



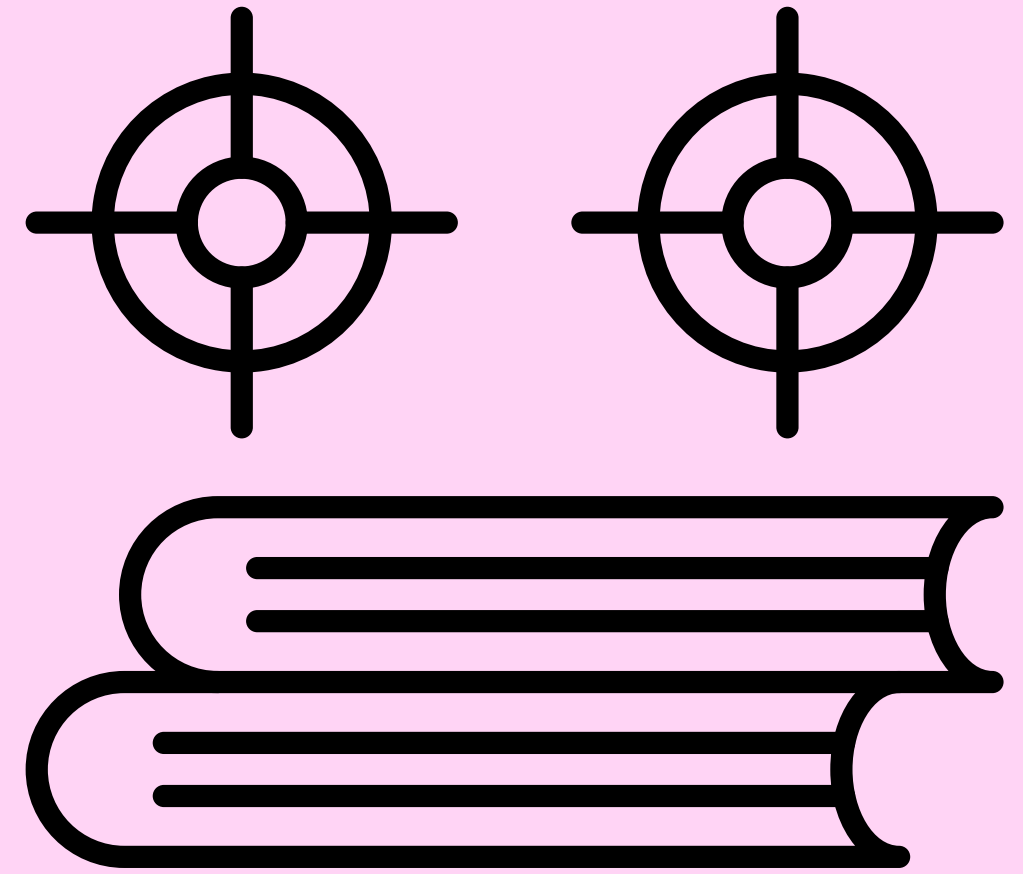
Common Illnesses in the Elderly For FLW



LEARNING OBJECTIVES

At the end of the session the front line workers in HWC should be able to:

- List the common illnesses in the elderly
- Work out how to identify the common illnesses in the elderly
- Describe their role in prevention and care of common ailments in the elderly





INTRODUCTION

- As people grow old, some **degenerative conditions** occur. Elderly people are also **prone** to some **diseases**.
- **Common conditions** in older age include hearing loss, blurred vision/ difficulty in reading, back and neck pain, joint pains, diabetes, depression, dementia etc.
- As people age, they are more likely to **experience several conditions** at the same time



GERIATRIC GIANTS' OR THE FOUR 'I'

- Immobility
- Instability
- Incontinence
- Impairment of intellect
 - Cognitive impairment
 - Delirium
 - Depression





1. EYE PROBLEMS



1. As age advances, people start having issues with their eyesight
2. It is not necessary that every elderly would have weak eyesight
3. Keep in mind that elderly with diabetes develop weak eyesight earlier
4. Blurred vision limits the mobility of the elderly, and affect interpersonal interactions.
5. Poor eyesight acts as a trigger for depression.
6. Poor eyesight increases the risk of falls

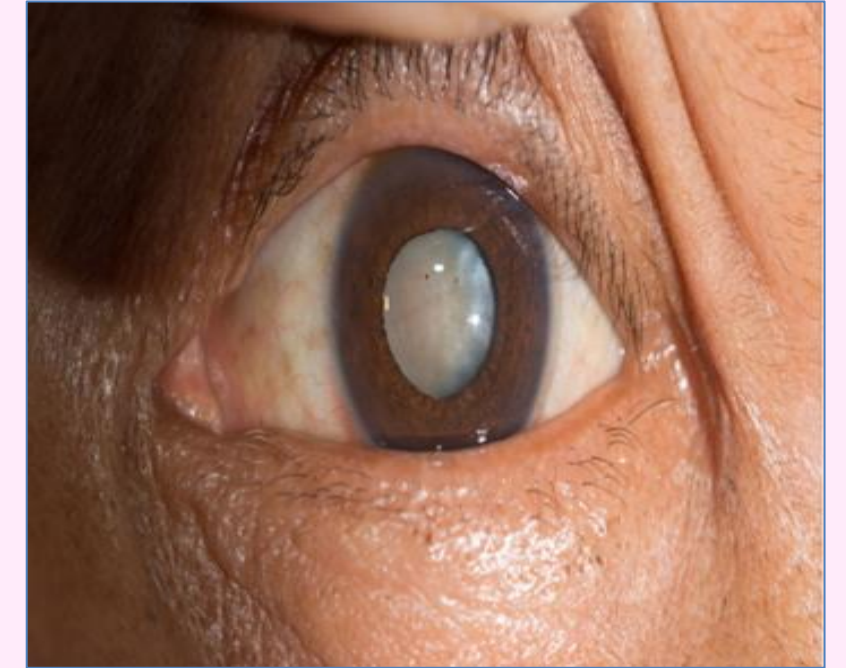


PRESBYOPIA -DIFFICULTY IN SEEING NEARBY OBJECTS

- Common complaint among elderly.
- It is a condition that is age related
- Commonly starts **after the age of 40.**
- One finds it **difficult to read** anything **near** e.g. books, newspaper held by hand.
- Presbyopia is **easily corrected by use of spectacles.**

CATARACT - LENS GETS OPAQUE

- **Most common** eye problem in the elderly.
- Leading cause of blindness across the world and India
- Causes gradual loss of sight.
- The **pupil**; the black circle of the eye shows **chalky white or greenish-grey** color.
- It **needs a minor surgery** where the opaque (damaged) lenses are removed and replaced with an artificial lens.
- **No other treatment** like eye drops/ spectacles can cure this condition.



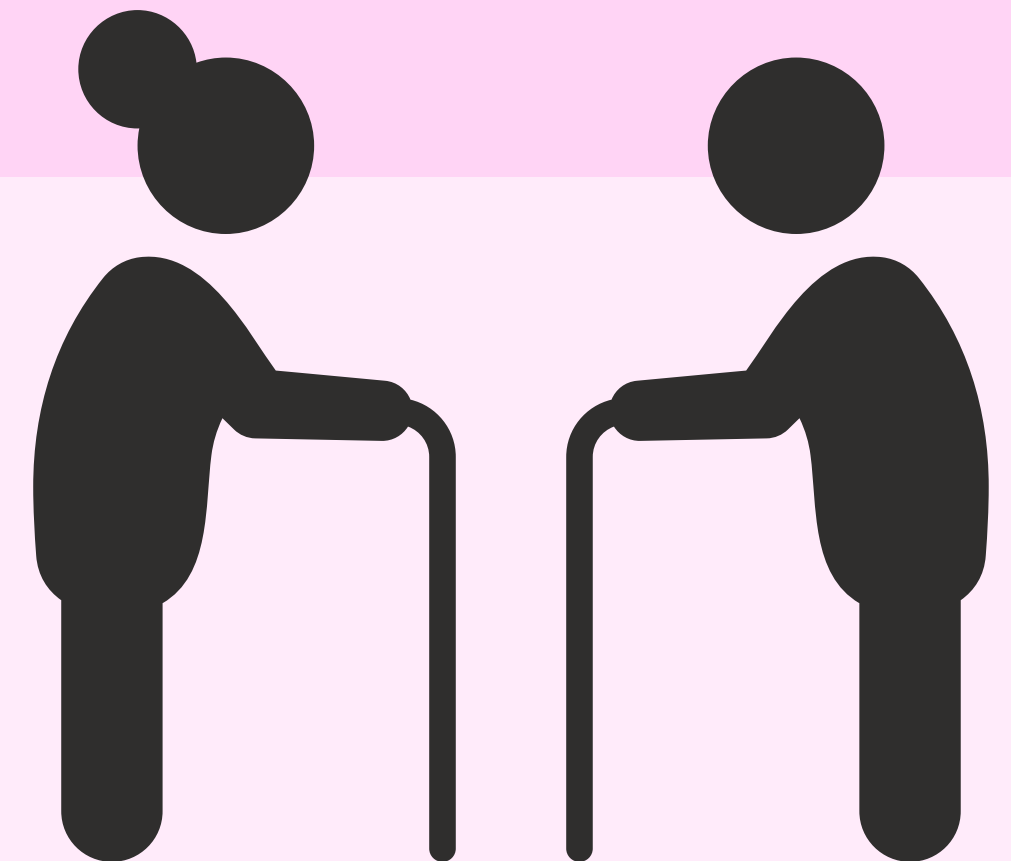
KEY MESSAGES REGARDING CATARACT

- Cataract is normally seen in elderly people and can be a result of ageing.
- It **cannot be cured with eye drops** but will require eye surgery
- The surgery commonly involves taking out the affected lens from the eye and replacing it with a new lens so that vision can be restored.
- The procedure is done under local anaesthesia so that eye surgery can be done.
- The surgery is safe and commonly done. It should be done in a recognized hospital and NOT in the community or PHC.



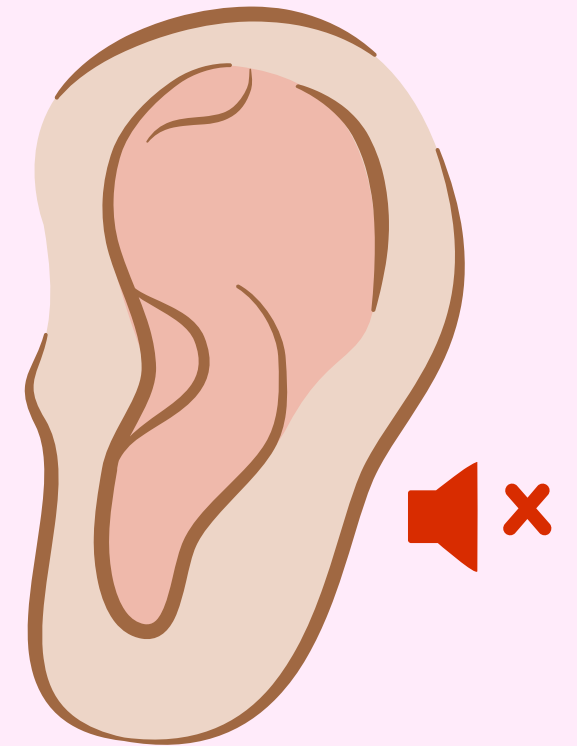
- Under National Programme for Prevention and Control of Blindness and Visual Impairment, Government eye hospitals provide free surgeries to affected persons.

- Both eyes may get affected due to ageing. The surgery may be required in both the eyes, one at a time.



2. LOSS IN HEARING

- Loss of hearing can happen gradually as age advances
- Most common complaint is not being able to hear clearly and they ask the other person to speak loudly.
- Brings a lot of irritation to the elderly and others
- Untreated hearing loss
 - affects communication
 - Contributes to social isolation and loss of autonomy.
 - Associated with anxiety, depression.
 - May not be understood quickly by the family members . They see the elderly person as “being slow”.





ROLE OF FRONT LINE WORKERS IN ADDRESSING LOSS OF HEARING AND LOSS OF VISION

- Empathise with the elderly and assure them about sensory losses being normal during ageing.
- Mobilise the elderly and family members to visit the nearby Health and Wellness Centre for getting checked from CHO
- Support in provision of any assistive device, if needed.



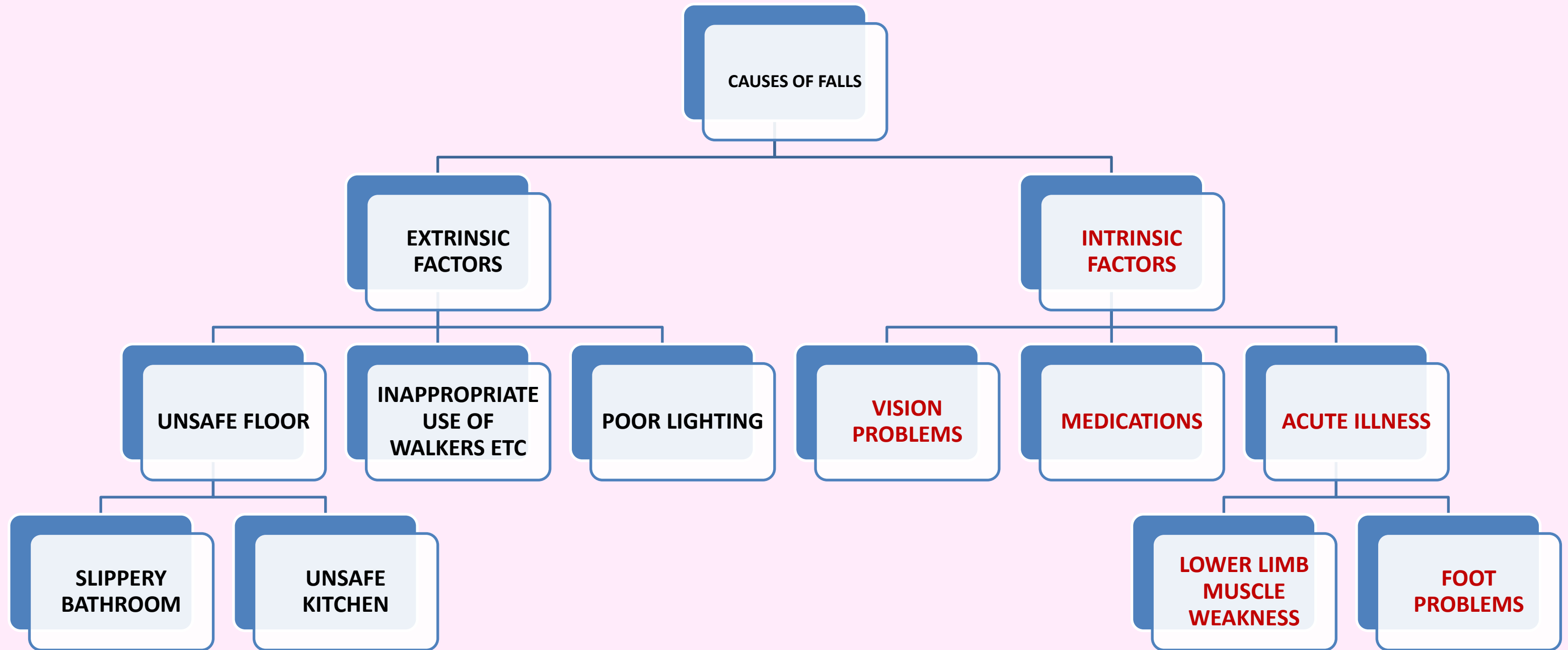
3. FALLS AND FRACTURES

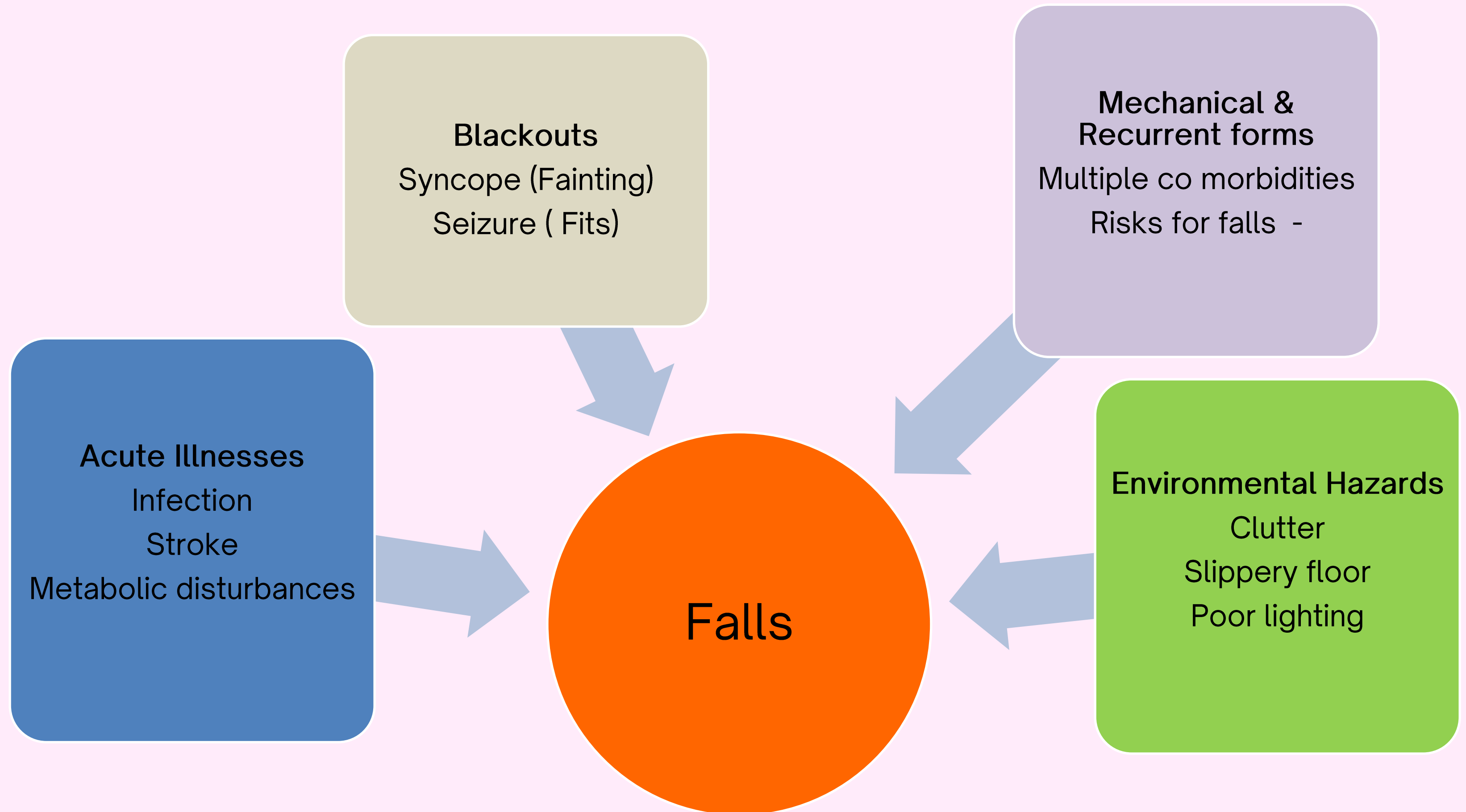
Elderly people are often at risk of falling





CAUSES OF FALLS IN THE ELDERLY





PREVENTION OF FALLS- MULTIDISCIPLINARY APPROACH



**Balance and
Strength
training**



**Reduce
hazards at
home**



**Correct
vision-
Spectacles**



**Correct
postural
hypotension**



**Rationalizing
drug use**
• Psychotropic
medication



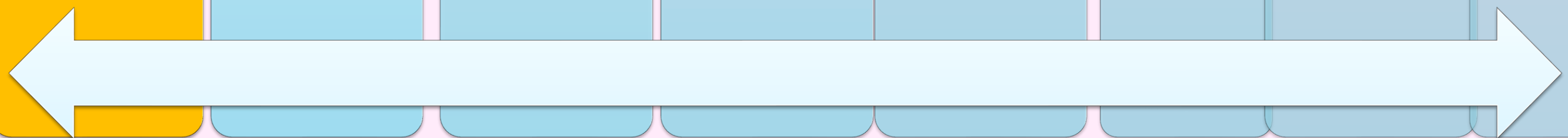
Podiatry



**Identify and
treat medical
conditions
causing falls**



**Use
assistive
devices**





ROLE OF ASHA AND MPW IN ADDRESSING FALLS

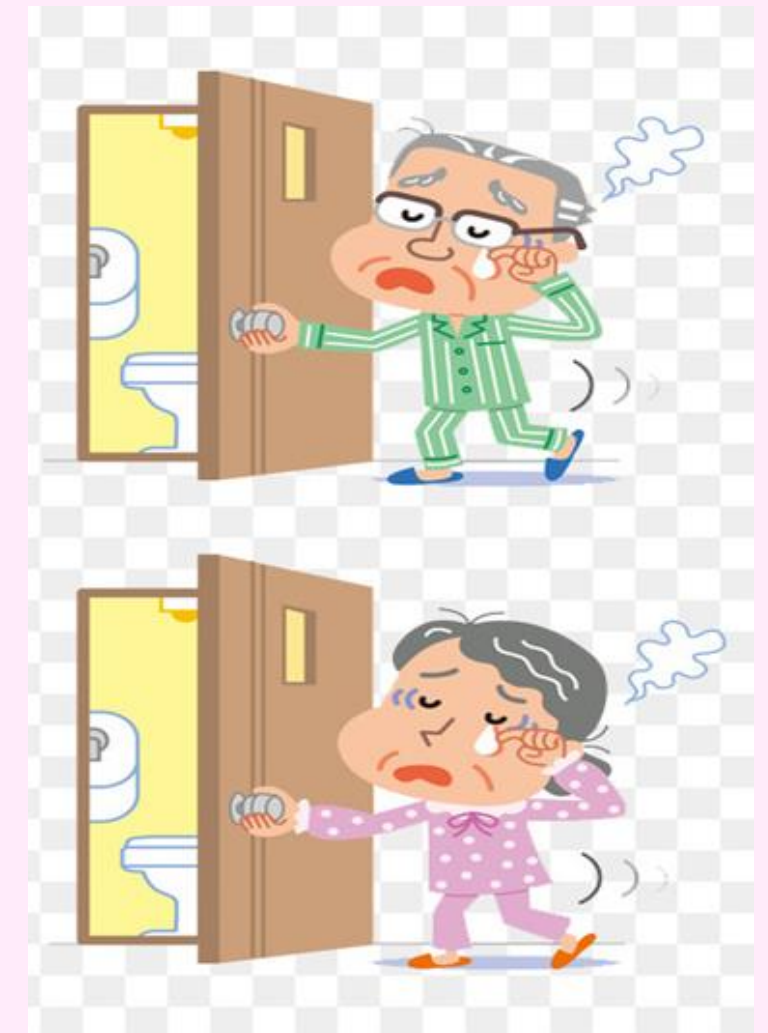


- **Advise** family members for support to the elderly while carrying out routine activities.
- **Mobilise** the elderly and family members to the nearby health and wellness centre for appropriate care.
- **Assess the risk** of falls by ruling out extrinsic and intrinsic factors and asking the elderly to stand up and walk to a nearby wall.
- **Follow up** on the fall injury, suitability of assistive devices and compliance with them



4. GENITO-URINARY PROBLEMS AND INCONTINENCE

- Main cause of genitourinary problems and incontinence (no or poor control over urination)
 - enlargement of the prostate gland in old age for men
 - weak muscles for women
- Elderly with genitourinary problems complain of
 - frequent and urgent need to urinate,
 - difficulty in urination





- weak urine stream
- dribbling of urine
- inability to completely empty the bladder.
- Causes significant distress to the elderly.
- Refer to the Medical Officer for treatment.

5. PSYCHOLOGICAL PROBLEMS



FORGETFULNESS

DEMENTIA

MEMORY
LOSS

DEPRESSION

MOOD
SWINGS ETC

SLEEP
DISTURBANCES





NOTIFY THE CHO IF ELDERLY COMPLAINTS OF

- Withdrawal from social activities
- Lack/excessive sleep
- Feelings of hopelessness and worthlessness
- Loss of interest in pleasurable things
- Loss of interest in food intake
- Increased confusion
- Neglecting personal care (grooming, bathing, clothing)
- Frequent incidents of irritation and agitation leading to anger outburst





MEMORY PROBLEMS

- As age increases, the memory becomes weaker.
- Some may develop disorders that affect memory, e.g. Alzheimer's disease, Dementia, Depression, Delirium



ACTIVITIES TO ASSESS MEMORY PROBLEMS IN ELDERLY

- Recall of day, date and time
- Food recall
- Practice buttoning up the shirt or coat
- Calculation of money and coins in purse
- Encourage them describe “how do they dress up”
- If literate, they may also be asked to calculate the price paid for each grocery item and the total



ROLE OF MPW IN ADDRESSING PSYCHOLOGICAL PROBLEMS IN ELDERLY

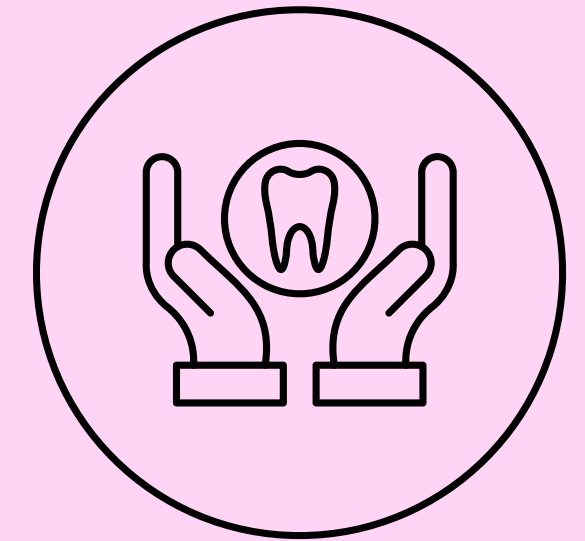
- **Form elderly support groups** where elderly would get to interact with their peers.
- **Conduct wellness activities** for the support groups or encouraging them for conducting wellness activities themselves.
- **Communicate with the elderly** about how they feel and how they have been for the past few days during the home visits.
- **Identify symptoms** of dementia like forgetting familiar route and landmarks, reduced planning and effects of all this daily life, misplacing objects etc.
- **Provide appropriate dietary advice** rich in vitamin B12, Folic acid (milk and milk products, peas, beans etc)



6. ORAL HEALTH PROBLEMS

- Majority of elderly groups suffer from poor oral health issues.

- Diseases of other parts of the body may also lead to increased risk of oral disease.



- Adverse side effects of some treatment may also lead to dry mouth, altered sense of taste and smell.

- Poor oral health results in impaired nutritional status and general health, reduced self-esteem, wellbeing and quality of life

NOTIFY CHO, IF ELDERLY HAS

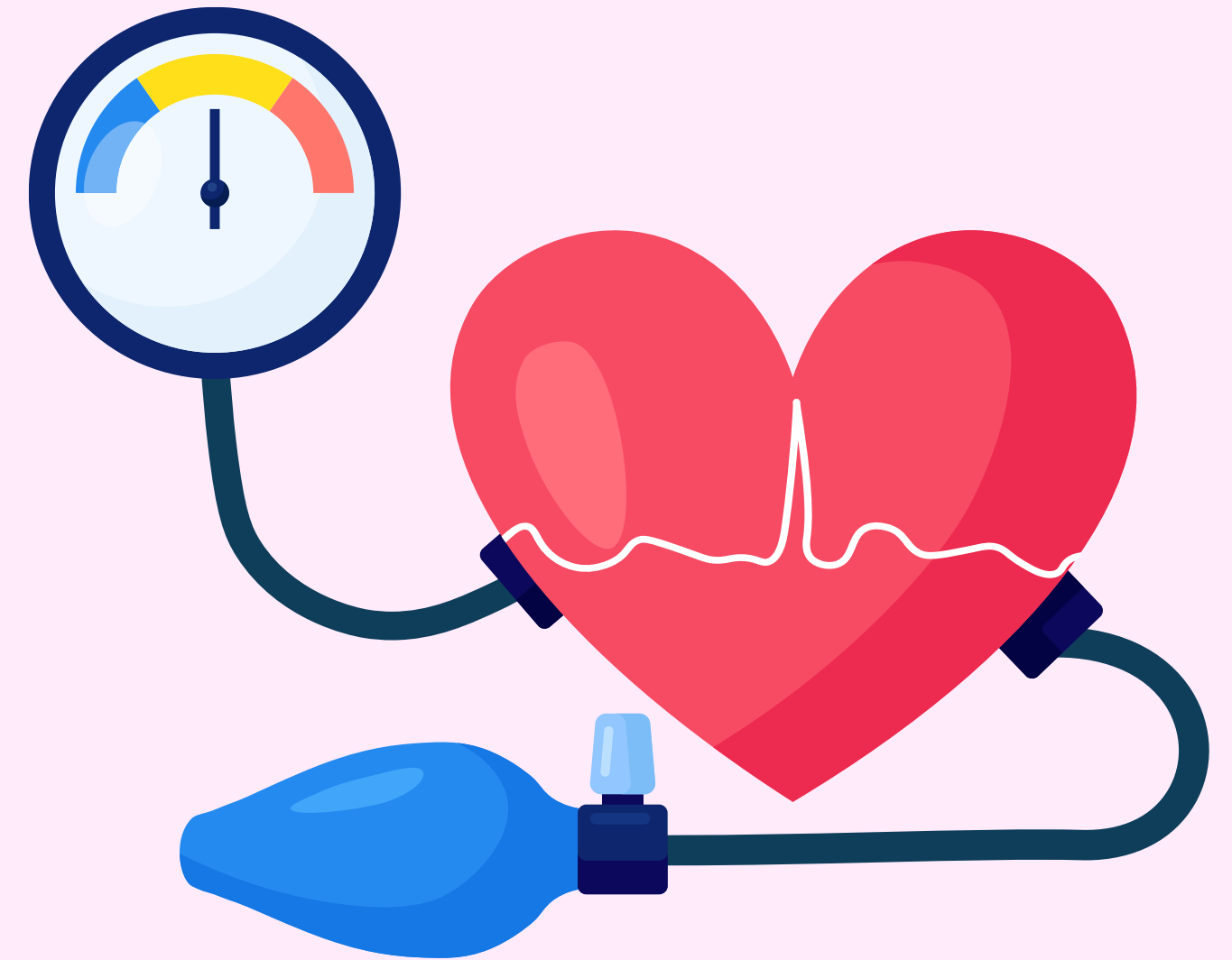
- Tooth infection
- Discolouration of tooth
- Swelling of gum
- Bleeding of gums
- Dry mouth
- Tooth pain
- Inability to open mouth (Lock Jaw)





7. HYPERTENSION

- High Blood Pressure is also known as ‘silent killer’
- Normal range of Blood Pressure among the elderly is 140/90 mm of Hg.
- If undetected, high blood pressure may damage the heart, brain, kidneys and blood vessels





NOTIFY CHO, IF ELDERLY HAS

- Complaints of headache
- Increased attacks of sweating, headache and palpitations
- Breathlessness
- Bleeding from nose

ROLE OF MPW IN ADDRESSING HIGH BLOOD PRESSURE IN ELDERLY

- Ensure that elderly undergo monthly monitoring of blood pressure
- Motivate elderly for compliance to treatment prescribed
- Advise elderly for regular check-up as advised at the AB-HWC
- Advise for regular physical activity





DIABETES

- Diabetes is also termed as ‘silent killer’ which gets detected only when it is specifically checked.
- Diabetes can also lead to complications like heart attack or stroke





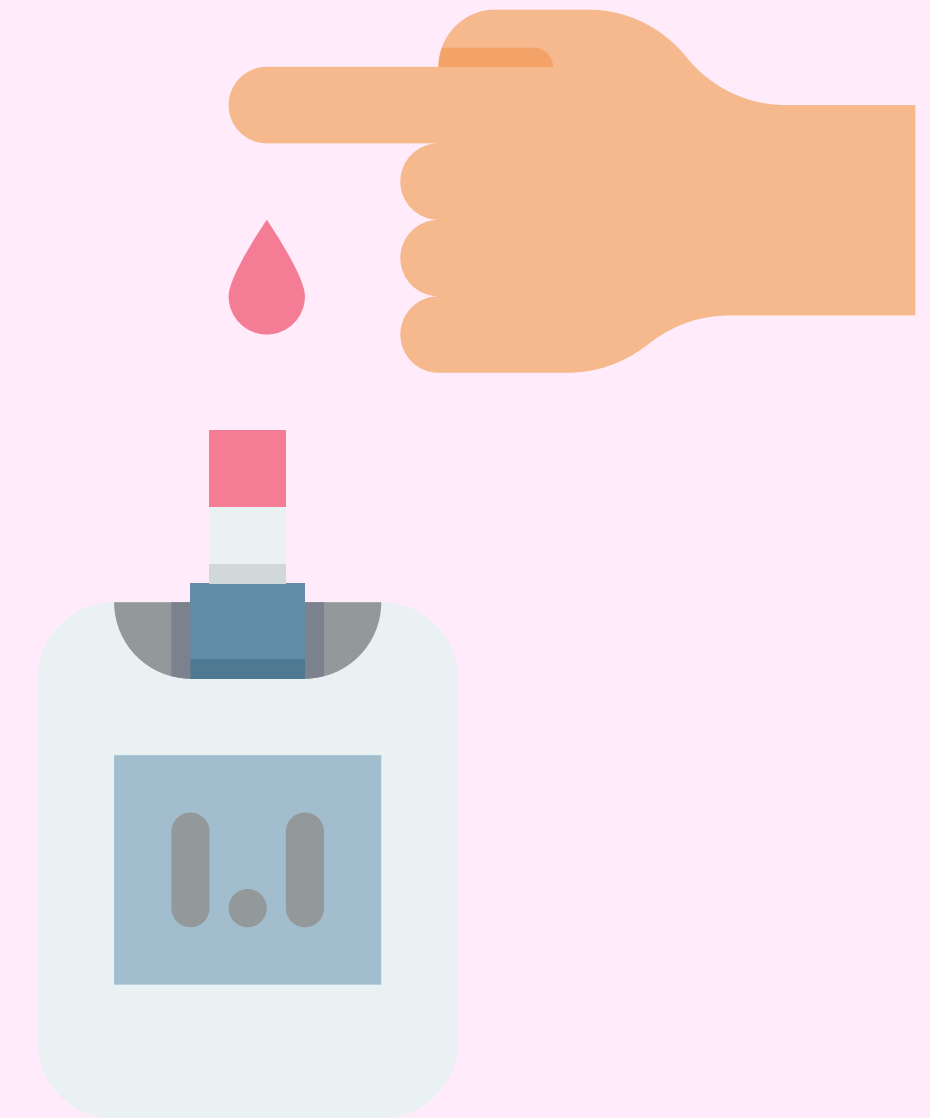
NOTIFY CHO, IF ELDERLY HAS

- Frequent urination
- Increased hunger
- Excessive thirst
- Unexplained weight loss
- Lack of energy
- Extreme tiredness
- Lack of interest
- Lack of concentration
- Blurred vision
- Repeated or severe infection like vaginal infections
- Slow healing of wounds
- Impotence in men
- Tingling and numbness in hands and/or feet
- Foot ulcers
- Pressure ulcers



ROLE OF MPW IN ADDRESSING DIABETES IN ELDERLY

- Be alert for new signs and symptoms-they may be due to side-effects of the medicines being taken.
- Ensure regular check-up at the AB-HWC as advised.
- Ensure that the elderly person and family members receive education on diabetes management and life style modifications.



CONDUCT REGULAR HOME-VISITS BY PRIORITIZING

- Those households which are vulnerable and marginalized,
- Where there are treatment defaulters
- Those who experience complications



Bring these cases to the notice of the CHO and the medical officer.



Diabetic Plate - Portioning





DIABETES MANAGEMENT





9. MUSCULOSKELETAL DISORDERS

- Musculoskeletal disorders are injuries or disorders of muscles, nerves, joints, tendons, cartilages and spinal discs impairing the movement.
- **Accounts for increased morbidity** among the elderly population
- **Timely recognition** may prevent complications including falls and deformities



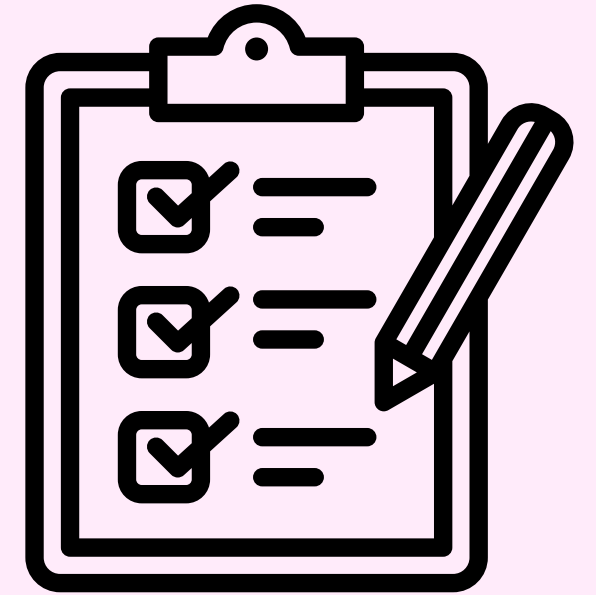
NOTIFY, IF ELDERLY COMPLAINTS OF

- Joint Pain
- Difficulty in walking/squatting
- Swelling in joints
- Neck pain
- Back ache





EVALUATION



True or False

1. Cataracts can be corrected by only spectacles
2. Falls can be prevented by ensuring well-lit rooms
3. A person with hearing loss can feel isolated and depressed
4. Diabetic elderly persons must not get sugars tested regularly because it will increase their stress.
5. Reducing salt can help control hypertension /high BP
6. Notify CHO if an elderly has urinary incontinence and back pain.
7. Increasing complex sugars helps manage diabetes better.
8. Poor oral health can lead to malnutrition in elderly persons



1. Cataract can be corrected by only spectacles **FALSE**

2. Falls can be prevented by ensuring well lit rooms **TRUE**

3. A elderly person with hearing loss can feel isolated and depressed **TRUE**

4. Diabetic elderly persons must not get sugars tested regularly because it will increase their stress **FALSE**

5. Reducing salt can help control hypertension /high BP **TRUE**

6. Notify CHO if an elderly has urinary incontinence and back pain. **TRUE**

7. Increasing complex sugars helps manage diabetes better **TRUE**

8. Poor oral health can lead to malnutrition in elderly persons **TRUE**



CASE SUMMARY

You are seeing a new patient. He is a 72-year-old retired factory worker brought to clinic by his daughter. He lives with his daughter and her family since his wife died 2 years ago. Daughter is concerned about his poor appetite, trouble recalling conversations and recent falls. Patient has been silent at home , restricted his activities to staying in the apartment, and he reports no concerns.

He had not seen a doctor for over 5 years until he was hospitalized for pneumonia one month ago when he has altered sensorium for a week

Since that time, his daughter reports that his memory is worse and he is often agitated at bedtime.

Also the daughter reports that there is frequent dribbling of urine



PROBLEMS

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FALL RISK

ANOREXIA OF AGEING

DEMENTIA

IS HE
DEPRESSED

During a new patient visit, He is a 72-year-old retired factory worker brought to the clinic by his daughter. He lives with his daughter and her family since his wife died 2 years ago. Daughter is concerned about his **poor appetite, trouble with conversations** and **recent falls**.

Patient has been **silent at home, restricted his activities** to staying in the apartment, and he reports no concerns.

He had not seen a doctor for over 5 years until he was hospitalized for pneumonia one month ago when he has **altered sensorium** for a week.

Since that time, his daughter reports that his memory is worse and he is often **agitated** at bedtime.

Also the daughter reports that there is **frequent dribbling of urine**.

DELIRIUM??

INCONTINENCE



ANY 5 MESSAGES TO PREVENT THIS COUPLE HAVING A FALL





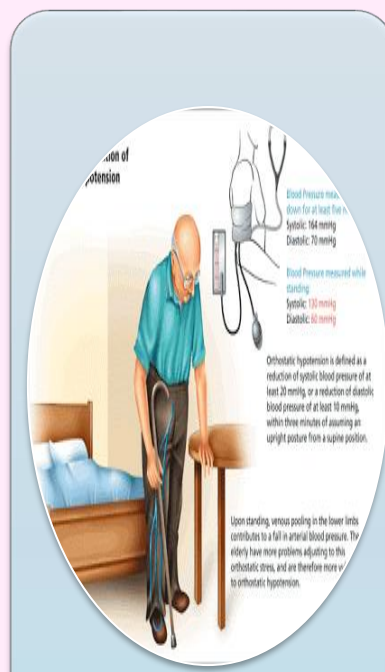
Balance and Strength training



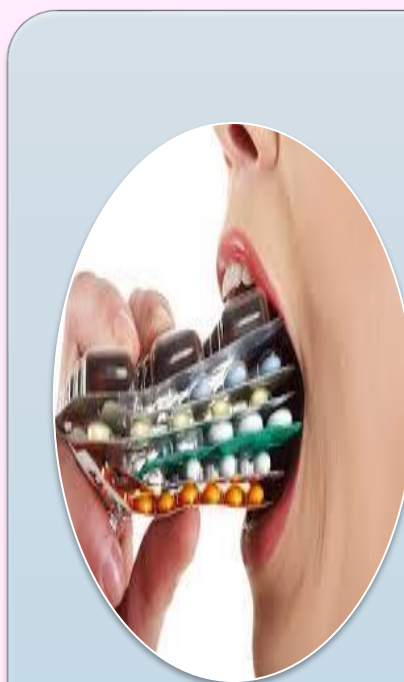
Reduce hazards at home



Correct vision-Spectacles



Correct postural hypotension



Rationalizing drug use

- Psychotropic medication



Podiatry



Identify and treat medical conditions causing falls



Use assistive devices



Thank You

