

## 11

## Human Development and Aging

Throughout their lives, people change physically and psychologically. Physical changes occur in the body. Psychological changes occur in the mind and also in the person's behavior. These changes are called human growth and development.

Everyone will go through the same stages of development during their lives, but no two people will follow the exact same pattern or rate of development. The age ranges given here provide a general idea of developmental stages, not an exact description. Each client must be treated as an individual and a whole person who is growing and developing, rather than as someone who is merely ill or disabled.

### 1. Describe the stages of human development and identify common disorders for each group

#### Infancy (Birth to 12 Months)

Infants grow and develop very quickly. In one year, a baby moves from total dependence to the relative independence of moving around, communicating basic needs, and feeding herself. Physical development in infancy moves from the head down. For example, infants gain control over the muscles of the neck before they are able to control the muscles in their shoulders. Control over muscles in the trunk area, such as the shoulders, develops before control of the arms and legs (Fig. 11-1). This head-to-toe sequence

should be respected when caring for infants. For example, newborns must be supported at the shoulders, head, and neck. Babies who cannot sit or crawl should not be encouraged to stand or walk.



**Fig. 11-1.** An infant's physical development moves from the head down.

#### Common Disorders: Infancy

- CD** Babies who are born before 37 weeks gestation (more than three weeks before the due date) are considered **premature**. These babies may weigh from one to six pounds, depending on how early they are born. Often, premature babies will remain in the hospital for some time after birth. At home, premature babies may need special care. This includes medication, heart monitoring, and frequent feedings to ensure weight gain.
- CD** Babies born at full term but weighing less than five pounds are called **low-birth-**

**weight** babies. Low-birth-weight babies can have many of the same problems that premature babies have. They are cared for in much the same way as premature babies.

- CD** The term **birth defect** refers to a physical or structural defect that affects an infant from birth. Some birth defects are inherited from parents. Injury or disease during pregnancy causes others. Some of the conditions include cerebral palsy, Down syndrome, and cystic fibrosis. Chapter 17 contains more information.
- CD** **Viral or bacterial infections** can cause fever, runny nose, coughing, rash, vomiting, diarrhea, or secondary infections of the sinuses or ears. Viral infections are treated with extra rest, fluids, and sometimes medications for cough or congestion. Bacterial infections can be treated with antibiotics.
- CD** **Sudden infant death syndrome (SIDS)** is a condition in which babies stop breathing and die for no known reason while asleep. Doctors do not know how to prevent SIDS. However, studies have shown that putting the baby to sleep on his back can reduce the risk of this syndrome. Because SIDS is more common among premature or low-birth-weight babies, these infants often wear apnea (*AP-nee-a*) monitors to alert parents if breathing stops. Another factor that may contribute to SIDS is secondhand smoke. Parents and caregivers should never smoke around infants or children.

### Toddler (Ages 1 to 3)

During the toddler years, children gain independence. One part of this independence is new control over their bodies. Toddlers learn to speak, gain coordination of their limbs, and learn to control their bladders and bowels (Fig. 11-2). Toddlers assert their new independence by exploring. Poisons and other hazards, such as sharp objects, must be locked away. Psychologically, toddlers learn that they are

individuals, separate from their parents. Children at this age may try to control their parents. They may try to get what they want by throwing tantrums, whining, or refusing to cooperate. This is a key time for parents to establish rules and standards.



**Fig. 11-2.** Toddlers gain coordination of their limbs.

### Preschool (Ages 3 to 5)

Children in their preschool years develop skills that help them become more independent and have social relationships. They develop a vocabulary and language skills. They learn to play in groups. They become more physically coordinated and learn to care for themselves. Preschoolers also develop ways of relating to family members. They begin to learn right from wrong.

### School-Age (Ages 5 to 10)

School-age children's development is centered on **cognitive** (*KOG-ni-tiv*) (related to thinking and learning) and social development. As children enter school, they also explore the environment around them. They relate to other children through games, peer groups, and classroom activities. In these years, children learn to get along with one another (Fig. 11-3). They also begin to develop a conscience, morals, and self-esteem.





**Fig. 11-3.** School-age children develop social relationships and learn to get along with one another.

### Common Disorders: Childhood

- CD Chickenpox** is a highly contagious, viral illness. It generally has no serious effects for healthy children. However, in adults or in anyone with a weakened immune system it can have more serious effects. Taking the varicella-zoster vaccine, commonly called the chickenpox vaccine, can prevent chickenpox.
- CD** Children, as well as infants, may be susceptible to infections caused by viruses or bacteria. Bacterial infections can be treated with antibiotics. Viral infections are treated with extra rest, fluids, and medications for cough or congestion.
- CD Leukemia** (*loo-KEE-mee-a*) is a form of cancer. It refers to the inability of the body's white blood cells to fight disease. Children with leukemia may be susceptible to infections and other disorders. Chemotherapy can be used to fight this disease. See Chapter 9 for more information on cancer.

Measles, mumps, rubella, diphtheria, smallpox, whooping cough, and polio are diseases that were once common during childhood. They can all be prevented now with vaccinations.

Abuse and neglect were first discussed in Chapter 3. **Child abuse** refers to physical, emotional, and sexual mistreatment of children, as well as neglect. Physical abuse includes hitting, kicking, burning, or intentionally causing injury to a

child. Psychological abuse includes withholding affection, constantly criticizing, or ridiculing a child. Sexual abuse includes engaging in or allowing another person to engage in a sexual act with a child. Abuse also includes allowing children to use alcohol or drugs, leaving young children alone, or exposing them to danger. **Child neglect** includes not providing adequate food, clothing, or support. The HHA's responsibility is to report any abuse or suspected abuse immediately to the supervisor. A home care agency and/or the state may have additional guidelines for reporting child abuse or neglect. Chapters 3 and 19 contain more information.

### Preadolescence (Ages 10 to 12)

During the years between 10 and 12, children enjoy a growing sense of self-identity and a strong sense of identity with their peers. They tend to be very social. This is usually a relatively calm period, and preadolescents are often easy to get along with and able to handle more responsibility at home and school. Childhood fears of ghosts or monsters will give way to fears based in the real world. It is important that preadolescents feel able to trust in the attention and care of parents or other adults.

Girls may reach puberty in the later years of this stage. During **puberty** (*PYOO-ber-tee*), a person develops secondary sex characteristics. In females, secondary sex characteristics include growth of body hair and development of breasts and hips. In males, they include growth of body hair, growth of the testes and the penis, broadening of the shoulders, and a lower voice.

### Adolescence (Ages 12 to 18)

During adolescence, genders become sexually mature. Boys usually reach puberty during this stage. If girls did not reach puberty during the previous stage, it will start here. Many teenagers have a hard time adapting to the rapid changes that occur in their bodies after puberty. Peer acceptance is important to them. Adolescents

(*ad-o-LES-ents*) may be afraid that they are unattractive or abnormal. This concern for body image and peer acceptance, combined with changing hormones that influence moods, can cause rapid mood swings. Conflicting pressures develop as they remain dependent on their parents and yet need to express themselves socially and sexually (Fig. 11-4). This can cause conflict and stress.



Fig. 11-4. Adolescence is a time of adapting to change.

### Common Disorders: Adolescence

- CD** As their bodies change, adolescents, especially girls, may develop eating disorders. **Anorexia** (*an-or-EX-ee-a*) is an eating disorder in which a person does not eat or exercises excessively to lose weight. A person with **bulimia** (*boo-LIM-ee-a*) **binges**, eating huge amounts of foods or very fattening foods, and then **purges**, or eliminates the food by vomiting, using laxatives, or exercising excessively. Eating disorders can be serious and even life-threatening. These disorders must be treated with therapy and, in some cases, hospitalization.
- CD** Teenagers can contract sexually transmitted infections (STIs), such as chlamydia (*kla-MID-ee-a*), genital herpes (*HER-pee-z*), and AIDS, if they are sexually active. If teenagers are sexually active, condoms can reduce, but not eliminate, the risk of STI transmission. Chapter 9 contains more information.

- CD** Girls who are sexually active and do not use birth control, or do not use it properly, can become pregnant. **Teenage pregnancy** can have terrible consequences for adolescents, their families, and the babies born to teenage parents. Teenagers should understand that they can avoid pregnancy by using birth control or by practicing abstinence (abstinence means not having sexual contact with anyone). Teenagers who choose to be sexually active should know what birth control methods are available and how to use them. Pregnancy puts a great deal of stress on teenage bodies, which are still developing. In most cases they are not physically ready to bear a child. It is common for teenage mothers to give birth to premature or low-birth-weight babies.
- CD** Because of the many physical and emotional changes they are experiencing, adolescents may become anxious or depressed and even attempt suicide. Parents, teachers, and friends should watch for the signs of depression. These include withdrawal, loss of appetite, weight gain or loss, sleep problems, moodiness, and apathy. Teenagers who are anxious or depressed should see a doctor, counselor, therapist, minister, or other trusted adult who can get them the help they need.
- CD** Adolescents can sustain **trauma** (*TRAW-ma*), or severe injury, to the head or spinal cord in car accidents or sports injuries. These injuries can be temporarily or permanently disabling or even fatal.

### Young Adulthood (Ages 18 to 40)

Physical growth has usually been completed by this time. Adopting a healthy lifestyle in these years can make life better now and prevent health problems in later adulthood. Psychological and social development continues, however. The tasks of these years include the following:



- Selecting an appropriate education
- Selecting an occupation or career
- Selecting a mate (Fig. 11-5)
- Learning to live with a mate or others
- Raising children
- Developing a satisfying sex life



Fig. 11-5. Young adulthood often involves finding mates.

### Middle Adulthood (Ages 40 to 65)

In general, people in middle adulthood are more comfortable and stable than they were in previous stages. Many of their major life decisions have already been made. In the early years of middle adulthood, people sometimes experience a “midlife crisis.” This is a period of unrest centered on an unconscious desire for change and fulfillment of unmet goals.

Physical changes related to aging also occur in middle adulthood. Adults in this age group may notice that they have difficulty maintaining their weight or notice a decrease in strength and energy. Metabolism and other body functions slow down. Wrinkles and gray hair appear. Vision and hearing loss may begin. Women experience **menopause** (*MEN-o-paws*), the end of menstruation (occurs when a woman has not had a menstrual period for 12 months). This occurs when the ovaries stop secreting hormones. Many diseases and illnesses can develop in these years. These disorders can become chronic and life-threatening.

### Late Adulthood (65 years and older)

Persons in late adulthood must adjust to the effects of aging. These changes can include the loss of physical strength and health, the death of loved ones, retirement, and preparation for their own death. Although the developmental tasks of this age may appear to deal entirely with loss, solutions often involve new relationships, friendships, and interests.

Because so many of the people receiving home health care are older adults, the rest of this chapter contains more information about aging and the needs of elderly clients. Common disorders of this age group (arthritis, Alzheimer’s disease, cancer, diabetes, and stroke) are covered in Chapters 9 and 10.

## 2. Distinguish between fact (what is true) and fallacy (what is not true) about the aging process

**Geriatrics** is the branch of medicine that deals with the diagnosis, treatment, and prevention of disease in older and elderly adults, as well as problems related to aging. **Gerontology** is the study of the aging process in people from midlife through old age. Gerontologists look at the impact of the aging population on society.

Because later adulthood covers an age range of as many as 25 to 35 years, people in this age category can have very different capabilities, depending on their health. Some 70-year-old people still enjoy active sports, while others are not active. Many 85-year-old people can still live alone, though others may live with family members or in skilled care facilities.

Ideas and stereotypes about older people are often false. They create prejudices against the elderly that are as unfair as prejudices against racial, ethnic, or religious groups. In movies, older people are often shown as helpless, lonely, disabled, slow, forgetful, dependent, or inactive. However, research indicates that most older

people are active and engaged in work, volunteer activities, learning programs, and exercise regimens. Aging is a normal process, not a disease. Most older people live independent lives and do not need assistance (Fig. 11-6). Prejudice toward, stereotyping of, and/or discrimination against older persons or the elderly is called **ageism**.



**Fig. 11-6.** Most older people lead active lives.

Home health aides are likely to spend much of their time working with elderly clients. They must be able to know what is true about aging and what is not true. Aging causes many physical, psychological, and social changes. However, normal changes of aging do not mean an older person must become dependent, ill, or inactive. Knowing normal changes of aging from signs of illness or disability will allow HHAs to better help elderly clients.

### 3. Discuss normal changes of aging and list care guidelines

Each person ages in a unique way, influenced by genetics and lifestyle. Although a person cannot choose her genetic makeup, she can choose the lifestyle she leads. Habits of diet, exercise, attitude, social and physical activities, and health maintenance affect well-being later in life.

Some older clients will need assistance in performing activities of daily living (ADLs). Clients who are chronically ill and need a lot of help still benefit from living at home. Home health aides perform an important role in letting older clients stay in familiar surroundings while getting the help they need. Remembering the changes

that occur in the elderly will help HHAs provide the right care. Over the next several pages, there is information describing normal changes of aging for each body system.

#### Integumentary System

**Changes:** Skin is thinner, drier, and more fragile. It is more easily damaged. Skin is less elastic. Much of the fatty layer beneath the skin is lost, so the person may feel colder. Hair thins and may turn gray. Wrinkles and brown spots, or “liver spots,” appear. Nails are harder and more brittle. Dry, itchy skin may result from lack of oil from the sebaceous glands.

#### Guidelines: Care for the Integumentary System

- G** Older adults perspire less and do not need to bathe as often. Most elderly people generally need a complete bath only twice a week, with sponge baths every day.
- G** Use lotions as ordered for moisture to relieve dry skin. Be gentle; elderly clients’ skin can be fragile and tear easily.
- G** Hair becomes drier and needs to be shampooed less often. Gently brush dry hair to stimulate the scalp and distribute the natural oils (Fig. 11-7).



**Fig. 11-7.** Brushing hair helps stimulate the scalp and distribute natural oils.

- G** Layer clothing and bed covers for additional warmth.
- G** Keep bed linens wrinkle-free.
- G** Encourage fluids.



## Musculoskeletal System

**Changes:** Muscles weaken and lose tone. Body movement slows. Bones lose density. Bones may become more brittle, making them more susceptible to breaks. Joints may stiffen and become painful. There is a gradual loss of height.

### Guidelines: Care for the Musculoskeletal System

- G** Falls can cause life-threatening complications, including fractures. Prevent falls by keeping items out of clients' paths. Keep furniture in the same place. Keep walkers and canes where clients can easily reach them. Be sure the client is wearing nonskid shoes and that the laces are tied. Immediately clean up spills.
- G** Encourage regular movement and self-care. Assist with range of motion (ROM) exercises as needed. Chapter 16 contains more information on these exercises. Encourage the client to perform as many ADLs as possible. For example, encourage clients to eat at the table and walk to the bathroom until these activities are no longer possible. Encourage clients to make decisions and dress themselves, with assistance if necessary, no matter how long it takes.
- G** To prevent or slow **osteoporosis** (*os-tee-oh-po-RO-sis*), the condition that is responsible for fragile bones, encourage clients to walk and do other light exercise. Exercise can strengthen bones as well as muscles.

## Nervous System

**Changes:** Aging affects the ability to think quickly and logically. How much ability is lost depends on the individual. Aging can also affect concentration and memory. Elderly clients may experience memory loss of recent events. This short-term memory loss may cause anxiety in older clients. Long-term memory, or memory for past events, usually remains sharp. Elderly clients usually have slower responses and

reflexes. Sensitivity of nerve endings in the skin decreases.

### Guidelines: Care for the Nervous System

- G** Help with memory loss by suggesting clients make lists or write notes about things they want to remember. Keeping a calendar close by may help.
- G** If clients enjoy reminiscing, take an interest in their past by asking to see photos or hear stories.
- G** Allow time for decision-making and avoid sudden changes in schedule.
- G** Allow plenty of time for movement; never rush the person.
- G** Encourage reading, thinking, and other mental activities.

**Changes in vision, hearing, taste, and smell:** Failing vision may make reading or other activities difficult for many elderly clients. Failing hearing may make it frustrating for older adults to try to communicate. A weakened sense of smell, taste, and touch may present dangers for older adults.

### Guidelines: Care for the Sense Organs

- G** Digital books and audiobooks are available. There are many websites, as well as smartphone apps, that sell, rent, or share these books: bookshare.org, audible.com, and amazon.com. Assist with these types of digital options if needed. Many books and some magazines are available in large type print.
- G** Encourage the use of eyeglasses and keep clients' eyeglasses clean. Bright colors and proper lighting will also help clients with poor eyesight. When going into another room, be sure the lights are on before the client enters.
- G** If a client is having trouble hearing, speak in a low-pitched voice. For some people, low-pitched sounds are easier to hear. You may

also need to repeat words to help the client understand them. Some clients need hearing aids and should be encouraged to use them. Excess earwax can make hearing difficult. If excess earwax is suspected, tell your supervisor. A nurse can treat this problem.

- G** If a client has difficulty hearing, face him and speak slowly, simply, and clearly. Do not shout. Do not assume that all elderly clients are hard of hearing. Speaking loudly or oversimplifying your speech when it is not necessary can make clients feel they are being treated like children.
- G** Because taste buds are lost as a person ages, older people often cannot taste as well. Decreased sense of smell may contribute to the altered sense of taste. Encourage careful mouth care. Make sure food in the house is fresh because older clients may not be able to smell or taste that food is spoiled. Older clients should always have smoke detectors in their homes, since they may not smell smoke.
- G** Loss of smell may make clients unaware of increased body odor. Assist as needed with regular bathing.
- G** Be careful with hot drinks and hot bath water. Clients sometimes cannot tell if something is too hot for them. The elderly client who is confined to bed may not feel uncomfortable, but because of decreased circulation and dry skin, he is at risk for developing pressure injuries. The sense of pain may also be diminished in the elderly. Be alert to changes in clients' health.

### Circulatory System

**Changes:** As a person ages, the heart pumps less efficiently. Increased activity places greater demand on the heart, which it may not be able to meet. Older people may need more rest to reduce demand on the heart. They may *not* be able to walk long distances, climb stairs, or exert themselves. Less efficient circulation of blood in older

people causes older adults to be more sensitive to the cold.

### Guidelines: Care for the Circulatory System

- G** Moderate exercise is necessary and helpful (Fig. 11-8). Walking, stretching, and even lifting light weights can help older people maintain strength and promote circulation. Assist as needed.



**Fig. 11-8.** Moderate exercise promotes circulation and can help older adults maintain strength.

- G** Help with active or passive ROM exercises as directed for clients who cannot get out of bed. Each client's care plan will specify what kinds of exercise he should be doing. Abilities can vary a great deal from client to client.
- G** Clients with heart conditions, particularly heart failure, must avoid vigorous activity or exercise. This includes carrying heavy objects. Some clients may experience dizziness when they stand up too quickly.  
Encourage clients to rise slowly and to stand still for a few moments, supporting themselves by holding on to a piece of furniture (Fig. 11-9).
- G** Houses may need to be kept at a higher temperature than normal. Layer clothing to keep clients warm. Some clients who are concerned about the cost of heating may actually lower the thermostat to a dangerous level.
- G** Poor circulation causes the feet to feel cold. Be sure the client wears nonskid slippers or shoes and socks.





**Fig. 11-9.** An older adult may need to rise slowly and stand still for a moment to keep from getting dizzy.

- G** Do not use hot water bottles or heating pads. Poor circulation causes dry skin that is fragile and can burn easily. In addition, because of the dulled sense of pain, an older person may not realize he is being burned until it is too late.

### Respiratory System

**Changes:** As the body ages, lung strength and lung capacity decrease. The lungs have fewer alveoli in which oxygen/carbon dioxide exchange can take place. Oxygen in the blood decreases. Older clients may have a harder time coughing up mucus. The voice weakens.

#### Guidelines: Care for the Respiratory System

- G** Provide rest periods as needed when assisting a client with ADLs.
- G** Follow the care plan's exercise and activity instructions carefully. Moderate exercise is helpful, but overdoing it can be very dangerous for an older adult. If you have a question about activity, talk to your supervisor.
- G** Assist with deep breathing exercises as ordered in the care plan.
- G** Make sure people with acute or chronic upper respiratory conditions are not exposed to cigarette smoke or polluted air.

- G** People who have difficulty breathing will usually be more comfortable sitting up than lying down.

### Urinary System

**Changes:** The ability of the kidneys to filter blood decreases. The bladder's muscle tone weakens. The bladder is not able to hold the same amount of urine as it did when clients were younger. Older clients may need to urinate more often and may awaken several times during the night to urinate. The bladder may not empty completely, making it susceptible to infection.

#### Guidelines: Care for the Urinary System

- G** Encourage clients to drink plenty of fluids. Offer frequent trips to the bathroom.
- G** **Urinary incontinence** is the inability to control the bladder, which leads to an involuntary loss of urine. Incontinence is *not* a normal part of aging. Always report incontinence. It may be a sign of an illness. Cleanliness and regular skin care are important. Keep clients clean and dry. Encourage fluids even if incontinence is a problem.

### Gastrointestinal System

**Changes:** Older people may have a dulled sense of taste. This is often made worse by side effects of medications, and may result in a poor appetite. Decreased saliva production affects the ability to chew and swallow. Absorption of vitamins and minerals decreases. Digestion takes longer and is less efficient in older adults. Many older adults have trouble with indigestion, or an upset stomach. **Peristalsis** (muscular contractions that push food through the gastrointestinal tract) slows. Constipation, the inability to have a bowel movement or the infrequent, difficult, and often painful elimination of a hard, dry stool, may occur.

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**Guidelines: Care for the Gastrointestinal System**


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- G** Encourage fluids and nutritious, appealing meals. Well-seasoned foods may increase food intake.
- G** Older people who have trouble chewing may require soft foods. Make sure dentures fit properly and are cleaned regularly. Give regular mouth care.
- G** Allow time to eat and make mealtime enjoyable. Make simple conversation during meals if the client desires. Talk about the food that is being served in a positive way.
- G** Clients who have trouble chewing and swallowing are at risk of choking. Provide plenty of fluids with meals. Cut food into smaller pieces if ordered.
- G** Some clients need to eat several small meals a day or have the largest meal in the middle of the day.
- G** Clients should eat a high-fiber diet and drink plenty of fluids to help prevent constipation.

Dehydration is a condition that results from inadequate fluid in the body. It is not a normal change of aging. However, many older people do not feel thirsty and may not be aware that they are dehydrated. Dehydration can cause constipation, weight loss, dry skin, infection, dizziness, weakness, and other illnesses that require medical attention. Chapter 22 has more information on dehydration.

**Endocrine System**

**Changes:** Levels of hormones, such as estrogen and progesterone, decrease. Insulin production lessens. The body is less able to handle stress.

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**Guidelines: Care for the Endocrine System**


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- G** Older clients may need to take insulin or eat certain foods to regulate blood sugar. The client's doctor or nurse will teach the client

what to do. Encourage proper nutrition. Any special instructions on care will be included in the care plan.

- G** Try to eliminate or reduce stressors. A stressor is anything that causes stress. Exercise can help reduce stress. Encourage exercise if it is ordered in the care plan. In addition, offer encouragement and listen to clients.

**Reproductive System**

**Changes:** In females, menstruation ends. A decrease in estrogen may lead to a loss of calcium, which can cause brittle bones and, potentially, osteoporosis. Vaginal walls become drier and thinner. In males, sperm production decreases. The prostate gland enlarges, which can interfere with urination. Though the reproductive organs change, sexual needs and desires do not necessarily change.

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**Guidelines: Care for the Reproductive System**


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- G** Avoid too many hot baths to help prevent discomfort in the genital area.
- G** Despite changes in the reproductive organs, older adults remain sexual beings. Provide privacy whenever necessary for sexual activity. Respect clients' sexual needs. Do not make any generalizations about the sexual feelings of older adults.
- G** Do report any behavior that makes you uncomfortable or that seems inappropriate. Inappropriate behavior is not a normal sign of aging and could be a sign of illness.

**Immune and Lymphatic Systems**

**Changes:** As a person ages, his immune system gradually weakens, increasing the risk of all types of infections. It also may take longer to recover from an illness. Bone marrow activity (which produces white blood cells that fight infections) decreases. Changes in the respiratory system's protective surface may result in in-



creased respiratory infections. The number and size of lymph nodes are reduced. This results in the body being less able to develop a fever to fight infection. The body's response to vaccines decreases.

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### Guidelines: Care for the Immune and Lymphatic Systems

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- G** Follow rules for preventing infection. Wash your hands often. Keep the client's environment clean.
- G** Encourage and help with personal hygiene. Encourage proper nutrition and fluid intake. Promote a comfortable environment that allows for enough rest.
- G** An older adult fighting an infection may not experience a fever. Even a slight temperature increase may indicate that the person is fighting an infection. Measure vital signs accurately (Chapter 14).

### Psychological Changes

Some forgetfulness is a normal part of aging, but constant memory lapses or forgetting basic information, such as family members' names, are not normal changes of aging. Temporary changes in mental function may occur and may be caused by any of the following:

- Urinary tract infections
- Mild strokes
- Some diseases of the heart, lungs, liver, and kidneys
- Head injuries
- Brain infections or tumors
- High fever
- Diabetes
- Pneumonia
- Poor nutrition

- Alcohol use
- Drugs and drug interactions

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### Observing and Reporting: Psychological Changes

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Report any of the following to your supervisor:

- O/R** **Disorientation**, or change in ability to remember who they are, where they are, what month or season of the year it is, or other basic facts
- O/R** Difficulty concentrating
- O/R** Signs of depression
- O/R** Dementia, or a loss of mental abilities that interferes with activities of daily living
- O/R** Confusion
- O/R** Suicidal thoughts
- O/R** Insomnia (inability to sleep)

**Depression** is very common among the elderly, but it is not a normal sign of aging. Elderly persons may not admit feelings of depression to themselves or others. According to the National Center for Health Statistics, the elderly are at higher risk for suicide than other age groups. A home health aide must report any signs of depression to his supervisor. In many cases, depression may be successfully treated. Chapter 18 contains more information.

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### Observing and Reporting: Depression

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Report any of the following to your supervisor:

- O/R** Loss of appetite or overeating
- O/R** Lack of attention to basic personal care tasks, such as bathing or combing hair
- O/R** Pain, including headaches, stomach pain, and other body aches
- O/R** Acting moody or withdrawn

- Other changes in appearance, speech, movement, and behavior
- Comments about suicide
- Sleep disorders and emotional changes, such as hopelessness, anxiety, apathy, agitation, restlessness, withdrawal, and demanding or violent behavior, are particularly important to report.

### Lifestyle Changes

**Changes:** Aging brings many social, physical, and mental changes. Friends, colleagues, and relatives die. Physical strength and stamina diminish. Fears of illness, injury, and death may increase. Retirement causes changes in what and how much people do each day. Living arrangements may also change. These changes require adjustment, which can become more difficult as people age.

### Care:

- Help clients adjust to change by listening to them and caring about their feelings. Report to the supervisor if clients express a need to speak to a counselor or therapist, or if you think a client may benefit from talking with a specialist.
- Ensuring that clients are safe is another way you can help them adapt to changing lifestyles. Chapter 6 has more information.

## 4. Identify attitudes and habits that promote health

Staying active, maintaining self-esteem, and living independently promote physical and mental health for older adults. The following are ways that a home health aide can encourage clients to be healthy:

**Encourage clients to pursue activities they enjoy and can succeed in.** Many older people enjoy reading, playing cards and other games, gardening, doing crafts, or listening to music (Fig.

11-10). Working with others on charity or community service projects can allow older people to share their knowledge and experience. Senior centers or community centers offer classes, hobby groups, exercise, and field trips that some older clients may enjoy. Many older people are involved in activities through their places of worship. Encourage clients by asking them about what they are doing, admiring their work, or even participating in games or crafts when time permits.



**Fig. 11-10.** Continuing to participate in activities they enjoy promotes mental and physical health for older adults.

**Help clients develop a routine for the day.** Structuring the day around meals, activities, rest, and self-care can help fight depression and give older people a sense of purpose. Older people who do not have a routine may simply stay in bed or become bored and lonely.

**Encourage self-care.** Clients should do as much for themselves as they possibly can. An HHA's job is to assist with or perform activities the client cannot do alone. The more clients can care for themselves, the better they will feel about themselves. Follow the care plan. Keep in touch with your supervisor about changes in the client's abilities.

**Help clients to be well-groomed.** Appearance affects the way a person feels about herself. Help clients style hair, dress neatly, and use cosmetics or shave (Chapter 13) (Fig. 11-11).

**Address clients respectfully.** Do not call clients by their first names unless they ask you to. Do



not call them *honey*, *sweetie*, or *dear*. Use their last names with whatever title they prefer (Mr., Ms., Miss, Mrs., or Dr.). Use the pronouns they prefer (she/her, he/him, they/them). Speak to them with respect and provide person-centered care. Ask for their opinions and let them make their own decisions as much as possible. The more independent and capable they feel, the more independent and capable they will be. Never treat a client like a child or talk about a client as if he were not there.



**Fig. 11-11.** A well-groomed appearance helps people of all ages feel good about themselves.

**Respect the needs for privacy and for social interaction.** Let a client be alone to read, study, pray, meditate, or work if he seems to want this. Knock before entering the room, even if the door is open (Fig. 11-12).



**Fig. 11-12.** Respect clients' privacy. Knock before entering any room, even if the door is open.

Remember that clients may not want to talk all the time. When visitors come, let the client visit undisturbed. Do not try to participate in the conversation. Treat visitors respectfully and make

them feel welcome. Even if an unannounced visit disrupts your schedule, remember how important social contact is for your client. Try to be flexible.

### Chapter Review

1. Name at least two common disorders for each stage of human development.
2. In the movies, elderly people are often shown as helpless, lonely, disabled, slow, forgetful, dependent, or inactive. What is actually true of most older adults?
3. For each body system listed in Learning Objective 3, list two normal changes of aging.
4. How can an HHA help prevent or slow osteoporosis?
5. Name five signs and symptoms an HHA needs to report about a client's psychological health.
6. How can an HHA help a client who is hard of hearing?
7. What can an HHA do to help clients with a poor sense of touch?
8. What should an HHA do if her client experiences dizziness when she stands up?
9. Why might older clients need to urinate more frequently?
10. What are two things that can help prevent constipation?
11. Describe two ways that an HHA can help properly care for clients' immune systems.
12. What are possible signs of depression?
13. How can an HHA help her clients adjust to lifestyle changes due to aging?
14. Why should an HHA encourage her clients to do as much for themselves as possible?
15. Name one way an HHA can show respect for her clients' privacy.