

NR 601 Midterm Study Guide

Midterm Study Guide Weeks 1-4 Textbook: Ham 7th Edition

Week 1 - Chapters 1, 5, 6, & 7

- Principles of Primary Care of Older Adults
 - Developmental changes
 - Age related changes

Decreased brain weight, slower reaction time, changes in sleep cycle

Decreased visual acuity, decreased adaptation to light/dark

Decreased hearing acuity

Decreased taste sensation, decreased salivation

Reduced maximum cardiac function, increased risk of murmurs and valve stenosis

Cilia atrophy= increased risk of infection

Decreased liver size, decreased renal perfusion (up to 50%)

menopause/vaginal atrophy & increased prostate size, decreased ejaculate/reduced erectile intensity

Decreased bone mineral content, decreased muscle mass

Increased risk of skin tears, decreased thermoregulation, wrinkly, loss of body hair

Categories of aging

- Wellness

Prevention Immunizations

(Table 5.1)

Medicare and medicaid beneficiaries approved standing orders for annual influenza vaccinations and pneumococcal pneumonia vaccinations

Medicare part B covers vaccines to prevent influenza and pneumonia as well as hepatitis B if the patient is at a medium to high risk for this disease

All other vaccines are covered under Medicare part D

Influenza inactive (IIV), or recombinant (RIV)

1 dose annually

Tetanus, diphtheria, pertussis (TDAP)

1 dose after age 65 years then Td every 10 years

Varicella recombinant (Shingrix)

2 doses 2-5 months apart. Give to those who had zoster

Pneumococcal

1 dose of PPSV23 (Polysaccharide, Pneumovax); consider 1 dose PCV 13 in high-risk patients

Hepatitis A/hepatitis B

- Only if high risk, and at least once
- Health promotion
 - Science and art of helping people change their lifestyle to move toward a state of optimal health
 - A balance of physical, emotional, social, spiritual, and intellectual health
 - Includes: immunizations, lifestyle modifications, prophylactic use of medication, screening for malignancies
- Health screenings

- Osteoporosis
 - Bone mineral density (BMD) and Fracture Risk Assessment Tool (FRAX) - predicts future fracture risk
- Cognitive screening if patient has subjective memory complaints or if clinician observes red flags
 - Mini-Cog: clock drawing test and a 3 item recall
- Breast cancer
 - The USPSTF recommendation is for biennial screening mammography for women age 50 to 74 years
 - After age 75 years screening is up to the patient and clinician. The American Geriatrics Society recommends continued screening is reasonable as long as the patient has a 10-year life expectancy.
- Colon cancer
 - The USPSTF recommends screening for colorectal cancer for persons age 50 to 74 years of age with one of the following: yearly fecal occult blood or fecal immunochemical testing (FIT); every 1 to 3 years FIT deoxyribonucleic acid; every 5 years sigmoidoscopy or computed tomography colonography; every 10 years colonoscopy
 - In adults aged 76 to 85 years, this same set of screenings should be done selectively based on professional judgment and patient preference.
- Cervical cancer
 - The USPSTF recommends against screening for cervical cancer in women older than age 65 years who have had adequate prior screening. Women with precancerous lesions, immunosuppression, or human immunodeficiency virus (HIV)/human papilloma virus (HPV) infection are at high risk for developing cervical cancer and require screening at any age.
 - Women for whom previous screening is unknown may need screening.
 - Screening is unnecessary in women who have undergone hysterectomy with cervix removal, and with no history of precancerous lesion (grade 2 or 3).
- Prostate cancer
 - The USPSTF states that screening offers only a small benefit of decreasing the risk of death in men age 55 to 64 years. In this population, the potential harms of false positives that can lead to overdiagnosis and overtreatment, and treatment complications
 - Risk populations: family history and black men
 - For men age ≥ 70 years, prostate-specific antigen (PSA) testing is not recommended because benefit does not outweigh potential harm.
- Patient education
 - Education regarding smoking cessation and the effects smoking has on the body (table 33.1): CV disease, GI disease, erectile dysfunction, pulmonary disease, RA, osteoporosis, worsening skin elasticity, variety of cancers, detrimental to pediatric development, effects on mental health, effects on taste/smell.
- Health Equity
- Appropriate Prescribing