As with all other life stages old age is a time of conversion and most of the elderly lead long and active life, and are free from serious problems. There are people who work after their retirement too. The Australian ageing population is rising sharply and related health problems are increasing. Engaging in different activities and exercise can help people to maintain the health and assist them to do daily activities. This case study explains about different health problems in older population and detailed explanation of its main causes or the risk factors of his disease condition and the preventive measures.

Mr. Fred is 75 years old and lives with his wife, who has got agro phobia, in a rural area. Recently he started incontinence and had a fall while walking and he injured his right leg which needs daily dressing. He is an obese man with florid complexion with decreased mobility, and he is suffering breathlessness from last few days. Fred had undergone bypass surgery nine years ago and he is taking anti hypertensive, aspirin and lipex since 2 years. Recently he had cataract surgery in his right eye but he is not satisfied with his surgery, still he is complaining of impaired vision on his left eye. He does most of the house work and looks after his wife but they get support from community service to do some household work. He rear chicken for eggs and sells locally and gives to his daughter who lives next door. He likes chopping woods and he walks the dog daily. He is concerned about his ability and tired of doing things. He wants to go for long term care and thinks he needs surgery but he is worried about time and money. However he still drives for shopping and social outings.

In this case study Mr. F had a fall and had lacerated wound. Falls are common in elderly due to decreased mobility and it has major consequences. In 2002, fall related deaths were 55% among older adults. The mortality rates were more with males than with females and it goes higher with age. In Australia falls and fall related problems are more and the health system spends lot of money, also they have set up some preventive plans nationwide. (National Public Health Partnership, 2005). These types of accidents have the outcome of fracture, head injury and long term rehabilitation; therefore older people lose confidence and fear of falling again. (Oliver, 2004). The main risk factors of falls are persons who are above 85 years old, some medications such as anti hypertensive, sedative, vasodilators and antidepressants, reduced exercise, obesity and individuals with mental problems. Other factors are poor balance, osteoporosis, bone degeneration incontinence and the surroundings. (Maclntosh & Joy, 2007). The preventive measures include intake of sufficient amount of calcium and vitamin D, with the help of sunlight our body produce vitamin D. He walks daily and does chopping works as well. Older people must do regular exercise in order to keep away from diseases, but proper clothing’s and foot wearing are important. (Colorado State University, 2011).

Physical mobility is vital for the health and well being of all individuals but it is very crucial in elderly. Decreased mobility is the most frequent diagnosis in older people in all residential settings. Muscle fibers reduces and muscular atrophy are associated with ageing and imbalance as result of ageing. All body system affected with diseases which diminishes mobility. And some disease conditions are visual impairments, hearing problem, social isolation and cognitive impairment. The main consequences are falls, physiological complications, psychological problems and social and economic problems. People may lose self esteem and confidence, and social interactions may drop off. Bed stabilizers and prevention of environmental hazards reduces the risk of falling. Supervise the person for toileting when they confused, on sedative. Physiotherapist can advise him about the exercise pattern in elderly. (Mobility, 2006).

Mr. F had undergone cataract surgery but still he thinks he cannot see properly with his left eye. Impaired vision is another reason for fall, because of this most of the aged cannot differentiate their surroundings which lead to falls. Regular ophthalmological check up is essential to detect cataract and glaucoma. Colored and contrast aiding can be used at home grab bars and handrails. Use of contrasting colors in staircase especially on the first and last steps can help elderly from falls. Eye glasses must clean regularly to see clearly. (Colorado State University, 2011).

Cataract extraction is the only treatment for cataract. The nursing intervention is to give proper communication and information giving in order to reduce anxiety. Health education must be given to individuals as well as to his family to improve understanding and awareness of the condition about the significance post surgical ophthalmic medication. Safe installation of eye drops must be demonstrated and the importance of hand washing before and after installation to prevent eye infection. Advise the client to observe for any signs and symptoms of complications such as redness and pain in the eyes and blurred vision. Annual ophthalmological visit is very crucial and if the person is driving, verify the safety with ophthalmologist and they must follow the Driver and Vehicle Licensing Ageing Guidance. (Watkinson, 2009).

Incontinence is another problem with Mr. F and this can be one of the reasons for falls. Incontinence of urine is the loss of control of bladder; it’s not a disease but is a symptom of some other health problem. In Australia around 4 million people affect incontinence and one in five Australian experience problems with bladder & bowel. Urinary incontinence is a major problem and 50 % of people suffer incontinence all over the world. One in 20 Australian affects incontinence of urinary and it affects the person physically, psychologically, socially and economically. It is believed that most of the residents having incontinence at aged care facility; but with proper guidance and good bladder habits can reduce incontinence. Although incontinence is common in elderly ageing is not a reason for it. The nurse must advise them for using incontinent pads. (Crisp & Taylor, 2008).

In most of the time disabilities and illness can contributes to incontinence, also decreased mobility and health problems are also associated with incontinence. Overactive bladder and chronic conditions are other predisposing factors for this. Incontinence can result in various problems such as social and psychological disturbances. In addition difficulties with daily living are also associated with incontinence. Various preventive and treatable methods are used to manage incontinence. Nursing interventions are used for appropriate assessment and it includes hygiene, diet, fluid intake, care of bowel can be effective in improving bladder control. Voiding on time may help people to strengthen the urinary muscle through pelvic rehabilitation. Nurses should teach elderly or make them awareness about the physiology of voiding. (Coffey, Carthy, Cormack, Wright, & Slater, 2007).

Mr. Fred had a fall and he had a lacerated wound on his left leg which needs daily dressing. Treatment of wound is the responsibility of the health professionals. Most of the people experience pain and mentally disturbed. Wound healing varies with each one and it depends on the health, body condition and treatment pattern. Most people do self management but some needs dressing with antibiotics and in sever case surgical intervention is needed. Aseptic techniques must be used when caring the wound. (Gaind, Clarke, & Butler, 2001).

Shortness of breath is another problem with Mr. Fred. It occurs when the brain gives signal to lungs to increase the frequency of breath. Lung and pulmonary system diseases or the general body conditions like obesity and low blood pressure can cause dyspnoea. The predisposing factors are injury or collapsed lungs, heart diseases, asthma, COPD, inhalation of dust or allergic substances and heart conditions can also leads to low oxygen level in the blood which results in breathlessness. The main characteristics are tachypnea or increased respiration pink and frothy mucus increased pulse rate and wheezing sounds. (Better Medicine, 2011).

The preventive measures include aerobic exercise, removal of dust particles from atmosphere or remove the allergic substances and cutting off smoking. The health practitioner’s responsibility is to examine the disease condition and determine the pattern of respiration. Treatments depend on underlying cause or disease. It can often control with medication but in severe case oxygen therapy is needed. Physical rehabilitation and psychotherapy’s are some interventions to reduce or to cut down dyspnoea. The nurse can give exercise like deep breathing and coughing, and positioning, upright position. Physiotherapist can help for doing spirometery exercise (Faqs.org, 2011).

Mr. F had Coronary Artery Bypass Surgery. Coronary Artery Diseases is one of the main causes for death and hospitalization in Australia and all over the world. The main signs and symptoms connected with CAD are dyspnoea, chest pain which can affect daily activities and the health of the person. There is no complete cure for CAD but medications are used and Percutaneous Coronary Interventions such as angioplasty, Coronary stenting and surgical interventions such as CABG’s can reduce the risk associated with CAD. Bypass surgery is the most effective method of relieving the symptoms of CAD. Evaluation and follow up treatments are very crucial to assess the complication of CABG. Spirometery exercise and breathing and coughing exercise assist them for early recovery. After six months of surgery the physical functions and body energy is regained. (Ballan & Lee, 2007).

The nursing interventions are very significant in the post operative period particularly for the advantages and disadvantages of bypass surgery. Health professionals understand the related problems which a person experience in relation with disabilities and disease conditions after surgery. Nurses are the important member for providing health care and the evaluations of outcomes. As a preparation for the surgery, nurses need to give health education to the individual prior to surgery about the important measures which needs to be taken into consideration, individualized care and the exercise which assist them to regain confidents. It leads to speedy recovery from surgery especially in the early post operative period. After surgery they need analgesics to relive pain and in some cases people need long term analgesics which mean the recovery is prolonged. Patient centered community guidelines are some of the pain management strategies. A multidisciplinary approach is needed including physicians, nurses, physiotherapist and other health professionals, to gain quality of life after bypass surgery and to make sure that the individuals have adequate intake of analgesics. (Ballan & Lee, 2007).

Mr. F is taking anti-hypertensive, aspirin. Hypertension is the sharp rise in blood pressure. The characteristics are headache, giddiness or fainting, blurred vision and in severe cases patient may collapse. Hypertension emergencies need urgent treatment and regular follow up. It is a life threatening condition if it is not treated on time associated with organ damage or problems with body function. In emergency IV anti hypertensive is used to control BP, and according to the severity the medications are prescribed. Hypertension occurs with some disease conditions such as heart diseases, obese people tend to have high blood pressure. Moreover, hereditary is a main risk factor for hypertension. (Cherian, McEniery, & Wilkinson, 2010).

Regular check up and medication reviews are very important for the management of hypertension. Aortic dissection is another way of reducing BP. The first and important management is the responsibility of the individual itself. They should change the life style and dietary pattern. Diet control and exercise are very significant for the reduction of High Blood pressure. Avoid intake of high fat and oily food, however increase consumption of fish oil is good for reducing BP. Obesity and hypertension is co-related. Weight reductions in obese and sodium reduction are other significant factors for management of hypertension. (Cherian et al., 2010).

Fred is having high cholesterol and he is taking lipex regularly. When giving treatment for high cholesterol the potential side effects should be in mind. There are chances of liver changes and muscle aches with cholesterol drugs. Advise the patient to report any complication of drug and explain the side effects of lipex. Pain is common in elderly with arthritis and person may think of arthritis pain, even if they have the side effects of drug; therefore thorough understanding is important. Cholesterol treatment now converted in to conventional medication. Diet control is another way of reducing cholesterol, minimize fat intake.

Fred get support from the community service as well as from his daughter and a small amount of savings earned from his own business. By doing hose works, walking and chopping woods give him exercise and he enjoys it. He gets social interactions by doing shopping and outings. However, he is more anxious about his health that he wants to go aged care homes and is bothered about another surgery its cost and the long term care. Home And Community Care Program is a combined program including the National, State and Territory government support. The services include domestic care, personal care and nursing care in order to support elderly in Australia. It also offers counseling, information and advocacy, meal in wheel services and health care. HACC renders high quality, costless and accessible services. The main aim of this service is to give full support to individuals to gain independence at home and in the community. Australian Government provides 60 % of funding and the balance is paid by the State and Territory governments. (Australian Government Department of Health and Ageing, 2010). The community health nurse can give education and support to Fred about his health concerns and about the long term care, a good counseling help him to relive from his worries. Social interactions and active participation in community activities can help him to reduce his anxiety.

In short, elderly people go through different stages and they experience problems in their life. Australian government offers different services to the aged people who help them to cope up with age related problems and help them to do their daily activities. In this case study Mr. Fred has different health issues and the multidisciplinary team gives a holistic care in order to reduce his problems, and he is more concerned about his ability and doing things, however, the community nurse help and give support to him. Ageing and related problems are normal but everyone should accept it positively, as a result they can have happy life.

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