

Chapter 1 : Health Bulletins | Family & Consumer Sciences Extension

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Bulletin , Caregiver Series: For information about UMaine Extension programs and resources, visit extension. Find more of our publications and books at extensionpubs. As we discuss the aging process, we need to distinguish between changes that result from normal aging and changes due to disease. Physical changes that are part of the normal aging process happen to everyone, are not reversible and usually do not cause serious disability. Physical changes due to disease are often treatable and may be reversible, but in some instances may result in serious disability. Generally, changes due to normal aging cause a slowdown of bodily functions, while disease leads to temporary or permanent breakdown in functioning. Remember, the aging process is as diverse as the people who go through it. Here are some facts about the aging process that you may find useful: Aging is a highly individual experience. People age at different rates. Aging is a very natural process. It begins at conception and continues throughout the life cycle. Genetics, nutrition, stress, exercise, health care and lifestyle all influence the aging process. Most older adults are in good health. Physiological, sensory, emotional and physical changes occur, but the human body and our ability to compensate for these changes often allows older people to function fine in their later years. Even without disease, the eye is among the first of the senses to be affected by aging. The lens and cornea become less transparent, the pupil becomes smaller and the field of vision shrinks. Focusing becomes less acute, and the ability to shift focus from near to far, and vice versa, decreases. Seeing eye spots increases. The ability to distinguish between greens and blues diminishes because the lens of the eye begins to yellow. As a result, elders may need more light to complete tasks or to read. Hearing loss generally becomes evident from middle age onward. This loss appears to be caused by a decrease in the elasticity of the eardrum. Men often lose the ability to hear high tones; women lose the ability to hear low tones. Men also have a higher risk of hearing loss than women. The sense of taste starts to diminish around the age of 30. At 30 years old, a person has taste buds on each of the tiny bumps called papilla on the tongue. At 70, the number of taste buds per papilla decreases to around 50. Sweet and salty tastes seem to be the first affected. For older persons, normal seasoning may seem bland. Using herbs instead of salt may be one way to boost the taste of foods without added sodium. This is especially helpful for older persons who have high blood pressure. Very few changes occur in the sense of smell as you age. The skin becomes less taut, has pigmentary changes and has a loss of elasticity. Tissue loss occurs just below the skin. Because the skin loses sensitivity, an older adult may not feel pain until the skin has already been damaged. This can happen when an older adult uses a hot water bottle, for example, or is burned while cooking. Respiration rates decrease with age. In addition, lung capacity lessens because the muscles and rib cage that control breathing stiffen. It takes more effort to move air in and out of the lungs and more air is left in the lungs after exhaling. Studies show that the amount of oxygen to blood transfer also decreases with age. Very few changes occur in the digestion process that are directly linked to aging. Nutrients still tend to be well absorbed and digested. However, basal metabolism the rate at which the resting body converts food into energy slows down as one ages. This means elders may need less food than when they were younger. Some evidence also suggests that the older stomach produces less hydrochloric acid, which is used to digest food. Poor fitting dentures and less mouth saliva may make chewing harder for the older adult, which can also lead to poor digestion. **Reproduction and Sexual Activity:** Reproduction and sexual activity undergo changes as we age. Sexual activity may decline in later years, often because people become interested in other aspects of living. Illness or disease will affect sexual activities more than the aging process itself. Both men and women tend to take longer to achieve orgasm as they age. For women, the end of menstruation signals a new era in their lives. With menopause, women may experience a thinning of the vaginal lining and less lubrication. The cervix and uterus tend to shrink. The vagina loses some of its elasticity. Men tend to take longer to achieve a full penile erection but, once achieved, the erection can be maintained longer. However, they may not feel as much for as long as when they were young. In general, older adults experience very few bowel changes. Not everyone

needs daily bowel movements for good health. Aging does affect kidneys and bladder capacity, however. The kidneys of a year-old will filter about half the amount of blood as a year-old. The bladder capacity in an older adult is also about half that of a younger person about two cups in a year-old and one cup in a year-old. The smaller bladder capacity results in more frequent urination. A decrease in muscle tone may also result in incomplete emptying of the bladder. Many older persons may experience incontinency. This is especially common for older women who have had many children. Older men may have a hard time starting or maintaining a urine stream or fully emptying their bladder because of an enlargement of the prostate. **Body Structure and Organs Muscles:** Life style and activity levels can mitigate some of the muscle loss associated with aging. Generally, a man will lose 10 pounds of muscle between the ages of 30 and The cells that replace the muscle fibers are connective tissue collagen or fat, which causes the muscles to stiffen and to become slower. Because collagen makes motion more difficult, an older person may not want to be physically active. A decrease in bone density and deterioration of spinal discs cause shrinking with age. Respiration, walking, stability and digestion can be affected by this change. Bones become more brittle and are more apt to break as one ages. This brittleness occurs because of a decrease in bone calcium content, which causes the bones to be thinner and more porous. The incidence of arthritis, an inflammation of the joints, increases with age. Very little change happens to the teeth. However the enamel on the tooth surface and the dentin underneath the enamel tend to decrease. These changes do not cause tooth loss. The loss of teeth often occurs because of disease or neglect. The heart becomes less efficient as one ages. The amount of blood the heart can pump decreases by about 25 percent between the ages of 30 and The heart must work harder to support bodily functions. Arteries often become clogged because of a build-up of cholesterol and other fatty deposits. This build-up causes a narrowing of arteries and may lead to hypertension or high blood pressure. **Mental Changes** Normal aging is not linked to a loss of intelligence. Certain chronic, mental or organic diseases may, however, interfere with normal intellectual functioning. Profound loss and depression can account for an older adult not wanting to be challenged mentally. Impaired intellectual function in older adults happens because of certain abnormal conditions. The term senile dementia refers to a progressive and disabling disease that often leads to a shortened life span. Senile dementia is often caused by arteriosclerosis, heredity or environmental pollutants. Less than ten percent of older adults in the United States suffer from this condition. What causes the deterioration is unknown. One normal change in memory does seem to be associated with aging. Often, an older adult will be able to recall past events more vividly than recent ones. However, a lack of remembering often stems from not listening carefully, from distractions and from not knowing how to remember.

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