

Myths About Aging

Some assumptions can be detrimental to care of the geriatric patient. Forgetting to consider the individual is certainly one of them.

Aging is a pathological condition.

Aging, in and of itself, is not a disease or an illness. It may bring greater risks to the patient suffering from a disease or illness, but it's not something a patient recovers from. If, as a caregiver, you believe there is something inherently negative about growing older, there's a good chance you will pass that impression along to your patients.

Caregiver attitude and opinion plays an important role in the ways in which the patient thinks of himself or herself. You must be diligent in maintaining a positive attitude towards your aging patient. When planning care and completing your interventions, focus at all times on treating the illness or condition with the aim of restoring as much functionality to the patient as possible. Emphasize the need to "use it or lose it." Explain that continued exercise, mental stimulation, and social interaction helps to prevent functional decline.

Confusion is a natural consequence of growing older.

Many people, including health care providers, assume that a person's mental acuity dulls with age. Confusion — dementia and delirium — represent serious risks to your patient and should be immediately evaluated and treated.

To assume that "Nana just isn't with it anymore" is to overlook symptoms of potentially fatal conditions, such as infection or a neurological disorder.

You must also take into account that dementia can underlie an episode of delirium. Each condition can mask symptoms of the other. In addition, your patient may also suffer from depression, which can increase the complexity of assessment and intervention.

Incontinence is an irreversible condition.

Making this assumption sets you on a path to ignore the way in which multiple symptoms can overlap, making assessment and intervention difficult. Maintaining continence is a vital element of maintaining self-esteem. In fact, incontinence is one of the primary reasons for nursing home placement.

Careful assessment of all factors involved in a person's continence problems is the start of the solution. Eliminating or reducing the impact of each factor can go a long way toward restoring this important aspect of a person's functionality.

Older people don't abuse drugs.

Substance abuse is not limited to your younger patients. Your geriatric patient has access to the same substances that the younger patient does: alcohol, illicit drugs, and marijuana.

If you neglect to evaluate your patient for signs of abuse, you may ignore a potentially fatal risk factor.

Certainly, if routine medication usage can cause serious adverse effects for your patient, adding uncontrolled drugs of unknown dosage and potency can only complicate the picture. Besides illicit substances and alcohol, you should also evaluate your patient for abuse of over-the-counter preparations such as sedatives and laxatives. These medications can cause problems when used to excess or when combined with other drugs.

Symptoms of delirium, dementia, and depression are also made worse by the addition of substance abuse.

Sexuality declines as one grows older.

Many of your patients may share this opinion but many more certainly do not. A variety of issues surrounding sexuality may be of concern to your patient, including:

- the effects of illness, medication, altered functionality, or other conditions on the patient's sexuality
- the normal course of changes the menopausal woman may experience
- the expression and fulfillment of sexual needs at a time when society expects those desires to be absent or diminished
- inappropriate sexual behavior, such as those displayed by patients suffering from dementia

It may be difficult for your geriatric patient to express thoughts, concerns, or questions about his or her sexuality. Encourage the patient to take his or her time. Don't rush the person into a discussion if the time is not right. Respect the patient's desire for privacy and dignity. Provide information in a variety of formats, for example, written information, video recordings, online references.

Encourage your patient to view expressions of sexuality as a natural part of life. Be sure to educate the patient about important issues such as safer sex, contraception (if required), and the effects of life cycle changes.