



ailment guide

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Common ailments

Elderly individuals suffer physical problems increasingly with age. Below is a list of common ailments to look out for.

Alzheimer's Disease

In simple terms, Alzheimer's Disease is the death of the mind before the body. Victims of the Alzheimer's Disease often suffer from a lack of a brain chemical called acetylcholine, which promotes brain activity. Alzheimer's Disease is typically diagnosed around the age of 75, with symptoms appearing approximately three years prior to the initial diagnosis. Alzheimer's Disease causes a person to lose their perceptions of reality until they become incoherent. This loss of perception is sometimes referred to as Dementia.

Arthritis

This chronic disease is an inflammation of the joints. The most common type is osteoarthritis, and although it can occur in any joint, it most often affects the hands, knees, hips or spine. The exact cause is not known. Although it occurs after considerable wear and tear on the joints (in older people and athletes, for instance), heavy "wear and tear" alone cannot cause it to occur. It is believed the disease runs in families.

Back pain

Back pain is the most common body pain occurring due to a variety of reasons. The most common reason is improper body posture while standing or sitting down. Other causes can be osteoporosis, spinal osteoarthritis, spinal disk degeneration or spinal stenosis. Be wary of upper and middle back pain, as they can be markers for heart attacks, kidney infections or other serious diseases. Lower back pain is more common, since lower back supports majority of the upper body. Usually, back pain will be relieved after a few weeks of active rest. For instant pain relief, stop your current activities and lie down comfortably on your back or sideways, with knees supported by a cushion.

Tips:

- Try to stretch your back using back extension stretches, or take a short walk.
- Practice yoga regularly to keep back pain at bay.
- Strengthen your core muscles using exercise and strength training.
- Remember to keep your back straight and maintain correct posture.

Bed Sores

Sitting or lying in one position for too long usually causes bed sores in the elderly or in immobile patients. Bed sores are easier to prevent than they are to treat. The first sign of a bed sore is a reddened area that does not go away within 30 minutes of pressure relief. Avoid rubbing or massaging red areas, which damages underlying tissues further. When one doesn't shift enough while at rest, blood supply gets too low and a "bed sore" forms. Bed pressure can reduce the blood supply to the skin and the underlying tissue causing sensitivity and eventually a tough-to-treat sore.

Areas at risk for bed sores include the base of the spine, the shoulder blades, and the side of the knees, back of the head, heels and the hips.

Angina

By definition, angina is a fairly common type of chest pain that results from less than adequate blood supply to the heart muscles.

For the most part, coronary artery diseases cause angina. Some coronary artery diseases include aortic stenosis, hypertension, and hypertrophic cardiomyopathy. However, people with normal arteries can sometimes suffer with angina.

The heart normally receives its blood supply from the coronary arteries during the relaxation phase of a heart muscle contraction (the pumping action of the heart). When the heart needs more blood, the vessels dilate. But, when plaque lines the vessels, they cannot dilate. They lose their flexibility. Therefore, disorders involving the condition of the coronary vessels cause low blood oxygen levels and poor circulation. An obstruction of the blood vessels results in a decrease in the blood supply to the heart muscles.

Behaviour Problems

Many elderly people display behaviour problems, such as erratic, disruptive or difficult behaviour.

For instance, common behaviours might be to hit, bite or call out to get attention or to show displeasure.

One common behaviour problem is refusal to cooperate with medical treatment or procedures.

They may threaten those who try to administer health care services, or they may become physically abusive.

Occasionally, behaviour problems are exhibited in order to produce a certain result.

Behaviour problems are among the most difficult for staff and family members to manage, but they can be managed.

Cardiovascular disease & stroke

With age the heart becomes less efficient and must work harder to circulate blood throughout the body. Blood vessels lose their elasticity. The loss of elasticity, along with atherosclerosis (caused by hardened fatty deposits on the arterial walls), makes the arteries inflexible, which forces the heart to work harder.

This process leads to high blood pressure. High blood pressure, along with atherosclerosis and uncontrolled diabetes (see below) are two major risk factors for stroke.

A stroke can occur without warning and cause temporary or permanent brain damage and related loss of bodily function(s), depending on the area of the brain where the blockage occurs.

Thought at one time to be part of the normal aging process, cardiovascular disease and stroke are two disease processes that are now known to be influenced by lifestyle.

Smokers, those who eat a lot of meat and fat and have high cholesterol levels are at high risk for this condition.

Cataracts, glaucoma & macular degeneration

Before an individual turns 50, their eyes have begun to change. As they age, the eyes become less able to produce tears, the retinas thin, and the lenses gradually turn yellow and become less clear.

As ageing progresses, the iris (the colored portion of the eye) stiffens, turns less responsive and it is more difficult to adapt to different light levels.

The three most common ailments related to ageing eyes are cataracts, glaucoma and macular degeneration.

A cataract is a clouding of the lens that affects vision. Most cataracts are related to ageing.

In a patient with the eye disease glaucoma the normal fluid pressure inside the eyes slowly rises, which can lead to vision loss or blindness if not treated.

Age-related macular degeneration causes no pain but gradually robs an individual of his/her clear, central vision. AMD is the leading cause of vision loss in people over 60.

Constipation

Constipation is a very common complaint among older persons. It is defined as defecation less than 3 times a week or straining on defecation at least a quarter of the time. Though many consider defecation every day as a sign of good health, this is not necessarily the case. Constipation can be classified into two types: functional and rectosigmoid outlet delay.

Dehydration

Dehydration occurs when a person does not have the necessary fluid content in their body to perform normal and crucial bodily functions.

Most body systems and organs are drastically affected by water deprivation. Dehydration can be especially harmful in the elderly, causing harm faster than starvation. A 10 percent loss of body fluids is serious. A 20 percent loss can result in death due to dehydration.

Diabetes

The blood sugar levels of a person with diabetes are too high. The disease prevents the body from producing any insulin (Type 1); or, the body does not produce enough insulin or the cells ignore the insulin (Type 2). As a result, the glucose/sugar builds up and stays in the blood instead of being distributed to the cells. There is no cure, but people with diabetes can live a healthy life by controlling their glucose levels. This can be accomplished with good nutrition, exercise, maintaining a healthy weight and taking oral medications or insulin. Untreated, diabetes can lead to blindness, heart disease, nerve and blood vessel damage and kidney damage.

Gastro-Intestinal Disorders

Peptic ulcers include gastric and duodenal ulcers. Although duodenal ulcers are more common in the general population, elderly people tend to have more problems with gastric ulcers. Elderly people who use non-steroid anti-inflammatory medications like aspirin are more susceptible to peptic ulcers. In gastro-esophageal disease, the stomach's contents flow up through the esophagus due to a relaxation of the lower esophagus - especially after meals.

There are several medications that can aggravate these symptoms in the elderly. These medications include non-steroid anti-inflammatory drugs; heart/blood pressure drugs; Estrogens; Theophylline (respiratory medicine); Tricyclic antidepressants; and Anti-Parkinson drugs.

A hiatus hernia is a condition where a hole in the diaphragm weakens to the point that the upper stomach can move up into the chest cavity. A hiatus hernia happens often in the elderly, and may require surgery in extreme cases.

A bland diet is recommended for gastro-intestinal disorder.

Hearing loss

One in three people older than 60, and half of those older than 85 have hearing loss, according to the National Institute on Deafness and Other Communication Disorders of America. Gradual hearing loss that occurs from ageing is called presbycusis and is thought to run in families.

NIDCD reports that hearing loss can also be caused by a virus or bacteria, heart condition or stroke, head injury, tumors and certain medications.

Hearing loss hinders or prevents vital communication with family, friends and caregivers, banishing an individual to virtual isolation. This can cause frustration, anger and depression.

Hypertension

Hypertension negatively affects circulation in the brain, heart and kidneys by stressing the workload of the heart. The incidence of hypertension increases with age.

Immobility and Inactivity

Elderly people, bedridden or not, risk serious complications due to long periods of inactivity. If one does not use the physical abilities that keep one mobile, it is possible to lose much of one's mobility.

Incontinence

Incontinence is the inability to control one's own urinary functions. Unfortunately, incontinence is often ignored because it is considered a normal aging change, but it isn't. Most incontinence can be managed or treated. Recognizing the need to urinate is one of the last neurological sensations to be lost in mentally confused residents. More often than not, incontinence is really a problem of communication. Mentally confused individuals may not be able to convey the need to use the bathroom except through extreme behavior, such as shouting, pulling at clothing, and disrobing.

Mutism

By definition, mutism is the state or condition of being speechless. If speech occurs it is restricted to terse responses or monosyllables. Mutism in older adults is not uncommon. It is often confused with severe depression, locked-in syndrome, and persistent vegetative state, but it is important to distinguish among them as the management and prognosis are different. Mutism is a neuropsychological disorder with marked heterogeneity among patients, raising the possibility of conditions such as advanced Alzheimer's disease, Jacob-Creutzfeldt disease, frontotemporal dementias, and certain psychiatric and psychological conditions. It is both a symptom and a syndrome, and is often associated with akinesia when the term akinetic mutism is used.

Akinetic mutism has a number of causes with varied pathology and is characterized by a marked reduction in motor function, including facial expression, gestures, and speech output, with awareness being preserved.

Mutism can be congenital or acquired when, as a result of damage to a part of the brain, the normally functioning psychological capability is altered. In mutism there is impairment of speech function and it is an articulatory disorder as opposed to aphasia, a disorder of linguistic processing.

The primary care physician must have a high degree of awareness or suspicion in patients presenting with varied clinical conditions that are often associated with mutism.

Osteoporosis

During the first 30 years of a person's life, the process of bone formation and bone loss (bone resorption) is continuous. But, at the approximate age of 30, things begin to change, and more bone is lost than is formed as a person gets older.

Some reduction (bone resorption) in bone mass density is normal.

However, when the bone loss becomes severe, it is called osteoporosis.

Risk factors for the disease include ageing, a thin body and small bone frame, a family history of osteoporosis, taking certain medications, being a Caucasian or Asian woman and low bone mass.

An individual with osteoporosis is often unaware she has the disease until she suffers a broken bone, low back pain or develops a hunched back. The disease can cause the vertebrae to collapse, so the person may also get shorter over time.

There is no cure, so those afflicted must learn to manage the disease with nutrition, exercise and medication.

Parkinson's disease

Like dementia, this is a disease that affects the nerve cells leading to the brain. It's cause is unknown but it is the subject of much scientific research. Dementia tends to affect a sufferer's ability to process information whereas Parkinson's primarily disables the body. In its later stages, it can also affect the mind.

Parkinson's is characterised by uncontrollable shaking. Like dementia, there is no known cure and drugs only work for a relatively short period of time before the illness takes hold for good.

Pneumonia

By definition, Pneumonia is a disease of the lungs in which whole segments of the lungs (either one side or both), usually starting in the lower lobes, become inflamed. The lungs - which resemble spongy, air-filled sacs - can no longer perform their job of taking in oxygen and disposing of waste gasses. Pneumonia almost always is the result of an invasion of the lung tissues by bacteria, viruses, or even fungi. Once attacked, the lung tissue has an inflammatory response. The affected part swells with extra blood and body fluids in order to resist invading organisms. This wet lung tissue overloads the system, causing breathing difficulties.

Sleep disorders

By the time an adult is 65 or older, their sleep-wake cycle does not work as well. Typical changes an older person experiences include getting sleepy earlier than usual, trouble falling asleep, not sleeping soundly and waking early.

Alcohol, caffeine and smoking can wreak havoc on the sleep cycle, as can illness, pain or certain medications. The elderly are especially vulnerable to insomnia, a disorder that prevents sleep, sometimes night after night, which can lead to sleep deprivation.

Sleep disorders such as sleep apnea (can cause daytime sleepiness and worsen high blood pressure and heart disease), restless leg syndrome (may prevent falling asleep) and periodic limb movement disorder (can interrupt sleep and result in daytime sleepiness), affect older people and are treatable.

Urinary Tract Infection

Urinary tract infections (UTIs) often lead to acute illness in the elderly, generally affecting more women than men. Re-infections or relapses of UTIs are common.

