in the twentieth century and the number of elderly people will continue to grow in the foreseeable future. One-fifth of the total population will be 65 and over by 2030 and 1:20 people will be dependent on some level of support from the following services:

- Statutory services
- Voluntary services
- Private services
- Family/friends.

The growing need for healthcare and social care services will prove problematic. People over 75 are heavy users of care services. Pensions and healthcare for older people will soon become the largest single budget expense. (International Labour Organization 1995)

TASK

In 1961 there were approximately six people working for every person over 65. The ratio is projected to fall to 2:8 by 2033. Consider the consequences of this.

Incidence of Disease

The decline in infectious diseases, such as measles, poliomyelitis and typhoid, has been offset by degenerative diseases, such as cancer, stroke and heart disease, caused mostly by modern lifestyle/environment, for example smoking, alcohol abuse, drug abuse, poor diet, stress and lack of exercise. However, some infectious diseases are on the increase, such as TB, hepatitis and meningitis. The incidence of food poisoning quadrupled in the 1980s.

Geographical Variation

Infant mortality rates are lower in England than in Scotland and Northern Ireland, and general health trends are better in the north than the south of England. The *Black Report* (1980) outlines the following causes of ill health:

- Physical environment
- Social and economic influence (income, wealth etc.)
- Levels of employment
- Behavioural factors – barriers to adopting a healthier lifestyle
- Access to appropriate and effective health and social services.

Healthcare varies from region to region. There is better healthcare provision in large cities such as Dublin and Galway. This gives people living in those areas the advantage of easier access to services. There are longer waiting lists for those who live in the country and have to access services in the cities, and for those who cannot afford private healthcare, such as Laya, Aviva and VHI. Accessing transport to healthcare services can also be difficult for older people as it can be costly and, indeed, uncomfortable for those with health problems. For example, consider a cancer patient travelling frequently to Dublin by train for chemotherapy.

Physical Diseases that Can Occur in the Older Person

Normal Signs of Ageing

- Nervous system changes
- Hair thins/baldness – a hereditary factor
- Loss of pigmentation – hair goes grey
- Poor eyesight – long-sightedness in the eyes
- Poor hearing – hearing declines, balance also affected
- Gum disease
- Reduced size of gums – dentures may not fit
- Sense of smell and taste affected
- Dry skin and wrinkling of skin – thinning of fat layer/loss of elasticity
- Skin fragility – increased incidence of skin tears and ulcers
- Heart shrinks/fat increases
- Metabolic rate slows
- Respiratory system less efficient
- Gallbladder less effective
- Constipation – due to lax muscle tone in bowel and lack of mobility
- Loss of calcium – shrinking of bone mass
- Less sensation in touch
- Extreme sensations of heat/cold/pain
- Muscle tone loss
- Reproductive system – hormonal changes occur

Urinary Signs of Ageing

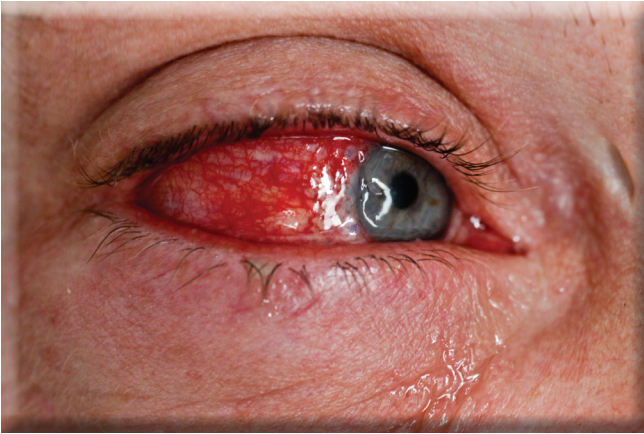
- Urinary system less efficient – kidneys shrink, poor waste filtering
- Loss of bladder control
- Increased incidence of urinary tract infection

Other Signs of Ageing

- Ingrowing toenails
- Poor circulation
- Corns/bunions
- Ulcers
- Varicose veins
- Decrease in strength and stamina
- Deterioration in bone/muscle mass results in stooping posture

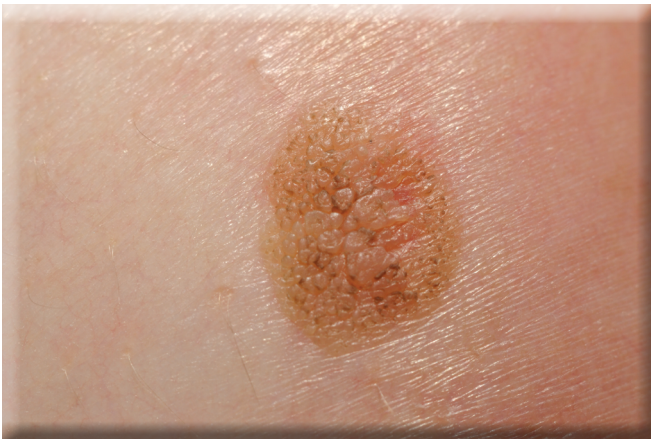
Physical Diseases when Ageing

Eyes: Cataracts
Glaucoma



Mouth: Oral health declines
Gum disease
Loss of teeth

Skin: Skin irritations more common
Warts/moles



Ulcerations (quite common and difficult to heal)

Varicose veins

Shingles

Bones and joints:

Arthritis (osteoarthritis, rheumatoid)



Osteoporosis (bone density decreases)

Nervous system:

Hypothermia

Multiple sclerosis

Parkinson's disease

Dementia

(acute/chronic types):

Alzheimer's disease (most common)

Multi-infarct dementia

Pick's disease

Lewy (body dementia)

Depression:

Various forms