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# Understanding How Aging can Affect Your Family Member

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Based on information from

**BB&T**  
INSURANCE SERVICES, INC.  
Senior Living Group

**Aging is a normal process that begins at birth. Some components of aging result from aging itself; others result from diseases, lifestyles, and exposures. Normal changes related to aging inevitably put the elderly at risk for certain conditions and outcomes. Underlying disease processes may compound and increase these risks. Our community is committed to *minimize* these risks; however, we can not totally prevent them. Following are common challenges and conditions our elderly face.**

## **FALLS**

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Altered visual acuity, decreased reaction time, decreased balance and muscle strength, demineralization of bone, and increased incidence of orthostatic hypotension put the elderly at risk for falls. The onset of dementia or memory problems increases risk of falls due to poor safety awareness. Medications taken for hypertension, heart disease, depression, anxiety, behaviors associated with dementia, and pain also increase the risk of falls. Medical conditions such as arthritis, strokes, hip fractures, dementia, Parkinson's, and foot disorders and deformities make the possibility of a fall more likely.

## **PAIN**

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Pain is a common experience for many older adults, and is associated with a number of chronic and acute conditions. The most common causes of persistent pain are arthritis, other muscle and bone conditions, and cancer. Shingles, poor circulation, and inflammatory disease involving the blood vessels are some other pain syndromes that are known to affect older adults.

## **WEIGHT LOSS and DEHYDRATION**

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Due to the decrease or loss of taste and smell, some elderly lose the desire to eat and drink. Decrease in kidney function may lead to more fluid loss and dehydration. Certain medications may reduce appetite as well as thirst sensation. Loss of saliva may make it difficult to swallow foods. Large populations of nursing home residents have some type of dementia and memory loss which may cause the resident to refuse to eat.

## **PRESSURE ULCERS/WOUNDS**

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Thin fragile skin as well as a loss of fat under the skin puts the elderly at risk for injury to the skin. The lack of exercise and movement and loss of sensation can lead to deterioration of the skin. The loss of bladder or bowel control is associated with ulcers due to the moisture and bacteria on the skin. Poor nutrition and hydration contributes to ulcer development and its presence prevents wound healing. Diseases such as diabetes, renal failure, congestive heart failure, peripheral vascular disease, anemia, dementia and various infections can also put individuals at risk for ulcer development.

## **SKIN TEARS and BRUISING**

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The thinning of skin, loss of fat under the skin, and sluggish circulation increase the risk of skin tears and bruising. Daily routines such as getting dressed or a slight bump against something can cause skin tears and bruising in the elderly. Medications such as blood thinners and steroids may contribute to bruising.

## **DEMENTIA and MEMORY LOSS**

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In addition to physical problems, mental disturbances are common in nursing home residents. Dementia remains the most common problem and affects an estimated 50–70% of residents. Problematic behaviors are also common, shown by at least one third of nursing home residents. These behaviors may include verbal and physical abuse, acting inappropriately in public, resisting necessary care, and wandering. Cardiovascular disease, strokes, psychiatric disease, and Parkinson's disease increase the risk for the development of dementia.

## **INFECTION**

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Due to the normal changes to the immune system with age, the elderly are more vulnerable to infections, tumors, and immune disease. The decrease in movement places them at risk for pneumonia. The decrease in fluid consumption puts them at risk for urinary tract Infections. Once infection is present, the elderly are at much greater risk for death due to their body's ability to fight the infection.

## **DEPRESSION**

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Clinical depression in the elderly may be associated with many symptoms such as depressed mood, loss of interest or pleasure, change in appetite and weight loss, insomnia, agitation, decreased energy, feelings of worthlessness, and thoughts of death or suicide. Depression may also be associated with chronic medical illness, disability, or mental or social stress. It may accompany or become complicated with dementia, physical illness resulting in disability, bereavement for the loss of loved ones and friends, and certain prescription medications.

## **MEDICATIONS**

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Age-related changes as well as the presence of medical conditions, lead to medication usage in the elderly. Most elderly people living at home consume four to five medications daily. Residents in nursing homes usually consume more medications due to the various disabilities and medical conditions they possess. Medications must be monitored closely in the elderly due to decreased kidney function and metabolism may lead to toxicity.

## **URINARY INCONTINENCE**

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Loss of bladder control is a problem for up to one third of older adults living in the community and about half of those living in nursing homes. There are several risk factors such as advance age, childbearing, depression, heart attack, stroke, congestive heart failure, constipation, obesity, chronic obstructive lung disease, chronic cough, diabetes, and impaired activities of daily living. There are various types of urinary incontinence; however, the most common type in older adults is urge incontinence. Urge incontinence is when the bladder contracts when it shouldn't, causing the urethra to open allowing urine to leak without the persons voluntary control.

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