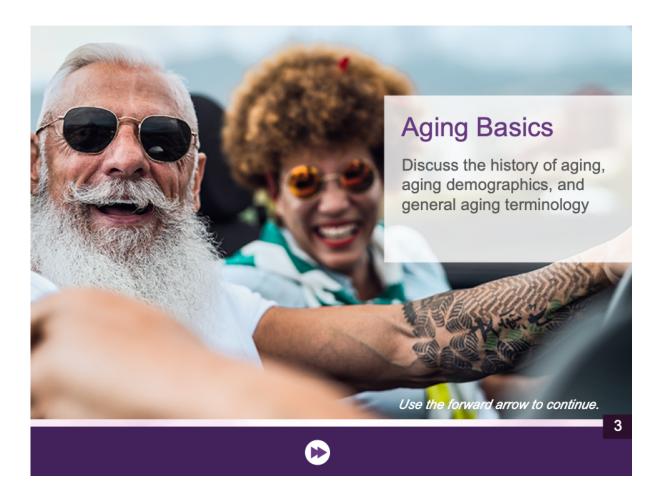




Slide 4



Who is Old?

- In the 19th century, Germany designated old age as beginning at 65 years for the first old age pension program
- In 1882, the United States initiated the Civil War Pension Program which provided benefits to injured soldiers
- Pension Program expanded to include soldiers of "old age" in 1906



Use the forward arrow to continue.



Who is Old?

- Business community introduced the first formal company pension plan in 1882
- States introduced old-age pensions at the time of the Great Depression during a dramatic growth in poverty among older adults



Use the forward arrow to continue.



Social Security Act

- Established a worker retirement benefit
- Set age 65 as the age of retirement
- Each decade, or cohort, share statistical and demographic traits, as well as values and attitudes



Use the forward arrow to continue.



Life Expectancy

- Life expectancy of a person born in the US
 - 1950: 67 years2020: 78 years
- Life expectancy can vary by country, region of the country, sex, racial and ethnic groups
- Social determinants of health play a significant role in life expectancy



Use the forward arrow to continue.



Increasing Number of Older Adults

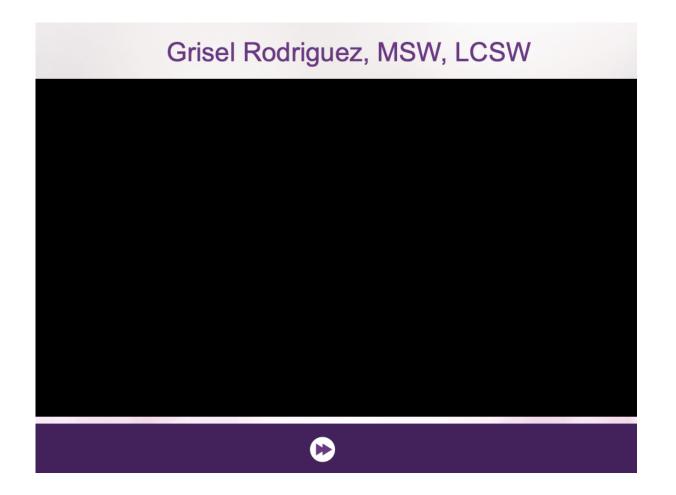
- Population swell following World War II contributes to the increase in number of older adults over time
 - In 1900, about 3% of the population was 65 and older
 - In 2050, that will reach 25%
- Regional variations in the percentage of older adults in different states



Use the forward arrow to continue.



Slide 10



Aging Diversity

- Demographic and racial make-up of the U.S. population is increasingly diverse
- U.S. census data from 2010 to 2018 report a 6.6% to 28.2% increase in all groups except non-Hispanic Whites
- Future of the U.S. is one of increasing diversity across all age groups



Use the forward arrow to continue.



A Multidisciplinary Experience

- Study of human development is multidisciplinary by nature
 - Biology
 - Psychology
 - History
 - Health behavior
- All health professions must become educated about aging to meet the needs of this growing population



Use the forward arrow to continue.



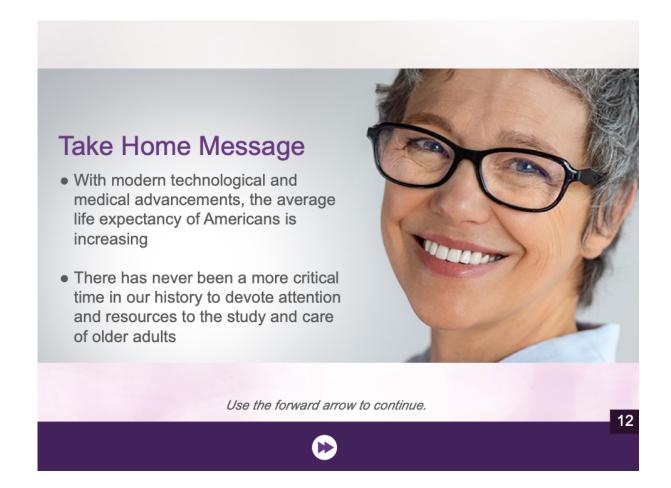
Geriatric Specialties

- Disciplines have created geriatric specialty competencies
 - Psychology
 - Psychiatry
 - Social work
 - Medicine
 - Physical therapy
 - Pharmacy
 - Nursing
- There will never be enough specialists to meet the needs of the growing number of older adults

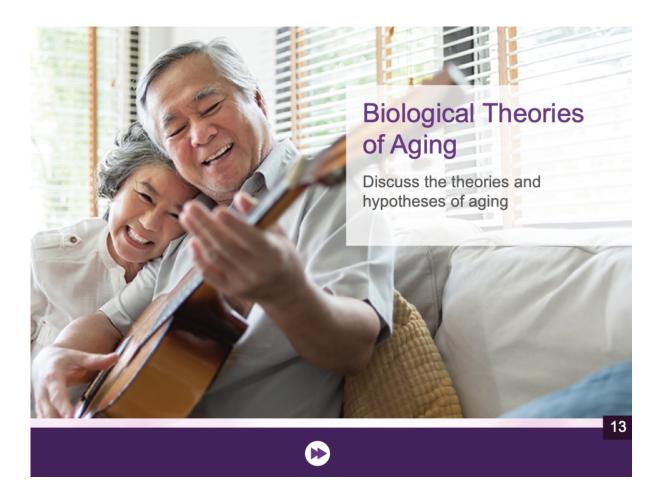


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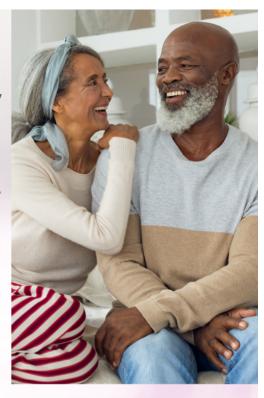


Slide 15

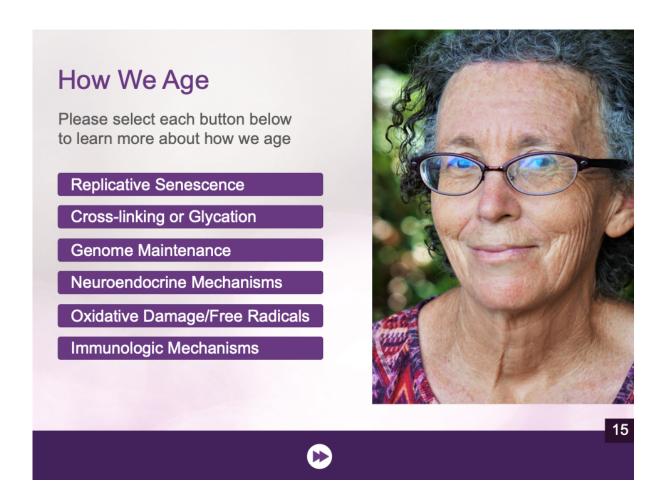


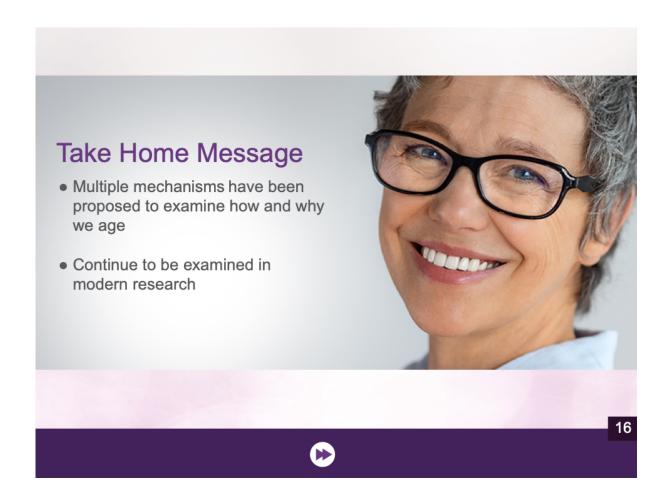
Why We Age?

- Antagonistic Pleiotropy
 - Most widely accepted evolutionary explanation for aging
 - When genes that may have harmful effects in late life are favored by natural selection if they have beneficial effects earlier in life

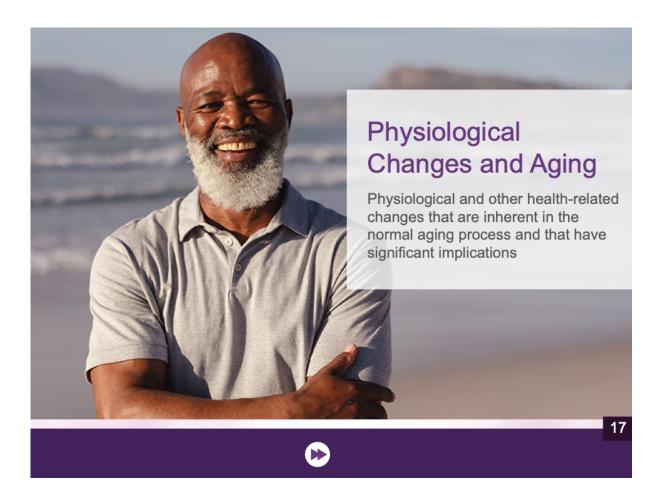




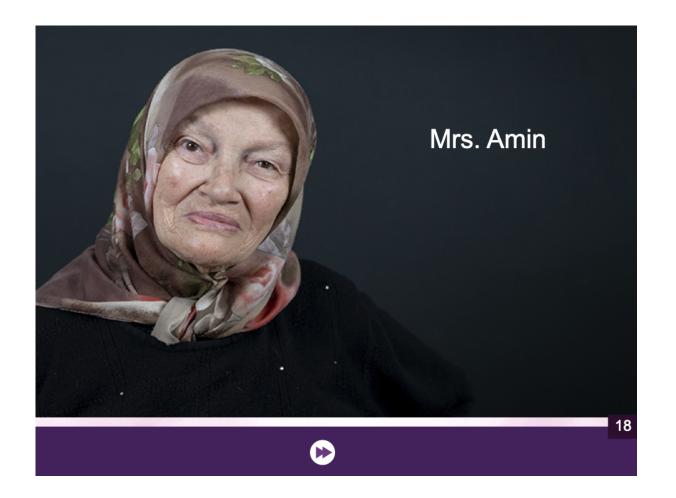




Slide 19



Slide 20



Metabolism and Elimination

- Metabolism
 - Breakdown of food or medication and its transformation into energy used for maintaining human activity and health
- Elimination
 - Discharge from the body of indigestible material and waste products of metabolism
- Aging produces changes in these processes
 - Blood flow and mass of liver and kidneys decrease with age
 - Cardiovascular disease and reduced cardiac output can affect the processing of medications
 - Heart is more vulnerable to medications with the potential for affecting heart rhythm or rate



Absorption and Distribution of Medication

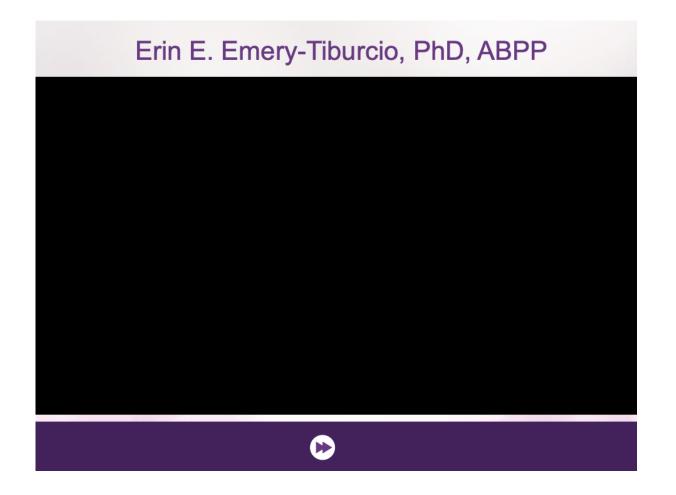
- Loss of skin thickness decreases the absorption of topical medications
- Change in stomach emptying and gastric pH can decrease gastric acid secretion and affect oral drug absorption
- Lean body mass decreases and body fat increases
 - Can cause fat-soluble drugs to be distributed widely and have prolonged action







Slide 23



Pulmonary Function

- Respiratory system undergoes anatomical and physiological changes with age
 - Structural changes result in increased work of breathing
 - Increased vulnerability to respiratory failure during illness
 - Airway receptors become less likely to respond to medications for respiratory disease
 - When an older adult experiences low oxygen or excessive carbon dioxide in the blood stream, they will be less aware of difficulty breathing and less likely to respond



Mobility and Strength

- Muscle mass and strength naturally decline with age
- Bone mineral density declines after age 40
- Cartilage thins and lubricating synovial fluid decreases
- Appropriate and regular exercise, particularly weight- bearing exercise, is especially important to help maintain muscle, bone strength, and balance

Bone mineral density declines after age 40



Senses

- Ability to hear higher frequencies declines
- Contrast vision declines
 - Making driving at night a greater challenge
 - Need for high-contrast signs and print materials
- Numbers and mass of taste buds decline in adulthood
- Sense of smell begins to decline
- Decline of taste and smell may have a significant effect on appetite and nutritional balance

Driving at night is a greater challenge



Sleep

- Common misconception that people need less sleep with age
- Many factors contribute to sleep difficulties with age
 - Changes in the hypothalamus where the superchiasmatic nucleus (SCN) regulates circadian rhythm
 - Decreased production of certain hormones
 - Hormonal changes associated with menopause
- These changes, in addition to the higher prevalence of medical conditions, make it difficult for older adults to get consolidated sleep



Mental Health

- Older adults are collectively happier than younger adults
 - Contrary to stereotype of older people as depressed and grumpy
 - Older adults have lower rates of anxiety and depressive disorders
- Paradox of well-being
 - As number of older adults grows number of older adults with mental and behavioral health problems will almost quadruple

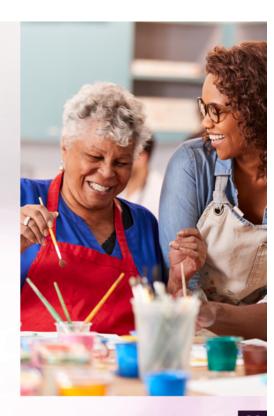






Self-rated Health

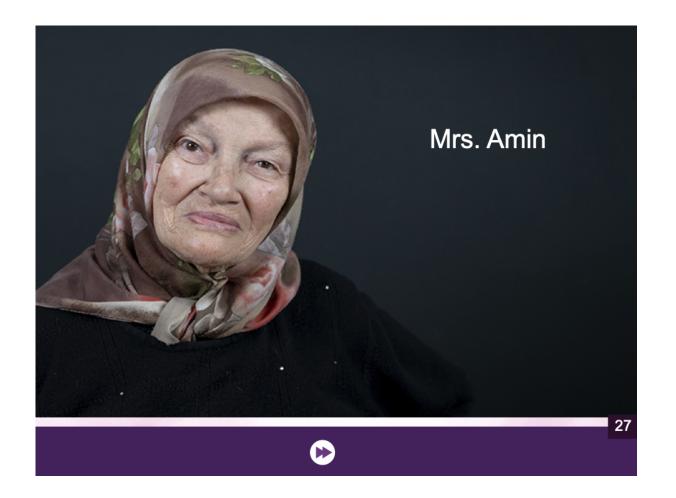
- Self-rated health is a reliable indicator of "objective" health
- Most older adults rate their health as "good to excellent" well into later life
- Ethnic and racial disparities are evident in self-rated health
 - Hispanic and non-Hispanic Black older adults rate their health as significantly poorer than non-Hispanic White people throughout later life

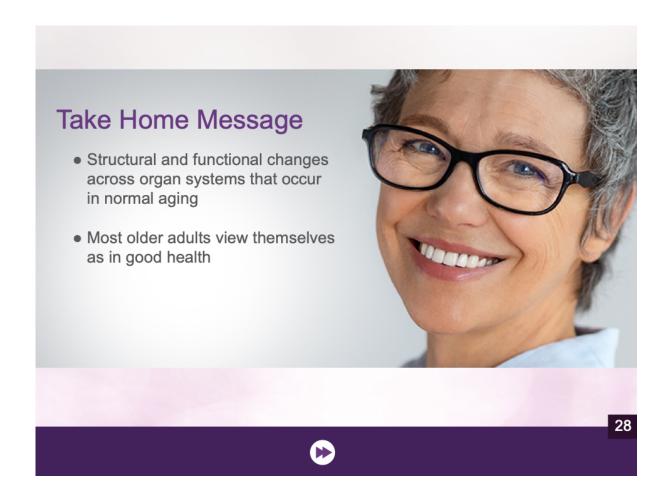






Slide 30







Slide 33

