

# LPN CERTIFICATION PREP COURSE

## Class #2 Medical Conditions

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## OBJECTIVES

- ▶ **Review and Discuss 2 Common Medical Conditions in older adults.**
- ▶ **Describe the Gastrointestinal Tract and the Changes that take place as we age.**

## DISCLOSURE STATEMENT

- ▶ **This nursing continuing professional development activity was approved by the Ohio Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. (OBN-001-91) 2022-0000000716 Approval valid 2 years from Dec.19, 2022. Expires on Dec. 19, 2024.**

## CARDIAC DISEASE

- ▶ An estimated 85.6 million American adults or 1 in 3 have 1 or more types of CVD. Of these, 43.7 million are estimated to be 60 years old or older. 69.1% are men and 67.9% are women. Two thirds of CVD deaths occur in people age 75 and older.
- ▶ **Cardiac: Cardiovascular Disease-**
- ▶ The leading causes of death in women 65 and older are diseases of the heart. Cancer is number 2.
- ▶ **Coronary Heart Disease:**
- ▶ 60-79 yo age group: 19.9% men; 9.7% of women. 11.3% of men in this group have had an MI. 4.2% of women.
- ▶ Other conditions are chronological as listed : Stroke, Heart Failure, Atrial Fibrillation, Hypertension or Hypotension.

## CARDIAC (Cont'd)

- ▶ Common cardiac signs of aging are decreased cardiac output, reduced elasticity of the blood vessels, increased peripheral resistance. While the heart may enlarge slightly with age, a noted increased heart size would need prompt medical attention and would not be considered a normal part of aging.
- ▶ The elderly appear to have reduced pain perception; as a result, silent myocardial ischemia is more common and carries somewhat worse prognosis in the elderly than in younger age groups. The presenting symptoms of acute myocardial infarction in the elderly can be nonspecific. The classic crushing substernal chest pain decreases with age, whereas the symptom of dyspnea gradually increases. Neurologic symptoms, confusion states, weakness, and worsening heart failure are common clinical presentations of an acute infarction in elderly patients. Silent or unrecognized myocardial infarctions in the elderly are common and carry serious prognostic implications.

## CONGESTIVE HEART FAILURE (CHF)

- ▶ Heart failure — sometimes known as congestive heart failure — occurs when the heart muscle doesn't pump blood as well as it should. When this happens, blood often backs up and fluid can build up in the lungs, causing shortness of breath.
- ▶ Certain heart conditions, such as narrowed arteries in the heart (coronary artery disease) or high blood pressure, gradually leave the heart too weak or stiff to fill and pump blood properly.
- ▶ Proper treatment can improve the signs and symptoms of heart failure and may help some people live longer. Lifestyle changes — such as losing weight, exercising, reducing salt (sodium) in your diet and managing stress — can improve your quality of life. However, heart failure can be life-threatening. People with heart failure may have severe symptoms, and some may need a heart transplant or a ventricular assist device (VAD).
- ▶ One way to prevent heart failure is to prevent and control conditions that can cause it, such as coronary artery disease, high blood pressure, diabetes and obesity.

## CHF (Cont'd)

- ▶ Heart failure can involve the left side (left ventricle), right side (right ventricle) or both sides of your heart. Generally, heart failure begins with the left side, specifically the left ventricle — your heart's main pumping chamber.
- ▶ **Type of heart failure:**
- ▶ **Left-sided heart failure:** Fluid may back up in the lungs, causing shortness of breath.
- ▶ **Right-sided heart failure:** Fluid may back up into the abdomen, legs and feet, causing swelling.
- ▶ **Systolic heart failure (also called heart failure with reduced ejection fraction:)** The left ventricle can't contract vigorously, indicating a pumping problem.
- ▶ **Heart failure with preserved ejection fraction:** The left ventricle can't relax or fill fully, indicating a filling problem.

## CHF (Cont'd)

- ▶ Doctors sometimes can correct heart failure by treating the underlying cause. For example, repairing a heart valve or controlling a fast heart rhythm may reverse heart failure. But for most people, treatment of heart failure involves a balance of the right medications and, sometimes, use of devices that help the heart beat and contract properly.
- ▶ **Medications:**
- ▶ Doctors usually treat heart failure with a combination of medications. Depending on the symptoms, a person might take one or more medications, including: Angiotensin-converting enzyme (ACE) inhibitors. These drugs relax blood vessels to lower blood pressure, improve blood flow and decrease the strain on the heart.

## CHF Treatment (Cont'd)

- ▶ **Angiotensin II receptor blockers.** These drugs, which include losartan (Cozaar), valsartan (Diovan) and candesartan (Atacand), have many of the same benefits as ACE inhibitors. They may be an option for people who can't tolerate ACE inhibitors.
- ▶ **Beta blockers.** These drugs slow your heart rate and reduce blood pressure. Beta blockers may reduce signs and symptoms of heart failure, improve heart function, and help you live longer. Examples include carvedilol (Coreg), metoprolol (Lopressor, Toprol-XL, Kaspargo Sprinkle) and bisoprolol.
- ▶ **Diuretics.** Often called water pills, diuretics make you urinate more frequently and keep fluid from collecting in your body. Diuretics, such as furosemide (Lasix), also decrease fluid in your lungs so you can breathe more easily.
- ▶ **Aldosterone antagonists.** These drugs include spironolactone (Aldactone, Carospir) and eplerenone (Inspra). These are potassium-sparing diuretics that have additional properties that may help people with severe systolic heart failure live longer.

## CARDIAC: HYPERTENSION/HYPOTENSION

- ▶ **Hypertension or Hypotension:** Your blood pressure is naturally higher when you are exerting yourself. 75% of older adults take medication for high blood pressure that occurs without exertion.
- ▶ The desired blood pressure would be below 120/80.
- ▶ A significant fall in blood pressure (greater than 20mm Hg {millimeters of mercury} or more) when sitting or standing from a lying position can occur in older people with postural hypotension and the MD should be notified. Normally there is minimal difference between a lying and standing blood pressure.

# CARDIAC CONDITIONS AND DRY SKIN

- ▶ It is important for residents with visible dry skin to apply skin creams or oils to assist in replenishing moisture.
- ▶ Many people with cardiac conditions may present with very dry skin, especially of the lower extremities, secondary to poor circulation.
- ▶ Dry skin can quickly turn into itchy skin and scratching can cause secondary skin issues such as lesions or sores which can become infected.
- ▶ When inspecting skin, be alert to signs of extremely dry skin or patches of skin that could also indicate an underlying undiagnosed health condition such as:
  - **Diabetes, kidney disease, liver disease, lymphoma, thyroid issues**
- ▶ With black or brown colored skin, extremely dry skin has been referred to as “ashen” or “ashy” because the flaky skin appears gray in color against their darker skin.
- ▶ Lighter skinned people have what appear to be “clear or white” flakes of skin.

# URINARY INCONTINENCE

- ▶ Urinary incontinence means a person leaks urine by accident. While it may happen to anyone, urinary incontinence is more common in older people, especially women. Incontinence can often be cured or controlled.
- ▶ The body stores urine in the bladder. During urination, muscles in the bladder tighten to move urine into a tube called the urethra. At the same time, the muscles around the urethra relax and let the urine pass out of the body. When the muscles in and around the bladder don't work the way they should, urine can leak. Incontinence typically occurs if the muscles relax without warning.
- ▶ Female incontinence can happen for a variety of reasons: UTI, vaginal infection or irritation, constipation.

## INCONTINENCE (cont'd)

- ▶ Some medicines can cause bladder control problems that last a short time. When incontinence lasts longer, it may be due to:
  - Weak bladder muscles
  - Overactive bladder muscles
  - Weak pelvic floor muscles
  - Damage to nerves that control the bladder from diseases such as multiple sclerosis, **diabetes**, or **Parkinson's disease**
  - Blockage from an **enlarged prostate** in men
  - Diseases such as **arthritis** that may make it difficult to get to the bathroom in time

## INCONTINENCE (Cont'd)

- ▶ There are different types of incontinence:
  - **Stress incontinence** occurs when urine leaks as pressure is put on the bladder, for example, during exercise, coughing, sneezing, laughing, or lifting heavy objects. It's the most common type of bladder control problem in younger and middle-age women. It may begin around the time of **menopause**.
  - ▶ **Urge incontinence** happens when people have a sudden need to urinate and cannot hold their urine long enough to get to the toilet. It may be a problem for people who have **diabetes, Alzheimer's disease, Parkinson's disease, multiple sclerosis, or stroke**.

## INCONTINENCE (Cont'd)

- ▶ **Overflow incontinence** happens when small amounts of urine leak from a bladder that is always full. A man can have trouble emptying his bladder if an enlarged prostate is blocking the urethra. Diabetes and spinal cord injuries can also cause this type of incontinence.
- ▶ **Functional incontinence** occurs in many older people who have normal bladder control. They just have a problem getting to the toilet because of arthritis or other disorders that make it hard to move quickly.
- ▶ Bladder re- training may help a person with the potential get better control of their bladder. Their doctor may suggest they try the following:
  - Pelvic muscle exercises (also known as Kegel exercises) work the muscles that you use to stop urinating. Making these muscles stronger helps you hold urine in your bladder longer. Consider the resident's ability to comprehend when deciding if this treatment would be appropriate.

## CONDITIONS OF THE EYE

- ▶ **Presbyopia** refers to the loss of ability to see close objects or small print. Development of presbyopia is a normal process that happens slowly over a lifetime. You may not notice any change until after age 35 or 40. People with presbyopia often hold reading materials at arm's length. Some people get headaches or "tired eyes" while reading or doing other close work. A person can improve their vision with reading glasses or multifocal (bifocal) lenses if they have presbyopia.
- ▶ **Floaters** are tiny spots or specks that float across the field of vision. Most people notice them in well-lit rooms or outdoors on a bright day. Floaters often are normal, but can sometimes indicate eye problems such as retinal detachment, especially if they are accompanied by light flashes.

## CONDITIONS OF THE EYE (Cont'd)

- ▶ **Cataracts** are cloudy areas that develop in the lens in the front of the eye. Normally, the lens of the eye is clear like a camera lens. Cataracts keep light from easily passing through the lens to the back of the eye (the retina), causing blurry vision. Cataracts usually form slowly, causing no pain, redness, or tearing in the eye. Some stay small and don't alter eyesight. If they become large or thick and have a significant impact on vision, they can almost always be removed with surgery.
- ▶ Cataract surgery is very safe and is one of the most common surgeries done in the United States and around the world. During surgery, the doctor takes out the clouded lens and, in most cases, puts in a clear plastic lens, restoring normal sight if the eye is otherwise healthy.

## CONDITIONS OF THE EYE (Cont'd)

- ▶ **Glaucoma** is usually related to increased pressure inside the eye. If it isn't treated, this condition can lead to permanent vision loss and blindness, often without symptoms. Risk factors for glaucoma include heredity, age, race, diabetes and some medications. Glaucoma is less commonly caused by other factors such as a blunt object or chemical injury to the eye, severe eye infection, blockage of blood vessels, inflammatory disorders of the eye, and occasionally by corrective eye surgery. Most people with glaucoma have no early symptoms or pain from increased pressure. Treatment may include prescription eye drops, oral medications, laser treatment or surgery.
- ▶ **Ptosis** is when the upper eyelid droops over the eye. It may droop just a little or cover the pupil and limit or completely block vision. Surgery can be performed to raise the eyelid.

## CONDITIONS OF THE EYE (Cont'd)

- ▶ **Age related macular degeneration:** The macula is the small central portion of the retina containing millions of nerve cells (cones) that are sensitive to light. This area of the retina is responsible for detailed vision, such as facial recognition and reading. AMD is characterized by the loss of cells in this area causing blurred or distorted central vision. It contributes to vision loss but doesn't cause total blindness. If advanced, there is no cure but in early stages there is benefit from nutritional supplements. People with the more severe type of AMD may benefit from laser or injection of medication.
- ▶ **Diabetic Retinopathy** This disorder is a complication of diabetes. It occurs when small blood vessels stop feeding the retina properly. In the early stages of diabetic retinopathy, the blood vessels may leak fluid, causing blurred vision or no symptoms at all.

## DIABETIC RETINOPATHY (Cont'd)

- ▶ As the disease advances, they may notice floaters, blind spots or cloudiness of vision. New blood vessels may grow and bleed into the center of the eye, causing serious vision loss or blindness.
- ▶ For diabetic swelling of the retina, drug injections and laser may improve or preserve vision. In most advanced cases, laser treatment can prevent blindness. It's very important that people with diabetes have an eye exam with pupil dilation every year. Most importantly, the likelihood of diabetic retinopathy is significantly decreased with good blood sugar control.

## SOME COMMON BLOOD WORK Ordered in LTC

- ▶ Many people are diagnosed with Diabetes, many at a young age. Part of a treatment plan for a Diabetic resident could be checking blood sugars per MD order.
- ▶ Some residents could have a history of anemia. Part of a treatment plan for Anemia could be checking a Hemoglobin per MD order.
- ▶ A resident with kidney disease and or receiving dialysis could have an order for a metabolic panel to check BUN and Creatinine per MD order as part of their treatment plan.
- ▶ A resident taking a blood thinner or anticoagulant such as Coumadin could have an MD order to check their prothrombin time/INR as part of their treatment plan.

## ANTICOAGULANTS: SIDE EFFECTS TO WATCH FOR

- Menstrual bleeding that is much heavier than normal
- Red or brown urine
- Bowel movements that are red or black
- Bleeding from the gums or nose that does not stop quickly
- Vomit that is brown or bright red
- Coughing up something red
- Severe pain, such as a headache or stomach ache
- Unusual bruising
- A cut that does not stop bleeding
- A serious fall or bump on the head
- Dizziness or weakness
- Change in level of consciousness

# DIABETES

- ▶ Diabetes mellitus refers to a group of diseases that affect how your body uses blood sugar (glucose). Glucose is vital to your health because it's an important source of energy for the cells that make up your muscles and tissues. It's also your brain's main source of fuel. This pertains to both Type 1 and Type 2 Diabetes.

## Type One Diabetes:

- ▶ The exact cause of type 1 diabetes is unknown. What is known is that your immune system — which normally fights harmful bacteria or viruses — attacks and destroys your insulin-producing cells in the pancreas. This leaves you with little or no insulin. Instead of being transported into your cells, sugar builds up in your bloodstream.
- ▶ Type 1 is thought to be caused by a combination of genetic susceptibility and environmental factors, though exactly what those factors are is still unclear. Weight is not believed to be a factor in type 1 diabetes.

## Type Two Diabetes:

- ▶ In prediabetes — which can lead to type 2 diabetes — and in type 2 diabetes, your cells become resistant to the action of insulin, and your pancreas is unable to make enough insulin to overcome this resistance. Instead of moving into your cells where it's needed for energy, sugar builds up in your bloodstream.
- ▶ Exactly why this happens is uncertain, although it's believed that genetic and environmental factors play a role in the development of type 2 diabetes too. Being overweight is strongly linked to the development of type 2 diabetes, but not everyone with type 2 is overweight.

# DIABETES: HYPOGLYCEMIA

- ▶ Diabetic hypoglycemia occurs when someone with diabetes doesn't have enough sugar (glucose) in his or her blood. Glucose is the main source of fuel for the body and brain, so you can't function well if you don't have enough.
- ▶ Low blood sugar (hypoglycemia) is defined as a blood sugar level below 70 milligrams per deciliter (mg/dL), or 3.9 millimoles per liter (mmol/L).
- ▶ Symptoms of low blood sugar can be: Slurred speech, sweating, hunger, dizziness, unsteady gait, inability to concentrate, anxiety, confusion. If left untreated, the person could become unconscious, could have a seizure, and in rare cases could die.
- ▶ Glucose is needed to increase blood sugar in hypoglycemia. Dextrose Gel and Glucose Gel are used widely in healthcare settings for hypoglycemia. If the patient is unconscious, call 911 and inject Glucagon sub-q with MD order. A 50ml bag of 50% Dextrose can be given IV in certain settings over 3 minutes with MD order.

## DIABETES (Cont'd)

- ▶ **Hyperglycemia:** High blood sugar (hyperglycemia) affects people who have diabetes. Several factors can contribute to hyperglycemia in people with diabetes, including food and physical activity choices, illness, nondiabetic medications, or skipping or not taking enough glucose-lowering medication.
- ▶ It's important to treat hyperglycemia, because if left untreated, hyperglycemia can become severe and lead to serious complications requiring emergency care, such as a diabetic coma. In the long term, persistent hyperglycemia, even if not severe, can lead to complications affecting your eyes, kidneys, nerves and heart. Recognizing early signs and symptoms of hyperglycemia can help you treat the condition promptly. Watch for:
  - Frequent urination
  - Increased thirst
  - Blurred vision
  - Fatigue
  - Headache

## DIABETIC KETOACIDOSIS

- ▶ If hyperglycemia goes untreated, it can cause toxic acids (ketones) to build up in your blood and urine (ketoacidosis). Signs and symptoms include:
  - Fruity-smelling breath
  - Nausea and vomiting
  - Shortness of breath
  - Dry mouth
  - Weakness
  - Confusion
  - Coma
  - Abdominal pain
- ▶ Why does this occur?

## DIABETIC KETOACIDOSIS (Cont'd)

- **Diabetic ketoacidosis.** Diabetic ketoacidosis develops when you don't have enough insulin in your body. When this happens, sugar (glucose) can't enter your cells for energy. Your blood sugar level rises, and your body begins to break down fat for energy.
- This process produces toxic acids known as ketones. Excess ketones accumulate in the blood and eventually "spill over" into the urine. Left untreated, diabetic ketoacidosis can lead to a diabetic coma and be life-threatening.
- Treatment for ketoacidosis can include: Fluid replacement, Insulin replacement, electrolyte replacement, depending upon lab results.

## DEHYDRATION

- ▶ Dehydration occurs when you use or lose more fluid than you take in, and your body doesn't have enough water and other fluids to carry out its normal functions. If you don't replace lost fluids, you will get dehydrated.
- ▶ Anyone may become dehydrated, but the condition is especially dangerous for young children and older adults.
- ▶ Thirst isn't always a reliable early indicator of the body's need for water. Many people, particularly older adults, don't feel thirsty until they're already dehydrated. That's why it's important to increase water intake during hot weather or when they're ill.

### Signs of Dehydration in an Adult:

- Extreme thirst
  - Less frequent urination
  - Dark-colored urine
  - Fatigue
  - Dizziness
  - Confusion
- \*Elevated BUN

## DEHYDRATION (Cont'd)

- ▶ Fluid intake advised in older adults depends on many factors such as diet and exercise.
- ▶ It makes it challenging also when the person is needing adequate fluid but also on a fluid restriction due to kidney disease for example.
- ▶ The average recommended fluids per day for older adults is **1700cc** or 7.18 cups per day.
- ▶ This is often not easy for many to consume. Adding flavoring, sparkling water and other types of water on the market can assist with fluid consumption. Many have electrolytes added.
- ▶ Other fluids are considered in the total intake but would want to limit those with diuretic properties as they can lead to dehydration. (ie: coffee, alcohol, caffeinated tea).
- ▶ Holding activities that serve decaffeinated liquids, lemonade, etc. can also assist to make drinking fluids a social and fun time.

## 2 TYPES OF ARTHRITIS

- ▶ Osteoarthritis is the most common form of arthritis, affecting millions of people worldwide. It occurs when the protective cartilage that cushions the ends of the bones wears down over time.
- ▶ Although osteoarthritis can damage any joint, the disorder most commonly affects joints in your hands, knees, hips and spine.
- ▶ Osteoarthritis symptoms often develop slowly and worsen over time. Signs and symptoms of osteoarthritis include:
  - Pain. Affected joints might hurt during or after movement.
  - Stiffness. Joint stiffness might be most noticeable upon awakening or after being inactive.
  - Tenderness. Your joint might feel tender when you apply light pressure to or near it.
  - Loss of flexibility. You might not be able to move your joint through its full range of motion.
  - Grating sensation. You might feel a grating sensation when you use the joint, and you might hear popping or crackling.
  - Bone spurs. These extra bits of bone, which feel like hard lumps, can form around the affected joint.
  - Swelling. This might be caused by soft tissue inflammation around the joint.

## ARTHRITIS: OSTEOARTHRITIS

### ▶ Treatment options:

- ▶ Tylenol, NSAIDS, Cymbalta, (normally used for Depression has been proven to help with chronic pain, Physical Therapy, Occupational Therapy.
- ▶ Transcutaneous electrical nerve stimulation (TENS). Electric current stimulation to relieve pain.
- ▶ Cortisone injections.
- ▶ Exercise (low impact), Weight Loss, Yoga, Shoe inserts, assistive devices.
- ▶ Joint Replacement Surgery.

## RHEUMATOID ARTHRITIS

- ▶ Rheumatoid arthritis is a chronic inflammatory disorder that can affect more than just your joints. In some people, the condition can damage a wide variety of body systems, including the skin, eyes, lungs, heart and blood vessels.
- ▶ An autoimmune disorder, rheumatoid arthritis occurs when your immune system mistakenly attacks your own body's tissues.
- ▶ Unlike the wear-and-tear damage of osteoarthritis, rheumatoid arthritis affects the lining of your joints, causing a painful swelling that can eventually result in bone erosion and joint deformity.
- ▶ The inflammation associated with rheumatoid arthritis is what can damage other parts of the body as well. While new types of medications have improved treatment options dramatically, severe rheumatoid arthritis can still cause physical disabilities.
- ▶ Signs and symptoms of rheumatoid arthritis may include:
  - Tender, warm, swollen joints
  - Joint stiffness that is usually worse in the mornings and after inactivity
  - Fatigue, fever and loss of appetite

## RHEUMATOID ARTHRITIS (Cont'd)

- ▶ Early rheumatoid arthritis tends to affect your smaller joints first — particularly the joints that attach your fingers to your hands and your toes to your feet.
- ▶ As the disease progresses, symptoms often spread to the wrists, knees, ankles, elbows, hips and shoulders. In most cases, symptoms occur in the same joints on both sides of your body.
- ▶ About 40% of people who have rheumatoid arthritis also experience signs and symptoms that don't involve the joints. Areas that may be affected include:
  - Skin
  - Eyes
  - Lungs

## RHEUMATOID ARTHRITIS (Cont'd)

- Heart
- Kidneys
- Salivary glands
- Nerve tissue
- Bone marrow
- Blood vessels
- ▶ Factors that may increase your risk of rheumatoid arthritis include:
  - Your sex. Women are more likely than men to develop rheumatoid arthritis.
  - Age. Rheumatoid arthritis can occur at any age, but it most commonly begins in middle age.
  - Family history. If a member of your family has rheumatoid arthritis, you may have an increased risk of the disease.

## RHEUMATOID ARTHRITIS FACTORS (Cont'd)

- **Smoking.** Cigarette smoking increases your risk of developing rheumatoid arthritis, particularly if you have a genetic predisposition for developing the disease. Smoking also appears to be associated with greater disease severity.
- **Excess weight.** People who are overweight appear to be at a somewhat higher risk of developing rheumatoid arthritis.
- ▶ **Rheumatoid arthritis increases your risk of developing:**
- **Osteoporosis.** Rheumatoid arthritis itself, along with some medications used for treating rheumatoid arthritis, can increase your risk of osteoporosis — a condition that weakens your bones and makes them more prone to fracture.
- **Rheumatoid nodules.** These firm bumps of tissue most commonly form around pressure points, such as the elbows. However, these nodules can form anywhere in the body, including the heart and lungs.

## RHEUMATOID ARTHRITIS FACTORS (Cont'd)

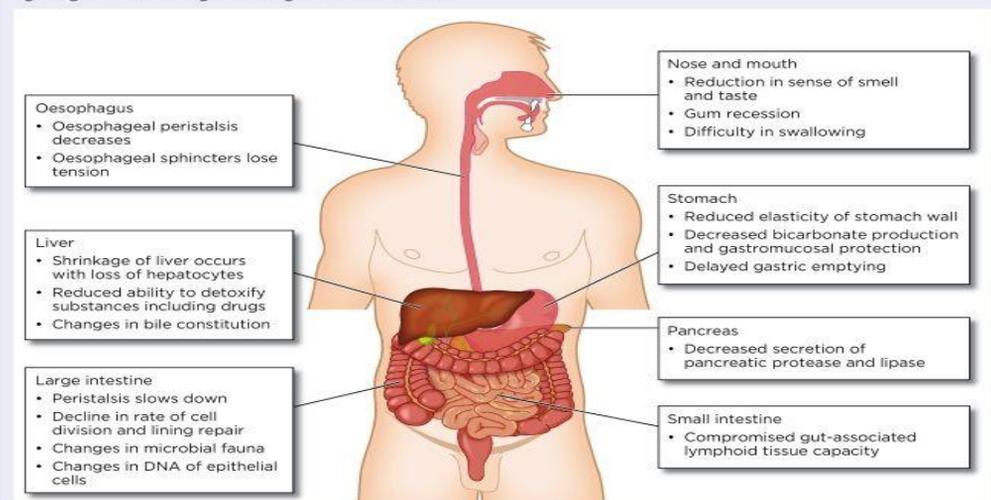
- **Dry eyes and mouth.** People who have rheumatoid arthritis are much more likely to develop Sjogren's syndrome, a disorder that decreases the amount of moisture in the eyes and mouth.
- **Infections.** Rheumatoid arthritis itself and many of the medications used to combat it can impair the immune system, leading to increased infections. Protect yourself with vaccinations to prevent diseases such as influenza, pneumonia, shingles and COVID-19.
- **Abnormal body composition.** The proportion of fat to lean mass is often higher in people who have rheumatoid arthritis, even in those who have a normal body mass index (BMI).
- **Carpal tunnel syndrome.** If rheumatoid arthritis affects your wrists, the inflammation can compress the nerve that serves most of your hand and fingers.

# RHEUMATOID ARTHRITIS FACTORS (Cont'd)

- **Heart problems.** Rheumatoid arthritis can increase your risk of hardened and blocked arteries, as well as inflammation of the sac that encloses your heart.
- **Lung disease.** People with rheumatoid arthritis have an increased risk of inflammation and scarring of the lung tissues, which can lead to progressive shortness of breath.
- **Lymphoma.** Rheumatoid arthritis increases the risk of lymphoma, a group of blood cancers that develop in the lymph system.

# AGE RELATED CHANGES TO THE GASTROINTESTINAL TRACT

Fig 1. Age-related changes to the gastrointestinal tract



# FECAL IMPACTION

- ▶ **Chronic and severe constipation can lead to fecal impaction.** According to an article in *Clinics in Colon and Rectal Surgery*, the risk of fecal impaction is highest in the elderly; one study cited found that 42 percent of patients in a geriatric unit had the condition. It is also common in patients with Alzheimer's disease, Parkinson's disease, dementia, and severe stroke, as well as in spinal cord injury patients.
- ▶ **Older people may develop constipation and fecal impaction due to being sedentary.** If you don't move your body, it's tougher to move what's *inside* your body, plus, your abdominal muscles may become so weak that they cannot push everything out.
- ▶ **Common Causes include:**

# FECAL IMPACTION COMMON CAUSES

- **Skimping on drinking fluids**
- **Eating a diet that is low in fiber**
- **Having a history of chronic constipation**
- **Being dependent on laxatives to have a bowel movement**
- **Taking medications that reduce intestinal movement, such as narcotic pain medications, antacids, iron supplements, or calcium channel blockers.**

## FECAL IMPACTION COMMON SYMPTOMS

- ▶ Watery like diarrhea stools
- ▶ Abdominal pain
- ▶ Urge to have BM
- ▶ Headache
- ▶ Bloating
- ▶ N&V
- ▶ Loss of Appetite
- ▶ Weight loss
- ▶ Passing “marble” like hard stool
- ▶ Bleeding

## FECAL IMPACTION TREATMENT/PREVENTION

- ▶ Treatment usually involves an enema or digital removal.
- ▶ **Prevention:**
  - ▶ Stool softeners
  - Taking regular exercise and staying active
  - Eating a diet high in fiber
  - Drinking plenty of water
  - Avoiding alcohol
  - Using the bathroom when the need arises rather than waiting

## SLEEP PATTERNS IN AN OLDER ADULT

- ▶ Unfortunately, many older adults often get less sleep than they need. Unlike popular belief, older adults need between 7-9 hrs. of sleep, not less. One reason is that they often have more trouble falling asleep. A study of adults over 65 found that 13 percent of men and 36 percent of women take more than 30 minutes to fall asleep.
- ▶ Also, older people often sleep less deeply and wake up more often throughout the night, which may be why they may nap more often during the daytime. As people age, their sleeping and waking patterns tend to change.
- ▶ There are many possible explanations for these changes. Older adults may produce and secrete less melatonin, the hormone that promotes sleep. They may also be more sensitive to — and may awaken because of — changes in their environment, such as noise. Older adults usually become sleepier earlier in the evening and wake up earlier in the morning. If they don't adjust their bedtimes to these changes, they may have difficulty falling and staying asleep.

## END OF CLASS #2

### ▶ QUESTIONS?

▶ Nancy Tuders, [nancy@nadona.org](mailto:nancy@nadona.org)

▶ Cindy Fronning,  
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▶ NEXT PLEASE GO TO AND TAKE THE QUIZ FOR CLASS #2.

▶ I LOOK FORWARD TO TALKING TO YOU IN CLASS #3!

