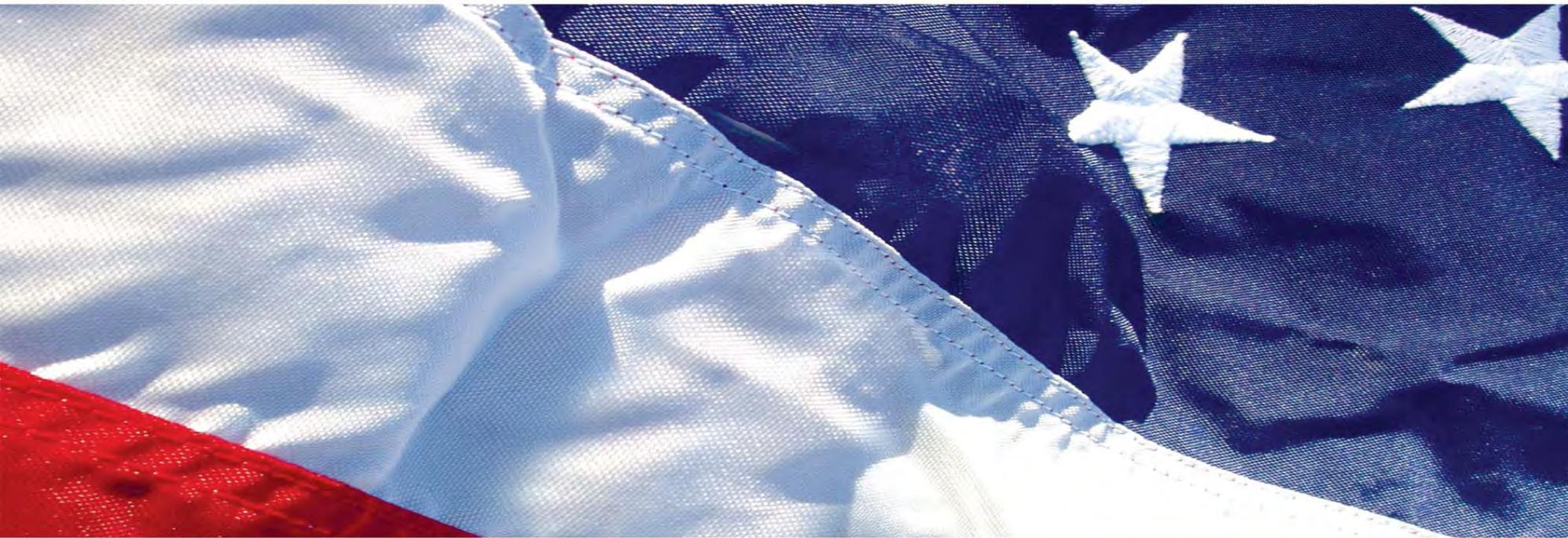


2008 Medical Reserve Corps National Leadership and Training Conference



Prepared Volunteers, Resilient Communities, Strong Nation



April 8–11, 2008

Portland, Oregon



Geriatric Mental Health and Emergency Preparedness

Medical Reserve Corps Conference
Portland, OR
April 8 - 10

Knowledge and preparation can buffer the consequences of harsh challenges.

Personal Responsibility

www.cdc.gov or State DOH

“Experience is the thing that you get just after you need it.”

Theories and Concepts Related to Aging

- **“Wear and Tear”**
- **Immune Defense System**
- **Slow Viruses**
- **Genetic timers**



Developmental Tasks

- **Maintaining independence**
- **Relinquishing power**
- **Coping with losses**
- **Initializing a “Life Review Process”**
- **Develop philosophical perspective on life**
- **Adjust to the declines in functioning**



Biological Changes

Begins in “middle age”



- **Biological or psychological stress**
- **Alterations in physical appearance**
- **Organ system changes**
- **Changes in the brain**

Cognitive Functioning

Decrease speed of processing

Intelligence may not decline

Vocabulary increases

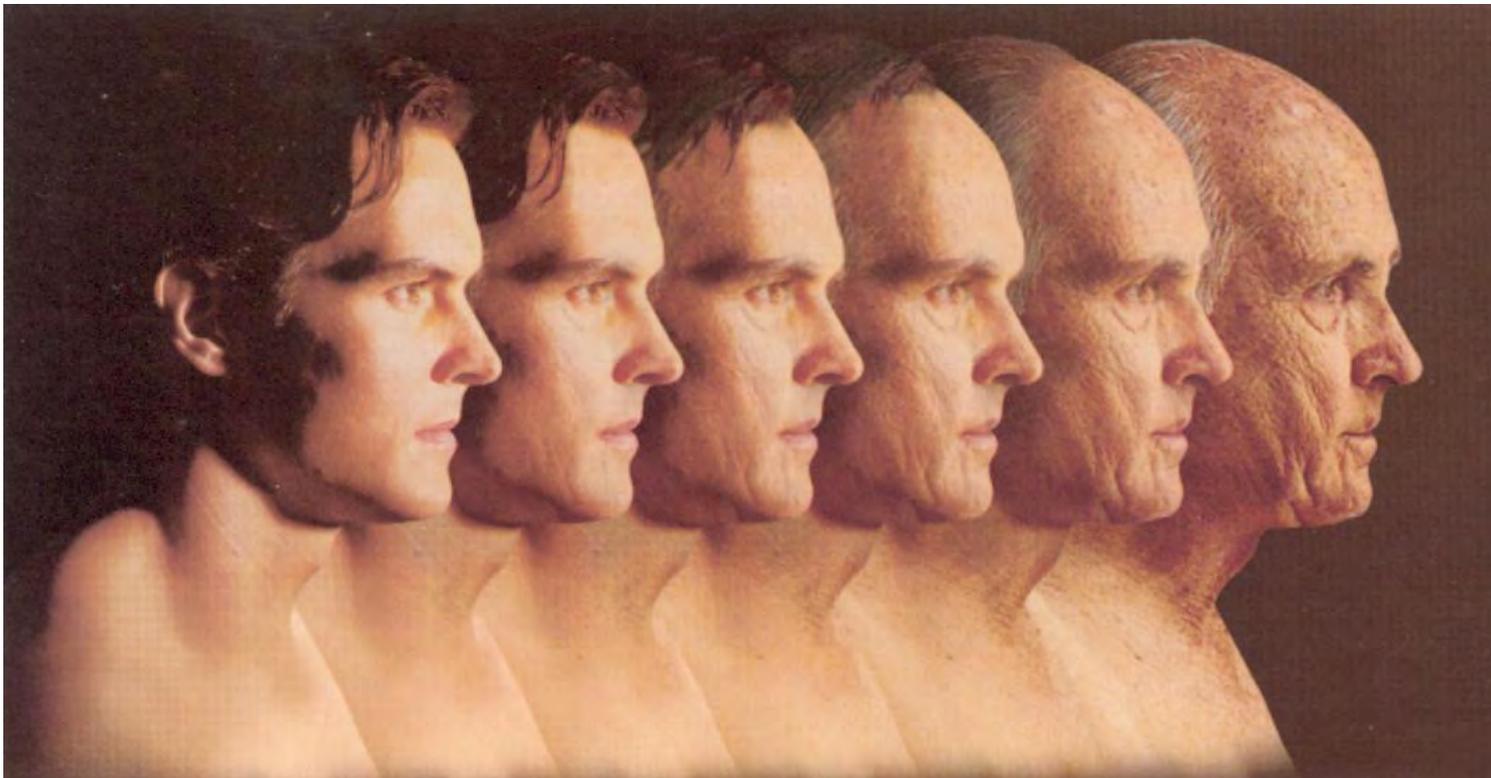


**Decline in capacity to acquire and retain
new information and learn new tasks.**

Changes in Physical Appearance, Skin, Musculoskeletal and Endocrine System

**General appearance
Integumentary**

**Musculoskeletal
Endocrine**



General Appearance

- **Decrease in stature**
- **Shoulders narrower**
- **Flexion in knees and hips**
- **Kyphosis**
- **Shortening of neck, backward head tilt**
- **Reduced muscle mass and tone**
- **Sharpened contours, deeper hollows**
- **Fat from periphery to center of body**

Integumentary (skin)

- **Underlying conditions**
- **Noticeable changes**
- **Hair**
- **Turgor**

- **Ease of bruising**



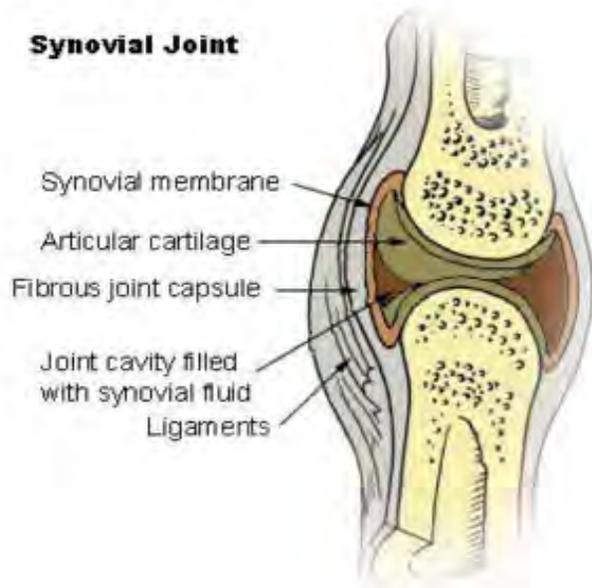
Musculoskeletal

Muscle Changes

Bone Changes



Synovial Joint

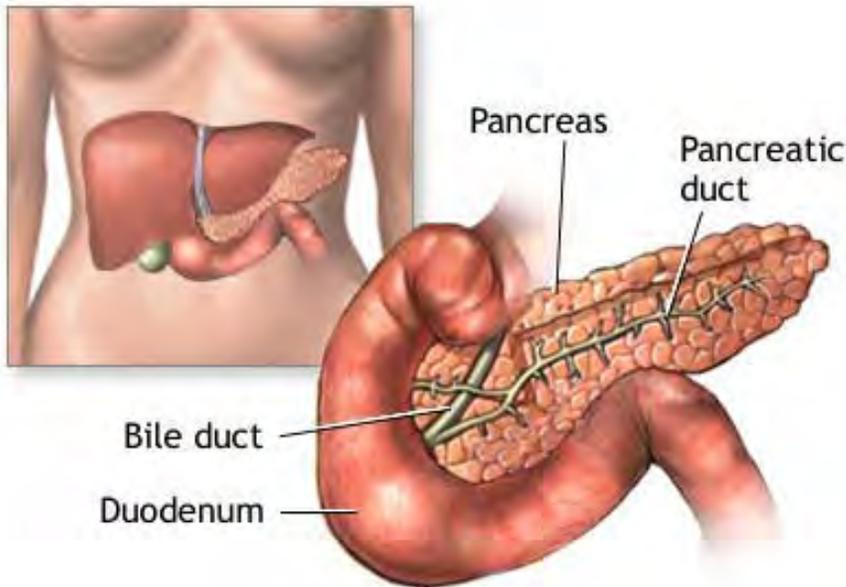


Joint Changes

Neck

Endocrine

Hypothyroid



Diabetes

Sensory

Eye



Ear

Sensory

Nose

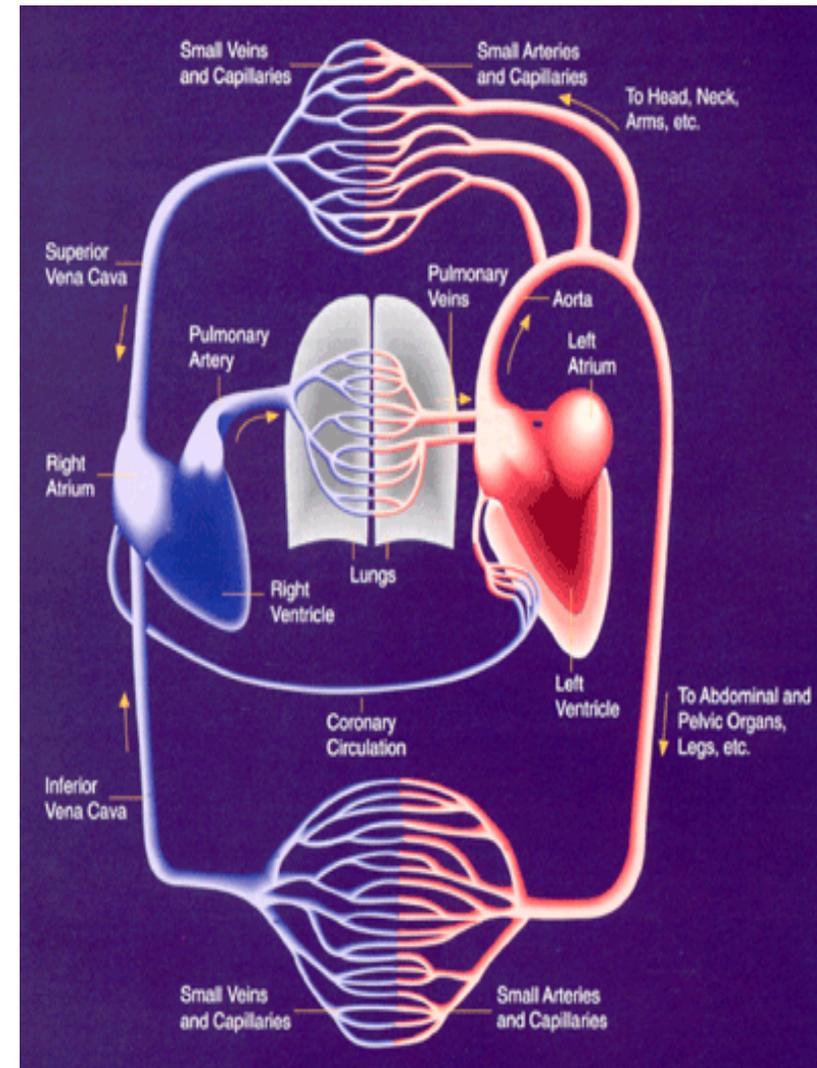
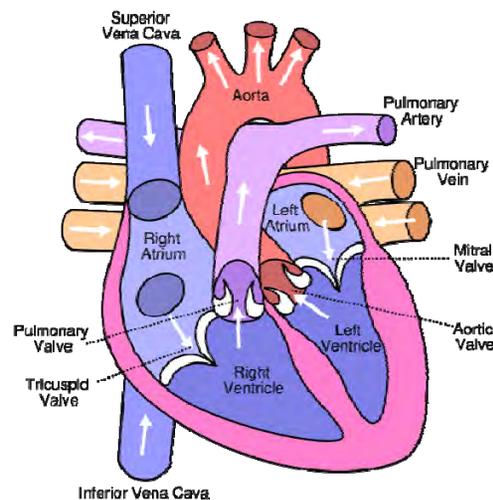


Mouth



Cardiovascular

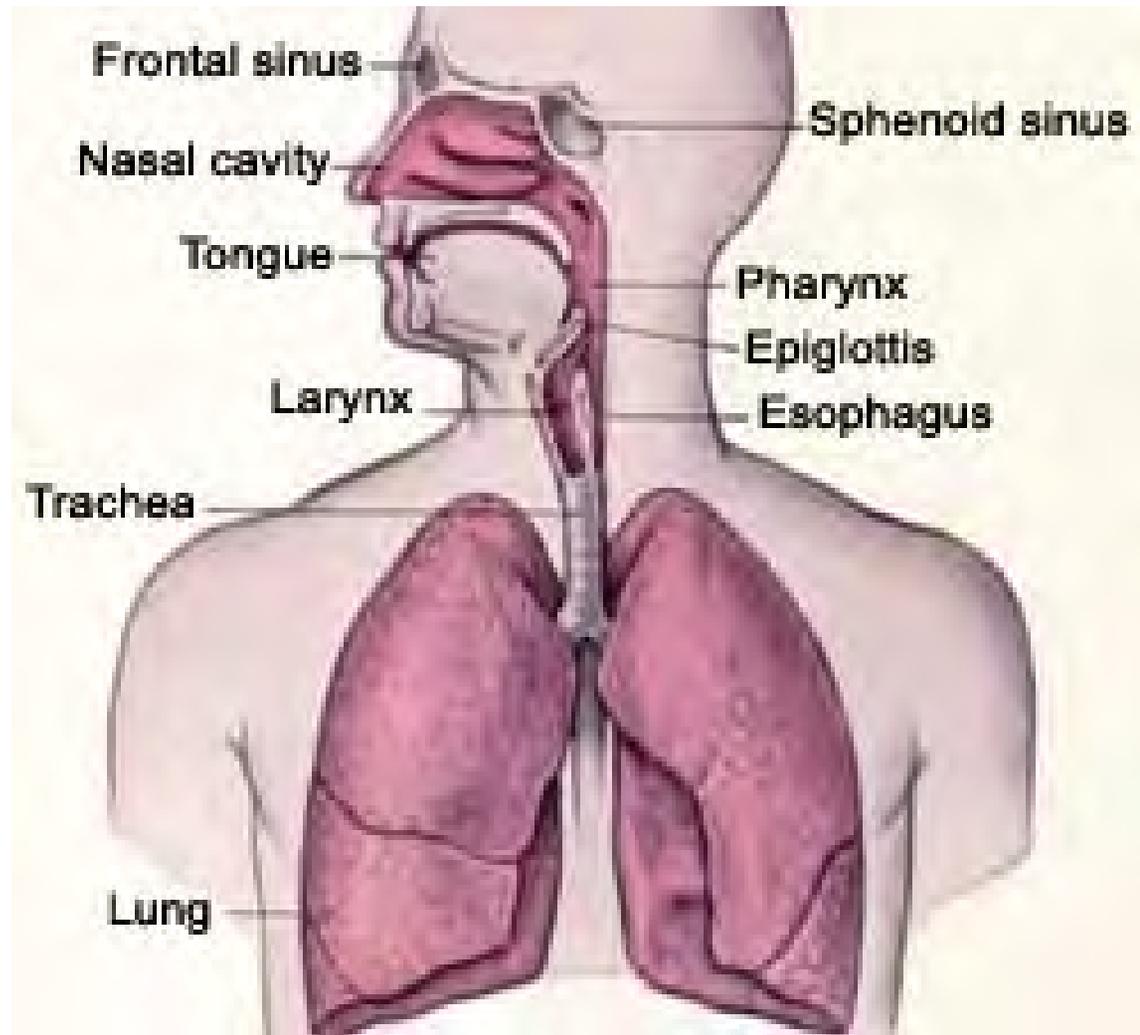
- “exercise tolerance”
- Cardiac disease
- Congestive Heart Failure
- Vascular



Respiratory

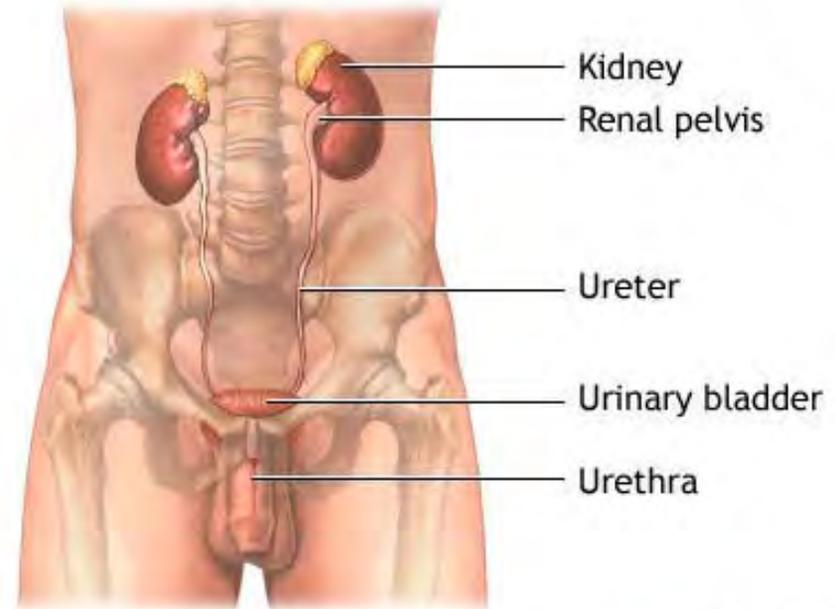
Lose lung tissue

Limits activities

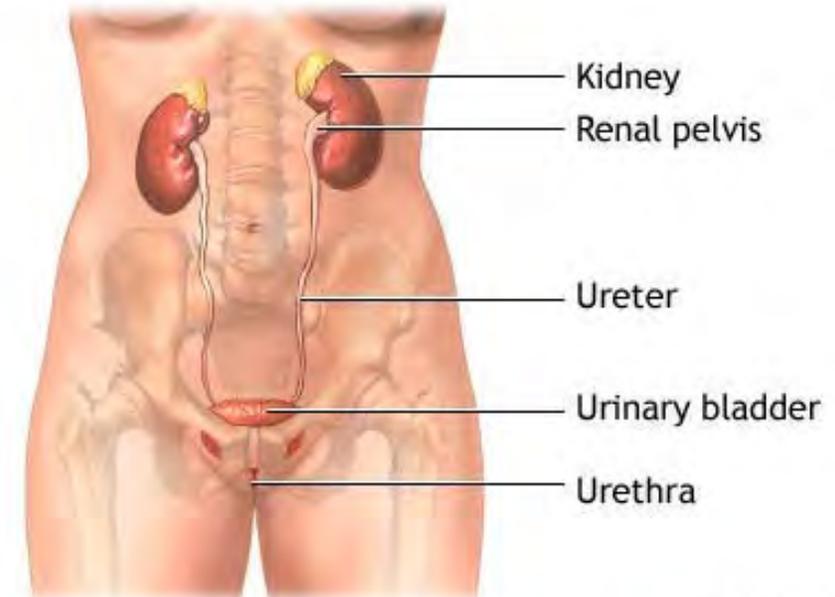


Urinary Tract

Incontinence Males



Females



Gastrointestinal

Dysphagia (presbyesophagus)

VS

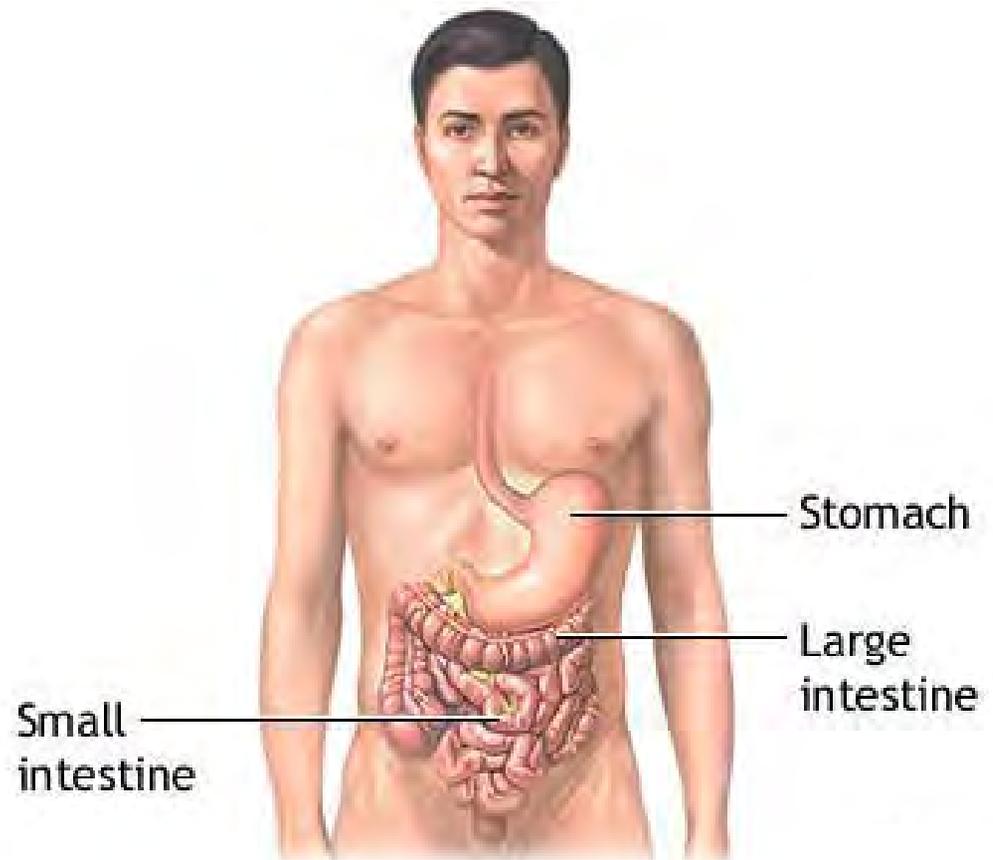
“Heart burn”

Hiatal hernia

Cardiac vs GI

Cancer

Constipation



Geriatric Mental Health and Emergency Preparedness



"Kinda puts your disability into perspective, eh?"

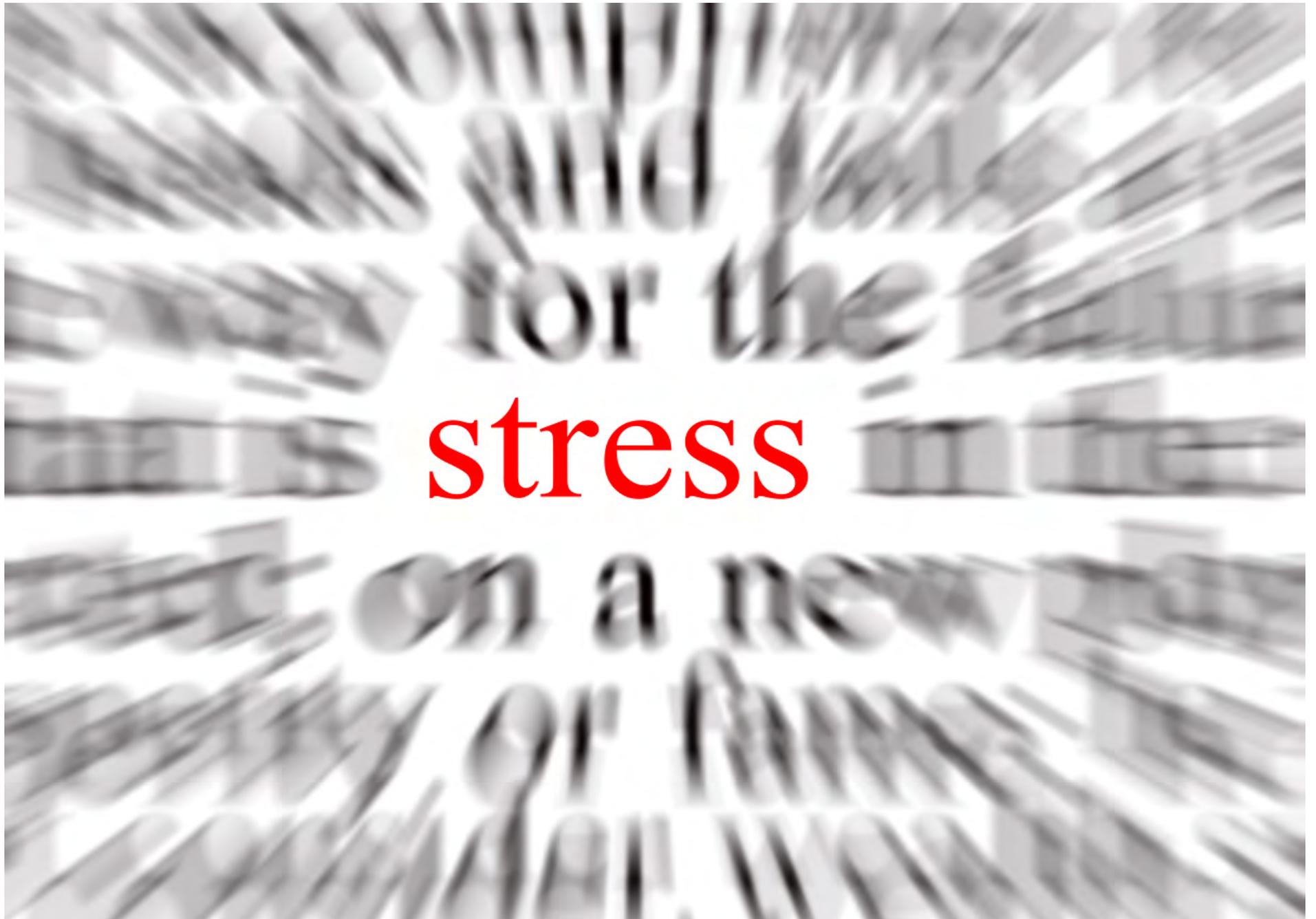
AGING BODIES WITH DISABILITIES



Physical Disability

Mental Health Diagnosis





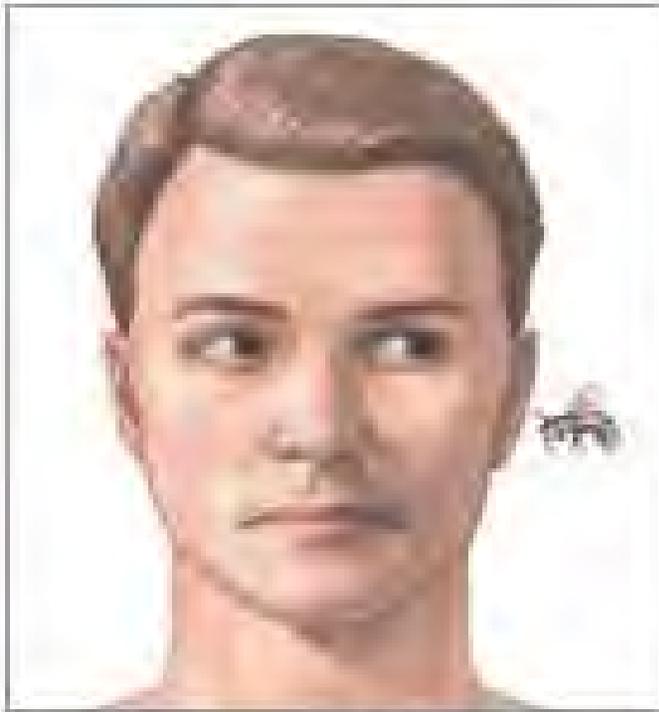
Geriatric Mental Health and Emergency Preparedness



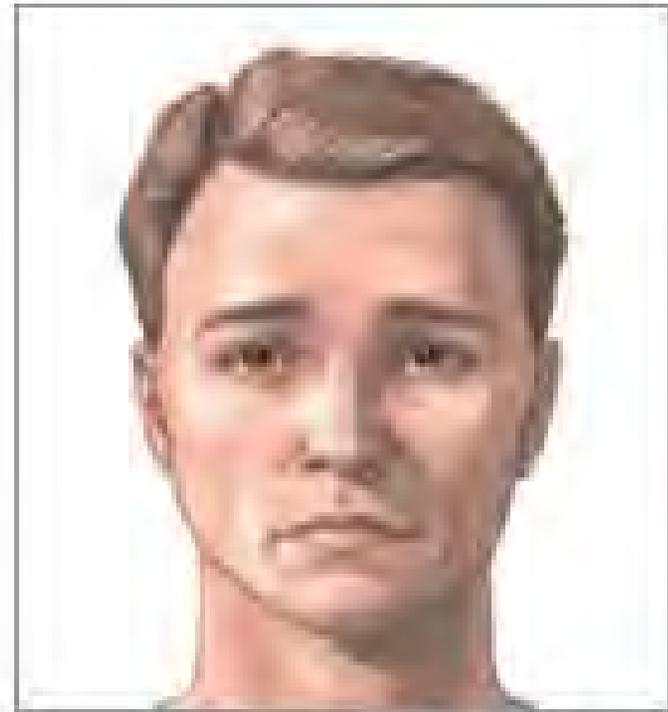
Stress has nothing to do with
how many hours you work



And everything to do with how
you feel during those hours



**Stress is caused
by an existing
stress-causing
factor or
"stressor"**



**Anxiety is stress that
continues after the
stressor is gone**

How does stress affect body systems?

1. Nervous System
2. Musculoskeletal
3. Respiratory System
4. Cardiovascular System
5. Endocrine System
6. Gastrointestinal System
7. Reproductive System



Physical Reactions to Disaster

- Fatigue / Exhaustion
- Appetite changes
- Tightening in throat, chest, stomach
- Worsening of chronic conditions
- Somatic complaints

Emotional Reactions to Disaster

- Depression, sadness, despair
- Irritability, anger resentment
- Anxiety, fear
- Despair, hopelessness, helplessness
- Guilt, self-doubt
- Unpredictable mood swings
- Rage

Cognitive Reactions to Disaster

- Confusion, disorientation
- Recurring dreams or nightmares
- Preoccupation with disaster
- Somatic preoccupation
- Trouble concentration or remembering
- Difficulty making decisions
- Questioning spiritual beliefs

Behavioral Reactions to Disaster

- Sleep problems
- Crying easily
- Attention or help seeking
- Excessive activity level
- Increased conflicts with family, violence
- Hyper-vigilance, startle reactions
- Self-harm, suicidal thinking
- Avoidance, isolation, withdrawal

Psychological Reactions to Disaster

- Fear, anxiety
- Rage
- Vulnerability and frailty
- Disruption of equilibrium
- Risk of decompensated functioning
 - Perceptual Disturbances
- Auditory hallucinations
- Visual, tactile hallucinations

Common Mental Health Diagnoses In the Aged.

- Anxiety
- Depression
- Dementia
 - Delusions
 - Delirium
- Functional Disorders
- Psychological Illnesses

Medications Common to Elders

- Anti-depression (SSRI)
- Atypical Anti-psychotics
- Anti-anxiety
- Anti-dementia (Alzheimer's Disease)

Medications Common to Elders

- Cardiovascular
- Proton Pump Inhibitors
- Diuretics
- Analgesics

Understand that there may be idiosyncratic reactions to medications.

Elders in Times of Emergency

- Be sure to assess reactions to episodic stress—short term and longer term.
- Be aware of likely physical limitations.
- Be aware of possible medication side effects.
- Recognize and refer to mental health staff.

Leaders and disaster workers have great influence on the mood of a community, especially vulnerable populations.

Medical Reserve Corps & Elderly:

Assist with Special Needs preparation

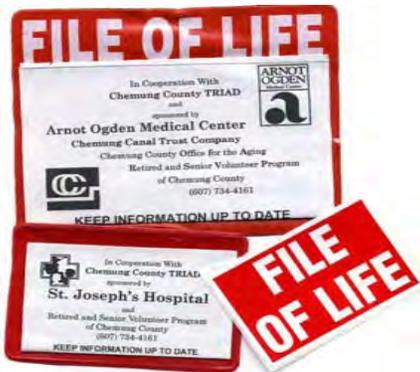
Assist in promoting Advance Directives

Assist in promoting Health Care Proxy

Promote maintaining medication lists—

File of Life

Health Passport



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Chemung County Medical Reserve Corps

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