



Family Transitions in Late Life

Challenges posed by cognitive impairment
and end of life

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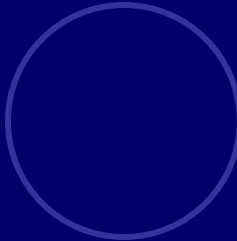
Objectives



- Describe 'normal aging' in an aging society
- Name late life-related transitions commonly encountered by families
- Discuss challenges to caregiving and health care posed by cognitive impairment
- Describe historical, cultural, and contextual influences on families when an elder approaches 'end of life'

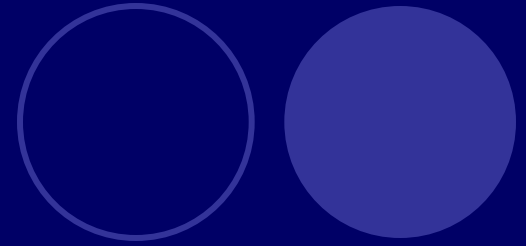
What is normal aging?

100 yo from Washington



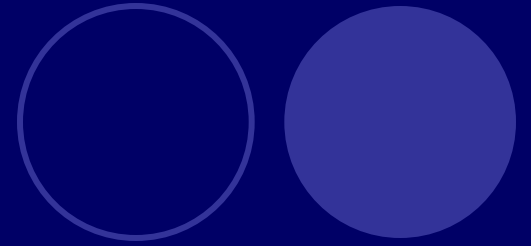
What is normal aging?

100 yo from California; Seventh Day Adventist



What is normal aging?

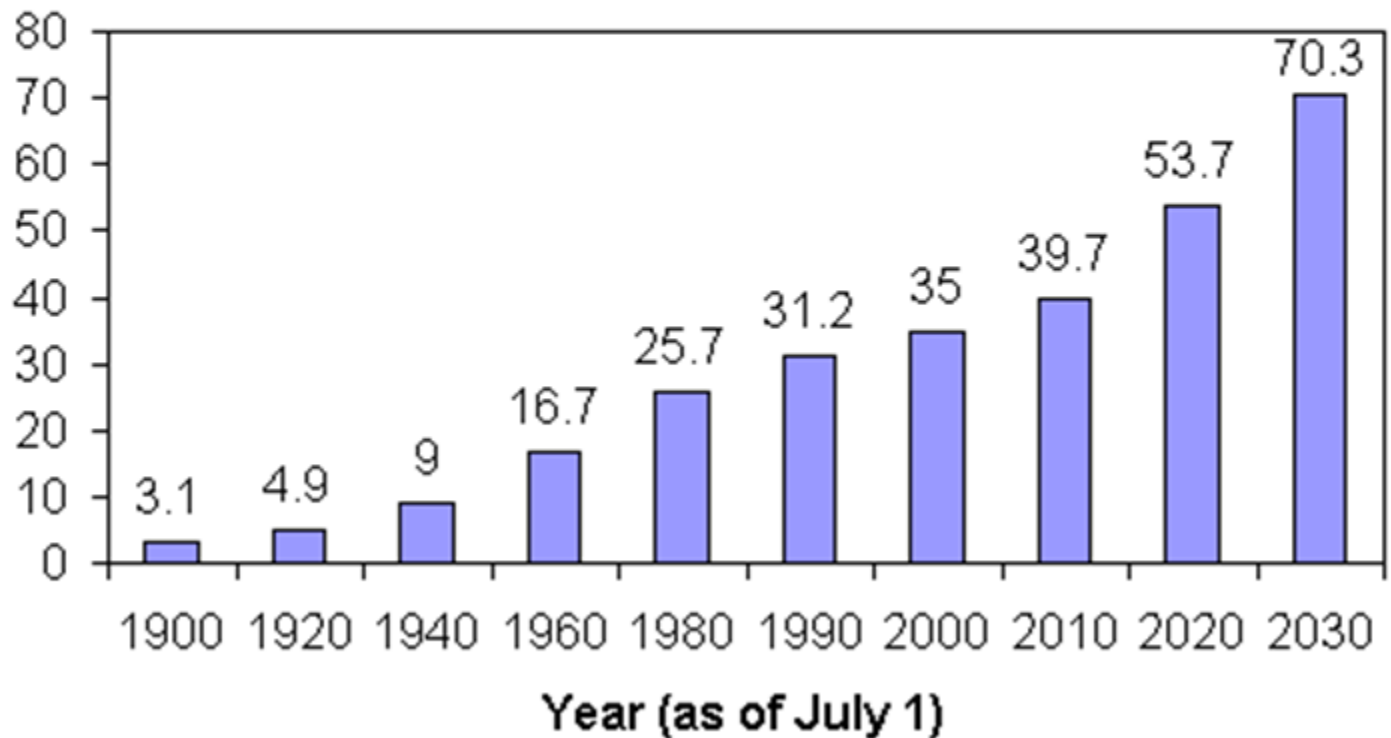
104 yo from Okinawa; Red gloves = 'Easy to find!'



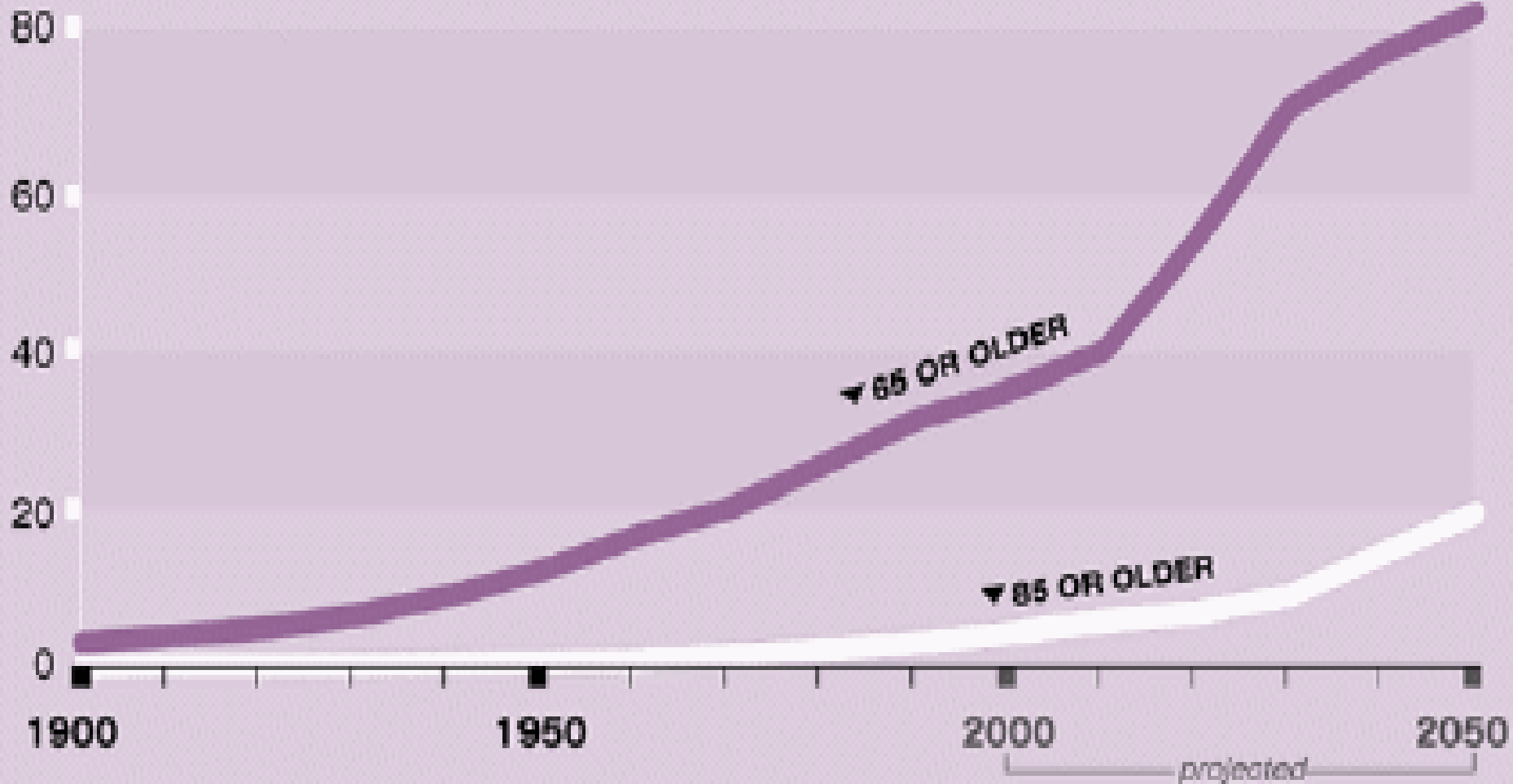
Characteristics of the Older U.S. Population

- 6000 Americans turn age 65 every day. In 10 years, the number reaching 65 will rise to about 10,000 each day...
- Of 77 mil 'baby boomers' (b1946-1964), the oldest turned 60 in 2006, will be 65 in 2011, and can expect to live to 83+

**Figure 1: Number of Persons 65+,
1900 - 2030** (numbers in millions)



Total number of persons age 65 or older, by age group, 1900 to 2050, in millions



Note: Data for the years 2000 to 2050 are middle-series projections of the population.

Reference population: These data refer to the resident population.

Source: U.S. Census Bureau, Decennial Census Data and Population Projections.

Characteristics cont'd

- 13.5% of current population
- Highest growth 85 & >
- Growth in older minority population & immigrant elders
- Demographics: women > men [79 v 72]
 - Women have seen no improvement in mortality over past 18 years...
- Marital status: men > women

Characteristics (cont.)

- 2/3 rate health as good
- 75% report no major functional limitations
- Most live independently
- 12.4% are below poverty level; F>M
- HC utilization: OA = 36% hospital stays, 49% all hospital care, 50% physician hours

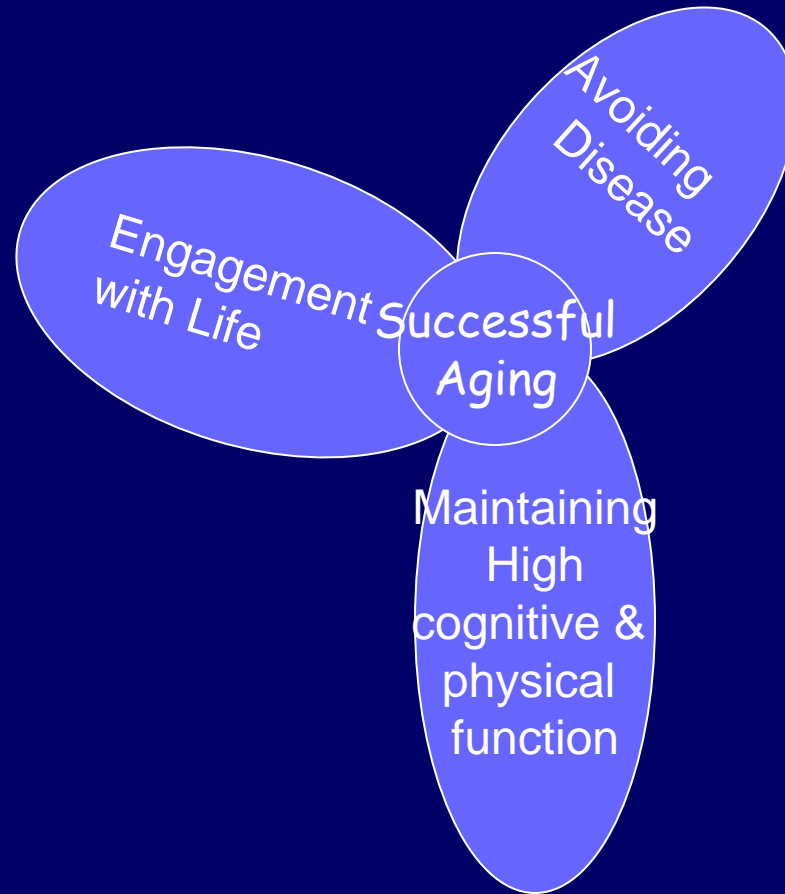
Theories of Aging

- Biological: e.g., internally programmed 'biological clock' theories, 'error' theories [wear & tear, calorie restriction]
- Psychological: e.g. Maslow, Erikson, Peck, Levinson, Cohen
- Sociological: e.g., activity, continuity, person-environmental fit

Aging: Normal Changes vs. Pathology

- Much of what we once thought was ‘normal aging’ is now known as disease
- Important to distinguish from ‘common’ and ‘normal’
- In absence of disease:
 - No universal deterioration in mental function; some decline in memory [not ‘problematic’]
 - Personality remains stable
 - Changes signal often treatable problems
 - Change in MS not inevitable consequence of aging

Successful Aging



Rowe & Kahn, 1998

Life span development

- Aging: the interaction of biologic, social, and psychological processes that can have an effect on development
- While decline occurs in some processes, growth occurs in others, allowing one to compensate and function adequately
- People become more confident and better adjusted as they age
- Because of continuity, human development in later life is subtle, rich, an 'unfolding from within'
- Wisdom—problem-solving and integration of experience

Basic Assumptions of Adult Development

- Humans continue to develop throughout life
- Life unfolds in stages during the course of adulthood
- States are divided by transition periods that are sometimes punctuated with crises
- Transitions provide opportunities for growth
- Adulthood is to be examined in terms of the underlying health and strengths that people have to cope with change.
 - Brennan & Weick.

Development in the Second Half of Life

- Phase I: Midlife re-evaluation [40ish+]
- Phase II: Liberation [50-60+]
- Phase III: Summing up [late 60s]
- Phase IV: Encore [late 70s+]

- G. Cohen, *The Mature Mind*, 2005

Late life developmental tasks

- **Havighurst:**

- Adjusting to declining physical strength and health
- Adjusting to retirement and its reduced income
- Adjusting to changes in the health of one's spouse
- Establishing an explicit affiliation with one's age group
- Adopting and adapting social roles in a flexible way
- Establishing satisfactory physical living arrangements

Late life development

- **Erickson:** ego integrity v despair.
Continuity between generations and continuing growth. Task = to analyze and come to peace with one's life
- **Family/social support** is protective for mental and physical health.

Life Transitions



- A passage between two relatively stable periods of time
- Late life is a time of multiple transitions
- Properties of transitions:
 - Are precipitated by a significant marker event or turning point
 - Are processes that take time
 - Increases vulnerability to risks
 - Result in changes in identity, roles & behavior patterns occur

Transitions cont'd



- Markers of Healthy Transitions

- Meanings are redefined
- Expectations are modified
- Routines are restructured
- Knowledge and skills are further developed
- Not *everything* changes
- Transitions encompass both losses and gains
- Transitions provide opportunities for personal growth

Transitions in Family Life in Aging that may generate stress

- Empty Nest
- Retirement
- 2nd, 3rd careers
- Role changes within spousal/hh unit
- Care for aging parents/spouses/kin
- Care for grandchildren
- Volunteering, avocations
- Relocations
- Widowhood
- Health changes/functional loss
- Hospitalization, institutionalization, deaths of kith/kin

Social Support

- **Systems/networks:** set of personal contacts through which person maintains social identity & receives emotional support, material aid, services, information and new social contacts
- **Composition:** family (immediate/extended), friends, neighbors, coworkers, professionals
- **Functions:** Mediate stress; increase coping ability; provide clearer understanding of situation; provide feedback to develop, implement and evaluate plan of action; reinforce self-esteem and bolster confidence; shield against loneliness

Social Support & Health

Meaningful social support:

- Higher morale, mental functioning
- Greater life satisfaction
- Lower morbidity, e.g. CVD
- Lower mortality, better functioning

Confidant— a ‘buffer’ against social loss

Perception of adequacy is most important

Family as Natural Social Support System

- Helps reduce impact of stress
 - Restores sense of control, confidence
 - Provides social ties
 - Provides clearer picture
 - Provides feedback
 - Engenders/protects positive self-feelings
 - Makes a situation tolerable

Aging Family: Roles & Functions in caregiving, reciprocity, filial responsibility

(Shanks)

- link w/ bureaucracy (broker)
- economic support
- resource during illness
- articulator of healthcare needs
- decision-making assistance
- source of information- sense of “continuity” about older members

Trends Affecting Kinship Network of Older Adults

- Increased longevity, esp. for women
- More govt. emphasis on family care; reduced income after retirement
- Decline in # of adult children
- Changing women's work roles
- More complex families (divorce, remarriage)
- Late life marriage, remarriage
- Parent-caring after retirement
- >50% OA live with spouse
- Increasing diversity in cultural groups w/ range of norms, family strengths

Normal Aging Family...

Myth of Abandonment

- Family = #1 caretaker of OAs: family-based assistance primary source of LTC for frail older people
- Majority (68%) live in family setting
- Frequent contact remains high
- Intergenerational bonds more likely
- Reciprocity - OAs as “givers & receivers”

Family systems



- Patterns of perceiving and behaving are **transmitted inter-generationally**.
- **Families become more complex** over time.
- **Sources of conflict** as members age include: past unresolved interpersonal issues, demands of caregiving time and \$, misinterpretations or reactions to sensory loss, modifications in status, and changes in cognition and perception that may interact to create family chaos.
- **Multigenerational family strategies** are required.

Issues



- **Intergenerational relations:** within family, within fictive family, volunteerism [Foster Grandparents, Family Friends, Linking Lifetimes]
- ‘Each generation must provide assistance to, and receive assistance from, those that follow.’
‘It is the bond of interdependence that ties society together.’
- Quality of life for all ages, not just the elderly.

Sheppard, Thursz, 1995

Tensions



- Dependence—Independence—*Interdependence*
- Enmeshment vs. individuation
- Deterioration and decline vs. fulfillment and satisfaction of **continued accomplishment/productivity**
- Autonomy vs. **concerns over competence/capacity/safety** – may re-awaken earlier conflicts

Two Challenges to Families of OA

- **Decline in cognitive function** [memory, orientation, judgment/decision making, function]
- **End of life**

Cognitive Impairment

- Dementia

- Gradually progressive neurodegenerative disease
- Not a normal part of aging
- Frequency increases with advancing age: 1 in 8 baby boomers will develop

- Delirium

- Acute onset
- Complication of medical illness

Co-morbid Cognitive Impairments Complicate Care in Any Setting...

- Interferes with performance of ADLs
- Compromises information processing, clear communication, cooperation with care, judgment & decision-making
- Impedes coping with new environment
- Poses concerns for safety & well-being
- Requires comprehensive multidisciplinary approach

Patients with co morbid delirium...

- Present with the most common complication of hospital admission for older adults
 - >50% Post Op, 11-42% medical inpatients; 2.3 mil OP, \$8bil annually
- Have poor outcomes:
 - >morbidity
 - Twofold increase in d/c mortality
 - LOS increased by 8 days; increased cost >\$2500/pt
 - Worse physical and cognitive recovery at 6 & 12 months
 - Increased time in institutional care
 - Persistent sx in 1/3 with poor prognosis
 - Unpleasant, disturbing recollections of delirious event

Patients with dementia...

- Rarely have 'dementia' listed as admitting dx; may not even be among the top 4 that get reported; Medicare does not pay for dementia as a primary diagnosis
- Are at *very high risk* of developing delirium
- Are not well-served by the current ACH

Cognitive impairments in acute care

- Greatly concern patients and families
- Precipitate decision-making re: care options, sometimes precipitously
- Quickly raise to level of crisis family issues re: parent care

Caregivers: At risk for physical and mental health problems

- Depression
- Burden
- Reduced well being
- Anxiety
- Social isolation
- Impaired immune response
- Poorer physical health
- Sleep difficulties
- Family discord
 - Narayan et al, 2001

Caregiving

- Among African American caregivers, psychosocial health after 18 mos was predicted by **cultural justification for caregiving** [reciprocity, sense of duty, God's will], baseline psychosocial health, & caregiving mastery
- Physical functioning was predicted by **education, # morbidities, and physical functioning @ baseline** Dilworth et al JG:SS, 2004

Spirituality as Buffer/Resource

- Spirituality found important for African American caregivers' well-being
 - Farran et al, 2003
- Personal spirituality [faith, beliefs, support, sense of meaning/purpose] associated with quality of life in persons with early AD
 - Katsuno, 2003

Domains of Palliative Care



- Advance care planning
- Physical and emotional comfort
- Opportunities for intergenerational gifting, growth, continuity, closure
- Social, bereavement and spiritual support for person & family/staff



Social, Bereavement, and Spiritual Support

Meeting the needs of the dying person

- Offering hope
- Providing comfort
- Assuring community
- Maintaining meaning
- Sustaining dignity
- Limiting fears of abandonment

Why is a Palliative Care Concept so difficult for families?

- Accepting 'no cure' and its meaning
- Coming to grips with inevitability of death
- Cultural norms, intergenerational norms, context

Predictors of psychological wellbeing: Gender effects

Among women:

- Negative **social support** from family
- Perception of one's health as fair or poor
- Inadequate **emotional support and social disengagement** (for those with fnl limitations)

Among men:

- Dissatisfaction w/ level of **social activities**
- Current smoking & **negative social support** from family (for those with functional limitations)

Social resources played \geq role for women than for men, esp. women with functional limitations

Palumbo, 2004. Aging successfully – How does gender affect psychological well-being among elders with functional limitations: Gero Hlth Section APHA w/Aetna. [333 cases in MA BRFSS survey]

Family Transitions in Late Life: Selected References

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