CARING FOR ELDERLY PEOPLE

Understanding and Practical Help
Third Edition

Susan Hooker

ROUTLEDGE LIBRARY EDITIONS: AGING



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Volume 26

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First published in 1976 by Routledge & Kegan Paul Ltd Second edition 1981, Third edition published in 1990

This edition first published in 2024 by Routledge 4 Park Square, Milton Park, Abingdon, Oxon OX14 4RN

4 Fark Square, Milton Fark, Abiliguoli, Oxoli Ox

and by Routledge 605 Third Avenue, New York, NY 10158

Routledge is an imprint of the Taylor & Francis Group, an informa business

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- © Foreword John Hughes

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British Library Cataloguing in Publication Data

A catalogue record for this book is available from the British Library

ISBN: 978-1-032-67433-9 (Set)

ISBN: 978-1-032-73143-8 (Volume 26) (hbk) ISBN: 978-1-032-73149-0 (Volume 26) (pbk) ISBN: 978-1-003-42696-7 (Volume 26) (ebk)

DOI: 10.4324/9781003426967

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CARING FOR ELDERLY PEOPLE

First published in 1976, Caring for Elderly People rapidly established itself as a standard guide for anyone dealing on a day-to-day basis with the elderly. This up-dated and revised edition contains information on financial help and services and on the new technology available.

The book concerns itself primarily with elderly people who are either living alone or with relatives. In addition to setting out the practical steps to be taken in the treatment of illness (such as Parkinson's disease, stroke, bronchitis, etc.), the author explains why elderly people cannot cope with apparently simple operations, and why they act in a certain way. An extensive list of aids and gadgets, ancillary and community services, is designed to provide supportive advice to relatives and professionals alike, and to encourage the maximum possible self-reliance in the elderly.

Susan Hooker, MCSP, qualified as a physiotherapist from St Thomas's Hospital in 1966. She has worked in several hospitals, including the geriatric unit of Bronglais Hospital, Aberystwyth, and the Lampeter Health Clinic. She is at present in private practice as a physiotherapist and acupuncturist.

The Foreword is by Dr John Hughes, a family doctor who has experienced, at first hand, the value of physiotherapy in the rehabilitation of patients who have suffered such disabilities as fractures and strokes.



Caring for elderly people

Understanding and practical help

Susan Hooker, MCSP Foreword by John Hughes THIRD EDITION



First published in 1976 by Routledge & Kegan Paul Ltd Reprinted in paperback in 1978 Second edition 1981

Third edition published 1990 by Routledge 11 New Fetter Lane, London EC4P 4EE

Simultaneously published in the USA and Canada by Routledge a division of Routledge, Chapman and Hall, Inc. 29 West 35th Street, New York, NY 10001

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- © Foreword John Hughes

Typeset by Columns of Reading Printed and bound in Great Britain by Mackays of Chatham

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British Library Cataloguing in Publication Data Hooker, Susan

Caring for elderly people. - 3rd ed

- 1. Great Britain. Old persons. Home care
- I. Title

649.8

Library of Congress Cataloging in Publication Data Hooker, Susan.

Caring for elderly people: understanding and practical help / Susan Hooker; foreword by John Hughes. – 3rd ed.

p. cm.

Includes bibliographical references.

- 1. Aged Health and hygiene. 2. Aged Rehabilitation.
- 3. Exercise therapy. 4. Self-help devices for the disabled.
- I. Title.

RC952.5.H66 1990

649.8-dc20

89-70157

ISBN 0-415-04832-X

CIP

For my parents Charles and Winifrid Hope Gill



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Foreword

It matters not how long we live - but how.

P. J. Bailey 1816-1902

There is no doubt that men and women today are living to a ripe old age. This can be attributed to better environmental conditions, better food and adequate control of the ordinary infections of mankind. The longer we live the more prone we are to suffer from the effects of degeneration of the arteries (strokes), from malfunction of our joints (rheumatism) and from accidents. Very soon we join that dreaded category of 'chronic sick'. Despite the fact that our disability may be chronic, we need not be sick. That is the message of this book. It emphasises the need for, and illustrates the way to, care for the elderly so that they can live a useful and happy life despite a physical or mental handicap.

This excellent book, written by a practising physiotherapist, sets out to inform – to communicate – and this is terribly important in this computer age. It explains the nature of the illness or disability; it deals with the management of the elderly; it gives information about the ancillary and community services that are available to help and inform; and deals in a practical and sympathetic way with the many problems that confront relatives caring for the disabled. It is essential reading for those who look after the elderly and old people themselves will find it interesting and informative.

As a family doctor I can also commend it with confidence to all doctors and nurses. The book is a mine of information and I congratulate the author on her enterprise, her enthusiasm, and her ability to express clearly a message of hope for the elderly and wise counsel for the relatives. A great deal can be done by and for the handicapped. It is not enough to do good; one must do it the right way. That is what this book is all about.

Aberystwyth

John H. Hughes

Preface and acknowledgements

I think of the elderly as those who find everyday tasks of normal living difficult because various parts of their bodies are becoming less efficient. There is no fixed rate at which people age; different parts of the body wear out at different rates, so the number of years reached is immaterial. Sections of this book may apply to some people in their late sixties and yet the same sections be irrelevant to some in their eighties.

I am concerned here mainly with the elderly who are living independently in their own homes, or with relatives. My aims are to help people understand and cope with the changes that take place, physically and mentally, as one grows older. I hope it will also help elderly people to understand what others are trying to do to enable them to live as fully as possible.

It is only possible to help people in a practical way by understanding why they act in a certain way, or why they cannot do something that appears quite simple. For this reason I have explained the causes and symptoms of common ailments that are found in old people, and if the basic reason for strange behaviour is kept in mind the enormous amount of help that is offered by relatives will be channelled in a positive direction.

Readers should not confine themselves to the chapter on the disability that primarily concerns them, as they should find suggestions throughout the book which may apply just as readily to them.

I hope this book will also be of use to students of nursing and physiotherapy, and auxiliary nurses who work with the elderly, as well as social workers and other domiciliary helpers. If the elderly are in hospital the role of the relative is taken on by the staff who meet the same physical problems as the relatives, and psychological problems too, except that those arising from family ties are absent. Elderly patients are often completely dependent on the staff who can either make their stay miserable, in which case they react by being obstinate and difficult, or very happy when co-operation from both sides works towards successful rehabilitation and the return home.

I wish to thank Dr John Hughes, MB, BCh, DRCOG for writing the foreword to this book; and my husband for his help and encouragement.

I also wish to thank Dr Gareth Hughes, MB, MRCP, whose running of the Geriatric Unit at Aberystwyth has enabled me to see the results that can be achieved in the rehabilitation of the elderly, and my senior colleague Mrs Laura Jones, MCSP,

xv Preface and acknowledgements

who has taught me almost all I know about the physiotherapy treatment of old people; her patience, skill and psychological insight have been the basis of this book.

S.H.

Preface to the second edition

This second edition of Caring for Elderly People has given me the opportunity of including several extra chapters on important conditions. Multiple Sclerosis, for example, is a condition that creates a lot of problems of manoeuvrability. Sufferers have to overcome such difficulties as incontinence, muscle weakness or spasm and experience great dependence on others as it progresses.

Amputations are comparatively common due to an increase in diseases of the heart and arteries and call for great psychological adjustments. In fact, most elderly people do very well, and surprise themselves in their ability to get about – unless, of course, some other condition such as a stroke or arthritis complicates it. This leads me on to the subject of 'hip replacement' operations. To many people it is like a miracle, and, indeed, the majority of people progress excellently, but, as I stress in the chapter coacerned, the amount of work put in beforehand to strengthen muscles and keep the joint as free as possible is of paramount importance if the end result is to be the success it can be.

In the chapter on falls and loss of balance I have inserted a piece on 'drop attacks'. These are strange phenomena that are not understood and cause people literally to drop to the ground without any warning, being unable to get up again without assistance. I hope to take some of the fear out of that situation by at least explaining what to do about it even if the cause is unknown.

Hypothermia is much in the news these days and is a real problem. One may wonder how people allow themselves to get so cold, but most elderly people literally do not feel how cold they really are due to inefficiencies of the body thermostat in their brains. They need to be aware of this so that they can make a conscious effort to wear enough clothes and to keep their houses adequately warm.

I have expanded the chapter on diet a little to explain the advantages of eating unrefined and natural food. Most people feel a lot better when eating wholemeal bread, brown sugar and rice and other unadulterated food. Many minor complaints can be averted by doing so, particularly constipation. The chapter on stroke has been slightly altered to include more recent ways of managing problems of mobilisation and weakness.

After a lot of thought I decided to leave out the complicated subjects of 'heart disease' and 'anaemia'. They are both terms that cover numerous conditions which are impossible to

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generalise about. Any treatment needs to be tailor-made for the individual, and neither condition is suitable for unsupervised home management.

Since I wrote the first edition, my own father had a long period of illness and died at the age of eighty-one; this has given me a much closer and more personal view of the problems involved. My experience previously had been confined to contact with other people's elderly and ill relatives. One of the most important things I learned was the absolute necessity of allowing him to go on being himself; a force to be reckoned with, with opinions and feelings. Many people who are ill or disabled have had all decisions made for them, and their lives tend to be run by someone else's ideas of what their needs are, whether it is a simple, but important, matter of how the pillows are arranged to whether they stay in their own home or not. I think people should have the right to decide on how their lives continue to be run even if others do not consider that decision suitable or 'good' for them. One can only offer alternatives and advice, they should not be forced upon those who do not want them, and are in no position to oppose them. The welfare of people who are getting older and less active is their own responsibility as well as that of friends and relatives, and their wishes should be respected whenever possible. However, physical help and moral support are most important, and a balance needs to be maintained between these factors to enable life to be as fulfilling as possible.

Therefore, I hope this second edition will be read by relatives and the people they are trying to help so that they work together to create a situation that is satisfactory to both.

Author's note

It may be noticed that the masculine gender has been used throughout the book which has been commented on from time to time. The reason for this is to enable the illustrations to show clearly points explained in the text, without the position of the limbs being masked by a skirt. It is not to presume that all elderly people are male. The 'helpers' are depicted as women only to distinguish them from the 'patient'.