Population around the world is undergoing a remarkable and historic change; particularly the older people are increasing in an alarming rate. One of the most considerable changes are happening in Australia is ageing. It is a normal process which brings many changes both biologically and socially. (Dawbin & Rogers, 2010). This essay discuss about different health problems related with various issues of a client, the application of community health services and aged care assessment team work in the delivery of complete health care. Also, it demonstrates the impact of ageing upon health care needs, high level understanding of client’s health care needs in all aspects of life and relationship with carers including multidisciplinary team and also need for continuous care.

This topic describes about one old lady, Ms. Audra and she has 80 years old resides in a seaside within the caravan. Even though she is active, she often uses taxi for her food and other supplies. Recently Ms. Audra heard about robbery which happen in the caravan, so she always opened the caravan even she is left. The main reason is to protect the windows and doors from the burglars. There are many diseases are suffered by Ms. Audra such as arthritis, sciatica and chronic back pain, also she has a history of fracture on right hip from a sudden fall in the last year. She took rehabilitation for a long time because of the fear of collapsing.

Moreover, Ms. Audra has to visit her GP (General practitioner) regularly and takes prescription of her medications such as morphine 5mg patches and anti-inflammatory drugs two times per day. Her weight is 48 kg and seems to be a healthy lady. Recently she had to suffer pain on her left heel and informed to her GP and with the prescription of the local pharmacist she has been taking over counter analgesics even though it has no curative effect. When she has a feeling off colour makes an appointment to the naturopath and take medications, besides that she used sedatives for better sleep.

In this case nurses need to provide care in a holistic way in order to deliver quality care to the client. The health professionals have an idea about the theories of healthy ageing that helps to approach a holistic care to the older people. Holistic care means to give care to the people for achieving and maintaining the spiritual, social, physical and psychological well-being. The culture of a person includes their beliefs, morals, concepts and actions. So it is important that to understand the nurse about the cultural backgrounds of a person in order to bring a holistic and palliative care to the patient which improves the condition and quality life of an old man. (Dawbin, et al., 2010).

Critical thinking helps the nurse to understand the problems of Ms. Audra such as loneliness, deficiency of safety and protection, psychological disruptions and financial burdens. So she is needed an appropriate care either in the hospital settings or in the society from the all departments of health professional group. Multidisciplinary teams for elderly are mainly suggested for those who are having more than one disease (Johansson, Eklund, & Gosman- Hedstom, 2010). The quality of Ms. Audra’s health is improved by decreasing inappropriate and unreasonable prescription of medications. Pharmacists, geriatricians, GPs, and residential care staff are involved in multidisciplinary case conferences for reducing the use of wrong medications in a residential care (Kaur, Mitchell, Vitetta, & Roberts, 2009).

Elderly people are more disposed to musculoskeletal conditions due to many risk factors like advanced age, deficiency of calcium and estrogen, cigarette smoking, alcoholism, use of several medications and immobility (Melikterminas, Ranganath & Furst, 2008). Back pain, arthritis, sciatica, and easily fragile bones are quite common musculoskeletal problems among old age people. If the patient having arthritis experience severe pain, stiffness related with swollen joints and it is associated with general symptoms such as fatigue, anaemia and loss of weight. In this case of Ms. Audra, the cause of arthritis is mainly due to her age and deficiency in the estrogen level. According to her age menopause already happened and this will reduces the estrogen level in the blood stream. (Commer, 2005).

In such situations joint damage may happen because of the ongoing inflammation of joints. Analgesics and NSAIDs have a major role in reducing pain further lead to a quality life. (Chamberlain & Vicky, 2011). In order to reduce pain she took different group of analgesics but it has a little effect on her body. It is obvious that she is resistant to most of the all analgesics and she has some limitations because of her existing pain. Such situations multidisciplinary team gives secondary care to the patient supported by physiotherapist, podiatrist and an occupational therapist. Educate the patient about the changes of disease-modifying anti-rheumatic drugs (DMARDs), diagnosis, usage of medications which includes self-treatment, and prognosis. (Chamberlain, et al., 2011).

The other problem in Ms.Audra’s life is Polypharmacy, it is the concurrent taking of more than one medication at a time (Fulton, Allen, 2005, Jyrkka, Vartiainen, Hartikainen, 2006) and it can be seen mainly in elderly people. There are many medications which used in this category especially as for analgesics including NSAIDS (non-steroidal anti-inflammatory drugs) and cardiac therapies (Bjerrum, Soggard, Hallas, 1998 cited in Lane, Maio, Templin, & Abouzaid, 2010). Recent study shown that the use of several drugs is most common in fragile elderly persons aged over 65 years (Fulton, et al., 2005, Hajjar, Cafiero, Hanlon, 2007, Cited in Jyrkka, et al., 2009) and the rate is increased from 6% to 25% during a 10 year period from 1980 to 1990 (Linjakumbu, Hartikainen, Klaukka, 2002, cited in Jyrkka, et al., 2009). The effectiveness and outcome of medications should be assessed frequently in order to reduce the problems and increase the benefit of medication treatment.

The main reason of sciatica and back pain are the degenerative changes of disc and it is mainly seen in the people over 80 years. This problem is accompanied with physical impairment and sciatic pain can be radiated to the thigh leg and foot. (Wing, 2001). In this case Ms. Audra is lived alone and she is the only person carrying out all her house hold works including buying food and supplies from distant place. By considering all these factors it is one of the causes of back pain and it is crucial to think in detail about the implementation of health care that is care giving according to the priority needs of the client. The leading objective of this delivery of care is to improve the quality of life and performance a patient by the proper prevention of physical and mental interruptions.

The most common cause of pain among the older persons is related to musculoskeletal conditions (McCarberg, 2007). Approximately 50% of elderly population having chronic back pain (Luke, Zuzana, & Saravana, 2011). Pain in aged people are the one of the main factor which influences the overall quality of life of a patient and pain management is very important for the client immediately as soon as possible for getting relief of that particular situation. The primary cause of pain in their age is mainly due to the damage of myelinated and unmyelinated fibre in their peripheral nervous system and generally the older people are uncomplaining about their pain. ( McCleane, 2010). It is compulsory for the nurse to be more conscious about the response of elder people among drug therapy and it may vary from one person to another.

In this situation Ms. Audra has the problem of arthritis and its pain, swelling and tenderness can be reduced by using local treatment and cold compression (Gulanick, Myers, galaner & Puzas, 2008). This pain that cannot reduce by conventional analgesics like minor opioids because this might be a neuropathic pain and analgesics are not sufficient to relieve this particular pain. Pain management is very important in inflammatory arthritis with disease modifying ant rheumatic drugs (DMARDs) (Oster, 2005, Cited in Fitzharles, Lussier, & Shir, 2010). Management for evidence based practice includes patient-centred and individualized exercise programme according to the age, individual mobility and co-morbidity (Roddy, Zhang, & Doherty, 2005).

In elderly people serotonin nor epinephrine reuptake inhibitor (example: duloxetine) is widely used to the efficacious treatment for neuropathic pain. The topical application of tricyclic anti-depressants and topical lidocaine patches can be used for Ms. Audra back as a treatment of pain, also the pain management of her left heel being done in the supervision of a physician (McCleane, 2010). The responsibility of a carer is mainly depending upon physical and psycho social necessities of a person regarding their care (Dawbin, et al., 2010).

Australia take some initiatives recently to foster and give support to GPs for undertaking case conferences, care planning and assessments through the Enhanced Primary Care (EPC) activities (Royal Australian Collage of General Practitioners, 2000, Cited in Griffiths, Johnson, Piper, & Langdon, 2004). The important nursing function is to express proficient knowledge and skills by monitoring the effects of drugs on the patient with increased responsibility and liability. There are two ways to identify the problems of drug treatments such as developing associations with other health professionals for getting information’s of the client. The nurse provides education related to the information of medications to the individual and their carers (Baker & Napthine, 1994, Cited in Griffiths, et al., 2004).

Ms. Audra has the difficulty of loneliness which is one of the global issues and it will further influence on social well-being and health. Researches shown that older people are more facing the problems of loneliness as a result of the death of their close relatives and friends. Aloneness accompanied with several health problems in both physical and emotional areas, which also includes alcoholism, anxiety, unhappiness and suicidal tendency. (Stanley, Moyle, Ballantyne, Joworski, Corlis, Oxiade, Stoll, 2010). There are many community services in Australia for frail older people are residential aged care and Aged Care Assessment Services (ACAS). Community and Aged care services provided support to the elder people in their own home within the community (Bigby, C., 2008). This team also will evaluate the client about the needs of residential care which is either high or low care (Dawbin, et al., 2010). ACAS have been distributed some supplementary programs for strengthening the assessment procedures, take action immediately according to the client’s needs, reevaluate their needs and authorize high level of care in case management to the resident (Dawbin, et al., 2010).

Recently Ms. Audra has undertaken surgery for hip fracture and she is taken strict rehabilitation for a long time. The rehabilitation of a patient for those who are in a hospital settings is very important and it is really a team effort while nurses have an important role during the time of hospitalization. After this surgery patient experiencing severe postoperative pain for a period of 1 to 2 days and the management of pain is mainly based on the communication between patient and nurse. This has divided into two sections that is standing medications by the order of a physician and temporary pain remedy which is an ordinary prescription administering by the nurse (Olsson, karlsson, & Ekman, 2007).

Changes are happening in the quality and quantity of sleep associated with ageing process. The old people always complaint about difficulty of maintaining sleep and day time lethargy, recurrent awakenings or early morning arousals. The widely used medicine for the treatment of insomnia is the benzodiazepines (Ramesh, & Roberts, 2004). Here, Ms. Audra has to take sedatives regularly for the complaint of insomnia. The risk factors of insomnia are varied by different persons like pain, insecure feelings, Polypharmacy, uncomfortable situations and environmental annoyances may be the associated reasons for insomnia of the client (Lai, 2006). Nurses have to educate, reassure and support the client about sleep hygiene, safe and judicious use of appropriate medication in a right time. It is very essential to avoid caffeine contained foods and drinks, heavy foods and exercise in their bed time (Gillam, 2009). The music therapy can more applicable for reducing sleeping difficulties (Lai, 2006).

In order to achieve better outcome of the client the health professionals are together give care to the patient such as care given by the nurse, physiotherapist, occupational therapist, orthotics, dietitian, physician, clinical pathologist and social worker (Melikterminas et al., 2008 ). The physicians are needed to take up to date assessment with the elderly people and give proper management for common skeletal problems. They also give help to the resident for improving their well-being by appropriate medication combined with sugestions to alter daily activities (Melikterminas et al., 2008). Muscle strength and function can be maintained by physiotherapist and they also assist with management of pain with warm or cold treatment and acupuncture.

In addition to that, occupational therapist gives an instruction about joint protection and energy preservation; demonstrate the assistive devices, provision of splint and belt which are used in the treatment. Underweight is the problem suffered by Ms. Audra and she has only 48kg weight that may be due to arthritis. So the dietitian has to make sure that the nutritional status of the client. It is the responsibility of a nurse and other health professionals to provide better health education to the client about every aspect of her condition and to deliver proper care to her. (Paskins et al., 2010). Nutrition has a major role in elderly people because they require adequate nutrients for maintaining their health especially they have different disease conditions (Dawbin, et al., 2010).

Growing older is a gradual process which brings many significant changes in one’s life. Australia gives more importance to the old age population and care giving to the elderly people (Marshall, 2010). The community nurse has an important role in providing care to the patients with long-standing conditions. Secondary and tertiary provision of care is given to the patient having inflammatory arthritis and it is an opportunity for nurses to understand new and several ways of care effectively, safely and patient centred care (Chamberlain, et al., 2011). Health professionals are more vigilant about the careful management of older populations in order to achieve quality life within their society.

**References**

Bigby, C. (2008). Beset by Obstacles: A Review of Australian Policy Development to

 Support Ageing in Place for People with Intellectual Disability. *Journal of Intellectual and Developmental Disability, 33* (1), 76- 86.

Dawbin, D., & Rogers, A. (2010). Aged care in Australia. *A Guide for Aged care*

*In   Australia* (3rd ed) NSW: Elseviour.

Fitzharles, M., Lussier, D., & Shir, Y. (2010). Management of Chronic Arthritis Pain in

 The Elderly*. Drugs & Aging, 27* (6), 471-490.

Griffitths, R., Johnson, M., Piper, M., & Langdon, R. (2004). A Nursing Intervention for

 The Quality use of Medicines by Elderly Community Clients. *International*

 *Journal of Nursing Practice, 10* (4), 166- 176.

Johansson, G., Eklund, K., & Hedstom, G. (2010). Multidisciplinary Team, Working

 With Elderly Persons Living in the Community: A Systematic Literature Review. *Scandinavian Journal of Occupational Therapy, 17* (2), 101-116.

Jyrkka, J., Enlund, H., Korhonen, M. J., Sulkava, R., & Hartikainen, S. (2009). Patterns

 of Drug use and Factors Associated with Polypharmacy and Excessive

 Polypharmacy in Elderly Persons: Results of the Kuopio 75+ Study: A

 Cross- Sectioned Analysis. *Drugs and Aging, 26* (6), 493- 503.

Kour, S., Mitchell, G., Vitetta, L., & Roberts, M. S. (2009). Interventions that can

 Reduce Inappropriate Prescribing in the Elderly: A Systematic Review. *Drugs & Aging, 26* (12), 1013-1028.

Lane, S., Maio, V., Templin, M., & Abouzaid, S. (2010). Prevalence and Risk of

 Polypharmacy Among the Elderly in an Outpatient Setting: A

 Retrospective Cohort Study in the Emila- Romagna Region, Italy.

 *Drugs & Aging, 27* (12), 1019-1028.

Luke, P., Zuzana, M., & Saravana, K. (2011). Whole Body Vibration to Treat Low Back

 Pain: Fact or Fad? *Physiotherapy Canada, 63* (1), 88- 93.

Lai, H. L. (2006). Music improves sleep quality in older adults. *Journal of Advanced Nursing,* 53(1), 134-146.

Marshall, L.C. (2010).Potential implications of registered nurse attitudes

 Towards caring for older people. *Contemporary Nurse*, 35(1), 95-97.

Olsson, L., Karlsson, J., & Ekman, I. (2007). Effects of Nursing Intervention Within an

 Integrated Care Pathway for Patients With Hip Fracture. *Journal of*

 *Advanced Nursing, 58* (2), 116- 125.

Ramesh, M., & Roberts, G., (2004). Use of Night Time Benzodiazepines in an Elderly

 Inpatient Population. *Journal of Clinical Pharmacy & Therapeutics, 27* (2),

 93- 97.

Stanley, M., Moyle, W., Ballantyne, A., Jaworski, K., Corlis, M., Oxiade, D., Stoll, A., &

 Young, B. (2010). Nowadays You Don’t Even See Your Neighbors:

 Loneliness in the Everyday Lives of Older Australians. *Journal of Health*

 *And Social care in the Community*, *18* (4), 407- 414.

Vicky, C. (2011). Patients with Inflammatory Arthritis: An Opportunity for Community

 Nurse. *British Journal of Community Nursing*, *16* (6), 268- 273.