

Old Age Or Treatable Condition?

by *Elaine J. Amella, PhD, APRN, BC (NAPSA)*—It's no surprise: Bodies change as people grow older. Yet sometimes, important clues to disease, like shifts in appetite or sleep, are dismissed as the normal results of "old age." With a combination of close observation and readily available assessment tools, family members, caregivers and health care staff can tell the difference.

Contrary to myth, the following symptoms are not inherent to aging. When detected, they must be thoroughly investigated to find the underlying cause while they are still reversible:

- Confusion
- Decreased appetite
- Dizziness
- Falls
- Incontinence
- Loss of function
- Pain.

It's especially important for family members and health care personnel to watch for symptoms that may appear differently in adults over 65 than they do in younger people. For example, in an older adult, the first indication of cardiac failure may be loss of appetite. Infections may come on with confusion and decreased ability to function rather than fever and chills.

Confusion, so often thought to be normal in an older person, is a red flag. Inability to organize one's thoughts can be a sign of inappropriate combinations of medication, dehydration, depression, hypoglycemia, or even respiratory or urinary tract infections. The assumption that depression is a natural consequence of aging leads to the missed opportunity to successfully treat it.

Inability to metabolize and eliminate medicines properly are the primary causes of delirium and acute confusion. If an older

Some conditions often attributed to old age are treatable or are indications of more significant conditions. (TM)

person experiences a change in mental status over a few days or even weeks, or cannot focus her thoughts, the caregiver should suspect medication toxicity. Similarly, a fall might not be a sign of clumsiness but rather of heart problems, an inner ear problem or osteoporosis.

Certain common sensations change as people get older, requiring close observation on the part of nurses and doctors. Decreased thirst response can lead to dehydration, which in turn can lead to severe metabolic complications. Moreover, an older person may have difficulty pinpointing the source of pain, and those with dementia may not be able to express pain or thirst verbally.

Decreased appetite or weight loss may be an indicator of several underlying problems including cancer, depression, poor oral health, constipation or abdominal distress such as reflux/heartburn. Health staff and family members should always be on the lookout for nonverbal signs that these conditions are present.

By understanding the aging process, people can help themselves—and their nurses and doctors—by detecting symptoms that may be covering a serious but reversible condition.

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