

Nursing Care of Elders with Heart Diseases 1. Specific therapeutic interventions for heart failure, of course, involve treatment of the underlying cause or triggering mechanism, but the current emphasis is on pharmacologic therapy to improve cardiac performance with specific neurohormonal agents and non-pharmacologic therapy to reduce symptoms and staging periodic exacerbations. An extensive review by Cintron and Hernandez of pain assessment and treatment in elderly patients with HF highlights the lack of data on effective pain treatments in this patient group and emphasizes the importance of diagnosing the cause and characteristics of pain to establish an appropriate treatment plan. Importance of Nursing Care for Elders with Heart Diseases The preface and first chapter of strategies for improved survival in heart failure indicated that heart failure is a common, costly, disabling, and deadly condition and asked for bestowing it greater public health attention. Aspects of Nursing Care for Elders with Heart Diseases

The nursing care for elderly with heart diseases involves managing symptoms and pain, promoting healthy lifestyle changes, assisting with activities of daily living, and educating patients and families. Prevalence of pain in elders with HF appears to be higher than in the general population and can often be attributed to coexisting diseases such as arthritis, renal disease, and previous surgeries and procedures. As stated previously, elderly patients with heart disease suffer from differing levels of fatigue, which is a problematic difficulty because many activities of daily living (ADL's) require a moderate amount of energy expenditure. Medication is focused on cardiac conditions, so medications often prescribed for heart conditions are anticoagulants, cholesterol-lowering drugs, anti-angina drugs, beta-blockers, ACE inhibitors, and diuretics. Despite the common knowledge that prevention is easier and ultimately more cost-effective than treatment, the statistical evidence that reducing risk factors in elderly individuals will prolong survival and improve quality of life is less compelling than it is for younger persons. The physical symptoms of weakness, fatigue, and impaired concentration can mimic the symptoms of depression, and the mood disturbance resulting from these symptoms may be mistaken for a primary affective disorder. A recent article by Toback (2008) stressed the importance of medication reconciliation in elderly patients during care transitions, as discrepancies in the medication regimens and misuse are recognized as common causes of patient deterioration during care transitions. This knowledge deficit study, led by Chung and others (2004) from an acute medical elderly ward in Hong Kong, tested the hypothesis that a nurse-led educational program would decrease drug-related readmission within 6 months. Ideally, the nurse's ongoing assessment will allow for early detection of complications, thus preventing further morbidity and mortality in the elder with heart disease. Although in the study, palliative care did not lead to improvement in patient and family satisfaction compared with standard care, in-depth interviews revealed the highly complex and often subtle ways in which patient satisfaction can be influenced by symptoms and their severity, the experience of comfort and relief, and the personal and social significance of unwanted events and changes in health status. Dyspnea can be attributed to various underlying conditions and the sensation itself is subjective, often making it hard to establish a precise mechanism of symptom production. According to the World Health Organization, adherence is quite low for medications prescribed for chronic diseases, and it is widely reported that in the United States, the percentage of adherence for medication regimens is lower than 50%. Weight loss, smoking cessation, dietary changes, and adherence to an exercise regimen are all interventions that can

positively affect the elder's cardiac status and overall well-being. Depression has been shown to be an independent risk factor for the development of coronary artery disease and is associated with increased morbidity and mortality in individuals with heart disease. It is essential that patients with heart disease have their emotional well-being optimized, as improvement in emotional state has been associated with better general health, reduction in symptom severity, and improved exercise capacity. It contributes to poor quality of life, decreased functional capacity, depression, anxiety, social isolation, and increased health care utilization. This will enable the nurse to provide individualized, patient-centered care aiming to alleviate the bothersome symptoms and will foster optimal communication between patient and nurse. However, the relief of symptoms must be balanced with the avoidance of adverse effects caused by excessive diuresis and relative hypovolemia, such as renal failure and hyperkalemia. Symptom relief and maintenance of functional capacity are the primary goals of HF therapy.

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