Health Care for the Elderly

A MANUAL FOR PRIMARY HEALTH CARE WORKERS

Edited by
Dr Ghada Hafez
Regional Adviser

and

Dr Kalyan Bagchi
Consultant
Family and Community Health

WORLD HEALTH ORGANIZATION
Regional Office for the Eastern Mediterranean
Alexandria, Egypt
1994
Contents

FOREWORD 5
PREFACE 7
INTRODUCTION 9
MODULE 1 TEACHING FOR BETTER LEARNING 15
MODULE 2 WHAT IS AGEING?
   HOW IS AN AGED PERSON DIFFERENT FROM OTHERS? 20
MODULE 3 KNOWING THE ELDERLY IN THE COMMUNITY 26
MODULE 4 HEALTH MAINTENANCE OF THE ELDERLY 31
MODULE 5 NUTRITIONAL NEEDS IN AGED INDIVIDUALS 37
MODULE 6 COMMON HEALTH DISORDERS AMONG THE ELDERLY 40
MODULE 7 HOW TO CREATE COMMUNITY AWARENESS FOR THE BENEFIT OF THE ELDERLY POPULATION 50
Foreword

Most developing countries in the world have already realized the social, economic and health implications of the demographic transition commonly known as the “the greying of nations”. The rapidly increasing number of elderly has raised issues for which we have yet to find a satisfactory solution.

The health care of these elderly individuals is not yet appreciated in many countries as a major responsibility of the national health care system. In fact, the health needs of the elderly are considered to be similar to those of any other adults. The special needs and the vulnerability of the elderly are rarely appreciated by health workers at the peripheral levels.

The Eastern Mediterranean Regional Office has formulated a Regional Strategy for Health Care of the Elderly in this Region in which the training of primary health care workers to respond to the health needs of the elderly has been given a high priority.

The Regional Office has developed this training manual to facilitate the training of primary health care workers in the health care of the elderly. I do hope this publication will be useful not only for them but also for intermediate and peripheral level workers in other sectors and those working in nongovernmental organizations.

Hussein A. Gezairy, M.D., F.R.C.S.
Regional Director for the Eastern Mediterranean
Preface

Most elderly individuals are concentrated in rural areas and they expect primary health care facilities to provide the health care they need. The primary health care system in rural areas must respond to the special needs of the elderly population, as well as enlisting help from workers of other sectors and nongovernmental organizations.

As it stands today, primary health care workers are not trained to provide special health care for the aged. The national health care system must prepare primary health care workers and their supervisors for such a role by providing short orientation/training for which an appropriate, simple, task-oriented manual must be developed.

Health care workers should be trained to:

- advise elderly persons and their carers in families to recognize the special health needs of the elderly and to meet them;
- identify early impairment and take necessary action by referring them to other workers and agencies;
- identify early signs of morbidities and refer them for medical advice; and
- refer elderly individuals to workers of other sectors and nongovernmental organizations to obtain necessary assistance, e.g. free drugs, eyeglasses, low-cost hearing aids, etc.

The Maternal and Child Health/Family Health Unit developed this training manual precisely for this purpose. It was reviewed in the Interregional Consultation on Health Care of the Elderly: A Strengthened Strategy for the Decade 1992-2001 in Alexandria, Egypt, in October 1992 by experts from Member States and senior representatives of AFRO, EURO, SEARO and WPRO. The manual was revised on the recommendations of the consultation. The Intercountry Consultation for the Development of a Training Course for Community Health Workers in Health of the Elderly held in Amman, Jordan in November 1993, was specifically convened to review the revised draft; experts from seven Member States and representatives of AFRO, AMRO, SEARO and several nongovernmental organizations spent three days giving final shape to the manual. The list of experts is given in Annex 1. The editors would like to express their thanks to them for their contributions in the meeting, and also through correspondence. Grateful thanks are due to Dr Vijay Chandra, Director, Centre for Research on Ageing, New Delhi, India, for reviewing the final draft and making various suggestions for improvement.

The secretarial assistance of Ms Mona Abdel Aziz of Maternal & Child Health Unit is greatly appreciated.
Introduction

Demographic transition

In most developing countries with high birth rates, the percentage of infants in the total population is high while the percentage of elderly is low. This is shown in a typical population pyramid of developing countries, illustrated below.

The population composition of a country can undergo considerable alteration over time due to changes in the percentage of infants, young children, adults and elderly in the total population.

Greying of nations

Traditionally, the industrially-developed countries of the Western world have been concerned about increasing proportions of the elderly in their population. This has been called the "greying of nations". However, now most developing countries are also witnessing "greying" of their own populations.
The population composition in all countries is changing very rapidly, with the result that there will now be increasing numbers of elderly in all communities and in all countries of the world. More important is the fact that with the passage of time their number will go on increasing at a much faster rate than the total population.

**THE RAPID INCREASE OF THE ELDERLY POPULATION IS DUE TO A DECREASED DEATH RATE, AND INCREASED LIFE EXPECTANCY.**

There are two important reasons for this phenomenon:

1. The mortality rate has decreased in most countries with the result that people live much longer. Life expectancy at birth is increasing in all countries of the Region. Today, in most countries, a person at the age of 60 can expect to live at least for another 15 to 20 years. Centenarians (persons over the age of 100 years), rarely encountered in any country in the past, are now reported to be living in many developing countries.

2. In a number of countries, there is a general decline in the birth rate i.e., less infants are born today as compared to the number ten years ago. Families with one or two children are now the usual pattern among the middle and upper economic segments of the population in many countries.

Presently, in most countries of this Region, people aged 60 years and above constitute 4-5% of the total population. Cyprus is the only country in this Region in which 14% of the population is made up of people aged 60 years and above. Today there are 13 million people aged 60 years and above in the Region, and every year the number is increasing. In 10 years, the elderly population will constitute 8 to 10% of the total population.

**THE NUMBER OF PEOPLE OVER 60 YEARS OF AGE IS INCREASING RAPIDLY IN EACH COUNTRY. THE PROPORTION OF THIS SEGMENT OF THE TOTAL POPULATION IS ALSO INCREASING.**

In the developed countries, where life expectancy (75 to 80 years) is much higher than in countries of this Region, the mortality rate and the birth rate are very low. In some countries in Western Europe (e.g., Germany, France, Britain and Sweden), the 60+ population presently makes up 12-15% of the total population; by 2020, almost 25% of the population will be in this age group.

There is one major difference between those countries and countries of this Region. While the government and the people in the developed countries are fully prepared to face the challenge posed by an increasing number of elderly people, most countries in this Region are not even aware of this phenomenon and its health, social and economic implications. It is clear that urgent action must be taken in preparation for this situation in the near future.
It is highly advisable to plan now for this phenomenon of ageing before a crisis situation develops, so that the elderly can enjoy a happy and productive old age and be considered an integrated segment of the community.

THE PHENOMENON OF AGEING, SEEN IN THE WESTERN WORLD FOR DECADES, IS NEW TO EMR COUNTRIES. THEY ARE NOT PREPARED TO FACE THE CHALLENGE OF PROVIDING HEALTH AND OTHER TYPES OF CARE TO THE ELDERLY.

The need for special health care for the elderly

The health needs of the elderly are similar to those of the middle-aged population. Health workers give the same advice or services to the elderly as they do to any other adult person. The elderly are considered to face the same risks when exposed to hazards, such as infection or infestation, as middle-aged adults. This, however, is not correct as will be explained later.
Studies all over the world, especially in the developed world, have shown that the physiological, functional, structural, mental and emotional characteristics of aged persons are distinctly different from those of the young or even middle-aged adults. Their morbidity and mortality patterns are also different.

Unfortunately, these facts are not adequately conveyed to health workers during their professional training. Awareness of these facts can enable the health workers:

- to convey these facts to the elderly, and their “informal carers” in the families in which they live, and
- to help the elderly to take care of themselves in a better manner, and to avoid many hazards such as accidents.

Today in most countries of this Region, the elderly population, commonly known as “old or aged people”, is not as visible as the child population. Health workers do not see many of them, either in the health centres, or during their home visits. Since they are less mobile, they are much less numerous than children and adults at any community gathering or in health centres.

The immediate responsibility of the government is to provide appropriate health care for the elderly population. The aged need special types of health care. Many elderly persons have some form of clinical disorder or some type of disability and impairment for which they need assistance. Community health workers can provide considerable assistance to the aged population if they are told what to do (getting operations for elderly people with cataracts; obtaining eyeglasses from the social welfare sector).

The primary health care system is, in most cases, the only service that provides health care for millions of elderly people living in the rural areas of most developing countries. The tasks which the system is expected to undertake are mostly in the form of conveying information to the elderly and their carers in the family, encouraging the elderly to take care of themselves and preventing, as far as possible, the dangers to which the elderly are vulnerable. The message should be conveyed to them that ageing is a biological process and not a disease, and that the process can be greatly delayed by adopting proper lifestyles. The community health worker can also play a major role in encouraging and collaborating with workers of other sectors and nongovernmental organizations and religious and community leaders in mobilizing resources and providing care for the elderly.
Ageing is not a disease. It is a biological process which will affect everyone.

Ageing is a biological process and is not pathological. However, the ageing process produces a number of changes in the human body which may restrict the lifestyle that the person had in his/her earlier years. These changes predispose the body to several clinical diseases.

**Disease patterns of the elderly**

Most diseases of the elderly are chronic in nature e.g., arthritis, mental disorders, loss of or impaired vision and hearing, and urinary incontinence. Elderly individuals should be made aware of the fact that they must live with most of these disorders. However, if these are diagnosed early, then major disabilities can be avoided. Doctors can prescribe medicine to reduce suffering; several aids such as hearing aids and eyeglasses after a cataract operation can prevent impairment and disability.

The disease process in aged persons is multiple in nature. An aged female might have arthritis, urinary incontinence and hypertension, all at the same time. The signs and symptoms are sometime confusing, and diagnosis is difficult.

When an illness starts in an aged person (e.g., bronchitis), it is gradual in onset, but the outcome is drawn out and serious. Quite often, the onset is ignored since mild clinical disorders are considered a part of the ageing process.

Undiagnosed and unreported diseases are very common among elderly persons. Most often they do not have anyone to take care of them so the onset of the disorder is not reported. When these come to the attention of doctors, the conditions are already advanced.

**Multiple medication in the elderly**

Most aged persons consume a number of drugs on a continuing basis for multiple chronic disorders. Due to impaired vision and chronic forgetfulness, over- and under-dosage are extremely common. The dangers of this should be repeatedly stressed to elderly individuals and their carers. Moreover, many drugs may interact with each other with harmful results. The dosage of drugs for the elderly population is often different from that followed for adults. The doctor should always be consulted.
Health promotion

There is a general belief among the elderly, and their caretakers, that old age is associated with ill-health, disability and mental depression, and that many health problems should be regarded as “the way of life of the aged” and hence not reported for medical attention. It should be emphasized that this is incorrect.

The aged gradually lose their body power to resist infection, which is known as immunocompetence. The lowered immunocompetence in aged persons is responsible for their catching infections easily, and for their low resistance in combating infections when they get them. Bronchitis is often a cause of death in aged persons.

An important point to remember is that though the elderly have special health needs, the health of the elderly should not and cannot be a separate vertical programme, but should be an integral component of the national health care system which is responsible for general health protection and promotion.

Why is this manual needed?

Most elderly men and women in the countries of this Region still live in rural areas. In many cases, they are not cared for by their children who have migrated either to urban areas or to other countries. The elderly expect to receive health care from the local health centres and through the primary health care system. The primary health care workers in most countries are neither trained in the special needs of the elderly and their vulnerability to certain hazards, nor in the simple measures that can be taken to prevent or overcome many of the disorders and disabilities of the elderly.

All health workers are taught about the special health needs of infants, young children and pregnant and lactating women. All health workers, especially those who work for the MCH programme, provide appropriate advice and services for these “vulnerable” groups of the population.

The first step towards improving health of the elderly should be to design a simple training course which could be incorporated into the existing training course for primary health care workers.

The training course should be in as simple a language as possible, without too much technical data, and should incorporate the information that the community health workers already have in order to understand the problems in health care of the elderly. In addition, there should be a clear indication of the specific tasks they should undertake.

MEETING HEALTH NEEDS OF THE ELDERLY IS OF HIGHEST PRIORITY.

THIS MANUAL IS DESIGNED FOR TRAINING OF PRIMARY HEALTH CARE WORKERS IN PROVIDING CARE FOR THE ELDERLY.

This manual is specially designed for trainers who will conduct training courses on health care of the elderly for all types of community workers in health, social welfare and community and rural development sectors. The training course will be equally suitable for workers in nongovernmental organizations and those working in old-age homes and similar institutions.

The first module on TEACHING FOR BETTER LEARNING is specifically prepared to help trainers make their training more effective.
Module 1
Teaching for better learning

Teaching is both an art and a science. Methods of teaching have gone through significant changes in recent years. The earlier method of teaching by lecturing in front of the blackboard has now been replaced by a method known as the teaching/learning process through which the trainer greatly facilitates the learning process of the trainees.

Health care of the elderly is a new area in health care. Primary health care workers and other community workers are not aware of the health needs of the elderly and how to respond to these needs. Their health needs are considered similar to those of other adults, and they are treated accordingly with, quite often, undesirable results.

This manual has been prepared with the principal objective of training the community workers (working either in the health sector or in other sectors like social welfare), to respond to the special needs of the elderly population. The manual is specifically designed for the trainers who will take the responsibility for training these multipurpose community workers whose main role is to provide primary care. Their academic background is very limited. Their training in health care of the elderly should, therefore, be conducted in very simple language, avoiding technical discussions as much as possible.

Who are the trainers of the community workers? Trainers can be drawn from various disciplines e.g., doctors, nurses, health officers, social workers, etc. These trainers will have experience in understanding the problems of the elderly and what can be done to help them. However, all trainers may not have the necessary experience in teaching methods to convey correct information to the trainees as well as to help them to acquire the necessary skills to carry out their expected role.

The trainer should, therefore, make an analysis of the different tasks that the trainee will have to perform. In this manual the tasks for providing care to the elderly have been categorized into the following:

1. Understanding the definition of ageing
2. Identifying the elderly in the community
3. Being aware of the health maintenance of the elderly
4. Knowing the nutritional needs of the elderly
5. Recognizing common health disorders among the elderly
6. Creating community awareness for the benefit of the elderly.

Each module is self-sufficient, which means that the trainer or the trainee will not have to refer to another module to understand what is given in a particular module. Repetition of certain facts in several modules is intentional in order to keep the module self-sufficient and to reiterate certain facts again and again to make a greater impression on the trainees.

Each module is divided into three sections:

1. **Learning objectives**: These describe what the trainees are expected to do after they have learned the material in the modules. In other words, the learning objectives at the beginning of the module describe what the trainees are going to learn, and after mastering this information, the tasks they are expected to perform.
2. **Training content**: In order to perform certain tasks, the trainees should understand why such a task is being performed. In other words, the trainee should acquire knowledge regarding the problem which he or she is to address. In the absence of this knowledge, the tasks of the trainees would be purely mechanical without any understanding of the task, why it is being done and what is its expected result.

3. **Tasks for the trainees**: In this section of the module, the specific tasks related to the topic of the module are described.

**Points to remember in planning a training course**

The main aim is to train the students to carry out the tasks for which they will be responsible upon completion of their training. It is important to know exactly what tasks the trainees must learn. If the trainer is unsure about these tasks, it is very likely that the course will become excessively theoretical, dealing with technical aspects of ageing rather than assisting the elderly to overcome their disabilities and remain as healthy as possible.

**How much theory should be taught?**

The trainer must decide how much theoretical knowledge community health workers require in order to do the tasks well. The following points should be considered:

(a) Some trainers want to teach everything. This is not only impossible, but also unnecessary.
(b) A good trainer should consider the sub-tasks associated with each task and decide how much information should be conveyed for each sub-task.

He should then list these topics under two categories: “must learn” and “useful to learn”. The first should include all the information the trainees must learn. The second category should include information that may be useful to the trainees, but is not essential for the performance of the tasks. The trainer should not spend much time on these topics. He should only guide the trainees as to where they can find that information. Often too much time is wasted on details that are of little importance to attain the objectives of the course.

**Helping students to learn**

The role of the trainer is to help the students to learn. The learning process can be made easier with the help of different teaching methods and aids. Lecturing is just one way of helping trainees to learn; there are other, better methods. The following Chinese proverb may be useful to remember in this context:

```
HEAR AND FORGET
SEE AND UNDERSTAND
DO AND REMEMBER
```
In usual classroom teaching, most trainers prefer to lecture because it is the easiest thing to do. Moreover, in most training schools, the facilities needed for teaching by other methods are lacking. If lecturing is the only possible method of teaching, some simple techniques can be used to improve its effectiveness.

**Planning topics for the lecture**

First, make a list of the topics to be covered in the lecture. This list should be in the order in which the topics must be learnt. Then decide what information and facts are essential for teaching each topic.

There is no one ideal way of giving a lecture. The style of lecturing depends on the subject of the lecture and the type and level of the trainees. With experience most trainers develop an effective way of lecturing. The following are some useful suggestions:

(a) Find out how much the students already know.

What the trainees already know determines what they can learn next. This saves time.

(b) Summarize the main topics to be covered before starting the lecture.

It is good practice to tell the trainees at the beginning of the lecture what topics will be covered and what is their importance with regard to the tasks the trainees will be expected to perform in the community.

(c) Make the lecture interesting.

Standing before a group of trainees and talking in a dull and monotonous voice is the surest way of making the lecture ineffective. Some ways of making lectures more interesting are asking questions, telling some real-life experiences related to the topic, and posing problems and asking trainees to suggest ways of solving them.

(d) Face the trainees and speak clearly.

It is important to face the students while giving a lecture. Many trainers spend a lot of time looking at their notes or facing the blackboard while lecturing. This is a bad practice.

(e) Use simple language.

Speak in as simple a language as possible so that the trainees understand everything you say.

(f) Use visual aids whenever possible.

During a lecture it is good to use visual aids, such as a blackboard, charts, slides, or photographs to explain certain ideas. When properly used, visual aids can create interest in the subject among the trainees and can break the monotony of the lecture.
Self-assessment by trainers

After class, the trainer should check his/her own performance:

— Were the learning objectives clearly specified and defined?
— Did all the trainees know what the objectives were and understand them?
— Were the content of the lesson and the teaching methods and aids right for the learning objectives?
— Were the teaching aids properly prepared for the lesson?
— Was there a proper check of how the trainees were progressing?
— Did the introduction to the lesson link it clearly with the previous lesson?
— Were the right examples used to clarify important points?
— Was there enough time for questions?
— Was the material presented clearly and could the trainer always be heard?
— Was there a good summary at the conclusion of the lesson?

Designing visual aids

Visual aids are used to improve the transfer of knowledge and skills by showing what has to be learned or done. They must be very carefully chosen to suit the subject. If new ones must be designed, the following points should be followed:

- Use pictures whenever possible.
- Use as few words and numerals as possible.
- Use colour as often as possible. The use of colour can increase the effectiveness of a picture and emphasize key points. Colours can be used for coding, contrast, and improving visibility. Colour combinations or contrasts are important. The colours that attract attention best are red and blue.
- Make the visual display simple and easy to understand. Use only key words and phrases, simple shapes and lines, and a few well-chosen colours. Do not crowd the display.
- For lettering, use special pens of the desired size, colour and boldness. You may use commercial pre-cut letters, lettering guides (stencils) and stick-on letters, or you may write free-hand. Be sure the letters are large enough and not overcrowded so that those at the back can read them.

Some common teaching aids

The proper use of teaching aids requires careful thought. The trainer should always make sure that the subject matter, training methods and visual aids are all suited to each other. The following is a list of common teaching aids:

1. prepared notes and printed matter
2. blackboard
3. charts and posters
4. flip charts
5. overhead projector
6. slides with projector
7. video films
8. use of real examples e.g., an elderly person.

Teaching methods

The effectiveness of teaching will depend on the teaching methods used. There are various methods of teaching, and the trainer must have an idea about the plus and minus points of each of these methods. In undertaking a training course, the trainer must consider carefully which method should be used for which type of situation. The main factors to be considered in selecting teaching methods are:

1. the trainer's knowledge and experience in teaching and familiarity with the methods;
2. the trainees' academic level and educational background and practical experience;
3. the objectives of the training.

For example, if the objective of the training is to enable the trainees to acquire skills, then the selected method of training should be case studies or role playing instead of giving lectures. The following is a list of the common teaching methods:

1. Lecture—This is the most common method of training even though participation of the trainees is minimal. Properly planned and with the use of teaching aids, lecturing can be an effective method.

2. Group discussions—This method is less formal because the trainees usually do more talking than the trainer. It could be very effective in examining issues in depth, exploring alternative opinions and agreeing to a solution. However, group discussion is a time-consuming procedure in which participation of the trainees may be unequal.

3. Role-playing—In this method the trainees enact the role of certain persons in a particular situation. This is a useful method for practicing real-life situations. For example, a trainee plays the role of a community health worker and undertakes the responsibilities in a given situation.

4. Real-life experience—In this method the trainees are taken to a community where the elderly are living under various circumstances. There, they observe the difficulties and constraints related to the care of the elderly. Similarly, trainees could be taken to an old-age home or similar institution to observe the type of care found there and to identify its good and bad points.
Module 2
What is ageing?
How is an aged person different from others?

Learning objectives

After learning this module, the trainee will be able to:

1. understand the gradual changes that occur in the body during ageing;
2. understand that not all persons over the age of 60 years age in the same way;
3. explain to all elderly and their carers in the families that ageing is a slow biological process and that simple measures can be taken to avoid many disorders.

Learning content

What is ageing?

Health workers must first understand what happens to the human body in the ageing process. Ageing is a biological process common to all living organisms. In fact, we all start ageing from the time we are born. It cannot be stopped or reversed but can be delayed with proper care. The impairment and disability of old age can be prevented or minimized by suitable measures and care. In the human body, continuous changes are taking place through which the body structure and functions undergo gradual changes. In the same way, mental and emotional make-up also undergo change.

Biological functions gradually slow down with advancing age. The muscular efficiency of a man of 70 years is very much less than that of a man of 40 years; thus, an old person cannot perform hard manual labour. In the same way, the functions of the heart, lungs, kidney and brain are gradually reduced. It is difficult to say at which age this happens. It varies widely from one person to another.

AGEING IS A BIOLOGICAL PROCESS WHICH CANNOT BE STOPPED OR REVERSED.
PROPER CARE CAN LEAD TO HEALTHY AGEING.
Certain phases of human life are marked according to age in years; thus, we speak of infancy, young childhood, puberty, adolescence, adulthood and old age. So far, not much is said about old age because it has always been considered the same as adulthood.

Who are the aged?

Since ageing is a continuous process in the life of a human being, when is a person considered "aged" or "old"? It is common knowledge that each person ages in a different manner. Some get old at a relatively young age, and some remain young quite late in life. There are reports that in some countries people live to a very old age; 100 years and more. There are more than 3000 centenarians in Japan, as shown in the latest census.

Chronological age is not an indicator of biological ageing. Great painters, sculptors, philosophers and scientists produced their masterpieces in their seventies and eighties e.g., Michelangelo, Picasso, Goethe and Pasteur. On the other hand, many persons become "old" even in their sixties. No one is very clear about variations in individual ageing.

A cut-off point

In most urbanized societies, the artificial point of 60 years of age indicates the beginning of old age, the time when a person retires from service. This is also why persons aged 60 and over are known as the elderly population of a country. In many statistical projections, 65 years is taken as the cut-off point.

PERSONS OF 60 YEARS AND OVER ARE CONSIDERED ELDERLY. HOWEVER, EACH INDIVIDUAL AGES IN A DIFFERENT WAY.
Are all aged people the same?

The answer is NO. Though there are individual variations, the elderly population could be broadly divided into two categories:

1. **Young-old**: usually in the age range of 60 to 75 years, physically active and mentally alert and, given the opportunity, could be as economically productive as those belonging to the middle age of 45 to 60 years. Their health needs are not very different from those of middle-aged persons. In industrialized countries, there is already a shortage of young adult workers for industry, leading to a move to utilize healthy elderly (young-old) in appropriate work in industry. There are several countries where healthy elderly people are being utilized in community development work. In some countries, there is a move to raise the retirement age to 65 years and in some professions to 70 years.

2. **Old-old**: usually over 75 years, these persons are physically frail, with different types of impairments e.g., vision, hearing and locomotion and with various types of mental disorder. This segment of the elderly population needs special care provided by the health care system.

---

THERE ARE TWO BROAD CATEGORIES OF ELDERLY: THOSE BETWEEN 60 AND 75 YEARS (YOUNG-OLD) AND THOSE OVER 75 YEARS (OLD-OLD). THE SECOND CATEGORY NEEDS SPECIAL CARE.

---

How are the aged different—structurally and functionally?

As age advances, several biological changes gradually affect the individual in such a manner that the person is not aware of when these changes really started.

*These changes are not pathological nor are they the result of disease: they are normal changes which result from ageing.*

The dry, wrinkled skin of an elderly person is a perfectly normal manifestation of the ageing process, as normal as the greying of hair.

---

WITH ADVANCING AGE, BIOLOGICAL CHANGES OCCUR IN THE HUMAN BODY. THESE ARE NOT PATHOLOGICAL, BUT THEY RESTRICT FULL FUNCTIONING. THESE CHANGES VARY FROM ONE PERSON TO ANOTHER.
Body structure and composition—changes due to ageing

The composition of the body has four major components:

1. bone
2. body cell mass including muscle mass
3. body fat
4. body water

With ageing, all the four compartments are affected in different ways, and these changes vary greatly from one person to another. However, there is a general pattern which is described below.

BONE

Bones, once formed, do not change in shape or size, except in serious bone disease. However, the quality of bone gradually deteriorates with age.

The main ingredient in bone which gives rigidity and the desired shape is the mineral CALCIUM. This mineral is deposited in bones even before birth. By 30 years of age the bones of a healthy human being have reached their maximum density, indicating that the maximum amount of calcium has been deposited to give the desired strength and rigidity. Density of bone is shown as opaque shadows in X-ray plates. When the bones lose calcium, the opaque shadows become less dense.

AGEING MAKES THE BONES LOSE THEIR DENSITY AND BECOME BRITTLE—A CONDITION KNOWN AS OSTEOPOROSIS. THE BONES FRACTURE EASILY. THIS IS MORE COMMON IN FEMALES AFTER MENOPAUSE.

There is a calcium balance in the body i.e., calcium in the bones is excreted out of the body through blood circulation and is replaced by fresh calcium coming through dietary intake. With the advance of age, especially in persons who are not active and mobile and who have sluggish blood circulation and restricted dietary intake, calcium loss from bone is far more than fresh calcium deposition. Due to the gradual reduction of calcium, the bones become less dense and more brittle, a condition know as Osteoporosis. This is more common in females after menopause. Even a minor fall can cause the bones to break (fracture). Hip fractures and fractures of the femur are the major fractures of elderly persons.

AGED PERSONS CAN FRACTURE BONES WITH ONLY A SLIGHT IMPACT. MOREOVER, THE FRACTURED BONES DO NOT HEAL EASILY.
If the elderly themselves and their carers in the family, are informed about this “weakness” of the bones, many cases of fractures leading to permanent handicap can be avoided.

BODY CELL AND MUSCLE MASS

Muscles and organs in the body are made up of numerous cells. These cells are not permanent but grow, live for sometime, carry out their function and die; immediately other cells are regenerated and take their place.

This process of degeneration and regeneration of specialized cells gradually slows down with age. The number of cells in a given organ will be much less in the organ of an elderly person than in the organ of a young adult. This process takes place in all the essential organs of the body e.g., heart, liver, spleen, kidney, etc.

The net result is a reduction in the physiological function of the body which depends on these organs e.g., functions of the liver, kidney and heart. The kidney and liver function in an elderly person of 70 years is reduced by about 30%.

The loss of muscle mass in ageing is a normal process, and this loss is more pronounced in muscles which are responsible for rapid movement. On the other hand, the muscle mass necessary for doing heavy physical work is relatively unaffected. It is common to see aged manual workers undertaking heavy physical work; however, as age advances and physical activity is reduced, skeletal muscles usually atrophy.

MUSCLES GRADUALLY ATROPHY IN OLD AGE. MUSCLES RESPONSIBLE FOR RAPID MOVEMENT SUFFER THE MOST. MUSCLES USED FOR HEAVY PHYSICAL WORK USUALLY REMAIN UNAFFECTED UNTIL LATE AGE.

BODY FAT

Redistribution of body fat with the advance of age is perhaps the most common manifestation of the ageing process. The “middle-age spread” (deposition of fat in the lower abdomen and on hips and upper thighs) of males and females is common everywhere in the world, in all societies. However, several points must be kept in mind in this connection.

1. With increasing age there is an increase in the amount of body fat. This middle-area spread in the elderly is NOT always due to increased food intake. Decreasing energy expenditure in elderly individuals due to greatly reduced physical activity with the same food intake will lead to an increase in body fat. Even the basal metabolic rate—the minimum amount of energy needed by the body at complete rest for essential functions e.g. heartbeat and respiration—decreases with age. Usually, 1300 kilo calories are needed for the whole day for basal metabolism. With increasing age, this basal metabolic rate is lowered, leading to obesity among many “young-old” elderly individuals.

2. Body fat starts decreasing with very advanced age. Very old persons over 75 years are rarely fat because of greatly decreased food intake, the result of food restriction due to difficulty in mastication, loss of appetite and greatly restricted physical activity.
3. With the advance of age, especially in the “young-old” category, a gradual process of redistribution of fat takes place, and fat is shifted from the extremities to the trunk. The body contour of both men and women starts changing with age; the common pattern is thinner arms and legs with round trunk. This gives the impression that the aged person is gaining weight. In fact, these changes take place with the body weight remaining the same. This is a normal physiological process, and no attempt should be made to restrict diet and body weight increases.

4. There is another marked change that occurs in ageing—the gradual loss of subcutaneous fat and the underlying connective tissue. This gives a dry emaciated appearance, with the atrophied muscles becoming visible under the skin, since the subcutaneous fat and interstitial tissues disappear. This dry skin produces various symptoms such as an itching and burning sensation.

**BODY WATER**

Water constitutes a large percentage of the human body. An embryo is 90% water, a newborn child 80% water and a mature adult about 70% water.

| AN ELDERLY MAN OF 65 YEARS IS 60% WATER |
| AN ELDERLY MAN OF 70-80 YEARS IS 55% WATER |
| AN ELDERLY FEMALE OF 70-80 YEARS IS 50% WATER |

Water intake is necessary to keep the water balance in the body. Elderly persons easily become dehydrated which is very risky, particularly as they experience very little thirst and as such drink less water.

| BODY WATER IS GREATLY REDUCED IN OLD AGE. PROPER WATER BALANCE IS NECESSARY. AGED PERSONS EXPERIENCE LESS THIRST, DRINK LESS WATER AND BECOME DEHYDRATED. THEY MUST DRINK PLENTY OF FLUIDS. |

**Tasks for the community health worker**

*Familiarize yourself with the changes which occur in the ageing process. This will enable you to provide better care to the elderly and also make the elderly aware of these changes and needs.*
Module 3
Knowing the elderly in the community

Learning objectives

After learning this module, the trainee will be able to:

— collect information about the elderly in the community relating to their living conditions and their health conditions;
— identify other workers in the community from different government sectors and nongovernmental organizations with whom collaborative measures can be taken to support the elderly in the community.

Learning content

The community health workers (CHWs) working in the community are responsible for providing health care to the members of the community. They represent the national health service at the most peripheral level. They live in the community and they are expected to know all about the community.
For a community health worker, the first task is to make a rapid survey in the community, identifying those who are in the "old-old" category and indicating their physical and mental condition and disabilities. These persons should receive the bulk of the attention of health workers followed by those in the young-old category who are disabled and handicapped and with chronic clinical disorders needing special care.

In every community there are certain leaders who can be very helpful in organizing and maintaining facilities for the elderly. These persons can be trained by the community health worker and they can take on the day-to-day running of various activities for helping the elderly in the community.

This training manual is designed to enable CHWs to provide health care to the elderly in the community. The following questionnaire will guide them in collecting basic information about elderly individuals in the community.

WHEN YOU HAVE COLLECTED THIS BASIC INFORMATION, YOU WILL THEN HAVE A GENERAL PICTURE OF HOW THE AGED PERSONS IN THE COMMUNITY LIVE, WHAT THEY DO AND WHAT TYPE OF HELP THEY NEED FROM YOU.

**Tasks for the community health worker**

1. *Using the enclosed format, collect all possible information about the elderly in the community. This should be done by individual home visits. Personal contacts with the elderly should always be made in the presence of family members in order to obtain reliable and comprehensive information.*

2. *Identify other community workers who have the responsibility of providing help to the elderly in the community, and decide how their assistance could be used to avoid duplication of efforts and to ensure that all needs of the elderly are met as much as possible. A format for data collection is suggested below.*
<table>
<thead>
<tr>
<th>Living arrangements</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Who do you live with?</strong></td>
</tr>
<tr>
<td>1. Alone (i.e. even without spouse)</td>
</tr>
<tr>
<td>2. With spouse only</td>
</tr>
<tr>
<td>3. With spouse &amp; unmarried children</td>
</tr>
<tr>
<td>4. In extended joint family</td>
</tr>
<tr>
<td>5. Other:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Self care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you need assistance with any of the following activities?</td>
</tr>
<tr>
<td>1. Toilet (bowel &amp; bladder)</td>
</tr>
<tr>
<td>2. Bathing</td>
</tr>
<tr>
<td>3. Dressing</td>
</tr>
<tr>
<td>4. Feeding</td>
</tr>
<tr>
<td>5. Making bed</td>
</tr>
<tr>
<td>6. Shopping</td>
</tr>
<tr>
<td>7. Cooking</td>
</tr>
</tbody>
</table>
Health problems

Do you have any illnesses or health problems?

Income

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Do you do any work which directly brings you income</td>
<td></td>
</tr>
<tr>
<td>2. Do you do any work which indirectly contributes to the family income e.g., take care of home, children, cattle?</td>
<td></td>
</tr>
</tbody>
</table>

Activity:

<table>
<thead>
<tr>
<th>What do you do all day?</th>
<th>Check all which apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Sit around alone.</td>
<td></td>
</tr>
<tr>
<td>2. Sit around with neighbours/gossip with neighbours.</td>
<td></td>
</tr>
<tr>
<td>3. Work around the house/help with house work.</td>
<td></td>
</tr>
<tr>
<td>4. Work outside the house part-time.</td>
<td></td>
</tr>
<tr>
<td>5. Work outside the house full-time.</td>
<td></td>
</tr>
</tbody>
</table>

Other agencies:

Are there any other agencies working with the elderly in this community?
Expectations of the elderly:

<table>
<thead>
<tr>
<th>What would you like us to do for you?</th>
</tr>
</thead>
</table>

Expectations of the younger people:

<table>
<thead>
<tr>
<th>What can we do to help the older people in your community?</th>
</tr>
</thead>
</table>
Module 4

Health maintenance of the elderly

Learning objectives

After learning this module, the trainee will be able to:

1. explain and convince the elderly and their carers in the family that self-care is the most effective way to maintain good health in old age;
2. convey messages to the elderly to regulate their daily routine in order to remain healthy in old age.

Learning content

To remain well and healthy in old age, elderly individuals will need the following:

1. Advice which they should follow to remain active and healthy in old age.
2. Information about what to do in order to avoid the disorders and disabilities of old age.

OLD AGE IS NOT A DISEASE BUT A BIOLOGICAL PROCESS WHICH NO ONE CAN AVOID. A LITTLE CARE AND CAUTION WILL AVOID OR DELAY MANY DISABILITIES.

Self-care for healthy ageing

There is no reason why the ageing process should be regarded with fear and apprehension. It is true that old age leads ultimately to death, but with proper care everyone can enjoy long, healthy ageing. To a very large extent, the aged individuals themselves will have to adopt measures which will help them to maintain a healthy state of living to an advanced age.

AN OLD GREEK PRAYER:
OH LORD, LET ME DIE YOUNG BUT AS LATE AS POSSIBLE.
Self-care for healthy ageing is of utmost importance, and it is the responsibility of all health workers to convey appropriate messages to elderly people in the community to adopt self-care. In fact, these messages should be conveyed to individuals in their fifties, so that they can prepare to face the special needs of old age and to adapt themselves to the biological changes occurring with advanced age.

**SELF-CARE FOR HEALTH AGEING SHOULD START WITH MIDDLE AGE. THE MIDDLE-AGED ARE THE ELDERLY OF TOMORROW.**

Prevention of accidents

Old people are common victims of various types of accidents. These are mostly due to loss of muscle power required for quick movement to prevent a fall. Another common cause is loss of balance due to giddiness, known as vertigo, described by the aged person as a sensation in which he/she feels that the surroundings are turning around him/her.

Even the slightest accidents may produce fracturing of bones, which will make the elderly person immobile and restrict them to bed for the rest of his/her life since the bones do not heal readily. Fractures of the long bone of the thigh (femur) and hip bones are common in elderly persons. Osteoporosis is a condition common in old age, especially in elderly females. It is the major reason why bones break even on slightest impact. This condition was discussed in Module 2.
ELDERLY PEOPLE ARE PRONE TO HAVE ACCIDENTS.
THE BONES BREAK EASILY ON SLIGHT IMPACT.

Some 75% of all accidents involving elderly persons take place in their own homes or surroundings. The most common type of accidents, simple falls, happen in the following situations:

- getting out of bed
- crossing the doorstep
- slipping on rugs or carpets
- slipping on bathroom floors or any wet surface
- using the stairs, usually when coming down.

Poor lighting is a major cause of falls. Street accidents, especially when crossing the street, are another type of accident in urban settings.

TWO-THIRDS OF ALL ACCIDENTS AMONG THE ELDERLY HAPPEN IN THEIR OWN HOMES.
SIMPLE FALLS ON FLOORS OR STAIRS, RESULTING IN FRACTURES OF LEGS OR HIPS, ARE A COMMON CAUSE OF IMPAIRMENT AMONG THE ELDERLY.

The following routine should enable every aged person to remain relatively healthy:

1. **Daily routine**: maintaining a daily routine of activities is a basic step in remaining healthy in old age.

   Fix a time for each activity during the day and try to maintain this as much as possible every day. Sleep and get up, eat, do your physical exercise and entertain at the same time. This routine should be maintained even on the weekends and holidays as disturbing the routine on the weekend makes it difficult to adjust again. Only in exceptional circumstances (e.g., major religious festivals, marriages, etc.) should the routine be disturbed.

   The body's biological rhythm works best when a routine is maintained. In old age it becomes harder for the body to adjust if the routine is disturbed.

2. **Physical activity**: remaining physically active during the day will prevent the onset of many common problems in old age.

   Walking is the best form of physical exercise provided there are no contraindications (e.g., heart disease). One should walk about 30 minutes in the morning and 30 minutes in the evening. More vigorous exercise should be undertaken only after consultation with a doctor. Straining or exhaustion due to physical activity should be avoided.

   Physical exercise helps burn up excess calories. It increases the blood flow to bones, thereby increasing calcium deposition. Walking improves muscle function and also facilitates regular bowel movements.
3. **Sleep**: following a regular sleep schedule is very important in old age.

Sleep requirements diminish with age. There is no cause for alarm if sleep is much less than in youth or is more disturbed. This is a natural phenomenon. No attempt should be made to change this by using sleeping pills.

Going to sleep and getting up at the same time is essential for the biological rhythm of the body. Variable sleeping hours and frequent naps during the day are the most common causes of disturbed sleep at night in the older age group.

4. **Personal hygiene**: good personal hygiene is very important in old age.

The mouth should be kept clean, especially if dentures are used. Bathe every day to keep your skin clean, but avoid using too much soap as this dries the skin which is already dry in old age. If there are any special circumstances (such as incontinence), special precautions should be taken.

Poor dental hygiene leads to various types of oral infections. Unhygienic skin leads to boils, ulcers and itching.

5. **Bowel movement**: regular bowel movements should be ensured.

The essential requirement for regular bowel movements is a diet high in residue (roughage), regular exercise and a fixed time for going to the toilet.

Older people generally tend to be constipated. This is because of inadequate diet and physical activity. Alternating diarrhoea and constipation is a serious matter and should be brought to the attention of a doctor, as also is blood in the stools. Prolonged use of laxatives can be harmful and should be avoided.

6. **Social activity**: remaining socially active is the best way to be mentally healthy, thereby avoiding mental depression, a common feature of old age.

Remaining socially isolated and brooding is the surest means to developing depression and dementia. Cultivating friendships with other elderly individuals and spending time with them is the right step to ensuring mental satisfaction. One can engage in social and philanthropic work which can be constructive and satisfying.

Lack of intellectual stimulation leads to depression and more rapid deterioration of a person’s mental health. The more one’s intellectual powers are used, the more healthy a person remains.

7. **Preventive health measures**: simple preventive health measures should be taken, such as regular check-ups of blood pressure and body weight, use of safe drinking water, adequate diet and consultation with a doctor or a health worker, if sick.

Learn to recognize the early signs of serious illness, such as change of bowel habits, lump in breasts, continuous bleeding from any site, etc.

Illness in the older age group presents itself differently than in younger years and can progress very rapidly. Prevention is always more effective than treatment, particularly in the older age group.

8. **Medication**: taking too much medicine can be dangerous.

All medication should be taken after consultation with a doctor and preferably under the supervision of another adult.
Quite often, the elderly take too much medicine which can be harmful because of drug interactions. Also the dosage of drugs for the elderly is often different than that for young adults. An incorrect dose can be very harmful. In addition, because of poor vision or chronic forgetfulness, an incorrect dose or incorrect medicine may be taken. Unconventional medicine should be avoided as it can be harmful.

9. **Diet**: see next module.

**Tasks for the community health worker**

**Basic messages which can be given to the elderly to remain healthy**

The following basic messages should be repeatedly stressed to all aged individuals:

1. A physically active daily life should be maintained. Avoid sitting or lying most of the time.
2. Walking is the best form of physical exercise. Consult your doctor for other types of exercise in case of restriction of joint movements. Heavy exercise should be avoided.
3. Proper diet plays an important part in keeping fit in old age. Select foods befitting your physical activity.
4. Any tendency towards obesity should be controlled through appropriate diet and physical activity.
5. A good night’s sleep without recourse to sleeping tablets is important. A physically active daytime schedule ensures good sleep at night.
6. Personal hygiene is very important. Taking a regular bath is to be encouraged, especially if urinary incontinence is present. Remember, the skin becomes dry with advanced age, so avoid using too much soap.
7. Regular bowel movements are important to maintain when ageing. Aged persons usually become constipated with increased age. Physical exercise, proper diet and a regular toilet schedule will greatly reduce this condition.
8. It is important to avoid loneliness and boredom. Try to be active and in contact with relations, friends and neighbours.
9. Many elderly persons will have to live with more than one clinical disorder (e.g., arthritis, hypertension and diabetes). This, however, does not mean that the person must stay in bed. With proper medical advice and an appropriate lifestyle, the person can lead an active, healthy life.
10. Elderly individuals should be advised to drink water and other fluids, such as fruit juice, frequently, even if they are not thirsty. Drinking an adequate amount of fluid will also ensure good urinary excretion and reduce the chance of urinary tract infection, very common in old age.
11. Very cold and very hot climates are not suitable for the elderly. Try to avoid these situations.
12. Most accidents to elderly individuals can be avoided if proper precautions are taken. With a little care, elderly individuals and their carers in the family should be able to avoid most risky situations. They should be reminded that most accidents in elderly individuals occur within the home.

The following messages should be conveyed to all elderly individuals and their family carers
so that accidents can be prevented:

- While moving about in the home, and especially when using stairs, be sure that there is good lightning. Stairs are a common place for falls, so be especially careful when coming down.
- Always remember that rugs and carpets might slide on the floor and you might slip and fall.
- Remember to be extra careful on wet and slippery surfaces, such as on the floors in bathrooms.
- Getting out of bed or standing quickly from the sitting position might cause you to lose your balance. Avoid quick movements.
- When you have an accident, even a minor one, ask for outside help, and later consult a doctor.
- Road accidents while driving or crossing the road can be prevented by using caution.
- Poisoning from heating gas, which may be accidentally left on, can be avoided by using electric heaters.
- Burns can occur from cooking accidents, so great care should be taken.

13. Emphasize the following points to avoid dangers due to improper use of medicine:

- All medicine should be taken after consultation with a physician familiar with treatment of the elderly.
- Preferably take medicines under the supervision of a young adult.
- Do not take unconventional medicines.
- Take only essential medicines.
Module 5
Nutritional needs in aged individuals

Learning objectives

After learning this module, the trainee will be able to:

1. understand the altered nutritional needs of aged persons and how to meet them;
2. convey advice to the elderly and their family carers to take appropriate care in preparing a diet for the elderly;
3. identify those elderly individuals who are at risk of diet-related clinical disorders and refer them to doctors.

Learning content

Do the nutritional needs of elderly people differ from those of middle-aged persons? As mentioned earlier, each elderly person is different. There are numerous healthy and active individuals, aged 60 to 70 years, who continue to have almost the same food and nutrient intake as those in the age group of 40 to 50 years, and they also continue to have the same food preferences.

THE NUTRITIONAL NEEDS OF THE ELDERLY, ESPECIALLY OF THE “OLD-OLD” AGE GROUP, ARE VERY DIFFERENT. THEY NEED SMALLER QUANTITIES OF FOOD WHICH CAN BE EASILY DIGESTED AND ABSORBED, AND PLENTY OF FLUIDS.

However, very old individuals need considerable care in food selection and preparation. On the whole, the following points are to be remembered in taking care of the nutritional needs of the elderly population.

1. ENERGY NEEDS OF THE ELDERLY
   The energy requirement is gradually reduced with age due to two main reasons:
   (a) lowered basal metabolic rate.
   (b) less physical activity; with advancing age a lower intake of calories is needed.

   The intake of energy-giving foods such as bread, rice, sugar and fats and oils should, therefore, be reduced.
2. CONSISTENCY OF DIET

Most old persons have dentures which may be ill-fitting. In rural areas, they are often partially or totally toothless. Proper mastication of a normal diet is not possible. Liquids or softly cooked and mashed foods are preferred, but they may not supply sufficient nutritional needs and so should be supplemented.

3. SELECTION OF FOODS FOR THE ELDERLY DIET

The capacity of digestion and absorption in very old persons is far below that enjoyed in their adult age. Digestive enzymes and gastric acidity are reduced. Diet should be carefully selected, avoiding fried, spicy and fatty foods and reducing the quantity of animal foods such as red meat and eggs. Instead, fish, a good source of animal protein, should be eaten.

Even though the elderly need less calories, they will need the same amount of vitamins and minerals that they needed as adults. Fruits and easily digestible vegetables should be taken in adequate amounts.

The arteries are hardening, possibly with atheroma plaques; therefore, the elderly should avoid red meat, butter, eggs and other animal fats as much as possible.

4. CHANGED FOOD PREFERENCES

With the advance of age, there is a strong tendency to eat sweets. Quite often, more sugar is used in tea or coffee because food preferences alter with advancing age. Diabetes is common with advancing age, so proper dietary restrictions should be observed after obtaining the advice of a doctor.

ELDERLY PEOPLE SHOULD AVOID TOO MUCH SUGAR AND TOO MANY SWEETS, RED MEAT, EGGS, BUTTER AND ANIMAL FATS. TEA OR COFFEE SHOULD BE TAKEN IN MODERATE AMOUNTS, AND SMOKING AND ALCOHOL SHOULD BE AVOIDED.
Tasks for the community health worker

The role of the CHW is primarily to disseminate information about diet to elderly persons and their families. The following basic messages can be conveyed through a person-to-person approach:

1. Meals should be eaten at fixed times.
2. Three small meals per day are better than one large meal. Do not stay hungry but avoid huge feasts as much as possible. Eat less than you think you should.
3. The number of calories should be adequate—not too much or too little.
4. The diet should be balanced in terms of fats, carbohydrates, proteins, vitamins, minerals and fibre.
5. Adequate amounts of fluids should be taken. This is particularly important in hot climates or with diarrhoeal diseases. However, intake of fluids should be restricted after 6:00 p.m. as this promotes getting up at night to urinate.
6. Tea or coffee should be drunk in moderation and again restricted after 6:00 p.m. No tea or coffee should be taken after dinner or late at night as this will keep a person awake.
7. Special needs of persons should be considered (e.g., low salt in hypertension, low sugar in diabetes).
8. Fried or very spicy food should be avoided.
9. Locally available food and personal food preferences should be taken into consideration in the recommended diet.
10. A person’s height, build, special restrictions, personal preferences, and locally available food should be taken into consideration. Each subject should be given a recommended diet for breakfast, lunch and dinner.
11. If the subject has many missing teeth, badly fitting dentures or only gums to masticate his/her food, choose foods which are free from hard fibres (e.g., green leafy vegetables). Lightly cooked and mashed foods and soft vegetables and fruits are excellent. Milk and milk products are very suitable. Fruits which do not need much mastication (e.g., banana) are suitable.
12. Red meat, eggs, dairy products and animal fats should be avoided as much as possible.
13. Alcohol and smoking should be avoided.
14. Flatulence and constipation are very common complaints in ageing. Dietary adjustment can reduce these complaints. If very troublesome, a doctor’s advice should be obtained.

If there are laboratory facilities in the health centre, the following tests should be done at least at the beginning to screen out those elderly who are at risk and need frequent observation:

— blood sugar for diabetes
— blood cholesterol
— body weight at intervals
— blood pressure at frequent intervals
Module 6
Common health disorders among the elderly

Learning objectives

After learning this module, the trainee will be able to:
1. understand the major features of common health disorders of the elderly population;
2. give proper advice to the elderly with different disorders on how to overcome further disabilities and remain relatively active;
3. identify those cases which need the specialized care of doctors;
4. coordinate with other sectoral workers and NGOs in the community to provide assistance to the elderly (eyeglasses, hearing aids, etc.).

Learning content

Common health disorders among the elderly population

Morbidity data collected from countries of this Region indicate that the following are the common health disorders of the elderly population:

1. hypertension
2. heart disease
3. stroke
4. diabetes mellitus
5. cancer
6. respiratory disease
7. urinary incontinence
8. impairment/loss of vision
9. loss of hearing
10. loss of mobility due to various types of arthritis and orthopaedic disorders
11. various types of mental disorders
12. oral/dental problems

Disorders such as loss of vision, hearing and mobility are generally due to biological decay in old age. Other clinical disorders such as hypertension, coronary heart diseases, strokes and cancer are equally prevalent in adult age, and the biological process in ageing makes these conditions even more prevalent in old age.
1. HYPERTENSION

Hypertension is an increase in blood pressure, both systolic and diastolic, and is a common clinical problem for most elderly persons. In many cases, moderately high blood pressure by itself does not produce any symptoms, but if allowed to remain over years, it can lead to other dangerous conditions such as coronary heart disorder, cerebral hemorrhage (commonly known as stroke) and damage of kidneys and retina.

Tasks for the community health worker

It is necessary to consult a doctor who will check the blood pressure at intervals and prescribe medicine, if necessary. All elderly persons should be advised to follow some simple rules to remain healthy:

1. Remain physically active. Walking is the best exercise. Exercise lowers blood pressure.
2. Reduce body weight by dietary adjustment and increased physical activity. Obesity or excess body weight is a common feature in many hypertensive patients. A careful watch should be kept on body weight.
3. Avoid excess salt in the diet, which should also contain a decreased amount of fat, sugar and fried foods.
4. Avoid smoking as it may cause coronary artery disease.
5. Watch for danger signals, e.g., swelling of feet and persistent headache. When these are present, report them to the doctor.

2. HEART DISEASE

Old age brings about certain changes in the heart and blood vessels, producing a number of signs and symptoms which are generally known as “heart disease”. Hypertension is one which is described in the previous section. There are others which are, in some cases, transitory:

- shortness of breath on exertion
- chest pain on exertion, e.g., climbing stairs
- disordered heartbeat
- rapid heart beat
- swelling in legs

Consulting a doctor and taking prescribed medicine regularly are very important.

Acute chest pain, precipitated by exertion, can be caused by a decreased blood supply to the heart. This is commonly known as angina. Immediate rest and a doctor’s attention are essential.

It is possible for a blood clot to block a small blood vessel in the heart. Blood vessels become inelastic due to the ageing process, and narrower due to deposition of fatty material and cholesterol on the inner walls. This condition, known as coronary thrombosis, can kill a person. Immediate medical attention, and preferably hospitalization, is necessary. Bed rest is the first step and is of utmost importance.

When the acute stage is over, the person should take mild physical activity, such as walking a few steps at a time in the home. Gradually this should be increased until a normal day schedule is established. At all stages, a doctor’s advice is necessary.
Tasks for the community health worker

The elderly and their carers should understand that prevention of all heart disorders is very important, and these essential points should be followed:

1. avoid all physical exertion;
2. take light physical activity, e.g., walking;
3. follow the diet pattern as recommended for hypertension.

If any signs or symptoms of heart disease are present, urge the subject to see a doctor and follow his/her advice.

3. STROKE

Cerebrovascular accidents, or stroke as it is commonly called, is a serious disorder with a high rate of mortality and long-term disability. Small blood vessels in the brain rupture, usually as a result of high blood pressure, resulting in cerebral haemorrhage. The same effect is produced by a small clot blocking a small blood vessel in the brain—a condition known as cerebral thrombosis.

If the affected portion of the brain is large, the condition can produce paralysis of one side of the body (hemiplegia). If the brain is affected on the left side, the right side of the body will be affected, and vice versa. The functional impairment of the body will depend on the size of the haemorrhage and the location in the brain where such haemorrhage has taken place. In many cases, the person loses the power to speak. Rest and rehabilitation are of utmost importance, and these can gradually help to bring back the power of movement and even speech.

Tasks for the community health worker

For survivors of stroke, the main treatment is physiotherapy, which means exercise of the paralysed part, and rehabilitation. This is best done in a community setting in rural areas. The CHW can play a major role in teaching family members basic, simple exercises which will help the patient.

All joints of the paralysed limbs should be moved in the full range of natural movement. The movements should be slow and gentle and for at least 30 minutes three time a day.

Avoid rapid, jerky movements, extreme positions of joints and any movement which causes pain.

Loss of ability to speak causes major frustrations for those affected. Families must be taught to recognize the needs of the affected person as they do for a child. Use of a picture board or word cards which the subject can point to are useful.

If there is a loss of power to understand, rehabilitation is very difficult, and usually one must wait until the patient begins to understand.

Control of risk factors for stroke is very important to prevent recurrence of stroke. The risk factors which can be controlled are hypertension, diabetes, smoking and cholesterol.

Giving 50-100 mg of aspirin every day reduces the risk of future stroke. This is especially important for people who have had transient ischaemic attack and have recovered, as it can prevent a major stroke.

4. DIABETES MELLITUS

This is a common clinical disorder in the elderly population. About 10% of people over 65 years of age have diabetes. In simple terms the condition is due to the inability of cells in the
human body to utilize sugar which comes from food. This is due to inadequate production of insulin, a secretion from the pancreas, necessary for the metabolism of carbohydrates. As a result, the sugar level in the blood rises, and a portion of it is passed out in the urine.

This sugar disorder of the metabolism leads to a series of changes in the body, producing several signs and symptoms:

- increased urination, especially at night;
- excessive thirst and dry mouth.

Diabetes cannot be cured but can be treated and kept under control. If diabetes lasts for many years, it may be complicated by changes in the blood vessels, heart, kidneys, eyes and nerves. Diabetes and cardiovascular disorders very often occur together.

A doctor should be consulted for the treatment of diabetes and if medicine is given, it should be taken regularly. Remember, that the condition cannot be cured, and hence the treatment should be continued indefinitely.

Proper diet is of great importance in the management of diabetes. Quite often, diet alone is sufficient to control diabetes. In advanced cases, insulin must be taken by injection every day.

Tasks for the community health worker

The following simple health rules should be passed on to all elderly diabetics:

- Avoid sugar and sweets.
- Reduce your weight (if overweight) by cutting down the consumption of bread, rice, potatoes and fat.
- Take special care of your feet. Carefully examine the feet to detect any injury by external objects and protruding nails. Carefully inspect the space between the toes and sole. Report any abnormality to doctors or health workers. Remember that gangrene of the feet is a serious complication of diabetes and leads to amputation.
- Consult a doctor immediately if you have problems with your eyes, e.g., floating spots and flashes.
- Lead a physically active life. Walking is an excellent exercise for those with diabetes.

5. CANCER

Most types of cancer are more prevalent in old age. Cancer of the colon and breast cancer are of very high prevalence in males and females, respectively, and early detection is very important. Any elderly person who finds fresh blood in the stool should consult a doctor or a health worker to investigate whether there is cancer of the colon.

Similarly, an elderly woman should be taught to examine herself to detect any lump in her breasts which may be breast cancer. Early detection of breast cancer can lead to proper treatment.

Tasks for the community health worker

Community health workers should convey the message to all the elderly in the community that cancer is more prevalent in old age and they should be aware of early danger signals.
They should inform the elderly that if cancer is detected early, appropriate measures can be taken for proper management.
They should refer those elderly with early signs of cancer to doctors for proper investigation and treatment.

6. RESPIRATORY DISEASE
Respiratory problems such as chronic cough, breathlessness with wheezing and respiratory infections are commonly found with advancing age. Bronchitis and pneumonia in old age are dangerous and immediate medical attention is necessary since these are fatal.

Tasks for the community health worker

Community health workers should convey the following messages to all elderly:
— Stop smoking.
— Avoid respiratory infection by avoiding crowded places.
— Improve the function of the lungs with simple breathing exercises.
— Consult a doctor immediately whenever there are symptoms of respiratory infections, e.g., breathing difficulty, chest pains and fever.

7. URINARY INCONTINENCE
Incontinence, the inability to hold back the urge to urinate, is not entirely the manifestation of old age, even though the urinary bladder becomes smaller and its muscles weaken. The weakening of the sphincter, which controls the voiding of urine, may be another reason for this condition.
This is a common impairment in old age, but people feel ashamed to report it. Women, particularly those who have delivered many children, have difficulties in holding urine especially when coughing, sneezing or even laughing. Many elderly persons prefer to stay indoors and refuse to go out since they cannot hold urine, and thus become socially isolated; this leads to depression.

Tasks for the community health worker

The CHW should explain to affected individuals that this condition is not serious, and in some cases it can be controlled by medicine or exercises to control the function of the urinary bladder. Also, a doctor should be consulted to find out whether this condition is due to any disease. The following simple tips should help the individual:
— Do not let the bladder fill up completely. Try to empty the bladder before it is necessary.
— Try to pass all the urine in the bladder each time you go to the toilet. This may take more time, but will delay the time of the next urination.
— Try to follow fixed times for going to the toilet. This may help in some cases of incontinence.
— In all cases, consult a doctor.
8. IMPAIRMENT/LOSS OF VISION

Gradual reduction of vision occurs with ageing. In general, older people need stronger light to read or focus the eyes on small objects. Some older people have headaches or their eyes tire easily while reading. This is a normal biological process in which the focusing mechanism is impaired due to ageing. These conditions can be easily corrected with glasses. Providing cheap eyeglasses to old people can sometime convert severe visual impairment to an almost normal state.

CATARACTS

With the advance of age, the lens in the eye gradually becomes opaque, and light cannot pass through the lens. If both the eyes are affected, the aged person becomes almost blind or functionally blind. There are millions of such blind persons in the developing world, especially in rural areas.

The opaque lens can be surgically removed. After the operation, which is a minor one, the vision is restored with the use of proper eyeglasses.

Tasks for the community health worker

The CHW should enquire about the possibility of such operations, usually through private philanthropic societies or a nongovernmental organization. Usually, these operations are conducted on a mass scale in the form of “travelling eye-camps”. The social worker in the area will be able to provide further information.

In several countries, the social welfare departments or many nongovernmental organizations supply eyeglasses after cataract operations either free or at a subsidized price. The community health worker should be in close contact with workers from these organizations.

9. LOSS OF HEARING

Common to advancing age, loss of hearing can slowly appear due to the gradual deterioration of the nerve that transmits sound from the ear to the brain. In most cases, loss of hearing can only be corrected by a hearing aid. Loss of hearing, or deafness, as it is commonly called, can produce considerable changes in the mental make-up of certain persons. They tend to become shy and isolated and prefer to avoid talking to people rather than face the embarrassment of being known as a deaf person.

Tasks for the community health worker

The community health worker should convey the following tips to elderly individuals with hearing impairment:

— Do not become isolated in a group due to the embarrassment of not hearing well.
— Tell others with whom you are speaking that you do not hear well, and ask them to repeat
what they have said a little more loudly and slowly.
— Be sure to see the face of the person to whom you are talking and follow the lip movements.
— Request the persons who know that you cannot hear well, to speak SLOWLY and NOT TO SHOUT. Shouting distorts lip movement.
— Consult a doctor. It may be that removing wax (cerumen) from the ears will improve your hearing.

In some countries, the social welfare department or some NGOs provide assistance in obtaining hearing aids at subsidized prices. The community health worker should get in touch with these organizations.

10. LOSS OF MOBILITY

Restricted movement is almost always found among aged persons, especially elderly females. They prefer to remain indoors and to sit in bed, because of aches and pains while standing or walking or in certain types of movements of their fingers, hands, legs, head and neck. These conditions are generally described as CHRONIC ARTHRITIS, indicating inflammation of various joints of the body, especially of the hip, spine, and knees.

Most cases of impairment in joint movement in aged persons are due to OSTEOARTHRITIS. It is estimated that almost 80% of people over 60 years have some types of osteoarthritis, although the majority do not complain. Most often there are degenerative changes in the cartilage and bony surfaces of the joint.

The symptoms are pain, stiffness and painful restriction of movement of the joints e.g., in walking and in movement of the head and neck. In all cases, doctors should be consulted. Usually pain killers are used. Sometimes physiotherapy can temporarily improve this condition.

Tasks for the community health worker

Community health workers should make elderly individuals aware of the simple measures that can improve the functioning of joints in the body. The following advice should be conveyed to all individuals:

— Remain physically active as much as possible without becoming tired or exhausted. Do not remain in bed all the time for fear of pain with movement.
— Follow an appropriate diet to reduce weight if you are overweight. A simple rule is to be physically active and avoid or reduce the consumption of sweets and fatty foods.
— Improve the range of movements of joints with suitable exercises. A doctor should be consulted for guidance.
— Find out the positions which cause less fatigue and less pain by trial and error. Sit instead of standing and take frequent rests during work.
— Use positions which protect the affected joints, e.g., sleeping on a mattress with a hard base, avoiding bending the head for long periods and avoiding sitting on soft chairs and deep sofas.

— Consult a doctor for details on these positions and also for suitable exercises to improve the functioning of joints.

11. VARIOUS TYPES OF MENTAL DISORDERS

Mental disorders are common in the elderly. The types and magnitude of these disorders is well characterized in the developed world and has given rise to the new field of geropsychiatry. In most developing countries, these disorders, though present, are not well characterized and are often dismissed as normal behaviour of old age or senility.

Some common disorders of the elderly are depression (due to loss of status, inactivity, etc.), anxiety (fear of impending death, ill health, economic insecurity) and dementia (loss of intellectual capability). Depression and anxiety are easily treated with appropriate medication under a doctor’s supervision.

Loss of intellectual capability which interferes with daily life is called dementia. A person’s total intellectual capability has several components: memory (which can be divided into short-term and long-term), problem-solving ability, judgement, calculation, speech, performance of coordinated motor function, etc. Memory, therefore, is only one component of intelligence; thus, the mild impairment of memory such as forgetting names is common in the elderly and is of no consequence.

It is only when the intellectual function deteriorates to the level that it interferes with daily living should it be considered a disease, e.g., a person forgets he has just had breakfast and repeatedly asks for breakfast, gets lost in his own village, or urinates in an inappropriate place.

People who have heard about the dreadful effects of dementia or who have a family member affected with dementia often become anxious and begin to “test” themselves, e.g., trying to memorize lists. If they forget even a single item, they think they are becoming demented. This should be discouraged as forgetting one or two items in a list can happen to anyone and is of no significance. Testing oneself leads to tremendous anxiety which further aggravates the problem.

Dementia consists of two types—primary and secondary. Primary dementia, called Alzheimer’s disease, is the most common cause of dementia in developed countries. Depending on the age group and diagnostic criteria, 5-20% (some believe up to 50%) of the elderly who have Alzheimer’s disease live in western countries. There is a belief that Alzheimer’s disease is uncommon in developing countries.

There are many causes for secondary dementia, many of which are easily treatable. For example, sensory deprivation due to poor vision or poor hearing can lead to apathy and a dementia-like picture. An endocrine disorder, hypothyroidism, can also lead to a dementia-like picture (called pseudo-dementia) and can easily be treated.

Tasks for the community health worker

— Community health workers should disseminate the information to all concerned that depression, the most common mental disorder, usually stems from loneliness and living an isolated existence. The community health worker should ensure that family members, friends and neighbours interact with elderly individuals to break their solitude and isolation. Elderly people in families are less depressed than those in old-age homes or institutions.
BEING LONELY AND UNWANTED LEADS TO DEPRESSION IN OLD AGE. FAMILY SURROUNDINGS PREVENT DEPRESSION.

— Community health workers should try to involve elderly individuals in community activities (e.g., in child day-care centres) in which they could be very useful as human resources as well as preventing depression.

— Community health workers should identify people who have symptoms suggestive of a mental disorder—listlessness, apathy, restlessness, agitation and inappropriate behaviour. These people should see a doctor for proper diagnosis; follow-up can be in the community through the CHW.

— If the person has symptoms suggestive of dementia, efforts should be made to get an evaluation at a major medical centre for treatable conditions.

If it is an untreatable dementia (i.e., Alzheimer’s disease), the family should be told that the loss of intellectual capability is permanent and progressive. The person cannot be “taught” to “behave himself” or “learn to do the right thing”. Thus it is no use shouting or beating the older person; they must be cared for like a child.

If a person has Alzheimer’s Disease (i.e. an untreatable type of dementia), the best way to care for him/her is to maintain a rigid routine and continuity in daily activities. They should particularly be prevented from harming themselves (e.g., cutting their hands with a knife) or harming the family by mistake (e.g., setting the house on fire by leaving the cooking gas on).

Do not be offended if the elderly forget to follow your advice. This might be a manifestation of dementia and you will have to repeat your instructions several times to them.
12. ORAL/DENTAL PROBLEMS

With the advance of age, certain changes occur in the mouth of most elderly in which the loss of teeth is one of the most marked. An old person is commonly depicted with no or very few teeth. Many aged individuals use dentures which those in lower income brackets cannot afford.

In either case, the elderly prefer to eat soft foods which do not need chewing, avoiding fibre-rich foods. Many prefer liquid and semi-liquid diets. In most cases, dietary intake in old age is not balanced because of low energy, protein, mineral and vitamin intake. Malnutrition is a common feature in many elderly people, especially those belonging to the economically deprived population.

The absence of fibre-containing foods in the diet (e.g., whole wheat bread and vegetables) produces constipation. Since there is not much chewing during eating, hygiene of the mouth is relatively poor in most elderly especially in view of their neglect or inability to brush their teeth and clear their mouth. Diseases of the gum are also common among the elderly.

Tasks for the community health worker

— Examine the mouth of all elderly for:
  ● Condition of teeth
  ● Condition of gum
  ● Use of dentures

— Find out the dietary habits of the elderly regarding the type of foods consumed and then give proper advice.

— Convince the elderly to follow a strict routine regarding proper cleaning of the mouth and teeth.
Module 7

How to create community awareness for the benefit of the elderly population

Learning objectives

After learning this module, the trainee will be able to:

1. understand why community awareness and community action are important for providing assistance to the elderly in the community;
2. plan and put into action a number of measures in the community, in collaboration with others who are important in the community (e.g., village leaders, religious leaders and school teachers), to respond to the different types of needs of the elderly.

Learning content

Why create community awareness for the elderly?

The quality of life of the elderly in the developing countries is influenced by several factors:

1. Attitude of society towards the needs (of which health is only a part) of the elderly.
   (a) The elderly themselves are resigned to ill health in old age and will not seek medical attention. They usually consider ill-health as “natural” in old age.
   (b) Families do not pay much attention to the health needs of the elderly and will ignore their health problems. Only when they get very sick is medical attention sought.
   (c) Even health professionals ignore the elderly in preference to children and young adults. Health professionals in most cases are not aware of the special health needs of the elderly.
   (d) Decision-makers give the elderly a low priority in planning. Infants and young children receive high priority.

2. Reasons for insufficient attention towards health care of the elderly:
   (a) limited government resources which are usually allotted to children, mothers and young adults;
   (b) limited family resources which are reserved for children and earning adults;
   (c) lack of appropriate medical facilities competent to take care of aged people in villages and smaller towns.

The results of the above issues are that older subjects do not obtain adequate and appropriate health care.
Planning for community action

1. Background for community action:

Community action can only be fully effective if the government is aware of the special needs of the elderly and takes appropriate measures at governmental level, which will support and complement community action.

2. Steps in community action:

(a) motivate and obtain approval from the local leader;
(b) ensure that the CHW is himself/herself motivated;
(c) motivate the families in which older people live (i.e., older people are worth caring for);
(d) motivate the older individual that old age can be productive and enjoyable;
(e) organize the elderly to help themselves.

3. Determine what resources are available in the community:

(a) government-sponsored support such as old-age pensions, subsidized food, drugs and transport;
(b) private bodies such as NGOs, charitable organizations and religious organizations;
(c) health care facilities.

4. The community health worker can also play a major role in encouraging and collaborating with workers of other sectors and nongovernmental organizations, and with religious and community leaders in mobilizing help and relief for the elderly. The care of the elderly requires community involvement and intersectoral collaboration, which are the pillars of primary health care. Mobilization of community support for the health of the elderly, especially for those who have no one to look after them, is an important task of these workers.

Care of the elderly

In earlier sections, attention was focused on health care of the elderly. It should, however, be remembered that unless and until elderly individuals are taken care of in many other ways, only looking after their health will not be sufficient. In other words, health care of the elderly can only succeed if total care of the elderly is put into operation.

TOTAL CARE OF THE ELDERLY IS ESSENTIAL FOR THE SUCCESS OF HEALTH CARE.
Major needs of the elderly

What does total care of the elderly imply?
It means responding to the major needs of elderly individuals:

- need for shelter
- need for carers
- need for health
- need for money
- need for social contacts

ECONOMIC DEPENDENCY

A large majority of the elderly population is economically dependent on others as very few people have prepared for their old age with wise investments. Old-age pensions are nonexistent in most of the countries of this Region, and if they exist at all the amount is too meager to meet the needs of aged persons. Most often, the aged are the economic responsibilities of their children—usually of their sons or other close relatives. Nevertheless, there are a large number of aged persons in every society whose economic responsibilities will have to be taken care of by others. Old-age institutions commonly run by nongovernmental organizations and religious bodies are created for this purpose.

Aged persons, whether in families or in institutions, will need financial assistance to overcome their impairments e.g., eyeglasses, hearing aids, walking aids like crutches, etc. In some countries, the government (usually the social welfare sector) provides financial assistance for this purpose. In some countries, charitable societies and nongovernmental organizations also provide such assistance.

LIVING CONDITIONS OF THE ELDERLY

Where do aged persons live? In most countries of this Region, they live in families which follow the usual pattern of the extended family. They are looked after by family members—the quality of care depends on the closeness of the aged persons to the family members.

In all communities, there will be a small percentage of aged persons, usually belonging to the "old-old" category and with no financial resources or family links, who will need shelter and care. With the recent migration of rural adults to urban settings, a fair number of elderly persons left behind in rural areas will be in this category. Institutional care is possibly the only solution for this category of the elderly population.
It is important to emphasize to older people and their families that the elderly should have a comfortable, well-lit, well-ventilated room. Additional requirements for a bathroom close by and safety from potential sources of accidents, such as steps or loose carpeting should be kept in mind. If the family lives in a high rise building, the older person must be able to come down for regular exercise.

NEED FOR CARE

As age advances, elderly persons increasingly feel the need for care even for the day-to-day activities in the home, such as dressing, taking meals, using the toilet and taking baths. Within a family, the family members usually take over these responsibilities. When elderly couples live independently, the one in better shape usually gives a helping hand to the other.

In every community there is either an old individual or a couple who is physically so impaired that they will need help for undertaking daily activities and for outside errands. In many countries, the community organizes a group of young boys and girls who volunteer to act as “informal carers”. In many cases, the community can pool some resources to remunerate these voluntary workers.

MOST ELDERLY PERSONS AND THOSE WHO ARE VERY OLD NEED SPECIAL CARE IN DAY-TO-DAY ACTIVITIES. USUALLY FAMILY MEMBERS PROVIDE THESE. COMMUNITY VOLUNTEERS CAN BE USED AS INFORMAL CARERS.

Such care is most important for the demented elderly and those who are completely unable to take care of themselves.

NEED FOR SOCIAL CONTACT

An isolated life and loneliness is a common cause of depression in aged people. Those who live in families and are usually in close contact with the children of the family do not suffer from depression. In institutions and old-age homes, which are well-organized, continuous efforts are made to bring the elderly persons into social contact with others and to make them feel wanted.
Properly organized community care for the elderly population can be of great value in making elderly individuals physically and mentally active. Utilizing those who are in fit condition in community work (e.g., in child care centres and in primary and elementary schools) can be a great help in bringing the elderly into the mainstream of society.

SPECIAL MEDICAL NEEDS

Older people may have several illnesses which require treatment. Many of these are easily treatable and make life happier for older people, e.g., cataract surgery, hearing aids, proper dentures, etc. CHW's should be aware of the special medical needs of the elderly.

Community health workers must be the leaders in this task. One of the main goals of primary health care is community involvement through intersectoral action. This is precisely what is needed in creating awareness of the elderly population and their health care needs.

**Tasks for the community health worker**

*Remember that each individual, each family, and each region may have different needs. The CHW will need to be adaptable and modify the programme accordingly.*

**Motivation is the first task. Motivate the following to have a positive attitude towards the elderly:**

(a) local leaders;
(b) families in which older people live;
(c) older individuals.

**The following actions can be taken which will benefit the elderly:**

**1. Material benefits**

Individuals and organizations in the community with the potential to materially help the elderly population must be identified.

The CHW should try to develop a collective body in the community with the purpose of benefiting the elderly population and assess what each can do. Some examples are:

- Religious and charitable organizations can supply cooked meals for elderly individuals who have no one to take care of them. These groups quite often supply drugs, clothes and blankets for the elderly.
- Social welfare groups and nongovernmental organizations provide aged persons with aid and equipment to overcome impairments (e.g., eyeglasses, hearing aids and walking aids). In most cases, these are provided on the recommendation of health workers.
- Some countries provide old age pensions or some other type of financial assistance to families with aged persons. The assistance of community health workers in procuring these benefits would be very useful.
COMMUNITY AWARENESS ABOUT THE NEEDS OF THE ELDERLY POPULATION CAN GENERATE CONSIDERABLE SUPPORT.

2. Community care for the aged

The community can adopt various measures to assist the elderly to take proper care of themselves or for very old persons to be taken care of by others. Community health workers and workers from other sectors and nongovernmental organizations should take special care to undertake these responsibilities.

DAY CARE CENTRES

For those elderly who are active and mobile, attending a day care centre specially established for aged people is an excellent opportunity for several reasons:

- They can have social contact with other elderly persons.
- They will be informed about the benefits which they can get from individuals, government sectors and nongovernmental organizations.
- The health care workers will teach them about self-care, including physical exercise for different types of impairment.
- A medical doctor (e.g., in the health centre or a properly briefed medical practitioner) can come to the centre for medical checking of those who need such care.
COMMUNITY DAY CARE CENTRES FOR THE ELDERLY CAN PROVIDE OPPORTUNITIES FOR TRAINING IN SELF-CARE AND ENSURE SOCIAL CONTACTS.

ORGANIZING COMMUNITY CARERS

Community workers of different government sectors can recruit volunteers, usually from the younger age group, who can spend some time every day to do voluntary social work for elderly persons. Women whose children are grown up can be used to undertake such social work. With adequate training these informal carers can be of great help to those aged persons who are immobile and restricted to bed, with no one to take care of them in the home where they live. Community care for the destitute elderly is extremely important to organize.

ALL COMMUNITIES HAVE POTENTIAL FOR INFORMAL CARERS WHO CAN BE VERY USEFUL IN PROVIDING CARE FOR THOSE ELDERLY INDIVIDUALS WITH NO CLOSE RELATIVES.

Training in health of the elderly

The community health worker is the best person to organize training classes in health care of the elderly for middle-aged persons who will help the elderly of tomorrow, for family carers, and for community volunteers who would greatly benefit from such training courses.

TRAINING AT THE COMMUNITY LEVEL IS ESSENTIAL FOR INFORMAL CARERS, FOR THE ELDERLY THEMSELVES FOR SELF-CARE AND FOR THE ELDERLY OF TOMORROW.

Involvement of the elderly in community affairs

In most conventional societies, aged persons are regarded as community or village elders, and they play a vital role in community affairs. With the trend of urbanization from rural areas, the role of elders has gradually been diminished, and as in urbanized societies where the elderly population are “retirees”, the elderly population is now out of the mainstream of the community.

The elderly population can make significant contributions to community affairs if they are properly utilized. Also, the elderly population will feel wanted and have the opportunity to socialize with others. Both these benefits go a long way in overcoming depression and loneliness. The elderly should be involved in community projects where their expertise can be utilized; at the same time younger people would not be displaced from employment.
The following are some of the ways in which the elderly population could be utilized:

1. Consider the appointment of active and physically fit elderly population in vacancies in the private sector caused by the migration of younger adults to urban areas.

2. Utilize elderly males and females who are physically and mentally fit in child day care centres, creches, nurseries and elementary schools as care-takers or similar workers.

3. Utilize elderly males and females who are physically active in community health activities e.g., in child growth monitoring at a community centre, in mass immunization programmes, in sanitation programmes and in similar activities.

THE COMMUNITY CAN UTILIZE AGED PERSONS IN MANY WAYS WITH BENEFITS TO BOTH.
HEALTH CARE FOR THE ELDERLY: A MANUAL FOR PRIMARY HEALTH CARE WORKERS

The increase in ageing populations around the world has brought new focus to the particular health needs of the elderly.

This manual is meant to be a teaching aid for trainers of community health workers who will then be able to identify the elderly in their community, recognize their specific health needs, and, if necessary, refer them for medical attention.

The manual contains a section on teaching methods and is presented in the form of modules which break the responsibilities down into specific tasks for the community health worker.