DOWNLOAD PDF ASSESSING OLDER ADULTS.

Chapter 1 : Health Assessment of Older Adults | Nurse Key

(1,2) This quick guide provides information about assessing cognitive impairment in older adults. With this information, you can identify emerging cognitive deficits and possible causes, following up with treatment for what may be a reversible health condition.

Assessment of Older Adults Gottschling, J. Assessment of anxiety in older adults: Journal of Psychopathology and Behavioral Assessment, 38, PDF Mahoney, C. Anxiety sensitivity, experiential avoidance, and mindfulness among younger and older adults: Age differences in risk factors for anxiety symptoms. International Journal of Aging and Human Development, 81, Item response theory analysis, differential item functioning, and creation of a ten-item short form GAS International Psychogeriatrics, 27, Psychometric analysis among older adults. PDF Gould, C. Measuring anxiety in late life: Journal of Anxiety Disorders, 28, Persian version of the Geriatric Anxiety Scale: Translation and preliminary psychometric properties among Iranian older adults. Aging and Mental Health, 17, Late life anxiety is associated with decreased memory and executive functioning in community dwelling older adults. Journal of Anxiety Disorders, 27, PDF Yochim, B. Psychometric properties of the Geriatric Anxiety Scale: PDF Segal, D. Development and initial validation of a self-report assessment tool for anxiety among older adults: The Geriatric Anxiety Scale. Journal of Anxiety Disorders, 24, Age differences in attachment orientations among younger and older adults: Evidence from two self-report measures of attachment. International Journal of Aging and Human Development, 69, Intrinsic and extrinsic barriers to mental health care among community-dwelling younger and older adults. Aging and Mental Health, 13, PDF Edelstein, B. Older adult psychological assessment: Current instrument status and related considerations. Clinical Gerontologist, 31 3 , Behavior Modification, 32, Beliefs about mental illness and willingness to seek help: Aging and Mental Health, 9, PDF Fisher, B. Assessment of coping in cognitively impaired older adults: Clinical Gerontologist, 26, Assessment of older adults and their families. Nova Science Publishers, Inc. Introduction to the special issue on anxiety in the elderly. Journal of Anxiety Disorders, 14, Psychological testing of older people. PDF Kabacoff, R. Psychometric properties and diagnostic utility of the Beck Anxiety Inventory and the State-Trait Anxiety Inventory with older adult psychiatric outpatients. Journal of Anxiety Disorders, 11, Journal of Clinical Psychology, 53, Journal of Clinical Geropsychology, 1, PDF King, C. Diagnosis and assessment of substance abuse in older adults: Current strategies and issues. Addictive Behaviors, 19, Comprehensive Psychiatry, 35, Journal of Psychopathology and Behavioral Assessment, 15,

Chapter 2 : Assessing an Elderly Adultâ€™s Mental Health Needs

To ensure optimal health outcomes for older adults, nurses in all settings should be familiar with geriatric health problems and demonstrate proficiency in providing care. Assessing the health needs of elderly patients can reduce their hospitalization rate and enhance their quality of life and independence.

This publication is in the public domain. For more information, see the Bookshelf Copyright Notice. Search term Structured Abstract Background: Depression causes significant suffering and is commonly seen in primary care. Because primary care providers sometimes fail to identify patients as depressed, systematic screening programs in primary care may be of use in improving outcomes in depressed patients. Depression screening is predicated on the notion that identification will allow effective treatments to be delivered and that the benefits of treatment will outweigh the harms. Treatment efficacy of antidepressants and psychotherapy in general adult populations was established in a previous United States Preventive Services Task Force USPSFT review on depression screening, but treatment in older adults was not examined specifically. Additionally, harms of screening and treatment were not previously examined in detail. This evidence report updates the evidence for the benefits and harms of screening primary care patients for depression in order to initiate or modify treatment aimed at providing relief from depression. We developed an analytic framework and five key questions to represent the logical evidence connecting primary care screening to improved health outcomes, including remission from depression. Separate literature search strategies were developed for harms of screening and harms of treatment. We also considered all trials included in the previous systematic review for the USPSTF and a recent Cochrane review on depression screening in primary care, contacted experts, and checked bibliographies from non-systematic reviews and other studies. We examined abstracts and full-text articles. For all key questions, we considered evidence from studies published in English that were conducted in the United States or other similarly developed countries and met design-specific USPSTF quality standards. We included fair-to-good quality randomized clinical trials RCTs or controlled clinical trials CCTs that evaluated screening for depression in primary care settings if the screening and related interventions involved general adult primary care populations and if the control group was either unscreened or the results of the screening were not used in the care of the patient. We found no trials or studies addressing harms of screening. We included good-quality meta-analyses that examined depression treatment efficacy in older adults. We included fair-to-good quality systematic reviews, meta-analyses, and large observational studies of serious adverse events and early discontinuation due to adverse effects in adult and older adults. One reviewer abstracted relevant information from each included article into standardized evidence tables, and a second reviewer checked all elements. Excluded articles are listed in tables, along with the primary reason s for exclusion. Programs that include depression screening and staff that assist the primary care clinician by providing some direct depression care such as care support or coordination, case management, or mental health treatment can increase depression response and remission over usual care. However, it is unclear whether screening is a necessary component of these programs. Antidepressants and psychotherapy are effective in treating depression in older adults, with odds of remission about twice those seen in placebo or other non-active control conditions. The most current evidence on risk of completed suicide deaths does not demonstrate a clear and uniform effect of second-generation antidepressants compared with placebo; rather, data are consistent with no effect, mild protection or some increased risk. Some meta-analyses suggest an increase in suicidal behaviors in young adults aged 18â€”29 years on antidepressants, particularly those with major depressive disorder and those taking paroxetine. In contrast, older adults have a reduced risk of suicidal behaviors during antidepressant treatment. Screening programs without staff-assisted depression care supports are unlikely to improve depression outcomes, although depression treatment can be effective in adults of all ages. Close monitoring of all adult patients initiating antidepressant treatment, particularly those under age 30, is important both for safety reasons and to ensure optimal treatment response.

Chapter 3 : Screening for Depression in Adults and Older Adults in Primary Care - NCBI Bookshelf

The nurse is assessing an older adult with intact cognition. A younger family member is present. The client is slightly hearing impaired, so the nurse must speak up.

Patients are more likely to adhere to treatment and have better outcomes, express greater satisfaction with their treatment, and are less likely to bring malpractice suits. Learning effective communication techniquesâ€”and using themâ€”may help health professionals build more satisfying relationships with older patients and become more skilled at managing their care. Effective communication has practical benefits. It can help prevent medical errors, strengthen the relationship with patients, make the most of limited interaction time, and lead to improved health outcomes. When communicating with older adults: Address the patient by last name, using the title the patient prefers Mr. Begin the interview with a few friendly questions not directly related to health. Use active listening skills. Avoid jargon, use common language, and ask if clarification is needed, such as writing something down. Ask the patient to say what he or she understands about the problem and what needs to be done. Obtaining a Medical History For elder patients, obtaining a good history is crucial; it should include social circumstances, lifestyle, and both medical and family history. If feasible, gather preliminary data before the session by requesting previous medical records or having the patient and family members fill out forms at home. Try to structure questionnaires for easy reading by using large type and providing enough space between items for people to respond. Try to have patients tell their story only once. For older patients who are ill, re-telling can be tiring. If the patient has trouble with open-ended questions, make greater use of yes-or-no or simple choice questions. During the interview, sit and face the patient at eye level. Giving your patient a chance to express concerns to an interested person can be therapeutic. Older adults often have sensory impairments that affect communication. Vision and hearing deficits are common and need to be addressed in communication. Compensating for Hearing Deficits Age-related hearing loss is common: It is not always obvious to healthcare providers when a patient is hard of hearing. The first step is to make sure your patient can hear you. If the patient uses a hearing aid, make sure it is working. Check for the presence of excess earwax. Healthcare providers can improve communication by using the following strategies: Talk slowly and clearly in a normal tone. Avoid shouting or speaking in a raised voice, which distorts sound and can give the impression of anger. Avoid using a high-pitched voice, which is hard to hear. If a patient is able to read lips, face the person directly at eye level to enable lip-reading and picking up visual clues. Keep your hands away from your face while talking so that your speaking is visualized. Background noises computers, traffic noise, other people talking, office equipment can mask or distort your voice so be alert for signs that these ambient noises are adversely affecting communication. If your patient has difficulty with letters and numbers, give a context for them. Keep a note pad handy so, if necessary, you can write what you are saying, including diagnoses and other important terms. Let your patient know when you are changing the subject by pausing briefly, speaking a bit more loudly, gesturing toward what will be discussed, gently touching the patient, or asking a question. Compensating for Visual Deficits Visual disorders become more common as people age, and a person with impaired vision may experience difficulty in complex situations that demand rapid interpretation of multiple visual cues. Unfortunately, this is a common occurrence in a busy hospital or medical office. To ensure good communication for those with visual deficits: Provide adequate lighting, including sufficient light on your face, and minimize glare. Check that your patient has brought and is wearing eyeglasses, if needed. Provide handwritten instructions that are clear and well-written. Use printed materials with large type and a clear typeface. Consider tape recording instructions, providing large pictures or diagrams, or using aids such as specially configured pillboxes. NIA, b Choosing Words Carefully Some words may have different meanings to older patients and those unfamiliar with medical terminology. For example, a diagnosis of dementia may bring up thoughts of insanity. Although we cannot anticipate every generational difference in language, be aware of the possibility and work to make communication more clear. Use simple, common language, and ask if clarification is needed. Offer to repeat or reword the information: Begin the session by asking patients to talk about their major concern: The main concern may not be the first one

mentioned, especially if it is a sensitive subject. Encourage patients and caregivers to bring a written list of concerns and questions. Ask about all medicationsâ€”including prescription, over-the-counter, and dietary supplements. Try to determine if the patient is using medications that have been prescribed for another family member. Physicians and other healthcare providers typically underestimate how much patients want to know and overestimate how long they spend giving information to patients. Devoting more attention to educating a patient may seem like a luxury, but in the long run it improves adherence to treatment, increases well-being, and ultimately saves time. Healthcare providers should provide key information and advice and encourage other team members to build on that. To explain a diagnosis, start by asking patients what they understand and how much more they want to know. When patients fail to understand their medical conditions they tend not to follow treatment plans. After proposing a treatment plan, check with the patient on feasibility and acceptability; confirm that the patient understands the plan. Encourage patients and caregivers to take an active role in managing a chronic problem. Assessing Sensory Function One of the challenges of caring for older people is the atypical presentation of symptoms. Deterioration in level of functioning is often the first symptom in an older person with an acute illness. An older adult may evidence only difficulty with ambulation or mentation when they are ill, while a younger person presents with completely different symptoms. Pneumonia in an older person may present with a change in mental status and a urinary tract infection may present as a fall. Vomiting may be the only symptom of a heart attack. Changes in vision, hearing, balance and postural control, or sensory loss can affect mobility and should be thoroughly assessed in older patients. Vision The visual system is a key component of motor control. It allows us to determine the movement of objects in our environment; it tells us where we are in relation to parts of our own body and to other objects Shumway-Cook and Woollacott, Blindness or low vision affects more than 3. Early detection and timely treatment of eye conditions has been found to be efficacious and cost effective CDC, c. The leading causes of blindness and low vision in the U. Other common eye disorders include amblyopia and strabismus. Refractive errors are the most common visual problems in the United States. They include myopia near-sightedness , hyperopia farsightedness , astigmatism distorted vision at all distances , and the presbyopia that occurs between age 40 and 50 years loss of the ability to focus up close. Refractive errors can be corrected by eyeglasses, contact lenses, or surgery. Recent studies conducted by the National Eye Institute showed that proper refractive correction could improve vision among 11 million Americans 12 years and older CDC, c. Elders should be assessed for other eye disorders associated with aging: Hearing Hearing loss is one of the most common conditions affecting older adults. One in 3 people older than 60 and half of those older than age 85 have hearing loss. Hearing loss happens for many reasons. Some people lose their hearing slowly as they age presbycusis. Another reason for hearing loss may be exposure to too much loud noiseâ€”known as noise-induced hearing loss. Many construction workers, farmers, musicians, airport workers, tree cutters, and people in the armed forces have hearing problems because of too much exposure to loud noise. Continuous exposure to loud noises can cause tinnitus, a ringing, hissing, or roaring sound in the ears. Hearing loss can also be caused by a virus or bacteria, heart conditions or stroke, head injuries, tumors, and certain medicines NIDCD, Balance involves multiple systems that must interact flawlessly and automatically to coordinate input from the environment and the central nervous system. Postural control is the ability to maintain the segments of our body in relation to one another and to maintain stability and orientation in space Shumway-Cook and Woollacott, As healthcare professionals we often see clients who have poor balance and are at high risk for falling, whether from post surgical weakness, illness, neurologic disorders, or injury. Helping a patient reduce fall risk requires assessment of medications, sensory and musculoskeletal changes, and age-related and cognitive changes. All of these factors have been shown to affect balance and falls in one way or another. Because falls are a major concern in elders, a later section is focused on them. Assessing the Skin The skin is our largest organ. It protects the body from infection and trauma. The skin also regulates body temperature by dilating and constricting blood vessels near the surface and releasing perspiration to cool the body. When assessing skin color, look for cyanosis blue-ish color , which may indicate poor oxygenation arising from respiratory or cardiac problems, or may signal low body temperature. Because skin color varies by race and ethnicity, it is important to inspect the ears, lips, inside of mouth, hands, and nail beds for signs of

cyanosis. The skin, sclera of the eyes, and mucous membranes should be inspected for jaundice, which may indicate liver disease. Skin pallor can indicate anemia. Erythema, or redness of the skin, may be due to fever, alcohol intake, or infection.

Chapter 4 : Assessment of Older Adults in Long-Term Care

Each year, thousands of older Americans suffer from the deterioration of physical and cognitive skills as a consequence of aging. The decline of these skills can have a negative impact on the social and psychological aspects of an older adult's life. It is a good idea for older adults to evaluate.

Feelings of worthlessness, hopelessness or helplessness. Loss of interest in favorite activities. Difficulty sleeping or sleeping more than usual. Eating more or less than usual. Recurring thoughts of death or suicide. If your loved one shows signs of the disease, seek treatment. Treatment can include antidepressant medications or talk therapy â€" or a combination of the two. People with dementia have problems with at least two brain functions, such as memory and language. An older adult with depression may exhibit dementia-like symptoms, such as forgetfulness, disorientation and inattentiveness. This so-called pseudodementia sets in after the person has already shown signs of depression. Before depression sets in, however, mental decline will have already begun. Other psychological and emotional issues that can arise from dementia include anger, anxiety, loss of inhibitions and paranoia. Pinpointing the Underlying Problem Could your relative have depression or dementia? Or is there another explanation for a change in energy level or behavior? To find out, take these steps: Ask a doctor or pharmacist if a medication â€" or combination of drugs â€" could be causing fatigue, depression or other symptoms. Geriatric pharmacists are especially knowledgeable about how medications affect older people. Also keep in mind that early pneumonia or a urinary tract infection can lead to depression-like symptoms in a person who has dementia or has been disabled by a stroke. Listen carefully, and offer emotional support. Like depression, anxiety often goes undiagnosed in older adults. The first step in treating anxiety is determining the source of the stress. Physicians also treat anxiety with psychotherapy and medications. Get your loved one evaluated and treated. Social workers at the Area Agency on Aging can conduct a mini mental status exam. To find your local agency, click here. Or consult a geriatric psychiatrist, a doctor trained to recognize and treat mental illnesses in older people. Preventing Suicide Suicide rates are particularly high among older Americans. Those suffering from depression are at greatest risk. Firearms can pose an increased risk to suicidal older adults. If there are firearms in the home, remove them as soon as possible. For more advice, call the National Suicide Prevention Lifeline: All calls are confidential. Also, work with the Area Agency on Aging to develop a support plan for this person. Maintaining Your Mental Health You may find that caring for a loved one takes a toll on your own mental health. Make a point of keeping stress in check. Joining a caregiver support group can help.

Chapter 5 : Community Assessment Survey For Older Adults | National Research Center

Older adults are less likely to report pain. Inquire about pain each time see patient. Can be challenging, patient may not want to report because of fears of additional testing, costs, or progression of disease.

An equivalent mix of moderate- and vigorous-intensity aerobic activity and muscle-strengthening activities on 2 or more days a week that work all major muscle groups legs, hips, back, abdomen, chest, shoulders, and arms. Aerobic activity â€" what counts? Aerobic activity or "cardio" gets you breathing harder and your heart beating faster. From pushing a lawn mower, to taking a dance class, to biking to the store â€" all types of activities count. Intensity is how hard your body is working during aerobic activity. On a point scale, where sitting is 0 and working as hard as you can is 10, moderate-intensity aerobic activity is a 5 or 6. It will make you breathe harder and your heart beat faster. Vigorous-intensity activity is a 7 or 8 on this scale. You can do moderate- or vigorous-intensity aerobic activity, or a mix of the two each week. A rule of thumb is that 1 minute of vigorous-intensity activity is about the same as 2 minutes of moderate-intensity activity. This means that walking may feel like a moderately intense activity to you, but for others, it may feel vigorous. For more help with what counts as aerobic activity, watch this video: Windows Media Player, 4: Besides aerobic activity, you need to do things to make your muscles stronger at least 2 days a week. These types of activities will help keep you from losing muscle as you get older. A repetition is one complete movement of an activity, like lifting a weight or doing one sit-up. Try to do 8â€"12 repetitions per activity that count as 1 set. Try to do at least 1 set of muscle-strengthening activities, but to gain even more benefits, do 2 or 3 sets. The activities you choose should work all the major muscle groups of your body legs, hips, back, chest, abdomen, shoulders, and arms. You may want to try: Lifting weights Doing exercises that use your body weight for resistance push ups, sit ups Heavy gardening digging, shoveling.

Chapter 6 : Assessment of Older Adults | Aging and Mental Health Lab

assessing the needs of an older adult Resources for Seniors, Inc. 62 Directory of Resources Meal preparation and nutrition: Appetite can change with age and activity level, but changes in the way things taste or smell are also quite.

Web sites Who is this guide for? The guide provides background information on health literacy and strategies and suggestions for communicating with older adults. Links to many helpful resource materials are included for you to investigate specific topics in greater detail. This guide builds on the information presented in the Quick Guide to Health Literacy, published by the U. Department of Health and Human Services. Why are the health literacy needs of older adults important? Problems with health literacy affect millions of Americans, including older adults. More than 77 million U. What is health literacy? Health literacy has to do with how well people understand and are able to use health information to take action on their health. More than just the ability to read and write, health literacy includes the ability to listen, follow directions, fill out forms, calculate using basic math, and interact with professionals and health care settings. It can also include making sense of jargon or unfamiliar cultural norms. Health literacy requires people to apply critical thinking skills to health-related matters. People with low health literacy skills often lack such knowledge. In fact, most people will have trouble understanding health information at some point in their lives. For example, people experiencing serious health problems may come across specific medical terms or health information for the first time. The National Assessment of Adult Literacy included the first-ever national assessment of health literacy, which found that adults age 65 and older have lower health literacy scores than all other age groups surveyed. Only 3 percent of the older adults who were surveyed were measured as proficient. As you work to improve the health of older adults, you need to be aware of their health literacy needs. Health outcomes are related to health literacy. Studies have shown that patients with low health literacy have trouble understanding health information and getting preventative health care. These patients may use emergency rooms and other expensive health services more often than patients with higher health literacy skills. These tasks are challenging for people with low health literacy. Particular challenges for some older adults are accessing health information on the Internet and using basic math. Some people hide their problem out of shame, or they may not recognize the difficulty they have with reading. This resource may be especially helpful to people who are looking for assistance on a range of health literacy issues. The guide can be found at www. What special issues apply to older adults? Highlights of effective strategies and suggestions for you to consider when communicating and working with older adults are included. Adjusting the way you communicate may help older adults increase health literacy skills. Be sensitive to cultural, language, and other differences among the older adults you serve. Some suggestions in this guide may not be appropriate for everyone. National Center for Education Statistics; Statistics on the Aging Population. National Library of Medicine. A Prescription to End Confusion. National Academies Press; National Institutes of Health, U. Department of Health and Human Services; Quick Guide to Health Literacy. The State of Aging and Health in America The Merck Foundation;

Chapter 7 : Preoperative Assessment in Older Adults: A Comprehensive Approach - - American Family Ph

Health assessment of older adults can be done on several levels, ranging from simple screenings to complex, in-depth evaluations. To perform assessments accurately, nurses and other health care providers who gather information regarding older adults must possess the necessary knowledge and skill to perform the assessments correctly.

Chapter 8 : How much physical activity do older adults need? | Physical Activity | CDC

Assessing Nutrition in Older Adults. By: Rose Ann DiMaria-Ghalili, PhD, RN, CNSC, Drexel University College of Nursing and Health Professions and Elaine J. Amella, PhD, RN, FAAN, Medical University of South Carolina College of Nursing.

Chapter 9 : Quick Guide to Health Literacy and Older Adults - Health Literacy and Older Adults

Assessment of Older Adults' Obsessive-Compulsive Disorder Symptoms. Hersen and Van Hasselt () concluded in their review of the assessment of anxiety and related symptoms with older adults that the measures used at the time were of limited value because they had not been directly evaluated with older adult samples.