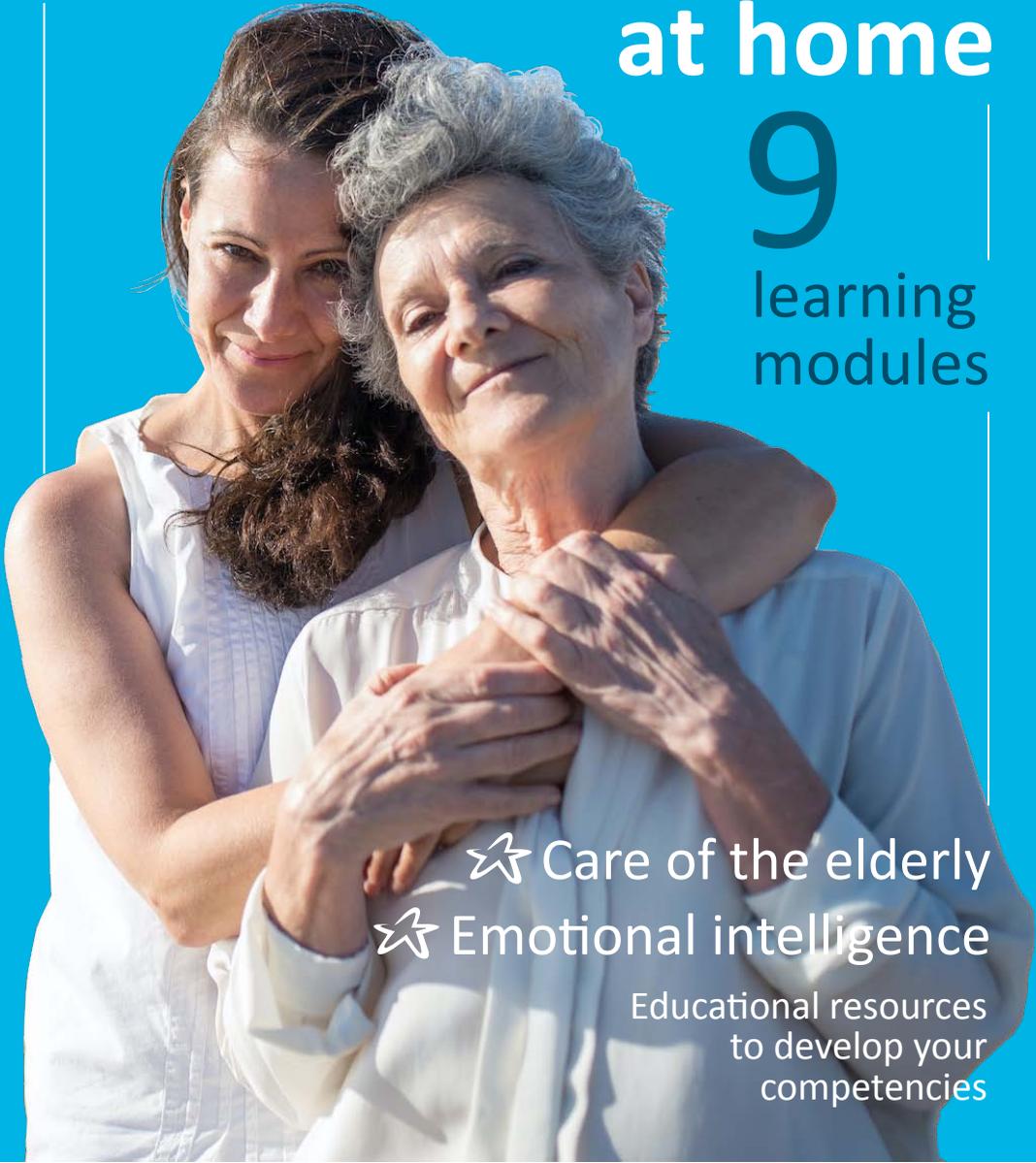




Caring for an elderly person at home

9
learning
modules



- ☆ Care of the elderly
- ☆ Emotional intelligence

Educational resources
to develop your
competencies

HomeCare Project

Home care for Dependent Elderly People

Educational Path for Informal Carers



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Caring

for an elderly person
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9

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Educational resources to develop
competencies and skills on caring
for an elderly person at home



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Part 1:

Care of the elderly

Common Diseases of the Elderly



Text by Fundacja “Małopolska Izba Samorządowa”, Kraków, Poland.

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Introduction

The older a person is, the more susceptible they become to various diseases. Some of them – such as diabetes, hypertension, Parkinson’s disease, Alzheimer’s disease, rheumatism or osteoporosis – are common among the elderly, which is why we often refer to them as diseases of old age.

However, age is not the only cause, as they are also influenced by genetic and environmental factors. Lifestyle is crucial as well. Obesity, bad eating habits, stress, lack of movement, lack of mental exercise, smoking, excessive alcohol consumption – these factors accelerate the emergence of diseases of old age.

Learning Objectives

In this module, you will learn about the most common diseases in old age. Those are:

- Neurological diseases
- Metabolic diseases (diabetes)
- Respiratory diseases
- Diseases of the osteoarticular system
- Dementia
- Inconsistency (urinary and/or stool incontinence)

Expected Learning Effects

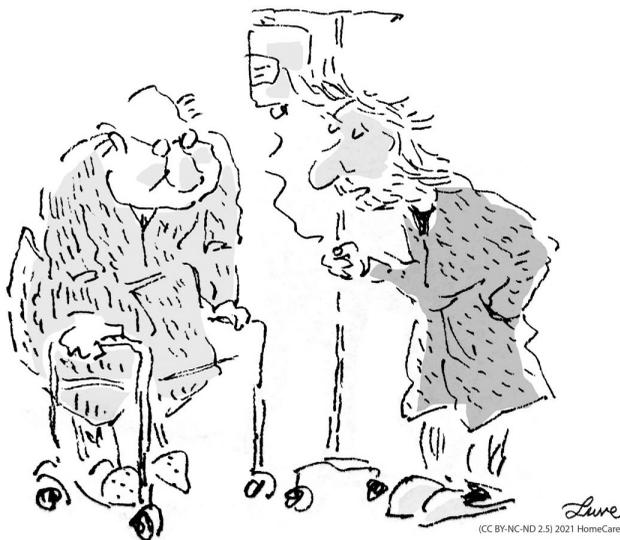
After completing this module, you will be able to:

- Identify basic diseases of old age and recognize their symptoms
- Provide first aid in situations that endanger the health and life of an elderly person

Methodology

This E-learning module is an open educational resource. It is mobile-friendly and device-independent. The module is designed for individual learners, however it can also be used as a part of an instructor-led training program.

Cardiovascular Diseases: Hypertension



“My wife used to say that I’m a savage. Now I have proven her wrong by getting one of those civilization diseases!”

Cardiovascular diseases are often referred to as diseases of civilisation, as the development of civilisation is largely responsible for their emergence.

Unfortunately, they are one of the leading causes of death for people over 60 in many European countries and around the world. Experts and doctors believe that this state of affairs is

certainly caused by changes in the physiology of the cardiovascular system of the body with age, but also by the lack of appropriate preventive measures.

Hypertension, also known as high blood pressure, is a long-term medical condition in which the blood pressure in the arteries is persistently elevated. High blood pressure typically does not cause symptoms. It's an ailment whose risk of appearing increases with age. It occurs in 60-70% of the elderly.

How to read a blood pressure measurement?

The blood pressure is measuring with a special tool — a pressure gauge, which shows two values.

Systolic blood pressure

(the first value)

It indicates how much pressure your blood is exerting against your artery walls when the heart beats.

Diastolic blood pressure

(the second value)

It indicates how much pressure your blood is exerting against your artery walls while the heart is resting between beats.

The meaning of the blood pressure numbers:

(The five blood pressure ranges according to the American Heart Association)

Blood pressure category	SYSTOLIC mm Hg (upper number)	DIASTOLIC mm Hg (lower number)
Normal	less than 120	less than 80
Elevated	120 – 129	less than 80
High blood pressure (Hypertension stage 1)	130 – 139	80 – 89
High blood pressure (Hypertension stage 2)	140 or higher	90 or higher
Hypertensive crisis	higher than 180	higher than 120

Source: the American Heart Association www.heart.org

Normal

Blood pressure numbers of less than 120 mm Hg systolic blood pressure and less than 80 mm Hg diastolic blood pressure are considered within the normal range. If the results fall into this category, stick with heart-healthy habits like following a balanced diet and getting regular exercise.

Elevated

Elevated blood pressure is when readings consistently range from 120-129 mm Hg systolic and less than 80 mm Hg diastolic. People with elevated blood pressure are likely to develop high blood pressure unless steps are taken to control the condition.

Hypertension Stage 1

Hypertension Stage 1 is when blood pressure consistently ranges from 130-139 mm Hg systolic or 80-89 mm Hg diastolic. At this stage of high blood pressure, doctors are likely to prescribe lifestyle changes and may consider adding blood pressure medication based on your risk of atherosclerotic cardiovascular disease (ASCVD), such as heart attack or stroke.

Hypertension Stage 2

Hypertension Stage 2 is when blood pressure consistently ranges at 140 mm Hg systolic or 90 mm Hg diastolic or higher. At this stage of high blood pressure, doctors are likely to prescribe a combination of blood pressure medications and lifestyle changes.

Hypertensive crisis

This stage of high blood pressure requires medical attention. If the blood pressure readings suddenly exceed 180/120 mm Hg, wait five minutes and then test your blood pressure again. If the

readings are still unusually high, contact the doctor immediately. It could be experiencing a hypertensive crisis.

If the blood pressure is higher than 180/120 mm Hg and there are experiencing signs of possible organ damage such as chest pain, shortness of breath, back pain, numbness/weakness, change in vision or difficulty speaking, do not wait to see if the pressure comes down on its own.

A diagnosis of high blood pressure must be confirmed with a medical professional.



Which number is more important?

Typically, more attention is given to systolic blood pressure (the first number) as a major risk factor for cardiovascular disease for people over 50. In most people, systolic blood pressure rises steadily with age due to the increasing stiffness of large arteries, long-term buildup of plaque and an increased incidence of cardiac and vascular disease.

However, either an elevated systolic or an elevated diastolic blood pressure reading may be used to make a diagnosis of high blood pressure. According to recent studies, the risk of death from ischemic heart disease and stroke doubles with every 20 mm Hg systolic or 10 mm Hg diastolic increase among people from age 40 to 89.

To monitor blood pressure, the elderly should measure it at least once a day (preferably at a fixed time). It is worth writing down the measurements so that a doctor can check and offer appropriate treatment. For the elderly, it is also very important to have a periodic echocardiographic heart examination to help determine how the organ works and to make sure that the walls are not overgrown.

What causes hypertension?

The most common causes of high blood pressure in the elderly are:

-  genetic tendencies
-  **being** overweight or obese
-  inadequate diet (**e.g. excessive caloric content of meals, excessive amount of salt in food**) also caused by **lack of appetite in the elderly**
-  stress
-  lack of physical activity
-  diseases (**diabetes, vascular atherosclerosis, kidney disease, adrenal disease**)

What are the symptoms of hypertension?

Symptoms of hypertension in the elderly may include:



dizziness (appearing in the morning after getting out of bed or during the day, as well as during physical exertion)



headaches (usually in the back of the head)



tinnitus (may occur at different times of the day, in some people it starts in the morning, in others only in the afternoon)



palpitations (most often appearing at different times of the day, rarely at night, stopping after a short time – from a few to a dozen or so minutes)



hot flushes



excessive sweating



shortness of breath



redness on the face and around the neckline

Treatment and prevention

For elderly people suffering from hypertension, one of the main preventive measures is to have a sufficient amount of rest. Relaxation and sleep help the elderly to minimise stress which negatively affects blood pressure. An important element of prevention is to ensure a healthy diet. Physical activity (appropriate for the age) as well as mental support and caring for the elderly are also crucial.

Remember that the choice of medicines for hypertension should be recommended by a doctor, especially if the elderly person is taking other medicines.

Cardiovascular Diseases: Atherosclerosis



“I always remove the price tags before my husband sees the shopping. This is by far the best prevention of heart attack.”

Atherosclerosis – one of the most common diseases in the elderly – is a narrowing of the arteries caused by a buildup of plaque through the buildup of fatty substances in the arteries.

Arteries are the blood vessels that carry oxygen and nutrients from your heart to the rest of your body. Deposits of fatty substances, cholesterol, cellular waste products, calcium and

other substances build up in the inner lining of an artery. They cause the formation of blood clots that can block blood flow or break off and travel to another part of the body which is very dangerous.

As you get older, fats, cholesterol, and calcium can collect in your arteries and form plaque. The buildup of plaque makes it difficult for blood to flow through your arteries. This buildup may occur in any artery in your body, including your heart, legs, and kidneys.

It can result in a shortage of blood and oxygen in various tissues of your body. Pieces of plaque can also break off, causing a blood clot. If left untreated, atherosclerosis can lead to heart attack, stroke, or heart failure.

What causes atherosclerosis?

There are many factors that increase the risk of atherosclerosis. The following are common causes:

High cholesterol

Cholesterol is a waxy, yellow substance that's found naturally in the body as well as in certain foods you eat. If the levels of cholesterol in your blood are too high, it can clog your arteries. It becomes a hard plaque that restricts or blocks blood circulation to your heart and other organs.

Unhealthy diet

With consuming large amounts of animal fats, including small amounts of healthy vegetable fats in the diet, consuming a large amount of simple sugars.

Aging

As you age, your heart and blood vessels work harder to pump and receive blood. Your arteries may weaken and become less elastic, making them more susceptible to plaque buildup.

Lifestyle

Atherosclerosis is also largely affected by genetic factors and family predisposition. It is more common to develop with other chronic diseases such as hypertension, overweight or obesity and diabetes.

What are the symptoms of atherosclerosis?

Most symptoms of atherosclerosis don't show up until a blockage occurs. Common symptoms include:



chest pain or angina



pain in your leg, arm, and anywhere else that has a blocked artery



shortness of breath



fatigue



confusion, which occurs if the blockage affects circulation to your brain



muscle weakness in your legs from lack of circulation

It's important to know that a heart attack and a stroke can be caused by atherosclerosis.

If a clot blocks a blood vessel that feeds the heart, it causes a heart attack. If it blocks a blood vessel that feeds the brain, it causes a stroke. If blood supply to the arms or legs is reduced or blocked, it can cause difficulty walking and eventually gangrene.

How to distinguish a heart attack from a stroke?

Heart Attack Symptoms

- Discomfort or pain in the center of the chest that lasts more than a few minutes, or that goes away and comes back
- Discomfort in other areas of the upper body (e.g. one or both arms, the back, neck, jaw or stomach)
- Increased heart rate
- Shortness of breath
- Cold sweat
- Nausea
- Lightheadedness
- Palenes

Stroke Symptoms

- Numbness in the face, legs, arms (usually on one side of the body)
- Gibbering
- Acute headache
- Dizziness
- Seizures
- Balance disorders
- Trouble seeing in one or both eyes
- Sloping corner of the mouth

 **First aid**

**Heart attack and stroke
are both medical emergencies.
If you notice these symptoms
in the person you care for,
call for help immediately –
phone number 112**

**(Emergency Notification Center –
unified pan-European emergency number)**

**It is necessary to remember
that time is extremely important
in this case!**

Please note that the person must remain in a safe position until the ambulance arrives. They must not be given anything to drink or eat.



How is atherosclerosis diagnosed

The doctor performs a physical exam if there are symptoms of atherosclerosis. The doctor checks for:



a weakened pulse



an aneurysm, an abnormal bulging or widening of an artery due to weakness of the arterial wall



slow wound healing, which indicates a restricted blood flow

A cardiologist may listen to the heart to see if there are any abnormal sounds. They'll be listening for a whooshing noise, which indicates that an artery is blocked. The doctor will order more tests if they suspect atherosclerosis.

Tests can include:



a blood test to check your cholesterol levels



a Doppler ultrasound, which uses sound waves to create a picture of the artery that shows if there's a blockage



an ankle-brachial index (ABI), which looks for a blockage in your arms or legs by comparing the blood pressure in each limb



a magnetic resonance angiography (MRA) or a computed tomography angiography (CTA) to create pictures of the large arteries in your body



a cardiac angiogram, which is a type of chest X-ray that's taken after your heart arteries are injected with radioactive dye



an electrocardiogram (ECG or EKG), which measures the electrical activity in your heart to look for any areas of decreased blood flow



a stress test, or exercise tolerance test, which monitors your heart rate and blood pressure while you exercise on a treadmill or stationary bicycle

Treatment and prevention

Treatment involves changing the current lifestyle to decrease the amount of fat and cholesterol consume. The elderly person may need to exercise more to improve the health of heart and blood vessels. Unless atherosclerosis is severe, the doctor may

recommend lifestyle changes as the first line of treatment, but they may also suggest additional medical treatments, such as medications or surgery.

With treatment, the elderly person may see improvement in their health, but this may take time. The success of the treatment will depend on:

 **the severity of the person condition**

 **how promptly it was treated**

 **whether other organs were affected**

The treatment of atherosclerosis is a multidirectional action and include:

 **eating a healthy diet that's low in saturated fat and cholesterol**

 **avoiding fatty foods**

 **adding fish to diet (e.g. twice per week)**

 **quitting smoking**



being physically active



losing weight (in case of overweight or obeseand) and maintaining a healthy weight.



treating conditions associated with atherosclerosis, such as hypertension, high cholesterol, and diabetes



getting regular medical check-ups and taking medicine as prescribed

Treating the underlying cause and making healthy lifestyle and dietary changes can help slow down the process or prevent it from getting worse.

Alzheimer's disease



"I forgot how to tie my shoelaces again. I might have an Alzheimer . . ."

Alzheimer's disease is a progressive form of dementia. Dementia is a broader term for conditions caused by brain injuries or diseases that negatively affect memory, thinking, and behavior.

These changes interfere with daily living. Most people with the disease get a diagnosis after age 65. If it's diagnosed before then, it's generally referred to as early onset Alzheimer's disease. There's no cure for Alzheimer's, but there are treatments that can slow the progression of the disease.

Alzheimer's disease is a chronic ongoing condition. Its symptoms come on gradually and the effects on the brain are degenerative, meaning they cause slow decline. Anyone can get Alzheimer's disease but certain people are at higher risk for it. This includes people over age 65 and those with a family history of the condition.

Alzheimer's and dementia aren't the same thing. The terms "dementia" and "Alzheimer's" are sometimes used interchangeably. However, these two conditions aren't the same. Alzheimer's is a type of dementia.

Dementia is a broader term for conditions with symptoms relating to memory loss such as forgetfulness and confusion. Dementia includes more specific conditions, such as Alzheimer's disease, Parkinson's disease, traumatic brain injury, and others, which can cause these symptoms. Causes, symptoms, and treatments can be different for these diseases.

What causes Alzheimer's disease?

Experts haven't determined a single cause of Alzheimer's disease but they have identified certain risk factors, including:

Age

Most people who develop Alzheimer's disease are 65 years of age or older.

Family history

If you have an immediate family member who has developed the condition, you're more likely to get it.

Genetics

Certain genes have been linked to Alzheimer's disease. Having one or more of these risk factors mean that risk level of develop Alzheimer's disease raises. But it doesn't mean that it will develop.

What are the symptoms of Alzheimer's disease?

Everyone has episodes of forgetfulness from time to time. But people with Alzheimer's disease display certain ongoing behaviors and symptoms that worsen over time. These can include:



Memory loss affecting daily activities, such as an ability to keep appointments



Trouble with familiar tasks, such as using a microwave



Difficulties with problem-solving



Trouble with speech or writing



Becoming disoriented about times or places



Decreased judgment



Decreased personal hygiene



Mood and personality changes



Withdrawal from friends, family, and community

Symptoms change according to the stage of the disease.

Alzheimer's stages

Alzheimer's is a progressive disease, which means the symptoms will gradually worsen over time. Alzheimer's is broken down into seven stages:

Stage 1

There are no symptoms at this stage but there might be an early diagnosis based on family history.

Stage 2

The earliest symptoms appear, such as forgetfulness.

Stage 3

Mild physical and mental impairments appear, such as reduced memory and concentration. These may only be noticeable by someone very close to the person.

Stage 4

Alzheimer's is often diagnosed at this stage, but it's still considered mild. Memory loss and the inability to perform everyday tasks is evident.

Stage 5

Moderate to severe symptoms require help from loved ones or caregivers.

Stage 6

At this stage, a person with Alzheimer's may need help with basic tasks, such as eating and putting on clothes.

Stage 7

This is the most severe and final stage of Alzheimer's. There may be a loss of speech and facial expressions.

As a person progresses through these stages, they'll need increasing support from a caregiver.

Diagnosing Alzheimer's disease

It difficult to diagnose Alzheimer's disease unequivocally. The doctor can use examinations and tests to assess your mental abilities, diagnose dementia, and rule out other conditions. The doctor likely starts by taking a medical history. They may ask about your:



Symptoms



Family medical history



Other current or past health conditions



Current or past medications



Diet, alcohol intake, or other lifestyle habits

Next the doctor will likely do several tests to help determine if there is Alzheimer's disease or not.

Alzheimer's treatment

There's no known cure for Alzheimer's disease. However, your doctor can recommend medications and other treatments to help ease your symptoms and delay the progression of the disease for as long as possible. The doctor may also recommend antidepressants, anti-anxiety medications, or antipsychotics to help treat symptoms related to Alzheimer's.

These symptoms include:



Depression



Restlessness



Aggression



Agitation



Hallucinations

Although age is the largest risk factor and the greatest predictor of whether someone will have Alzheimer's, but even those at higher genetic risk of the disease can take steps to lessen their risk or may help manage the condition.

One of the most important is running an appropriate lifestyle. There's strong evidence that making better lifestyle choices can reduce our risk of Alzheimer's.

E.g, physical aerobic exercise doesn't just help Alzheimer's symptoms, but may also slow brain degeneration associated with the disease and slow shrinkage of a part of the brain involved in memory. Keeping a healthy diet, controlling blood pressure – these are the most important activities that significantly reduce the risk of Alzheimer's.

Parkinson's disease



Joe was adamant that his illness was actually a gift.

Parkinson's disease (also known as Parkinson's syndrome) is a degeneration of the anatomical structures of the brain, consisting in the gradual disappearance of the so-called dopaminergic cells in it.

Its typical syndromes include slow movement, resting tremor, muscle stiffness and disorders of posture and walking difficulties. Parkinson's disease does not appear overnight – its occurrence is usually preceded by various types of symptoms that may be present in a person even for several or more years.

What causes Parkinson's?

So far, the causes of Parkinson's disease have not been clearly identified. Some researchers claim that it may be associated with the body's natural aging processes – nerve cells in the brain die with age, and as a result the dopamine levels in the body drop. Parkinson's disease is suspected to be hereditary to a certain extent – according to some studies, there are between 5 and 35% of hereditary cases among patients with particular characteristic gene mutations.

What are the symptoms of Parkinson's?

The most common symptoms include:

Stiffness

Increased muscle tension (characteristic hunched posture). It primarily affects the limbs, but it can also manifest itself in the area of the torso and neck. Stiffness causes discomfort and pain during movement. At a more advanced stage, it may also affect facial expression.

Slowness of movement

(so-called bradykinesia) – manifests itself in all of everyday activities – when using the toilet, dressing, eating or walking (making small steps).

Tremor

The so-called resting tremor – occurs when a person does not perform any activity. The moment the person reaches out for an object, the tremor disappears. In Parkinson's disease, tremor is present in almost all parts of the body, except the head. At the most advanced stage of the disease, tremor can appear not only at rest, but also when performing physical activities.

Impaired balance

Motor deficit, shuffling steps, occasional falling down.

Speech disorders

Speech is monotonous, poorly articulated, quiet.

Cognitive impairment

Memory deterioration, slow thinking, poor concentration.

Vegetative symptoms

Facial seborrhoea, drooling, rare blinking, paroxysmal sweating, constipation, sphincter disorders – urinary incontinence.

Mental symptoms

Apathy, depression, anxiety, hypersensitivity.

Symptoms of the disease do not appear in a severe form immediately, but they can develop over the years.

The first symptoms of Parkinson's may appear a few or more years before the diagnosis of the disease. They are not particularly specific and may include:



weakened sense of smell



depression



constipation



sleep disorders

At a developed stage of Parkinson's disease, the most characteristic symptom is a motor slowdown occurring in all activities of everyday life. A person with these ailments speaks more slowly, walks more slowly, dresses more slowly and eats more slowly. It is also difficult for them to begin moving and accelerate the movements.

The next stage of the disease involves difficulties in maintaining balance, increasingly stronger tremor and muscle stiffness, walking disorders including falling down. At the last phase of Parkinson's disease, the patient spends most of their time in bed or in a wheelchair.

Treatment and prevention

Unfortunately, Parkinson's disease is incurable. Therapy can only inhibit its development and improve the quality of life of a suffering person.

The treatment may include medication and improvement therapy (rehabilitation).

Helping a person with Parkinson's disease aims to maintain their independence as long as possible, as well as to meet their hygiene needs, assist them in their everyday activities and engage them both physically and intellectually.

The task of the caregiver is to prevent complications, especially falling down. Due to the progressive nature of the disease, the caregiver must be prepared for the increasing disability of the person under care.

When someone you take care of has Parkinson's disease, you see firsthand the effects the condition have on. Symptoms like rigid movements, poor balance, and tremors become part of their day-to-day life, and these symptoms can worsen as the disease progresses.

You can help out in a number of ways — from offering a friendly ear when they need to talk, to driving them to medical appointments.



The best ways to help someone you're taking care of manage Parkinson's disease are the following:

Learn as much as you can

Learn as much as you can about Parkinson's disease. Do research on reputable websites or read books about the condition. Tag along for medical appointments and ask the doctor questions. If you're well informed, you'll have a better idea of what to expect and how to be the most help.

Help with everyday responsibilities like shopping, cooking, cleaning, etc.

Sometimes people with Parkinson's need help with these and other tasks, but they may be too proud or embarrassed to ask for it. Offer to run errands, prepare meals, drive to medical appointments, pick up medications at the drug store, and help with any other day-to-day tasks they have difficulty with on their own.

Encourage activity

Exercise is important for everyone, but it's especially helpful for people with Parkinson's disease. Research finds that exercise

helps the brain use dopamine — a chemical involved in movement — more efficiently. Fitness improves strength, balance, memory, and quality of life in people with this condition. If person you take care of isn't staying active, encourage them to get moving by taking a walk together every day.

Help to feel normal

A disease like Parkinson's can interfere with the normalcy of someone's life. Because people may focus so much on the disease and its symptoms, the person you take care of may start to lose their sense of self. When you talk to, don't constantly remind her that she have a chronic disease. Talk about other things — like their favorite movie or book.

Get out of the house

A chronic disease like Parkinson's can be very isolating and lonely. If the person doesn't leave the house, try to leave the house with her as often as it possible. Go to dinner or a movie. Be ready to adjust your plans if the person doesn't feel well enough to go out.

Listen

Anxiety and depression are common in people with Parkinson's disease. Encourage her to talk about their emotions, and let them know you're listening.

Watch for any worsening symptoms

Parkinson's symptoms progress over time. Be aware of any changes in your loved one's walking ability, coordination, balance, fatigue, and speech. Also, watch for changes in their mood. Most people with Parkinson's experience depression at some point in the course of their disease. Without treatment, depression can lead to faster physical declines. Encourage to get help from a professional if they are depression.

Be patient

Parkinson's can affect the person ability to walk quickly, and to speak clearly and loudly enough to be heard. A speech therapist can teach exercises to improve the volume and strength of their voice, and a physical therapist can help with movement skills.

When having a conversation or going somewhere with the Parkinson's person, be patient. It may take them longer than usual to respond to you. Smile and listen. Match your pace to her. Don't rush her. If walking becomes too difficult, encourage them to use a walker or wheelchair. If speaking is a challenge, use other forms of communication.

Diabetes



“What do you mean ‘unhealthy’?”

Diabetes is a chronic metabolic condition in which blood sugar levels are abnormal due to a deficiency or malfunctioning of insulin.

In the elderly, carbohydrate metabolism disorders become more common. This is due to the fact that the tissues are resistant to insulin, the production of which also decreases with age. This condition is known as diabetes.

We distinguish two basic types of diabetes:

Type 1

diabetes

(insulin-dependent)

■ The increased sugar levels **are caused** by the lack of insulin. Pancreatic cells that produce insulin are damaged, which leads to a complete suspension of its production.

■ **Children and young people** are the most likely group to develop this form of diabetes.

Type 2

diabetes

(insulin-independent)

■ The increased sugar levels **are not caused** by the lack of insulin but by its malfunctioning in the body (insulin resistance). At a later stage of the disease, a shortage of insulin appears.

■ **The elderly** are the most likely group to develop this form of diabetes.

Type 2 diabetes most often occurs in people who are physically inactive, overweight or obese and suffer from hypertension and high cholesterol levels.



Remember

If left untreated, diabetes in the elderly may result in very dangerous complications putting one's health and life in risk. The most common of them include atherosclerosis, heart attack or stroke. Complications also frequently affect eyes, kidneys, as well as the nervous system.

What are the symptoms of diabetes?



Increased thirst



Frequent urination



Increased appetite and eating large portions of food without gaining weight, or even losing weight instead



Itching and changes on the skin, slow healing of wounds



Physical weakness



Obesity



Visual disturbance, blurred vision, difficulty reading

Treatment and prevention

A **balanced diet** constitutes the basis for the treatment of diabetes in the elderly. In this case, it is crucial to maintain regularity in eating meals, as well as to ensure diversity in terms of meal quality. A healthy lifestyle may also alleviate the symptoms of the disease.



Pharmacotherapy involves oral insulin stimulant medication and insulin injections.



Remember

While regular intake of medicines and meals may seem easy, for the elderly this is not always the case. Therefore, it is worth taking care of it and monitoring the person's health.

Elderly people who experience mobility problems should be provided with the help of a physiotherapist. It is also worth maintaining constant contact with the person's general practitioner.

When caring for a person with diabetes, the following rules should be observed:



Changing the rules of nutrition (consulted with a doctor) or strict adherence to the diet if the elderly person is already on one



Observing a diet with a low glycaemic index based on regular meals



Taking medicines as recommended by the doctor



Controlling glucose levels at home using a glucose meter



Monitoring body weight and vital functions of the elderly person (e.g. blood pressure)



Physical exertion should be regular and adapted to the current state of health and the condition of the elderly person. Walking, nordic walking, dancing, etc. are advisable.

Osteoporosis



“Hey grandma, don’t you think you are taking this exercising idea a bit too far?”

Osteoporosis is a disease that is often referred to as a “silent thief of bone”. It causes progressive loss of bone mass, which makes bones much weaker than in a healthy person.

Thus, people suffering from osteoporosis are more vulnerable to injuries. Fractures occur frequently, mainly affecting the spine, femoral neck and radial bone.

The risk of osteoporosis increases with age. This condition tends to accompany other chronic diseases, including diabetes, hyperthyroidism, kidney problems, and may even be a consequence of a prolonged intake of certain medications. In the elderly, it is common to have a lower degree of calcium absorption, which increases the probability of the appearance of osteoporosis.

What causes osteoporosis?



Advanced age



Joint overload



Injuries



Previous inflammatory states



Metabolic diseases (e.g. gout)



Obesity

What are the symptoms of osteoporosis?

Initially, the disease develops asymptotically, therefore it is difficult to identify it (it does not show typical symptoms thanks to which it could be diagnosed). The most common symptoms that may indicate osteoporosis include:



Frequent fractures Caused by minor injuries (e.g. by tipping over or hitting against an object)



Joint pain Escalated by overload after a longer physical activity, often disappearing after rest



Stiffness Including the so-called morning stiffness



Limited movement



Hunching and pain at the more advanced stages.

Diagnosis and treatment

Diagnosis of the disease is based on medical interviews and specialized examinations.

If any symptoms in an elderly person that may imply osteoporosis are noticed, it is necessary to consult a doctor. The doctor will conduct an interview to determine if there are any risk factors that contribute to the development of the disease (e.g. inadequate diet, fractures, history of fractures in the family, addictions, other medical conditions, medications the person is taking, etc.).

In the next step, the doctor will recommend appropriate examinations to determine whether the disease has developed and how advanced the stage of the disease is. The basic test is a densitometry examination that measures bone mineral density (if the index is lower than -2.5, it denotes osteoporosis). Suspected osteoporosis is followed by further tests, which will allow the doctor to assess the risk of fractures and diagnose the sick person more precisely.

Prevention and aid

Diagnosis of the disease is based on medical interviews and specialized examinations.

Helping an elderly person suffering from osteoporosis is primarily based on eliminating risk factors from their surroundings. They may include:



Loose carpets



Poor lighting

 **Lack of support in the house** (e.g. handrails in the case of high stairs)

 **Inappropriate footwear**

 **Using a walking cane**

 **Support when going for a walk** (paying attention to uneven pavements, slippery surfaces)

The risk of developing the disease may be reduced by the following factors:

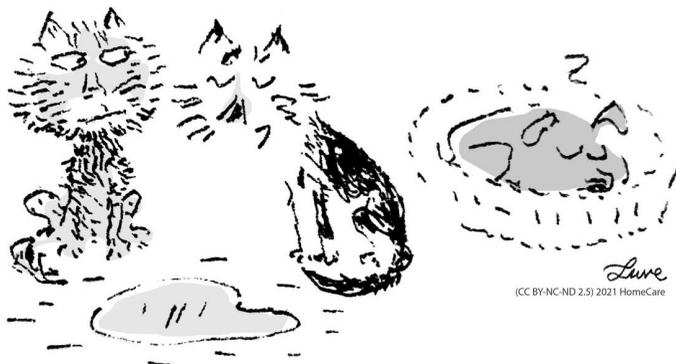
 **Physical activity**

 **Calcium-rich diet** (dairy products)

 **Change in the medication**

 **limitation or elimination of stimulants** (cigarettes, alcohol)

Incontinence



“We’ll blame it on the dog.”

Urinary incontinence (incontinence) is an involuntary and uncontrolled release of urine caused by an increase in the pressure in the abdomen. It is caused by sudden activities such as coughing, laughing or sneezing.

In the elderly, it is a serious problem that worsens their quality of life and very often leads to lowered activity. In addition, the patients often do not want to admit it. It is seen as an embarrassing condition and is frequently ignored.

What are the symptoms of urinary incontinence?

Urinary incontinence usually develops slowly and can manifest itself in a number of ways. The first signal is the unexpected release of a small amount of urine during coughing or frequent visits to the toilet.

Depending on the stage of the disease, the symptoms may vary – from leaking a few drops during laughter, coughing or sneezing, to not being able to maintain urine with a full bladder. There are three main types of urinary incontinence:

Stress urinary incontinence

Involuntary release of urine usually during sudden and severe tension of the abdominal walls

Urge urinary incontinence

Uncontrolled release of urine when pressing on the bladder; usually occurs while on the way to the toilet

Bladder overflow urinary incontinence

Urine release usually occurs when the bladder is full

What causes urinary incontinence?

Hormonal changes and the passage of time reduce the efficiency of muscles, which lose effectiveness and flexibility, which

results in the fact that they fail to close the opening of the bladder tightly. This, in turn, may cause urine to leak against a person's will.

The most common causes of incontinence include:

-  **Weakened pelvic muscles, weakening of the urethra and lowering of the bladder**
-  **Urinary tract infections**
-  **Urolithiasis**
-  **Constipation**
-  **Obesity**
-  **Births given**
-  **Gynecological and urological surgeries**
-  **Prostate enlargement in men**
-  **Inability to get to the toilet quickly**

Treatment and prevention

Urinary incontinence is not only a health problem, but also a social one. The elderly who struggle with it begin to avoid relationships and contacts with others due to the enormous stress and a potential embarrassment involved.

Urinary incontinence can and should be treated.

The caregiver of an elderly person suffering from urinary incontinence plays a vital role. It is necessary for them to have appropriate knowledge of the condition and to be able to react effectively without undermining the dignity of the elderly person when he or she notices the problem. The situation is not comfortable, so the caregiver must be guided by empathy and proper tact.

In case of incontinence, it is worth persuading the elderly person to:



Perform daily pelvic floor muscle exercises (called Kegel muscles)



Eliminate addictions, e.g. smoking, which may intensify coughing



Drink a sufficient amount of fluids



Support their legs on a small footrest when urinating

Simple Medical Procedures



Text and video by Fundacja “Małopolska Izba Samorządowa”, Kraków, Poland. Design and layout by e-Training Solutions, Berlin, Germany. Cartoons by Boris Luve.

Introduction

With the use of necessary tools, it is possible to measure basic vital functions of the most important organs of the body in domestic conditions.

However, age is not the only cause, as they are also influenced by genetic and environmental factors. Lifestyle is crucial as well. Obesity, bad eating habits, stress, lack of movement, lack of mental exercise, smoking, excessive alcohol consumption – these factors accelerate the emergence of diseases of old age.

These vital signs are:

- Body temperature
- Pulse (Heart Rate)
- Blood pressure
- Breathing rate
- Saturation

Regular home measurements of basic measurements are an important part of prevention and treatment. It allows, among other things, for an accurate and current assessment of the

effects of the drugs used, and thus, for example, improvement of cooperation with the doctor.

Learning Objectives

In this module you will learn:



How to perform basic measurements with an elderly person in a correct way

Expected Learning Effects

After completing this module, you will be able to:

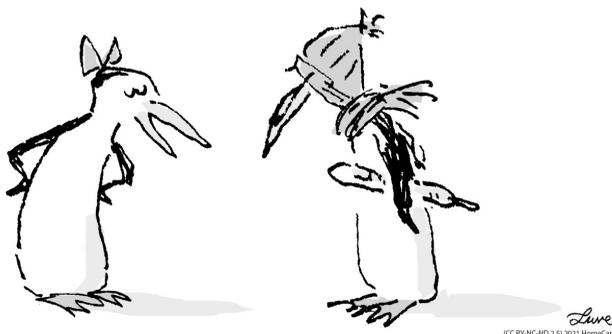


Take body temperature and heart rate correctly, take blood pressure, measure blood glucose level



Interpret the results of the measurements

Body Temperature Measurement



“Honey, I did told you not to go fishing this weekend. right?”

Although normal temperature of the human body changes during the day, it remains under the strict control of the thermoregulatory centre. If functioning properly, the human body is able to maintain a relatively constant temperature as the thermoregulation centre balances heat generation (derived from the metabolic activity of muscles and the liver) while ridding the body of the heat (through the skin and lungs).

Various types of thermometers are used to measure body temperature: non-contact, mercury or electronic ones.

The measurement of body temperature can be performed in the:



armpit



oral cavity



rectum



ear



forehead



vagina

The temperature measurement time depends on the type of a thermometer. A mercury thermometer requires the longest time to measure the temperature, shorter –an electronic one, the quickest—a non-contact one. The correct temperature values will vary depending on the measurement location on the body. Discrepancies between the results may amount to more than 1 degree in extreme cases.

Measurement of temperature under the armpit

The thermometer should be placed under the armpit. The tip of the thermometer should be tightly and directly pressed against the skin of the armpit. The thermometer must be held tight by the arm throughout the entire duration of the measurement.

The correct under armpit temperature is **35,5-37°C**.

Measurement of the temperature in the mouth

Before the measurement, the thermometer should be disinfected with salicylic spirit or potable alcohol and rinsed with water. We put the tip deep under the tongue and measure the temperature with the mouth closed, making sure the thermometer is not bit. The temperature measured in the mouth can range from **36,1 to 37,5°C**.

Measurement of the temperature in the rectum

Before the measurement, apply a certain amount of water-based gel to the tip of the thermometer. Gently insert it into the rectum, at most to half of the length.

The correct temperature is **37,6°C**.

Measurement of the temperature in the ear

Infrared in-ear thermometers measure the temperature of the eardrum within seconds. Attach a disposable cap to the thermometer. Then turn it on, and when the readiness for the measurement is signalled, gently slide it into your ear. Although the measurement takes only a second, it is very accurate.

The correct temperature is **37,6°C**.

Measurement of the temperature on the forehead

The body temperature on the forehead is measured with a non-contact thermometer. Keep the thermometer in a perpendicular position to the centre of the forehead and try moving it back and forth until a single spot of light is visible on the forehead. When a single spot of light appears on a person's forehead, it means that the thermometer is at the right distance to read the exact body temperature.

The correct temperature on the forehead is **37,4°C**.

If the thermometer is too far from the forehead, then two blurred spots of light will be visible. If the thermometer is kept too close, two separated dots of light will be visible. Release the button and hold the device firmly until the lights flash. Read the measurement value from the display. If necessary, another measurement can be repeated at once. After about 20 seconds, the thermometer turns off.

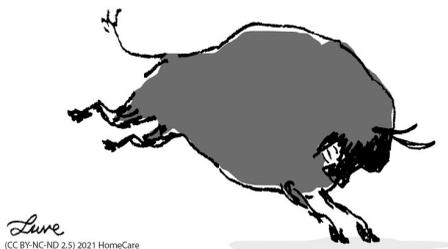


Common temperature measurement errors:

Maintaining an inappropriate distance between the thermometer and the forehead. To correctly measure the temperature with a non-contact electronic thermometer, it is necessary to hold it at most 5 centimetres from the forehead. Bigger distance may cause the device to measure the ambient temperature instead.

The value considered normal varies depending on the place of measurement. It is best to measure the temperature in the same body area.

Blood Pressure and Pulse Measurement



Arterial pressure is the force of the pressure of blood against the walls of arterial vessels.

When measured with a pressure gauge, two values shall be taken into account:



Systolic pressure, i.e. the maximum force with which the heart pumps blood during contraction



Diastolic pressure, i.e. the minimum pressure that appears in the arteries during the diastole.

Normal pressure in the elderly

The normal and optimal pressure value is 120/80, but a certain margin of deviation is tolerated in people of different ages.

Normal blood pressure in the elderly:

Aged 60-64

■ minimum 121/83

■ norm 134/87

■ maximum 147/91

Aged over 65

■ minimum 123/85

■ norm 135/88

■ maximum 148/94

As you can see, normal blood pressure in older people is, to some extent, different from the generally accepted standards.

Pulse

The pulse (also known as the heart rate) is the number of heart beats per minute. Its measurement is most often performed on the radial or external carotid artery, as the heart rate is best

felt there. A pulse can be measured both through specialized apparatus and by placing the index and middle finger on the carotid or radial artery and counting the number of heartbeats per one minute.

Modern electric pressure gauges also make it possible for you to measure your heart rate on your own.

The pulse is evaluated on the basis of:



Rhythm – making sure that subsequent heart rate waves occur at equal intervals



Force – the rate of filling and emptying of the artery with blood



Tension – felt as a palpable impact during the test

Normal pressure and pulse vary with age, which is why different values are considered the norm in the elderly, and different ones in middle-aged people, children or teenagers.

Normal pulse rate in an elderly person

The normal pulse rate in an adult is about 70 beats per minute. In the elderly, the optimal pulse values are slightly different from those adopted for younger age groups. It is assumed that

the normal pulse rate in an elderly person should be about 60 beats per minute. If pulse measurement indicates lower values, it is called bradycardia. However, when the heart rate exceeds the norm, it is called tachycardia.

It is recommended to perform regular monitoring of the above mentioned parameters. Should any deviations from the norm occur, it is necessary to consult a general practitioner or a cardiologist. An early detection of possible pressure or heart rate disorders allows you to quickly begin the necessary treatment and prevent much more serious cardiovascular diseases.

Monitoring of the heart rate and blood pressure are also very important in people with cardiovascular conditions. A normal pulse or pressure in the elderly may constitute an indicator of the effectiveness of a drug treatment. Very often in people struggling with cardiac diseases, the doctor recommends keeping a diary with the records of pressure and heart rate measurements. On the basis of long-term observations, a cardiologist is able to evaluate the results obtained in an environment comfortable for the patient. This makes it possible to avoid the so-called white coat effect, which involves artificially inflated measurement of the heart rate and pressure, resulting from the stress associated with the test. Distortion of the results may also occur when the test is performed after being in a rush or climbing the stairs to the doctor's office.

Breathing rate

Breathing, along with blood circulation and the activity of the central nervous system, constitutes the body function that life directly depends on. The breathing process is responsible for supplying oxygen to the cells of the body and removing carbon dioxide.

The whole breathing process consists of:



External respiration – dependent on lung ventilation, diffusion of gases (oxygen and carbon dioxide between the alveoli and the blood of pulmonary capillary) and lung perfusion



Internal (tissue) breathing – taking place with the participation of respiratory enzymes

Breathing is an activity which consists of two phases: inhaling and exhaling. The measurement of the breathing rate should be carried out at rest, by observing chest movements and calculating the number of these movements per 1 minute. Normal breathing rate in healthy people is 12-18 breaths per 1 minute.

Conditions accelerating the rate of breathing include:



Emotions



Physical exertion



Fever



Lung infections



Impaired tissue perfusion (circulatory failure)



Pain (injuries, surgery)

Conditions slowing down the rate of breathing include:



Diseases of the central nervous system

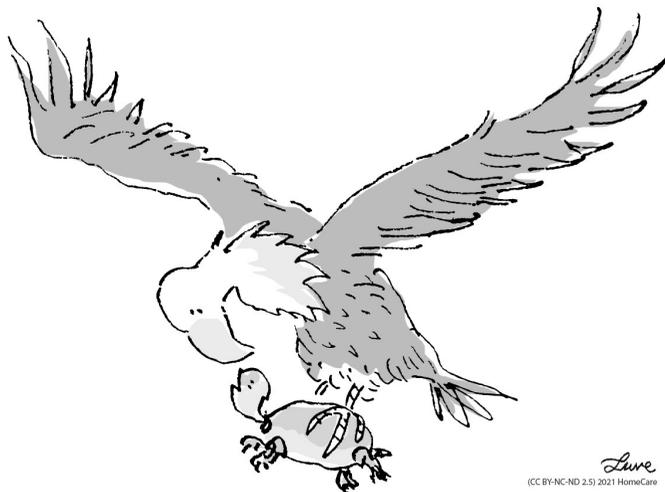


Endogenous poisoning (e.g. urea, diabetic coma)



Exogenous poisoning (substances that have a depressing effect on the central nervous system e.g. ethyl alcohol, benzodiazepines, morphine)

Saturation Measurement



“Look, I have altitude sickness.”

Saturation refers to the level of oxygen in the arterial blood. Non-invasive saturation measurement is performed using a pulse oximeter. Over the past 30 years, this method has become the standard in all healthcare institutions, with saturation now referred to as the “fifth vital parameter”. In home conditions, pulse oximeters are used to measure saturation.

The pulse oximeter sensor can be used on:



A finger of the hand or foot



An earlobe



A wing of the nose



Forehead

In addition to the saturation test, the pulse oximeter can also measure and record the pulse, i.e. the heart rate.

The saturation test is performed by attaching, for example, a pulse oximeter sensor to the finger of the hand. If the finger is cold, it is important to warm it up, as in such places there is low blood flow and the results of saturation can be distorted.

The measurement of saturation is carried out on the basis of transmission spectrophotometrics. The sensor emits radiation that is partially absorbed by blood flowing through the blood vessels. The built-in photo detector measures the returned signal that consists of two components, the constant and the variable one. The variable component, also known as the pulsating variable, indicates the saturation.

Saturation – the norm

Normal level of blood saturation with oxygen is approximately 95-98%. In people undergoing oxygen therapy, the saturation is 98-100%. In people over 70 years of age, as well as in smokers, the range is 93- 95%

Saturation is considered below normal when it is lower than 90%, and it usually indicates severe respiratory failure. However, it should be remembered that even if the saturation is high, the oxygen value at the aerobic level may be low. The saturation test does not refer to the aerobic metabolism in the cells.

The result of the saturation test is not always true. A distorted saturation result may be caused by:



Factors that impair peripheral blood flow



Low tissue perfusion



Measurement in a cold place



Lack of control over the body, e.g. convulsions



Haemoglobin disorders



Type of light in the room



Various changes on the nails, e.g. a dark varnish or an infection

Blood Sugar Measurement



“You don’t want to eat such a sweet granny, don’t you? Your blood sugar will skyrocket.”

A blood sugar (glycaemic) test is performed primarily for the diagnosis of diabetes, but glucose levels should also be monitored in healthy people.

The level of glucose in the blood needs to be examined:



In the case of any symptoms of **hypoglycaemia or hyperglycaemia**



Routinely – as a part of a laboratory test, especially for

people at risk of developing diabetes (in people over 40 years of age, overweight or obese, with a genetic risk of diabetes);



Regularly – people suffering from diabetes measure sugar level even several times a day;



Diabetics test their blood glucose levels **at home** using a glucose meter.



Note

Glycaemic test with a home glucose meter is not a diagnostic result. The test should be performed in a laboratory. The result on a household glucose meter is vulnerable to a measurement error of up to 15% of the result (ISO standard ISO 15197:2015).

Glucose testing can be performed while:



Fasting – do not eat or drink anything except water 8 hours before the test



After a meal – a post-meal glycaemic test is performed 2 hours after the meal (e.g. at home, using a glucose meter)



At any time – a random test of blood glucose can be performed at any time, it is not necessary to fast – an incorrect result of the sugar level does not constitute the basis for the diagnosis of diabetes. In such a case it is necessary to conduct further tests (fasting sugar test; oral glucose tolerance test)

Blood glucose levels – the norm

Diabetes is diagnosed based on glycaemia exceeding the norm in a fasting blood sugar test (double measurements), in the oral glucose tolerance test (OGGT).

Normal blood glucose result ranges between 70 and 99 mg/dl. In the case of a higher result (126 mg/dL or more), the test should be repeated several days later.

Venous blood glucose levels:

Level of sugar in blood – result	Result interpretation
■ 70–99 mg/dL (3.9 to 5.5 mmol/L)	Correct level of glucose
■ 00–125 mg/dL (5.6 to 6.9 mmol/L)	Incorrect level of glucose while fasting (pre-diabetic stage)
■ 126 mg/dL (7.0 mmol/L) or higher	If obtained in two separate tests, it indicates diabetes

Oral glucose tolerance test (OGGT):

Glycaemia in the 120th minute after the glucose load	Result interpretation
■ Lower than 140 mg/dL (7.8 mmol/L)	Correct glucose tolerance
■ 140–199 mg/dL (7.8 to 11.1 mmol/L)	Pre-diabetic stage – incorrect glucose tolerance
■ 200 mg/dL (11.1 mmol/L) or higher	Diabetes is diagnosed

Low/high blood sugar –causes and symptoms

Low level of sugar in blood – causes



Undiagnosed diabetes



Food poisoning – with vomiting and diarrhoea



Intense physical effort



Some weight loss diets (not enough carbohydrates in the diet)



Consumption of large amounts of strong alcohol



Stress



Intake of larger portions of simple carbohydrates (with reactive hypoglycaemia)



In diabetics: providing too much insulin, skipping a meal, eating too little

Symptoms of hypoglycaemia



Early symptoms: feeling hungry, nausea, weakness, paleness, dilated pupils, anxiety, sweating (so-called cold sweat), shaking hands



Severe hypoglycaemia: orientation disorders, speech disorders, convulsions, coma

High level of sugar in blood – causes



Undiagnosed diabetes, insulin resistance



Pancreatic disease (pancreatitis)



Post-traumatic stress



Cushing's syndrome



Endocrinologic diseases



In diabetics: poorly treated diabetes (e.g. incorrect insulin doses, a skipped dose)

Symptoms of hyperglycaemia



Heavy urination



Increased thirst



Dry mouth



Feeling unwell, weak, sleepy



Headaches



Blurred vision

Personal Hygiene



Text and video by Fundacja “Małopolska Izba Samorządowa”, Kraków, Poland. Design and layout by e-Training Solutions, Berlin, Germany. Cartoons by Boris Luve.

Introduction

When we get older the human's motor functions gradually deteriorate. Activities that once did not cause the slightest problem are beginning to be challenging. Inadequate hygiene is often the first sign that the person we take care of is not coping well on their own. It is associated with limited mobility, fear of falling in a slippery bathroom or health.

Elderly loved ones may have difficulty standing in the shower, getting in and out of the bath, or maintaining enough balance to stand in front of the sink. Seniors may refuse help with personal hygiene, resulting in a constant struggle between the caregiver and elderly individual. In some instances, our loved ones may simply forget to wash and bathe. When these types of situations occur, it is important to provide support and offer assistance with essential hygiene tasks.

It is worth remembering that assistance in personal care and hygiene may be troublesome for an elderly person. It is important to foster feelings of trust and respect, when you help the elderly person in the hygiene treatments.

In this module you will find out, how to help the elderly with personal hygiene, while maintaining their dignity.

Learning Objectives

In this module, you will learn about:



Basic hygiene procedures ensuring the maintenance of cleanliness and personal hygiene of the elderly



Rules for performing hygienic procedures in an elderly person and their specificity depending on the health condition and independence of the elderly

Expected Learning Effects

After completing this module, you will be able to:



Maintain the personal hygiene of an elderly person and their environment



Provide assistance to the elderly person in related activities with changes in body position and in movement



Organize the housing conditions for the elderly person

requiring care, i.e. prepare a room and basic equipment for the elderly person



Provide the elderly person with comfort and safety and respect for personal dignity

Personal Hygiene of the Elderly



Each individual's grooming and personal care needs will vary depending on their overall health and mobility. It's important to assess the level of help required.

Depending on the health condition of the elderly person and the degree of their independence, it is important to help the elderly person to perform grooming tasks on their own, to stimulate their activity and not to allow them to be inactive. As far as possible and as long as possible, do not do these activities for her.

Hygiene Treatments

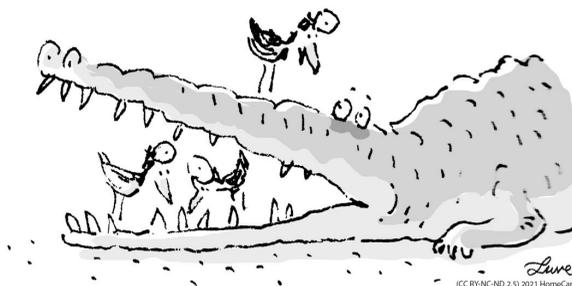
The scope of care and hygiene treatments for an elderly person is the same as for other people. The differences result from biological, psychological and social differences related to the aging process.

Hygiene treatments ensuring cleanliness and personal hygiene include:

-  Body washing (bathing or showering or in case of the lying person body washing in bed)
-  Oral toilet
-  Washing and brushing hair
-  Change of underwear and linen

All these hygiene treatments can be performed using various techniques. Their choice depends on the physical and health condition of the person we are caring for and the equipment supporting the care. We will use different techniques when an elderly person can move independently, and different one in the case of a dependent person lying in bed.

The Oral Hygiene



“Don’t spit yet.”

The daily routine in **the Oral Hygiene** for an elderly person may be slightly different because it may be due to age, frailty or the wearing of dentures.

The elderly’s teeth need brushing twice a day as normal. Followed by a mouthwash gargle and flossing if appropriate. Dentures need soaking in an appropriate solution followed by brushing. The soft toothbrushes are recommended for elderly.

If you have noticed certain signs that have concerned you like cavities, broken teeth, loose teeth and abnormal gums etc., begin by asking the elderly person if they have any pain or discomfort

in their mouth. Then, ask if they are experiencing any pain or discomfort eating their food. Perhaps they're finding chewing or swallowing a challenge. This would be sure signs that a check up with dentist is necessary.

In the case of an elderly person who moves independently, our help in the tooth brushing treatment may be limited to assisting in this activity or reminding the person to perform it. The situation is different in the case of an elderly person lying in bed.

The teeth brushing treatment in the case of an elderly person lying down is the following:

Step 1

Place a face-wash towel or disposable hygiene bib under the person's chin.

Step 2

Place a flat dish (or a special kidney bowl) under the chin, lift the person's head, and give a cup of water to rinse their mouth.

Step 3

Put toothpaste on the toothbrush and give it to the person. If the person is unable to brush their teeth on their own, do it for them.

Step 4

Start brushing your teeth:



Start from the outer part of the teeth so as not to miss any part of the teeth



Set the brush vertically and brush the inner part of your teeth with circular movements



Clean the chewing surfaces of the teeth



Gently brush the tongue – this will help freshen the breath and remove excess bacteria from the mouth, which will improve the comfort of the person

In the case of an elderly person with dentures follow these steps:



Take out dentures and wash with a toothbrush and toothpaste, rinse under running water



Give the person a mouthwash



Place a bowl under the person's chin so that they can spit out the liquid



If there are mucosal lesions, rub them with an ear stick with the treatment prescribed by your doctor



Wipe a person's mouth with a towel



Lubricate the person's lips with e.g. care lipstick or petroleum jelly

Brushing teeth and caring for the oral cavity is undoubtedly an intimate treatment and may be embarrassing for an elderly, especially when they cannot do this on their own and need the help of another person. Therefore, you should be understanding, take into account the hygienic habits of the person, and perform the activities in a decisive but at the same time gentle way, so as not to cause additional suffering to the elderly.

Treatment measures for oral infections should be selected by a doctor. However, some of them are available over the counter, so you can use them immediately after noticing the lesions and consulting your pharmacist. In the case of dry mouth, it is worth using rinses with chamomile, mint or linseed infusions.



Some practical tips for the Oral Hygiene



Keep up regular dental appointments



Ensure brushing and flossing habits are maintained, whether natural teeth or dentures



Wash and massage gums daily with a soft cloth



Leave dentures out while sleeping overnight to rest mouth and gums and to prevent possible choking

The Body Hygiene



Luve
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If there are no contraindications, the elderly person's bath should take place in the bath. Older people often avoid bathing for fear of tipping over or being unable to lower on their own. Therefore, the safety of bathing should be supervised by the person caring for the elderly to prevent slipping or to provide assistance in the event of fainting.

The body washing includes: washing the face, ears, neck, upper limbs, chest, lower limbs, back and buttocks, intimate areas of the body (external genitalia and anus area).

The elderly should always be encouraged and motivated to self-wash if their health and fitness allow it. You can help wash the less accessible parts of the body (e.g. back or feet).

The basic rules for the body washing of an elderly person



Bathing or showering should be performed not earlier than 2 hours after a meal



Before taking a bath, warm up the bathroom



If the person has difficulty getting in or out of the bath, sit them on a chair next to the bath, then pass the elderly person's legs to the bath. Grab the person from behind under the arms and help them slowly slide down into the water. If the person cannot slide down into the bath, then put a low stool in the bath or use a special seat – a bench adapted to hang it on opposite edges of the bath



Use warm water (38-41 degrees Celsius) and a mild soap so as not to irritate the skin (e.g. for washing babies or products specially designed for the care of the elderly)



After washing, the skin should be lubricated with olive oil, lotion or cream, especially in places exposed to bedsores. In places exposed to chafing (where two surfaces of the skin touch, e.g. folds under the breasts in women), it is worth using a drying powder

Particular attention should be paid to the intimate parts washing. Depending on the degree of independence, an elderly person may need our help to a varying extent in washing and caring for the intimate parts of the body.

Help in the toilet of the intimate parts of the body is doubly difficult, because these activities require a lot of diligence, but also coping with the emotions and shame of the elderly person, but also ourselves.

For female person

If the elderly person can wash themselves, put a lightly soapy washcloth on their hand, pour water over their intimate area and ask them to wash themselves. If you do this, put on disposable gloves and wash your intimate area – always in the direction from the genitals to the anus (this direction prevents the transmission of bacteria from the anus towards the genitals). Give the elderly a towel to dry or, if that is not possible, do it yourself.

After removing the washcloth, rinse the hand of the elderly person and then dry it.

For male person

If the elderly person is able to wash themselves, assist them and make sure they do it thoroughly, if not – put on disposable gloves and do the activity yourself.



Some practical tips for the bathing



Ensure room is warm and floor is not wet or slippery



Check water temperature – not too hot or cold



Make sure soap, washer and towel are within easy reach



Be gentle – an elderly person's skin is fragile and can tear/mark easily



Ask your loved one if they would like their hair washed. They may not appreciate their freshly set hair being ruined!



Apply a good moisturiser to skin from top to toe to prevent dryness

The Head Washing



The condition of the elderly person' hair and how it is styled is an important part of their identity, so hair care should be carried out – as far as possible – according to their wishes. Washing and styling the elderly person' hair can also be a valuable social activity and help boost their self-esteem and sense of wellbeing.

Caring for the elderly person' hair provides an opportunity to observe the scalp for signs of pressure damage, dandruff or dry skin and underlying skin conditions.

The daily brushing the hair of an elderly person stimulates circulation in the scalp, removes dirt and shed epidermis. It is recommended to brush the hair of an elderly person 1-2 times a

day and always after washing and drying. The frequency of washing depends on the general condition, the hair condition and the habits of the elderly person.

An elderly person's hair should be washed when it looks stale. In the case of an elderly person lying in bed, their head is constantly resting on the pillow and is prone to sweating more. Therefore, it requires frequent scalp toilet and daily hair brushing.

Basic equipment for hair washing



A hair-washing dish or a bowl



A jug with enough clean warm water to rinse the hair thoroughly



A bucket for used water



A foil backing to cover the pillow and the place for the bowl



Towels: at least two, one to cover the neck and shoulders and one to dry the hair



Preferred shampoo



A comb or hairbrush

Step by step washing the elderly person's hair that lying in bed



Prepare equipment for washing and ensure everything is at hand to minimise the amount of time the elderly person is lying flat



Prepare the room (close the windows, check that the temperature in the room is not lower than 22 degrees Celsius)



Tell the person about what you are doing in sequence



Place the person in a supine position on the folded pillow. Place the pillow at the level of the shoulder blades. Cover the pillow and mattress with a foil backing



Place a bowl under the person's head. Cover the person's neck and shoulders with a towel:



Brush out the elderly person's hair gently



Using a jug, take water from the bowl and wet the person's hair. Start at the front hairline and allow the water to drain down and away from the face, avoiding the eyes and ears:



Apply the shampoo and massage it into the hair. Using the jug, rinse the person's hair with water. Repeat the shampooing and washing steps twice, always rinsing the foam out of your hair:



Apply conditioner, if required by the person, and rinse the hair again

☑ Check regularly that the person is comfortable and can maintain their position

☑ Pat the hair with a towel to remove the excess water – avoid pulling on the hair as this can be uncomfortable:



☑ Remove the bowl and wrap a towel around the person's head to dry the hair and ensure they do not feel cold

☑ Dry the surrounding skin, paying particular attention to skin folds in the neck

☑ Change any wet bed linen. Dispose of soiled bedlinen directly into the linen skip



Reposition the person so they are comfortable. Help the person get dressed. Style the person's hair according to their preferences:



Clean up the equipment

Images: Fundacja TZMO

In a situation where an elderly person moves independently, is strong enough to get out of bed, it is easier to make a head toilet in the bathroom by the sink. The person then stands leaning their hands on the wash basin, bends their head over it, and the caregiver washing the head under running water.

Changing the Underwear



In this section, we present how you can quickly and efficiently help an elderly person change their underwear, while ensuring the patient's right to privacy.

Changing the underwear (e.g. the nightgown)



Have a clean underwear ready at night



Bend the older person's legs in the knees, ask them to lift

their buttocks. If that is not possible, lift the buttocks one by one and move the nightgown up:



Lift the person or ask them to sit down (they can hold on to a bedside or rehabilitation ladder) and slide their the underwear up to their shoulders:



Remove the underwear from the nearest hand (if you are standing on the left side of the person, it will be their left hand), then over the head and from the distant hand:



Put on fresh underwear, wrinkling it from the back side, over the head, over the distal arm, then over the near arm. Slide the underwear down and align it:



Images: Fundacja TZMO



Tip

It is best to change the underwear of an elderly person during the daily toilet so as not to unnecessarily expose him to a cold.

Changing two-piece underwear (e.g. pyjamas)

↩ Undo the pyjamas buttons and untie the strings on the waistband (if any)

↩ Bend the person's legs at the knees and ask them to lift their buttocks. If this is not possible – lift the person's buttocks with one hand one by one, and with the other, slide the shirt upwards as in the case of changing the shirt:



↩ Lift the person around him with his arm to the opposite shoulder, remove the blouse from the closer hand, then from the distant hand:





Put on a clean pyjamas blouse – put the blouse sleeve on the distant hand, then on the closer hand:



Lift the person up as if removing the blouse and align it on the back:



Put the person down, fasten the buttons on the pyjamas blouse



Support the person's buttocks with one hand and with the other hand slide the pyjamas bottoms down and remove them:



Put on clean pyjamas bottoms, fold the trouser legs over the feet and slide them up to the buttocks of the person:



Lift the person's buttocks as if removing pants (or ask the person to bend their legs at the knees and lift their buttocks on their own), pull the pants to the waist, fasten buttons or tie a ribbon on the person's pants, pull the blouse over the buttocks:



Adjust the pillows and, if necessary, secure the bed with a bedside ladder:



Images: Fundacja TZMO

Changing the Linen



“Ouch! My bed is full of crumbs again!”

Changing the bed linen of an elderly person lying down in bed is one of the basic caring activities. This operation is usually not difficult. It is much more difficult to complete this task when the elderly person is in bed all the time. Then it is important to take care of their safety while performing this activity.

How to change the sheets and the hygienic pad



Wrinkle and tuck the dirty hygienic pad and sheet as far as possible under the back of the person lying on the one side:



Place a clean sheet in this place, spread the sheet on the mattress. Place the hanging part of the sheet under the mattress, put the other side of the sheet as far as possible under the person's back:





Put a clean hygienic pad, the top layer wrinkles towards the back of the lying person, spread the other half on the bed:

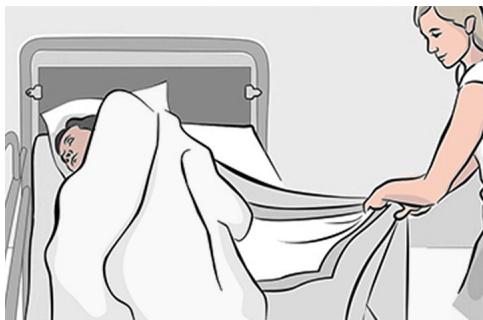


Turn the person over their back, secure the bed on your side, e.g. with a ladder, go to the other side of the bed, unlock the bed on this side:





Put the person on the other side, cover their back. Pull out the dirty hygienic pad and sheet:



Put a clean sheet and the hygienic pad in this place:



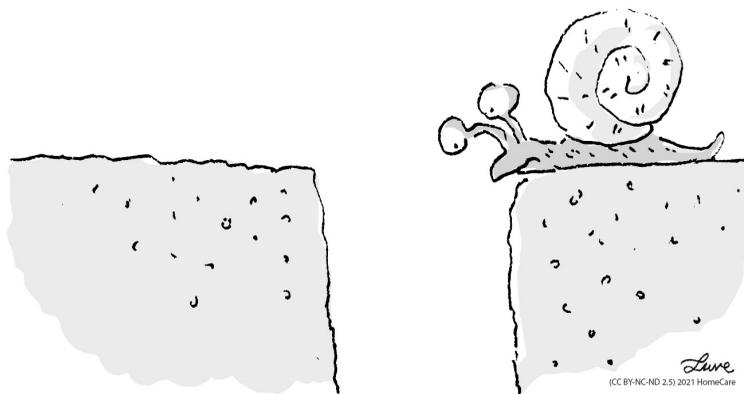
Make the person supine, straighten the counterpane. If the person is lying on a rehabilitation bed – secure them with ladders



Place pillows under the head; if the person has a bed with an adjustable headboard, position it as desired

Images: Fundacja TZMO

Moving and Position Changing



Changing the position and assistance of elderly people with a limited physical activity are important for their well-being and quality of life.

Basic mobility care should include:



Reposition the body in bed as needed, but at least every two hours



Moving the bed – the wheelchair – the armchair at least 4 times a day

 Assisting in walking, transporting in a wheelchair, at least 4 times a day

 Assistance in walking or transporting to the toilet, bathroom, dining room, etc.

 Assistance with the use of assistive equipment

When changing the body position of an elderly person, pay attention to his and your own safety. You always have to assess your own fitness and physical abilities. It is worth getting acquainted with the available sliding devices, sleepers, lifts and carts that facilitate the movement of an elderly person.

Examples of equipment enabling and supporting the movement of an elderly person

 Guns, crutches

 Balloons, walkers

 Wheelchair



Armchairs



Sanitary chairs



Height adjustable beds



Bedside ladders



Lift

The elderly person's room

It is worth paying attention to the room where the elderly person stays during the day and at night. The best solution is if the elderly person has their own room at their disposal, ensuring their privacy and intimacy. If this is not possible, the older person should be allocated a space in another room.

An elderly person's room should be best suited to their needs and preferences, but also to care activities. An important thing – especially in the case of an elderly person lying down – is the arrangement of the bed. It should not rest against the wall with one side, but should be positioned so that a person is accessible

from both sides. There should be a rug next to the bed, well secured so that it does not slip on the floor.

There should be a cupboard next to the bed, on which there will be things of an elderly person that they use and other personal things, such as relatives photos, small souvenirs.

The room should be aired and cleaned frequently. Windows should be equipped with curtains or blinds so that, if necessary, the room can be darkened so that the daylight does not offend the elderly.

Bedsores



The most serious consequences of improper skin care in people lying down are bedsores. **Bedsores (pressure ulcers)** are defects of various depths of dead skin and subcutaneous tissue, they arise as a result of ischemia caused by prolonged pressure, e.g. when a person lies down for too long without changing position.

Bedsores most often develop on skin that covers bony areas of the body, such as the heels, ankles, hips and tailbone. Bedsores can develop over hours or days. Most sores heal with treatment, but some never heal completely. You can take steps to help prevent bedsores and help them heal.

Warning signs of bedsores are:



Unusual changes in skin color or texture



Swelling



Pus-like draining



An area of skin that feels cooler or warmer to the touch than other areas



Tender areas

Bedsore fall into one of several stages based on their depth, severity and other characteristics. The degree of skin and tissue damage ranges from red, unbroken skin to a deep injury involving muscle and bone.

Common sites of pressure ulcers

For people who use wheelchairs, bedsores often occur on skin over the following sites:



Tailbone or buttocks



Shoulder blades and spine



Backs of arms and legs where they rest against the chair

For people who need to stay in bed, bedsores may happen on:



The back or sides of the head



The shoulder blades



The hip, lower back or tailbone



The heels, ankles and skin behind the knees

If you notice the above warning signs of a bedsore, change the elderly person position to relieve the pressure on the area. If you don't see improvement in 24 to 48 hours, contact your doctor.

Seek immediate medical care if you see signs of infection in the elderly person, such as a fever, drainage from a sore, a sore that smells bad, or increased redness, warmth or swelling around a sore.

Bedsore Causes

Bedsore are caused by pressure against the skin that limits blood flow to the skin. Limited movement can make skin vulnerable to damage and lead to development of bedsore.

Three primary contributing factors for bedsore are:



Pressure. Constant pressure on any part of your body can lessen the blood flow to tissues. Blood flow is essential for delivering oxygen and other nutrients to tissues. Without these essential nutrients, skin and nearby tissues are damaged and might eventually die.



For people with limited mobility, this kind of pressure tends to happen in areas that aren't well padded with muscle or fat and that lie over a bone, such as the spine, tailbone, shoulder blades, hips, heels and elbows.



Friction. Friction occurs when the skin rubs against clothing or bedding. It can make fragile skin more vulnerable to injury, especially if the skin is also moist.



Shear. Shear occurs when two surfaces move in the opposite direction. For example, when a bed is elevated at the

head, you can slide down in bed. As the tailbone moves down, the skin over the bone might stay in place — essentially pulling in the opposite direction.

Bedsore risk factors

The risk of developing bedsores is higher if the elderly person have difficulty moving and can't change position easily while seated or in bed. Risk factors include:



Immobility. This might be due to poor health, spinal cord injury and other causes.



Incontinence. Skin becomes more vulnerable with extended exposure to urine and stool.



Lack of sensory perception. Spinal cord injuries, neurological disorders and other conditions can result in a loss of sensation. An inability to feel pain or discomfort can result in not being aware of warning signs and the need to change position.



Poor nutrition and hydration. People need enough fluids, calories, protein, vitamins and minerals in their daily diets to maintain healthy skin and prevent the breakdown of tissues.



Medical conditions affecting blood flow. Health problems that can affect blood flow, such as diabetes and vascular disease, can increase the risk of tissue damage such as bedsores.

Prevention

You can help prevent bedsores by frequently repositioning of the elderly person to avoid stress on the skin. Other strategies include taking good care of your skin, maintaining good nutrition and fluid intake, managing stress, and exercising daily.

Tips for repositioning: Consider the following recommendations related to repositioning in a bed or chair:



Shift the elderly person's position frequently – about once an two hour.



Select cushions or a mattress that relieves pressure. Use cushions or a special mattress to relieve pressure and help ensure that your body is well positioned.



Adjust the elevation of bed of the elderly person. If the bed can be elevated at the head, raise it no more than 30 degrees. This helps prevent shearing.

Tips for skin care: Consider the following suggestions for the elderly person's skin care:



Keep skin clean and dry. Wash the skin with a gentle cleanser and pat dry. Do this cleansing routine regularly to limit the skin's exposure to moisture, urine and stool.



Protect the skin. Use moisture barrier creams to protect the skin from urine and stool. Change bedding and clothing frequently if needed. Watch for buttons on the clothing and wrinkles in the bedding that irritate the skin.



Inspect the skin daily. Look closely at your skin daily for warning signs of a pressure sore.

Hygiene Checklist for the Elderly

1. Establish a routine

It is easier for the elderly person to forget or neglect their hygiene when they do not have a solid routine in place. Start the morning off right by helping your loved one freshen up. Have a warm shower or bath waiting and make sure that shampoo, soap, and other essentials are within reach. Once washed, move to the sink for teeth brushing, followed by hair care. As many elderly individuals live a fairly sedentary lifestyle, they may not need to shower or bathe daily. The routine may involve bathing just three times a week.

2. Implement safety measures

Slip-and-fall accidents can occur when proper safety measures are not taken. Falls are highly common in the bathroom due to slippery floors, low toilet seats, and inadequate towel racks and grab bars. Start by adding a raised toilet seat which raises the toilet seat about eight cm. Place non-slip mats on the floor of the shower or tub. The elderly who have difficulty standing for long periods of time may benefit from a shower chair or transfer bench. Also install grab bars to make it easier for your loved one to get in and out of the tub.

3. Create an intimate atmosphere

Some elderly person feel embarrassed for needing help with bathing and hygiene. One way to help calm and soothe your loved one is by creating a relaxing environment and intimate atmosphere. Try to keep any conversation natural and casual to help distract the person from the hygiene tasks at hand. Try to allow your loved one to maintain as much independence as possible but do not be afraid to step in when assistance is clearly needed.

4. Protect the person's modesty

Some elderly person may find having someone else help them shower or bathe to be a degrading experience. Whenever possible, it is important to try and protect the elderly person's modesty. Allow your loved one to cover the body parts with a towel that are not being actively. When cleaning the person's private parts, allow them to help you wash these areas. Have a towel and clean clothes ready for the person for when they exit the shower or bath. These actions will help your loved one feel more in control over the hygiene process.

5. Invest in hygiene aids

There are different products on the market designed to address common hygiene issues in the elderly. By providing your loved one with some of these devices, you may make their life a little easier. Shower chairs or benches can be useful for the elderly

person who have strength or balance problems. Bathing wipes, long-handled shower brushes, no-rinse shampoo caps, and easy grip nail clippers can be invaluable for the elderly who want to partake in their hygiene. Assistive devices like hair washing trays can also make it easier for caregivers to complete hygiene tasks quickly and without causing discomfort.

6. Use skin moisturizers

The natural aging process can cause skin to become dry, thin, and brittle. By applying moisturizers to the skin like lotions or creams, you can help keep your loved one's skin soft and hydrated. As the elderly person have delicate skin, you will want to be gentle while applying the product. Consider giving your loved one a soothing massage while applying the lotion. Opt for a non-scented or light-scented moisturizer as lotions that are highly scented can be nauseating to some elderly who may be sensitive to certain fragrances. Aging skin can also benefit from moisturizers containing antioxidants and vitamins C and E.

7. Focus on Dental Care

Caregivers often overlook dental care for a number of reasons. If your loved one still has their natural teeth, brushing and flossing twice a day is a must. The elderly with dentures should practice good hygiene by rinsing their dentures after eating, cleaning their mouth after removing the dentures, brushing the dentures daily, and soaking them at night. Dental care should also involve regular visits to the dentist for oral healthcare checkups.

Remember that oral health does not just affect the mouth, but has also been linked with other conditions like heart disease.

Good hygiene is an essential part of a healthy life and having a personal hygiene checklist helps. You can expand this checklist to include other activities that take into account the needs of the elderly person. You can consult this checklist with a doctor so as not to miss important steps and recommendations to ensure the health and comfort of your loved one.

Nutrition for the Elderly



Text by Fundacja “Małopolska Izba Samorządowa”, Kraków, Poland.

Design and layout by e-Training Solutions, Berlin, Germany.

Cartoons by Boris Luve.

Introduction

According to the World Health Organization, 50% of human health depends on the lifestyle, including diet. Elderly people struggle with various chronic diseases, such as hypertension, diabetes, and circulatory diseases. One of the risk factors for the development of many of them is improper diet, therefore proper nutrition is an important element of the prevention and treatment of these diseases.

Adequate nutrition is one of the key factors in maintaining the health and well-being of older people. Due to the nutritional needs of the elderly and certain limitations in eating meals, as well as chronic diseases characteristic of old age, the diet of an elderly person is quite specific.



Properly planned nutrition of an elderly person may slow down the aging process.

Learning Objectives

In this module you will learn:



What is the energy demand of an elderly person



What nutrients should be included in the daily diet of older people



What are the most important principles of healthy eating in the elderly



What the selected diets of the elderly are characterized by



What nutritional rules should be followed in the case of certain diseases of old age

Expected Learning Effects

After completing this module, you will be able to:



Create a menu for the elderly, taking into account the basic principles of nutrition for the elderly

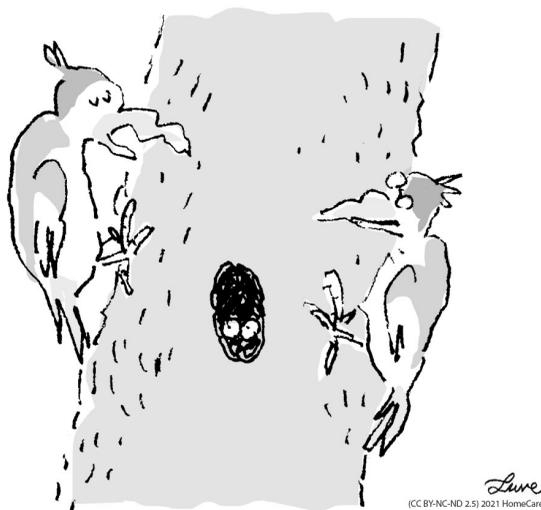


Calculate the need for nutrients in the diet of an elderly person



Prepare meals taking into account a special diet (e.g. for certain diseases)

Ageing and Diet



“In our days trees were definitely softer.”

Aging is universal, gradual, spontaneous, and an irreversible process. The World Health Organization distinguishes the presenile age (45-59 years of age), early old age, otherwise known as the third age (60-74 years of age), late old age, otherwise known as the fourth age (75-89 years of age), and longevity (above 90 years of age).

The functioning of human organs changes with age, and this is completely normal. The aging process affects all parts of the digestive tract as well as the rest of the body.

For example, in the oral cavity, the mucosa becomes thinner and less flexible and drier. The production of saliva is reduced, which can have negative effects. An elderly person may find it difficult to swallow pieces of food, because it is saliva that makes it easier to swallow individual bites, especially in the case of dry food. In addition, the problem of grinding food in the elderly may be caused by the reduction in the number of teeth or their loss. Taste disturbances are also observed in the elderly, because, among others, saliva helps a person to feel the taste of food. Usually, the sweet and sour taste is deteriorated and the perception of bitter taste is enhanced.

Further, gastric juice, which is responsible for digestion, is secreted in the elderly in a smaller amount. This may mean that some of the ingredients present in the food consumed by an elderly person, unfortunately, will not be able to be absorbed later in the intestine. The elderly are also more likely to suffer from constipation, which is related to changes in the digestive system, changes in diet (e.g. less dietary fiber), and reduced physical activity and a more sedentary lifestyle.

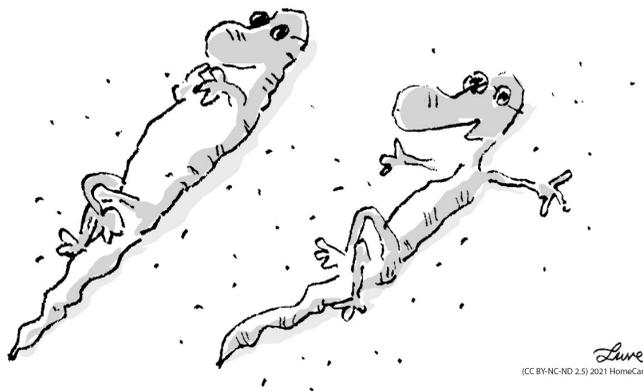
These are just some of the changes that occur in the body with age. The passing of time affects all systems and organs of a person. The body's immunity decreases, and therefore the risk of infection increases.

Therefore, proper nutrition of the elderly, taking into account these changes in the body, as well as an appropriate diet in the presence of various diseases and chronic diseases is very important to meet the nutritional needs of the elderly.



Nutritional status is one of the main factors influencing human health, and thus life expectancy. Its importance for health is often underestimated, although in the elderly it has a significant impact on the aging process.

The Energy Requirements



Luve
(CC BY-NC-ND 2.5) 2021 HomeCare

“I’m getting more and more carbon neutral with time!”

The energy requirements fall with advancing age due to a decrease in basal metabolic rate and often decreased levels of physical activity.

This is due to changes in body composition: a decrease in lean body tissue (muscle) and an increase in fat tissue. Many people also become less active as they get older. This means that, for a given bodyweight, older people tend to have less muscle and more fat, leading to a fall in Basal Metabolic Rate (BMR).

An elderly person’s energy requirements depend on their age, gender, physical activity, coexisting medical conditions, and

whether they are overweight or underweight. The energy needs of the elderly, even with similar physical activity as in the younger age, decrease. It is estimated that between the ages of 45 and 75, this difference may be around 500 kcal in women, and around 800 kcal in men. In addition, as physical activity decreases over the years, it can be even greater.



Basal Metabolic Rate (BMR) is the number of calories required to keep the body functioning at rest. **BMR** is also known as the **body's metabolism**; therefore, any increase to the metabolic weight, such as exercise, will increase your BMR.

To get the BMR, you can use a BMR calculator available below under the link:

www.inchcalculator.com/bmr-calculator

Input in the adequate boxes: height, gender, age and weight.

The easiest way to assess whether the energy value of the diet of older people is appropriate for their needs is to assess the stability of the body weight. If the body weight remains constant, the energy value of food rations covers the body's needs. On the other hand, in the case of weight loss or weight gain, it is respectively too small or too large.

Overweight and obesity increase the risk of chronic non-communicable diseases, and malnutrition can lead to adverse changes in body composition, cognitive impairment and functional deterioration, as well as worsening the results of treatment of the underlying disease.

When determining energy needs in the diet of an elderly person, attention should be paid to the **body mass** of an elderly person. **Body Mass Index (BMI)** is a measure for indicating nutritional status in adults. It is defined as a person's weight in kilograms divided by the square of the person's height in metres (kg/m²). For example, an adult who weighs 70 kg and whose height is 1.75 m will have a BMI of 22.9.

$$70 \text{ (kg)} / 1.75^2 \text{ (m}^2\text{)} = 22.9 \text{ BMI}$$

Table below presents nutritional status according to BMI for adult person over 20 years old:

BMI	Nutritional status
Below 18.5	Underweight
18.5–24.9	Normal weight
25.0–29.9	Pre-obesity
30.0–34.9	Obesity class I
35.0–39.9	Obesity class II
Above 40	Obesity class III

For adults, BMI values in the range of 18.5-24.9 kg/m² are considered normal. Values above 25 kg/m² indicate excess body mass and a higher risk of non-communicable diseases. Studies of elderly people suggest that BMI values below 23 kg / m² and above 33 kg/m² are associated with a higher risk of death. On the other hand, BMI values within this range are associated with lower mortality.

Therefore, in older people with a healthy body mass, overweight or slightly obese, body mass maintenance should be sought. Body mass reduction in the elderly group is recommended when obesity is significant and there are additional medical indications. However, it should be concern that losing weight not only leads to the reduction of excess body fat, but also may cause a reduction in muscle mass, especially when this process is accompanied by regular physical activity.

Demands for Select Nutrients: Protein



“Look, rabbit stew is nothing personal, doctor ordered high protein diet.”

Protein is important for overall health in older adults. It is a macronutrient essential for life. This means that every single person needs this nutrient in order to stay alive. Protein plays a role in immunity, maintaining muscle, and maintaining physical function for older adults. Protein is also a building block in the skin, hair, blood, bones, etc.

Protein is made up of building blocks called amino acids. There are 20 different amino acids that our bodies need. Of these, 9 are

considered “essential” meaning human body cannot make them and we must get them from diet.

Animal-based protein sources are often called “complete” proteins because they contain all of the amino acids. Animal protein is found in meat, eggs and dairy products.

Plant-based protein sources are often called “incomplete” proteins because they contain some, but not all, amino acids. Those following a plant-based diet need to make sure they eat a variety of plant-based proteins throughout the day to ensure their body is getting the protein they need.

In the elderly nutrition, attention is paid to the increased need for protein (higher than in healthy adults) due to the presence of chronic diseases and the risk of developing sarcopenia.

Sarcopenia is the gradual loss of muscle with aging, caused by adverse changes throughout life.

There are **primary sarcopenia** which is a consequence of the aging process, and **secondary sarcopenia**, which results from the presence of chronic diseases, especially inflammation state. Ensuring an adequate supply of macronutrients, especially proteins, allows not only prophylaxis, but also treatment of sarcopenia.

Protein Requirements for Older Adults

Protein requirements for older adults may be different than for younger adults. The Dietary Reference Intake (DRI) recommends eating 0.8 grams of protein per kilogram body weight in adults. However, research suggest that older adults may indeed need more protein. The PROT- AGE Study Group (PRevention in Older people-Assesment in GEneralists' practices, established by the European Union Geriatric Medicine Society -EUGMS) recommends that older adults consume 1-1.2 grams of protein per kilogram body weight.

Age	Recommended grams of protein per kilogram body weight
■ 18 and older	■ 0.8
■ 65 and older	■ 1.0 – 1.2

Source: The Dietary Reference Intake (DRI); The PROT- AGE Study Group; The European Society for Clinical Nutrition and Metabolism (ESPEN)

There are certain situations where an older adult may need more protein. For example, if they have a non-healing wound or pressure injury. Or if they are in the hospital and their bodies are healing from injury. There are also situations where an older

adult may need less protein, for example if they have kidney disease.

It is important to speak with your doctor and/or a geriatric dietitian to determine your individual needs.

How to Get Enough Protein in the elderly nutrition?

The food is the very best way to get protein. The foods highest in protein come from animal sources. Food high in protein are:



Beef



Yogurt



Salmon



Chicken



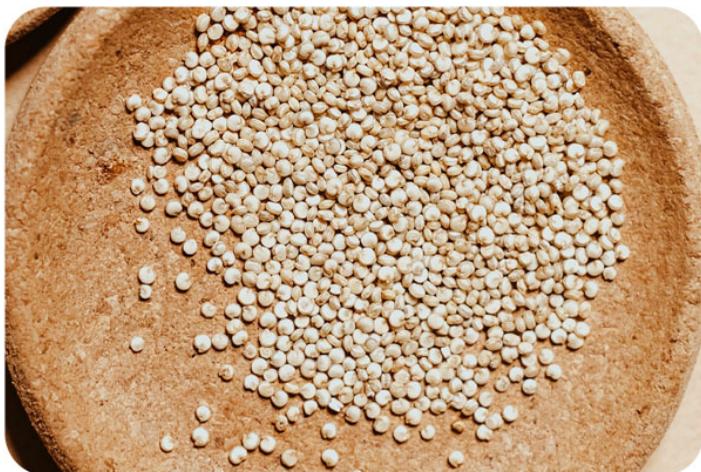
Lentils



Almonds



Milk



Quinoa



Chickpeas



Eggs



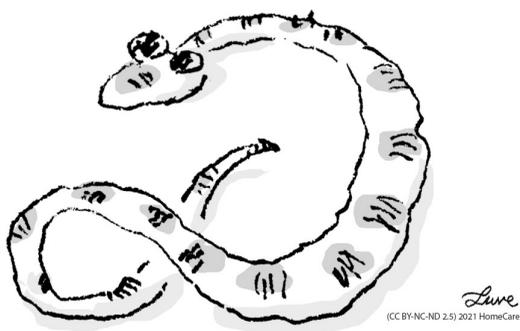
Oatmeal



Green peas

Older adults who follow a vegetarian or vegan eating pattern should eat a wide variety of plant-based high protein foods throughout they day to ensure they are getting enough protein.

Demands for Select Nutrients: Vitamin D and Calcium



Vitamin D plays a vital role in human health. Low levels of vitamin D can drastically impact a person's physical and mental well-being. Vitamin D deficiency has been linked to various health problems, including cognitive decline, depression, osteoporosis, cardiovascular disease, hypertension, diabetes, and cancer. As persons age, the risk for vitamin D deficiency significantly increases. Adults older than 70 need more calcium to help maintain bone health than they did in their younger years. To meet these needs, select for the older person calcium-rich foods and beverages.

Vitamin D

The main role in maintaining the body's demand for vitamin D is its production in the skin from 7-dehydrocholesterol, under the influence of UVB radiation with a wavelength of 290-315 nm. In this way, synthesized vitamin D can cover up to 90% of the body's needs.

Without adequate exposure to sunlight, it is almost impossible to achieve sufficient levels of vitamin D from nutritional sources.

The diet provides small amounts of vitamin D. The greatest amounts are in fish oil and such products as: milk, egg yolk, liver, salmon, sardines, herring, tuna, etc. Vitamin D is present in trace amounts in plant foods. Therefore, vitamin D supplementation is suggested by many experts as a safe and cost-effective alternative to treating vitamin D deficiency, also for the elderly.

The recommended dose of vitamin D for the elderly (depending on body weight and dietary vitamin D supply) throughout the year is: 600 IU for people under 71 years of age and 800 IU for people 71 years of age and older.

The several ways to attain vitamin D benefits:



Sunshine is one of the best natural sources of vitamin D. Take an afternoon walk with the senior, or invest in a UV lamp for colder months



One tablespoon of cod liver oil supplements 170% of daily vitamin D



Four or five sliced white mushrooms make up half of the needed vitamin D intake



85 gram of cooked salmon account for more than 80% of necessary vitamin D



A cup of milk, which is fortified with vitamin D, contains 20% of the daily recommended vitamin D value

Calcium

The National Osteoporosis Foundation (<https://www.nof.org/>) recommends that the dietary intake of an elderly person should be 1200 mg per day, while not exceeding this amount, as it does not have additional health benefits and may increase the risk of kidney stones, cardiovascular diseases and strokes.

Try that the older person eat three servings of low-fat or fat-free dairy products each day. Other sources of calcium include fortified cereals and fruit juices, dark green leafy vegetables, canned fish with soft bones, and fortified plant-based beverages.

Calcium boosters – here are some foods that can help boost the calcium intake:

At breakfast times



Mix your oatmeal with milk instead of water



Top your breakfast cereal with creamy fruit yogurt



For a refreshing morning drink, blend together milk, yogurt, banana slices, or berries. Make it dairy-free with soy milk or calcium fortified orange juice

At meal times



Make sandwiches with calcium-fortified bread, add a slice of cheese for even more calcium



Use canned salmon in place of tuna in sandwich spreads or fillings



Dress up soups and salads with a sprinkle of parmesan cheese



Dilute cream based soups with milk instead of water



Toss your favorite pasta and vegetables with a creamy sauce made with ricotta cheese, milk, and fresh herbs

Snack ideas



Make a dip for fresh vegetables with plain yogurt blended with your favorite herbs or a dip mix

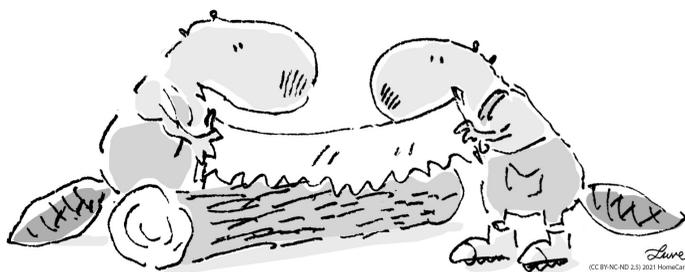


Keep easy to eat calcium-rich snacks such as string cheese, pudding and yogurt cups close by



Melt cheese on a soft tortilla and top with salsa for a spicy snack

Demands for Select Nutrients: Dietary Fiber, B12 and Potassium



“You know, trees are the ultimate super food – lumber contains all the fiber you need.”

Dietary Fiber

The elderly people should eat fiber-rich foods to stay regular. Dietary fiber may help lower your risk for heart disease and reduce your risk for Type 2 diabetes.

Dietary fiber is common in plant foods such as fruits, vegetable and legumes. Although dietary fiber cannot be digested or absorbed, it still contributes to health in a variety of ways.

Dietary fiber comes in two types: soluble and insoluble fiber. Soluble fiber dissolves in water and becomes gel-like, causing it to stick to bile, toxins and other debris and drag them from your body. Insoluble fiber attracts water like a sponge and acts to clean your intestines, increase intestinal motility and stimulate regular bowel movements. Constipation is more common in the elderly due to reduced intestinal peristalsis or rhythmic contractions, inactive lifestyles and diets low in fiber.

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The recommended dose that total fiber intake for adults older than 50 should be at least 30 grams per day for men and 21 grams for women.

Fiber Sources:

Most whole grains, vegetables, fruits and legumes are sources of insoluble and soluble fiber. For example, multi-grain bread, wheat germ, brown rice, broccoli, spinach, celery, carrots, zucchini, apples, pears, most berries, chickpeas, lentils and virtually all beans are especially good sources of dietary fiber. Nut and seeds contain fiber also, but the elderly person may find

it difficult to properly chew them in case of having dental problems or dentures. Consequently, softer sources of fiber, such as beans and whole-grain bread, are easier to chew.

The top 10 high-fiber foods are:



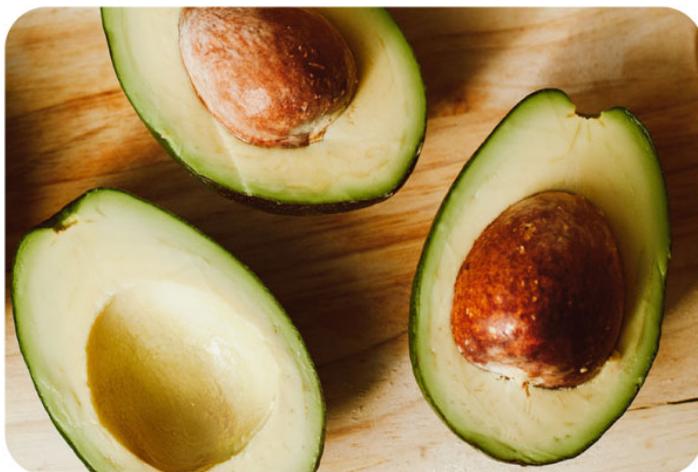
Beans and lentils



Broccoli



Berries



Avocados



Popcorn



Whole Grains



Apples



Dried Fruits

Vitamin B12

Vitamin B12 is stored in the liver and plays a major role in cognitive functioning, amongst other things. Older people are more likely to get vitamin B12 deficiencies because it is absorbed from food by stomach acid. And with age, stomach acid begins to decline.

Often, having a vitamin B12 deficiency can caused symptoms associated with normal aging. But sometimes, a B12 deficiency can exacerbate conditions in the following diseases: Alzheimer's, multiple sclerosis and other neurological disorders,

mental illnesses like depression, anxiety, or bipolar disorder, cardiovascular disease, autoimmune disease or cancer.

Sometimes B12 deficiencies can look a lot tamer and possibly go unchecked, e.g. it can cause memory loss, cognitive decline, foggy brain, decreased mobility, and pain throughout the body.



The way to know if the elderly person has a B12 deficiency is by taking a blood test.

Some physical signs that you may have a vitamin B12 deficiency include:



Tingling or numbness in the hands, legs, or feet



Difficulty walking



Anemia



Swollen, inflamed tongue



Yellowed skin



Paranoia or hallucinations



Fatigue

Often, more long-term consequences of an advanced B12 deficiency in older people involve weaker red blood cell formation, lower metabolism, impaired nerve functioning, and weaker bone health. B12 deficiencies are also heavily linked with neurological disorders like Alzheimer's or dementia. The way to know if the elderly person has a B12 deficiency is by taking a blood test.

Treatment usually means ingesting B12 through supplements or changing your diet to eat more foods rich in this vitamin.

Person over 60s should be getting around 2.4 micrograms of B12 a day.

Examples with vitamin B12 rich foods include:



Fortified cereals



Eggs



Ham



Chicken breast



Rainbow trout



Beef liver



Cooked Clams



Yogurt



Cheese



Milk



Haddock



Salmon

Potassium

Getting enough potassium in your diet may also help keep bones strong. This essential mineral is vital for cell function.

Consuming adequate potassium, along with limiting sodium (salt) intake, may lower the risk of high blood pressure. It also reduces the risk of kidney stones.

The recommended daily allowance of potassium for an elderly person is 4,700 mg.

Fruits, vegetables, beans and low-fat or fat-free dairy products are all sources of potassium. When preparing a meal for an elderly person, try to select and prepare foods with little or no added salt. Add flavour to food with herbs and spices.

Principles of Elderly Nutrition



Lure
(CC BY-NC-ND 2.5) 2021 HomeCare

Finally, uncle Peter decided to balance his diet.

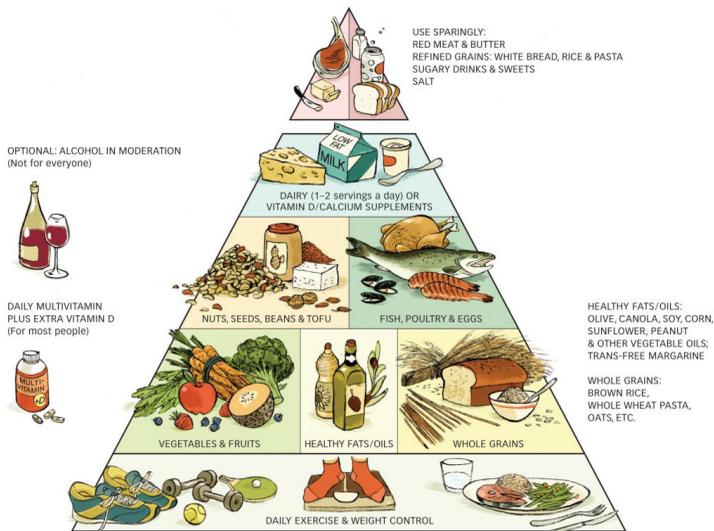
Balanced diet is a key to staying healthy. The method of nutrition of the elderly should be consistent with the principles of proper nutrition addressed to the entire adult population.

There is no one ideal composition of the diet, but the share of individual macronutrients in the energy value of the diet can be modified to some extent to suit the eating habits of an elderly person.

The Healthy Eating Pyramid is the simplest, shortest and concise way to express the principles of proper nutrition. It presents of the optimal number of servings to be eaten each day from each of the basic food groups. The higher level of the pyramid, the smaller amount and frequency of consumed products from a given food group.

THE HEALTHY EATING PYRAMID

Department of Nutrition, Harvard School of Public Health



Copyright © 2008. For more information about The Healthy Eating Pyramid, please see The Nutrition Source, Department of Nutrition, Harvard T.H. Chan School of Public Health, www.thenutritionsource.org, and Eat, Drink, and Be Healthy, by Walter C. Willett, M.D., and Patrick J. Skerrett (2005), Free Press/Simon & Schuster Inc.”

www.thenutritionsource.org

The first floor of the pyramid (lowest) consists of **vegetables and fruits**, which should be eaten as often as possible and constitute at least half of what is eaten. The elderly may find it difficult to eat vegetables and fruit, especially if they have a lack of dentition. Partially (1-2 portions), vegetables and fruit can be replaced with juices (200-400 ml). Adding them to the diet may increase the nutritional value of the diet, but also make it easier to achieve an adequate intake of vegetables and fruits.

The second floor of the pyramid is **grain products**. According to the recommendations of healthy eating, in the diets of older people, whole-grain cereal products with a lower glycemic index should be selected (wholemeal bread, thick groats, natural cereals, al dente pasta). Other grain products may be part of the diet, but should be eaten in moderation. In elderly people with gastrointestinal diseases that require an easily digestible diet, choose white flour cereals, small porridges and traditional pasta. The third floor of the pyramid is made up of **dairy products**. It is recommended that elderly people consume these types of products daily, mainly fermented (kefirs, yoghurts) in the amount of at least three large glasses. These products can be partially replaced with cheeses. They are a rich source of calcium in the diet, they also provide complete protein. The content of milk fat in rennet cheeses is high, so it is recommended to include them in the diet in moderation (besides, they are difficult to digest).

The fourth floor of the pyramid is made up of **protein products**. In the diet of older people, it is recommended to use such products as: fish, eggs, lean meat and legumes. Ideally, fish should be included in the diet twice a week, and the major part of it is oily sea fish, which provide omega-3 fatty acids. The best way to prepare fish is through the heat treatment technique. In the case of meat and its products, it is recommended to choose lean products. Legumes are a rich source of vegetable protein

and other nutrients (e.g. protein). Due to the fact that they are difficult to digest, it is recommended to use them in the diet of elderly people who do not have gastrointestinal complaints. The last floor of the pyramid is **fats and nuts**. Fats in the nutrition of the elderly should be present as they enhance the flavor of meals and make eating more enjoyable. In addition, they significantly increase the energy value of food. In the elderly, who are underweight, they help to increase the energy value of the diet without significantly affecting its volume. Too little fat in the diet, especially in people with reduced appetite, can further reduce the enjoyment of eating. In elderly people with excess body weight, the amount of fat consumed should not be too much.

Healthy Eating Food guidelines:



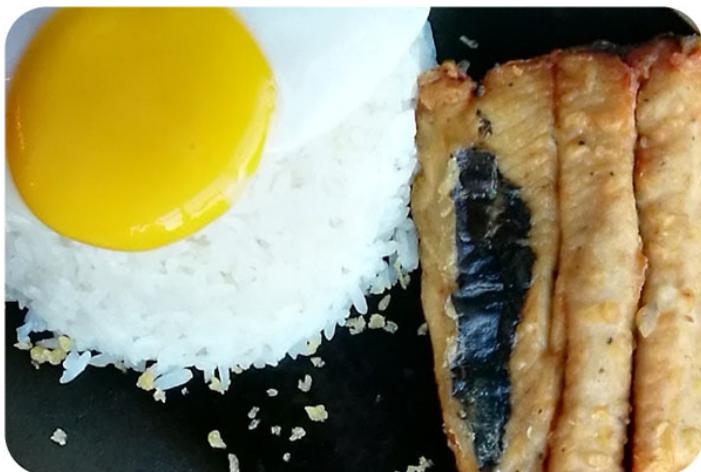
Grains: 3 – 5 bowls



Vegetables: at least 3 servings



Fruits: at least 2 servings



Meat, fish, eggs: 200–240 grams



Milk and alternatives: 1 – 2 servings



Fats, salt and sugar: eat the least



Fluids: 6 – 8 glasses

The above recommendations are intended for healthy individuals only. Those with chronic diseases and specific nutritional needs should consult their family doctors and dietitians for individualised dietary recommendations.

In recommendations of healthy eating, attention is paid to **avoiding sugar and sweets**. Elderly people who like sweets should be encouraged to reduce their amount in the diet. For elderly people who have reduced appetite, that mayby consider including sweet snacks to increase the amount of food they eat and the energy content of their diet. Sweets are best served after a meal, as an addition to the diet.

Another recommendation is **salt restriction** in the elderly diet. This does not mean the complete elimination of salt from the diet of the elderly, as it may deteriorate the taste of dishes and reduce the amount of food consumed.

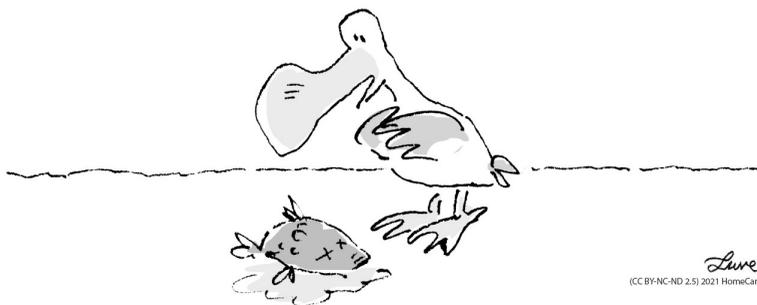
Various **spices and herbs** are a very valuable component of the diet. Their selection depends on the taste preferences of the elderly and the existing diseases of the digestive tract.

The diet of an elderly person should be supplemented with the consumption of **appropriate amount of fluids**. The European Food Safety Authority (EFSA) recommends that women should provide 2 liters of fluid per day and 2.5 liters of fluid for men per day, at all ages. In various countries, recommendations for the minimum amount of fluids to drink range from 1 liter to 3 liters a day.



In structuring the diet of an elderly person, changes in the body resulting from the stagnation process and existing chronic diseases that require dietary modification should be taken into account.

Nutritional Rules vs the Elderly Diseases: GERD



“Gak! There’s something fishy with my diet!”

Diseases of the digestive tract in the elderly are associated with the physiological aging process of the organism and with pathological changes. Aging affects all functions of the digestive system: motor skills, secretion of enzymes and hormones, digestion and absorption.

In addition, the digestive system plays a key role in the absorption and metabolism of medicines that are often consumed in large amounts by the elderly and have digestive side effects.

Some age-related digestive diseases are more common in the elderly and may require appropriate behaviour in the diet of the elderly.

Gastroesophageal reflux disease

Gastroesophageal reflux disease (GERD) occurs when stomach acid frequently flows back into the tube connecting your mouth and stomach (oesophagus). This backwash (acid reflux) can irritate the lining of your oesophagus.

Common signs and symptoms of GERD include:



A burning sensation in your chest (heartburn), usually after eating, which might be worse at night



Chest pain



Difficulty swallowing



Regurgitation of food or sour liquid



Sensation of a lump in your throat

In the elderly, GERD can be caused by, among other things,

decreased saliva production, oesophageal motility disorders (associated with comorbidities such as Parkinson's disease, type 2 diabetes, respiratory and cardiovascular diseases), and medicines using.

Dietary modification may be a form of acid reflux treatment that will reduce the severity and / or frequency of symptoms.

Recommended dietary changes:



Eating 5-6 small-volume meals regularly during the day



Eating food slowly, in a calm atmosphere (prevents swallowing air)



Chewing food carefully – it facilitates the digestion process, reduces gastric contractility (in a person with dental problems –lack of teeth, dentures – it is advisable to grind food)



Eating the last meal 3 hours before going to bed, because the lying position makes it difficult to clear the oesophagus from the gastrointestinal content

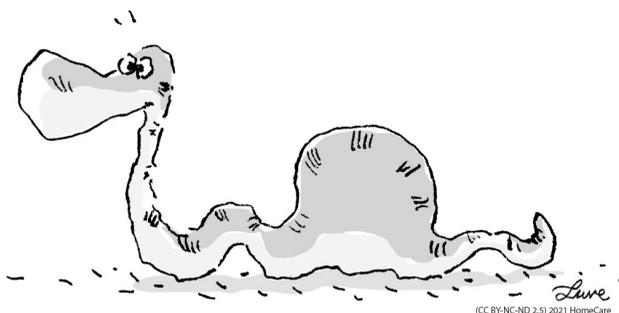


Avoiding excessive drinking with meals as this increases the amount of gastrointestinal content in the stomach



Applying an elimination diet – exclusion of products that cause ailments (e.g. citrus fruits, spicy spices, coffee, carbonated drinks, chocolate, cocoa and chocolate products, onion vegetables, fried products, fatty meats, cheese).

Nutritional Rules vs the Elderly Diseases: Constipation



Constipation is the most common cause of digestive ailments in an elderly person. The causes of constipation may be dietary mistakes, a less active lifestyle, the use of constipating medicines, but also the comorbidities, e.g. metabolic or cancerous.

Constipation is a condition that there are a fewer than three bowel movements in a week, the stools are hard, dry, and small, making them painful and difficult to pass.

The most common causes of constipation:



Low-fiber diet



The body poor hydration – water ensures the elasticity of the intestinal walls and softens the stool, which facilitates excretion



Mechanical obstacles – e.g. colorectal cancer, fecal stones, intestinal strictures (Crohn's disease), colitis



Systemic diseases – e.g. thyroid diseases, cystic fibrosis, diabetes



The nervous system diseases – Parkinson's disease, multiple sclerosis, spinal cord injuries



Using some medicines – sedatives, antiepileptics, non-steroidal anti-inflammatory drugs (paracetamol, ibuprofen, ketonal), mineral salts (calcium, iron)



Lack of physical activity, immobility in bed



Chronic stress

A carer for an elderly person who suffers from constipation should compose meals appropriately.

Recommended dietary changes:



Eating meals regularly, every 3-4 hours



Increasing the amount of fiber consumed, found in raw vegetables and fruits and whole grain cereal products



Consume at least 2 liters of fluid daily. Water relaxes the stool, making it easier to pass. For example, carrot juices, multi-vegetable juices (tomato, beetroot), fruit puree (apple, strawberry, orange), green tea



Excluding certain vegetables from the diet: beans, peas, cabbage, onions



Eating fermented milk products like e.g. yogurt. It's a source of lactic acid and support the development of normal bacterial flora in the body



Giving up sugar and sweets because they are constipating



Avoiding fried foods. The best way to prepare your meals is by steaming or baking in foil

Nutritional Rules vs. the Elderly Diseases: Diet for Diabetics



“Oh, he’ll be alright. Bee poison cures sweet tooth.”

Diabetes in the elderly is a serious issue, as seniors are one of the most at-risk group for the disease. Elderly care should encompass all aspects of physical and mental health, and dietary needs are an important factor to a senior’s well-being.

A diabetic diet is primarily aimed at controlling blood sugar levels. Preventing spikes in glucose levels helps to manage the level of insulin your body makes. It also allows to control body weight, as it is a large component of diabetes health, especially for seniors with limited mobility.

Recommended dietary changes:

Portion control

This is mostly in regards to carbohydrates. The carbohydrates are the macronutrient that affect blood glucose levels. The most important is to choose an adequate type of carbohydrate – rather than eating processed, refined carbs from foods like sweets and desserts, the better is to choose fruits, legumes, and vegetables instead. These are known as complex carbs, which are digested much slower and thus don't cause a spike in blood sugar. This is one of the most important points for managing diabetes in the elderly.

Having regularly set mealtimes, not skipping meals

This will help regulate glucose levels. The time at which elderly eat is just as important as the food that they eat. To avoid sugar level fluctuations, time of eating the following meals should be the same each day. If an elderly affected by diabetes take mealtime insulin, eating every 4-5 hours is recommended in order to prevent hypoglycemia.

Limiting sugar intake

Sweets and desserts, soft drinks, honey, and other foods with a high glycemic index should be avoided entirely, or only eaten as an occasional treat in tiny amounts. For proper control over diabetes in the elderly, sugar cravings should be assuaged with fresh or frozen fruit. Cut out fruit juices from the elderly's diet, as these are high in sugar. Low-fat foods, such as yogurt and

other dairy products, should also be avoided, as they often have added sugar to compensate for the reduced fat content.

Fiber

Fiber is an important element of an enjoyable diabetic diet. Dietary fiber has many health benefits for the body, including a slowed digestion of sugars and improvement of blood glucose levels. Seniors with diabetes should consume more high-fiber foods, such as fruits, vegetables and nuts.

A diet high in whole foods and low in processed foods is best

Highly processed foods often contain excessive sodium, sugar, and unhealthy saturated fats. Preparing the own meals is a good way to avoid unnecessary salt and sugar.

Avoiding excessive salt

Diabetics are more at-risk for heart disease than non-diabetics. Excessive sodium can lead to many complications, including high blood pressure, heart failure, and stroke.

Nutritional Rules vs the Elderly Diseases: Selected Diets



“Long story short, I learned to choose my nutrients wisely.”

Special diets for the elderly: depending on the individual needs and the elderly health, a doctor or nutritionist may recommend one of the special diets:

Gluten-free diet

It is a diet that excludes eating wheat, rye, barley and oats contaminated with them. The most important indication for its use is diagnosed celiac disease, gluten intolerance, gluten allergy and Dühring's disease. Sometimes it is recommended for patients suffering from Hashimoto's disease and irritable bowel syndrome.

Easily digestible diet

This diet provides the same amount of energy and nutrients as the diet of healthy people, but consists of products that do not burden the digestive system (limiting food rich in fiber, fat and spicy spices). It is used, among others, by people with gastrointestinal diseases, periodontitis, and seniors who have undergone surgical procedures.

Low-fat diet

This diet aims to reduce the daily consumption of fats, mainly of animal origin, and replace them with vegetable fats and fish. A low-fat diet helps to maintain normal blood glucose levels, reduces LDL cholesterol in the body, and also has an anticoagulant effect.



Specialist diets must not be used on your own – it should always be decided by a doctor or dietitian. There are many diets that can be dangerous to humans (e.g. a low-carbohydrate diet increases the risk of atherosclerosis, liver disease and kidney stones). Therefore, any change in the way of nutrition must be consulted with a specialist!

Care and Hygiene during a Virus Epidemic



Text by Fundacja “Małopolska Izba Samorządowa”, Kraków, Poland.
Design and layout by e-Training Solutions, Berlin, Germany.
Cartoons by Boris Luve.

Introduction

Viral infections have constituted an important field of infectious diseases for a long time. They are particularly dangerous for the elderly, as their immune system is often impaired by other chronic diseases (among others: hypertension, diabetes or atherosclerosis) and their body is not well protected against viruses.

In recent years, new, previously unknown viruses have emerged. But it was not until the emergence of the new SARS-CoV-2 coronavirus that a sense of threat was felt worldwide and the World Health Organisation (WHO) announced the COVID-19 pandemic.

During the first period of the COVID-19 pandemic (spring 2020), in most of the affected countries the highest number of deaths involved the elderly. This is associated with the so-called concomitant conditions, which significantly weaken the immune system. On the basis of the previously gathered knowledge and data on the course of the COVID-19 pandemic, WHO identified diseases that may promote the multiplication of the SARS-CoV-2 virus. These include diabetes, coronary heart disease, lung disease, asthma and others.

People who became ill and underwent COVID-19 are also at risk of developing the so-called post-Covid syndrome, which

may be manifested by myocarditis, impaired functioning of the nervous system, kidney dysfunction, or arterial damage.

For these reasons, older people are at increased risk of viral infection. They require particular care, especially in the case of an epidemic or a pandemic of a virus.



Epidemic versus pandemic

The word **epidemic** comes from the Greek epi, which means haunting and demos, which means people. An epidemic is the occurrence of infections or infectious diseases in a given area in a significantly higher number of cases than before, or the occurrence of infections or infectious diseases which were previously non-existent.

The most famous epidemic in history was the plague epidemic that broke out in Europe in the 14th century. The “black death”, as it was called, led to the death of a third of the population of Europe. The epidemic began in Asia, and was transferred through the Silk Road successively into Crimea, the Mediterranean countries and the whole of Europe. The disease was probably carried by rats that were spreading on merchant ships. Plague was caused by a bacterium – *Yersinia pestis*.

Unlike an epidemic, which is confined to a certain area, a **pandemic** is global. It is facilitated by low disease mortality

– fewer victims mean a higher rate of contagiousness. Factors facilitating the spread of a disease include the lack of biological immunity of the population (especially in the case of diseases which have not been active for a long time), a long period of contagiousness, contagiousness during the asymptomatic period of the disease, harmless and/or common symptoms –which complicate the diagnosis.

The most famous pandemic in history was the so-called “Spanish flu”, in 1918, which killed 50 million people.

Today, the whole world is facing the COVID-19 pandemic caused by the SARS-Cov-2 coronavirus.

The pandemic is announced by the WHO (World Health Organisation), based on the number of cases and the geographical extent of the phenomenon.

Learning Objectives

In this module you will learn about:



The causes of virus infections and how you can protect the elderly against the diseases caused by viruses



Symptoms associated with the SARS-CoV-2 coronavirus infection



The basic principles of personal hygiene of the elderly and their surroundings, at the time of increased risk of virus infection



Rehabilitation of an elderly person who has undergone a disease related to COVID-19.

Expected Learning Effects

After completing this module, you will know:



How to protect an elderly person against infectious and other diseases, including viral infections



How to take care of the personal hygiene of an elderly person, especially during a virus epidemic



How to care for an elderly person during a period of illness caused by a virus infection and after the symptoms have disappeared

Virus Infection



The elderly are more likely to struggle with chronic diseases which weaken their immune system. This, in turn, increases the risk of a viral infection. Fast-mutating viruses are the most common cause of respiratory infections.

The main sources of respiratory viral infections

Viruses that cause respiratory infections may be airborne or may be transmitted through direct contact with a sick person.

Among the most common causes of respiratory viral infections are:



Influenza A (Flu A) , Influenza B (Flu B) viruses,



Metapneumovirus (MPV)



RSV – Respiratory Syncytial Virus



Parainfluenza virus (PIV)



Adenovirus (AdV)



Rynovirus (HRV A/B/C)



SARS-CoV-2 Coronavirus

To confirm which virus has attacked the respiratory tract, it is necessary to have a nose swab and a throat swab. Taking a swab in order to verify the presence of a specific virus can be performed under laboratory conditions.

Characteristic symptoms of a viral infection include:



feeling confused



weakness

-  feeling unwell
-  pain
-  sore throat
-  reddening of the throat
-  increased temperature
-  runny nose
-  cough
-  shivers

The symptoms mentioned above are sometimes accompanied by conjunctivitis, and even nausea or vomiting. If the symptoms persist for more than 3 days, it is advised to seek medical help to determine the source of the infection (e.g. exclusion of bacteria in the body).

Viruses causing the flu

The flu tends to have a rapid onset. Already at the beginning there is fever of over 38 degrees, as well as shivers, muscle pain,

headaches, lack of appetite, weakness, as well as sore throat and dry cough. In the flu, runny nose is a rather moderate issue. Flu symptoms usually last up to a week, but weakness and coughing may persist longer.

The basis of the treatment involves the isolation of the ill person, resting and drinking a large amount of liquids. Symptomatically, painkillers as well as fever and sore throat medicines are also used. Treatment for viruses is also possible, but it is mostly limited to severe cases only or to the complications resulting from influenza. It is important that antibiotics are not used to treat influenza.

Viruses causing the cold

A cold tends to be shorter and milder than the flu. It can be caused by more than 200 different types of viruses, including influenza or parainfluenza, rhinoviruses, metapneumovirus, adenoviruses or RSV.

Many people go through a cold asymptotically, while others experience mild ailments. The most common ailments include headache and muscle pain, bad overall feeling, severe runny nose, sore throat and cough, which is initially dry and later becomes wet. Sporadically, a cold may cause mild fever with chills. Usually the most unpleasant symptom is the runny nose, accompanied by a feeling of nasal congestion, deterioration of the sense of smell as well as nasal secretion running down the back wall of the throat, which over time gets thick and greenish.

The symptoms usually disappear after 7-10 days, with the cough lasting longer in some cases. Usually, the ailments disappear spontaneously with enough rest. Symptomatically, painkillers (e.g. paracetamol) and anti-cough medicine, as well as sea salt solutions for the nose, can be used. Medicines from the purple coneflower and zinc in doses over 75 mg may also be helpful.

In colds, it is possible to develop a bacterial superinfection, which leads to the inflammation of the paranasal sinuses, the middle ear or the lungs. Nevertheless, antibiotics should not be used preventively as they do not reduce the risk of complications.

Severe cases of viral infection

Viral infections are not always mild. In some cases, a viral infection can cause serious effects. For example, RSV or Metapneumovirus can cause severe pneumonia in the elderly with low immunity. It results in the increased shortness of breath and apnea, while numerous changes appear in the lung tissue.

The SARS-CoV-2 coronavirus is also a type of virus that can cause severe consequences and lead to dangerous complications and even death.

The elderly, do not always experience typical symptoms of COVID-19, i.e. fever, dry cough and breathing problems. There are cases where none of these common symptoms for COVID-

19 appear, but there will be other symptoms that may indicate the infection with the coronavirus.

In the elderly, unusual behaviour may occur in the early stages of a COVID-19 infection, such as lack of appetite, sleeping more than usual, indifference or impaired spatial orientation. As a result, the elderly person can get dizzy and fall, stop speaking or lose consciousness. The reason for such a different reaction of the body is related to the specific response of the immune system. The elderly can react differently to infection, as advanced age weakens the body's immune response. According to doctors, a suppressed immune response happens more frequently in the case of an aging organism. Then, the ability to regulate body temperature changes, and concomitant chronic diseases may overshadow the signs of infection. Some of the elderly have a changed cough reflex, e.g. as a result of a stroke or neurological problems. It is also important to remember that people with cognitive impairments will not be able to report their ailments and changes in their overall feeling.

The risk of overlooking the first symptoms of a SARS-CoV-2 infection is the main problem resulting from the unusual course of infection in the elderly. Unaware of the situation, an elderly person who is infected may then continue to spread the virus. Another, even more serious, problem is that if the initial symptoms of this coronavirus are not noticed early enough, they can suddenly trigger much more serious symptoms and complications. If this happens, the elderly person's condition may deteriorate before he or she is given medical attention.

Among others, atypical signs of aSARS-CoV-2 infection in the elderly include:

-  behavioural changes
-  delirium
-  falling down
-  tiredness
-  apathy
-  low blood pressure
-  painful swelling
-  fainting
-  abdominal pain
-  diarrhoea, nausea and vomiting
-  loss of sense of taste or smell

It should be kept in mind that some symptoms of a SARS-CoV-2 coronavirus infection, especially those in the atypical group, are still considered anecdotal. It is necessary to collect and systematise data on these atypical symptoms of a coronavirus infection.

Preventing a Viral Infection



This section presents the basic principles that can help prevent or minimize the risk of a viral infection.

Avoiding contact with infected people

Viruses are airborne. Therefore, a few sneezes are enough for the infection to move freely from one organism to another. To prevent this, it is advised to avoid contact with ill people or those who have symptoms that may indicate a cold or a viral infection.

Maintaining social distance is important in the case of the SARS-CoV-2 virus that is particularly dangerous for people who suffer from chronic respiratory diseases, cardiovascular diseases, diabetes or immunity disorders, as well as for the elderly in general. It is necessary to minimize contact with people who may be ill with the disease asymptotically. To reduce the risk

of infection, it is recommended to keep a distance of 1.5 meters or more away from other people.

It is also worth limiting leaving home (especially during the periods of increased number of infections). It is vital to make sure that the elderly person continues the treatment and medication as directed by their doctor – it is important to have a minimum of two weeks supply of the prescription and over-the-counter medications.

One must not skip scheduled medicals and check-up appointments. If necessary, it is good if the caregiver or some other person living in the same apartment can help the elderly person with obtaining the necessary telephone advice or receiving an e-prescription, which they will then realize without having to visit the clinic in person.

Protective masks

To some extent, wearing a protective mask on the face can protect the elderly from the virus circulating in the air. This action is aimed at limiting the spread of the virus, particularly in public places mainly as a result of contact with an infected person who is unaware of the infection.

Make sure to remove the mask in a proper way without touching the face and replace it as frequently as it is recommended by the manufacturer.

Proper hand hygiene

Hand hygiene is a very important aspect in the prevention of viral infections. Places such as shops, means of public transportation and churches are hotbeds of viruses. A large number of people in the same space increases the likelihood of virus transmission.

Also, it is important to remember not to eat without washing the hands first. It is also advised to avoid touching the mucous membrane (mouth, eyes, nose) with dirty hands.



Hands should be washed regularly and properly (see the section: hand washing hygiene). This can be done using water and soap (regular or antibacterial one) or with the use of antibacterial liquids or gels.

Vitamin use

If taken regularly, vitamin C (even in the smallest doses, i.e. 200 mg per day) provides good protection against the development of infection. Vitamin C stimulates the immune system to fight viruses. If the infection has already occurred, taking vitamin C will alleviate it and the symptoms will become less severe. Similarly, a system's immunity is stimulated by vitamin D.

Find out more about vitamin supplementation in the Module “Nutrition of the elderly”.

Vaccinations

Protective vaccinations are one of the preventive measures used to prevent viral infections or to ensure a milder course of the disease in case of infection. Influenza vaccines have been in use for many years. Based on the already existing influenza virus mutations and the formed hypotheses, new influenza vaccines are developed every year.

All antiviral vaccinations are voluntary. They are recommended for groups which are at high risk of viral infection. This group also includes the elderly. The order for the administration of an antiviral vaccine is given by a general practitioner.

Hand Washing Hygiene and Disinfection



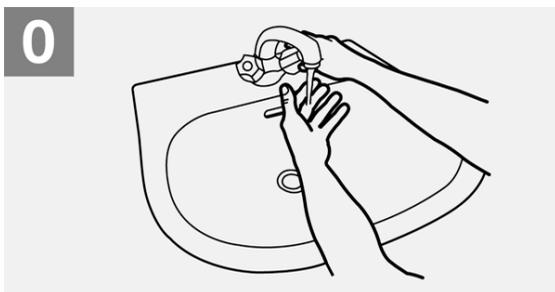
“Look Ma, each time I wash my hands half of the germs present will remain. Even if i wash a thousand times some germs will still be there. Hence no point of washing at all. Mathematically proven.”

According to studies, proper washing and hygiene of hands reduces the risk of infection and getting ill even by half. The World Health Organization (WHO) claims that the best way to

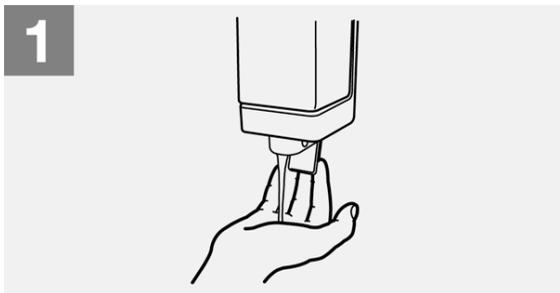
prevent the spread of diseases is to wash your hands with soap and water. The optimal effect will be achieved by washing your hands for 30 seconds, using antibacterial soap or additional disinfection liquid.

Hands should be washed about 5-7 times a day, especially after leaving the toilet, having contact with animals as well as before preparing and eating meals. Germs on the hands can enter the digestive tract as a result of licking the fingers, inserting various everyday objects (e.g. pen) into the mouth or through contaminated food. It is enough to unconsciously touch the area around the nose, mouth or eyes with dirty hands for the germs or viruses to enter the system.

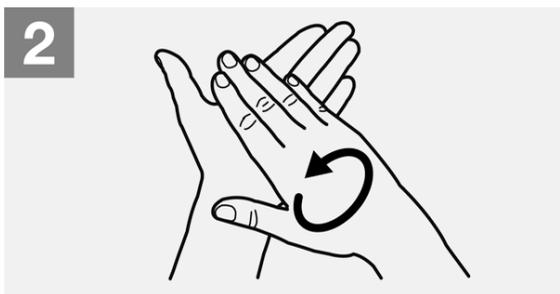
Washing hands – step by step



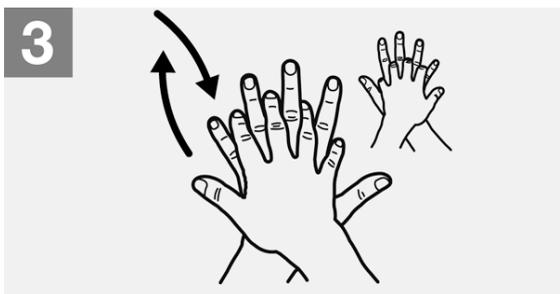
Wet hands with water



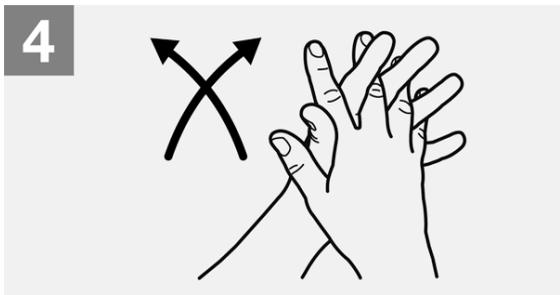
Apply enough soap to cover all hand surfaces



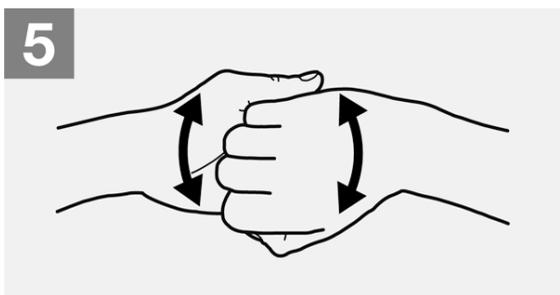
Rub hands palm to palm



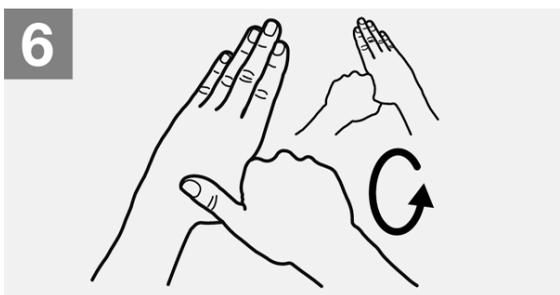
Right palm over left dorsum with interlaced fingers and vice versa



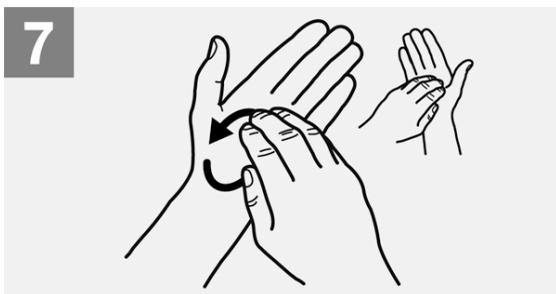
Palm to palm with fingers interlaced



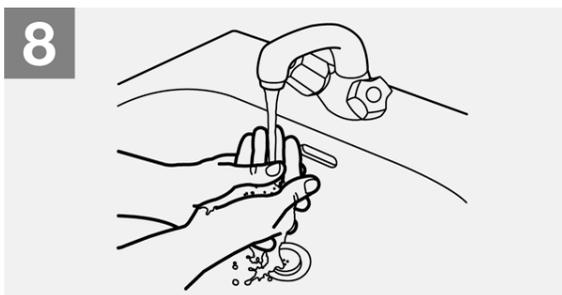
Backs of fingers to opposing palms with fingers interlocked



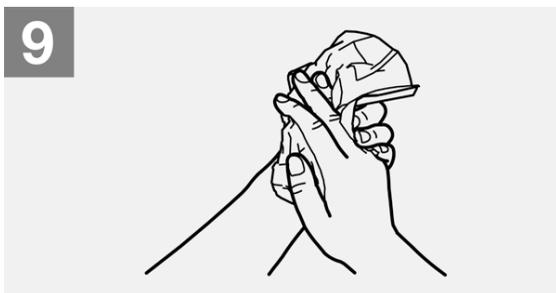
Rotational rubbing of left thumb clasped in right palm and vice versa



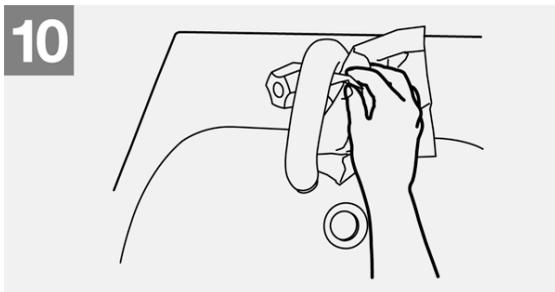
Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa



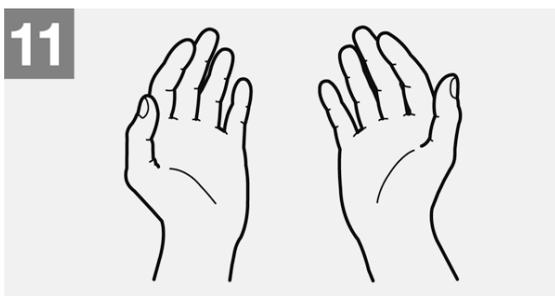
Rinse hands with water



Dry hands thoroughly with a single use towel



Use towel to turn off faucet



Your hands are now safe

Source: World Health Organization. How to Handwash?

Disinfection

Viruses can persist on different surfaces, and from there they may be transferred further or they may infect a person – it is enough to touch an infected handle, and then touch the mouth, nose or eyes. It is worth remembering about regular disinfection

of handles and other everyday objects, such as computer keyboards or mobile phones.



Remember:

Each time a person touches a door handle, banknotes, coins or handrails in public places (e.g. public transport) their hands are in contact with 10,000 to 100,000 microbial cells. As little as half a minute of thorough hand washing is sufficient to clean our hands of about 90% of bacteria.

It is also important to disinfect the apartment where the elderly person is staying.

Airing the apartment

Airing the apartment helps to get rid of viruses and other pollutants from the air. This is one of the most simple and effective methods to clean the air in the apartment. For this purpose, it is enough to open the windows wide for a few minutes (the elderly person at this time should be in another room). Such a way is much more efficient than leaving the window slightly open for a longer time. Additionally, airing the house has a beneficial effect on the condition of mucous membranes, which are one of the protective barriers of the body.

Places in the house which require special care

Particular attention must be paid to disinfecting the places that are most frequently touched. These include handles of the front door and the ones inside the apartment. Clean the door handles, light switches, intercom ear-pieces, furniture handles, remote controls, switches and buttons for all household devices and appliances, telephones as well as keys in a careful way.

To completely neutralize pathogenic microorganisms, it is worth using cleaning products with chlorine and those based on ethyl alcohol, preferably with over 60% content of ethanol. You can also use essential oils with antiviral properties, e.g. tea tree, eucalyptus or thyme oil, which can be purchased in a pharmacy. Oils can be used as a form of support for alcohol-based or soap-based liquids.

Rehabilitation after COVID-19



The current state of medical knowledge concerning the course of COVID-19 indicates that after having undergone a disease associated with COVID-19 many people require a long period of rehabilitation to reach complete recovery.

In people who have suffered from the disease, it is possible to notice:



general weakness of the body



breathing problems



weakness of muscle strength



reduced chest mobility



shallow breath



reduced efficiency of the organism



lack of strength



increased tiredness during physical activity

And in more severe cases even:



problems moving around the house



lack of balance and coordination

All of these effects are most often caused by:



lack of the ability to leave home



a sedentary lifestyle throughout the quarantine



lack of the equipment for physical activity at home



reduced lung performance due to the disease



reduced oxygenation of the body



disease-related stress

As indicated by the experts, one of the key elements in preventing these problems is proper rehabilitation after a disease associated with COVID-19. If you notice any of the above symptoms in the elderly person you are looking after, consult the doctor for the recommendations as to the further treatment.

The World Health Organization has developed a special guide called “Support for Rehabilitation: Self-Management after COVID-19 Related Illness.” The publication provides advice on what to do when concerning symptoms that hinder functioning

appear after a COVID-19 related disease, and what exercises should be performed by a person who has undergone COVID-19 and a hospital treatment.

The publication describes rehabilitation exercises which are possible to be done autonomously at home: from warm-up, through fitness exercises, to strengthening and relaxation exercises. With the use of pictures, the authors of the publication also present how to deal with shortness of breath and what positions of the body should be assumed to regulate breathing.

The publication also provides advice on food and liquids intake as well as on swallowing, especially for those who were artificially ventilated using an intubation tube during their hospital treatment. These people may have difficulty swallowing solid foods and liquids, as a result of weakening of the muscles responsible for swallowing.

The publication will also show you how to deal with difficulties in maintaining concentration, memory, logical thinking, stress and daily activities.



Remember that the rehabilitation after a disease associated with COVID-19, especially in the case of the elderly, should be carried out in a conscious and careful way, and it should be conducted in close consultation with a doctor.

The basis of the professional rehabilitation after Covid-19 involves general exercises conducted individually, preferably by a physiotherapist. It makes it possible to modify the rehabilitation program and to adapt it to the person. The type and the intensity of the exercises are determined after a medical and physiotherapeutic examination. An important element of the rehabilitation after COVID-19 is respiratory gymnastics, in which the person learns how to breathe properly. For people who complain about osteoarticular pain or complications related to their limbs it is necessary to implement physical therapy procedures. Therapists also prepare various activities that improve memory and concentration. Systematic implementation of the recommendations indicated above makes a full recovery possible.

First Aid for the Elderly in Emergency



Text by Fundacja “Małopolska Izba Samorządowa”, Kraków, Poland.
Design and layout by e-Training Solutions, Berlin, Germany.

Introduction

The elderly have to face various diseases whose symptoms may be aggravated at any time. Worrying symptoms and a rapid health deterioration of an elderly person may appear unexpectedly.

In such situations, it is necessary to take immediate action to help the elderly person and make sure not to harm them. It must be remembered that we are not always able to help a person whose health suddenly deteriorated on our own. There are situations in which we urgently need to call specialist medical assistance.

The following situations are related to the health deterioration emergencies concerning an elderly person where we can help them by ourselves and contact a doctor afterwards: a blood sugar level decrease in the case of diabetics, a pressure spike, intensified pain, e.g. in people with cancer, intensified shortness of breath in people suffering from a chronic respiratory disease.

The second group of cases of health deterioration in the elderly includes: fever, diarrhoea, cough, constipation, shortness of breath, urination problems, loss of appetite or a deterioration of the general state of being. These symptoms must not be underestimated, as attempting home treatment may have negative effects. Although they are not life-threatening, contact the doctor to establish the appropriate treatment.

There are also symptoms that require urgent contact with a doctor and calling an ambulance. These include the following: chest pain or any other severe pain, intense shortness of breath, haemorrhage, seizures (convulsions), sudden visual, hearing and speech problems, swelling of the extremities, injuries, e.g. fractures, dislocations, burns, loss of consciousness, food poisoning.

It is also necessary to call an ambulance if you do not know what category the symptom belongs to. Any mistake can have negative consequences, including the death of the person we care for.

Learning Objectives

In this module you will learn:



How to deal with a sudden health deteriorations of an elderly person caused by various factors



How to prevent complications associated with the immobilization of an elderly person

Expected Learning Effects

After completing this module, you will be able to:



Provide first aid to an elderly person with a diabetic coma or a suspected heart attack



Handle fractures, colds and other emergency situations related to health deterioration of an elderly person



Prevent burns and bedsores, as well as to handle such symptoms when they occur in an elderly person

Diabetic Coma



Diabetes is one of the most common diseases in the elderly. If a person with diabetes experiences a significant sharp drop in blood sugar level (e.g. as a result of skipping a meal or a high physical effort), it can cause a diabetic coma.

The symptoms of diabetic coma include excessive sweating, weakness, shortness of breath and muscle tremor.

In such a situation:



If the elderly person is conscious, put two sugar cubes under their tongue or give them sweetened water



If the elderly person is unconscious, place them in a safe position and cover them with a blanket or a jacket so that they do not get cold



In both of the situations, it is necessary to call an ambulance.

Recovery position

If a person is unconscious but breathing, and has no other life-threatening symptoms, place him or her in a recovery position.

Placing someone in a safe position will ensure the patency of the respiratory tract. It also ensures that vomiting or liquid does not cause choking.



Source: MIS Foundation

To put a person in a recovery position, follow these steps:



With the person lying on their back, kneel on the floor by their side



Stretch their arm closest to you at the right angle to the body, with the palm up



Hold the other arm and bend it so that the back of the hand rests on the closer cheek, and hold it in that place



Use your free hand to bend the further knee of the person at a right angle



Carefully roll the person to the side by pulling the bent knee



Their bent arm should support the head and the stretched arm will stop you from rolling the person too far



Make sure the bent leg is at a right angle

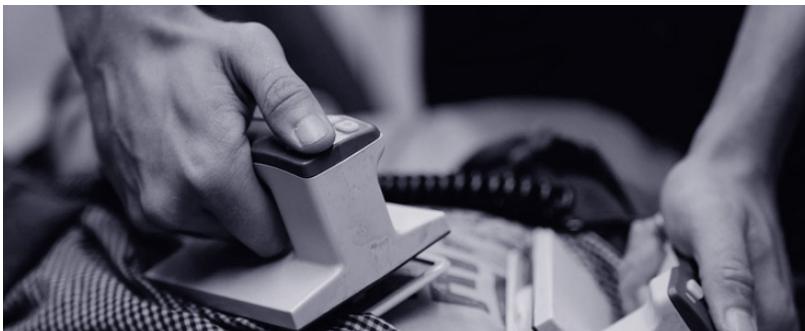


Open the airways by gently tilting the person's head back and lifting their chin



Make sure that nothing is blocking the airways

Heart Attack



Symptoms of a heart attack include acute, burning pain in the sternum area, cold sweating, pale skin as well as nausea and vomiting.

If a heart attack is suspected:



Place the person in a semi-sitting position, so that their back rests on something stable



Check the vital functions and loosen the clothing, especially under the neck



If they have their heart medication, help them take it



Call medical help and then take care of the mental and physical comfort of the elderly person



It is worth remembering that every minute is important if a heart attack is suspected. Call specialist help as soon as possible. The sooner the person receives specialist help, the lesser the heart damage they may have.

Falls and Fractures



In the elderly, falls and bone fractures are a serious problem. Falls occur most often when performing basic everyday activities, e.g. getting up, sitting down, bending down or walking. In the case of an elderly person, even a minor fall can have a lot of negative consequences including fractures, the treatment of which in the elderly is often long and limited by many factors.

The causes of falls in this age group can be divided into two main groups – **internal falls** and **external falls**.

Internal falls

Internal falls are associated with the so-called involutive (senile) changes, that is, atrophic processes, caused by aging of all systems of the body. These include slowing down the reaction of the nervous system to the effects of stimuli, weakening of muscle strength, balance disorders, circulatory disorders, deterioration of vision and hearing or coordination of the movements. In addition, the functioning of the aging organism is affected by accompanying diseases, i.e. cardiovascular, neurological (Parkinson's, post-stroke), metabolic (diabetes, osteoporosis) or the diseases of limbs (degenerative changes, deformations after previous injuries).

The elderly also often face mental illnesses such as dementia, depression and anxiety. Taking medications has an effect as well – among the side effects there are often dizziness, concentration issues or decreased blood pressure, which in many cases has a bad influence on the overall well-being. All these factors can greatly impair the way the senior moves, increasing the risk of them falling down.

External falls

The causes of external falls include all types of the environmental factors that make it difficult for the elderly to move, e.g. slippery ground, moving rugs, stairs, too high thresholds, lack of handles in the house or in the means of

transportation, inadequate lighting or bad weather conditions (snow, ice on the pavements).

Consequences of falls

Among the most common effects of falls in the elderly are hematomas, bruises, muscle stretches, bone fractures and skull injuries (concussions, intracranial haemorrhages), which may manifest the consequences only a certain amount of time after the accident itself.

It is also worth mentioning the so-called post-fall syndrome, resulting from the fear of another fall, and the limitation of daily motor activity, in order to minimize the likelihood of it happening again. It significantly impairs the functioning of the respiratory, circulatory, organ and mental state of the elderly, which are already limited by senile changes, and directly leads to the deterioration of the quality of life.

The most common types of fractures resulting from falling down are those in the thighbone, humerus and further parts of the forearm, just above the wrist. Fractures within the vertebrae and ribs tend to happen less often.

The most dangerous for the elderly are those within the lower extremities (even the least complicated ones), as they can cause many complications. This is mainly due to the necessary immobilization, which can lead to very serious side effects, e.g.

pneumonia, peripheral circulatory disorders, deep vein thrombosis, pressure disorders, urinary tract infections, intestinal disorders (constipation), worsening of osteoporosis, muscular atrophy, etc.

The duration of the immobilization depends primarily on the treatment used. The longer it lasts, the more side effects it can cause. The condition of an elderly person does not always allow performing a surgery, which significantly increases the time the person is required to remain in the lying position and, in the worst case, can lead to death.

How to protect an elderly person from fractures?

Prevention

Preventing the elderly person from falling – for this purpose, it is worth looking at the immediate surroundings where the person is staying, for example, their apartment. The installation of handrails or bathroom handles, supports or anti-slip mats will definitely facilitate the functioning of the elderly person.

Suitable footwear

The footwear which the elderly person uses to walk should be light, equipped with anti-slip soles and adapted to possible

deformations in the foot. It must also ensure proper stabilization of the ankle.

Equipment

In certain cases, it is necessary to choose suitable supporting equipment that will make it easier for the elderly person to move around: a cane, crutches, and a walking frame.

Preventative treatment

If the person has noticed deterioration in the overall health, it is worth consulting a doctor who will prepare a suitable treatment or modify the doses of the medication already taken.

Physioprophylaxis

A systematic work on the physical fitness of the elderly person helps in everyday, independent functioning and minimizes the risk of falling. A set of appropriate exercises should be developed by a physiotherapist. The exercise programme should include exercises aimed at adequate joint mobility and the flexibility of the surrounding tissues, muscle strength, balance, coordination and the overall performance.



How to proceed in the case of a fracture of a lower or an upper limb in an elderly person?



Do not adjust or move the limb abruptly so as not to aggravate the injury



Immobilize the limb in the two joints around the fracture – e.g. if the tibia is suspected to be broken, the leg needs to be immobilized from the ankle to the knee



Do not give the person anything to eat or drink

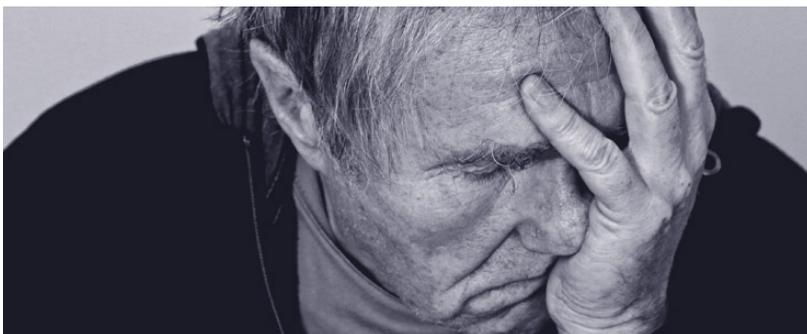


Cover the person with a blanket or a jacket



Call an ambulance immediately

Fainting and Losing Consciousness



Fainting

Elderly people suffering from heart and cardiovascular diseases, taking medication related to diabetes, pressure or cardiac conditions as well as those who are malnourished or dehydrated tend to be at the highest risk of **fainting**.

The most common symptoms preceding fainting are weakness, blurred vision, dizziness, paleness and cold skin.

In such situations it is necessary to proceed as follows:



Place the elderly person on their back and place their limbs up slightly above the torso



Loosen their clothes and provide the access to fresh air



Measure the person's blood pressure or sugar level to see if it is too low (depending on what they are suffering from)



Contact a doctor

Losing consciousness

If an elderly person loses consciousness, does not react to any stimuli, or convulsions begin to appear, it may be associated with a respiratory or circulatory arrest.

Regardless of the cause, loss of consciousness is always life-threatening and it is necessary to call an ambulance immediately.

The procedure in such situations is as follows:



Place the elderly person on their back



Tilt her head back to clear the airways



If the person does not require a heart massage, then it is enough to place them in a recovery position



Remove any objects or a denture from their mouth



By observing the chest, check if the person is breathing. If not, block their nose and breathe air into their mouth.



How to check the heart rate of an unconscious person?

Method 1

Check a person's heart rate by pressing 2 fingers against their carotid artery.

Method 2

Place your index finger and the middle finger on the person's wrist at the base of the thumb. Using a clock or a watch that counts seconds, count how many beats you can feel in a minute, or count them for 30 seconds and multiply the number by 2.

If the pulse is not felt, you should start a heart massage by putting your hand at the height of $\frac{1}{3}$ of the sternum and pressing down on their chest. Compression should be 4-5 cm deep, while keeping the ratio of 2 breaths for 30 compressions. Continue performing these activities until the ambulance arrives or the person regains consciousness.

Seizures (Convulsions)



Symptoms of seizures can easily be confused with other conditions, from dementia to stroke. Such confusion can make it difficult to react in a proper way. Therefore, it is so important to learn what to do when an elderly person has an epileptic seizure, what to do after the epileptic seizure and what the symptoms of seizures in the elderly may look like. Learning even only a few simple precautions can literally save somebody's life in the future.

Causes of seizures in the elderly

There are a few things which can cause convulsions in the elderly. But mostly, seizures in the elderly are caused by epilepsy. Since the risk factors of epilepsy are related to the diseases affecting brain functions, strokes and head injuries, people are much more likely to develop it with age.

The cause of seizures in older patients is usually epilepsy, but it is worth emphasizing that epileptic seizures in the elderly can result from many things. For example, a non-epileptic seizure may be caused by their physical condition or stress and it may manifest the same symptoms as an epileptic seizure. But what does it look like?

Types of seizures

Seizures essentially constitute an electrical disorder in the brain.

The type of seizure experienced by an elderly person will depend on the location of the disorder. For example, a general seizure covers the entire electrical activity of the brain. This can lead to convulsions, falls, unexpected twitches and loss of consciousness or the ability to speak. Even breathing may stop for a few moments.

Other times, electrical activity is concentrated in only one area of the brain, which is called a partial seizure. This type is one of the most common in seniors with epilepsy. Someone who has a complex partial seizure often appears to be confused, keeps staring, mumbles or repeats actions as if they were sleepwalking. As with dementia, a familiar environment may seem strange. These events are often overlooked for a certain amount of time as people do not remember that they have suffered from partial seizures.

A generalized seizure is usually characterized by the fact that the body of the person stiffens and begins to shake in an unusual way. But it is important to understand that epileptic seizures in seniors do not always cause such dynamic symptoms. Sometimes a person who has an epileptic seizure simply falls down, as if they suddenly lost consciousness.

How to help an elderly person in the case of a seizure

Someone who is experiencing a seizure may not be able to speak, but they may be able to respond to simple requests. Symptoms of a seizure usually disappear within three minutes, although they can last up to an hour before the person regains full consciousness. After the end of the seizure, the elderly person tends to experience a loss of control over the bladder or they sweat excessively.

The procedure in this situation is as follows:



If the person is experiencing an epileptic seizure for the first time, it is necessary to immediately seek medical attention



If the person has been diagnosed with epilepsy and experiences seizures on a regular basis, the doctor may advise waiting about three minutes before requesting medical help

Until medical assistance becomes available, it is possible to help the person in the following way:



Protect the elderly person's head from injuries by holding it with your hands



Clear the person's airways



Do not insert any items into their mouth



After the seizure has stopped, check for any injuries

Chafing



In the elderly, chafes can appear in any area of the body, but most often they appear in the places that are exposed to moisture – coming from urine (the crotch in people with urinary incontinence), sweat (armpits, feet, skin folds), secretions (around the mouth, neck – in people with facial nerves paralysis – leaking saliva from the mouth) and are kept warm. In obese people, chafing appears between skin folds. In women with large breasts who do not wear bras – under the breasts.

The first symptoms of chafing include:



Redness, swelling



Leaking of serous fluid from the surface of the chafing area



Burning and/or itching, pain



Areas affected by chafing are exposed to bacterial and/or fungal infections

Ways to prevent chafing:



Maintain the daily hygiene of the elderly person and take additional measures if needed



Make sure the person has no moist bed linen or underwear (due to sweating caused by fever, pain, stress, hormonal disorders, etc.)



When changing diapers, use sanitary inserts



Check if secretions (e.g. saliva) have accumulated on the skin or mucous membranes



Dry the skin after washing, especially in places where its surfaces come into contact



Use using loose, seamless underwear and clothing made of natural fabrics



Regularly monitor the areas particularly vulnerable to chafing: the area of the body under the breasts, abdomen, between the buttocks, around the groin, armpits, on the inner side of the thigh



Put on and frequently change diapers carefully. Change them when they are filled, minimum 2 times a day and after each stool



Let fresh air into the room where the elderly person is staying



Use protective creams to ensure effective prevention against chafing e.g. with zinc or talc

If chafing occurs:



Use preventative measures as described above



Organize medical check-up and urgent treatment



Provide access to air to the affected areas

If chafing appears between the skin folds, separate the folds with gauze. If the areas under the breasts develop chafes, you need to secure them with gauze and make sure the person puts on bra (adjust the straps so that the breasts do not hang down).

Nosebleed



Nasal bleeding is a common affliction. At times, it may be a symptom of a disease. Bleeding from the nose is manifested by blood leaking from the vascular system.

The nose is made up of muscle, cartilage and skin parts. In addition, it is divided into two nasal cavities, in which there is a mucous membrane performing its own functions. The temperature of the air entering the nose can reach up to 32-34 degrees, as the nose is much vascularised. The blood that circulates through the dilated blood vessels in the nose acts as a kind of a radiator. The air entering the nasal cavity is also cleaned, as any impurities that settle down at the entrance of the nose are moved towards the throat, thanks to cilia and saliva.

There can be various causes for nosebleed:



Hypertension



Infectious diseases with fever



Congenital hemorrhagic blemishes (haemophilia and related diseases, thrombocytopenia) or acquired ones (liver damage, acquired thrombocytopenia)



Deformation of the nasal septum, a nasal injury



Excessive exposure to sunlight or overheating of the body



Physical effort



Atherosclerosis



Other conditions (e.g. Cancer, mucous membrane inflammation, foreign bodies, etc.)



Nasal vascularity, which begins in the internal and external carotid arteries

The procedure in the case of nosebleed is as follows:

-  Make sure the person sits down with their head slightly tilted forward
-  The person should breathe with their mouth
-  Put a cold compress on their neck and forehead, such as a towel soaked in cold water or wrapped around ice cubes
-  Put gauze or a handkerchief on their nose, squeeze the bleeding nostril and keep it tight for about 10 minutes
-  If the nasal bleeding is severe and persists after these operations have been performed (more than 15 – 20 minutes) or if there has been an injury of the head or the neck, or a disturbance in consciousness, call an ambulance

How to prevent nasal haemorrhages?

-  Keep the nasal mucosa moistened (particularly during autumn and winter). Air humidifiers can be used for this purpose



Avoid nose picking, which can lead to micro trauma and bleeding



If the person is using mucosal constrictors, it is necessary to remember that it is not advised to use this type of medicine for more than 5 days, as they may interfere with the proper flow and air purification in the nose and damage the mucosa. It is safer to use an isotonic solution of sea water, which gently moisturizes the mucous membranes and can be used for extended periods of time



All cases of nosebleed (especially the intense ones) should be consulted with a doctor



Record the pressure measurements if the person has problems with hypertension, as the risk of nosebleed is increased

Food Poisoning



Food poisoning can occur in people of any age. The causes of food poisoning are easy to determine. The ailment develops as a result of consumption of the food or drinks containing microbes and the toxins produced by them.

The most common bacteria responsible for food poisoning are **Escherichia coli (E. coli)**, **Salmonella** or **Clostridium**. They may be present in undercooked meat, unpasteurised milk, raw eggs, fish, unboiled water and any products which were made from them.

Food poisoning symptoms

The symptoms of food poisoning are quite characteristic – most often they include nausea, vomiting, diarrhea, bloating and belching. In most cases, they are accompanied by abdominal pain of varying intensity, usually located at the height of the stomach. These are not the only possible symptoms of food poisoning. You may also notice a deterioration of the overall condition, weakness, dizziness, lack of appetite, dry mouth, increased thirst, headache, higher body temperature, chills as well as muscle pain.

In the case of severe food poisoning, symptoms include visual disturbances, excessive salivation, difficulty swallowing, accelerated heart rate and disturbances in consciousness. If these symptoms occur, it is necessary to contact a doctor urgently.

How to treat food poisoning?

In most cases, it is possible to treat food poisoning at home. **The ailment stops spontaneously, but it is important not to allow its complications, that is, dehydration and electrolyte disorders.** For that purpose, it is recommended to frequently drink small amounts of water with the addition of electrolytes. It is also worth taking a probiotic, which will help restore the natural bacterial flora of the intestine. These types of drugs for food poisoning are available over the counter.

The symptoms of food poisoning can appear as early as 30-60 minutes after eating contaminated food, but in most cases they occur after 12-48 hours (depending on the source of the poisoning). It is less common for them to occur later than that. **Ailments last for a short time, usually 1-3 days, but in some cases food poisoning can be prolonged** and the recovery may take up to a week.

The diet in the case of food poisoning should include easily digestible ingredients. To begin with, it is good for the elderly person to eat rice porridge or semolina, boiled vegetables and wheat bread. When the person starts feeling better, it is possible to gradually introduce other products. It is important that the person does not eat processed, fried, fatty or sweet dishes.

Part 2:

Emotional intelligence

Emotional Intelligence in Caring for the Elderly



Text by Media Creativa, Bilbao, Spain.

Design and layout by e-Training Solutions, Berlin, Germany.

Cartoons by Boris Luve.

Introduction

As a care giver, you often find yourself in front of difficult and challenging situations. Therefore, it is important that you develop the ability of managing emotions and that you provide a mature and balanced response. Understanding your emotions and those from the person you are taking care is vital in order to ensure the good quality of the care given.

Therefore, this module is aimed at providing an insight to Emotional Intelligence, and to reflect on how it can help you meeting the needs of the elderly and offering the best possible attention and care. In addition, you will gain a basic understanding of what emotions are and which are the different types.

In addition, Emotional Intelligence will help you develop “tools” for emotional management in order to foster your well-being and to allow you face challenges in your daily live, as caregiver. As well as how Emotional Intelligence and effective communication can be helpful so that you can improve your quality of life and transform the caregiving situation into a satisfying life experience.

Expected Learning Effects

After completing this module, you will:



Have gained knowledge about emotional intelligence and emotions



Be able to identify and/or recognize various types of emotions and reactions in the elderly person



Have gained an understanding on how to deal with own emotions and emotions of the elderly or dependent person



Have increased confidence regarding their knowledge on the subject

What is an Emotion?



Little Jumbo had a special 'I love you' jump for his foster mom.

Defining what emotions are is not an easy deal, because its origins are rooted in diverse causes. However, for the purposes of this course, we will base our understanding of what emotions are on a single definition.

“ According to the American School of Psychology, emotions are:

“A complex reaction pattern, involving experiential, behavioural, and physiological elements, by which an individual attempts to deal with a personally significant matter or event. The specific quality of the emotion (e.g., fear, shame) is determined by the specific significance of the event. For example, if the significance involves threat, fear is likely to be generated; if the significance involves disapproval from another, shame is likely to be generated” (APA, 2020).

This significance of the event is, therefore, what causes emotions to be presented in different forms and to perform certain functions, which can have different consequences (Retana, 2012).

It is possible to control the way we respond, or deal with the situation originated, as this can be learned through emotional education, but we cannot control the emotion per se, because emotions are unintentional (Retana, 2012).

Therefore, it is possible to claim that **emotions are biological and cognitive phenomena or events, which have social consequences**, and these consequences can be:



Positive when linked to pleasant feelings such as love or happiness



Negative when related to unpleasant feelings such as anxiety



Or **neutral** when they have no related feelings such as hope or surprise

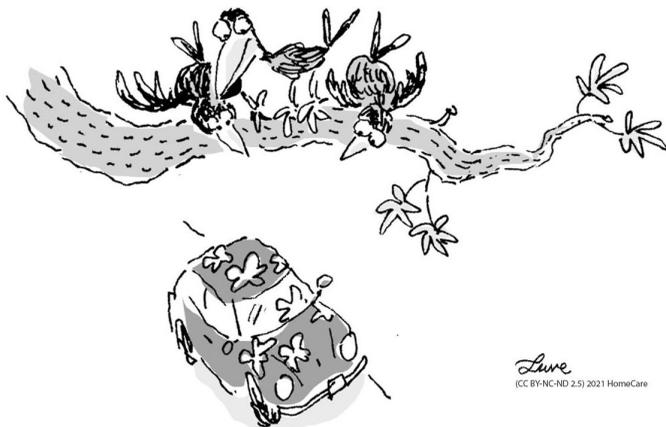
In addition, **it is also possible to make another distinction:**



According to the response an individual gives to a particular situation, as it can be classified as **high** or **low energy**. (*Retana, 2012*)

In the vast majority of cases, **emotions are manifested jointly**; indeed it is not usual that an individual experiences emotions separately, because normally more than one emotion arises in any given situation, which are normally interrelated, (*Retana, 2012*)

What Types of Emotions Exist?



There is no one single chart in which all emotions are listed, neither agreement in the academic field about which ones are worth including in all these classifications.

Depending on the author you base your study you will find many different classifications and lists of emotions. (Raypole, 2019)

However, Paul Ekman, an American psychologist and leading researcher on the topic of emotions developed the so called *Atlas of Emotions*, which is a series of maps that allows us to see features of our emotions that may not be apparent to us.

Accordingly, emotions can be divided into **five main categories** which are:



Anger



Fear



Sadness



Disgust



Enjoyment

(Raypole, 2019)

At the same time, these categories involve a bigger range of emotions; have a look at the different words that can be used to describe the aforementioned emotions below:

Anger:

annoyance, frustration, irritation, madness, vengeance

Fear:

worry, doubtfulness, anxiety, terror, panic, desperation, stress, etc.

Sadness:

loneliness, disappointment, hopelessness, unhappiness, resignation, misery, etc.

Disgust:

dislike, revulsion, loathing, disapproval, withdrawal, aversion, etc.

Enjoyment:

happiness, love, relief, contentment, amusement, joy, pride, excitement, etc.

(Raypole, 2019)

It is relevant to identify these different types of emotions, because emotions are an important part of your life. In fact, emotions not only have an influence in yourself, but also in others, likewise you are influenced by other's emotions. Therefore, the more you know about your emotions the easier it will be to control them when facing the cared person's emotions. You will be capable of acting more rationally and figuring out the best outcome. By understanding emotions, you will be able to use them smartly, because emotions also affect the health and well-being of people around you, such as the person you are taking care from. By being emotionally intelligent, you will be able to convey positive things, emotions, and thought to your cared ones.

Understanding Emotions



“I’m still learning to read Rocco’s emotions.”

In the caregiving process, those who receive the attention are embedded into a context that produces a **difficult and stressful emotional environment** not only for them, but also for the family and for the caregiver.

The individual experience of each one is immersed in an **emotional swing**, ranging from sadness to hope and from anger to gratitude.

In this scenario, intersubjectivity arises and beliefs, prejudices and images about that life experience take on important weight. In the elderly-caregiver relationship, emotions are expressed in a way that create and recreate objective realities and personal meanings. (*Arroyo Rueda & Soto Alanís, 2013*)

Thus, it is vital for caregivers to understand the feelings and emotions of those who they are taking care for.

Their emotions need to be understood in order to offer them the best possible and individualized attention. It needs to be considered that **different pathologies will entail particular emotions.**

However, it is true is that there are several emotions that are recurrent among the elderly or dependent people when receiving care and attention from a caregiver. Indeed, according to a study conducted by Arroyo Rueda and Soto Alanís in 2013, there are existential emotions related to the establishment of certain patterns in the caregiver-receiver context. (*Arroyo Rueda & Soto Alanís, 2013*)

These emotions are the following:

1. Anxiety-Fear

The emergence of this emotion is largely related by the illness and deterioration they experience in their basic functions of daily life. They are anxious to be dependent on others and they fear from their disability being aggravated.

2. Guilt

It is another emotion experienced when they feel they are hindering the personal lives of their caregivers. In addition, they feel that they are not worthy of the care given to them.

3. Shame

Dependent older adults feel ashamed for not being self-sufficient, for having to ask for help to meet most of their basic daily needs.

4. Hope

Even though their physical vulnerability and social isolation due to their illness, the elderly maintain the feeling of hope and faith that things can improve. These feelings are rooted in religious or spiritual beliefs that they have held throughout their lives.

5. Hopelessness

Arises when they feel that the end of their lives is approaching, especially when illness, disability and deterioration are present in this last stage.

6. Sadness and depression

The most frequent and typical emotions of the dependent people, related to their situation, the different losses that they need to overcome at this stage, etc.

7. Gratitude

Feeling gratitude for those who take care for us is a value of many human beings.

8. Compassion

For those who take care of them, because they are aware of the effort their caregivers make.

Emotional Intelligence



The term was first coined by psychologists Mayer and Salovey, who defined Emotional Intelligence as **“one’s ability to recognize meaning of emotions and their relationships to external factors, and to reason and problem-solve on the basis of them”**.

(Farnell, n.d.)

In other words, Emotional intelligence (EI) comprises the necessary ability or competences to be able to identify, manage and control your own emotions, as well as the emotions of others. Emotions rule and guide our daily life; therefore, by identifying emotions, you will be able to determine how they influence your work, personal relations and other spheres of life.

Besides, the American psychologist Daniel Goleman recognized **five distinct categories of skills which form the key characteristics of EI**, which can be learned or improved, and these are:

Self-awareness:

the ability to recognize your emotions

Self-regulation:

ability to control your emotions

Motivation:

ability to be driven, perform, act, and reach towards goals

Empathy:

the ability to identify with and understand the wants, needs, and viewpoints of others

Social skills:

ability to build and maintain relationships, and to have a good communication with others

The importance of EI should not be underestimated; indeed it is playing an increasingly meaningful role when it comes to academic success, mental and physical health, as well as attainment in the professional sphere.

Emotional Intelligence is a core competence for understanding and managing emotions, which is the first step when it comes to

realizing your true potential. EI offers you the possibility of seeing things from a different perspective. It helps you open your mind in order to find diverse solutions through a more rational thinking. This will give you the capacity to detect what makes you feel right or wrong, and to confront and modify the situations that are not comfortable for you.

By being emotionally smart and developing your Emotional Intelligence you will:



Feel better at your workplace



Be more satisfied with your job



Improve the quality of your caregiving

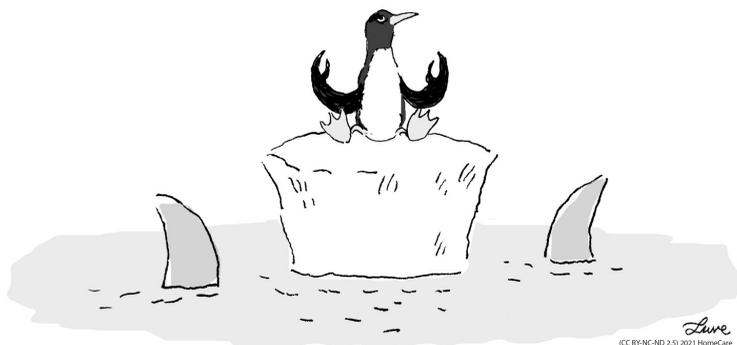


Be more productive



Improve personal and professional relationships

How to Deal with Emotions



Your emotional, physical and social health state will have a significant impact on the quality of the attention and care offered to your care-receiver.

Therefore it is vital that you **develop and work on competences related to EI**, not only addressed at caregiving but also at your self-care (this point is further explained in the following modules).

When taking care of one person, you are constantly challenged by experiencing different emotions; arising from your relationship with the cared person and other caregivers that might be sharing this responsibility with you.

Either the cared person or the other caregivers can have different perspectives from you, and, thus, it could provoke a misunderstood or a sense of underestimation. In this situation, it is fundamental to be able to manage your emotions and gain self-confidence.

EI is involved in the good management of emotions; likewise it provides guidelines for coping with stress and for emotional self-regulation, which are necessary to react positively before difficult situations.

Hence, it is important that you develop EI in order to **have “tools” for emotional management in order to foster your well-being and to face challenges** in your daily live. Moreover, EI can provide you with some factors that can help you improve your quality of life and transform the caregiving situation into a satisfying life experience

Emotionally intelligent caregivers know how to manage their emotions so that they can keep their attention and keep thinking clearly even when facing a critical situation.

Anxiety reduces the capability to think and provide a rational response; when you are experiencing fear or excessive stress, it prevents you from making decisions and this can have negative consequences on the quality of your work (*Ibarrola, n.d.*).

Research has shown that in order to deal with difficult and complex situations you need to boost the following competences:

Being flexible and adaptable

You must accept that things may not be as you expect them to be, and you should be prepared for that, in this way, you can come up with creative and innovative solutions.

Not victimizing yourself

When you victimize yourself, you lose the potential for changing the reality.

Being hopeful and positive

It is important to trust that things will get better and to look positively to the circumstances that we are going through.

(Ibarrola, n.d.)

Thus, which are the characteristics of an emotionally intelligent person? According to Ibarrola, these are the characteristics you should work on:



Positivism



Acknowledgement of your own feelings and emotions

-  Ability of expressing feelings and emotions
-  Ability of controlling feelings and emotions
-  Empathy
-  Ability to take appropriate decisions
-  Development of motivation, hope and interest
-  Self-esteem
-  Knowledge about giving and receiving
-  Consolidated set of values
-  Ability to overcome difficulties and challenges
-  Integrate polarities: such as the cognitive sphere and the emotional one or duties and rights

(Ibarrola, n.d.)

In order to help you dealing with these situations, there are some advices that can provide you with guidelines to manage your emotions:

1. Satisfy your needs

Human beings have needs (hunger, sleep, etc.) and when these needs are not fulfilled, we are more emotional and sensitive. Thus, in order to be as emotionally balanced as possible it is very important to ensure that our needs are satisfied. When we feel satisfied, we feel that our lives have a purpose and meaning. If we do not feel satisfied, we tend to think that our lives have no sense and we are exposed to emotional problems.

2. Think rationally

Emotions drive you to act blindly, sometimes, in an irrational way. Therefore, it is important to develop the ability of thinking objectively when feeling emotional, so that you are able to redirect and guide your emotions.

3. Importance of breathing

It is believed that emotions are originated in our mind, while the truth is that many of your emotions are physical responses to a given situation. In consequence, it is important to pay attention to physical changes, which are induced by our breathing. Therefore, it is important to find a moment for breathing and trying to calm everything down.

4. Observe how other people manage their emotions effectively

You can learn a lot by analysing how other people manage their own emotions. However, it is important to learn from the appropriate people, so let's find a good role model for you!

5. Change your mood

You can control your moods, for instance if you are feeling bored of watching the same boring TV shows, changing your activity and going for a walk will definitely change your mood and will cheer you up.

6. Work on discovering yourself

It is vital to know your own attitudes and emotional changes. Controlling your emotions is not about hiding them, but it is just the opposite. You have to allow yourself to feel what you are feeling in each moment, and analyse the cause of each feeling.

7. Control your emotions by looking forward

Emotions are very intense, and they tend to fool us by making us believe that now is all that matters. This may lead us to say or do things that we will regret afterwards. Sometimes when we are really angry or anxious, we can even forget about the future. Therefore, it is important to think things twice and calm down a little bit before doing anything.

Emotions in Caregiving



The aging process comes together with various health problems that hinder the understanding of the elderly, and affect their hearing and sight, and all these constraints can create different communicative barriers.

Due to physical and psychological changes, communication with older people takes a lot of patience and time. In many occasions this experience can be frustrating because you fail to communicate effectively.

However, you should know that there are **techniques that help having fruitful interactions with the elderly or dependent people.** (Cuideo, n.d)

First of all, it is vital to recognise the existing communication barriers with them:



Diseases and pathologies such as dementia and Alzheimer can create difficult communicative barriers to deal with. These two diseases are highly common among this group of people, and hinder their memory and even their speech. It is important to be aware of how these main diseases and pathologies affect the person you care from.



Language difficulties



Memory, vision and hearing loss

(Cuideo, n.d)

However, it is vital to have in mind that effective communication with the people you are taking care stimulates and motivates them, as well as improves their quality of life.

Make sure you understand their needs and that you know which their favourite films or hobbies are

Do not forget about their health problems

Keep always in mind that their abilities are not the same as yours, so it might take a little more work for them to talk and understand what you say.

Articulate your words well

Considering that they are likely to have hearing problems, it's important to speak as clearly as possible.

Take care of the context in which communication takes place

The context in which you communicate is important, because noise is one of the most influential factors when it comes to interacting. Make sure there are no noises that can cause distractions.

Adapt the volume of your voice

The volume of your voice is also important. Don't confuse speaking well with speaking loudly. You must learn to adapt your voice depending on the individual needs of each person you interact with.

Use clear sentences and questions

Having a good communication depends on how much the recipient understands you. When talking to an elderly person it is vital to use sentences with simple and precise structures to avoid confusing them. Re-examine your sentences, or questions, if you feel that you have not understood well.

Be patient and smile

(Cuideo, n.d)

Moreover, many times we forget the **importance that non-verbal language** can have in communication. A caress, a smile, a hug, can transmit them affection and calm. **A good use of nonverbal language will help facilitate communication and make them feel more comfortable.**

In the next modules we will deal with caregiver's stress and burn out syndrome, because if we feel stressed and are not able to manage our emotions properly, we will fail to have an enriching and positive communication. Therefore, it is vital to learn to take care of yourself, in order to take better care of others. *(Cuideo, n.d)*

Key Points of this Module



Emotions are biological and cognitive phenomena or events, which have social consequences, therefore the more you know about your emotions the easier it will be to control them when facing the cared person's emotions.



It is vital for caregivers to understand the feelings and emotions of those who are taking care form. In consequence, it is important to understand which pathologies they are dealing with, apart from possible existential emotions related to the establishment of certain patterns in the caregiver-receiver context.



Emotional Intelligence is the necessary ability or competences to be able to identify, manage and control your own emotions, as well as the emotions of others.



When taking care of one person, you are constantly challenged by experiencing different emotions, thus, it is important to manage them smartly and effectively.



Due to physical and psychological changes, **communication with older people takes a lot of patience and time.** It is vital to have in mind that **effective communication with the people you are taking care stimulates and motivates them, as well as improves their quality of life.**

Coping with Caregiver's Stress



Text by Media Creativa, Bilbao, Spain.

Design and layout by e-Training Solutions, Berlin, Germany.

Cartoons by Boris Luve.

Introduction

As we have already seen, caring for an elderly or dependent person is not always easy and is often a source of stress. Caregiving is associated with emotional and physical overload, and self-sacrifice; since it is highly probable that it affects the personal sphere of the caregiver (work and/or studies, family life, partner, health, leisure, and free time).

As we have already seen, caring for an elderly or dependent person is not always easy and is often a source of stress. Caregiving is associated with emotional and physical overload, and self-sacrifice; since it is highly probable that it affects the personal sphere of the caregiver (work and/or studies, family life, partner, health, leisure, and free time).

In these cases, the caregiver is at jeopardy of suffering from the Caregiver Stress Syndrome(CSS). The CSS occurs in people who have been engaged in long-term caregiving work with an elderly or chronically ill person. As previously explained, they give up their lives to be able to take care of another person. However, such boundless dedication and the overwhelming burden of responsibilities can lead to frustration and even depression, as well as to more serious consequences.

Therefore, this module is aimed at providing guidelines, tips and strategies for recognising and understanding what is the CSS, and for being able to identify and watch for stress symptoms, in

order to know when there is a need to take steps to combat or prevent the CSS.

Expected Learning Effects

After completing this module, you will:



Have gained knowledge about the Caregiver Stress Syndrome



Be able to recognize characteristics and symptoms of CSS



Be aware of the warning signs of CSS to prevent it



Have increased your knowledge on CSS prevention strategies

Caregiver Stress Syndrome (CSS)



'Stress management research: Feline therapy lab'

Caregiving can often be rewarding, but it can also be challenging. There is a broad consensus in the academia on the **potentially harmful consequences of a stressful situation such as caring for an elderly dependent person.**

Currently, there is a large body of empirical work published about stress and informal caregiving. However, twenty years ago, such was the urge that Professor Zarit, one of the pioneers in

caregiving research, claimed that more studies on stress and caregiving were needed. (*Zarit, 1989*)



Caregivers definition

Caregivers are those who care for people with an illness, injury, or disability.

The journal *Psicología y Salud* published a study which revealed that 52% of the caregivers participating in the study suffered from the caregiver stress syndrome, 36% had depression and 98% suffered from anxiety disorders.

Caregiver stress is a common phenomenon, when it comes to caregivers who are at jeopardy of health problems, which may involve depression or anxiety. But what is actually the caregiver stress syndrome?

What is CSS?



“Oh boy, I urgently need a squirrel to unwind.”

Pedraza defines the caregiver stress syndrome as:

- an inadequate response to chronic emotional stress, whose main features are physical and/or psychological exhaustion and which does not necessarily have to be manifested in all cases.

According to **Zambrano**:

- the relationship between the accumulation of stress and the lack of adequate strategies to adapt to the caregiving situation plays an important role when it comes to the rise of the caregiver stress syndrome.

Zambrano also associates **other factors such as little or no control over the adverse situation, social interest, gender, personality pattern or increased emotional demands.**

In contrast, people with stronger personalities have a sense of commitment to both self and work, have a perception of control over what is going on around them and are defiant in new situations, reducing the incidence of the caregiver stress syndrome.

The caregiver stress syndrome (CSS) is a disorder that occurs in people who play the role of primary caregiver for a dependent person. **It is characterised by physical and psychological exhaustion.**

It occurs **when people have to face new situations for which they are not prepared, and which consumes all their time and energy**, when continuous stress (not a one-off situation) in a daily struggle against an illness, exhausts the caregiver physically and mentally.

Caregivers have higher levels of stress, they have **little time** to devote to their work, other family members or friends, and they can **become overwhelmed** by the attention and assistance required by the person under care.

“

According to the transactional or interactional conceptualisation of stress by Lazarus and Folkman (1984):

“Stress is a dynamic process of interaction between the subject and the environment, where both the subject’s evaluation of the stressful event and the strategies available to the subject to cope with it are decisive..

The effects of caring for an elderly dependent relative would thus be strongly influenced by the caregivers’ evaluations of the situation and by the resources available to cope with it.

Consequently, it is more than obvious that **caregivers’ health must be regarded as a priority**, in order to foster their wellbeing, so that they can develop their task of caring for dependent people in a successful way.

Who Suffers from CSS?



“Is she dead or just dead tired?”

Anyone is susceptible to suffer from the caregiver stress syndrome, but it tends to be more common among women who deal with the following situations:



When they care for a loved one who needs constant medical assistance and supervision.



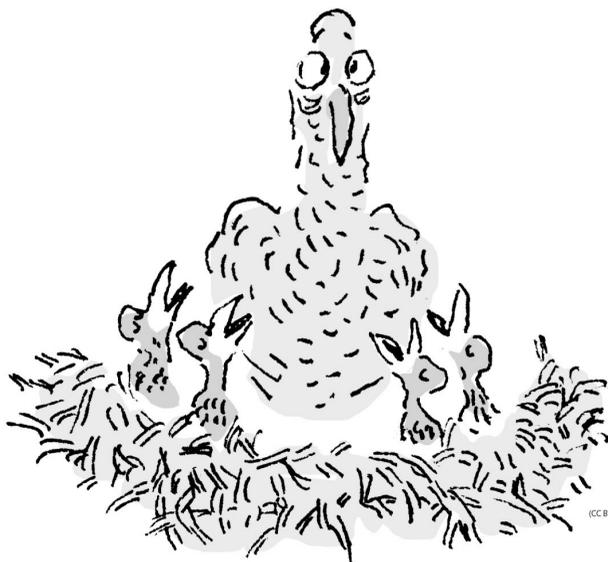
When they care for their spouse, they are more likely to have high blood pressure, diabetes, high cholesterol, and are

twice more likely to suffer from heart diseases than those who provide care for other relatives, such as parents or children.

Example:

Caregivers of people with Alzheimer's or dementia are more likely to suffer from stress and depression than those who care for people with health conditions that do not require constant assistance.

Causes of the Caregiver Stress Syndrome

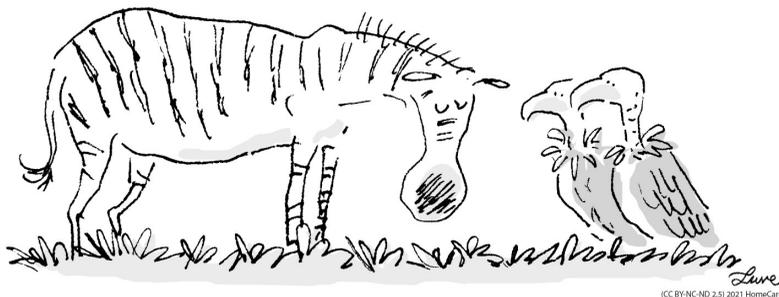


It is said that the first cause of this syndrome is the continuous stress to which the caregiver is exposed, caused by the constant necessity to provide the attention required to the cared one.

After a few years of working in the care sector, many caregivers begin to suffer from physical, emotional, and social disturbances that can unbalance many aspects of their work and personal life, as well as their health.

It is also true that, in several cases, caregivers have **high expectations** about their contribution to the patient's state of health; they firmly believe that their assistance will help to improve their quality of life, when sometimes it is not possible. In other cases, the impossibility to control the situation creates a strong **frustration** due to lack of money, resources, and skills to manage, plan and organise the caring process of the elderly. Therefore, it is vital to be realistic, especially when the patient suffers from any kind of mental illness.

Symptoms of CSS



“I’m on my last leg...”

Caregivers can be overwhelmed by the circumstances to the point where their emotional and physical health reaches the limits of burnout.

Caregiving implies responding to a series of demands, tasks, efforts, and tensions derived from their tasks, which can have repercussions on both the caregivers and on those around them.

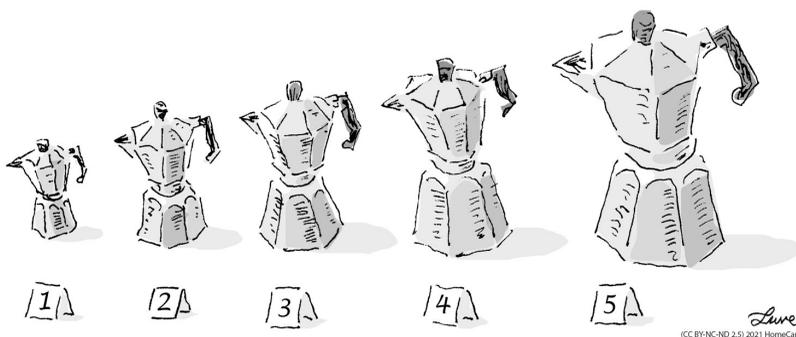
They may often feel frustrated; the caregiving situation absorbs them in such a way that they are forced to spend less time with their children, partner, or friends, or to stop doing those things they enjoyed, which causes on them a feeling of lack of

freedom. **Consequently, one of the main risks for caregiver's well-being is social isolation.**

In addition to this, it is common to feel **helpless and angry**, as well as to feel abandoned or to perceive that other family members neglect the situation and the care needs of the dependent person.

This set of emotions, feelings and thoughts can easily lead to **psychological and physical problems.**

What Symptoms Can the Caregiver Present?



Coffee size chart:

- 1. Monday*
- 2. After-Friday-night-party*
- 3. The exam is tomorrow*
- 4. Another 500 miles to drive*
- 5. Caregiver*

It is very important to detect warning signs which precede emotional alterations of the caregiver stress syndrome in order to intervene in advance, instead of waiting for them to become chronic and irreversible.

The emergence of the CSS **occurs gradually**, therefore it is important to identify the most common symptoms, which may be:

Physical symptoms

Sleep disturbances, exhaustion and chronic fatigue, muscle aches, palpitations, digestive discomfort, increased or decreased appetite, excessive consumption of alcoholic beverages, tobacco and/or anxiolytic hypnotic drugs, neglect of self-care and body image and persistent fatigue and loss of energy and vitality.

Emotional symptoms

Sadness and apathy, irritability and mood swings, emotional lability, cognitive difficulties, depression and anxiety, loss of memory, high levels of stress and/or anxiety, helplessness and guilt.

Social symptoms

Isolation, disinterest in social activities and people, work or economic problems and changes in family relationships.

Stages of the CSS



“Taking care of our human is so exhausting.”

Stage 1: Facing the new situation

After the suddenness and unexpectedness of a brain injury, a single family member often takes on the role of primary caregiver, feeling responsible for coping with all that the new situation requires.

Stage 2:

Mismatch between demands and resources

Soon there is a mismatch between the demands of caring for the dependent relative and personal and material resources available to the caregiver. This forces the caregiver to make an overexertion that gradually exhausts the strength.

Stage 3:

Reaction to overexertion

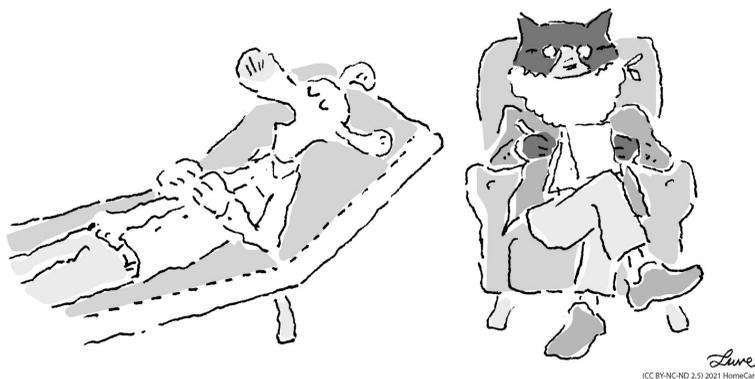
At these stages the following feelings may emerge: anxiety, nervousness, sadness, mental and physical fatigue, irritability, stress and excessive concern for unforeseen events, aggressive behaviours, tension with other caregivers or loneliness.

Fact:

A series of conflicting feelings arise:

- We want to take care of the dependent person properly but sometimes we feel that the situation is beyond our control
- We feel bad for not having dealt with the situation in the "right way"
- We feel that we are not "up to the task"
- We feel guilty for taking time for ourselves or even for asking for

Which Consequences Does CSS Have?



“Hey Doc, I was wondering if chasing cats would reduce my stress levels...”

Long-term stress of any kind, including CSS, can lead to **serious health problems**, such as:

Depression and anxiety

Women are more likely than men to develop symptoms of anxiety and depression. These feelings also increase the risk of other health problems, such as heart diseases and stroke.

Weak immune system

Stressed caregivers may have weaker immune systems than non-caregivers. A weak immune system can make vaccines, such as flu shots, less effective, and recoveries from any kind of surgery may take longer.

Increased risk of chronic diseases

High levels of stress, especially when combined with depression, can increase the risk of health problems such as heart disease, cancer, diabetes, or arthritis.

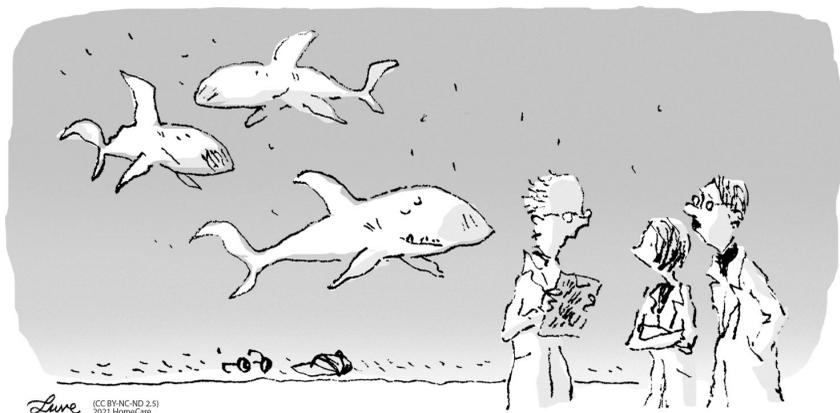
Obesity

Stress causes weight gain which may lead to obesity; obesity increases the risk of other health problems, such as heart disease, stroke, and diabetes.

Problems with short-term memory or attention

Caregivers of people with Alzheimer's are at higher risk of having problems with short-term memory and concentration.

How to Deal With CSS



“So far there are no recorded complaints regarding the new stress-relieving water therapy.”

The first step in dealing with the CSS is to recognise whether you are suffering from it or not.

Currently, there is a validated test that helps to find out whether a caregiver is affected by the CSS: the **ZARIT caregiver overload test**. This test gives you information about the degree to which caring for a dependent person alters your physical, psychological, economic, and social well-being, and the extent to which you are overburdened.

In order to find out the level of strain, you just need to add up the scores for each question, this will give you a total score ranging from 22 to 110 points; the higher the score, the higher the level of strain experienced by the carer.

What Should You Do?



Strangely Dr Ursusow wasn't very popular as a stress management therapist.

Many experts agree that the first responses are the most important ones, so that you should be prepared to deal with this type of situations. Therefore, you need to:



Accept **that there is a problem**



Discuss the progress **of the cared one with relatives or other caregivers**



Involve more people **in the caregiving process**



Try to promote the relatives' autonomy **in order to encourage their independence (so that you are not needed 24/7)**



Plan in advance **the management of conflict situations in order to avoid stress**



A positive attitude **plays in your favour; it is essential to be optimistic**

Besides, further important steps should be taken to alleviate the CSS and help to prevent health problems.

Tip:

Remember that taking care of yourself is vital for providing a good assistance to your loved one and to enjoy the satisfactions that caregiving can offer.

Here are some suggestions to help you prevent or manage caregiver stress:

1. Regain control

You must request information about the patient's medical aspects and receive an appropriated training in order to assist them.

Learn ways to better help your loved one

Some hospitals offer classes about caring for someone who has a certain illness or injury.

Tip:

To find these classes, ask your doctor or call your local Area Agency on Ageing.

Find resources for caregivers in your community

Many communities have adult day care or additional services that can give you a short break from your caregiving duties.

Ask for help and accept it

Make a list of ways others can help you and let them choose the way in which they want to collaborate.

2. Don't forget about yourself and stay self-motivated

In order to take good care of someone else, we must first take care of ourselves.

Join a caregiver support group

You can share stories, learn caregiving tips, and get support from others facing the same challenges as you.

Organise yourself

Make to-do lists and establish a daily routine.

Devote time for yourself

Stay in touch with family and friends and do things you enjoy with your loved ones.

3. Don't be afraid to turn to professionals

Prioritise your routine, do not try to do everything on the same day, choose from the most urgent to the most important.

Take care of your health

Find time for doing any physical activity, make healthy food choices and get enough sleep.

See your doctor for regular check-ups

Remember to tell your doctor or nurse that you are a caregiver. Also tell him or her about any symptoms you may have.

Coping Strategies for CSS



Sir Henry's battle horse had a particular dislike for any battle-related stress.

The emotional and physical demands of caregiving can stress even the most resilient person.

Therefore, it is very important to take advantage of all the resources and tools available to help you with the care of your loved one. Here are several strategies that can help you to cope with the CSS:

Request and accept help



Don't wait until you have to say: "I can't take it anymore"



If you need help, ask for it openly, do not wait for others



Be clear about what kind of help you need



Ask your doctor at your health centre or local council for advice

Focus on what you can give



It is normal to feel guilty but understand that there is no such thing as a "perfect" caregiver. Think that you are doing the best you can and making the best possible decisions at all times

Set realistic goals



Break big tasks into smaller steps that you can do one at a time. Prioritise, make lists, and establish a daily routine

Set personal health goals



Lead a healthy life



Get enough sleep. Lack of sleep affects slowly and unknowingly our health



Exercise regularly

Organise your time



Anticipate any setbacks that may arise



Lead an orderly life that allows you to allocate the resources available to you



Do not take on more than what you can: It is common to do tasks that the cared one can do independently, such as dressing, eating, etc. Do not do this, as the person will stop doing them and increase their burden

Apply the assertive rights of the caregiver



The right to devote time and activities to yourself, without feelings of guilt



The right to solve for yourself what you are able to and to ask questions about what you do not understand



The right to be treated with respect by those from whom we seek advice and help

Seek social support



Try to stay connected to family and friends who can offer non-judgmental emotional support



Do not isolate yourself

Use relaxation techniques: there are several relaxation techniques that can help relieve stress.



Visualisation (mentally imagining a relaxing and calming place or situation)



Meditation



Breathing exercises (slowing down your breathing and focusing on taking deep breaths)



Progressive muscle relaxation (contract and relax each muscle group, starting with one part of the body and working your way to the other end)

Key Points of this Module



The caregiver stress syndrome (CSS) is a disorder that occurs in caregivers for an elderly or dependent person, and it occurs when people have to face new situations for which they are not prepared, which consumes all their time and energy. **It is characterised by physical and psychological exhaustion.**



The emergence of the CSS occurs gradually, therefore it is important to identify the most common symptoms, which may be **physical, emotional or social.**



Taking care of yourself is vital for providing a good assistance to your loved one and to enjoy the satisfactions that caregiving can offer.



There are different strategies that can help you dealing with the CSS, therefore it is very important to **take advantage of all the resources and tools available** to help you with the care of your loved one.

Burnout, Depression and Social Exclusion of the Caregiver



Text by Media Creativa, Bilbao, Spain.

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Cartoons by Boris Luve.

Introduction

Taking on the role of a family caregiver though admirable and rewarding, it can also be incredibly draining and it can be source of burnout and depression. The caregiver needs to assume the responsibility of meeting their cared ones' needs, which may become increasingly overwhelming, causing emotional and physical exhaustion.

The Burnout has consequences on several areas such as work, emotional stability, physical condition and health (tiredness, muscle aches, headaches, anxiety), and it can even trigger negative feelings, such as the feeling of emptiness.

Consequently, the aim of this module is to provide the learners with a comprehensive insight on the topics of Caregiver Burnout, depression and social exclusion. Moreover, it is intended at providing learners with tips that may help them identify early symptoms of burnout, depression and social exclusion, and strategies to cope with these risks.

In addition, it seems important to introduce the learner to the topic of depression among the cared ones, which may be sometimes confusing. Depression in the elderly or dependent people may be easily confused, and it is different from the kind of depression suffered by younger people. Consequently, it seems vital to have a clear picture of how this illness is manifested in the ones who receive informal care.

Expected Learning Effects

After completing this module, the learner should:



Be aware of the warning signs of burnout to recognize when they appear



Be able to prevent burnout signs

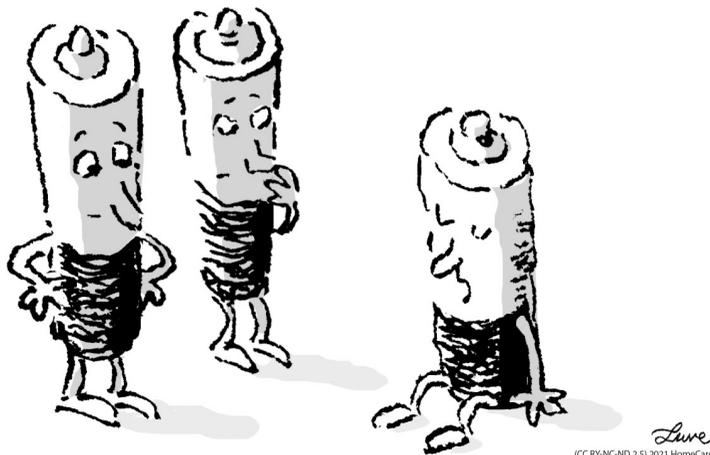


Understand burnout and depression signs



Identify ways and methods of counteracting burnout and depression

What is Caregiver Burnout?



“Gosh. . . I’m really drained. . .”

The Caregiver Burnout was first coined in 1974 by Freudenberger, when he was working in a rehabilitation clinic for drug addicts in the USA. He noticed that volunteers often manifested burnout and demotivation, after a year working with the clinic’s patients.

“
Freudenberger said that the Caregiver
Burnout was:

“A feeling of failure and a worn-out or worn-out existence resulting from an overtaxing of the worker’s energies, personal resources or spiritual strength.” (*Freudenberger, 1974*)

“
Maaslach and Jackson defined it as:

“A three-dimensional syndrome characterised by emotional exhaustion, depersonalisation and reduced personal fulfilment.” (*Maslach and Jackson, 1981*)

Emotional exhaustion

A physical overexertion and emotional exhaustion that occur as a result of the continuous interactions that workers must have with each other as well as with clients.

Depersonalisation

Development of cynical attitudes and responses towards the people to whom the workers provide their services.

Reduced self-fulfilment

The loss of confidence in self-fulfilment and the presence of a negative self-concept as a result, often unnoticed, of unpleasant situations

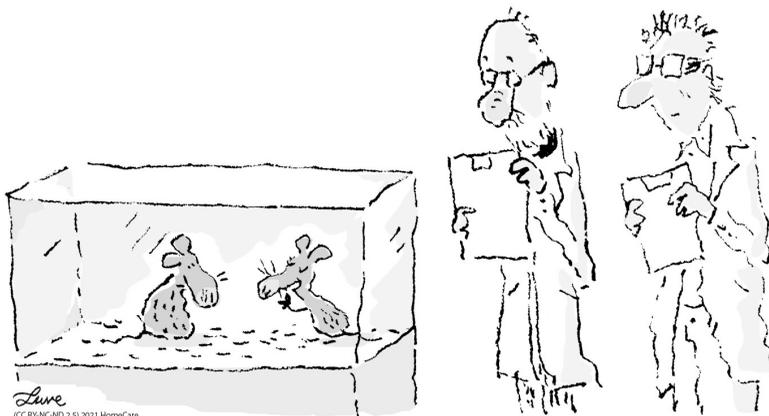
As we have already seen, **the life of a caregiver changes radically** as a result of the responsibility and dedication required, which produces a major change in their quality of life. The caregiver needs to assume the responsibility of meeting their cared ones' needs, which become increasingly overwhelming.

Caregiver Burnout produces profound emotional and physical exhaustion when living with and caring for a dependent person, due to continuous exposure to highly demanding factors that end up absorbing their personal life. They are subject to continuous **chronic stress** as a result of the aggravating illness of the cared person and the involvement of monotonous and repetitive tasks.

García Izquierdo (1991) pointed out that the burnout is a problem that is characteristic of the so-called **human services**. For this reason, one of the characteristics of the syndrome is the emotional wear and tear that this interaction produces in the worker.

This situation of prolonged stress is very damaging for the caregiver, experiencing a deep sense of frustration and can lead to severe depression.

How Does the Burnout Affect?



“I have a feeling those white coat guys won’t make it without us.”

The Burnout has consequences on several areas such as work, emotional stability, physical condition and health (tiredness, muscle aches, headaches, and anxiety).

Even **feelings of emptiness** emerge once the person is no longer cared for, either because they are admitted to a nursing home or because of their death. This emptiness can last for years after the end of care.

Caregivers perceive that their professional activities disturb their:



Psychophysical health, economic situation (costs of care such as adaptation of housing, loss of income when leaving work...)



and social relations, including causing family conflicts

However, it is true that it does not affect everyone in the same way. Indeed, **people with low resilience** (ability to successfully overcome adverse situations) seem **to suffer more from burnout**, which makes them prone to develop this syndrome. People with **a negative self-concept and a low perception of their self-efficacy**, among other factors, are also more likely to suffer from Caregiver Burnout.

Signs and Symptoms of Caregiver Burnout



“Poor John! No carbon should be put under so much pressure!”

Among the causes and risk factors for the appearance of the Caregiver Burnout it is possible to identify the following ones:



Stress and anxiety and inability to relax



Depression and low mood



Fatigue: tiredness, lack of energy and continuous exhaustion



Frustration, demotivation and difficulty concentrating



Irritability and frequent mood swings



Sleep disorders: drowsiness, insomnia, inability to relax



Constant apathy, family and social isolation



Negative attitudes and feelings towards the sick person being cared for or psychosomatic disorders such as: anguish, allergies, skin disorders, headaches, back pain, gastric and intestinal disorders, etc.



Increased or decreased appetite



Muscle aches, palpitations, digestive problems, headaches



Excessive consumption of drinks and medicines

How to Avoid Caregiver Burnout?



“Out of summer burnout and into the winter depression. . .”

In this section you will be provided with 10 basic tips for preventing the Caregiver Burnout syndrome:

In order to take good care of others, you must first take care of yourself

It is essential that you eat well, that you get enough sleep and that you practice physical exercise that allows you to get rid of accumulated stress. If you have any health problems, take care

of yourself too and do not give up, as this will cause you to lose strength and increase your exhaustion.

Ask for help in caring for the elderly or dependent relative

Do not bear the entire burden of care, sometimes the exhaustion is caused by the fact that the care of the dependent is carried out by only one person. It is essential that you ask for help, both from family members and professionals who can lighten the workload. Talk to the rest of the family members so that everyone is involved in the responsibility of caring for the elderly person by establishing different shifts, or divide the tasks.

Promote the autonomy of the cared one

It is necessary to encourage your cared one to do activities on his/her own. This will be beneficial for both the caregiver and the dependent person. You will allow them to improve their autonomy, feeling more confident when doing them, and it will be a great support for the caregiver or family member.

Seek for information on the topic of home care

You should never feel guilty about asking for help, remember the golden rule: if you do not take care of yourself, you will not be able to take care of your loved one.

Set aside a few hours for yourself each day

Cheer up yourself with activities that provide a distraction; sport is one of the best ways to combat stress. Find the time to dedicate a few hours to do these kind of activities that you find rewarding.

Keep your personal and social relationships active

Keep in touch with your friends and colleagues, talking to them allow you to stay connected to the outside world.

Do not self-medicate

Do not take medication to combat the burnout without a prescription from your doctor. Antidepressants can lead to serious intoxication, altering the heart rhythm and even convulsions.

Turn to help service

Turn to associations where you can access support from professionals and other people who are going through the same situation as you (participate in mutual help groups).

Learn to accept the situation

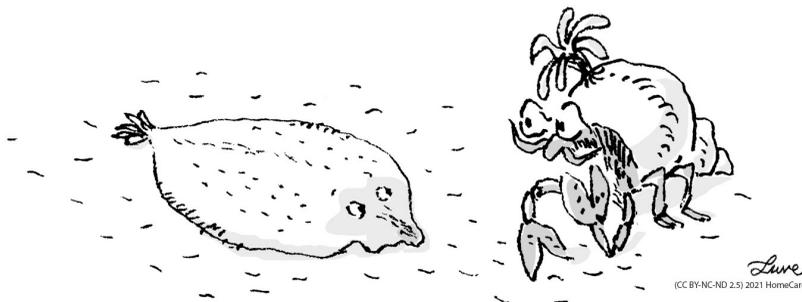
When you are living with the illness of a loved one you run the

risk of questioning the reason for your relative's. These thoughts only lead to psychological exhaustion, frustration, and depression. Learn to accept the illness and focus on small tasks and goals aimed at achieving greater well-being for the patient and yourself every day. Appreciate the small day-to-day successes and be proud of your work in caring for the elderly person.

Maintain realistic expectations about your cared one's illness

It is quite possible that, despite your best, your loved one's illness will gradually progress. This can lead to feelings of helplessness and frustration, and often the caregiver also experiences a sense of emptiness and guilt when the loved one dies. Do not fall into this and be realistic.

Burnout vs Depression: What is Caregiver Depression?



“I feel completely flattened, it must be depression.”

“

Depression can be defined as:

““One of the types of mood disorders, consisting of a decrease in mood, with a variable degree of loss of interest or difficulty in experiencing pleasure in habitual activities and accompanied by various psychological symptoms (sadness, alterations in concentration, memory, etc.) and physical symptoms (decreased libido, anorexia, etc.)”

Caregiving does not cause depression nor will all caregivers experience the negative feelings that accompany depression.

However, **in their effort to provide the best possible care for a family member or friend, caregivers often sacrifice their own emotional as well as physical needs;** and the emotional and physical experiences they go through in providing care can harm even the most resilient caregivers.

The resulting feelings of anger, anxiety, sadness, isolation and exhaustion, and the guilt of feeling these feelings, can be a heavy burden.

Depression of the Elderly Person: Signs and Symptoms



Whenever Mr Huxley felt down he was going for a swim.

People, including the elderly and dependent people, experience depression in a variety of ways; the type and degree of symptoms may vary from one person to other, and may change over time.

However, it is important to bear in mind that **depression in the elderly or dependent people may be easily confused with the symptoms of diverse illnesses** or the medicines used to treat them. *(Casarella, 2020)*

The origins of depression in the elderly or dependent people can be rooted in different factors, such as having one or more chronic diseases (namely diabetes, cardiovascular disease, ischemic heart disease, chronic obstructive pulmonary disease (COPD), cancer, etc.).

It is also true that there are also drugs which are more likely to provoke depression. *(ORPEA, 2019)*

All in all, depression in your cared ones needs to be understood differently from depression in younger people. In older adults, it is linked to a higher risk of cardiac diseases and the possibility of death from any illness they are dealing with. In addition, depression reduces an older person's ability to rehabilitate or recover from their pathologies, in other words, **depression substantially increases the likelihood of death from those illnesses**. *(Casarella, 2020)*

For that reason, it's important to make sure that your cared ones are evaluated and treated, even if the depression is mild. **It may be manifested in various symptoms that, as it has been explained before, may be overlapping with those from other illnesses.**

These may include the following:



Feelings of sadness, tearfulness, emptiness, or hopelessness



Loss of interest or pleasure in most or all normal activities



Sleep disturbances and changes in sleep patterns



Tiredness and lack of energy



Change in eating habits resulting in unintentional weight gain or loss



Anxiety, agitation, irritability, or restlessness



Slowness in reasoning, speech, or body movements



Difficulty in thinking, concentrating, making decisions, or remembering things



Feelings of **worthlessness**



Guilt or self-blame for things that are not your responsibility



Ongoing physical symptoms that do not respond to treatment, such as headaches, digestive disorders, and chronic pain

How to Avoid Depression on an Elderly or Dependent Person



Take one, twice daily.

There is no a single formula for avoiding depression on your cared ones, but you can follow these suggestions that will certainly reduce the probability of suffering from depression. (*Msolucionna, 2020*)

Family support

Family plays a fundamental role in the daily life of the elderly, as they are at a stage of life where they are already more vulnerable, limited and dependent. In this sense, it is essential to listen to them and treat them with great affection. On many occasions, irritability and moodiness that arises in the elderly is given as a way to get attention, demanding affection. It is essential to spend time with them and make them feel motivated so that they can live old age naturally and with good humour.

Keep in touch with other elderly or dependent people

Many of them reach old age alone, having lost their spouse and without close family to be with or support them. Such deterioration of the person's social and family environment is obviously detrimental to their psychological and emotional health. Therefore, interacting with other older adults is very beneficial to the emotional health of all of them, as they keep each other company and, in addition, they can discover all the concerns they share, such as feelings and problems.

Participation in recreational activities

To combat the symptoms of depression, it is highly advisable that they participate in leisure activities, such as gardening workshops, sewing, handicrafts, hobbies, memory exercises, that is, any activity that favours their sensory, emotional and mental stimulation.

Practising physical exercise

Physical exercise, two or three times a week, is beneficial to lift the mood and to improve the blood flow. When doing sports, endorphins are released and we feel relaxed and with a feeling of wellbeing. Make sure that your cared one goes for a walk or swim from time to time.

Following a good and balanced diet

There are a number of foods that, due to their components and properties, can prevent depression in older adults. For example: oily fish, oatmeal, brown rice and fruit rich in vitamin C such as lemon, orange and kiwi. It is also very beneficial to add ginger to our dishes, as it helps the brain to release endorphins. Remember that it is said that an apple a day keeps the doctor away.

Going out and amusing

With good weather, it is essential for the elderly to go for a walk in green and sunny areas. The ultraviolet rays absorbed by our body cause us to generate serotonin, the hormone that makes us feel happier and more content. For this reason, it is essential to laugh every day, and to have a positive attitude.

Social Exclusion: How to Avoid It



Luve
(CC BY-NC-ND 2.5) 2021 HomeCare

Jane had a gift for avoiding social interactions.

“ The term social exclusion is used to describe:

“A specific situation, the result of a growing process of disconnection, of loss of personal and social links, which makes it very difficult for a person or a group to access the opportunities and resources available to the whole society itself.” *(Subirats, 2004)*

Understanding social exclusion is only possible when understanding this phenomenon's complex reality:



It is made up of dimensions that are interrelated with each other



It results in the accumulation and persistence of problems and deficiencies in a multitude of areas



It implies a lack of access to resources and basic needs that allow for a full insertion into society



It implies a lack of participation in social dynamics

When it comes to caregivers, it is not surprising at all that, **given the high level of dedication required to care for a dependent person, caregivers feel that all other areas of their daily lives are affected.**

The fact is that caregiving has a major impact on the normal life of caregivers, and it is related to problems of various kinds, which are especially evident in the primary caregiver.

This is why they are sometimes referred to as **“hidden victims or patients”**. (*Crespo López et al., 2008*)

Exclusion may arise from problems with other family members, which are a source of tension, since it generates great discomfort on most occasions. Having an elderly relative who needs help often triggers old family conflicts or creates new ones. Indeed, one of the most important problems of primary caregivers is the **feeling of loneliness and misunderstanding**, even with their closest relatives (e.g., spouse, spouse's wife or partner, etc.). (*Crespo López et al., 2008*)

Sometimes a process of dependence of the caregiver on the cared one is created, because **many caregivers isolate themselves from their social network, living only and exclusively for the family member they care for**, transforming the caregiver-elderly dependent dyad into a closed system, which promotes further exclusion. (*Crespo López et al., 2008*) Besides, it is common that some **caregivers may not be able to fully enjoy their free time**, even when they have it, because feelings of guilt are one of the biggest obstacles for caregivers to make the most of their free time. (*Spanish Red Cross, n.d.*)

How Can You Prevent Social Exclusion?



'Shepperd's Shiny White: Instant fleece dye.'

In order to avoid exclusion and feelings of loneliness and misunderstanding, it is important to take into account the following premises:

Prioritise your needs in your routine

Remember that in order to make your most in caring for your loved ones; you need to feel confident and strong. Therefore, it is vital that you schedule some time in your agendas for

yourself, so that you can enjoy your free time and practise activities that boost your energy and help you unwind.

Give importance to your physical needs

Try to exercise at least half an hour a day; you can practice your favourite sport or you can go for a walk. Moreover, try to get enough sleep; seven hours is considered to be the average amount for an adult. Lastly, make sure that your food routine is also suitable and that you do not disregard your nutritional needs.

Pay attention to your spiritual and mental health

Your needs and enjoyment are important in order to develop your functions as caregiver in a successful way. Find time for engaging in hobbies and social activities and take time to take care of yourself.

Ask for help in case you need it

There are numerous support groups in your community that can help you in your caring role but it is also likely to offer a whole new social circle.

Prestige Nursing Care, 2019

Key Points of this Module



The life of a caregiver changes radically as a result of the responsibility and dedication required, which produces a major change in their quality of life. In consequence, **they are in jeopardy of suffering from the Caregiver Burnout** which produces profound emotional and physical exhaustion when living with and caring for a dependent person. **It is vital to be aware of its symptoms in order to prevent being affected by it.**



Caregiving does not cause depression nor will all caregivers experience the negative feelings that accompany depression. However, in their effort to provide the best possible care for a family member or friend, **caregivers often sacrifice their own emotional as well as physical needs.**



Depression in the elderly or dependent people is a quite common phenomenon that is often confused with other illnesses or pathologies, therefore, it is important to pay attention to those symptoms typical from depression.



Given the high level of dedication required to care for a dependent person, caregivers feel that all other areas of their

daily lives are affected, which can ultimately lead to social exclusion. Therefore, **it is vital to take care of yourself first, in order to be able to provide a proper assistance to your loved one.**

Caring for an elderly person at home

Educational resources to develop
competencies and skills on caring
for an elderly person at home

HomeCare Project
Home care for Dependent Elderly People
Educational Path for Informal Carers

2019-1-PL01-KA204-065703

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