Age is one of the most important aspects which raise the cause of the long term care given to the older people who are in the age groups more than 80 or 85. In this era life expectancy rises all over the world because the percentage of oldest people is incredibly increasing in higher rate. The federal statistical office of Europe state that in European countries old people who all are in the age eighty above has been tremendously increasing in the coming generation as well as the life time care should be given to them. (James, Vaupel, Kristi & Kistowaki, 2008)

The elderly people who are living in the rural communities are running out with lot of problems due to the lack of human health resources and the holistic care service. The procedure of rising older or growing can be phrased as an ageing. “Ageism is a stereotyping figure which leads to negligence of individual needs and rights of an older people”. (Dawbin & Rogers, 2008)

The theory of age has been much more convoluted because in older people, the life

expectancy has been increased though the people live more remaining years of life. This Population Bulletindemonstrated the way to use new assessment of population which cause the aging that take into matter which makes vary in long life over time and the place they use to live. The demographers say that the life expectancy is much bigger in old women in the society but comparing to the past life expectancy is doubled in the 20th century. (Sanderson & Scherbou, 2008)

To portray the subject briefly, Audra is an 80 year old woman. She lives in a caravan alone in a coastal area. She used to be moderately active. She never goes out of caravan these days but she often calls a taxi for going out. The Caravan Park has been robbed twice in between the last 18 months. But Audra is not worried about the matter. She now leaves the van unlocked when she is away. She thinks that it is much better than before, so that the robber’s don’t have to break windows or doors to get inside into the caravan. As her belongings are old, she believes that the thieves may not be interested to take the old things. Even though she believes that the things which are inside the caravan is only valuable for her. Audra is suffering from severe arthritis and sciatica. Now she is taking on medication for chronic back pain. She had fallen in the last year. When she fell down she got a right hip fracture. Due to her fear and anxiety of falling her rehabilitation period was prolonged. Due to her regular medication she consults her General practitioner regularly to take prescription. She is already taking medications such as anti- inflammatory drugs twice daily and takes morphine 5mg patches. Even though she is 48 kg but she comes into view to have good muscle mass. Due to heavy intense pain in left heel she recently consults the GP in the clinic. She also finds out advice from a local pharmacist and she takes over the counter analgesics because of his advice but she finds only little use with that. After that she too consults a naturopathy practitioner and told her problem and tried different medicines according to his prescriptions. She sleeps usually with the help of sedatives. She has the habit of drinking alcohol some times.

Whilst examining this case, the community health nurses have to move towards holistically to provide good quality care to the patient. Holistic approach means that to analyze each individual in person, and not for just physically related disease. It is mandatory that each community health nurse should be more aware about the difficulty factors relates with the patients health in terms of mentally, socially, emotionally, and the place he lives, financial status, protection and safety measures and spiritually, which really donate the important health outcomes for the patients. (Dawbin et al., 2008)

Ms. A is living alone and she has to depend on others for her daily activity. In the older people the physiological status will get down when the age increase as well as it decrease the body functioning. This is the main problem nowadays the old people are facing. Another problem is many of them are living alone due to the low income status; therefore they have to meet their expense own without spending for any one. In the societies it was common that in the field of education men have more preference than the women, thus due to the lack of education women were unemployed and they have to depend on some one. So the level of dependency increases when they become older. (Camargos, Muchado & Rodrigues, 2007)

If an older women who had living with loss of freedom among the community houses characterize her individualism and pointed out the moral fiber to output the intervention which cut down the likelihood of being dependent. This is one of the major subjects which cause the swift of aging in population and there for it also cause the lumber of increasing amount of elderly people living without depending anyone. The loss of physical activities is seen to be an important threat factor for the old people with the activity of daily living. The activity of daily living is related to one’s body health condition and there is a intervention to decrease the rate of concerned health condition or to manage the people with providing care with activity of daily living tasks. (Fillenbaum, Blay, Andreoli & Gastal, 2010)

Community nurse can find out the old age dependency ratio (OADR) in a particular method of calculation. OADR is described as the total number of aged 65 and above or the total number of people between the ages of 20 to 64. There is also another method used to find out the old age dependency ratio that has been use to know the variation in the life expectancy. The new method is known as prospective old age dependency ratio (PODAR). It has been calculated with the total number of people older than the old age threshold or the total number of people aged over 20 to the old age threshold. All over the world, the OADR and POADR is most common methods use to find out the old age dependency ratio. (Sanderson et al, 2008)

Ms. A had fall down and broke her right hip and now she is suffering from severe pain due to the fall. In elderly people a fall can make adverse effects in their health condition and fall can also make fractures and several injuries to the elderly people. In older people they have fear and anxiety, lack of confidence, lack of independent mobility and dependence for doing the daily activities. Due to the fall there may be a pain in the muscles, this really affects the functional part of muscles strength, body balancing and mobility function and finally it cause the lack of independence and also have chance for future fall. (Nay & Garratt, 2010)

In the last decade there are many unconstructive impact of the hip fracture. They have been derived as the complete body physical functioning status, lack of independence in the day by day activities and distinguished status of health which is correlated with the value of life. The physical and socio economic consequences of falls can be evaluated without any difficulty, due to recurrent mental reactions which has adversely affects the level of self-confidence and independence. The fall has been accounted and to be intended with many abilities which functions in each individual with short estimated self autonomy to get down each individuals physical and social activities. (Ziden, Frandin & Kreuter, 2008)

The major aim for the condition of care given to the client is to avoid or decrease the maximum level of physical and mental annoyance and mainly focusing to get better value of life and its task. Pain badly affects the elderly people in all the level of life and therefore pain management is one of the fundamental things which community health nurse has to provide for the patients as soon as possible. The elder people appear to be more enduring when they are really in pain, but this painful condition is due to the reason for process of ageing. This is due to the cell damage and also due to the lack of mylinated and unmyelinated fibers in the tissues of bone which is related with the peripheral nervous system of human body. (McCleane, 2010)

There is enough bundle of risk pharmaceutical strategies implemented for the pain management in elderly, the fundamental theory of treatment is to monitor the positive and negative side effect of prescribed medicine. In addition to this situation, the community health nurse has to be focus not only in the pain related treatment but also the complete health of patient in terms of general condition. (McCleane, 2010)

There are lot of rehabilitation programs which helps to encourage the elderly to free from the stage of fear and anxiety. There is a home rehabilitation program which promotes each individual to improve one’s self efficiency as well as to change positive result for the daily life activity. Thus the community health nurse can give proper health education to elderly to reduce their fear and anxiety. “Home rehabilitation program focusing on enhancing self efficiency to improves the patients balance, confidence and makes them more independent and active in the early phase after hip fracture”. (Ziden et al, 2008)

Ms. A has severe chronic pain may be due to the fall. The chronic pain has a top most impact on functioning the body mechanism in case of many activities in daily life. There a variety of choice has been evaluated to find out the determinants such as different activity level or the disability level, varying from intention measure of uptime. Each and every faction of activity task and performance by regular monitoring by all the way through to self statement of psychometric questionnaire in the day by day activities. The older people mainly seek help from the community health nurse or from the primary care physicians to put on release from all the moments, when pain is in the extreme most level in their health condition. (Nay et al, 2010)

The elderly people who is living alone without depending any one has more possibility to get three or more chronic illness than the other people, the main reason behind this is the poor socio economic status of individuals. The people are psychologically stressed in their general life because they have founded with multiple chronic illnesses and it had made a pessimistic impact among the elderly. Due to the multiple chronic illnesses elderly people were felt disappointed in their life style. (Walker, 2007)

Muscular skeletal disorder is one of the major health problem, which has seriously affected the old age people aged 65 years, and above and in strategically affected nearly 40 % of them. In the older adults arthritis is first cause to cut shorten their daily activities. (Health Canada, 2003)

Now a day older people who are suffering from arthritis are house bounded, there are so many reasons behind that. First of all the aging was badly affected their health condition very poorly so they have to limit the activities within the house surroundings. Even though the people are not able to apply the intervention because the thickness of illness is much higher and many health problems impacted in old age which leads to depressive symptoms and social separation. (Laforest, Nour, Gignac, Gauvin, Parisien & Poirier, 2008)

The eighty percentages of older people who are in the age more than 65 years are suffering from persistent pain due to arthritis. Persistent pain means the pain which affects in a particular portion of body in elderly. This type of pain can do up the reject in ability and lack of independence and value of life. For the chronic illness the intervention is mentioned as “aging in place” which means the community health nurse manage the home care services and provide the patient independence and extended to put off the nursing home practices. There are some standardized ways to treat and encourage the self management of pain which focus the independence and autonomy. (Minner & Marck, 2005)

Ms. A is suffering from arthritis too. Arthritis is commonly seen in older women more than the older men. Doing exercise is the best way to cure the arthritis and in the community, the nurse has to conduct the training programs to motivate the extreme participation and to improve the body functioning in between the older people, who are suffering from arthritis. The strength training program is successful to its maximum possible efforts which should be circulated. In arthritis the symptom for pain is much common in the increase of age in elderly people, but this pain is not only related to the major burden of disease and also related to the psycho social functioning in the body. (Berdino & Mihalyo, 2004)

The Centers for Disease Control and Prevention is currently running to find out the problems and provide systematically related daily physical activity programs, which help the elderly people to recover physical body function towards each adult with the disease of arthritis. There is mul­ti approach, direct unsystematic controlled examination to find out the special effects of community related strength training system for the regular activity in the women aged 55 years and above with the disease of arthritis. (Layne et al, 2008)

There is a strong intervention to solve out the arthritis; it is called strength training intervention. In this method the patient is noticed to the strength training group for complete analyzing. This training includes several weighing scale and flexible exercises. The duration of class is one hour and conducted on twelve weeks. Even though it is too hard for older people to maintain the functional position in arthritis. In this training the exercise is act up on by sitting or standing with the help of a chair support. (Layne et al, 2008)

Ms. A has pain and it cause sleeplessness. Due to disturbance in sleeping pattern the patient get fail to meet his daily needs. In the community there is an interdisciplinary team which works for the pain management for the elderly people. Some time the general practitioner gives reference to consult the physical therapist or occupational therapist to improve elderly sleeping pattern. Mainly the therapists prefer both exercise and physical therapy, thus the people can maintain their normal sleeping pattern. (Berdino et al, 2004)

To sum up, it is evidenced that the old age problem has relevant role in the whole society. So government and health professionals have to take sudden positive remedies to cut down the problems of old age. Poor income is one of the another problem nowadays the elderly were facing, so the government have to emerge a high scale pension; so the people won’t depend the other people.

REFERENCE

Belza, B., Cook, A., Phelan, E.A., Williams, B., Snyder, S.J. & Logerfo, J.P. (2006) . The Effects of a Community-Based Exercise Program on Function And Health In Older Adults: The Enhance Fitness Program, *Journal of Applied Gerontology*, 25(4), 291-306.

Berdine, H.J. & Mihalyo, M.G. (2004). Demographics, Pharmaco economics, Assessment and Treatment of Pain in Elderly. *Journalof Pharmacy Practice*, 17, 155-120.

Camargos, M.C.S., Muchado, C.J. & Rodrigues, R.D.N. (2007).Disability Life Expectancy for the Elderly, City of Sao Paulo, Brazil, 2000; Gender and Educational Differences.*Journal of BiosocialScience*, 39, 455-463.

Dawbin, D., & Rogers,A. (2008). Aged care in Australia. *A guide for aged care in Australia* (3rd ed.) NSW: Elseviour.

Fillenbaum, G.G., Blay, S.L., Andreoli, S.D. & Gastal, F.L. (2010).Prevalence and Correlates of Functional Status in an Older Community; Representative Sample in Brazil.*Journal of Healthand Ageing*, 22, 362- 365.

Health Canada. (2003). *Arthritis in Canada; An Ongoing Challenge*. Ottawa, Ontario: Health Canada.

James, W., Vaupel, E., Kristi, G. & Kistowski . ( 2003) . *Living Longer In an Ageing Europe: A Challenge For Individuals and Societies*, 7, 255-263.

Laforest, S., Nour, K., Gignac, M., Gauvin, L., Parisien, M. & Poirier, M.C. (2008). Short Term Effects of a Self-Management Intervention on Health Status of House Bound Older Adults with Arthritis. *Journal of Applied Gerontology*, 27, 539- 549

Layne, J.E., Arabelivic, S., Wilson, L.B., Cluutie, G.J., Pindrus, M.D., Mallio, C.J,…. & Rooubenoff, R. (2009) . American Journal of Lifestyle Medicine . *Community- Based Strength Training Improves Physical Function in Older Women With Arthritis*, 3, 466-474.

Minner, D.M. & Marck, K.D. (2005). Evidence Based Assessment and Treatment of Persistent Pain in Community Dwelling Elderly Receiving Home Health Services; A Pathway. *Home Health CareManagement Practices*, 17, 293- 303.doi:10.1177/1084822304273382

McCleane, G.(2010). Pain management in older people. *Reviews in Clinical Gerontology*, 20 , p.183-192.

Nay, R. &Garratt, S. (2010). *Older People Issues and Innovations in* *Care*. Victoria: Churchill living stone .pp. 80- 350.

Sanderson, W. & Scherbou, S. (2008) . Population Bulletin. Rethinking Age and Ageing, 63(4), 1-20.

Walker, A.E. (2007). Multiple Chronic Diseases and Quality of Life: Patterns Emerging From a Large National Sample, Australia.*Chronic Illnesses*, 3, 202- 220.doi: 10.1177/17423953070

Ziden, L., Frandin, K. & Kreuter, M. (2008). Home Rehabilitation after Hip Fracture; A Randomized Controlled Study on Balance Confidence, Physical Function and Every Day Activities. *Journal ofClinical Rehabilitation*, 22, 1019- 1033.