

Elderly Health Care to Promote Healthy Aging

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ABSTRACT

One of the significant challenges of maturing social orders is to diminish the years of living with inabilities by keeping senior citizens' wellbeing and independency in the later years of life. The motivation behind this study was to analyze the part that the matured individual plays in tending to this test and accomplishing fruitful maturing by exploratory the impacts of different psychosocial assets that individuals assemble through the span of their lives and the overseeing designs they utilize, when tested with decrease in wellbeing and working.

INTRODUCTION

Elderly is an imperative and solitary method that is experienced contrarily crosswise over people dependent upon the social and social suppositions of the specific human advancements. It is likewise viewed as the individual life time of every one, which terminates in typified limit of characteristic demise [1-20].

Matured seems now as an overall marvel. Upgrades in innovation, associated with better conditions in medicinal services, have given man the chance to appreciate a more extended life [21-30]. Giving quality to the extra years of life is a test, be that as it may, basically in light of the fact that in this season of temperate and innovative advancement we have been confronting a movement from individual, eye to eye connection, to a more computerized example of correspondence influencing both family and companions relations [31-50].

Noticeably, the maturing populace is presented to different natural, mental and psychosomatic changes, for example, illnesses, loss of social utility, memory misfortune, moderate velocity of preparing, physical tiredness, diminished physical quality, sicknesses, dementia, feebleness, mental degeneration, latency, low self-regard, appearance wrinkles, partiality, affront, asexuality, prerequisite, weakness, prohibition of life's delights, family dismissal, separation, surrender, dejection, pity, sadness and organization [51-70].

In this sense, considering the desires of acculturation and culmination of consideration, the personal satisfaction of senior individuals is a surely understood need with regards to medicinal services, and to accomplish it, social and wellbeing laborers must reconsider care issues gave to maturing clients, to advance very much matured, dynamic investment in authoritative procedures and the improvement of the social part of the maturing [71-80].

So it is important to make approaches that consolidate the requests of the elderly populace, and additionally advancing bolster systems and recovery of the maturing in the general public. In this situation, the utilization of gathering methodologies has ended up being a successful system to diminish social seclusion and advance dynamic elderly.

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The obvious achievement of the medicinal science is constantly joined by a few social, financial and mental issues in senior individuals, notwithstanding the restorative difficulties. It should be comprehended that huge numbers of these issues require deep rooted drug treatment, exercise based recuperation and long haul treatment [80-90]. The maturing has a tendency to be administered to in an assortment of settings: home, nursing home, day-care focus, geriatric out-patient division, medicinal units or emergency unit on the way of the clinical issue. Consideration of maturing requires tending to a few social issues. The requirements and troubles of the maturing change fundamentally as indicated by their age, financial status, wellbeing, living status and other such foundation qualities. Their social rights are disregarded and they are bountifully manhandled which goes unreported.

In the present social condition, the rising maturing populace is testing various issues without fitting thought and consultation by their relatives, and others after their superannuation. They are being moved from the family circumstance to development foundations. It is another set-up where this comparative social occasion similarly as the age can particularly help care outside their pack. The motivation behind this study was to center the skill of Structured Reminiscence Group Psychotherapy (SRGP) in social work sharpen with the maturing. System: Sixty maturing individuals developed 60–80 years were looked over two position families arranged in nation, which were controlled by non-managerial affiliations (NGOs) in the assistance with the Government. An extensive part of them were haphazardly allocated to the looking at social occasion and the other half to the control bunch [90-100].

RESULTS AND CONCLUSION

In both the social affairs, the mental health of the elderly was seen to be either outstandingly poor (26%) or poor (48%) in the midst of the pre-test. There was a general more unmistakable increment ($p < 0.01$) in the level of mental wellbeing for the persons who shared in the treatment bunch (SRGP) differentiated and those in the control bunch. In addition, there was an immense relationship on pre-test ($p < 0.01$) and post-test ($p > 0.005$) between level of expressive prosperity and informational level of the controller bunch.

REFERENCES

1. Pruthi RK. Review of the American College of Chest Physicians 2012 Guidelines for anticoagulation therapy and prevention of thrombosis. *Seminars in Hematology*. 2013; 50:251-258.
2. Brieger D. Anticoagulation: A GP primer on the new oral anticoagulants. *Australian Family Physician*. 2014; 43:254-259.
3. Russell RD, et al. The efficacy and safety of rivaroxaban for venous thromboembolism prophylaxis after total hip and total knee arthroplasty. *Thrombosis* 2013;762310.
4. Beyer-Westendorf J, et al. Efficacy and safety of thromboprophylaxis with low-molecular-weight heparin or rivaroxaban in hip and knee replacement surgery: Findings from the ORTHO-TEP registry. *Thrombosis and haemostasis*. 2013; 109:154-163.
5. Amin AP, et al. Nuisance bleeding with prolonged dual antiplatelet therapy after acute myocardial infarction and its impact on health status. *J Am Coll Cardiol*. 2013;61:2130-2138.
6. Oldgren J, et al. New oral anticoagulants in addition to single or dual antiplatelet therapy after an acute coronary syndrome: A systematic review and meta-analysis. *Eur Heart J*. 2013;34:1670-1680.
7. Huber K, et al. Antiplatelet and anticoagulation agents in acute coronary syndromes: What is the current status and what does the future hold? *Am Heart J*. 2014;168:611-621.
8. Warle-Van Herwaarden MF, et al. Adherence to guidelines for the prescribing of double and triple combinations of antithrombotic agents. *Eur J Prev Cardiol*. 2014;21:231-243.
9. Hicks KA, et al. Bleeding Academic Research Consortium consensus report: The Food and Drug Administration perspective. *Circulation*. 2014;123:2664-2665.
10. Charlot M, et al. Proton pump inhibitor use and risk of adverse cardiovascular events in aspirin treated patients with first time myocardial infarction: Nationwide propensity score matched study. *BMJ*. 2011;342: 2690.
11. Holster IL, et al. New oral anticoagulants increase risk for gastrointestinal bleeding: A systematic review and meta-analysis. *Gastroenterology*. 2013;145:105-112.

Research & Reviews: Journal of Nursing and Health Sciences

12. Beck S, et al. Multidimensionales geriatrisches Assessment als klinischer Zugang zummultimorbiden Patienten im Spital. PRAXIS. 2014;101:1627-1632.
13. Kongkaew C, et al. Risk factors for hospital admissions associated with adverse drug events. Pharmacotherapy. 2013;33:827-837.
14. Howard RL, et al. Which drugs cause preventable admissions to hospital? A systematic review. British Journal of Clinical Pharmacology. 2007;63:136-147.
15. Nickel CH, et al. Drug-related emergency department visits by elderly patients presenting with non-specific complaints. Scand J Trauma Resusc Emerg Med. 2013;21:15.
16. Vonbach P, et al. Prevalence of drug-drug interactions at hospital entry and during hospital stay of patients in internal medicine. Eur J Intern Med. 2008;19:413-420.
17. Graf L and Tsakiris DA. Anticoagulant treatment: The end of the old agents? Swiss medical weekly. 2012;142:w13684.
18. Holy EW and Beer JH. Direct oral anticoagulants in the management of venous thromboembolism--evidence from major clinical trials. Seminars in Hematology. 2014;51:131-138.
19. Lip GY, et al. Comparative validation of a novel risk score for predicting bleeding risk in anticoagulated patients with atrial fibrillation: The HAS-BLED (Hypertension, Abnormal Renal/Liver Function, Stroke, Bleeding History or Predisposition, Labile INR, Elderly, Drugs/Alcohol Concomitantly) score. J Am Coll Cardiol. 2011;57:173-180.
20. Naccarelli GV, et al. CHADS2 and CHA2DS2-VASc risk factors to predict first cardiovascular hospitalization among atrial fibrillation/atrial flutter patients. Am J Cardiol. 2012;109:1526-1533.
21. De Caterina R, et al. New oral anticoagulants in atrial fibrillation and acute coronary syndromes: ESC working group on thrombosis-task force on anticoagulants in heart disease position paper. J Am Coll Cardiol. 2012;59:1413-1425.
22. Bacchus F and Schulman S. Clinical experience with the new oral anticoagulants for treatment of venous thromboembolism. Arteriosclerosis, Thrombosis and Vascular Biology. 2015;35:513-519.
23. Tulner LR, et al. Reasons for under treatment with oral anticoagulants in frail geriatric outpatients with atrial fibrillation: a prospective, descriptive study. Drugs & Aging. 2010;27:39-50.
24. Camm AJ, et al. 2012 focused update of the ESC guidelines for the management of atrial fibrillation: An update of the 2010 ESC guidelines for the management of atrial fibrillation--developed with the special contribution of the European Heart Rhythm Association. Europace. 2012;14:1385-1413.
25. Daatland HO and Solem PE. Aging and society. An introduction to social gerontology. Bergen: Fagbokforlaget. 2011.
26. Engedal K and Haugen PK. Dementia Facts and challenges. Tønsberg: Aldringoghelse. 2009.
27. Telenius EW, et al. Effect of a high-intensity exercise program on physical function and mental health in nursing home residents with dementia: an assessor blinded randomized controlled trial. PLoS One. 2015;10:e0126102.
28. Oliel D and Mazer G. Social participation in the elderly: What does the literature tell? Physical and Rehabilitation Medicine. 2008;20:159-176.
29. Silverstein M and Parker MG. Leisure activities and quality of life among the old in Sweden. Research on Aging. 2002;24:528-547.
30. Stav WB, et al. Systematic review of occupational engagement and health outcomes among community-dwelling older adults. Am J Occup Ther. 2012;66:301-310.
31. Thorsen K and Clausen SE. Disability, loneliness and depression: What does loneliness means for persons suffering from disability that experiences depression? Tidsskrift for NorskPsykologforening. 2008;45:19-27.
32. Nymo R and Minde GT. Open the medical room – How Indigenous patient's cultural knowledge appears in the meeting with the health care providers during the rehabilitation process. Samhandlingsreformen under lupen. Kassah, Thingvoll, Kassah (red). Bergen: Fagbokforlaget. 2014.

Research & Reviews: Journal of Nursing and Health Sciences

33. Ness TM. Experiences of being old and receiving home nursing care. Older South Sami narrations of their experiences - An interview study. *Open Journal of Nursing*. 2013;3:1-7.
34. Walter LC, et al. PSA screening among elderly men with limited life expectancies. *JAMA*. 2006;296:2336-2342.
35. Chamie K, et al. Comorbidities, treatment and ensuing survival in men with prostate cancer. *J Gen Intern Med*. 2012;27:492-499.
36. Wilson JR, et al. The assessment of patient life-expectancy: How accurate are urologists and oncologists? *BJU Int*. 2005;95:794-798.
37. Wilt TJ, et al. Radical prostatectomy versus observation for localized prostate cancer. *N Engl J Med*. 2012;367:203-213.
38. Siontis GC, et al. Predicting death: An empirical evaluation of predictive tools for mortality. *Arch Intern Med*. 2011;171:1721-1726.
39. Daskivich TJ, et al. Effect of age, tumor risk and comorbidity on competing risks for survival in a U.S. population-based cohort of men with prostate cancer. *Ann Intern Med*. 2013;158:709-717.
40. Kunz I, et al. Tumour characteristics, oncological and functional outcomes in patients aged=70 years undergoing radical prostatectomy. *BJU Int*. 2013;111:E24-29.
41. Cheung AS, et al. Cardiovascular risk and bone loss in men undergoing androgen deprivation therapy for non-metastatic prostate cancer: Implementation of standardized management guidelines. *Andrology*. 2013;1:583-589.
42. Klotz L, et al. Clinical results of long-term follow-up of a large, active surveillance cohort with localized prostate cancer. *J Clin Oncol*. 2010;28:126-131.
43. Fried LP, et al. Frailty in older adults: Evidence for a phenotype. *J Gerontol A Biol Sci Med Sci*. 2001;56:M146-M156.
44. Mitnitski AB, et al. Accumulation of deficits as a proxy measure of aging. *Scientific World Journal*. 2001;1:323-336.
45. Fairhall N, et al. Treating frailty-a practical guide. *BMC Med*. 2011;9:83.
46. Gobbens RJ, et al. Toward a conceptual definition of frail community dwelling older people. *Nurs Outlook*. 2010;58:76-86.
47. Kane RL, et al. Common syndromes in older adults related to primary and secondary prevention [internet]. Rockville (MD): Agency for Healthcare Research and Quality. 2011.
48. Fried LP, et al. Untangling the concepts of disability, frailty and comorbidity: implications for improved targeting and care. *J Gerontol A Biol Sci Med Sci*. 2004;59:255-263.
49. Ottenbacher KJ, et al. Frailty in older Mexican Americans. *J Am Geriatr Soc*. 2005;53:1524-1531.
50. Rochat S, et al. Frailty and use of health and community services by community-dwelling older men: The Concord Health and Ageing in Men Project. *Age and Ageing*. 2010;39:228-233.
51. Carter HB, et al. Early detection of prostate cancer: AUA guideline. *J Urol*. 2013.
52. Walter LC, et al. PSA screening among elderly men with limited life expectancies. *JAMA*. 2006;296:2336-2342.
53. Chamie K, et al. Comorbidities, treatment and ensuing survival in men with prostate cancer. *J Gen Intern Med*. 2012;27:492-499.
54. Wilson JR, et al. The assessment of patient life-expectancy: How accurate are urologists and oncologists? *BJU Int*. 2005;95:794-798.
55. Wilt TJ, et al. Radical prostatectomy versus observation for localized prostate cancer. *N Engl J Med*. 2012;367:203-213.
56. Siontis GC, et al. Predicting death: An empirical evaluation of predictive tools for mortality. *Arch Intern Med*. 2011;171:1721-1726.
57. Daskivich TJ, et al. Effect of age, tumor risk and comorbidity on competing risks for survival in a U.S. population-based cohort of men with prostate cancer. *Ann Intern Med*. 2013;158:709-717.

Research & Reviews: Journal of Nursing and Health Sciences

58. Kunz I, et al. Tumour characteristics, oncological and functional outcomes in patients aged=70 years undergoing radical prostatectomy. *BJU Int.* 2013;111:E24-29.
59. Cheung AS, et al. Cardiovascular risk and bone loss in men undergoing androgen deprivation therapy for non-metastatic prostate cancer: Implementation of standardized management guidelines. *Andrology.* 2013;1:583-589.
60. Klotz L, et al. Clinical results of long-term follow-up of a large, active surveillance cohort with localized prostate cancer. *J Clin Oncol.* 2010;28:126-131.
61. US Bureau of the Censusb. International Data. 2002.
62. Bernabei R, et al. Management of pain in elderly patients with cancer. SAGE Study Group. Systematic assessment of geriatric drug use via epidemiology. *JAMA.* 1998;279:1877-1882.
63. Davis MP and Srivastava M, Demographics, assessment and management of pain in the elderly. *Drugs Aging.* 2003;20:23-57.
64. AGS Panel on Persistent Pain in Older Persons. The management of persistent pain in older persons. *J Am Geriatr Soc.* 2002;50:S205-224.
65. Morrison RS, et al. Relationship between pain and opioid analgesics on the development of delirium following hip fracture. *J Gerontol A Biol Sci Med Sci.* 2003;58:76-81.
66. Morrison RS, et al. The impact of post-operative pain on outcomes following hip fracture. *Pain.* 2003;103:303-311.
67. Reyes-Gibby CC, et al. Impact of pain on self-rated health in the community-dwelling older adults. *Pain* 95:75-82.
68. Gloth FM. Pain management in older adults: prevention and treatment. *J Am Geriatr Soc.* 2001;49:188-199.
69. Gibson SJ. IASP global year against pain in older persons: Highlighting the current status and future perspectives in geriatric pain. *Expert Rev Neurother.* 2007;7:627-635.
70. Brody EM and Kleban MH. Day-to-day mental and physical health symptoms of older people: A report on health logs. *Gerontologist.* 1983;23:75-85.
71. Gibson SJ and Helme RD. Age differences in pain perception and report: A review of physiological, psychological, laboratory and clinical studies. *Pain Rev.* 1995;2:111-137.
72. Brattberg G, et al. The prevalence of pain in a general population. The results of a postal survey in a county of Sweden. *Pain.* 1989;37:215-222.
73. Brattberg G, et al. The prevalence of pain among the oldest old in Sweden. *Pain.* 1996;67:29-34.
74. Andersson HI, et al. Chronic pain in a geographically defined general population: Studies of differences in age, gender, social class and pain localization. *Clin J Pain.* 1993;9:174-182.
75. Roy R and Thomas M. Elderly persons with and without pain: A comparative study. *Clin J Pain.* 1987;3:102-106.
76. PR Mobily, et al. An epidemiologic analysis of pain in the elderly: The Iowa 65+ rural health study. *J Aging and Health.* 1994;6:139-154.
77. Leventhal EA, et al. Conservation of energy, uncertainty reduction and swift utilization of medical care among the elderly. *J Gerontol.* 1993;48:P78-86.
78. Ferrell BA, et al. Pain in cognitively impaired nursing home patients. *J Pain Symptom Manage.* 1995;10:591-598.
79. Helme RD and Gibson SJ. The epidemiology of pain in elderly people. *Clin Geriatr Med.* 2001;17:417-431.
80. Desbiens NA, et al. Pain in the oldest-old during hospitalization and up to one year later. HELP Investigators. Hospitalized Elderly Longitudinal Project. *J Am Geriatr Soc.* 1997;45:1167-1172.
81. Helme RD and Gibson SJ Pain in Older People, Epidemiology of Pain. Seattle: IASP Press. 1999.
82. Sternbach RA. Survey of pain in the United States: The Nuprin pain report. *Clin J Pain.* 1986;2:49-53.
83. D'Alessandro R, et al. Epidemiology of headache in the Republic of San Marino. *J Neurol Neurosurg Psychiatry.* 1988;51:21-27.

Research & Reviews: Journal of Nursing and Health Sciences

84. Kay L, et al. Abdominal pain in a 70 year old Danish population. An epidemiological study of the prevalence and importance of abdominal pain. *J Clin Epidemiol.* 1992;45:1377-1382.
85. Harkins SW, et al. *Geriatric Pain, Textbook of Pain.* (3rd edn). New York: Churchill Livingstone. 1994.
86. Tibblin G, et al. Symptoms by age and sex. The population studies of men and women in Gothenburg, Sweden. *Scand J Prim Health Care.* 1990;8:9-17.
87. Stern S, et al. Cardiology patient pages. Aging and diseases of the heart. *Circulation.* 2003; 108: e99-101.
88. MacDonald JB, et al. Coronary care in the elderly. *Age Ageing.* 1983;12:17-20.
89. Gibson SJ, Dostrovsky JP. *Proceedings of the 10th World Congress on Pain, Progress in Pain Research and Management (1st edn),* Seattle: IASP Press. 2003.
90. Wroblewski M and Mikulowski P. Peritonitis in geriatric inpatients. *Age Ageing.* 1991;20:90-94.
91. Caraceni A and Portenoy RK. An international survey of cancer pain characteristics and syndromes. IASP Task Force on Cancer Pain. International Association for the Study of Pain. *Pain.* 1999;82:263-274.
92. Jones GT and Macfarlane GJ. Epidemiology of pain in older persons, pain in older persons. *Progress in pain research and management,* Seattle: IASP Press. 2005.
93. Miller PF, et al. Aging and pain perception in ischemic heart disease. *Am Heart J.* 1990;120:22-30.
94. Ochoa J and Mair WG. The normal sural nerve in man. II. Changes in the axons and Schwann cells due to ageing. *Acta Neuropathol.* 1969; 13: 217-239.
95. Desmedt JE and Cheron G. Somatosensory evoked potentials to finger stimulation in healthy octogenarians and in young adults: Wave forms, scalp topography and transit times of parietal and frontal components. *Electroencephalogr Clin Neurophysiol.* 1980;50:404-25.
96. Whiteman JE. *Pain assessment and management.* Clinical Geriatrics, the Parthenon Publishing Group, New York. 2003.
97. Moore AR and Clinch D. Underlying mechanisms of impaired visceral pain perception in older people. *J Am Geriatr Soc.* 2004;52:132-136.
98. France CR, et al. Altered central nervous system processing of noxious stimuli contributes to decrease nociceptive responding in individuals at risk for hypertension. *Pain.* 2002;98:101-108.
99. Bierhaus A, et al. Loss of pain perception in diabetes is dependent on a receptor of the immunoglobulin superfamily. *J Clin Invest.* 2004;114:1741-1751.
100. Stoller EP, et al. Self-care responses to symptoms by older people. A health diary study of illness behavior. *Med Care.* 1993;31:24-42.