

## **AGING**

People with intellectual disabilities are living longer than ever before. As people age, changes began to occur physically, mentally, and medically. People with ID have higher rates of certain medical conditions such as brittle bones, cancer, heart disease, and vision and hearing loss. People with Down Syndrome develop age-related conditions at a much earlier age than most other people. These changes can be challenging not only for the person that is aging but also for staff that care for them. The information in this chapter is to help you understand some of these changes.

Many changes occur as part of the normal aging process. It may be difficult to distinguish normal aging from certain illnesses. Sometimes illness is misinterpreted as normal aging which causes delays in identifying and treating the illness.

### **A. Vision**

As people age, several things occur that make vision more difficult including the ability to adjust for changes in light. The lens of the eye is less adaptable making it difficult to see objects that are close. The lens of the eye can become yellow or cloudy which blocks light from passing into the eye. This results in fuzziness, blurriness, glare and difficulty in telling the difference between some colors. Going from light to dark or dark to light becomes more difficult as there are often temporary distortions of vision. Bright lights cause a glare making it difficult to see surroundings. Depth perception may be diminished which increases the risk of falling.

Changes you may notice if someone is having vision problems include:

- Squinting and sheltering their eyes in the sun
- Tripping and falling often
- Worsening table manners
- A sloppy or messy appearance that is new
- Withdrawal from social activities
- Confusion
- Difficulty recognizing people

#### **Tips:**

- Shine additional light on close work
- Use color to distinguish important objects, such as painting the bathroom door a bright color so it is easy to find
- Use lights that have adjustable necks so light can be directed
- Consider motion-sensor lights that turn on automatically when the room is entered

- Avoid bare bulbs, clear shades on lamps, and any source of light that causes a glare. The best light:
  - is indirect (has a shade or bounces light off the ceiling)
  - uses fluorescent, xenon, or halogen bulbs that help correct yellowing
- Avoid or cover shiny or highly polished surfaces

## **B. Hearing**

Normal hearing relies on sounds being transmitted into the ear drum which sends sound through tiny bones in the middle ear. These bones vibrate and send waves of sound to the inner ear where hair cells are stimulated which in turn stimulate the nerve to the brain. When this happens, we can hear. As we age, the tiny bones in the middle ear become stiffer and don't vibrate as well thus sound transmitted to the inner ear is diminished. There is a decrease of inner ear hair cells which decreases the sound transmitted to the brain. Age related hearing loss results in:

- loss of higher frequency sounds (thus women's voices may be more difficult to hear than men's voices)
- difficulty distinguishing sounds in the environment such as someone speaking when there are other noises in the background (noise from television, radios, fans, dishwashers, etc. make it more difficult to hear).

Hearing loss comes on slowly thus people who are losing their hearing often don't realize it. They may appear confused as they seem to not understand as well as they had in the past. Suspicions for hearing loss are raised when someone has:

- difficulty hearing when background noise is present
- misunderstanding of speech
- confusion, anger or irritation
- withdrawal
- uncooperative behavior

Things that can help someone hear more clearly:

- decrease background noise
- get the person's attention before speaking to him/her
- indicate or gesture to help them understand
- if they don't understand, change the words or phrases (shouting generally doesn't help)
- lower the pitch of your voice and speak clearly (do not mumble or slur words)

## C. Skin

With aging, skin becomes thinner, less elastic and less sensitive to the environment.

- Thinning of skin
  - increased skin fragility; easily torn or injured
    - skin tears, bruising, small bleeds under the skin are common
    - wound healing is slower
  - decreased ability to regulate body temperature
    - body temperature will rise or fall with the surrounding temperatures more quickly than in younger people
    - increased risk for heat stroke or hypothermia
- Change in color
- Change in sensitivity
  - especially in hands
  - easier for injuries to occur

## D. Tips:

- Keep skin moist with lotions that are low in perfume and water content
- Be aware of temperature changes and how that person may or may not respond
- Avoid pulling on skin, especially over forearms and hands to prevent skin tears
- Protect the skin with shoes and socks.

## E. Bones

With aging, there is a loss in bone density which leads to osteoporosis. Bones become brittle, weaker, and are more easily broken. Bone loss is accelerated during menopause. People with ID are at an increased risk of osteoporosis, particularly if they have been taking seizure medications, have poor diets, or are generally inactive.

Prevention of bone loss:

- Screening bone density for menopausal women
- Assess diet for calcium and vitamin D
- Weight bearing exercises, such as walking, help prevent bone density loss

## F. Muscles

With aging, muscles lose strength and flexibility. As muscle decreases it is replaced by fat. This leads to:

- Decreased coordination and balance
- Decreased hand grip strength

- Stooped posture
- Difficulty getting up from a chair
- Problems walking
- Falls

Prevention of muscle weakness

- Regular exercise can maintain muscle mass and function
- Supervised graded exercise to regain lost muscle mass

**Tips:**

- Make sure there are adequate “grab bars” near steps and in the bathroom
- Remove tripping hazards such as excess furniture or rugs
- Watch for signs of pain with movement or weight bearing

## **G. GI tract (stomach/intestines)**

With aging, there are changes in digestion, absorptions of nutrients, and food takes longer to travel through the stomach. These changes can cause:

- a feeling of fullness after eating only small amounts
- constipation
  - medications, lack of exercise, and low intake of fluids and fiber also contribute to constipation

**H. Tips:**

- Small, frequent meals especially for someone with weight loss
- Avoid drinking large quantities of fluid with meals
- Drink fluids throughout the day
- Eat foods higher in fiber (fruits and vegetables)
- Get as much exercise as possible
- Ask about side effects of new medications

## **I. Urinary changes**

With aging, the bladder becomes smaller thus holds less urine. The bladder may not empty fully with urinating which increases the risk for infections. Men with enlarged prostate glands may experience a partial block in the flow of urine.

**J. Tips:**

- Use the toilet prior to going to bed at night
- Have a lighted passageway to the toilet
- Report any sudden changes in urination, unusual smelling or appearing urine, new incontinence, or difficulty urinating to the primary medical provider

## **K. Sleep issues**

People with ID living in group homes have greater difficulty sleeping than other older adults. Reasons for this include:

- being put to bed before the person is tired
- not having enough exercise during the day

### **Tips**

- Add physical exercise to the daily routine
- Avoid noisy environments at night
- Maintain a routine for sleep
- Avoid napping during the day