# SELECTED MEDICAL AND SOCIAL PROBLEMS OF THE ELDERLY

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**Abstract**

*Time definition of this process is very difficult, because the life situation of an individual human being significantly changes its course. In the evaluation of the aging process of the elderly in addition to calendar age, which to a small extent determines the spiritual and physical human efficiency, the biological age and mental state together with the social situation should also be taken into account. The age of sixty five has conventionally been adopted as the lower limit of old age. In the group of people crossing that limit there is a substantial difference in the condition and needs, which to a lesser extent depend on chronological age and to greater extent on other factors. Older people during this period of their lives experience numerous medical and social problems (major geriatric problems, loneliness, ageism).*

**Keywords:** elderly people, medial and social problems

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## Characteristics of old age

Aging is a natural process in human life and should not be confused with disease. Time definition of this process is very difficult, because the life situation of an individual human being significantly changes its course. In the evaluation of the aging process of the elderly, in addition to calendar age, which to a small extent determines the spiritual and physical human efficiency, the biological age and mental state together with the social situation should also be taken into account. It should also be remembered that the above mentioned factors interact with each other.

Both the idea of man about his age, as well as expectations that he sets remain in close depending on his health and the image produced by the environment in which he lives. Mental attitude to his own age also does not remain without influence on the course of biological processes in the body and determines the social role of older person [1]. Process of aging works differently for everyone. Total calendar years do not coincide with the biological age [2].

For the lower limit of old age it is assumed being over sixty years old. In the group of people crossing that limit there is a substantial difference in the condition and the needs, which to a lesser extent depend on the chronological age, and to a greater extent depend on other factors.

For the purposes of statistics and to ensure comparability of research works the attempts have been made to apply additional age ranges [3]. Most researchers use age division into three ranges:

- Young old - 65-74 years-old
- Old old - 75-89 years old
- Long-lived -90 years old and older [4,5].

The increase in the number of older people in society contributed to the emergence of scientific fields taking the widely understood issues of old age - Gerontology. Gerontology is the inter-disciplinary study about old age and the related phenomena. This includes biological, medical, social, psychological and economic issues concerning the elderly [5,6].

The gerontology can be divided into the following areas:

- Social gerontology, which examines the needs and the living conditions of the elderly
- Geriatrics - medical specialty dedicated to diseases of old age and their prevention,
- Gerontopedagogy (geragogikę), which examines the old age as a stage of human existence, diagnoses the situation of life of the elderly, identifies the main determinants affecting the aging process, conducts research on the extension and optimization of active life of this group of people
- Psychogerontology, dedicated to issues relating to the adaptation of the psyche to the changes associated with ageing [5].

On the ground of gerontology geriatrics was established – a field of medicine dealing with the biological process of aging and the diseases that are concomitant in this period of human life. This is an extensive area of clinical medicine, whose primary purpose is to protect the health of the elderly [7,8,9]. Geriatrics was separated from the realm of internal diseases as a separate medical specialization due to the necessity of a holistic approach to the problems of the elderly. This was aimed at comprehensive, more effective solving of health problems of the elderly (Krzyżowski 2004). The specific character of geriatrics is multidisease, unprecedented so often in other areas. Also the diagnostics is sometimes very difficult due to the need to distinguish the actual morbid conditions from physiological consequences of aging [10].

**Substantial geriatric problems.**

Substantial geriatric problems constitute a significant medical and social problem, because they gradually lead to functional disability and negatively affect the quality of life of seniors. They constitute a serious problem in terms of public health due to the frequency of their occurrence, consequences and costs of care.

These are the states of a number of reasons, difficult to treat and lead to a gradual loss of self-reliance and deterioration of the quality of life. The frequency of their occurrence increases with age [11].

The significant problems include:

- sphincter disorders
- psychopathological disorders (stupor, depression, confusion syndrome)
- impairment of locomotion
- falls
- impairment of the sense of sight/hearing

**Sphincter disorders.**

Urinary incontinence among the elderly is frequent and increases with age. After the age of seventy five it occurs among 39% of people. Much more often, this phenomenon occurs in hospital wards and long-term care facilities -50-70%. Urinary incontinence is the consequence of the overlapping of diseases or conditions on physiological changes in the urinary tract. These may be situations reversible (transient urinary incontinence) or fixed.

Physical consequences of urinary incontinence: skin irritation and infections, bedsores, falls, urinary tract infections, sepsis, or death, faecal incontinence is a situation in which an elderly due to physical or mental incapacity does not control bowel movements.

The frequency of occurrence amounts to about 6% among people over seventy five in home environment. In care institutions it is more frequent. Causes:

- Chronic constipation - faecal blockage of the rectum (liquid stool leaking next to faecal deposits)
- Disorders of distal part of the gastrointestinal tract (colorectal cancer, rectal prolapse)

- Loss of motivation or willingness to control stool (confusion, depression)
- Diarrhea – reduction of storage capacity in the rectum/involutional changes, lack of independence in the use of the toilet.

Risk factors:

- age over seventy,
- male sex,
- urinary incontinence,
- impaired cognitive functions,
- limited dexterity,
- neurological illnesses,
- loose stools.

**Falls**

Epidemiological studies indicate that in home environment 30-40% of the elderly falls once a year, in care institutions – 60% (worse efficiency, but also better reportability of falls).

The fall is a sudden, unintended change of body position, involving the loss of balance resulting in finding the person on the floor, ground, or other lower situated surface.

The risk factors of falls:

- External reasons related with the environment (protruding sills, slippery floors, stairs)
- Internal reasons dependent on the elderly (diseases, involutional changes, impairment of the senses), old age, fear of falling, weakening of muscle strength, impaired gait and balance, chronic illnesses, medications - quantity, blurred vision, urinary incontinence.

The effect of falls is the increase in illnesses, the deterioration of the quality of life, increase in the risk of depression, increased mortality, increased disability, greater demand for care, the increase in the cost of care.

Fractures and contusions are the most common unfavourable consequences of falls, causing the need for hospitalization.

In the case of hip fractures, of which 90% is the result of falls, half of the patients lose the ability to walk. 50% of hospitalized people due to falls lives only 1 year. Falls are the main cause of death among people over 65.

Post-fall syndrome – limited activity after the fall, it worsens the efficiency and paradoxically the risk of the next fall is greater.

A fall may be the non-specific inflammatory symptom of a number of acute diseases (pneumonia, urinary tract infections, heart attack). Too frequent falls predispose to chronic diseases (stroke, Parkinson's disease, Alzheimer's disease, hypoglycemia, heart rhythm disorders, musculoskeletal and senses disorders).

**Stupor and depression of the old age.**

Stupor affects circa 10% of people after 65, and escalates after 75.

This is due to changes in the nervous system, atrophy and degeneration of cells and structures. The reasons are also vascular lesions in the brain. Stupor is not a single disease entity, but is a set of symptoms caused by chronic, progressive disease of the brain, following which it comes to the impairment of cognitive functions, including memory. It is accompanied by reduction of control over emotions and behavior. This leads to impairment in daily functioning. It occurs in 30-50% of people over 75 hospitalized in casualty wards. Infections and drugs are the most common factor of it. Unlike dementia it has a rapid begininig, sharp course, there can appear hallucinations, impaired consciousness, disorientation [11].

**The quality of life of the elderly.**

The quality of life of older people is a matter of complex issue. This term is formulated under the concept of happiness, physical and mental well-being, life satisfaction, fulfillment of desires and expectations of one's own life. Quality of life associated with health condition of the elderly

patients should always be analyzed in close connection with the aging process and the balance of the whole life of the individual [12].

Modern care for the elderly is to care about their quality of life. This quality can be defined as a subjective sense of life satisfaction in the context of their own needs and capabilities. The higher the degree of meeting the needs important for man, the better the quality of his life [13,14]. The objective factors influencing quality of life include health condition, education, political, social and legal conditions of the country. Subjective factors relate to the assessment and the frame of mind within physical, mental and material condition, relation with the environment, social support, value system and beliefs [15]. A significant issue in the quality of life of the elderly is the functional performance, which should be identified with the ability to be independent from other people in meeting the basic life needs. These needs include: movement, nutrition, control of body physiological functions and maintenance of hygiene [16,17].

The quality of life and old age are closely related. Aging is seen as a destructive process, progressive and irreversible. This process is caused by biological factors related to physical involution and also by psychosocial factors. The elderly have difficulties connected with the poor state of health. With the age physical fitness and mental efficiency is clearly reduced [18].

With age, the human psyche is altered. Mental capacity begins to deteriorate, the elderly often present a self-centered attitude, fearful and suspicious, and there are frequent changes of mood, depression. [19].

Mental burden on the elderly is also caused by stereotypes with which over time they begin to identify with. Older people are often eliminated from social life. This is due to reduced physical and mental fitness, cultural and social changes, the reduction in the financial resources and the impossibility of performing social roles. All of the above factors cause the lowering of the quality of life of older people. And it would be a really complete destruction and a human tragedy, but with the help in overcoming all these processes there can come "Grace" to help man. About this process made in human being writes Fr. Stanislaw Marek Gulak the author of the book entitled “The Personalistic Dimention of Grace” (…), you see, there is a dissonance between nature and the supernatural, it is a real gap. Grace can be the only remedy for it as the only measure of the fullest communion between person and person, especially between a Non-created Person and the created one. Human natural forces are unable to cross this chasm. However, since the duty of man is to overcome this "gap", his natural forces must be reinforced in some way. Such strengthening can only be granted by God. Therefore, man aiming at salvation, must benefit from God's grace, which is a person to person ‘relation’ (...) [20]. It can only be attained by man of faith, he never feels spurned and irrespective of age always needed.

**The loneliness of the elderly**

According to Rembowski "(...) loneliness is a complex and multidimensional psychosocial human experience. It is the unpleasant feeling, appearing as a result of the discrepancy between expected and real capacities (...) [21,33]

Talking of loneliness it is usually treated as a negative concept, something unpleasant. Loneliness that touches the elderly causes havoc in their lives. They live in isolation, although they are often in a group of people. They do not have motivation and strength to establish new social contacts. Reduced physical fitness and mental efficiency and the weakened human relationships reinforce this feeling [22].

Studies have reported that in most industrialized countries in the group of the elderly above seventy five the highest suicide rate among all age groups has been noted. Also the number of depression illnesses is increasing alarmingly. The elderly feel lonely in this modern world, they feel that they do not keep up with ever-faster changing reality [23].

Specifying the reasons of the development of the loneliness of the elderly, you should pay attention to its internal and external sources. Internal factors are associated with the way of perception of oneself, the assessment of one's own successes and failures of life, expectations in relation to one's own social environment. External factors stem from lifestyle, its pace, human relationships [23].

By analyzing the concept of loneliness it can be concluded that the important element is to have someone close. This affects the physical and mental well-being. It makes it easier to adapt to the new conditions and allows reducing the negative effects of stress. An important factor affecting the quality of life of older people and reducing their sense of loneliness is having a friend.

Friendship in human life is very important. You can always rely on your friend and confide in him the most innermost secrets without fear that he would betray. It is good to have a friend and probably there is no doubt about that fact. There are no meetings, going outs, there are no private talks, laughter and tears. Peaple lack things that are the most important in life. A great number of people consider friendship and love, not money, power and a career as their greatest treasures in life. Friendship is a mutual trust, the joy of being with the other person, experiencing the problems of another man, a certain kind of intimacy. People usually choose their friends, who are in some way similar to them or such, who are their opposite [24].

**Ageism**

The term "ageism" means a syndrome of stereotypes and prejudices against age groups. Basically, this term includes prejudices against all age groups, but most commonly it is associated with the period of old age. Ageism first appeared in the definition of a Butler in 1969. He explained this phenomenon by the disappearance of ties identifying the young generation and older persons as a social community. Social and health situation of the elderly arouses in young people anxiety and attitude of negation. Prejudice and negative attitudes towards older people are the result of ignorance and stereotype of old age in society [25].

Many researchers believe that ignorance is the source of stereotypes. Young people often do not have reliable knowledge about old age. According to other researchers, the reason of this is gerontophobia - fear of old people.

The reason can also be the changing model of the family, from traditional (extended) to modern.

Prevention of the phenomenon of ageism should be based on:

- wide social education
- emphasis on the development of tolerance
- legislative changes
- creating geriatric programs
- inclusion of ageism into the system of training for persons involved in care of the elderly

Unfortunately, we live in a time of worship of youth, beauty, and fitness. At a time when emerging wrinkles are the reason for worries and plastic surgery is one of the best growing fields of medicine. At a time when you can rarely meet an actor or media person, who proudly shows their faces seamed with natural wrinkles [23]. But unfortunately, despite all these miracles and

treatments which are tried to be made on the man, it is only possible to improve him for a while, and it is impossible to avoid some natural processes in the body, in body and in mind, or soul, because body and soul form integrity. Unfortunately, man must experience in this whole process also suffering, it is an integral part of his functioning. "Suffering is an attempt of humanity of man, an attempt of his inner truth; his masks fall down, any game loses its sense", as Fr. Józef Stanisław Tischner (famous catholic philosopher from Cracow and outstanding figure of the Solidarność-movement") used to say. What is true, the very suffering is the feeling most undesirable, but its elimination cannot be the only criterion for our action. The mere fact of suffering and pain can be the result of changes both negative as well as positive. The scale that determines the diagnosis should always be the good of man. Struggle with grief at all costs is not the solution, we should know its cause and then decide whether to eliminate it, or accept it. Such approach to suffering and the old age will provide man for healthy development [26].

The old age is associated with different problems, both psychological and somatic, inefficiency, pain, then there is also suffering. Suffering, conceived as part of life becomes a very important element, which creates in every person a true picture of himself. Such experience of humanity understood as the blessing is often the most beautiful, conscious experience of the presence of God in our lives. In one word, how we suffer, what emotions accompany us is the most important learning and experience of humanity in the fullest terms [27].

**Summary**

The increase in the number of elderly people, especially during the late old age, causes an increased demand for health care and nursing. The aging of society raises a lot of medical problems, social, economic and organizational. WHO draws attention to the need to support efforts to maintain the multi-activity of the elderly, which could protect the population from poor psychosocial conditions [28].

We can provide special care to people who withdraw from the activity, who are struggling with weakening of forces, of the passing of a dying body and show with courage this beautiful face of the old age as not the passing of things and thoughts but as a continuance of history, wisdom of experience and authority. A special role is blamed for the Church and the media, which could with great care create a new image of old age and teach young people to see the beauty in old age. We should also take care of the education of older people, who often cannot find themselves in modern, very demanding world. Teach them the correct communication with the young generation - show them how to positively influence with a smile, good advice or example [23].

**Resumo**

Difino de maljuniĝa procezo estas malfacila, ĉar la vivsituacio de la homo daŭre ŝanĝiĝas.

Biologia kaj psika stato kune kun sociala vivsituacio devas esti agnoskita ĉe pritakso de la progresanta majuniĝa proceso kompare kun la kalendara aĝo en malgranda parto determinas la animan kaj psika.

La agon de 65 jaroj oni akceptis ĝenerale kiel la unua limo de maljuneco. En la grupo de homoj, kiuj prokrastas tiun ĉi aĝo estas klara diferenco en ilia stato kaj bezonoj, kiuj en malgranda grado dependas de la kalendara aĝo, sed pli dependas de aliaj cirkonstancoj.

En tiu ĉi vivperiodo de maljunuloj ili spertas multajn socialajn problemojn kaj sanproblemojn (fortajn geriatriajn problemojn, solecon).

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