

Geriatric Syndromes

Code: 101818
ECTS Credits: 6

Degree	Type	Year	Semester
2500891 Nursing	OT	4	0

Errata

There has been changes in the contact, the current teacher is Sergio Martinez Morato (Sergio.Martinez.Morato@uab.cat)

Contact

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Use of Languages

Principal working language: catalan (cat)
Some groups entirely in English: No
Some groups entirely in Catalan: Yes
Some groups entirely in Spanish: No

Teachers

Justo Rueda López

La metodologia docent i l'avaluació proposades a la guia poden experimentar alguna modificació en funció de les restriccions a la presencialitat que imposin les autoritats sanitàries.

Prerequisites

There are no prerequisites, but it is recommended to have passed the previous courses

Objectives and Contextualisation

In this subject we analyze the alterations related to the geriatric syndromes such as thermoregulation, vertigo, syncopes, hydroelectrolytic alterations, incontinence, constipation, diarrhea, immobility, falls and their consequences, neurological alterations, dementias, the psychiatric alterations, the cardiovascular alterations, the respiratory alterations, the digestive alterations, the renal alterations, the endocrine-metabolic alterations, the osteoarticular alterations, the alterations that affect the skin and the tumors in the elderly people.

These syndromes cause high levels of dissatisfaction among people in relation to basic needs. As a consequence of this, there is a dependency, a situation on which nurses have to act.

These functional modifications will give rise to a series of possible nursing diagnostic labels, as well as to activities that will often be interrelated, or even overlap.

We, as nurses, will try to favor the satisfaction of their basic needs and to carry them out in an autonomous and independent way.

Goals:

- 1- To know the measures to take to compensate the alterations in the thermoregulation in the old people.
- 2 - Describe the consequences of vertigo and the strategies to adopt before its appearance in the elderly.
- 3- To know the consequences of syncope in elderly people and the interventions to develop when it occurs.
- 4- Identify the types of dehydration that will occur in people and how we should act to compensate them.
- 5- Know the causes of incontinence in elderly people and establish care plans to minimize their impact.
- 6- Identify the most frequent complications generated by constipation and diarrhea in the elderly and determine a care plan to respond to the dissatisfactions that they generate.
- 7- Know the consequences generated by immobility and learn to prevent possible complications.
- 8- Identify the most prevalent causes of falls and learn to apply preventive measures that minimize the risk.
- 9- Know the most prevalent neurological pathologies in the elderly and what are the most appropriate nursing care.
- 10- Identify the types and causes of dementia and learn what strategies to establish in their care.
- 11- Know which are the most frequent psychiatric disorders in the elderly and which are the most appropriate care.
- 12- Know what cardiovascular diseases occur most often in elderly people and what are the strategies to take in their care.
- 13- Know the clinical manifestations of the respiratory processes in the elderly and which are the most suitable nursing interventions.
- 14- Describe the most important digestive problems in elderly people and know which are the most appropriate interventions.
- 15- Identify the genitourinary modifications present in the elderly and the specific nursing care that must be applied.
- 16- Identify which are the endocrinometabolic processes that most frequently occur in the elderly and what nursing interventions will be necessary.
- 17- Describe the characteristics of osteoarticular alterations in the elderly and establish the appropriate nursing care plans.
- 18- Know the biological aspects of aging that are related to the incidence of tumors in elderly people and nursing strategies to establish the most appropriate care plan.
- 19- Identify the risk factors to take into account to protect the integrity of the skin and avoid sores and vascular wounds among the elderly.

Competences

- Base nursing interventions on scientific evidence and the available media.
- Develop critical thinking and reasoning and communicate ideas effectively, both in the mother tongue and in other languages.
- Develop independent learning strategies.
- Express in a fluent, coherent and appropriate manner the established rules, both orally and in writing.
- Identify, analyse and choose the most suitable option to respond efficiently and effectively to problems in the professional context.

- Offer technical and professional health care and that this adequate for the health needs of the person being attended, in accordance with the current state of scientific knowledge at any time and levels of quality and safety established under the applicable legal and deontological rules.
- Plan and carry out nursing care aimed at people, families and groups orientated to health results and evaluate the impact of them using clinical and care practice guides describing the processes for the diagnosis, treatment or cure of a health problem.

Learning Outcomes

1. Apply nursing care to the elderly in their environment.
2. Defend the planning of cures for the elderly and in their environment according to contrasted scientific evidence.
3. Describe the process of healthy and pathological ageing to be able to offer professional care according to the health needs of the elderly.
4. Develop independent learning strategies.
5. Express in a fluent, coherent and appropriate manner the established rules, both orally and in writing.
6. Identify, analyze and make the right choice paragraphs to address problems professionally, efficiently and effectively.

Content

Principles and concepts:

-The alterations of thermoregulation more frequent in the elderly are hypothermia and hyperthermia or heat stroke.

- Vertigo has a high prevalence and is a frequent cause of consultation. It is a problem that must be evaluated carefully and that when it is described as a sensation of rotation requires the evaluation of an otolaryngologist.

- Syncope is a sudden loss of consciousness, with spontaneous recovery, caused by a decrease in cerebral blood flow. It can also be caused by metabolic changes such as hypoglycaemia.

-The two types of incontinence that occur in the elderly are urinary and fecal, the latter less frequently than the urinary.

-The two digestive symptoms that occur with greater incidence in the elderly are constipation and diarrhea.

-The immobility is the difficulty or lack of ability of the elderly person to perform movements due to the deterioration of their motor functions, a fact that prevents him from performing activities of daily life, so that his relationship with the environment deteriorates and favors the presence or development of skin lesions such as ulcers and vascular ulcers.

- The fall can be defined as sudden, involuntary and unexpected precipitation on the ground, which may or may not cause a secondary injury and which is confirmed by the elderly person or by another person who has seen it fall. Its frequency is high among elderly people admitted to healthcare centers, especially among people who suffer from cardiovascular disorders and who, when in general, are usually conscious and oriented.

-Neurological pathological changes are one of the main causes of chronic processes that lead to disability in elderly people. A high percentage of neurological processes occur in old age for various reasons, among which are the changes that the aging process exerts on the central nervous system and that facilitate the appearance or complication of pathological processes, as well as the fact that life expectancy is increasing and infectious diseases, which are usually the cause of mortality in neurological patients, can be controlled.

-Organic brain diseases (Alzheimer's and dementias) are classified as acute and chronic. In the former we find acute brain syndrome and in the latter there are all dementias.

-The mental health in the elderly has to be faced from the perception of the person as a whole; that is, in it, psychosocial aspects of the care of the elderly have to be treated in a suitable environment.

-Cardiovascular diseases are one of the most important causes of morbidity and mortality among the elderly. The most frequent are angina, ICC, AMI, hypertension, peripheral vascular disease, arteriosclerosis, aneurysms, arrhythmias and valvulopathies. Signs and symptoms in older people have an insidious development and therefore are not recognized, neither by the patient nor by the caregivers.

-The respiratory system is the one that maintains a more direct contact with all environmental pollutants throughout life, which, added to the changes in the aging process, increases their vulnerability and creates large dependencies in the elderly. The most frequent respiratory disorders in the elderly are pneumonia, emphysema, tuberculosis and PE.

-The health problems of the gastrointestinal system are of three types: ingestion, digestion and elimination. These three functions are necessary and help the development and maintenance of metabolism. The most frequent problems in the elderly are xerostomia, hiatus hernia, diverticulitis, hepatic colic, hemorrhoids and anemias.

-The changes in the sexuality of elderly people begin slowly between 30 and 40 years to become evident as the person is older.

-The peak age of incidence in which diabetes mellitus is diagnosed in the elderly is between 60 and 70 years. Classical disorders such as sweating, polyuria or tachycardia are often absent in the elderly.

-The osteoporosis is the bone disease of metabolic character more prevalent among the elderly and that involves a high morbidity among them. In our country, according to data collected by the Hispanic Osteoporosis Foundation, about three million people suffer from this disease.

-Neoplastic tumors disproportionately affect elderly people, being one of the main causes of death among people over 65 years. Therefore, age is considered a risk factor for suffering a carcinogenic process.

- It agrees that we differentiate the concept of fever with that of hyperthermia. The first is an increase in body temperature due to the activation of interleukin-1, which stimulates the hypothalamic preoptic area, which is where body temperature is regulated, causing an increase in temperature and activation of the immune system with the stimulus. of neutrophils in the bone marrow, favoring muscle proteolysis. In short, fever is a defense mechanism of the organism, since it stimulates the generation of antibodies and acts against antigens sensitive to heat, preventing its development.

-Dehydration is one of the major disorders in the elderly, since in the body composition of the body the liquid element constitutes 60% of body weight, distributed as follows: 40% is in the intracellular space (28 liters approx.) and the remaining 20% is in the extracellular space (approx. 14 liters). This distribution varies in elderly people due to changes in the aging process, which decreases the total water and increases the proportion of fat tissue, which in turn varies the percentage of body water content, decreasing to reach around 40 or 45%. For this reason, it is also the disorder that most often occurs in the elderly, due to various factors that cause a decrease in the supply of fluids or an increase in their losses. The main factor is the low sensitivity of the sense of thirst in elderly people, which, like the temperature regulator, is in the hypothalamus. For this reason, in the presence of dehydration, the sensation of perceived thirst is lower and the intake of liquids is not sufficient, which translates into a functional deterioration.

-With regard to urinary incontinence, the SIC (International Continence Society, 1991) defined the urinary incontinence as "the involuntary loss of urine that is objectively demonstrable and that constitutes a social and hygienic problem". Urinary incontinence is not a normal process of aging, but quite the opposite: it is caused by some kind of functional or pathological disorder, and has very negative repercussions on physical and psychological health, as well as on social activity, limiting it significantly. In addition, it has an important impact on health costs.

-Fecal incontinence is the inability to control the excrement output voluntarily, producing a change in the normal habits of fecal elimination. It causes important alterations in terms of satisfaction of the basic needs of the elderly, similar to those we have described in urinary incontinence, which have a biopsychosocial and economic impact, representing an important family burden, which is why they are often institutionalized.

- Constipation is the reduction of the frequency of bowel movements that may or may not be accompanied by difficulty in expelling excrement, keeping in mind that normal defecation would be on a weekly frequency that

was not less than three times. Other parameters that would complete this definition are also the consistency of the excrement and the presence of symptoms in the evacuation of excrement such as pain and tenesmus.

Methodology

The methodology used is theory sessions, specialized seminars, elaboration of conceptual maps of the master classes as well as seminars and the development of a portfolio of thoughtful learning (portfolio).

Activities

Title	Hours	ECTS	Learning Outcomes
Type: Directed			
ASSISTANCE AND ACTIVE PARTICIPATION IN CLASS AND SEMINARS	30	1.2	
THEORY (TE)	52	2.08	4, 5, 6
Type: Autonomous			
WORK PREPARATION / READING OF ARTICLES / REPORTS OF INTEREST	66.5	2.66	4, 5, 6

Assessment

The competences of this subject are evaluated in a continuous and formative way following a rubric in the Specialized Seminars (SEPS), as well as in the sequential delivery and delivery of a written report of the student's learning, which will compile the knowledge acquired and the evidences of the sources used. The competences are also evaluated through the elaboration of conceptual maps, both of the master sessions and of the seminars. This task will be evaluated in the discussion sessions using the rubric, where a defense of the portfolio and conceptual maps must be done.

The final grade is obtained from the sum of all these evaluations. Obtaining the final grade:

1. The requirement for obtaining the final grade is having done all the evaluable units.
2. The student who has missed the scheduled sessions is considered non-evaluable.
3. The final grade will be the sum of the different parts that make up the subject. The final qualification according to agreement 4.4 of the Governing Council 17/11/2010 of the evaluation regulations, are the following:

0-4,9 = Suspense

5-6.9 = Approved

7-8.9 = Remarkable

9-9.5 = Excellent

9,6-10 = Matriculation of Honor

4. The student has the right to review the evaluations. For this purpose the date will be specified in the Virtual Campus.

5. The valuation of special and particular situations will be valued by an evaluation commission set up for this purpose.

Recovery of the subject

The student who passes the evaluation with a minimum of 3.5, will be able to choose a recovery test, which will be in person.

This will be done through an examination of open questions to develop (between 15-20).

The maximum term of the realización of the test will be of 15 days from the final evaluation and the date will be specified in agreement with the person in charge of the subject.

The passing of the recovery test will be evaluated with a maximum score of 5points (Approved).

Assessment Activities

Title	Weighting	Hours	ECTS	Learning Outcomes
DELIVERY OF REPORTS / WORKS WRITTEN	25	0.5	0.02	1, 2, 3, 4, 5, 6
EVALUATION THROUGH PRACTICAL CASES AND PROBLEM SOLVING	50	0.5	0.02	1, 2, 3, 4, 5, 6
ORAL WORK DEFENSE	25	0.5	0.02	1, 2, 3, 4, 5, 6

Bibliography

In line with the methodology used in the Specialized Seminars (SEPS) and given that one of the general skills that the student is expected to acquire is to develop strategies for autonomous learning, no bibliography is specified. The student has to become competent in the search and management of the information.