

THE

AGING

ADVISOR

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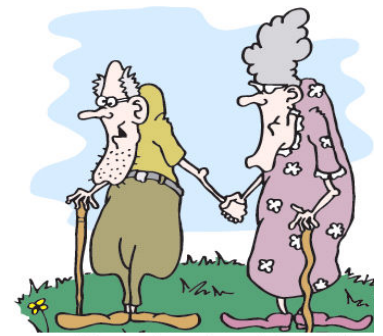
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LONGER HEALTHIER LIVES

The term successful aging refers to the current movement in America to address the aging needs of the general population. It is vitally important that the needs of aging adults with developmental disabilities be included in the practice of successful aging of all individuals. As a result of improved health care,

individuals with developmental disabilities are living longer than in past decades. The life expectancy of people with developmental disabilities was 22 years old in 1931 compared with 65 years old today. As the lifespan of individuals with developmental disabilities increases, they require long term

care for longer periods of time.



"Remember when shake, rattle and roll meant more than just getting out of bed?"

AGING IN PLACE

Growing old in one's own home as independently as possible is a common goal for most people. Staff can play an important role in helping people to live in their own homes as long as possible through the following strategies:

- Make environmental adaptations to reduce the risk of falls and accidents. Can handrails or guardrails be installed? Have area rugs been removed? Does the individual need additional lighting to see well?
- Be an advocate for the individual you support. How can you help the individual remain in his/her home? Brainstorm ways during staff meetings and present, in writing, concerns and ideas to administration.
- Learn about fall/accident prevention strategies. Go to www.stopfalls.org or contact Ardeen Rigerman and Denise Taylor. They can come to your site and provide training on fall prevention.

UNDERSTANDING CONFUSION

As people age, “confusion” is used as a broad and imprecise term to describe behavior changes. Common causes of confusion consist of the following: drug intoxication, circulatory disturbances, metabolic and fluid imbalances (e.g., thyroid and kidney problems), major medical and surgical treatments, neurological disorders, infectious processes, nutritional deficiencies, abrupt loss of significant person, multiple losses in a short period of time, and moves to radically different environments.

To provide appropriate care, it is important to understand distinctions between three conditions that can

manifest as “confusions”: delirium, dementia, and depression.

Delirium is severe confusion with hyperactivity. It is characterized by a rapid impairment of intellectual function resulting in a widespread disturbance of brain metabolism. It may also be reversible.

Dementia is broadly defined as an observable decline in mental abilities. Memory impairment is often a prominent early symptom. People with dementia have difficulty learning new material. Short-term memory problems commonly result in losing valuables or forgetting what they are doing. In more severe dementia, people may forget previously learned material, such as the name of loved ones.

The World Health Organization defines

depression as a “common mental disorder that presents with depressed mood, loss of interest of pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, low energy and poor concentration. Depression is more prevalent among people with developmental disabilities compared to the general population and is frequently under-assessed under-diagnosed and untreated.

Ten “Points to Listening” (Pat Beeman 1995)



1. Listen with the belief a person has something to give and is of value.
2. Listen to help people discover their gifts, which they may not see.
3. Listen with an open mind.
4. Listen to dreams or visions, not only to what is in the present.
5. Listen without hurrying.
6. Listen to fears and pain.
7. Listen with no intent to fix or control anyone
8. Listen for words that actions may not reveal.
9. Listen to recognize opportunities
10. Listen knowing that things take time.

By listening and not dominating the

conversation with too many questions, we can achieve the kind of conversational equality from which a relationship can grow.



LOSS AND GRIEVING

Many different types of loss commonly occur as people age, such as losses related to leaving friends at work, losing the skills or ability to participate in activities, and loss of friends and family to death. Friends and family may become ill and may not be able to be as involved in that person’s life. Staff has an important role in supporting an individual to cope with loss and

grieving. Some strategies include:

- Share information about death in a way that the individual you support can understand and process.
- Let the individual you support talk to you about losing loved ones. You don’t need to be a therapist. Listen without judging and give the individual a sympathetic place to talk about their feelings. Being friendly and supportive is part of the

role of staff.

- Support the individual to attend wakes, funeral or other public functions of mourning. Ask the individual how s/he would like to participate.
- Consider the individual’s faith. Involve clergy or other spiritual leaders, as appropriate. Many religious leaders will provide guidance and consolation during times of grief.