10.1: Introduction to Late Adulthood

Skills to Develop

- Differentiate between impaired, normal, and optimal aging.
- Report numbers of people in late adulthood age categories in the United States.
- Discuss changes in the age structure of society in the U.S. and globally.
- Report life expectancies in the United States based on gender, race, and ethnicity.
- Explain the reasons for changes in life expectancies.
- Identify examples of ageism.
- Compare primary and secondary aging.
- Report on the leading sources of secondary aging.
- Describe changes in the senses in late adulthood.
- Discuss the impact of aging on the sensory register, working memory, and long-term memory.
- Describe theories of aging.
- Define Hayflick Limit.
- Evaluate previous ideas about aging and cognition based on new research.
- Describe abnormal memory loss due to Alzheimer’s disease, delirium, and dementia.
- Differentiate between organic and nonorganic causes of dementia.
- Describe Erikson’s psychosocial stage for late adulthood.
- Contrast disengagement, activity, and continuity theories of aging.
- Describe ways in which people are productive in late adulthood.
- Describe grandparenting styles.
- Compare marriage, divorce, being single, and widowhood in late adulthood.
• Report rates at which people in late adulthood require long-term care.
• Examine caregiving for dependent older adults.
• Define socio-emotional selectivity theory.
• Classify types of elder abuse.

Defining Late Adulthood: Age or Quality of Life?

We are considered in late adulthood from the time we reach our mid-sixties until death. In this lesson, we will learn how many people are in late adulthood, how that number is expected to change, and how life changes and continues to be the same as before in late adulthood. About 13 percent of the U. S. population or 38.9 million Americans are 65 and older (U. S. Census Bureau, 2011). This number is expected to grow to 88.5 million by the year 2050 at which time people over 65 will make up 20 percent of the population. This group varies considerably and is divided into categories of 65 plus, 85 plus, and centenarians for comparison by the census. Developmentalists, however, divide this population in to categories based on health and social well-being. Optimal aging refers to those who enjoy better health and social well-being than average. Normal aging refers to those who seem to have the same health and social concerns as most of those in the population. However, there is still much being done to understand exactly what normal aging means. Impaired aging refers to those who experience poor health and dependence to a greater extent than would be considered normal. Aging successfully involves making adjustments as needed in order to continue living as independently and actively as possible. This is referred to as selective optimization with compensation and means, for example, that a person who can no longer drive, is able to find alternative transportation. Or a person who is compensating for having less energy, learns how to reorganize the daily routine to avoid over-exertion. Perhaps nurses and other allied health professionals working with this population will begin to focus more on helping patients remain independent than on simply treating illnesses. Promoting health and independence are important for successful aging.
Age Categories: 65 to 74

These 18.3 million Americans tend to report greater health and social well-being than older adults. Having good or excellent health is reported by 41 percent of this age group (Center for Disease Control, 2004). Their lives are more similar to those of midlife adults than those who are 85 and older. This group is less likely to require long-term care, to be dependent or to be poor, and more likely to be married, working for pleasure rather than income, and living independently. About 65 percent of men and 50 percent of women between the ages of 65-69 continue to work full-time (He et al., 2005). Physical activity tends to decrease with age, despite the dramatic health benefits enjoyed by those who exercise. People with more education and income are more likely to continue being physically active. And males are more likely to engage in physical activity than are females. The majority of the young-old continue to live independently. Only about 3 percent of those 65-74 need help with daily living skills as compared with about 22.9 percent of people over 85. (Another way to consider think of this is that 97 percent of people between 65-74 and 77 percent of people over 85 do not require assistance!) This age group is less likely to experience heart disease, cancer, or stroke than the old, but nearly as likely to experience depression (U. S. Census, 2005).

75 to 84

This age group is more likely to experience limitations on physical activity due to chronic disease such as arthritis, heart conditions, hypertension (especially for women), and hearing or visual impairments. Rates of death due to heart disease, cancer, and cerebral vascular disease are double that experienced by people 65-74. Poverty rates are 3 percent higher (12 percent) than for those between 65 and 74. However, the majority of these 12.9 million Americans live independently or with relatives. Widowhood is more common in this group-especially among women.

85 plus

The number of people 85 and older is 34 times greater than in 1900 and now includes 5.7 million Americans. This group is more likely to require long-term care and to be in nursing homes. However, of the 38.9 million American over 65, only 1.6 million require nursing home care. Sixty-eight percent live with relatives and 27 percent live alone (He et al., 2005; U. S. Census Bureau, 2011).

Centenarians

There are 104,754 people over 100 years of aging living in the United States. This number is expected to increase to 601,000 by the year 2050 (U. S. Census Bureau, 2011). The majority is between ages 100 and 104 and eighty percent are women. Out of almost 7 billion people on the planet, about 25 are over 110. Most live in Japan, a few live the in United States and three live in France (National Institutes of Health, 2006). These “super-Centenarians” have led varied lives and probably do not give us any single answers about living longer. Jeanne Clement smoked until she was 117. She lived to be 122. She also ate a diet rich in olive oil and rode a bicycle until she was 100. Her family had a history of longevity. Pitskhelauri (in Berger, 2005) suggests that moderate diet, continued work and activity, inclusion in family and community life, and exercise and relaxation are important ingredients for long life.
The “Graying” of America and the Globe:

This trend toward an increasingly aged population has been referred to as the “graying of America.” However, populations are aging in most other countries of the world. (One exception to this is in sub-Saharan Africa where mortality rates are high due to HIV/AIDS) (He et al., 2005). There are 520 million people over 65 worldwide. This number is expected to increase to 1.53 billion by 2050 (from 8 percent to 17 percent of the global population.) Currently, four countries, Germany, Italy, Japan, and Monaco, have 20 percent of their population over 65. China has the highest number of people over 65 at 112 million (U. S. Census Bureau, 2011).

As the population ages, concerns grow about who will provide for those requiring long-term care. In 2000, there were about 10 people 85 and older for every 100 persons between ages 50 and 64. These midlife adults are the most likely care providers for their aging parents. The number of old requiring support from their children is expected to more than double by the year 2040 (He et al., 2005). These families will certainly need external physical, emotional, and financial support in meeting this challenge.

REFERENCES:


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