Case Study - Fred

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The ageing population of developed countries such as Australia has been predicted to increase for the following years, which is believed to be caused by the increase of life expectancy of the people and low birth rates (Australian Bureau of Statistics [ABS], 2010). The national survey in 2010 had revealed that almost two-fifths of the whole population of people aged 65 years old and above are residing in rural and remote areas regions, where the factors previously mentioned are noted to be much lower when matched up with the urban counterparts (ABS, 2010).

It is, then, important to focus on the overall health of old people living in rural areas, such as the case of Fred. The identified problems Fred is manifesting is that he is an elderly who is overweight, which could be deduced from the data that he "is a big man with florid complexion", experiencing "shortness of breath." Fred is also noted to have incontinence, which the author assumes to be fecal. Very significant problems to note are Fred's problems with his vision and recent shin laceration, which, in turn, massively affects his mobility, and his role as a provider and carer for his agoraphobic wife. Finally, the client's regular intake of Lipex and aspirin, enough evidence to assume that he is suffering from a chronic cardiovascular illness, has not only physical implications such as high risk of falls, considering that the client just recently had a fall incident, but more so in the mental and social aspects of Fred's life. All of these identified problems in relation to various aspects of the client's whole well-being are to be discussed in this essay.

It is a well-known fact that sensory loss is more prominent among older adults because of the increase in risk of developing diseases that cause the problem, as well as the risks associated with ageing per se like changes in the elasticity of the lenses of the eyes (Brown et al., 2005). This could be observed in the case of Fred who recently had a cataract removal to correct the eye problem but to little avail. This might also be attributed to the usual activities the client is doing, like doing chores for the client's wife and chopping wood that entails a lot of bending over and bowing of the head which could lead to an increase in intraocular pressure (Brown et al., 2005). This might be the reason why the recent eye surgery was not as effective as expected, so the nurse must then consider the client's adherence to post-operative instructions. Similarly, chronic pathological conditions such as hypertension and

cardiovascular diseases, which was identified to be present in the client, also further advances the risk for deteriorating vision (Brown et al., 2005).

Poor visual acuity can increase the chances of falls especially among older adults (Cumming et al., 2007), which could eventually lead to social isolation and depression because of the possible effect on activities of daily living (Riddering, 2008), especially in Fred's case wherein he lives in a rural area, bearing the pressure of keeping up with the housework and to maintain a steady source of income, as well as being a carer for his wife who suffers from agoraphobia.

It has been noticed that the aged who have visual impairments and vision loss more often than not suffer from chronic co-morbid conditions, like cardiovascular diseases, which causes a certain degree of mobility problems (Riddering, 2008), all of which are manifesting in the situation of Fred. It is important, therefore, to properly assess and manage not only the problems in seeing but also the underlying chronic condition that might have caused it, as visual changes can vary under various circumstances, like a change in weather or environment (Riddering, 2008). It is, then, important to teach Fred and other family members, like the daughter who might be able to assist the client as the daughter lives nearby the house of the couple, to recognize external factors that may affect the client's vision (Riddering, 2008), as well as to tell behavioural signs of vision loss (Cumming et al., 2007).With these safety strategies, the client and the family members would be able to cope up with the problems, as the involvement of all the members in one's care will harness a sense of independence and self-confidence for the part of Fred.

Because it has been established that the client has decreased range of motion and is still recovering from a lacerated shin, one could say that the client's mobility is compromised. According to a study written by Riddering (2008), an elderly who has experienced falls, stumbles or bumps will have difficulty maintaining one's balance, and thus predisposes one to more fall episodes.

There are a number of risk factors to predict the occurrence of a fall, such as muscle weakness and impaired sense of balance (Tiedemann, Sherrington, Close, & Lord, 2011), both of which are more likely to be experienced by Fred. To address these,

the client must first have the shin laceration treated which could be done by assigning a community nurse to check the wound daily and change the dressings, and most importantly to teach the client to do it by oneself. After that, a careful assessment of his movements and capabilities must be done, probably by a doctor specialist, if certain exercises are not contraindicated for the client. If the client is allowed to do exercises, the health care worker may suggest the Otago Exercise Program which intends to strengthen and enhance balance using ankle weights (Tiedemann et al., 2011). The results of a meta-analysis study by Tiedemann et al. (2011) had shown that the there are three elements of an efficient and effective exercise program that could prevent falls – balance-inclined exercises, exercise of a high dose, and no walking program. The assessment of home safety must also be done, like home modifications to check for home routes accessibility, adequate lighting, and the like (Cumming et al., 2007). Another intervention would be to arrange having Fred an orientation and mobility instructor provided through an organization named Orientation and Mobility Association of Australasia (OMAA) which is operating in Australia, New Zealand and in the South Pacific regions (OMAA, 2010). The group specializes with people who have difficulty in mobility, offering trainings in mobility device usage, environmental orientation, promoting personal assessment of limitations and sensory perception, as well as vision education (OMAA, 2010). The use of single-lens glasses have also been found out to be effective in helping older people see clearer (Tiedemann et al., 2011), especially when Fred goes outdoors to chop wood.

The administration of Vitamin D and calcium supplements must also be considered for the client, as the results of a study in New South Wales had revealed that vitamin D insufficiency is very common among the elderly and is one of the risk factors of high prevalence of falls and fractures (Durvasula et al., 2010). Unsurprisingly, the researchers also noted that sun exposure habits of the elderly decreases because they prefer to stay indoors due to the perception that they are too weak to go outdoors and that the respondents are experiencing mobility problems, just like Fred (Durvasula et al., 2010). To address this issue, a health care worker attending to the client could promote outdoor leisure activities with the extended family, such as going to the beach or the park on a sunny day.

Fred was also described as a ''big man,'' which could mean that he's overweight or obese. It might be true that Fred undertakes in some physical activity as he walks the dog everyday and enjoys chopping wood. However, in a study done by Balboa-Castillo et al., (2011) in Spain, the results revealed that an active lifestyle is not enough to determine if mortality among older people would be decreased, as there are a variety of limitations as to what sorts of activities an old person could really do, as in the case of Fred wherein he has poor vision, high-risk for falls and suffers mobility problems. Instead, the researchers of the study found out that maintaining a balance between leisure activities and physical activities is the best way to lengthen one's life (Balboa-Castillo et al., 2011), and that most older adults will yield benefits if this lifestyle is sustained.

Other factors such as Fred's medication intake require collaboration with other health care members. Lipex, a lipid-lowering drug, has been known to contribute to lens opacities in older people, as well as having a synergistic effect on anticoagulants such as aspirin (Merck Sharp & Dohme Limited, 2011). On another note, Bulat, Castle, Rutledge and Quigley (2008) reported that fall incidents are also associated with the antilipidemic drug, as one of the adverse reaction of Lipex is dizziness (Merck Sharp & Dohme Limited, 2011). Proper evaluation by a general practitioner for the appropriateness of the drugs prescribed to Fred must be done.

Another factor that certainly needs collaboration with other health care members is the urinary incontinence of the client. The client's urinary incontinence may be caused by the natural aging process, as well as Fred's mental state as the client is currently in emotional and psychological distress due to the challenges the client is facing (Madersbacher & Madersbacher, 2005). Since the aetiology of the condition is still unknown, accurate assessment by a specialist must be done to determine what is causing the problem, such as urinalysis and physical examination of the renal system through ultrasound or catheterization (Madersbacher & Madersbacher, 2005).

One of the client's roles is being a caregiver to the wife suffering from agoraphobia, a type of anxiety disorder in which one fears feelings of inescapability of a difficult or embarrassing situation, and not merely a fear of open spaces (The Royal Australian

and New Zealand College of Psychiatrists [RANZCP], 2009). Proper collaboration between a physician and other health agents involved in the case of Fred must be ensured to formulate a suitable health care plan for Fred and the wife. RANZCP (2009) had also found out that there is a strong link between social and family involvement in coping with psychological disorders and chronic illnesses, so it is important to involve the family in thinking of a health care plan for Fred. Proper education by a therapist to the afflicted member and the family about agoraphobia and panic attacks must be considered (RANZCP, 2009). Interventions like assisting the wife to face fears of certain situations or places, offering strategies in recognizing and controlling signs of anxiety and using these regularly, and advising to see a doctor to ask prescription medications to further control panic attacks were all identified to be effective in managing the disorder (RANZCP, 2009). Placing the wife in respite care, suggesting seeing a psychologist and also allowing the daughter to look after the agoraphobic wife once in a while will give Fred some time off for leisure or socializing with other people, thus, reducing the stress the client is experiencing.

Rural aged people normally want to keep their independence and carry on with their roles in the society, but many elderly find this more challenging, like the client of this case is (Davis & Bartlett, 2008). Fred has expressed feelings of exhaustion and stress of all the responsibilities as a breadwinner and care taker for the wife, having to do “most of the housework” and having doubts about the ability to go on living like that, even considering “going into long-term care.” Factors like distance, social isolation, accessibility to services and transport are notably affecting the life of Fred. Furthermore, it is obviously disquieting to know that the client is known to still be driving the car to do errands and socialization trips, considering that Fred has not yet managed his visual problem properly. The client’s safety is massively compromised.

Despite the age, the client must be provided fundamental services that would allow one to still grow as a productive member of the community – preventing depression, encouraging more options regarding their living choices, as well as the promotion of safety, communication and health care support, leisure opportunities, more affordable and healthy lifestyle options and transport (Davis & Bartlett, 2008). The Australian government recognizes the importance of changing the perspective of the people regarding residential aged care, believing that there should be more

community-based options that are flexible, competent and innovative that encourages the elderly to stay within the community longer (Department of Health and Ageing [DHA], 2008). The creation of the Aged Care Assessment Team (ACAT) has been established, wherein a group of people shall assess the conditions of an old person to determine if that person should or should not yet be integrated into residential aged care (DHA, 2008). Fred and the wife must see that there are various community services that are designed to help the couple with specific needs. Rather than just going into a nursing home, DHA (2008) has created programs such as the Home and Community Care Program , Community Aged Care Packages (CACP) and Extended Aged Care at Home (EACH) which all aim to provide support services to the elderly, disabled people and their respective carers (DHA, 2008).

The health care professionals involved in managing Fred's problems must be well informed of the possible detriments to all aspects of the client's life to facilitate the rehabilitation process holistically. This entails creating a health care plan specific in addressing the problems of Fred – the chronic cardiovascular disease, the visual, psychosocial and physical dimensions of the client's wellbeing (Riddering, 2008) which would ultimately give the couple an improved quality of life.

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