Old age is considered as an unavoidable, unwanted and problem – ridden stage of life which is force to live. At the same time old age is a phase of life, where one wants to learn things afresh and to be aware of new skills, attitudes and socialization standards. Unluckily elderly is considered as an increasing problem in our society. Surprisingly nobody wants to become old, but everyone likes to live long. In this fast growing world, everything is measured by money, because of that the elder population is considered as a social burden. (Sukkran, 2008)

The old age may affect the mental and physical capacity of a person. Habitually there may be a lack of self-confidence, particularly if they cannot take care of themselves. (Sukkran, 2008)

The essay reveals the problems of 80 years of old lady, her name is Audra. She is living alone in a caravan and sometimes has to depend on others for shopping. She is facing multiple problems like arthritis, sciatica, and back pain so on. She had a history of fall last year and associated hip fracture. For her heel pain she regularly consulting GP and taking analgesics. Audra is taking multiple medicines for pain from the local pharmacist, GP and from naturopathy. She is having a habit of alcohol intake very often. Sometimes she feels “off colour”.

Ms A is suffering with a chronic heel pain. It is observed that the burden of pain is more in elderly as compared to young in our society. The research suggests that 25%- 50% of people suffering from pain in the society. (Berdino & Mihalyo, 2004)

The main causes of pain are arthritis, sciatica & history of fall. The chronic pain associated with some factors, which include intrusion and incapacity, mood disorders, sleep disturbances decreased quality of life and most important is the high conception of treatments. The accurate assessment of pain is important. The measurement of pain by self-reporting is the most accurate method, because the individual only know how they suffer. (Nay & Garratt, 2010)

The management of pain is the treatment of underlying cause. The psychological factors play an inevitable role in the management of pain, as pain is considered as an emotional and sensory experience. The two psychological models which are using in the treatment of pain are;

* Cognitive therapy.
* Behavioural operant conditioning.

Physical therapies are also there like strengthening exercise, superficial application of heat and cold. (Nay & Garratt, 2010)

Multidisciplinary pain management clinics are an important role in pain management. They are effective in this field like experienced staff in pain management, treating only people with pain, education of patients and the multidisciplinary approach. (Nay & Barratt, 2010) The pain of elderly can be better managed by the interdisciplinary team. This may consist of psychoanalyst, social worker and physical therapist. Exercise and physical therapies are also useful in older people. (Berdine & Mihalyo, 2004)

Ms A is having arthritis. Musculoskeletal diseases are one of the most common problems seen in elderly. Surprisingly 40% of people aged 65 years and more is affected by arthritis. Arthritis is the main reason of disability, persistent pain and high access of health services in elderly. (Health Canada, 2003)

The burden of arthritis and related problems are more common in woman than men (Layne, Arabilovic, Wilson, Cloutier, Pindrus, Mallio…and Sceppa, 2009). Large number of older people with arthritis is house restricted mainly because of ill health. On the other hand it will unable them to apply the interventions because of the severity of illness and other issues like depression and social isolation. (Laforest, Nour, Gignac, Gauvin, Parisien & Poirier, 2008)

The pain symptoms of arthritis will increase with age. The disease cause not only pain but also the negative impacts on psychosocial functioning. It results in limitation in mobility, anxiety, depression and decreased quality of life. Moreover that it may also results in decreased socialisation and reduced daily living activities. (Berdine & Mihalyo, 2004)

Chronic pain can be affecting every aspect of one’s life. With a quality assessment and treatment strategy the home health nurses can identify and treat chronic pain. A quality life can be assured to the elder population of our community by using a standardised pathway in the identification and treatment. It will help to increase the self-identity and independence among them. (Minner & Marck, 2005)

A holistic approach has to be taken in the treatment of arthritis. “The Community based Strength Programs” are there to escalate the involvement in exercises, which may results in development of physical functioning among arthritic persons. This community based program is mainly for elder females with arthritis. (Layne et al, 2009). For the maintenance of good bone health calcium and vitamin D is essential. The intake of nutritious food is less in elderly. That may lead to musculoskeletal diseases. (Levkoff et al, 2004)

Ms A also has a problem with increased dependence. The dependability of old age community residence can be reduced by the potential interventions. The increased loss of independence of old age group is considered as a social burden in community. Wanting help for Activities of Daily Living (ADL) are mainly due to the physical inactivity. The main intervention to promote independence is the reduction of adverse health disorders. (Fillenbaum, Blay, Andreoli & Gastal, 2010)

To depend on others for daily activities may lead to corrode the sense of autonomy and esteem and at last that may result in depression. The measurement of activities can be done by many ways like objective measurement and direct observation of task performance fears related to possible addiction and lack of independence. Persistent pain can negatively affect the independence of a person. (Minner & Marck, 2005)

The interventions have to be implemented by the community support. One of the community interventions called “ageing in place” which may focused on the co-ordination of nursing care on the home care services. The main aim of the program is to enhance independence of client and to prevent care home placements. The contact with friends and community can influence the attitude and behaviour of a person. (Minner & Marck, 2005)

Ms A has a problem of back pain, may be due to the hip fracture and fall she had last year. Falls may cause bad impacts on elderly. The main consequences of fall may include a broken bone, pain, loss of self-confidence, apprehension, inability to move, depend for ADL and limitation of activities. Suppression of activities may lead to decrease muscle power, stability and movement at the end it results in loss of independence and chances of future falls. (Nay & Garratt, 2010)

During the recent years, the negative impacts of hip fracture such as decreased physical function and dependency may affect the quality of life of a person. The socio economic and physical impacts of fall are measurable, at the same time the effects of psychological reactions and confidence are not easily assessable. Many people experience fear about falling after hip fracture. The fall effectiveness is related with the functional capability. A person with decreased self-efficacy may reduce the physical and social activities. (Ziden, Frandin & Kreuter, 2008)

There are many community based programs for the prevention and rehabilitation of elderly with fall. “The Home Rehabilitation Programs” are mainly focus on the early discharge of hospitalised patients with hip fracture and enhance self-efficiency, independence and activity level. In this program the physiotherapist and the occupational therapists possess an important responsibility for the rehabilitation at home. (Ziden et al, 2008)

“Home Rehabilitation Program focusing on enhancing self-efficacy improves the balance, confidence and makes them more independent and active in the early phase after hip fracture” (Ziden et al, 2008). Sometimes the older people may consult a physician to acquire symptomatic relief. Hip protectors are also available to protect the musculoskeletal complications. (Nay & Garratt, 2010).

As well Ms A is facing multiple problems. Old age people, obese people, females, people with low financial status and living alone are more prone to have two or more diseases than others. Numerous prolonged illnesses have bad impacts on a person’s quality of life. This is not only in the matter of how people felt about their life, but also the degree of psychological distress. On the other hand the co – morbidities are associated with feeling unhappy about one’s own life and being mentally distressed. (Walker, 2007)

As chronic and compound conditions become more dominant with demographic ageing, there is compression to reorient the care system. The community based care is mostly provided by primary care health team which is supported by domiciliary nursing, home care and individual support. The community based services are less expensive, because that is mainly provided by friends, neighbours and relatives. (Nay & Garratt, 2010)

The primary and community services have a pivot role in making people healthy and provide care with clear interventions. It will help them to develop active participation in community and family life when they become chronically ill. One of the important public health goals is the prevention, promotion and restoration of health. (Nay & Garratt, 2010)

Ms A is facing a problem of depression. For elderly depression and suicide are the two interconnected problems. Depression is the major mental ill health which affect older people and that may lead to suicide. There are many risk factors for developing depressive disorder in older people which include;

* Generalised anxiety disorders.
* Cognitive damages and dementia.
* Alcohol misuse and high dependency.
* Sedation to any analgesics.
* Diseases like heart attack, stroke and malignancy. (Nay & Garratt, 2010)

Careful assessment is important for a reliable diagnosis. For the treatment of depression psychological and drug treatments are there.

1. Psychological treatments: - Cognitive Behaviour Therapy (CBT) and Interpersonal Psychotherapy are the main psychological treatment for depression.
2. Drug treatment: - antidepressant medications are mainly used to treat depression.

The clients with depression need continuous care and psychological support. (Nay & Garratt, 2010)

The functional position of an individual is decrease with age. Moreover that it may affect more in people like low financial status the level of education and sometimes it may be related with age.(Camargos, Muchado & Rodrigues, 2007)

Polypharmacy is another problem Ms A is facing. Those who are more than 75 years have the extreme test with the geriatric medicine. The old people are often fragile with many health issues, declined social support and taking numerous medicines. The treatment with medicines may be varied with ageing. Sometimes they avoid taking medicines because the diseases are considered as a part of ageing. Even if the elderly have pain the financial restrains may not allow them to have adequate medicines. They also may suffer with adverse reactions of drug therapy. (Berdino & Mihalyo, 2004)

There are many interventions which can take to prevent the adverse reactions of multiple drug therapy. Pharmacists and the health team members also provide right to use for the needy elderly to client assistance program. The age and organ function is important to consider before the pharmacotherapy must be adjusted. Because the pharmacokinetics of medicine treatment should be differ in older person with absorption, circulation, digestion and elimination. (Berdine & Mihalyo, 2004)

The pharmacist can impact on the choice of medicine therapy with relation to the pharmacokinetic dynamics in older people, financial restrictions and age related potentials for side effects (Berdine & Mihalyo, 2004). Private homes, community clinics, services for retired adults, nursing homes are the main ways to provide community care (Levkoff, Chen, Coakley, Herr, Oslin, Katz… & Ware, 2004).

Ms A likes to take alcohol very often. Studies of National Institute on Alcohol Abuse and Alcoholism (NIAAA) reveal that, 15% male and 12% of female are addicted to alcohol. The alcohol problems of elderly are closely connected to depression, anxiety, and long term chronic illnesses. Appropriate assessment and management is needed to control alcohol abuse in elderly. Primary care settings can identify and provide appropriate treatment for alcohol abuse and related problems. (Levkoff et al, 2004)

The decrease of alcohol abuse will help an individual to prevent chronic diseases (liver diseases), dementia, hypertension and falls. Along with the health care team the pharmacist can play an important role, like they can make people aware about the bad effects of alcohol, risk factors and side effects. (Maher, 2004)

There are many alcohol and drug nurses who are working across a wide range of health settings, such as community oriented programs, health clinics and in government sectors. The main areas of their services are;

* Assessment
* Early intervention programs
* Counselling
* Withdrawal management
* Treatment services

Nurses provide a holistic approach to the clients with multiple problems, which are provided with mental health and community health services. The health promotion and awareness programs on the issues of alcohol abuse carry out with in specific alcohol and drug campaigns, health education programs with the active participation of community, individual and families. (Queensland Health, 2002)

Ms. A is regularly visiting her GP and her social interaction with the health care team is good. The community care covers various support sources which assist older people. The care may be divided into formal and informal. The services include GP, broad community health, preventive and promotion programs, allied health and pharmacist. The Australian and State Government funded many programs to provide community care. The main community focused programs are;

* Home and Community Care Services (HACC)
* Community Aged Care Packages (CACPs)
* Extended Aged Care at Home (EACH)
* Transition Care Program (TCP)
* Veterans’ Home Care (VHC)
* Aged Care Assessment Program (ACAP) (Nay & Garratt, 2010)

Ageing is considered as an inevitable part of one’s life. Only we can do is the prevention of ill health and the promotion of quality and healthy ageing. Long term interventions are needed for that. The community health services can assess and manage many of the problems of elderly. But our health care system, everyone is ageing like the providers and the consumers. But Australian government has taken many initiatives for the wellbeing of the elderly. Moreover that never underestimates the experiences of elderly.

The high socio economic status people are more beneficial with the primary care services. These types of differences have to be eliminated by the improved involvement of all aged population. Only by that we can acquire a healthy elderly population. (Nay & Garratt, 2010)

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CASE STUDY DISCRIPTION

Audra is 80 years of age and lives in a caravan in a coastal area. She used to be fairly active but doesn’t venture far from her caravan these days and often calls a taxi for her food and supplies. The caravan park has been burgled twice in the last 18 months and Audra is very calm about this saying that she now leaves the van unlocked when she is away so that the burglars do not have to break windows or doors to get in. She believes that her belongings would be of little interest to thieves

because they are old and only valuable to her. Audra has arthritis and sciatica and has been on medication for chronic back pain. Last year Audra had a fall and broke her right hip. She had a long slow rehabilitation due to fear of falling. Audra attends her GP regularly for a chat and to get her prescriptions for medication that includes an anti-inflammatory twice daily and morphine 5mg patches. She weighs 48kg but appears to have good muscle mass. Audra recently attended her GP clinic with complaints of increasingly painful left heel. She has been taking over the counter analgesics on the advice of the local pharmacist, but feels that they are largely unhelpful, and often has a small sherry which helps. She also visits a naturopath and takes a variety of medicines when she is feeling ‘off colour’. Audra often uses a sedative to sleep.