

# **PRINCIPLES OF CAREGIVING: AGING AND PHYSICAL DISABILITIES**

## **CHAPTER 3 – PSYCHOLOGICAL/EMOTIONAL CONDITIONS**

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**OBJECTIVES**

1. Identify common psychological and cognitive conditions.
2. Describe behavioral, communication, and safety issues associated with these conditions.
3. Explain effective techniques for addressing these conditions.

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**KEY TERMS**

Adjustment	Obsessive-compulsive disorder (OCD)
Anxiety disorder	Panic disorder
Comfort zones	Phobia
Depression	Psychological
Holistic view	Suicide

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## A. EMOTIONAL IMPACT OF CHRONIC DISEASE OR PHYSICAL DISABILITY

So much of the emotional impact of a chronic illness or physical disability revolves around the adjustment. Adjustments to not feeling well, to decreased activity and capability, and changes in priorities, finances, self-image, and relationships can all surface at the same time. Adjustment isn't just for the beginning stages of an illness. There is a continued need for emotional and mental change as the physical changes become more evident.

Chronic illness or disability often produces feelings of helplessness, frustration, hopelessness, or great sadness. It is common to experience resentment at being ill or needing others' help and grief at loss, at the multiple aspects of loss. Regardless of the illness, there is a powerful emotional component which contributes to a need for physical *and* emotional support and care.

The emotional wellness of an ill and/or aging person has a major and marked impact on the physical symptoms under stress. Exactly how emotions, mind and the physical body relate is, of course, a complex question. Improvement of emotional wellness may help control certain physical symptoms in some types of chronic or serious illnesses.

Pre-existing attitudes about illness can also affect adjustment. As thoughts and emotions change, physical symptoms often shift. Even when the physical symptoms remain the same, however, the client's attitude about them can help or hinder their disease process. For example, the individuals might see their illnesses in a new, more accepting light. The less people think their illnesses will impact their lives, the greater their overall quality of life may be, even if their symptoms don't improve.



**The DCW should remember to address the emotional as well as the physical needs of the client in his/her care.**

### **Providing holistic care and support**

There is a definite connection between mind and body—one affects the other. Healthcare professionals have an increased interest in a *holistic* view of the client's emotional, physical and spiritual needs in providing care. Holistic means concerned with the whole system, rather than as separate parts. Holistic medicine is concerned with the body and mind and the influence one has on the other.

Clients need to feel that their circumstances and feelings are appreciated and understood by the DCW and health care team without criticism or judgment. If clients feel the attention and service they receive is genuinely caring and tailored to their needs, it is far more likely that they will develop trust and confidence in the caregiver and the agency as a whole.

Poor psychological and emotional health damages physical health outcomes. Studies have proven a connection with high emotional stress and coronary artery disease. Depression,

stress, anger and negative emotions in general are strongly associated with increased physical problems. It is important for the DCW to have a holistic view of the client, to try to meet the emotional, physical and spiritual needs when providing care. For example, it is not just bathing a client, but also understanding the client may feel embarrassed or ashamed by the task. The DCW must have a caring, non-judgmental approach to meet the physical as well as the emotional needs of the client when providing that bath.

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## B. EMOTIONAL IMPACT OF AGING

As the body ages, there are a number of changes that occur. How a person manages those changes can affect their entire outlook in their “golden years.”

People age differently, and they think and feel differently about aging. Even though there are many challenges of aging, these can often be addressed through simple steps that improve communication and make the environment safer and easier for the older person to navigate. The existence of an efficient, effective caregiver may help to make it easier for the older individuals to live independently in their homes for as long as possible.

Physical Impact	Emotional Impact
<ul style="list-style-type: none"> <li>• Energy level slows, less active, may gain weight.</li> <li>• Body systems deteriorating.</li> <li>• Sensory loss (hearing and vision) decreases safe movement and communication.</li> <li>• External changes: skin wrinkles and becomes fragile, gray hair.</li> <li>• Changes in bone mass and strength, falls often result in serious injury.</li> <li>• Sensitivity to scents, light changes, and medication caused by changing body systems.</li> </ul>	<ul style="list-style-type: none"> <li>• Interests in hobbies/events may lessen.</li> <li>• Fear of death/religious needs increase.</li> <li>• Social engagements may be refused, isolation leads to loneliness.</li> <li>• Physical effects of aging may have high mental impact, may seek out plastic surgery, etc.</li> <li>• Vulnerability may affect comfort, anxiety, trust of strangers.</li> <li>• Grief over losses; independence, loved ones, pets, job, etc. may create severe depression.</li> <li>• Embarrassment and shame at conditions (incontinence, dependence, illness seen as weakness, etc.).</li> </ul>

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## C. ANXIETY

Anxiety disorders include:

- Panic disorder.
- Post traumatic stress disorder (PTSD).
- Specific phobias.
- Obsessive-compulsive disorder (OCD).
- Social phobia (or social anxiety disorder).
- Generalized anxiety disorder (GAD).

### Signs and symptoms

Each anxiety disorder has different symptoms, but all the symptoms involve excessive, irrational fear and dread.

### Behavioral issues

People with anxiety disorders may not be able to cope with the stresses of everyday life and have difficulty functioning. For example, they may not want to venture outside of their homes, or they may be afraid of germs to the point of having to wash their hands many times a day. **Some people with anxiety disorders can become agitated and aggressive if taken out of their comfort zones.** This is especially true for a person with dementia who has an anxiety disorder.

### Communication techniques

Along with other communication techniques you need to use a calm, reassuring approach. (for example, “*I understand you are upset but you will be safe here.*”). Listen with concern and understanding.

### Treatment/management

Treatment is aimed at the cause. If the person has a phobia, treatment may be focused on exposing the person to the thing that causes the phobia gradually (desensitization). Counseling may also help the person cope with stressors to reduce anxiety. Medications, including anti-anxiety agents, may also help. However, anti-anxiety medications can be addictive and may have undesirable side effects, especially in the elderly. Medications should only be used under the direction of a healthcare professional.



*“I couldn’t do anything without rituals. They invaded every aspect of my life. Counting really bogged me down. I would wash my hair three times as opposed to once because three was a good luck number and one wasn’t. It took me longer to read because I’d count the lines in a paragraph. When I set my alarm at night, I had to set it to a number that wouldn’t add up to a ‘bad’ number.”*

*A person with OCD, from “Anxiety Disorders,” National Institute of Mental Health, 2009*



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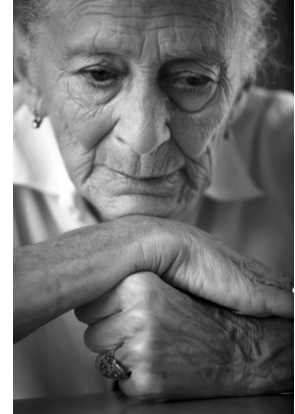
## D. DEPRESSION

Major depression is the leading cause of disability in the U.S. and worldwide. Older Americans are disproportionately likely to die by suicide. Among the highest rates (when categorized by gender and race) are white men age 85 and older, with 59 deaths per 100,000 persons in 2000, more than five times the national rate of 10.6 per 100,000.

### Signs and symptoms

- Persistent sad, anxious, or empty mood.
- Feelings of guilt, hopelessness, worthlessness, pessimism (for example, *"I don't know if I can go on."*)
- Loss of interest or pleasure in hobbies and activities that were once enjoyed.

Some symptoms may be side effects of medication the older person is taking for a physical problem. They may also be caused by another condition or illness the person has such as heart disease, stroke, diabetes, cancer, and Parkinson's disease.



**Depression is NOT a normal part of aging**

### Behavioral symptoms

- Statements about death and suicide threats.
- Reading material about death and suicide.
- Increased alcohol or prescription drug use.
- Failure to take care of self or follow medical orders.
- Stockpiling medications.
- Sudden interest in firearms.
- Social withdrawal or elaborate good-byes.
- Rush to complete or revise a will.
- Overt suicide.

### Communication techniques

- **Be supportive.** It is important to let the person know that you are there to listen and spend time together doing things you both enjoy.
- **Be concrete and direct,** though kind. For example, you could say, *"You don't seem to be yourself these days. I've noticed that you have been sleeping more and not reading the paper like you used to enjoy doing. Are you OK?"* You may find that the person will become defensive, tearful, or angry. However, it is important to keep in mind that your concern could be very helpful, even if it takes the person some time to come around. If you get a reaction like this, follow up at a later time. You might say, *"I'm sorry you found*

*what I asked you to be upsetting. I just wanted to help. Please let me know if I can help in any way."*

- **Avoid being overly light-hearted or confrontational.** Many people make the mistake of trying to get a depressed person to "snap out of it." Some do this by cracking lots of jokes and making light of the person's feelings. Other people will try to get tough with the depressed person, saying things like, "*You don't have anything to be upset about,*" or "*Think of all the people who are worse off than you.*" Such approaches are rarely helpful and may even backfire. The depressed person is likely to feel worse and may even become angry.
- **Ask questions.** Depressed people often feel very alone and isolated. You might say, "*I hope you won't find my questions rude,*" or "*Please let me know if I am asking something too personal,*" then ask! Providing the opportunity to talk can be a valuable gesture in helping a depressed person.
- **Ask about suicidal thoughts.** Asking someone if he or she has thought about suicide will NOT increase the likelihood of the person doing so. In fact, people are often relieved to be able to talk about such scary thoughts. One way to do this is to restate something the person has just said, followed by a question about suicide. For example, you could say something like, "*When you say that you feel like giving up on life, do you mean that you have been considering suicide?*"
- **Try to get some help. Call your supervisor and report the situation** so that an appropriate referral can be made. If the person is having suicidal thoughts, **DO NOT LEAVE THE PERSON ALONE.**

### **Treatment/management**

Research has shown that certain types of short-term psychotherapy are effective treatments for late-life depression. Combining psychotherapy with antidepressant medication, however, appears to provide maximum benefit. In one study, approximately 80 percent of older adults with depression recovered with combination treatment. The combination treatment was also found to be more effective than either treatment alone in reducing recurrences of depression.

Information adapted from the National Institute of Mental Health website: <http://www.nimh.nih.gov/>

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## E. ADDICTIONS AND OLDER ADULTS

Addiction is a chronic, relapsing brain disease. An individual who has an addiction to a substance has become dependent upon the substance. When substance use ceases, withdrawal can provoke serious effects. Some physical symptoms of withdrawal include headaches, diarrhea, sweating, physical pain, vomiting, and tremors.

### **Alcohol**

The largest problem with substance abuse comes from alcohol consumption. Taking medications together with alcohol can cause additional problems.

Some indicators that an older adult may have a problem with alcohol:

- Cognitive decline or self-care deficits.
- Non-adherence with medical appointments and treatment.
- Unstable or poorly controlled hypertension.
- Recurrent accidents, injuries or falls.
- Frequent visits to the emergency room.
- Gastrointestinal problems.
- Unexpected delirium during hospitalization.
- Estrangement from family.

A number of the symptoms for alcoholism in older adults resemble other geriatric disorders. Diagnosing alcoholism should be done only by a licensed professional trained in substance abuse and treatment.

### **Prescription and over-the counter medication**

Most older adults who misuse their medications do so *unintentionally*. Older individuals often take several medications. They may not read the labels correctly or they may misunderstand the dosage directions. For any of these reasons, overdose, additive effects, and adverse reactions from combining drugs can occur.

Intentional misuse of prescription medications happens for a variety of reasons. Sometimes, it's because a tolerance has developed from prolonged use of a drug, or because the side effects are pleasurable or an added escape from boredom or pain. Unintentional misuse can progress into abuse.

The DCW should report all observations and concerns regarding medications or alcohol to the supervisor.



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## F. RESOURCES

- National Institute of Mental Health, <http://www.nimh.nih.gov/>
  - Depression: <http://www.nimh.nih.gov/health/topics/depression/index.shtml>
  - Substance abuse: <http://www.nlm.nih.gov/medlineplus/drugabuse.html#cat23>
- “Aging and Addiction, Helping Older Adults Overcome Alcohol or Medication Dependence” Carol Collier and Debra Jay. Hazelden, 2002.  
<http://www.agingandaddiction.net/alcohol.html>