



ISSN: 2230-9926

Available online at <http://www.journalijdr.com>

IJDR

**International Journal of
DEVELOPMENT RESEARCH**

International Journal of Development Research
Vol. 5, Issue, 11, pp. 5963-5967, November, 2015

Full Length Research Article

CASE STUDY IN COMPREHENSIVE FROM AN OLDER MULTIDISCIPLINARY APPROACH NURSING

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ARTICLE INFO

Article History:

Received 28th August, 2015

Received in revised form

30th September, 2015

Accepted 12th October, 2015

Published online 30th November, 2015

Key Words:

Older adult,
Comprehensive,
Healthcare Program,
Nursing Intervention,
Health of the Elderly.

ABSTRACT

This comprehensive study assesses biopsychosocial status of the elderly through nursing visits customized to address in order to implement actions aimed at prevention, education and health promotion with independent and participatory self-promotion. The person in DHR study of 67-year-old native of Michoacan single Current address in the State of Mexico, who visit consecutively at home to care and nursing assessment in order to identify problems and risks in the and psychosocial health. Rating scales for seniors, Pfeiffer, Folstein, Yesavage, Katz, Tinetti used. As a family Apgar, personal interview to prepare genogram, sonogram and family circle; valuation applied by functional patterns of Marjory Gorgon and care plan. As a result of implemented depression, mild cognitive impairment, anxiety, nutritional imbalance, impaired mobility, memory, ambulation and teeth, impaired peripheral tissue perfusion, risk of loneliness, worthlessness, falls, visual sensory deficit and willingness to was found better manage their own health. Interventions to improve the problems encountered are based on clinical practice guidelines, of those made: stimulation of memory, maintain a clean and orderly environment, use side rails in bathrooms and proper footwear, recommendations and home modifications, extension exercises and massages, postural adjustments, determine limitations of movement, education and inspection of oral cavity technique of brushing and flossing, gum massage, identification of stressors, relaxation therapy, perception of fear, motivate decisions, trusted environment to express feelings and emotions. Professional psychological intervention, promote family life, attending social and recreational groups for adults, health education chronic degenerative diseases, provide informative educational materials, anthropometric assessment, skin folds and optometry, nutritional counseling, health education care eyes, encourage the use of lenses, hand washing, breast exams, monthly medical consultation, making laboratory studies, vulvar and vaginal cytology test. The results are continuously evaluated through visits at home, improvements were observed in depression, social integration, optometry, personal care, and food - nutrition activities available for memory and cognitive stimulation as well as for exercises and physical activity, continuous medical care to control triglycerides, glucose and somatometry.

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INTRODUCTION

Aging is a multidimensional and gradual evolutionary process, which is considered as a series of stages that are organized around certain features of physical, psychological, social and material (Gutiérrez 1999) order. Worldwide continues to increase life expectancy, hoping that by 2020 the over 60s outnumber children under 5 years. By 2050, it is expected that the world population of more than 60 years to reach 2 billion being a considerable increase compared to 841 million today. The rapid growth of the elderly population in Mexico is accompanied by individuals with greater physiological

vulnerability and increased chronic diseases such as cardiovascular (30.3%), malignant neoplasms (15.1%), chronic respiratory diseases (9.5%), musculoskeletal diseases (7.5%) and neurological and mental disorders (6.6%) (WHO, 2014). Therefore, it is important to implement the recognition of specific models of presentation and problems better sensitivity allowing for early detection of diseases among the elderly, might be same as always when detected and remedied in a timely manner (Williamson, 1964). The preventive approach is certainly essential in the study of geriatric problems in preventing progression of functional impairment (Gutiérrez 1999). The care of the elderly requires a comprehensive assessment that deserves a host of special considerations based on own biological aspects of the

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organism, related to activities of daily living and functionality that are related to the psychological and social concepts (CENETEC, 2011). Health services and social services should react to these realities (Gutiérrez 1999). Optimizing the same opportunities, participation and security in order to improve the quality of life of people as they age (WHO, 2014). Therefore, the comprehensive geriatric assessment (CGA) is a multidimensional and interdisciplinary diagnostic process designed to identify and quantify the physical, functional, psychological and social problems.

Causing disturbances that often lead to the inability elderly constitute the most reasonable way to aproximarse. Se require for the elderly from any level of care and essential application for improving quality of life. (Cortes, 2011). Reports of studies EGI in different populations of older adults, using different methodologies proven to improve at least one of biopsychosocial aspects and others show great benefits therefore will allow us to identify potential health problems, focus, direct and develop a plan of care, treatment and monitoring, in order to slow the progression, morbidity and mortality in the geriatric population thereby improving the quality of life; this intervention demonstrates an impact on the individual's perception of health, fewer visits to counseling services, increased performance in instrumental activities of daily living, improvement in their social life, mood and mental (Cortes, 2011)

MATERIALS AND METHODS

The valuation is used as the main tool for functional patterns of Marjory Gordon and perfectly adapted to the field of primary health care, allowing structure and order valuation, to family and / or community individual, in situations of health or disease that may be treated by nurses, personalized clinical interview and physical examination. Furthermore rating scales for the elderly as multidimensional, systematic and standardized data collection and complement the history, physical examination and additional tests tools. Folstein test for detection and evaluation of the progression of cognitive disorders associated with neurogenerative diseases. Yesavage aspects of depression mood, Nutrition for nutritional status.

Katz, Lawton and Brody to physical autonomy and basic activities of daily living (CENETEC, 2011). Pfeifer Assessment Questionnaire for exploration of spatial orientation, recent and remote memory, concentration and calculation. Hamilton depression according to information obtained in clinical interview, Barthel to evaluate the functionality of basic activities of daily life, for Tinetti gait and balance, Downton risk of falls, Gijón to detect risks or social problems and teamwork with psychology, optometry and dentistry. For diagnostics and interventions using NANDA International nursing diagnoses, nursing interventions classification (NIC) and clinical practice guidelines of CENETEC, 2007, 2009, 2011, 2012 and 2014.

RESULTS

Clinic History

Medical history: Obesity, rash illness of childhood (measles and chicken pox) and broken wrist. Currently medical diagnosis of osteopenia.

Nopersonalpathological history: Daughter of diabetic mother Home: rented house neighborhood type, made of brick and concrete, skid floor has abed room, kitchen, bathroom with shower tile without railing, patio with concrete floor and uneven stairs, with all the public services.

Eating habits: performs two to three meals a day, has a preference for white meat and attempts to include all groups in the plate of good food, a history of frequent consumption of red meat, salt and sugar consumption is moderate and fluid intake 1 to 1.5 liters.

Immunizations: It has complete vaccination.

Zoonoses: No, own animals but mentions a dog whose owners are your neighbors.

Physical Exploration

Women 67 years of age with apparent age of 70, weighing 66.7 kg, height: 150cm and BMI: 29.65. Blood chemistry: glucose 110 mg / dl, cholesterol 174 mg / dl and triglycerides 117 mg / dl. Vital Signs T / A: BI 90/70, BD 100 / 70, Fc: 67x', Fr: 23x', axillary temperature: 36.1 °. Visual acuity: OD: 20/140 OI: 20/100. Marble skin, bruised mouth, temporomandibular joint with snap and crackle on the left side, red and swollen gums, bleeding during brushing, loss of teeth 11, 12, 13, 14, 15, 16, 17, 21, 22, 23, 24, 25, 26 and 27 replaced by higher unadjusted total denture. Missing teeth 35, 36, 45, 46 and 47 without replacing, 31, 32, 33, 34, 41, 42, 43 and 44 were downgraded and replaced with removable dentures. Genitals with transvaginal flow presence of whitish light, presence of varicose veins and telangiectasia's in both lower limbs, sore left knee omnicomicos is member and nails and yellow.

Pharmacological treatment of alendronate 70 mg amino acids and Vitamin B6 100 mg every 24 hours and both oseinic mineral Complex 700 mg every 12 hours and anti-inflammatory and analgesic pain if medical diagnosis of osteopenia.

- Pattern perception/health maintenance: Housing conditions are sanitary, skid floor bathroom without handrails yard uneven.
- Nutritional metabolic pattern: seemingly balanced diet, fat intake. Pattern.
- Elimination: No changes.
- Pattern of activity and exercise: Walking and activities of the independent daily life without family care.
- Pattern of sleep and rest: Do not take naps during the day sometimes referred in somnia,
- Cognitive perceptual pattern: left knee joint pain mentioned is a result of wear of cartilage, manifested numbness and pain in the left sitting member, pain in the right elbow, right wrist deformity fracture, memory problems, and blurred vision.
- Self-perception Pattern: Concern for their daughters given to threatening phone calls, fearing complications current pathology.

- Pattern role-relations: Difficulty concentrating, he mentions that often feels sad and tends to isolate.
- Sexuality-reproduction pattern: no breast self-exam and Paporpractice.
- Pattern copings to lerance: Concerns have muscle tension and restlessness, anxiety, anguish and need to express feelings.

Pattern XI values and beliefs: No alteration.

Individual life Cycle

Incorporative stage: Date of Birth August 4, 1946 in Apatzingan, Michoacande Ocampo, Mexico. Preschool and early childhood: does not remember much of his childhood, he had no kind of school education, economic deprivation, lack of attention by parents and low-income family.

School age: No, receive school education and starting housework, peasant addition to physical abuse by her mother. Adolescence stage: Problems and constant abuse with which his mother took her to a urinary in continence. He grew increa singly interested in learning to read and write-

Phase of courtship and marriage (youth and adult).

Between 20 and 22 years met the father of her children, worked as a domestic helper.

Their first child at 29 at 32-second pregnancy and her last pregnancy suffered abandonment and rejection of the couple:

"I suffered a lot because he had the support of anyone in town worked in houses as a domestic helper and housekeeper, let my daughters or responsible enclosed waiting five years to fulfill the internment power and they do not suffer what I do not have to study, but I really hurt or working to maintain or without food, at leaving them more responsible in danger."

"My son was always a rebellious kid, escaped twice from the truck to the boarding school and then we do not want to accept me and told me to take him to military school but left with their grandparents popes of his father at 12 years and so far I know nothing about it, do not call me or anything "

Stage elderly

Currently he lived just over 40 years living in Nezahualcoyotl but in different houses. I was fascinated by the wrestling and attend events of their favorite fighters. At 60 osteopenia diagnosed early so I stop working. Villada beds attend physiotherapy and belongs to the group of honey drops of Vergelito health center. I go to study primary online. The financial support is mainly for his youngest daughter. Feel sad sometimes mentioned by the lack of communication with his eldest son; "It depresses me to know that my son has forgotten me who continues his alcohol and drug problems.

Perceived Problems

a) Biological

- Insensory system suffers a decrease in visual acuity
- Inorganic system increased joint stiffness in the left knee cap

- Loss of teeth early contusion
- Difficulty in walking
- Impaired memory
- circulatory disorders

b) Psychological

- Fragile, vulnerable to criticism by the social environment in which it operates Personality
- Feelings that sometimes make you fear, anxiety
- Sadness and crying for recurring bad relationship with his son

c) Social

- Do not like going out to parties or gatherings
- Problems with one of his neighbors who is a dentist, I request your services responded well and not doing a bad job placement and treatment of their dentures
- Does not have a good relationship with his son
- Problems with the first wife of his friend

Family Apgar

In the applied Apgar was found to be a broken family with little interest, alienation, disunity and very strong family abandonment by his son. With a score of 10 indicating a moderate family dysfunction.

Family risk factors and individual

- Diabetes mellitus in the mother
- Dissatisfaction educational, not going to school but expressed a desire to learn.
- Separation by alcoholism and drug addiction in his eldest son
- Obesity grade 1 from their middle daughter
- Absence of the father of her son and daughters
- Early separation from parents
- Physical abuse by her mother
- Estrangement from his family, brothers and father
- Separation and sudden rejection of the couple

DISCUSSION

One of the main problems presented by women over 55 are the pathologies of the muscle and skeletal system (Zarate, 2003). therefore that DHR therapeutic routine, consisting of 15 minutes of daily walking and ballroom dancing was implemented each third day and stick with your plan of orthomolecular medicine to mitigate osteopenia diagnosed by your doctor as well as being a risk factor attributable to the rapid development of osteoporosis (Serra, 2009). Prolonged immobility causes secondarily a joint musculotendinous shortenings and interarticularis fibrosis, caused deformities in coordination with the corresponding disability or limitation (Martinez, 2005). The decreased physical functionality is a known consequence of aging older adults show a wide range of deterioration in motor skills due to reduced strength and volume muscle decreased speed and dexterity gait leading to motor impairment and disability (CENETEC, 2011). Therefore to reduce the risk of injury, accidents, improve

mobility and quality of life we implemented a physical training with flexion and extension exercises, ballroom, education insurance for home improvement in balance and gait control, reduction fear of falling (Bulechek, 2009) as well as physical therapy and rehabilitation to reduce risks of disease patterns and drug supply. While managing control and improves blood circulation in the same therapeutic compression is implemented as demonstrated correct effect on the venous reflux and reduce the percentage of symptoms increasing the speed of venous emptying (CENETEC, 2009) during aging as vascular structures lose functionality and elasticity so that the peripheral circulation is affected.

Isolation depression anxiety report

Many of the elderly have some kind of social or psychological problems that worsen conditions in situations of illness and eventually become the main problem in achieving an acceptable state of health (Martinez, 2005). Acute confusion is a transient state of the mental disorder characterized by an overall impaired cognitive function following an intracranial primary or secondary involvement of a systemic condition, the cause of this type of alteration are usually conditions from a deficit of oxygen (Martinez, 2005). Depression in the elderly is associated with increased cardiovascular risk, the higher morbidity, higher rates of functional impairment and greater institutionalization and death (Gayoso, 2004). The isolation in older people is a position of disengagement that leads to loneliness or seclusion in social relations, usually associated with situations of loss, whether functional, emotional or social role gradually converting it socially independent individual by what the implications may affect the self and self-concept demonstrating a strong feeling of personal devaluation (Martinez, 2005). Depressive and anxiety disorders are the most common psychiatric disorders in the elderly, and often lead to serious consequences (Gil, 2004). A prevalence of 12-18% and its presence reduces the quality of life increases physical illnesses and shortens the average life (De la Serna, 2003).

Cognitive impairment and depression have a common relationship in the elderly, which may appear memory deficits and impaired executive diagnosed depressive symptoms or depressive symptoms appear in a patient with established dementia (Gayoso, 2004) is projected to Between 1980 and 2050, life expectancy for people over 60 will increase 77%. This diseases associated with aging including cognitive impairment without dementia and dementia represent conditions that directly affect the quality of life of the elderly population and lead to increased use of health services will increase, (Mejia, 2007). For addressing interventions begins with clinical interview based on trust adequate communication and comfortable environment and influencing the outcome (Martin, 2004) Older adults improve cognitive function with therapy memory and learning (CENETEC, 2011), so they intervened with a mental stimulation program covering largely preserved those intellectual functions and its interaction with instrumental activities of daily life, and memory games, events and activities of past experiences with photographs and items of daily work (Bulechek, 2009), that favored role in providing social benefits in functionality. The memory training was significant changes from the cognitive point of view and for

the benefit of the reasoning, in addition to lead to improvement of mental abilities. Nutrition plays a very important role in the aging process through modulation anatomophysiological changes in addition to the influence by biopsychosocial factors (PAHO, 2001).

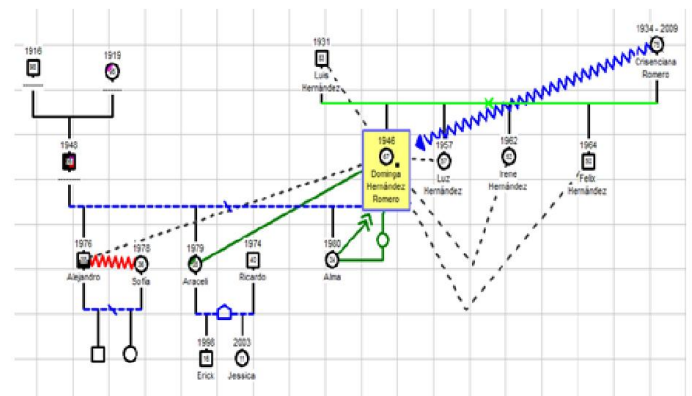
In clinical nutrition assessment is to obtain an approximation of body composition in addition to an anthropometric evaluation, dietary patterns and physical activity (Bulechek, 2009) including the deliberate search of specific signs such as depression, assessment of appetite, mental state disorders chewing and swallowing (PAHO, 2001). Traditionally oral health is considered as part of the overall health of individuals, however, does not give it the importance it deserves and therefore not works closely with multi-disciplinary staff, unfortunately, this situation has not changed in the last years (INAPAM, 2010). In older adults, the culture of prevention takes paramount importance, because it is a vulnerable group from different angles. However oral health in the elderly has persisted through history with a series of myths unacceptable today; in our country it has not generated a culture of prevention and self-care (Calleja, 2010), whereas as health personnel in primary health care must emphasize the need to recognize and value the oral health as part of overall health through health education with practical and relevant information on correct technique of brushing and flossing, review of oral tissues and hygiene aids, guidance and inspection of the oral cavity (Bulechek, 2009) for early detection of dental diseases and systemic since which it is an effective measure to prevent and inexpensive.

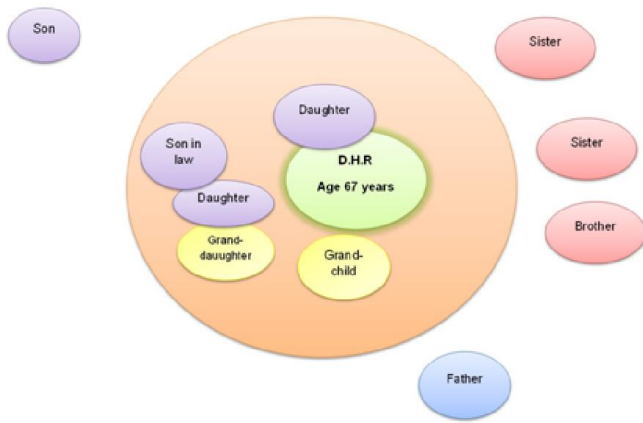
SENSORY vision DEFICIT

The visual sensory deficit is the state of pathological character of the organs of vision characterized by the existence of a loss or alteration, partial or complete its function, its discretion is divided into partial or full (Garcia, 2013). Older adults have problems processing visual acuity, impaired sensitivity to lighting difficulties in low-light vision, trouble distinguishing colors, trouble focusing at different distances and spatial perception deficit (Sánchez, 2008), therefore a comprehensive assessment of optometry is performed by detecting problems of visual acuity and refraction sending optometry professional consultation to determine the requirement of lenses needed.

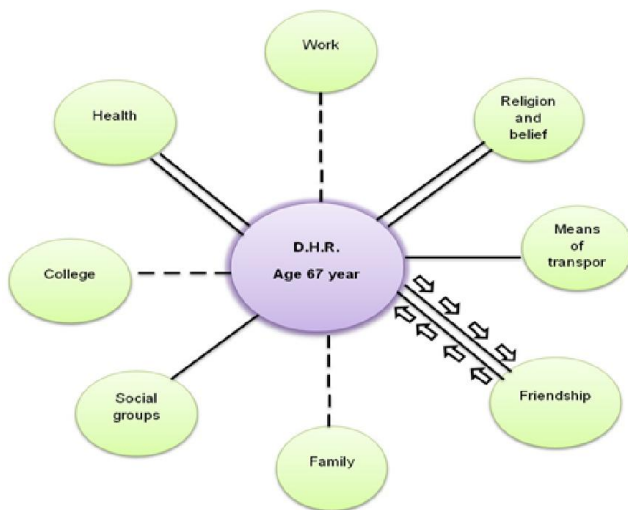
Family Genogram

Family Circle





Ecomap



Acknowledgements

Ivonne Melendez Rivera, in collaboration with the translation of the article.

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