#### Review Notes

#### Chapter 20: Health Risks Across the Life Span

I. Children’s health. The future of the United States depends on how the children are cared for. Nurses in community health have two major roles in the area of child and adolescent health: (1) providing direct services to children and their families and (2) assessing the community and establishing programs to ensure a healthy environment for its children.

A. Major health problems

1. Obesity. Obesity among the nation’s youth has reached epidemic proportions. The medical consequences of obesity vary. Obese youth have an increased prevalence of hypertension, respiratory problems, and bone and joint difficulties, to name just a few. Obese children may experience teasing, discrimination, low self-esteem, and a negative body image. High-fat diets and inactivity are the major contributors to obesity. More than 60% of teenagers do not exercise regularly.

a. Interventions need to be based on goals of lifestyle changes for the entire family. The goal is to modify the way the family eats, exercises, and plans daily activities.

2. Injuries and accidents are the most important causes of disease, disability, and death among children. Motor vehicle accidents are the leading cause of death; one-fourth of these accidents involve drunk drivers. One-half of the children killed in motor vehicle accidents are unrestrained. Drowning, burns, poisonings, and falls are other causes of death.

a. Infants are at risk because of their small size and immature motor skills.

b. Toddlers and preschoolers have a high level of activity and increasing motor skills. They are inquisitive and have relatively immature logic abilities.

c. School-age children have the lowest injury rate; sports and athletic injuries are increased.

d. Adolescents have the highest injury rate; their injuries include motor vehicle deaths, drowning, and intentional injuries. Weapons and substance abuse play an important role.

e. Nursing’s role in the prevention of accidents and injuries includes identification of risk factors, anticipatory guidance, environmental modification, and safety education.

3. Acute illnesses are caused primarily by infections. Most are self-limited and can be handled by the family at home. The nurse may be involved with the development of a home care plan and teaching the family about the illness and prevention of its spread. Infectious diseases may be more serious in younger children and infants.

4. Sudden infant death syndrome (SIDS) is the most common cause of death in the first year of life and is labeled as such when no specific cause of death can be determined. Most SIDS deaths occur between 1 and 5 months of age. Few factors are useful to predict occurrence. SIDS occurs more often in preterm and low-birthweight infants, those with upper respiratory tract infections, males, and lower socioeconomic groups. Maternal smoking, prone sleeping, and tight swaddling may increase the risk. Nursing interventions include teaching to decrease risk factors.

5. Chronic health problems. Improved medical technology has increased the number of children surviving with chronic health problems. These problems include Down syndrome, spina bifida, cerebral palsy, asthma, diabetes, congenital heart disease, hemophilia, bronchopulmonary dysplasia, and AIDS. There are many commonalities to guide nursing interventions: the need for routine health care; the need for ongoing medical care specific to the problem; the need for coordination of care; the need for skilled care procedures; the complexity of equipment needs; the complexity of educational needs; the availability of safe transportation; the inadequacy of financial resources; and the existence of behavioral issues.

6. Alterations in behavior are highly variable and may include eating disorders, attention problems, substance abuse, elimination problems, conduct disorders and delinquency, sleep disorders, and school maladaptation. Maladaptive coping behaviors present as problem behaviors. A family-centered approach to treatment is needed.

7. Tobacco use. Smoking has been identified as the most important preventable cause of morbidity and mortality in the United States, yet 50 million Americans smoke. Secondhand smoke is toxic. Children of smokers are more likely to smoke. Teenagers who become smokers are rarely able to quite. About half of all teenagers who smoke regularly will die from smoking-related disease.

a. Antismoking programs directed at children and teenagers are more successful if the focus is on short-term effects rather than on long-term effects.

b. Nurses should become politically active in banning tobacco advertising, enforcing restrictions of sale to minors, increasing funds for antismoking education, restricting public smoking to reduce the incidence of smoking, and encouraging insurers to reimburse smoking cessation therapies.

B. Nutrition. Good nutrition is essential for healthy growth and development and disease prevention in later life.

1. Factors influencing nutrition. Ethnic, racial, cultural, and socioeconomic factors influence what parents eat and how they feed their children. Nutrition is also affected by individual factors, such as slow eating, picky patterns, food preferences, allergies, acute or chronic health problems, and changes in growth patterns.

2. Nursing assessment of adequacy of nutrition includes physical growth and dietary intake. Exercise patterns should also be assessed.

3. Infancy. Nutrition during this time influences how an infant will grow and thrive. The majority of brain growth occurs during infancy. Breastfeeding is the preferred method of infant feeding. If breastfeeding is not chosen, commercially prepared formulas are an acceptable alternative.

4. Childhood. Dietary intake is influenced by increasing independence and decreasing growth needs. Parents need information to offer a balanced healthy range of foods.

5. Adolescence. Increasing growth needs and poor eating habits place this population at risk for poor nutritional health. Effective activities to educate and encourage better nutrition include group teaching, providing diet assessment, offering educational activities, and explaining the relationship of good nutrition to healthy appearance.

C. Immunizations. Routine immunization has been successful in the prevention of selected diseases. The goal of immunization is to protect by using immunizing agents to stimulate antibody formation.

1. Recommendations regarding immunizations are made by the American Academy of Pediatrics and the U.S. Public Health Service’s Advisory Committee on Immunization Practices. The guidelines are designed to increase the number of children immunized.

2. Contraindications to immunizations include pregnancy, malignancy, immunosuppressive therapy or immunodeficiency disease, sensitivity to components of the vaccine, or recent administration of serum globulin, plasma, or blood.

D. Homeless families and children. Families make up the fastest-growing segment of the homeless population. Children in homeless situations are often not immunized and suffer from poor nutrition. Often there is increased exposure to environmental hazards, violence, and substance abuse. The combination of health problems, environmental dangers, and stress is referred to as the *homeless child syndrome*.

II. Women’s health. The health of women is related to the biological, social, and cultural dimensions of women’s lives and includes their entire life span. Normal life events, such as childbirth and menopause, are considered part of normal female development.

A. History of the women’s health movement. The women’s health movement originated in the feminist movement that began in the mid-nineteenth century. In the early twentieth century, Margaret Sanger, a visiting nurse, initiated the birth control movement. The 1960s brought a second wave of activism. President Kennedy established the President’s Commission on the Status of Women in 1961. The 1964 Civil Rights Act banned sexual discrimination in the workplace. In 1966 the National Organization for Women (NOW) was started. In 1973 *Roe v. Wade* legalized abortion, and in 1974 the National Women’s Health Network began to monitor national health policy.

B. Health status of women. Women have a longer life expectancy than do men, but women are generally less healthy. This difference in health is related to poverty.

1. Women make up half of the world’s population and head one-third of all households in the world, yet the majority of individuals who live in poverty are women and children.

2. As women become more educated, their socioeconomic status improves, and mortality rates decline. Although women are making strides toward achieving financial equality, progress has been slow.

C. Women’s health problems

1. Reproductive health. Nurses are frequently the health professional encountered by women when using health care services for reproductive issues. Nurses can counsel about contraceptives. The problem of unintended pregnancy exists among adolescents and adult women. Many women’s health advocates argue for expanding prenatal care to include preconceptual counseling, which addresses risks before conception and includes education, assessment, diagnosis, and interventions. Exposure to substances, including alcohol, is another critical concern for preconception awareness.

2. Menopause is the time when the levels of the hormones estrogen and progesterone change in a woman’s body, leading to the stopping of menstruation. These effects can be seen in changes to the vaginal and urinary tracts, cardiovascular system, bone density, libido, sleep, memory, and emotions. Treatment for unpleasant side effects has traditionally been hormone replacement therapy, but researchers have found increased rates of certain diseases in women taking HRT, so its use remains controversial.

3. Osteoporosis. It is estimated that one of every two American women older than 50 years will experience an osteoporosis-related fracture in her lifetime. It is thought that the falling level of estrogen contributes to the loss of bone.

a. Prevention of osteoporosis includes maintaining a desirable weight, diets that are rich in calcium and vitamin D, exposure to sunlight for 20 minutes a day, and participating in regular weight-bearing activities.

4. Female genital mutilation (FGM) is common in many African countries and certain Asian and Middle Eastern countries. FGM can take several forms, ranging from the excision of the clitoris with partial or total removal of the labia to the severe form of fusing the labia majora following the removal of the clitoris and labia minora. These procedures are related to substantial complications and long-term effects. Increasingly, women who have been mutilated are immigrating to the United States.

5. Cardiovascular disease ranks first among all disease categories for women discharged from the acute care setting. Many factors predispose women to CVD, such as smoking, high blood cholesterol levels, obesity, and hypertension. The key to addressing this condition is education aimed at risk factor modification.

6. Diabetes. Today’s women are more obese and less physically active, increasing their risk for diabetes. Diabetes in women is often more difficult to control. Minority women have consistently higher rates of diabetes. Many complications are associated with diabetes: heart disease, stroke, kidney disease, and dental disease. Gestational diabetes is characterized by carbohydrate intolerance first identified or developing during pregnancy. It affects both the pregnant woman and her unborn child.

a. Two intervention approaches can be taken regarding diabetes: (1) health care system interventions for optimizing care for persons with diabetes and (2) diabetes self-management education interventions that are community based.

7. Cancer is the second leading cause of death for women. The most common types of cancer in women are lung, breast, and colorectal. A woman diagnosed with cancer is confronted with many decisions that can leave her feeling overwhelmed and out of control. White women have the highest occurrence rates for all cancers, but African-American women have the highest death rates for all cancers.

a. Lung cancer is the leading cause of cancer deaths among women, surpassing breast and colorectal cancer. Most lung cancer is preventable; smoking causes the majority of lung cancer.

b. Breast cancer is the second leading cause of death from cancer among women. Early detection of breast cancer (including a combination of mammography, clinical breast examination, and breast self-examination teaching) often means a cure, whereas late detection often ensures a limited prognosis.

c. Colorectal cancer is typically found in women older than 75 years, and the 4-year relative survival rate is about 60%.

8. Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS). Women accounted for only 14% of the HIV/AIDS cases reported in 1992, but that percentage had grown to 26% by 2000.

a. Being the sexual partner of an injecting drug user accounted for the transmission of 64% of women with HIV/AIDS in 2000. Injection drug use accounted for one-third of the cases in 2000.

b. Because women of childbearing age are the largest at-risk group for becoming infected with HIV, attention to issues of perinatal HIV transmission are important. Perinatal transmission is the most common route of HIV infection in children.

9. Women and weight control. *Obesity* is defined as a body mass index of 30 or greater. The number of overweight women in the United States is increasing. Obesity is a major health concern among women because it is linked to the development of diabetes, hypertension, cardiovascular disease, and other medical problems. Western culture attaches a stigma to obesity, so women are at high risk for suffering adverse social and psychological consequences of obesity. In the last 20 years, there has been a noticeable increase in reports of disordered eating. Although many girls and women are dissatisfied with their current shape and weight, only a small number of these actually develop serious eating disorders. The most common eating disorders seen in women are anorexia nervosa and bulimia.

a. *Anorexia* is defined as fear of gaining weight and disturbances in perception of the body. Excessive weight loss is the most noticeable clue. Individuals with anorexia rarely complain of weight loss because they view themselves as normal or overweight.

b. Bulimia is characterized by persistent concern with body shape and weight, recurrent episodes of binge eating, a loss of control during these binges, and use of extreme methods to prevent weight gain, such as purging, strict dieting, fasting, or vigorous exercise.

c. Nurses are in a key position to include assessment for eating disorders and referral for treatment into their routine clinical practices. Nurses should promote healthy eating habits and regular physical activity as a weight-control strategy.

D. Health disparities among special groups of women

1. Women of color experience many of the same health problems as do their white counterparts. However, as a group they experience poorer health, access to fewer health care services, a disproportionate rate of earlier deaths, fewer preventive health services, and inadequate insurance. Evidence suggested that ensuring access to a regular health care provider is the key to meeting the preventive health needs of women of color.

2. Incarcerated women represent an increasing issue for nurses in the United States. Women of color have a prison and jail rate that is much higher than that of white women.

3. Lesbians and bisexual women have a higher prevalence of several risk factors than do heterosexual women with regard to smoking, alcohol use, and lack of preventive cancer screening.

4. Disabled women face many health issues, such as concerns about aging, civil rights, abuse, and independent living. Persistent stereotyping and treatment of disabled women as asexual and dependent are major barriers to addressing their needs.

5. Many women do not have the resources to achieve a basic level of health. Women who subsist below the poverty level are at great risk to become homeless. Poverty is a special problem for head-of-household women.

6. Older women, especially women of color and those from lower socioeconomic groups, experience higher rates of chronic illness and disability than do their white and more affluent counterparts.

III. Men’s health

A. Men are physiologically more vulnerable than are females. More male infants die at birth. More males die of cardiovascular, liver, and chronic pulmonary diseases, as well as cancers and suicide.

B. How men define health. Although men and women have similar ideas of health, men have a much different perspective. They see health as being individualized. Men tend to avoid getting help for as long as possible. This leads to more serious health problems. Men use medical specialties less frequently than do women.

C. The health status of men in the United States. Men have been identified as a high-risk group. They frequently engage in compensatory, aggressive, and risk-taking behavior, predisposing them to illness, injury, and even death. In the United States, men’s life expectancy for all ages is one of the lowest in developed countries and much lower than that of women. Accidents, homicides and other violence, cancers, circulatory system diseases, and infectious and parasitic diseases account for most deaths in developed countries. Men’s ischemic heart disease is declining in the United States; however, American men’s and women’s heart disease mortalities are still among the highest in the world.

D. Men’s health concerns

1. Heart and cardiovascular diseases. Heart disease is the leading cause of death in men. Coronary heart disease is the leading cause of morbidity and mortality in the United States despite the decline during the past three decades.

2. Cancer. Malignant neoplasms are the second leading cause of death in men. The most significant cancers affecting men are prostate, testicular, and skin cancers. Early detection is essential for successful treatment.

a. Prostate cancer is the second most common cancer among men in the United States. The risk for prostate cancer increases with each decade after the age of 50. The two most commonly used methods for early diagnosis are the digital rectal exam and the serum prostate-specific antigen. Closely related and a precursor to prostate cancer is benign prostatic hyperplasia.

b. Testicular cancer is the most commonly found solid tumor in the 15- to 35-year-old age-group. Men should perform a monthly testicular self-examination (TSE).

c. The three main types of skin cancers are basal and squamous cell carcinoma and malignant melanoma. Exposure to prolonged sun contributes to the high incidence of skin cancer in men. Prevention includes decreasing exposure to direct sunlight, applying sun block solutions, and wearing protective clothing while in the sun.

3. Accidents are the fourth leading cause of men’s death for all ages.

a. Men are at higher risk than are women for fatal occupational injuries. Injuries in construction and mining are two of the leading causes of occupational fatalities.

b. Men account for nearly two-thirds of the nonfatal occupational work-related injuries. Sprains and strains accounted for approximately half of all work-related injuries, and back injuries accounted for approximately one-fourth of all nonfatal injuries in 2003.

4. Pulmonary diseases. Chronic obstructive pulmonary disease is the fifth leading cause of death in men. Men have a greater chance than do women of dying from pulmonary diseases. Respiratory cancer death rates are higher in men than in women. Smoking is a definite pulmonary disease risk factor. In recent decades the public, and especially the male population, has received education concerning the dangers of smoking. This has resulted in a decrease in the prevalence of smoking, chiefly in men.

5. HIV/AIDS. There is a vast difference in death rates from HIV/AIDS between men and women. Men’s behaviors result in their having higher infection rates than have women. High-risk groups include intravenous drug users and sexually active men with multiple partners. AIDS spreads by direct contact with infected blood or body fluids, vaginal secretions, semen, and breast milk. The occurrence of this disease has created both ethical and financial questions.

6. Suicide. Suicide is five times more likely to occur in men than in women. Suicide is a significant problem in men because they are more likely to make a serious attempt to kill themselves rather than use a suicide attempt as a cry for help. Suicide can be prevented. Nurses can often identify men at risk for suicide.

7. Assaults. Men are prone to engage in dangerous and risky behavior, such as carrying weapons and fighting. Homicides are the fourteenth leading cause of death in men of all ages. The death rates are four to six times higher in men than in women for selected age-groups. Violence is associated with social, economic, cultural, and environmental factors that especially contribute to assaults. It is a public health emergency. Nurses must be able to identify signs and symptoms of violent behavior and must know how to intervene. Signs and symptoms include restless and agitated behavior and impulsive behaviors. Alcohol and drug abuse and psychiatric disorders are highly associated with violent behavior. The most predictive indicator of violence is a history of aggressive behavior and family violence.

8. Alcohol-induced disorders. Men’s age-adjusted death rate for alcohol-induced causes is higher than that for women. Chronic liver disease and cirrhosis are major health problems tied to alcohol abuse. Alcohol is closely associated with several negative aspects of society, including suicide, violent crime, birth defects, and domestic and sexual abuse. Alcohol has harmful effects on the male reproductive system, associated with testosterone and altered levels of additional reproductive hormones. Nurses must start educating the younger population about the effects of alcohol.

E. Men’s health practice in everyday life. Men and women have different views on the most important health needs, with men rating exercise first, sleep second, and food last. Men evaluate their health experiences by what they have accomplished and by their overall physical shape and conditioning. An important health outcome is for men to focus on their total health and on their strategies for staying healthy.

IV. Older adults’ health

A. Demography. The average life expectancy in the United States had increased from 47 years at the turn of the century to 76 years in 1996.

1. The over-85 population is the fastest-growing group of elders. Women outlive men by about 7 years. For every 100 elderly men, there are 145 elderly women.

2. The majority of elders live in a noninstitutional community setting; about 4.5% live in a nursing home. Fifteen percent of all elders are minorities. Older adults as a whole are not an affluent group.

3. More than half of older adults report having difficulty carrying out basic activities of daily living, such as bathing, dressing, and eating, and instrumental activities of daily living, such as preparing meals, taking medications, and managing money.

B. Definitions

1. Aging: The sum total of all changes that occur in an individual over time

2. Ageism: Prejudices related to elders

3. Gerontology: The specialized study of the processes of growing old

4. Geriatrics: The study of disease in old age

5. Gerontological nursing: Nursing specialty concerned with managing the care of elders

C. Multidimensional influence of aging. All aspects of the person’s life affect the aging process: physiological, psychological, sociological, and spiritual.

1. Physiological changes occur in all body systems with the passing of time. The effect of these physiological changes overall results in a diminished physiological reserve, decrease in homeostatic mechanisms, and a decline in immunological response.

2. Some known and some disputed changes in brain function over time may influence cognition and behavior. Reaction speed and psychomotor response are somewhat slower, which can be related to the neurological changes with aging. Typically, older individuals can learn and perform as well as can younger individuals, although they may be slower and it may take them longer to accomplish a specific task.

3. The later years for many elders mark a period of changing social dynamics. Social networks provide a structure for social support. Most older people continue to respond to life situations as they did earlier in their lives. Old age does not bring about radical changes in beliefs and values.

4. It has been suggested that an increased spiritual awareness and consciousness accompany aging and that religion is a powerful cultural force in the lives of elders. Religious affiliations and religious rituals are two aspects of spirituality that can include other activities and relationships. Having a strong sense of spirituality enables individuals who are physically and functionally dependent on others to avoid despair by appreciating that they are still capable of giving and deserving of receiving love, respect, and dignity.

D. Chronic health concerns of elders. The incidence of chronic conditions rises with increasing age. To deal with chronic illness, nursing activities need to be more holistic, addressing function, wellness, and psychosocial issues. The focus is on healing rather than curing. Chronic problems that affect aging include “the five I’s”: intellectual impairment, immobility, instability, incontinence, and iatrogenic drug reactions; and “the three D’s” of intellectual impairment: dementia, depression, and delirium.

1. One often overlooked concern regarding elders is that of abuse. Elder abuse encompasses physical, psychological, financial, and social abuse or violation of an individual's rights. Neglect refers to a lack of services that are necessary for the physical and mental health of an individual by the individual or a caregiver.

2. The Patient Self-Determination Act of 1991 requires providers receiving Medicare and Medicaid funds to give clients written information for treatment choices if they become incapacitated. Advance directives consist of living wills and durable powers of attorney for health care. A “Do Not Resuscitate” order is a specific order from a physician not to use cardiopulmonary resuscitation.

3. Family caregiving. Eighty-five percent of all elderly live in homes alone, with spouses, or with other family or friends. Female spouses represent the largest group of family caregivers of the elderly. It places great demands on the family caregivers, resulting in caregiver burden, referred to as stress, strain, and burnout. However, for many families, the experience is a positive one.

V. Community resources

A. Strategies for child health care in the community. These include programs based in the home, those targeted at the needs of homeless persons, or those centered in day care or school settings.

B. Programs and services for women. Because of women’s greater involvement with health services, they can play a major role in family health promotion. Traditional centers of care for women, such as Planned Parenthood, feminist women’s health centers, and local community health centers, can serve as models for women-centered health care delivery.

C. Community care settings for elders. Many social centers are multipurpose, offering recreation, education, counseling, therapies, hot meals, and case management, along with health screening and education.

1. Adult day health is for individuals whose mental and/or physical function requires additional health care and supervision.

2. Home health can be provided by working in multidisciplinary teams. Nurses provide individual and environmental assessments, direct skilled care and treatment, and short-term guidance and instruction.

3. Hospice represents a philosophy of caring for and supporting life to its fullest until death occurs.

4. Assisted living covers a wide variety of choices from a single shared room to opulent independent living accommodations in a full-service life-care community.

5. Nursing homes or long-term care facilities house only 4.5% of the elderly population at a given time. Nursing homes provide a safe environment, special diets and activities, routine personal care, and the treatment and management of health care needs for those needing rehabilitation, as well as those needing a permanent supportive residence.