FAST FACTS FOR THE GERONTOLOGY NURSE
Charlotte Eliopoulos, RN, MPH, ND, PhD, has demonstrated a commitment to advancing the competencies of nurses who work with older adults through her teaching, writing, and unique leadership roles since the formal recognition of gerontological nursing as a specialty. She has served in a variety of positions ranging from nursing assistant to director of nursing, and pioneered such roles as clinical specialist in gerontological nursing in the acute medical service of the Johns Hopkins Hospital and state specialist in gerontological nursing for the Maryland Department of Health. Currently she is the Executive Director of the American Association for Long-Term Care Nursing.

Dr. Eliopoulos's professional activities have included serving as president of the American Holistic Nursing Association, an active member of the American Nurses Association Committee to revise Gerontological Nursing Standards, a board member of the Advancing Excellence Campaign, honorary member of the National Association of Directors of Nursing Administration (NADONA), and a leader in the Coalition of Geriatric Nursing Organizations. She serves as an advisor to several university-based projects related to leadership in long-term care and gerontological nursing, and has addressed a variety of health care groups nationally and internationally.

FAST FACTS FOR THE GERONTOLOGY NURSE
A Nursing Care Guide in a Nutshell

Charlotte Eliopoulos, RN, MPH, ND, PhD
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Nurses are working with older adults in virtually every care setting and facing the challenges of integrating gerontological nursing knowledge and skills into their practice. Thirteen percent of the population is over age 65, with growing numbers of baby boomers adding to it by the day. Of the hospital populations for whom nurses provide care, 60% are over age 65 and 90% of nursing home residents are senior adults. Older persons also make up a large percentage of the population using home health and primary care services. Not only is the older population presenting in greater numbers, but also in diversity. In the practice of gerontological nursing, a nurse may:

- Provide postoperative care for a 77-year-old who is receiving rehabilitation in a subacute care unit following a hip replacement
- Counsel a 70-year-old widow who is remarrying and seeking advice regarding how to re-establish sexual activity
- Assist a family in safeguarding their home and managing caregiving activities for the 88-year-old relative with dementia who is moving in with them
- Educate a group at a local senior citizens’ center on health tips to avoid cardiovascular disease
- Guide a 65-year-old gay man in finding a lesbian/gay/bisexual/transgender (LGBT) support group following the death of his partner
- Help a depressed 82-year-old who has just been admitted to a nursing home carve out a meaningful life
In addition to the unique body of gerontological nursing best practice knowledge, nurses must utilize information from many clinical specialties to competently address the needs of older adults. *Fast Facts for the Gerontology Nurse: A Nursing Care Guide in a Nutshell* offers an efficient means for this to be accomplished. It provides core knowledge that equips nurses to differentiate normal from abnormal findings, understand the unique presentation and management of diseases, and integrate unique age-specific considerations into care planning and implementation with older adults.

A holistic approach is used, in which all facets of the individual—physical and mental health, emotional and spiritual well-being, self-care capacity, family relationships and care, unique risks—are addressed. Information is presented in an easy to retrieve style to enable the book to be an effective reference for practice.

The book is divided into three sections:

- **Part I, The Older Population and Nursing,** lays a basic foundation of the characteristics of the older population and general considerations in applying the nursing process to gerontological care.

- **The normal characteristics and major conditions affecting each body system and mental function** are presented in **Part II, Normalcy and Disease in Late Life.** Age-related changes are described, along with guidance on assessing each system and mental status.

- **Part III presents Special Considerations in Geriatric Care** and offers facts and nursing tips on spirituality, improving functional ability, promoting safety, fostering family health, ensuring safe use of medications, protecting older adults’ legal rights, reducing legal risks, and supporting individuals through the dying process. Unique aspects and challenges of caring for older adults in hospitals, nursing homes, home health, and other settings are also reviewed.

The Introduction and Objectives at the beginning of each chapter present an overview of the content that will be presented and what the reader can expect to gain by reading the chapter. Throughout the book the reader will see *Fast Facts in a Nutshell,* which offer information to expand an understanding of the topic discussed and *Clinical
Snapshots to describe practices that assist with application of content. Resources that readers can explore for additional information are listed, as are Recommended Readings for those who want to explore additional information on a topic.

For nurses whose primary focus is gerontological care, as well as those for whom geriatric care is a component of another specialty, Fast Facts for the Gerontology Nurse: A Nursing Care Guide in a Nutshell should serve as a user-friendly, evidence-based resource that will enhance the quality of care for older adults and foster an understanding of the unique aspects of gerontological nursing.

Charlotte Eliopoulos RN, MPH, ND, PhD
It is the rare author who writes a book without the assistance, support, and encouragement of many others. Some of those who contribute to the effort have been actively engaged in specific ways; others have had a more subtle role in impacting the thought and firing the inspiration of the author. These realities cause me to feel cautious and humble as I attempt to acknowledge those who have had a role in this book.

Special appreciation is felt for Elizabeth A. Nieginski, Executive Editor of the Nursing Division at Springer Publishing Company, who had the vision for this book and guided its birth and development. She is truly a gifted professional who is able to provide highly skilled direction while respecting the talent of the author. Her Assistant Editor, Chris Teja, must be acknowledged for attending to the many details behind the scenes that eased my efforts and ensured all loose ends were weaved into an acceptable finished product.

The specialty of gerontological nursing has been rich with nurse leaders who were willing to share and encourage others. I have been fortunate to have benefited from their examples and guidance. Likewise, I have been encouraged by caregivers and older adults who provided insights that aided me in understanding the type of literature that would benefit them the most. They have contributed in more ways than I can begin to identify.

Lastly, I must acknowledge my husband, George Considine, for his patience when the unglamorous aspects of writing caused me to behave in a less than warm and fuzzy manner. His support and optimism mean more than he will ever know.
The Older Population and Nursing
The Older Population

The population aged 65 and over is growing in number and diversity, and creating new challenges for nursing. It can include the 86-year-old nursing home resident with Alzheimer’s disease, the 66-year-old widow who wants suggestions on how to have more comfortable sexual relations now that she has found a new partner, the 70-year-old executive with macular degeneration who needs a special device to read a computer screen, and a variety of other profiles. Advances in health care have enabled more people to age with a wide range of chronic conditions and survive conditions that may have been fatal to previous generations. They are better informed than previous generations, which influences their desire to be actively engaged in their health care. An understanding of the general realities of the older population can assist nurses in preparing for some of the challenges of gerontological nursing.

Objectives

In this chapter you will learn to:

1. Describe characteristics of today’s older population in regard to:
   • Life expectancy
   • Marital status
   • Health status
   • Income and employment
   • Education
   • Diversity
PART I. THE OLDER POPULATION AND NURSING

LIFE EXPECTANCY

The average number of years that an individual can anticipate to live is referred to as life expectancy. Less than a century ago, the life expectancy in the United States was 54.1 years; today it is 77.9 years (Table 1.1). The rising life expectancy has resulted in an increase in the number of persons age 65 years and older, who now represent 12% of the total population. The aging of the Baby Boomers (people born between 1946 and 1964) will substantially increase the older population between now and 2030, causing them to represent 20% of the total population.

There are differences in life expectancy based on gender and race. Women live longer than men and White people live longer than Black individuals. In fact, life expectancy among the Black population has declined due to an increase in deaths from homicide and AIDS.

In addition to more people reaching old age, they are living longer when they do. Approximately 40% of the older population is over age 85 and the number of centenarians is increasing.

Living longer means little if those extra years are riddled with disease and disability. A reasonable goal for this population is to reduce the years in which health and function are impaired. The delaying or compressing of the years in which the older adult experiences illness and decline is referred to as compression of morbidity.

TABLE 1.1 Life Expectancy in the United States

<table>
<thead>
<tr>
<th>Year</th>
<th>Total U.S. Population</th>
<th>White Population</th>
<th>Black Population</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Men</td>
<td>Women</td>
</tr>
<tr>
<td>2007</td>
<td>77.0</td>
<td>79.5</td>
<td>80.8</td>
</tr>
<tr>
<td>2010</td>
<td>78.5</td>
<td>79.0</td>
<td>81.8</td>
</tr>
<tr>
<td>(projected)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

From Centers for Disease Control and Prevention, National Center for Health Statistics (2011). Health, United States, 2010: With Special Feature on Death and Dying. Table 22, Life expectancy at birth by race and sex. Hyattsville, MD.
CHAPTER 1. THE OLDER POPULATION

MARITAL STATUS

Due to their longer life expectancy and tendency to marry men older than themselves, most older women are widowed, while most older men have living spouses. Older women are more likely to live alone.

FAST FACTS in a NUTSHELL

Because most older women have outlived their spouses, they are less likely to have an available caregiver to assist them in their homes. Additionally, as they have a longer life expectancy, they are also more likely to reach the years in which they will need assistance to manage their daily care. It is important to ask specific questions during the assessment to uncover the need for assistance, particularly as these women, who may have long put the needs of their families and households ahead of their own, may not share their personal care needs.

HEALTH STATUS

Chronic conditions are a major health challenge for older individuals (Table 1.2). Most older adults have at least one chronic condition; having multiple chronic conditions is not uncommon. The effects of these conditions (e.g., pain, reduced mobility, impaired communication) can significantly affect quality of life for older adults.

Acute conditions are of lower incidence among the older population; however, they often result in more complications, longer periods of recovery, and higher rates of mortality in this population.

Heart disease is the leading cause of death among persons age 65 and older. Other leading causes, in order of incidence, are: cancer; chronic lower respiratory disease; cerebrovascular disease; Alzheimer's disease; diabetes mellitus; influenza and pneumonia; nephritis, nephrotic syndrome and nephrosis; accidents; and septicemia.

Less than 5% of older adults are in a nursing home or assisted living community at any given time, although approximately one fourth of this population will spend some time in these facilities during their lifetimes.

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Although the poverty rate has been declining for older adults, they are hardly without financial challenges. A majority of older adults depend on Social Security for more than half of their income. They have a higher median net worth than other age groups, but this is because of the equity in their homes. Unless older adults sell their homes or obtain a reverse mortgage, they may be asset rich but cash poor.

Rising cost of living is causing more Baby Boomers to re-enter or remain in the labor force than in the past. Their continued employment is also influenced by their desire and ability to stay engaged in work longer than previous generations.

**EDUCATION**

The educational level of each generation of older adults has increased. Growing numbers of this population hold college degrees. Nurses can expect older persons to be better informed and engaged health care consumers.
DIVERSITY

It is estimated that between 2000 and 2050, the non-Hispanic White older population will decrease from 84% to 64%. By 2020, one in four older adults will belong to a minority racial or ethnic group (Administration on Aging, 2012; U.S. Census Bureau, 2012). During this time the Hispanic elderly, the fastest growing segment of the U.S. population, are projected to significantly increase, to constitute 20% of the total older population. The lower life expectancy of the Black population accounts for a smaller percentage of Blacks represented among the elderly; however, the older Black population will grow from 8% to 11% between now and 2050. Interestingly, once a Black individual reaches the seventh decade of life, life expectancy begins to be similar to older White persons. The Asian population, representing individuals from countries such as China, Japan, the Philippines, Korea, Vietnam, and Cambodia, represents approximately 4% of the older adult population. Only 8% of the Native American population is older than 65 years of age, representing less than 1% of all older adults; however, they are one of the fastest growing minorities of the older population.

**FAST FACTS in a NUTSHELL**

Considerable diversity can exist among people of the same faith, ethnicity, race, or sexual orientation. Learning about the individual is essential.

In addition to racial and ethnic diversity, consideration must be given to the sexual diversity among older adults. As much as 10% of the population identifies itself as lesbian, gay, bisexual, or transgender (LGBT), and this population is projected to double by 2030. The awareness and needs of the older LGBT population has been given so little consideration that it is referred to as a largely invisible population (Fredriksen-Goldsen et al., 2011). Sensitivity to this group has been growing. AARP has created an online LGBT community, the American Society on Aging has an LGBT Aging Issues Network, and The Joint Commission has added respect for sexual orientation
to the rights of residents of assisted living communities and skilled nursing homes. In addition, Services and Advocacy for Gay, Lesbian, Bisexual, & Transgender Elders (SAGE) and the Movement Advancement Project (MAP) have been aggressively addressing policy and regulatory changes that are needed to address the needs of this population.

Just as we wouldn’t assume all 25 year olds or all 40 year olds to be similar in terms of profile, health status, and nursing needs, we cannot make generalizations about the older population. Greater numbers of people representing minorities comprise the older population. Medical advancements have allowed more people to survive to late life with complex health conditions and growing numbers stay active, healthy, and functional in advanced years. Easy access to information has equipped aging individuals to be more informed consumers than previous generations and to challenge their health care providers. In addition, older adults may demand health services that enable them to look and feel young well into their senior years. Nurses will be challenged to provide state-of-the-art evidence-based care, tailored to meet the needs of a highly diverse population and to employ strategies to empower them to be active participants in their care.