



Care of the Middle Adult: 40 yrs - 65 yrs

Middle adulthood is characterized by Erikson as a time for establishing generativity vs. stagnation. This stage is difficult to define, since wide variations in behavior and attitudes exist. Some people feel vital and actively young, while others look at this time of life as a downward course.

The middle-aged adult focuses on creating something that will leave its mark on the world:

- Children who will affect the future
- Making inroads in business, public service, the arts
- Building bridges
- Planting trees and gardens

Middle-aged adults develop a sense of caring during this stage of development. They take care of their children, parents, and even grandparents.

The term *sandwich generation* belongs to adults in this age group who are often *sandwiched* between caring for their children and their own parents. This situation may also occur during the young adult stage of development if their parents began their families at a later stage of life. Young adults may also find themselves caring for older parents.

VITAL SIGNS

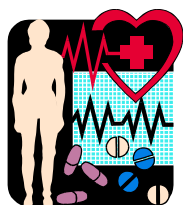
Temperature: 97.6°F- 98.6°F (oral/tympanic);
99.6°F (rectal)

Heart Rate: 60-100

Respirations: 12-20

Blood Pressure: 100-140/80-95

HEAD-TO-TOE ASSESSMENT



Biological changes start to become more evident during this stage of development. Decreasing growth hormone leads to increased body fat, lower bone density, and a lower energy level. The functional capacity of all body organs begins to decrease during middle age. Many of these changes are gradual and progressive throughout this stage of development.

The following health problems are commonly seen in the middle-aged population:

- Cardiovascular disease (the leading cause of death)
- Cerebrovascular disease
- Lung cancer
- Chronic obstructive pulmonary disease (COPD)
- Breast cancer
- Colorectal cancer
- Ovarian cancer
- Testicular cancer

HEAD & NECK

Visual acuity decreases. Presbyopia (old eyes) develops, as the lens of the eye is no longer able to adjust to varying distances. Throughout this stage of development, continuing into the 8th stage of development, the lens yellows and the pupil shrinks. These changes limit the adult's ability to see clearly in dim light.

Auditory (hearing) acuity also diminishes as the adult ages. Presbycusis (old hearing) develops over time. The first evidence of high-frequently hearing loss may begin around age 50. Gradual hearing loss occurs through all frequencies and may manifest by difficulty in discerning human speech by age 60.

Hair begins to turn gray and thin. Baldness can be seen in males and in some females.

CHEST (CARDIOVASCULAR)



Blood vessels begin to lose elasticity, resulting in hypertension. Despite a decline in heart disease over the past decades, about 100,000 45-64 year old Americans die annually (U.S. Bureau of the Census, 1999). Many middle-aged and older adults first discover cardiovascular disease during routine medical exams. High blood pressure, high serum cholesterol, and atherosclerosis (plaque in the coronary arteries) become silent killers for this age group since they often have no symptoms.

ABDOMEN

Hydrochloric acid production decreases. Intestinal motility decreases, causing potential problems with regularity.

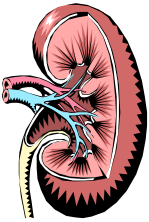
SKELETON

Age-related bone loss is called osteoporosis. About 1 in every 4 postmenopausal women and the majority of people over the age of 70 of both sexes has osteoporosis.

A major cause of osteoporosis is the decline in estrogen after menopause. Women lose about 50% of their bone mass over their lifetime. Other contributing factors include a calcium-deficient diet and lack of physical activity. Cigarette smoking, alcohol and caffeine intake also contribute to osteoporosis.

SKIN

Skin loses moisture and begins to wrinkle as the *dermis* (middle layer of skin) becomes less firmly attached to the *epidermis* (outer layer of skin). Age spots, collections of pigment under the skin, increase after age 50.



RENAL

The kidneys begin to lose nephrons. Since many medications are excreted through the kidneys, it may take longer for medications to clear the patient's blood stream. Such occurrences may lead to higher blood levels of some medications.

ENDOCRINE

Hormones begin to wane, resulting in decreased metabolic rate and weight gain; lower testosterone results in sexual performance difficulties; lower estrogen and progesterone results in decreased sexual desire, thinning pubic hair and decreased vaginal secretions.

PAIN ASSESSMENT AND MANAGEMENT

Explain the 0-10 pain scale as you would for an adult. "0" means no pain and "10" means the worst pain one could ever have.

Provide analgesics as ordered, and carefully monitor the patient's pain relief and response to the medication. In the initial assessment, document the level that the patient describes as a fraction. For example, if the post-op patient describes his or her incisional pain as a "7" on the 0-10 scale, document: "Post-op pain level = 7/10." After the medication has been administered, reassess the patient's vital signs (T,P,R, & BP) along with his or her pain level (the 5th vital sign). If the patient states the pain is now a "2" on the 0-10 scale, document: "Post-op pain level = 2/10."

By using fractions to document pain level, other healthcare providers can easily interpret if the pain medication intervention was successful or not. Describing relief as “somewhat better” or “slightly improved” does not have the impact as stating that the pain dropped from a 7/10 to a 2/10 after medication.

Cultural diversity may affect how pain is perceived and conveyed to the nursing and medical staff. For example, in some cultures it is inappropriate for males to complain of pain. The male must be strong, and showing the effects of pain shows *weakness*.

Though patients may not verbalize their pain, the nurse can assess that pain exists by observing for facial grimacing, tense body posture, increased pulse and respirations (in the absence of any other causes), or perspiration. Medication can be offered humanely without allowing the patient to believe that it is a sign of weakness.

According to pain management experts, the most accurate method of assessing a patient’s pain is through his or her direct report. Pain is what the patient says it is, occurring when s/he says it does (McCaffery & Pasero, 1999).

COGNITIVE GROWTH & DEVELOPMENT

Although some decline occurs in a number of areas of mental function such as processing speed, attention, and memory, recent research supports an optimistic view of adult mental potential. This is a time of great expansion in cognitive competency as adults apply their experiential knowledge to solving every day problems.

PSYCHOSOCIAL DEVELOPMENT

The 7th stage of development is called generativity vs. stagnation (self-absorption). When the goals are successfully met, the adult nurtures children or becomes involved with future generations. When the goals are not met, the adult focuses on issues that do not contribute to the greater good of society, and that can lead to stagnation later in life.

The import event during the 7th stage of life is parenting.

Significant relations during this stage of development are family, friends, colleagues, and co-workers.

Positive Outcome (Generativity)

Erikson (1974) suggests that a person's time in this stage of development should not focus on death, but should focus on happiness that is long-lasting and the improvement of the world for future generations. *Generativity* is the extension of love into the future. It is a concern for the next generation or future generations. Though many people think of generativity as raising children, there are many other ways to achieve generativity:

- Teaching
- Inventing
- Political or social activism
- Any activity that contributes to the betterment of the world or future generations

Negative Outcomes (Stagnation)

Stagnation occurs when the adult is self-absorbed and cares for no one. This person ceases to be a productive member of society. A person can also become stagnant through *over-extension*. Over-extension occurs when people are so busy trying to help others (devoted to too many causes) that they leave little, if any

time for themselves. They become stagnant when they do not have time for all of the commitments they have made.

Midlife crisis occurs during this stage of development as people begin to ponder about what they are doing with their lives, panic about getting older, long to recapture their youth, and wish they can start over.

FEARS & STRESSORS OF THE MIDDLE ADULT

Similar to those experienced by the young adult.

- Divorce
- Cost of college tuition for their children
- Cost of caring for elderly parents
- Cost of their own healthcare needs
- Impending retirement and fixed-income
- Death of spouse, family members, and friends

The middle-aged adult also experiences many stressors experienced by young adults, as well as other stressors. Many of the stressors involve financial concerns and worries about educating their children, caring for their elderly parents, affording healthcare for themselves, and trying to provide for their own impending retirement and *fixed incomes*.

These stressors can affect the physical and psychological health and well being of the middle-aged adult. Stress management classes may help the adult to deal with stressful aspects of life.

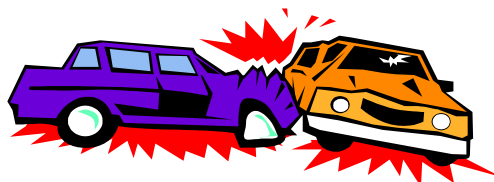
SAFETY CONCERNS

Motor vehicle accidents (#1 cause of injuries)

Occupational injuries

Falls

Fractures and dislocations



PATIENT/FAMILY EDUCATION

- Allow the middle-aged adult to verbalize concerns and fears regarding illness or injury.
- Assess the learning preference of the adult patient. Some adults prefer written instructions and documentation; some prefer audiotapes or videotapes; some prefer a combination of learning methods.
- Include the patient's significant other or other family members in the teaching when appropriate.
- Health education should include the importance of regular medical checkups and to take advantage of health screenings in the community.