

Healthy Aging in the Geriatric Population: An Exploration with OAM

Padmakali Banerjee and Amita Puri*

Amity University, Gurgaon, Haryana, India

*Corresponding Author: Amita Puri, Amity University, Gurgaon, Haryana, India.

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Abstract

The geriatric populace has been on increase globally and this phenomenon has been made possible with increase in life expectancy, decrease in mortality rate and birth rates due to the developments and advancements in medical sciences. But, at the same time, it has been observed that even when people are living longer, it is not always in a state of good health and overall well being. In fact, many of the Indian elders especially women are afflicted with chronic illness and age related disability. It is also seen that widowed elderly women feel pessimistic about their general well being and are made to feel that they are a burden on the families. They wait for death as a welcome release from this emotional, mental, physical and social bondage of life and living. Limited financial resources, the changing family structure, illiteracy, unemployment, especially in the rural sector and erosion of values are some of the factors which have been identified as contributing to the status of the Indian elderly. To increase the awareness of aging issues and to rise to the challenges of an aging society, World Health Organisation and United nations have introduced the concept of active aging as a health promotion and policy framework. While taking stock of the current status of the aging issues in India, the author highlights the significance for the development of research, innovative planning to develop programs which include volunteers, NGO's reach out programs at the local and National level. The need of the hour is to reach out to the elderly from the comfort of their homes and make them proactive for their own health and happiness which ultimately will strengthen the community's quality of life too. To facilitate the promotion of the well being, the use of OAT (Optimism Attitude Therapy) ON THE LINES OF OAM (Optimism Attitude Model, along with the use of Optimism index (Oi) developed by Padmakali (2016) [1,2] is discussed and the ways to implement the same are enumerated in the case study presented in the present paper.

Keywords: Elderly; Active Aging; Optimism Index

Introduction

Technological advancement has been a blessing in many ways in this century and one of the good things that have happened is the longevity in one's life which the progress in health sector has made possible. Now better health facilities more possible and increasingly available to the general public, the Geriatric populace in particular like Hypertension, cholesterol, hearing, vision, diabetes, cancer screening etc. In India, promotional health program exists for younger and even middle age groups and on paper it does exist for the elderly too. Maybe, this happens because of a perception that the older population may not actually come to avail the benefits or even if they do come, may not be compliant to suggestions or follow the change in sedentary life style.

It is seen that changes in diet and exercise patterns positively effect an individual at any stage, although at early stages it has better results. But one must need to remember that positive results will impact at any stage. It is seen that if nutritional interventions are instituted early, there will be delay in the onset of disease at a later stage, less money will be spent on medical expenditure and there will be more general well being and happiness amongst the elderly.

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In recent times, since last decade or so, in India, it has been emphasized that one should be proactive during early years so as to be off diseases and health related issues will not impact early during old times.

In fact, in United States, the publication of the U.S. Public Health Service agenda, Healthy People 2010 [3], laid out guidelines to support achievement of a vision of improved health for all Americans. Some of them are enumerated below:

1. Health promotion activities, including doable changes in dietary habits, can aid in an increase in life expectancy, improved health and well being which can be incorporated into routine care for all older adults [4].
2. With older adults, primary prevention may not necessarily work to prevent the early onset of disease, but certainly secondary prevention will work where one tends to treat health issue in their pre symptomatic stage to prevent the progression of the disease.
3. Older women are more at risk as they, on an average tend to live longer than men and also get disabilities at a later stage. They deal with menopause, osteoporosis, gynaecological issues, osteoarthritis, vision issues, brittle bones prone for fracture etc.

There are conditions which are associated with nutritional habits too and may respond well to secondary prevention strategies. Which include hypertension, obesity, cardiovascular disease, urinary tract infection etc.

4. There is certainly a relation between belief and behavior. One needs to examine the beliefs of older people to help them gradually modify their beliefs with regard to their actions.

E.g. change in behavior which is reducing fat and salt intake rises from the belief that if they will eat healthy diet, it will lead to healthy behavior.

It is more important to make older people decide what they want and make their own health program in collaboration with the health care worker.

It does make a difference in the life of an elderly when the health care worker is a young teenager and enthusiastically meets up the elderly once or twice a week and spend some quality time with them. These young social workers help them change their nutritional behaviors which help them manage their weight, lower cholesterol levels, increase in dietary fiber intake along with an increasing consumption of fruits and vegetables.

Need for Health Promotion for Older people

Healthy aging and actively promoting the health of older people are becoming increasingly important in the present day world.

The term health promotion was used in the mid 1980's by the WHO (World Health Organisation) which defined health promotion as strengthening of health by improving the conditions of life.

Health promotion is important for the individual and it benefits the society too. It is important especially in terms of elderly because:

- Health is the basic Human right of all.
- Health is very important for an independent dignified life in the old age,
- Good health enhances the quality of life too.
- Good health ensures that the elderly remain vital contributors in society too. This also enhances their self worth and self esteem.
- Healthy elderly ensures a healthy community and society.

Some guidelines to be followed while reaching out to the Elderly in the community

One needs to remember that elderly are not homogenous group and hence the guidelines have to be individual specific in terms of

- The involvement of the elderly
- The differential outcome
- The empowerment of the elderly
- The degrees of diversity even within the group of older people.

Even as a group, the older people are a heterogeneous group with different ages, different living conditions, needs, aspirations and socio economic status. Even there are within differences in gender as well. Therefore, ways have to be found to reach out to these people. Some of these approaches can be:

- Use of professionals, volunteers, NGO's
- Use of existing groups linked with older people, like friends, Neighbours.
- Door to door campaigns by social workers and volunteers
- Personal contact is also a good way to motivate people.
- Use of media based approaches to activate the older people about the need for looking after their health and well being.
- Materials too can be distributed in the community, families on how to engage older people meaningfully in community based services through posters, handouts, leaflets, posters.
- More and more older people are using internet these days, thus this medium may also be used to create an awakening among them.

But these activities need to be done regularly and periodically to be effective.

Older people's dignity, autonomy, self determination and individual identity remains intact while dealing with these delicate issues in a sensitive manner.

Evidence Based Practice

Evidence based practice is about integrating individual clinical expertise and the best external evidence which gets documented by practitioners through concerted efforts and tacit experiences. Ideally this should also be connected with research based evidence so that the scientific community in particular enhances its awareness about what works most effectively with the group and what are the limitations which can be overcome.

This has a lot of positive impact for the other researchers working in the area as one is able to share one's experiences and learn from other's best practices which they have using at their end and integrate in one's work a particular practice which suits best or to adapt some good points from various practices which suit one's purpose best and bring out evidences for the same as a result. If it works, it can be shared with the other researchers and even if it does not, at least it has been an exploration of what works and what does not.

Below case study also shares one such evidence based practice where a seemingly cheerful elderly was able to vent out his feelings and emotions, could relate to the volunteers who helped him in his catharsis, improve his quality of life in terms of enhancing Positive

Emotions, Engagement and Involvement, Relationships, Meaningfulness and Accomplishment, using Optimism Index (Oi) developed by Padmakali (2016) [1,2]. It was evident from the pre and post scores and from qualitative responses on Oi that this elderly man was able to find his existence more meaningful and purposeful for himself as well as his family which helped him in developing his self esteem as well.

The details of the case are enumerated in the box below

Case

Mr. Malhotra, an 78 year old, pleasant looking old man, with a very gentle voice lived with his daughter's family in a good locality of Chennai. His other married daughter also lived in the same locality and would visit her parents every day. His two married sons with their families were living at an hour distance from them but would visit them only Annually – once a year visit. The reason was not very difficult to fathom. The elder Mrs Malhotra was a Schizophrenic, since many years and both her daughter in laws just could not bear to be around her and they strictly forbid their children not to be around grandma.

One would expect Mr. Malhotra to be dejected and despondent about the situation but surprisingly it was not so. He was a cheerful soul who would wish everybody on the street with a gentle smile and was seen regularly every evening taking a stroll with a bent back and excruciatingly slow gait. And all this, after having taken care of his invalid wife throughout the day, washing her soiled clothes and cleaning up the room (as the room would be so stinking that the maids would refuse to do anything with it) feeding her too with not a noise to be heard other than his wife's sometimes violent outbursts which were due to the illness. Mr. Malhotra maintained his calm and composure at such occasions. But he was also human and had his own emotions bottled up inside him.

Mr Malhotra seemed to be living a contented life on the surface, never cribbing, never complaining, on the surface of it.

Volunteer Intervention

Volunteers from a local university approached him with a program of their own, as part of their target interventions for the elderly.

They visited him once a week for a period of 4 months and interacted with him and his family for a few hours in every visit. They would talk to him using OAT (Optimistic Attitude Therapy) Reminiscence Therapy, ask him about his past life, his parents, siblings, childhood etc. Sometimes they would take him to the nearby park and sit there along with his elderly peers and have a good laugh. These young Samaritans' would sometimes bring coffee and snacks for such occasions. His initial score on Oi was also evaluated.

Gradually, on the basis of his Oi score, his needs were addressed in terms of OAT (Optimistic Attitude Therapy) and soon, Mr Malhotra could speak about the pain lingering in his heart, the betrayal he felt that his well off sons were not willing to look after them in the old age and guilt and hurt he felt as a result of staying with his married daughter in a conservative Indian society. He would cry while sharing all this with the volunteers. Catharsis helped him relieve his many medical issues, he said. Venting out had helped a lot and he used to bless the volunteers everytime they would come to visit.

In fact, he named a few of his elderly peers who he said also required such friendly help and requested the volunteers to induct them too in their outreach program for the elderly. He said he was quite happy and feeling more optimistic now than ever before and certainly his quality of life had improved, as he was taking proactive role in taking care of his personal health. He smiled when he mentioned all this.

Happy Aging is Possible in Indulgent Families

These pictures reflect the theme of contented ageing in contemporary society.



Figure 1

Mental Health of elders in the family can be enhanced with spending quality time with them.

Optimism Attitude Model

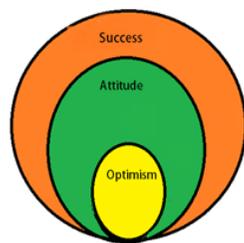


Figure 2

OAM – Optimism Attitude Model [1,2] helps the individual to understand that the attitude of optimism actually lies in his own hands. At any stage and age of his life, he can imbibe this significant attitude and enrich his life in the way he wants it. Success has a different connotation for different people. For elderly, may be the focus is on the present moment, how they can enrich the current situation they are in along with their precious memories, diminishing eye sight, deteriorating health and daily adjustments of losing their near and dear ones one by one.

The author has developed OAM along with various techniques encompassed in Optimism Attitude Therapy (OAT) for increasing the mental efficiency of the individuals. OAM enables and in itself is an enabler too. It helps the individual to develop resilience and empower himself with fortitude in the face adversities.

In the above mentioned case, OAM and OAT were used to enhance the sense of subjective well being and perceived quality of life of Mr. Malhotra.

Some Final Thoughts

Old age is the reality of one's life. But this does not mean that either the community should forget about the elderly or let the elderly be on their own. One can still fill colours in the lives of the elderly and more importantly, making them realize the importance of being proactive in taking care of their own health for their continued well being and happiness.

Community and engagement plays a very important role in lightning up the lives of the elderly, through their various outreach ways which have been discussed in the paper. Also highlighted is the need for a holistic approach which is very important for enhancing the quality of life of an individual. As has been elucidated in the given case study too, a holistic approach takes into account the wide range of dimensions which encompasses the health of the individual and also seeks to recognize the diversity and interdependence of these elements while developing and implementing a health care program. Health is a complete physical, mental, emotional and social state of well being and not merely the absence of disease.

It was also seen that OAT – Optimism Attitude Therapy works well in the geriatric care too. More work in relation to caregivers also need to be done in this regards. If the caregivers are high on Oi along with the various measurable dimension of Oi namely positive Emotions, Engagement, Relationship network, meaningfulness and Accomplishment. Caregivers level of Optimistic approach will tend to get rubbed off on the people they are taking care of, which will help enhance their level of subjective well being and quality of life.

Significant others also play an important role in enhancing the emotional well being of the elderly person. The case illustrated in the present paper also focuses on the importance of children's responsibility towards aging parents and their contributions in the quality of healthy aging [5-22].

*"What is this life if full of care
We have no time to stand and stare".*

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