**UNIT 1 HUMAN LIFESPAN DEVLEOPMENT**

**LEARNING OUTCOME C - THE EFFECTS OF AGEING**



C1) The physical effects of ageing

By the time an individual reaches their 60’s the body is slowly beginning to decline. It is expected that if we exercise and look after our bodies the decline is slower but sometimes this isn’t always the case. The decline in again can occur because there is a limit to the amount of times that the body can repair itself.

List below some of the declines that people start to notice:

Some of the physical changes will occur in the skin, bones, joints and muscles, the senses and the organs.

Outline 3 physical changes that occur to the:

* 1) skin, bones, joints and muscles
* 2) the senses

**?**

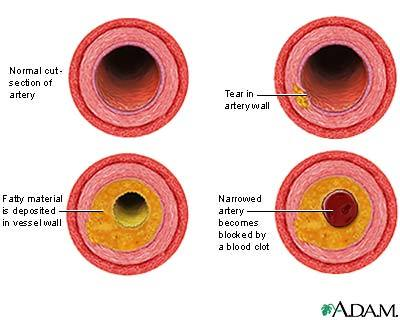
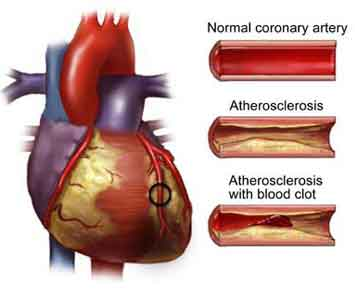
* 3) and the organs
* A Case Study

Ivy attends a day centre for older people, she is 84 years old. She is talking about her experiences in the day centre. *The dinner here isn’t very good – it’s all tasteless mush. You can’t get real food nowadays, not like we used to have’. ‘I get tired out on days that I come here – there’s so much activity – well it takes me a day to get over it. ‘I do enjoy the keep fit activity but I get breathless doing it, I suppose it’s just my age’. ‘I do get cold in here sometimes – all the young ones – I mean the staff - they always complain it’s too hot, but I feel the cold nowadays. It’s never warm enough in here for me.*

* Can you explain why Ivy might experience food as being tasteless nowadays?
* Why might Ivy become tired and breathless following physical activity?
* Why does Ivy feel cold all of the time?

Cardiovascular Disease

The heart pumps blood around the body, older people may develop narrower arteries and other blood vessels dues to fats such as cholesterol being laid down in the walls of the blood vessels.

The above process is down as clogging up and is called atherosclerosis. Athero meaning fatty deposits and sclerosis meaning hardening of the arteries 

Atherosclerosis can result in high blood pressure and this will put an individual at risk of having a stroke.

Furthermore the elasticity in the walls of the blood vessels can decrease meaning the heart has to work harder, increase in size and increase the blood pressure.

Fatty deposits can break away and cause a blockage in an artery, these blockages can cause coronary heart disease

There were almost 16,000 deaths associated with cardiovascular disease in 2011. Approximately 74,000 of these deaths were caused by coronary heart disease, which are Britain’s biggest killers.

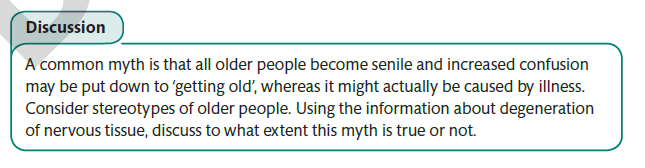
What factors can impact on cardiovascular diseases?

The degeneration of nervous tissue

An individual’s senses depend on the nervous systems (nerves, spinal cord and brain) which is comprised of nervosa tissues which allows for an individual to receive and process information. Some sensory experiences are positive (baking a cake) and some are not (hitting your thumb with a hammer). As we age out brain function starts to decline but at different rates

Short term memory will be affected relatively early and the ability to learn more vocabulary will start to slow at 70. Cognitive and intellectual ability should remain until approx. 80 if no neurological illnesses are present. Reaction times may also become slower. Blood flow to the brain will also decrease if an individual has suffered from a cardiovascular illness.

Decreased sensation, slower reflexes and tendency to be clumsy can also be a result of degeneration of nervous tissue.



Osteoarthritis

This is a degenerative disease meaning that over time it gets worse and is a result of wear and tear on the joints. Osteoarthritis involves damage to joints within the body. Cartilage which covers the end of our bones and helps to cushion them, they can become thinner and less elastic with age. One of the major impacts this has is smoother walking which can limit walking, using the stairs and lifting heavy objects. Many people with arthritis experience stiffness and pain when they move their hips of knees especially after a period of immobility.

The symptoms differ between individual’s and can vary from occasional mild symptoms to server lasting pain making daily activities difficult. Being overweight and having a history within your family can increase the likelihood and severity of osteoarthritis.

An exact cause is difficult to locate however research from Coventry University has found that many injuries to the same joint that does not fully heal can be a cause.

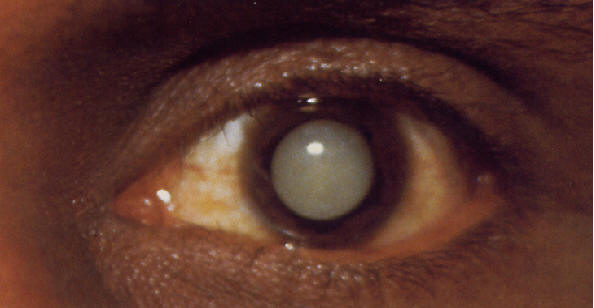
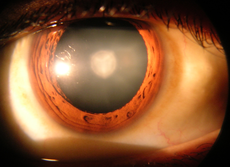
Degeneration of the sense organs

At around the age of 45 years old, the eye struggles to focus and begins to weaken.

At 65 years old, there is little focus control left and individuals struggle to read small print.

Cataracts result from changes in the lends of the eye, as people grow older the lenses can become hard and cloudy; this stops the lens of the eye from being able to change shape of transmit light appropriately. This process results in symptoms such as blurred vision.

Another problem that affect eyesight is glaucoma which involves an increase of fluid pressure within the eye.



Many older people experience difficulty in hearing high frequency sounds. This can happen because the sensitivity of nerve cells in the inner ear may decrease.

There may also be a loss of nerve cells, which results in hearing loss. Some older people experience an increase in wax in the outer ear and this can block he transmission of sound to the sensory nerves.

Since retiring, Joe works as a volunteer in a day centre. At first he found it very difficult to hear what people were saying, when talking to a colleague he said ‘*it’s strange that people here don’t talk clearly, even the staff group mumble all the time, it can’t be a problem with my hearing because I can hear my family all tight’.* Joe has since had a hearing check and now uses a hearing aid. He says ‘*it’s funny how you don’t notice change – I really didn’t believe I had a hearing problem but everything is much clearer now that I use a hearing aid’.*

* **Would you generally expect problems with vision and hearing associated with ageing to develop slowly overtime or would they be sudden crises?**
* **Joe had a problem with hearing high pitched sounds – he thought other people ‘mumbles’. Would it have helped if other people had raised their voices and shouted at him or would it have caused more problems?**
* **Why was Joe able to understand his family but not new people at the day centre? Why did he originally refuse that he had hearing loss?**

The reduced absorption of nutrients

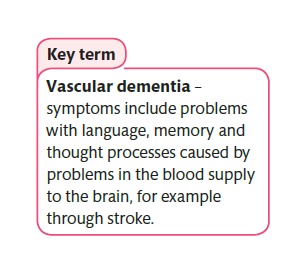
Older adults tend to require less energy requirements as their activity has become lessen. As a result individuals may need protein rich foods to help increase their energy levels. It is important that an individual who is ageing contains another minerals and vitamins in their diet. It is worth considering however that the absorption of foods and vitamins and minerals does in fact become less efficient in older people and some individuals experience malnourishment despite having a similar diet throughout their entire life.

Use the following website to find out what vitamins and minerals are needed for adults over 60 <http://www.webmd.com/healthy-aging/nutrition-world-2/missing-nutrients>

Dementia

Dementia is more likely to occur in older people, approximately 5% of people over 65 have dementia, the Alzheimer's society estimates that as many as 20% of people over the age of 80 are affected by dementia,

Dementia is a disorder that causes brain damage to the structure and chemistry of the brain, a person with dementia is likely to experience problems with understanding what is happening around them, communicating, reasoning, finding their way and remembering recent events.



There are two types of Dementia –

Vascular dementia

Alzheimer’s disease

Use these websites to research more:

NHS Dementia Guide <http://www.nhs.uk/Conditions/dementia-guide/Pages/about-dementia.aspx>

Alzheimer’s Association <http://www.alz.org/what-is-dementia.asp>

Alzheimer’s Society <https://www.alzheimers.org.uk/site/scripts/documents.php?categoryID=200360>

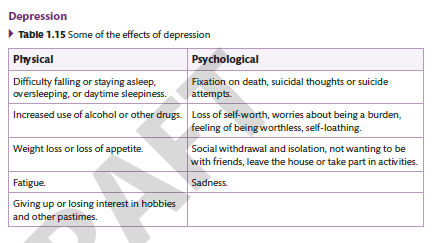
Alzheimer’s Disease

This is the most common form of dementia and is usually slow in onset and involves the parts of the bran that control thoughts, memory and language. The symptoms are gradual and an individual may slowly begin to loose recognition of their family members or close friends.

At present there is no cure or treatment.

Effects of illness are common in ageing

Each of the conditions common in ageing brings its own symptoms but each one can have a wider effect on our holistic development. Having a chronic condition in addition to the usual physical and psychological changes can worsen stress or depression.



How do you think social development might be affected by a Chronic condition?

C2) The psychological changes in ageing

The psychological change of ageing will affect people differently. Cumming (1975) stated that some people will disengage from social activity as they get older, but some will stay close with friends and family.

Below are six factors that contribute to psychological uncertainty, explain in your own words what influence the factor has and state why?

Erikson (1963) stated that older people need to develop a sense of ego integrity if they are to avoid despair in later life; this means making sense of your life and holding on to a clear and meaningful sense of who you are.

Coleman (1994) argued that some times of reminiscence work can be useful for most people but that there are wide differences in individual needs.

* Grace is 82 years old. She suffers from osteoporosis and recently fell and broke her hip. She made the following statements in conversation with her physiotherapist who is helping her to learn to walk again using sticks to support herself while walking in her bungalow: *‘sometimes I have a little cry because I cannot get to the shops.’ ‘I don’t know when I’ll have the strength and confidence to go shopping on my own again’. ‘I can still get on my mobility scooter and down the club-that’s easier because they are other people to help you there’. ‘ I don’t know what I’d do I couldn’t get down the club because there’s other people with problems there and you can talk to them.’ ‘my mum use to say that a problem shared is a problem halved. It’s a real help down the club – it lifts my feeling up when I’m down’.*
* **Can you explain how osteoporosis has resulted in a problem that threatens Grace’s confidence and self-esteem?**
* **Can you explain what Grace does in order to keep her social confidence and self-esteem in tact?**
* **How far can services such as social clubs, help to prevent older people from experiencing a loss of confidence and self esteem despite physical changes?**

What are the psychological effects on confidence and self-esteem in ageing?

Effects of social change

For many people retirement provides more of an opportunity to stay in contact with friends and family. Older people are the group of individuals most likely to vote – why do think this could be?

Conversely an individual may see themselves being at the head of the family and struggle when other members decide to take it upon themselves to take on this role instead.

How do you think that the death of a partner, death of a friend, financial concerns and the increase in leisure time can affect an individual?

Effects of culture, religion and beliefs

Some individuals may turn to religion once they reach a certain age which helps individuals come to terms with any health problems they may encounter. Why else do you think people might turn to religion?

The way in which people react to the changes in their life very much depends on their beliefs and attitudes and overall outlook on life. Traditionally care on the ageing generation was by own family members, today it is more likely that the elderly are looked after by the state in residential or nursing homes or by domiciliary carers.

Despite the Equality Act 2010 ensuring that people are not discriminated against because of their age, it is still common place. Can you think of any negative stereotypes of the elderly and how these are barriers to seeking help and support.

Social disengagement theory

Disengagement means withdrawing from involvement. In 1961 Cumming and Henry put forward the disengagement theory which found that older people would naturally tend to withdraw from social involvement from others as they got older

As people age they experience greater distance from society and they develop new types of relationships with society. There is evidence that society forces withdrawal on older people whether or not they want it.

Some suggest that this theory does not consider the large number of older people who do not withdraw from society. This theory is recognised as the first formal theory that attempted to explain the process of growing older. The biological process of aging has an intriguing symmetrical quality.

As babies, we depend on caregivers to feed us, transport us and soothe our discomforts. While growing up, we break away from our guardians and form an external support network.

When we cross the threshold of old age, our bodies begin to break down, and we gradually fall back into the care of others

What Cumming and Henry found was that that growing old isn't a cheerful time in which cardigan-clad grandmas bake cookies for their adoring offspring and grandchildren. In old age, we end up inevitably alone, becoming increasingly individual and less concerned with the expectations of others

**How Elderly Withdrawal Works**

Cumming and Henry's disengagement theory offers a bleak portrait of old age.

Consider the plight of an older woman we'll call Connie. A retired college professor and widow, Connie enjoys fairly good health, but the loss of her husband and a handful of close friends wears on her mentality. She stays active by playing bridge and volunteering at a soup kitchen. Her two adult children call regularly. Gradually, Connie's arthritis prevents her from being able to cook at the soup kitchen. Then, she falls in the shower and breaks her hip. Afterward, Connie's children arrange for a nurse to come by the house every day to help her. Now, Connie is housebound, and she loses contact with her bridge friends. As her health fails, she only has the energy to visit with family. By the time she dies, Connie's multiple social networks have been whittled down to a few individual relationships

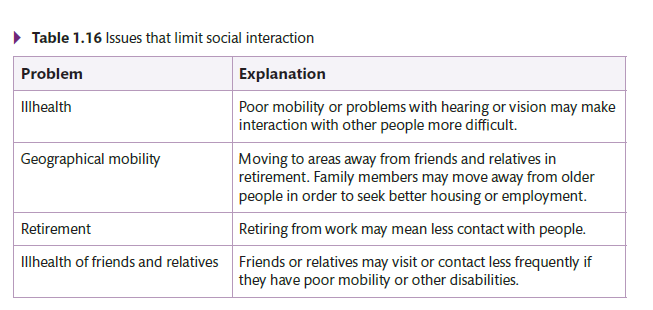
According to Cumming and Henry's model, the major shift in interaction between seniors and society begins once older people fully recognize the brevity of their remaining life spans.

For Connie, that probably happened after she broke her hip and essentially lost her independence. Once that realization sets in, the elderly will remove themselves both consciously and subconsciously from many social networks.

Simultaneously, society distances itself from the elderly, and the roles and authority reserved for the older members of a population are passed along to the younger ones.

From Cumming and Henry's sociological perspective, disengagement has theoretical benefits as well. For one thing, it gives the elderly a new role. Connie used to be a wife, mother, professor and community activist. Old age removed her capacity to fulfil those roles and facilitated disengagement.

In industrialized nations, the disengagement theory also ensures a viable labour force as older people whose job skills degrade wilfully remove themselves from the workplace. Finally, full disengagement then frees a person to die.



Activity Theory

Activity theory emphasises the importance of on-going social activity. This theory suggests that a person's self-concept is related to the roles held by that person i.e. retiring may not be so harmful if the person actively maintains other roles, such as familial roles, recreational roles, volunteer & community roles.

To maintain a positive sense of self the person must substitute new roles for those that are lost because of age. And studies show that the type of activity does matter, just as it does with younger people.

Activity Theory makes the following certain assumptions:

* There is an abrupt beginning of old age.
* The process of aging leaves people alone & cut-off.
* People should be encouraged to remain active & develop own-age friends.
* Standards & expectations of middle age should be projected to older age.
* Aging persons should be encouraged to expand & be involved.

Some call the activity theory a "common sense theory" because to sum it up, the activity theory suggests that as people age, they start to lose the identity they had in work or in family life.

Those who continue to participate in activities and interact socially have a higher quality of life and tend to be healthier and live longer, in part because it enhances a sense of self.

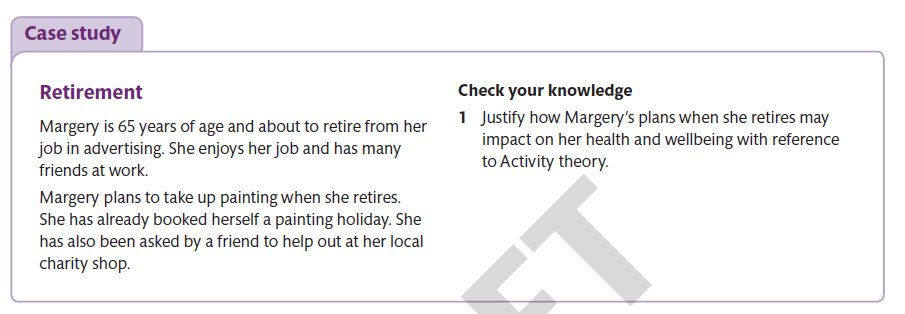
Getting out and doing just any old thing, though, might not be as beneficial as doing something a person truly enjoys.

The activity theory actually suggests doing activities you have no interest in may even have negative consequences.

Continuing a hobby like golf or baseball throughout all stages of life, from youth to middle age to senior stages, seems to have the greatest benefits in terms of health and happiness

While the activity theory might not seem so eye-opening today, some consider it the start of a movement to develop senior centres and focus on getting older generations engaged rather than keeping them passive or sedentary It also contrasted an earlier study, the disengagement theory of aging from 1961, that suggested older people should do what comes "natural" with age, which is withdraw and settle into inactivity until death.

So exactly how does the activity theory of aging apply in today's society? Is it common sense to be active, and do any activities and interactions count, or only certain kinds?



C3 The societal effects of an ageing population

Health and social care provision for older people

The older adult places the most emphasis on health care than any other group in society. Health and social care services need to work together to meet the holistic needs of the individuals. Remind yourself what holistic means and provider an example.

Health care

Older adults may access primary care services such as dentists and doctors

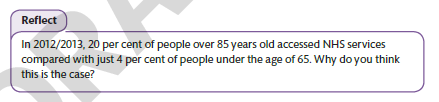
Secondary care such as specialists in osteoporosis or mental health

Furthermore individuals may require acute care such as stays in hospital and more 1:1 support

Social care

Social care services would include bespoke help that individuals needs such as assistance at home or financial advice and guidance. The local authority may become involved and may seek to find alternative living arrangements or access to social services including day centres and respite care.

Financial support and entitlements



Economic effects if an ageing population

The office for national statistics predicts that the UK will rise from 64.6m in 2014 to 74.3 by 2039. In 2012 adults over the age of 65 made up 16% of the population. This differs from one area to the next in London individuals over 65years old made up 6% population whereas in Dorset individuals over 65 made up 25%.

30% of adults aged of 85 years old are expected to support health and social care services, in additional in 2012/2013 people over 85 were also more likely to access mental health services

Home based services were mostly accessed by older people utilising adaptations in the home however these are costly and the costs are not covered all by the NHS or local provisions. As a result AGE UK have identified that due to increasing adaptation costs and welfare cuts there are approx.. 2million adults that are unable to access care services

Research further around the economic effects of ageing at AGE UK <http://www.ageuk.org.uk/home-and-care/>

