

Promoting Healthy and Active Ageing

Lesson 06

Psychosocial and Spiritual Health Problems in Older Persons

Intended Learning Outcomes

- Describe common psychosocial and spiritual among older adults including dementia, delirium, depression, anxiety, and late-life psychosis.
- Differentiate between normal age-related psychological changes and pathological conditions.
- Analyze the impact of psychological problems on health, independence, quality of life, coping, and wellbeing in elderly populations.
- Recognize the nurse's role in assessment, early detection, support, and referral for psychological problems in older adults.
- Apply communication and counselling skills in supporting psychosocial and spiritual needs.

- Ageing affects not only physical health but also psychological wellbeing.
- Older adults face unique challenges: losses (spouse, role, independence), chronic illness, social isolation.
- Psychological problems often go undiagnosed or misattributed to “normal ageing.”
- Nurses play a critical role in early recognition and holistic care.

Impact on Health and Wellbeing

- Psychological problems reduce functional ability, independence, and quality of life.
- Increase risk of falls, hospitalization, institutionalization.
- Cause caregiver stress and financial burden.
- Early detection and coordinated care are essential.

Normal vs. Pathological Psychological Changes

Normal ageing

- Mild memory lapses (e.g., misplacing items but remembering later).
- Slight slowing of processing speed.
- Preserved overall intelligence and personality.

Pathological changes

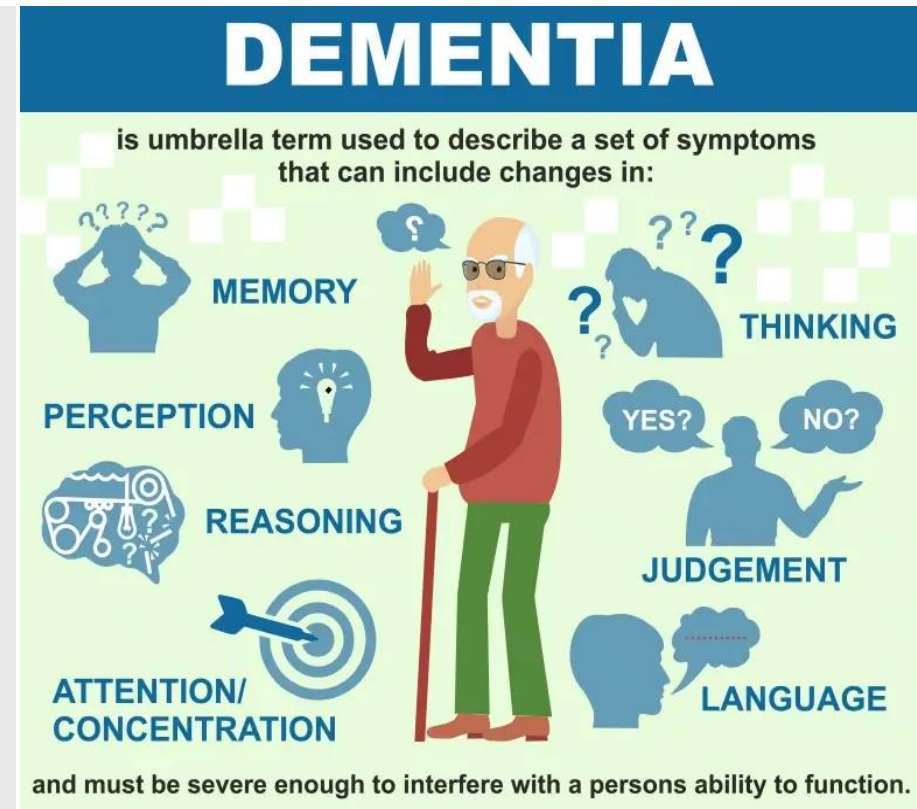
- Significant, progressive memory loss → dementia.
- Acute confusion → delirium.
- Persistent low mood → depression.
- Severe anxiety, paranoia, or hallucinations → psychiatric disorders.

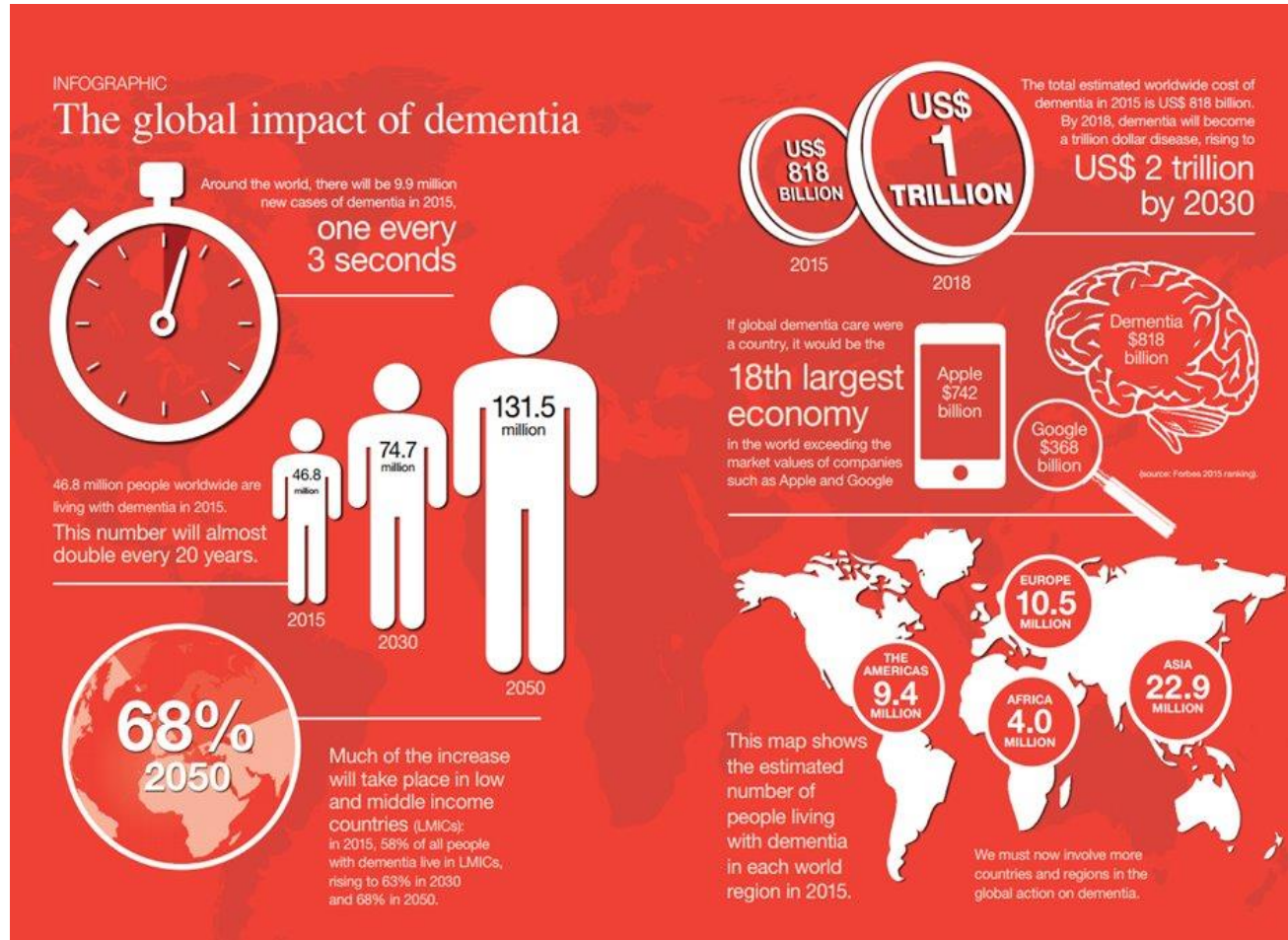
Common Psychosocial and Spiritual Problems of Older Adults

- Mental health: depression, anxiety, delirium, dementia
- Social: neglect, abuse, loneliness, caregiving strain.
- Spiritual distress & coping.

Dementia

- Dementia is not a specific disease, but rather a general term for a decline in cognitive function that interferes with daily life.
- Memory loss is a common symptom, but dementia affects more than memory.
- It can change how a person thinks, behaves and communicates.





TYPES OF DEMENTIA

Dementia is an umbrella term for loss of memory and other thinking abilities severe enough to interfere with daily life.

- Alzheimer's
- Vascular
- Lewy body
- Frontotemporal
- Other, including Huntington's
- * **Mixed dementia:** Dementia from more than one cause

Types/ Causes of dementia

- The most common type of dementia is **Alzheimer's disease** (60 -70%), followed by **vascular dementia** (15 – 20%), **Lewy body dementia** (10-15%), **frontotemporal dementia** (5 -10%), **mixed dementia** (5-10%) and other types.
- Each type has slightly different symptoms and causes, but all result in progressive brain damage.

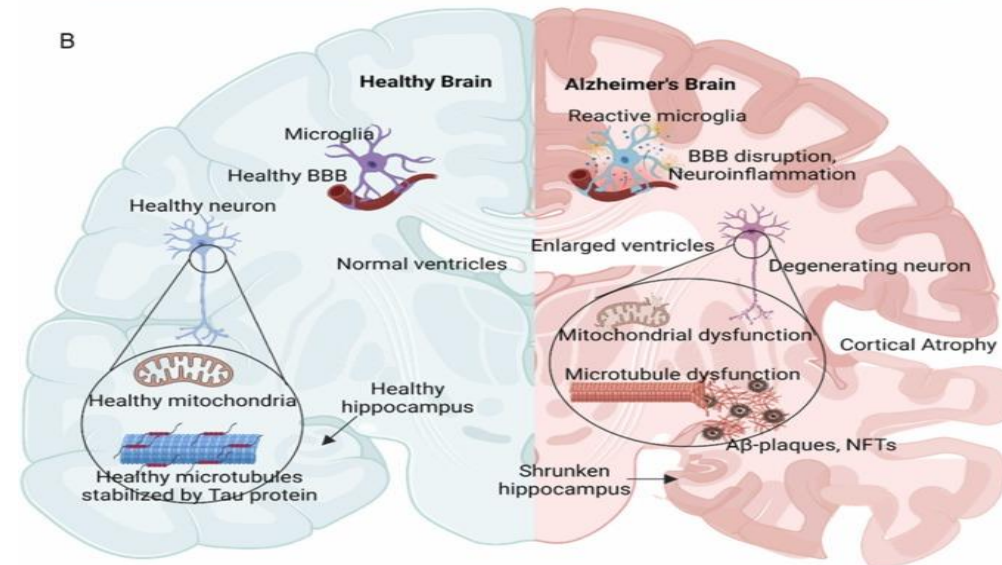
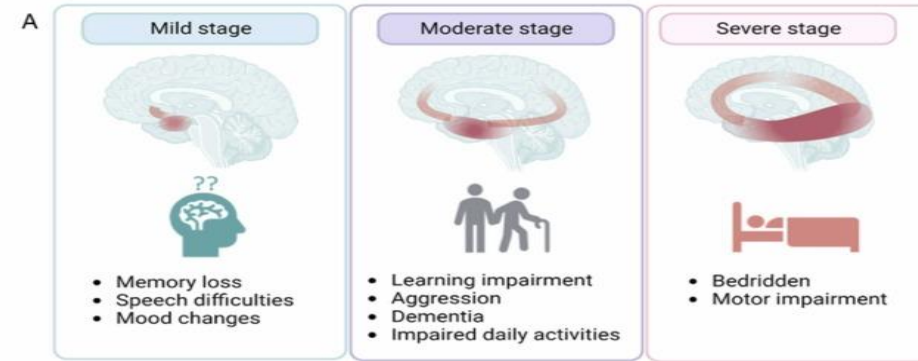
Understanding Dementia video link: <https://www.youtube.com/watch?v=gKZhp2JNYyl>

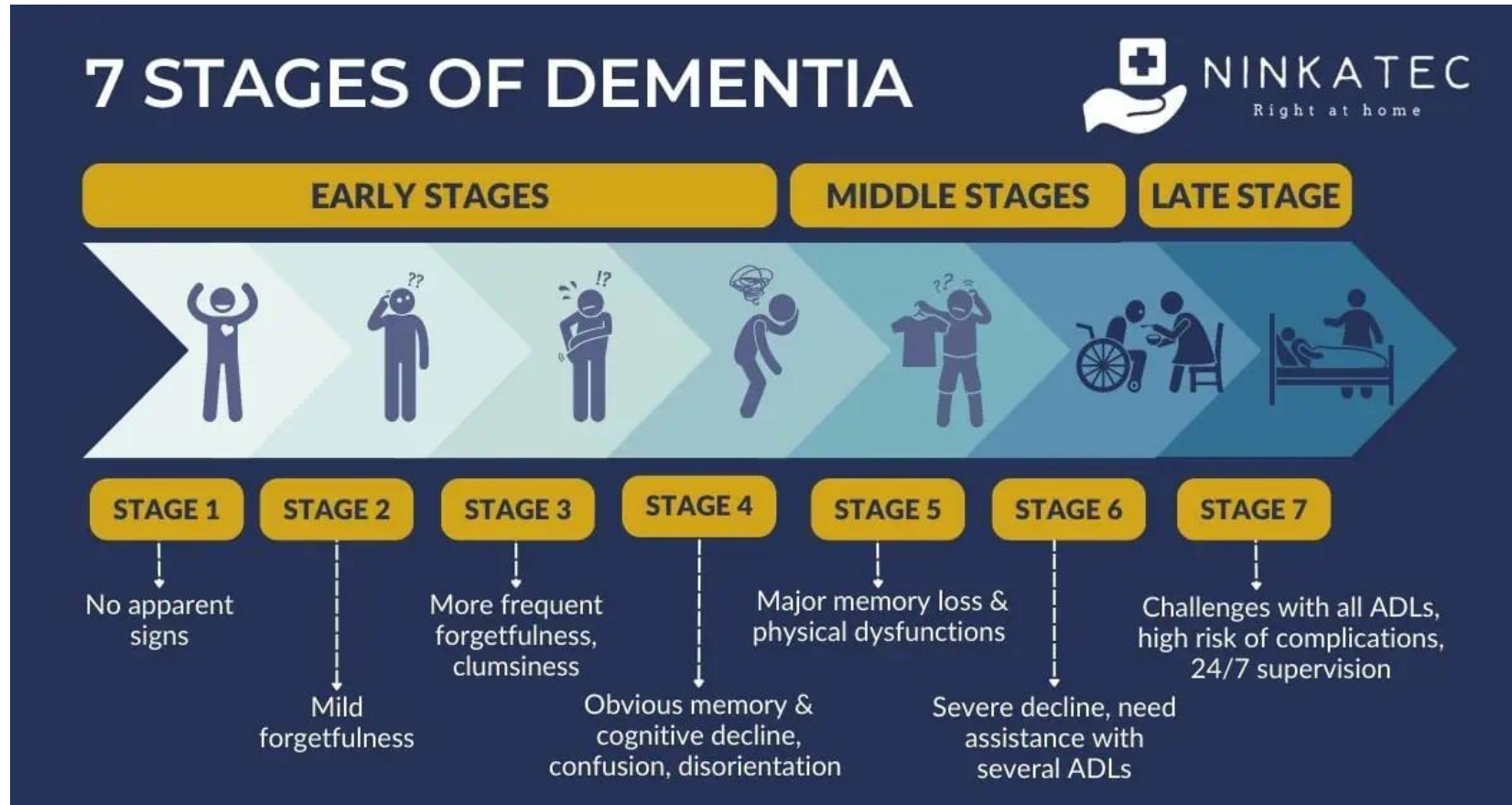
Early Signs and Symptoms

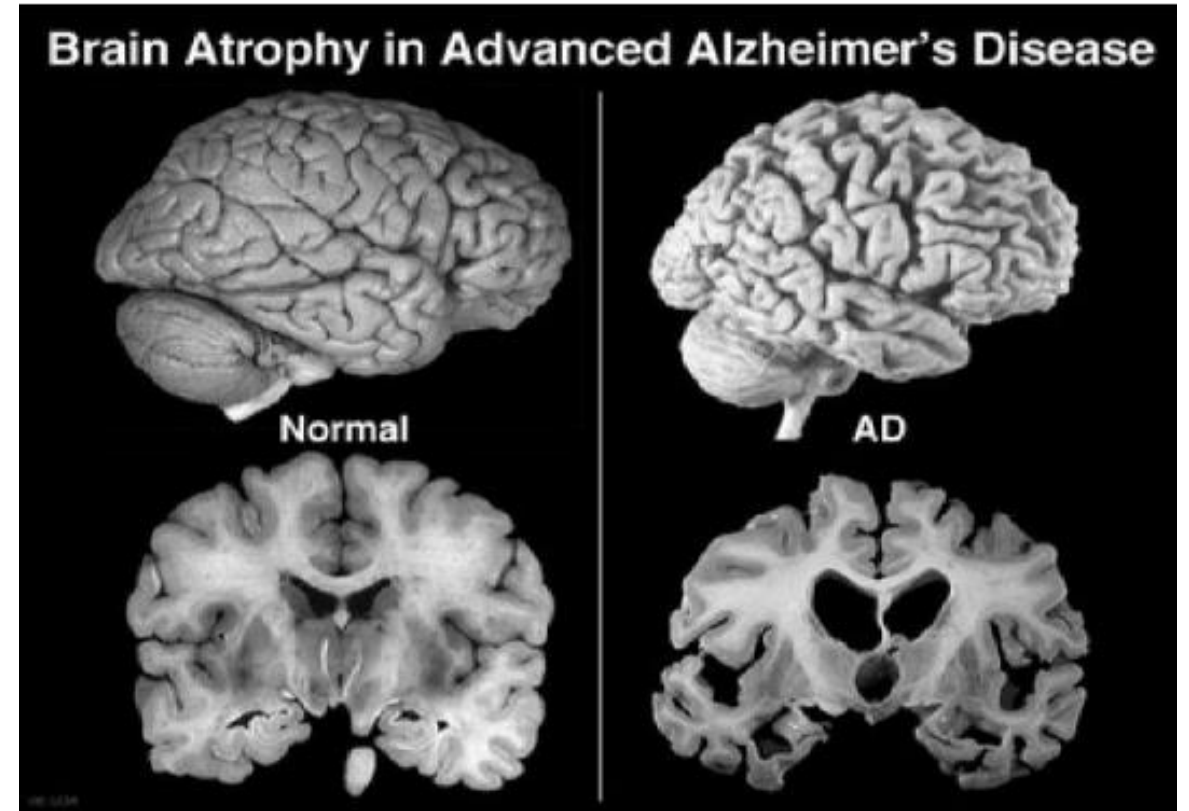
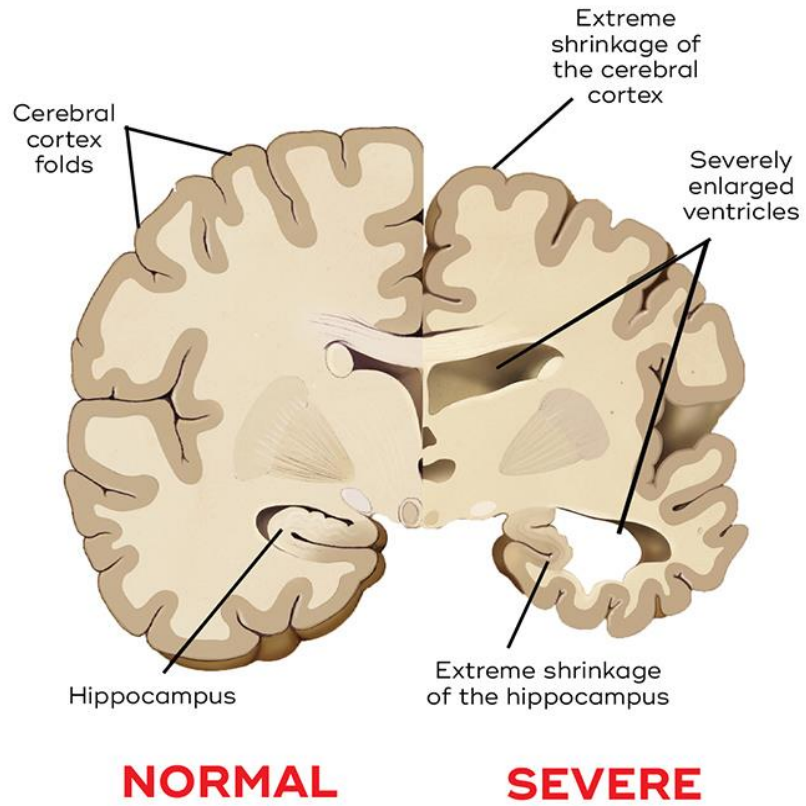
- It's very important to recognize the early warning signs. These might include:
 - Forgetting recent events or conversations
 - Struggling to find the right words
 - Difficulty performing familiar tasks
 - Getting confused about time or place
 - Changes in mood or personality
- Sometimes, these signs are mistaken for normal ageing. But if they become persistent or worsen, it's best to seek medical advice.

7 Stages of Dementia

- 1 No Cognitive Decline**
No noticeable symptoms or memory problems
- 2 Very Mild Cognitive Decline**
Subtle memory lapses, generally not detected
- 3 Mild Cognitive Decline**
Increased forgetfulness, slight concentration problems
- 4 Moderate Cognitive Decline**
Clear-cut memory loss, difficulty with complex tasks
- 5 Moderately Severe Cognitive Decline**
Assistance with daily activities often needed
- 6 Severe Cognitive Decline**
Significant memory issues, personality changes
- 7 Very Severe Cognitive Decline**
Loss of verbal abilities, total dependence on caregivers







COMMON SIGNS & SYMPTOMS OF SEVERE DEMENTIA



Severe Forgetfulness



Severe Cognitive Decline



Communication Challenges



Limited Mobility



Eating Challenges



Pain



Breathlessness



Mood, Behaviour Changes



Incontinence



Frailty, Weight Loss



Signs and Symptoms of Late-Stage Dementia

- **Severe memory loss:** inability to recognise their spouse and children, or themselves when looking in the mirror. No longer remember what daily objects such as a toothbrush or a fork is for, making daily tasks more challenging even with assistance.
- **Severe cognitive decline:** The affected person may struggle to understand conversations or the intentions behind everyday care activities such as bathing or dressing. This can lead to confusion or resistance.
- **Severe difficulty with communication:** The person may say fewer words. Their speech may sound like babbling or nonsensical. Family members may feel like their loved one is gradually losing the ability to speak. This impairment in communication can prevent them from expressing discomfort, and basic needs. As a result, patient may react strongly or have emotionally charged outbursts, causing frustration and distress to the caregivers.
- **Challenges with eating:** loss of appetite and the ability to swallow. Difficulty swallowing may also cause them to cough and choke while eating, increasing the risk of aspiration pneumonia - a serious condition where food particles accidentally enter the lungs.
- **Issues with mobility:** As dementia advances, affected person may first show signs of unsteady walking, then gradually losing the ability to walk and stand independently. Over time, they might become chair-bound or bed-bound. Encouraging movement with support can be beneficial, but it is essential to be mindful of the risks of falls and fractures.

Signs and Symptoms of Late-Stage Dementia (cont.)

- **Pain:** Pain is a frequent but often overlooked problem in people with dementia, due to difficulties in communication. Common pain include muscle and joint pain due to immobility, constipation, and existing conditions such as arthritis or migraine. Additionally, infections, wounds and pressure sores can contribute to their discomfort.
- **Breathlessness:** The disease can affect the brain's region controlling essential bodily functions like heart rate and breathing. Shortness of breath can occur, especially among those with existing pulmonary or cardiovascular conditions, such as COPD or heart failure.
- **Mood and behaviour changes:** Behavioural and psychological symptoms of dementia (BPSD). Up to 97% of dementia patients experience some form of BPSD. Symptoms are typically more prevalent in advanced stages. The person with severe dementia may become more confused and disoriented, restless and aggressive, or upset and withdrawn.
- **Weight loss and increasing frailty:** Patient may lose weight and become increasingly frail, driven by poor appetite, inadequate nutrition, and immobility. The compounding effect of these symptoms can be distressing for families as you witness the physical decline of someone you love.
- **Other symptoms:** Incontinence (lack of control over bowel and bladder functions), increased need for sleep, hallucinations (see, hear or sense things that aren't real, especially at night), delusions (believe things that aren't real), loss of vision, a mask-like facial expression, etc.

COMPLICATIONS OF SEVERE DEMENTIA



DELIRIUM

- Sudden increase in confusion or disorientation.
- Report to doctor for examination.



INFECTIONS

- May include infections of the urinary tract (UTI), lungs, skin.
- Contact doctor immediately and monitor progress closely.



POOR ORAL INTAKE

- Caused by loss of appetite and difficulty swallowing.
- Consult doctor for means to enhance nutrition.



CONSTIPATION

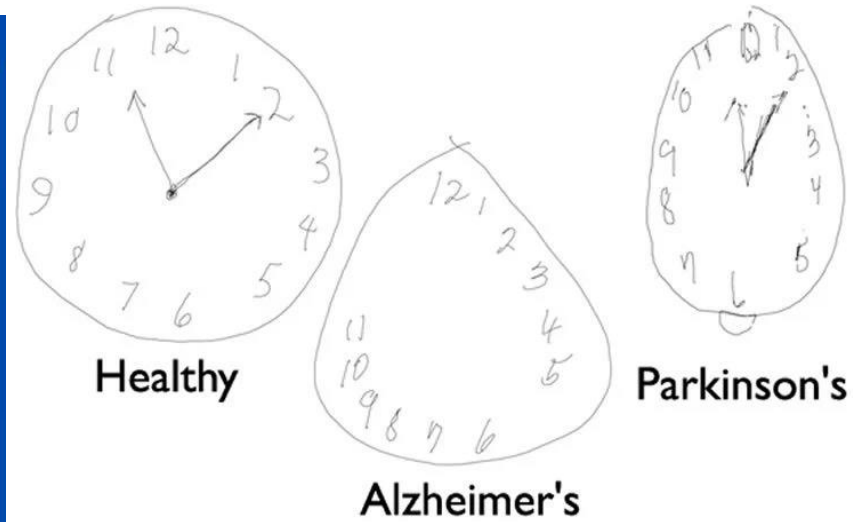
- Due to not drinking enough liquid or blockage.
- Can be managed with laxative, massage & alternative liquids.

Dementia Diagnosis Tests

- MMSE**
- MoCA**
- Clock Drawing Test**
- ADAS-Cog**
- Clinical Dementia Rating**
- Addenbrooke's Cognitive Examination**

"Remembering Tomorrow: Fight Dementia!"

www.drlogy.com



Fidusuae.com

What is NOT dementia?

Reversible conditions which may cause signs and symptoms similar to dementia

- Adverse effects of drugs
- Drug or alcohol misuse
- Space-occupying lesions
- Normal pressure hydrocephalus
- Metabolic conditions
- Endocrine conditions eg: hypothyroidism
- Nutritional conditions eg: vitamin B-12 deficiency
- Depression (very common)
- Potentially reversible cognitive impairment should be identified and treated
- should not be assumed that the associated dementia is fully reversible.

Tripathi and Vibha (2009)

Causes and Risk Factors

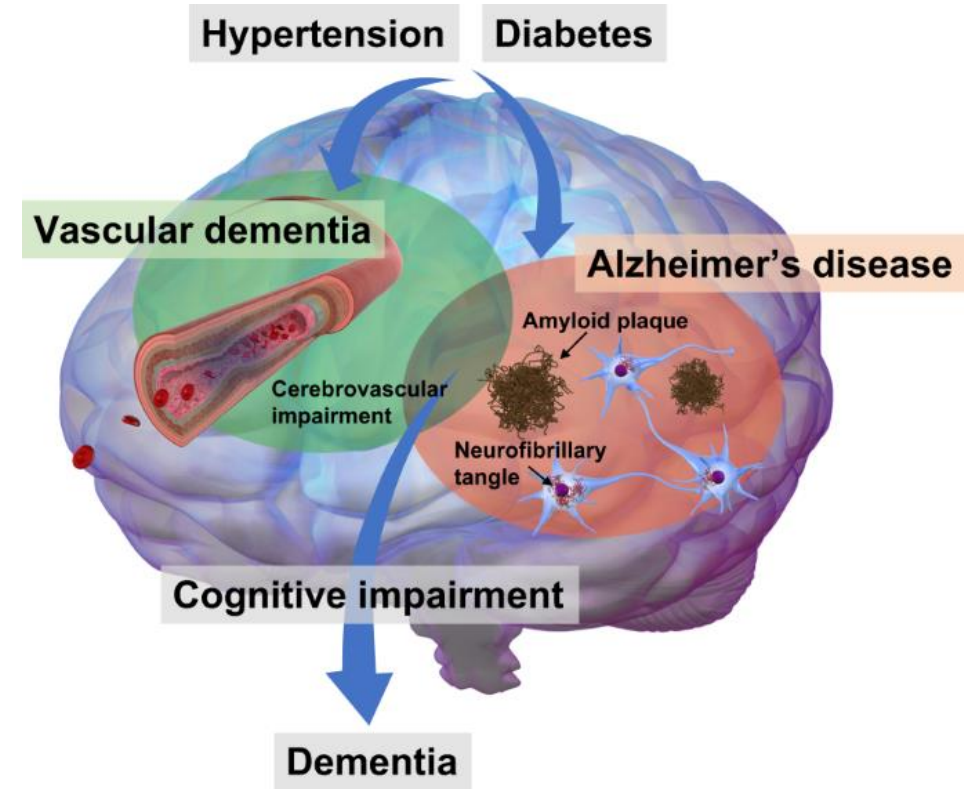
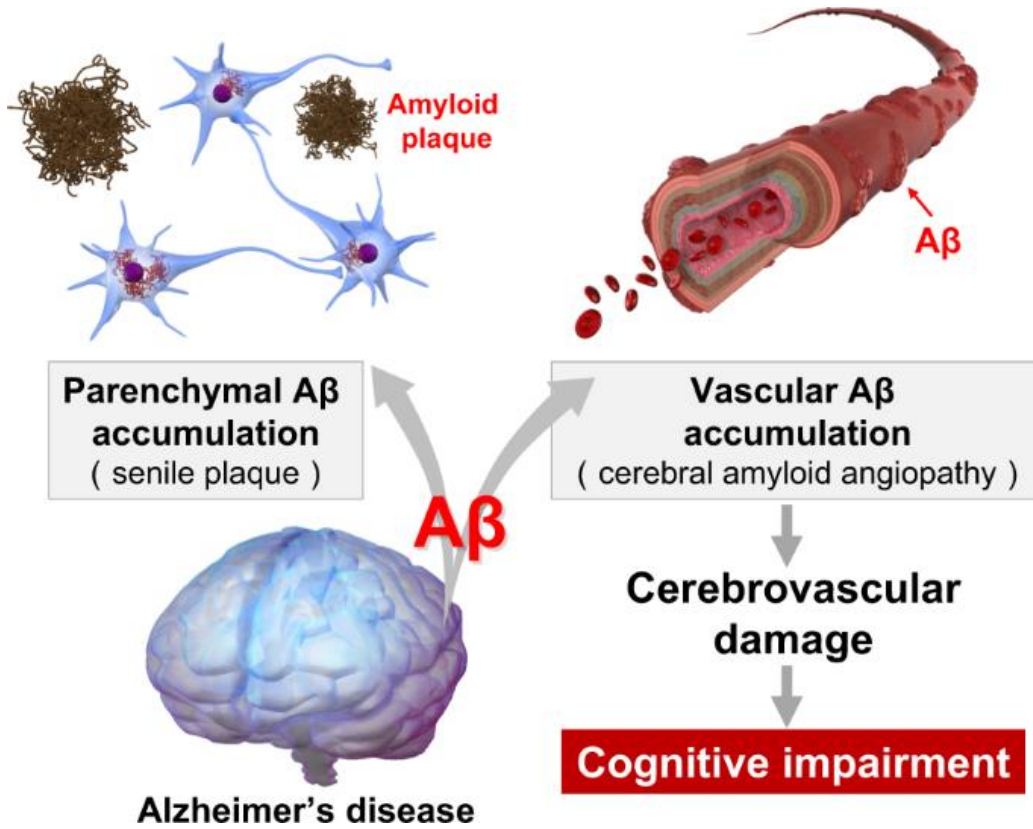
In most cases, it's due to **damage to brain cells**. This can be caused by diseases like Alzheimer's, stroke, or chronic brain injury.

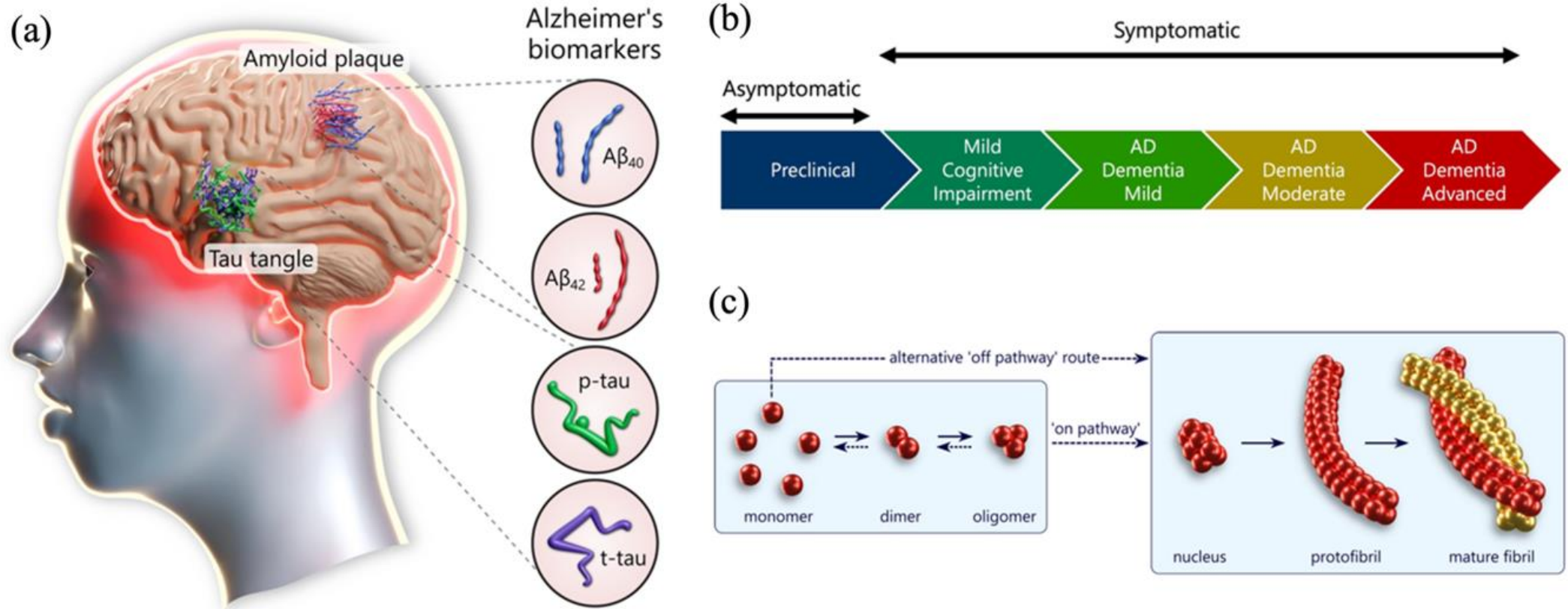
Risk factors include:

- Ageing
 - Family history
 - High blood pressure or cholesterol
 - Diabetes
 - Smoking
 - Lack of physical or mental activity
-
- The good news is, some of these are **modifiable**; which means we can take steps to reduce our risk.

Pathophysiology

- Pathophysiology of dementia, varies depending on the subtype.
- Most types, except vascular dementia, are caused by the **accumulation of native proteins in the brain**.
- Alzheimer disease is characterized by widespread **atrophy of the cortex** and **deposition of amyloid plaques**, and neurofibrillary **tangles** of hyperphosphorylated **tau protein** in neurons, which contribute to their degeneration.
- Lewy body dementia and Parkinson disease dementia are characterized by the intracellular **accumulation of Lewy bodies**, which are insoluble aggregates of alpha-synuclein protein in the brain.
- Frontotemporal dementia is characterized by various **mutations** leading to the deposition of ubiquitinated TDP-43 and hyperphosphorylated tau proteins in the frontal and temporal lobes, leading to dementia, early personality, behavioral changes, and aphasia depending on the subtype.
- Huntington disease is caused by an autosomal dominant inherited **gene mutation**.





Living with Dementia

- Living with dementia can be incredibly challenging, both for the individual and their caregivers.
- Daily tasks may become difficult.
- Dealing with forgetfulness causes emotional stress, confusion, and fear.
- But with the right support, people with dementia can still lead meaningful lives.

What are they?

- Support needs include:
 - Maintaining daily routines
 - Support with activities of daily living
 - Creating a safe home environment
 - Engaging in memory games and gentle exercise
 - Encouraging social interaction
 - Using labels, notes, and calendars for reminders
 - Continuation of care according to patient needs
- And above all, treating them with patience, respect, and dignity.

Treatment and Management

- Currently, there is **no cure for most types** of dementia, but treatment can help.
- Medications may manage symptoms like memory loss or behavioural changes.
- Counselling and non-pharmacological therapies (eg. Reminiscence Therapy, Cognitive Stimulation) — can improve quality of life.
- Lifestyle changes such as a healthy diet, exercise, and mental activity can help slow progression



Pic: dementia.org.sg/2020/03/11/remembrance-therapy-dementia/

Research | [Open access](#) | Published: 10 July 2023

Effects of reminiscence therapy on quality of life and life satisfaction of the elderly in the community: a systematic review

[Eunyoung Shin](#), [Myeongshin Kim](#), [Seyoon Kim](#) & [Sohyune Sok](#) 

BMC Geriatrics **23**, Article number: 420 (2023) | [Cite this article](#)

12k Accesses | **36** Citations | **48** Altmetric | [Metrics](#)

[Meta-Analysis](#) > *J Psychiatr Ment Health Nurs.* 2022 Dec;29(6):883-903. doi: 10.1111/jpm.12830.

Epub 2022 Apr 17.

Effects of reminiscence therapy in people with dementia: A systematic review and meta-analysis

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Affiliations + expand

PMID: 35348260 DOI: [10.1111/jpm.12830](#)

Sensory stimulation activities



Resource:
<https://bucknercaldерwoods.org/news-blog/5-sensory-stimulation-activities-for-dementia-patients/>



Resource:
<https://homecareassistancemontgomery.com/aromatherapy-for-elderly-people-with-dementia/>

How to Care for People with Dementia

Caring for someone with dementia requires empathy, flexibility, and a lot of patience. Here are some practical tips to make day-to-day care more manageable and meaningful:

- **Establish routines** – A predictable daily schedule can reduce confusion and anxiety. Keep meals, baths, and bedtime at consistent times.
- **Use simple communication** – Speak slowly, use short sentences, and maintain eye contact. Be patient and give them time to respond. Raising voice and control may not help when dealing with people with dementia.
- **Create a safe environment** – Remove hazards like slippery rugs, install grab bars in bathrooms, and ensure good lighting. Consider using labels or signs to help with orientation. Remove sharps or any item that may cause injury.

TREATMENT & CARE FOR SEVERE DEMENTIA



Medications and
nursing care to
manage symptoms



Palliative care to
alleviate pain,
improve comfort
and quality of life

The Role of Caregivers

- Caring for people with dementia is most often the responsibility of family members. The primary caregiver is typically the person who spends the most time with the individual and attends to the majority of their daily care needs. Caregivers provide not only physical assistance but also emotional support, which can be both demanding and deeply meaningful.
- **It is essential to recognize and appreciate the vital role they play** — and to ensure they receive the support they need. Unfortunately, in many families, the main caregiver is often overlooked or taken for granted by others, leading to feelings of isolation and burnout.

Caregivers must remember:

- It's okay to ask for help
- Take breaks when needed
- Join support groups
- Learn as much as possible about dementia
- Look after their own physical and mental health
- **A supported caregiver means better care for the person with dementia.**

How can others (wider family, friends and the community) support people living with dementia?

Dementia is a challenging journey. It is not just a personal or family issue — it's a community concern. With understanding, care, and community support, we can ensure that people with dementia are treated with love and dignity.



Family and Friends

- Stay connected – Regular visits or calls help reduce isolation.
- Be patient and calm – Avoid correcting or arguing.
- Include them in activities – Even simple things like going for a walk or sharing a meal.
- Learn about dementia – Understanding the condition helps you respond with empathy.
- Support the caregiver – Offer to help with errands, give them a break, or just listen.

Neighbors and local community

- Be observant and kind – Offer help if someone seems lost or confused.
- Create a friendly environment – Greet them, include them in small talk, and show acceptance.
- Support “Dementia-Friendly Communities” – These are places that actively make it easier for people with dementia to live independently for longer.

Health and social care services

- Early diagnosis and ongoing support – Primary healthcare providers should screen and refer appropriately.
- Provide accessible services – Simplify systems and offer caregiver education.
- Collaborate with families – Involve them in care planning and decisions.

Schools, Dhamma Schools, youth groups or volunteers

- Raise awareness from a young age – Teaching empathy and understanding reduces stigma.
- Involve students in intergenerational programs – Visits or activities with older people can be deeply meaningful.

Government and Policy Makers

- Support awareness campaigns
- Invest in dementia care services and caregiver support
- Ensure accessible public transport and buildings for those with cognitive challenges

Role of the Nurse

- Early detection and referral
- Promote safety (fall prevention, wandering management)
- Support daily living (ADLs, routines)
- Provide caregiver education and emotional support
- Encourage cognitive stimulation and meaningful activities

Delirium

Acute, fluctuating disturbance of consciousness and cognition, often reversible.

Causes:

- Infections (e.g., UTI, pneumonia)
- Medication side effects
- Electrolyte imbalance
- Pain.

Features:

- Acute onset
- Fluctuating course
- Inattention
- Confusion
- Disorganized thinking
- Altered level of consciousness

Role of the Nurse

- Identify and treat underlying cause promptly
- Ensure safety and close monitoring
- Provide calm, familiar environment
- Educate families that delirium is *not* dementia

Depression in old age

Persistent sadness, loss of interest, hopelessness lasting ≥ 2 weeks.

Risk factors:

- Bereavement
- Chronic illness
- Social isolation
- Functional decline.

Features:

- Low mood
- Fatigue
- Sleep/appetite changes
- Poor concentration
- Somatic complaints (often misdiagnosed)
- Suicidal ideation (higher risk in older men)

Impact: Worsens outcomes of chronic disease, increases mortality.

Role of the Nurse

- Screen using tools (e.g., GDS – Geriatric Depression Scale)
- Encourage social interaction, physical activity
- Provide emotional support and counselling
- Refer for psychotherapy or pharmacological treatment

Anxiety Disorders

Features:

- excessive worry
- Restlessness
- sleep disturbance
- palpitations.
- Often co-exist with depression or dementia.

Triggers:

- fear of illness
- disability
- death
- financial insecurity

Nursing role:

- reassurance
- relaxation techniques
- referral to mental health professionals

Late-life Psychosis

Features:

- Delusions
- Hallucinations
- Paranoia

- May be related to dementia (esp. Lewy body), depression with psychotic features, or late-onset schizophrenia.

Nursing role:

- ensure safety
- monitor adherence to treatment
- support families
- reduce stigma

Review

The Emerging Evidence of the Parkinson Pandemic

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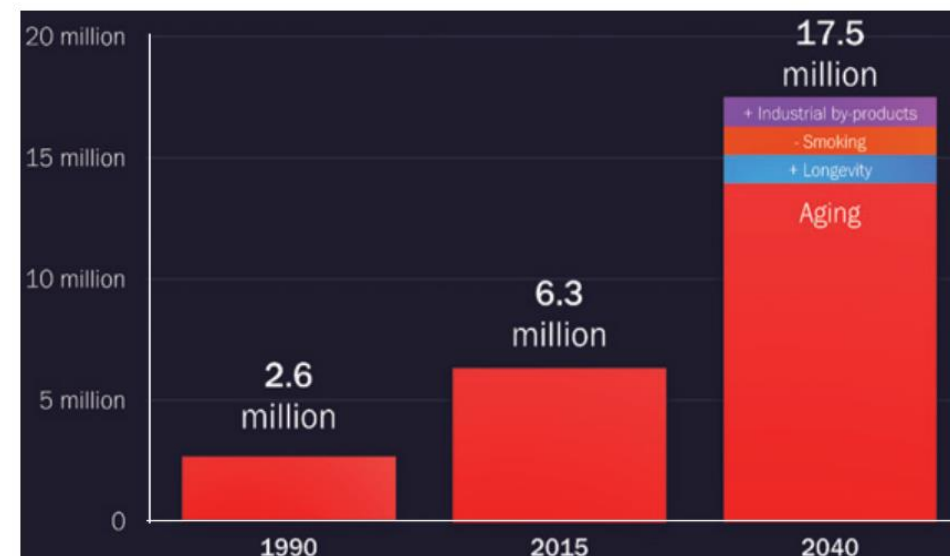


Fig. 2. Projected global burden of Parkinson disease accounting for changes in aging, longevity, smoking rates, and industrialization, 1990–2040.

Mr. Perera is a 72-year-old man diagnosed with Parkinson's disease 8 years ago. He now presents with tremors, stiffness, and difficulty maintaining balance, and has recently experienced two falls at home. His wife reports he struggles with feeding himself due to hand tremors and often feels embarrassed in social gatherings, leading to withdrawal from community activities.

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1. Identify three priority nursing problems for Mr. Perera.
2. For each problem, suggest at least two nursing interventions with rationale.
3. Consider both physical care (mobility, nutrition, safety) and psychosocial care (confidence, social participation, caregiver support).
4. Discuss briefly how you would involve his wife in the care plan.



Thank
you

