

Older Adults Suffering Different Health Problems and Implementation of Programs

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 Emre Senol-Durak¹

Older adults are dealing with several physical illnesses. Their health problems are increasingly mentioned in the ongoing studies. According to the World Health Organization, several physical health losses (i.e., visual, auditory, motor) appear after the age of 60 years. Therefore, "healthy aging" is identified as a focal purpose among professionals working with other adults especially after WHO's report in 2015. The implementation of public policies about this purpose and increment in academic papers to describe the frame of "healthy aging" put forward the value of health (Peel, McClure, & Bartlett, 2005).

Despite the efforts to stay healthy, there is a high incidence of several chronic health problems among older adults. How professionals can encourage the internal or intrinsic capacity of older adults while dealing with several physical complications is questioned in the literature (Cesari et al., 2018). The inherent capacity can be physical and mental; for instance, having activity history during adulthood and having an optimistic attitude while dealing with stress. It is considered that to encourage intrinsic capacity; older adults may need professional help. In this respect, the integration of knowledge about an older adult is so valuable. A lot of information related to an older adult can be revealed by doctors, health-staff, gerontologists, psychologists, institutional staff, caregivers and family caregivers. However, the integration of that knowledge is quite valuable. For instance, a health-staff observation about the decrease in physical activity of an older adult can be evaluated as earlier signs of orthopedic problems for a doctor. In this case, earlier attended activity schedule can be set by a psychologist who monitors the activity to regain intrinsic capacity of an older adult. Therefore, building the body of knowledge together to promote "healthy aging" is crucial. Also, asking the own life preferences of older adults is needed to enhance "healthy aging" (see Figure-1)

For instance, asking to older adult's preferences about activity schedule can increase voluntary involvement to the process.

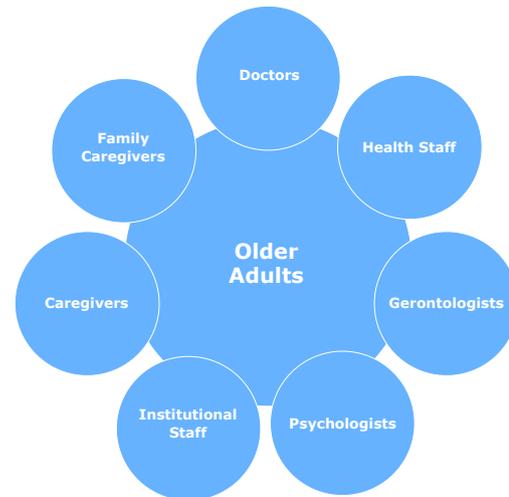


Figure-1. Knowledge Integration for healthy aging

We are proud to publish the second issue after the first issue. To build a body of knowledge to support healthy aging as aforementioned above, studies conducted in different subdisciplines is quite necessary. We believe that the Journal of Aging and Long-Term Care (JALTC) will fill an important gap in the literature since studies conducted in different subdisciplines are shared with our readers with sensitively revealed messages to practitioners. In this issue; four studies are emphasizing older adults are having different health problems and questioning the application and effect of institutional programs encouraging physical and mental capacity of older adults in respect to "healthy aging."

First, it is highlighted in the ongoing studies that there are higher numbers of older adults suffering from diabetes. In this study, what are some variables necessary for higher psychological functionality among diabetic patients is examined under posttraumatic growth phenomenon. Older adults

Correspondence: Emre Senol-Durak. Bolu Abant Izzet Baysal University, Department of Psychology Golkoy Kampusu, 14280, Bolu TURKEY. e-mail: editor-in-chief@jalte.net

Author: ¹ Department of Psychology, Bolu Abant Izzet Baysal University, TURKEY

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are having a higher number of children, and higher treatment adherence had higher growth. The role of familial support, treatment-related variables (i.e., being outpatient) and cognitive processing are emphasized. Encouraging posttraumatic growth among sufferers of several health problems are discussed in this study.

Second, supporting mobility among older adults is quite essential for "healthy aging." In this study, one mobility activity called "sit-to-stand activity" is evaluated in terms of its effectiveness among older adults with or without dementia living in long-term care facilities. Their mobility response is calculated by the time to complete a first sit-to-stand activity and the number of sit-to-stand in a restricted time interval. In respect to mobility activity, there are no differences observed among residents with dementia or not. Researchers discuss the value of low-cost and straightforward mobility based activities, especially in long-term care facilities.

Third, falls among older adults lead to serious health problems. In this study, an evidence-based practice falls prevention 8-week program is mentioned. Application to a program to nursing staff leads decrement in the percentage of falls and increment in the knowledge of nursing staff about falls prevention. Recommendations about educating nursing staff are discussed in the present study.

Lastly, new technological solutions offered to older adults is quite useful. In this study, application

of Ambient Assisted Living solutions (AAL solutions) was evaluated among older adults. Technological changes are quite challenging among those people. Their willingness to use technology is affected by the perceived benefit from technology (i.e., having social communication with relatives living far away) as well as obtaining guidance from others while using technology. Also, the role of familiarity with technology is underlined in the present study.

Special thanks to all the authors who contributed to this issue. We wish to meet in the third issue of JALTC after Volume 2.

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