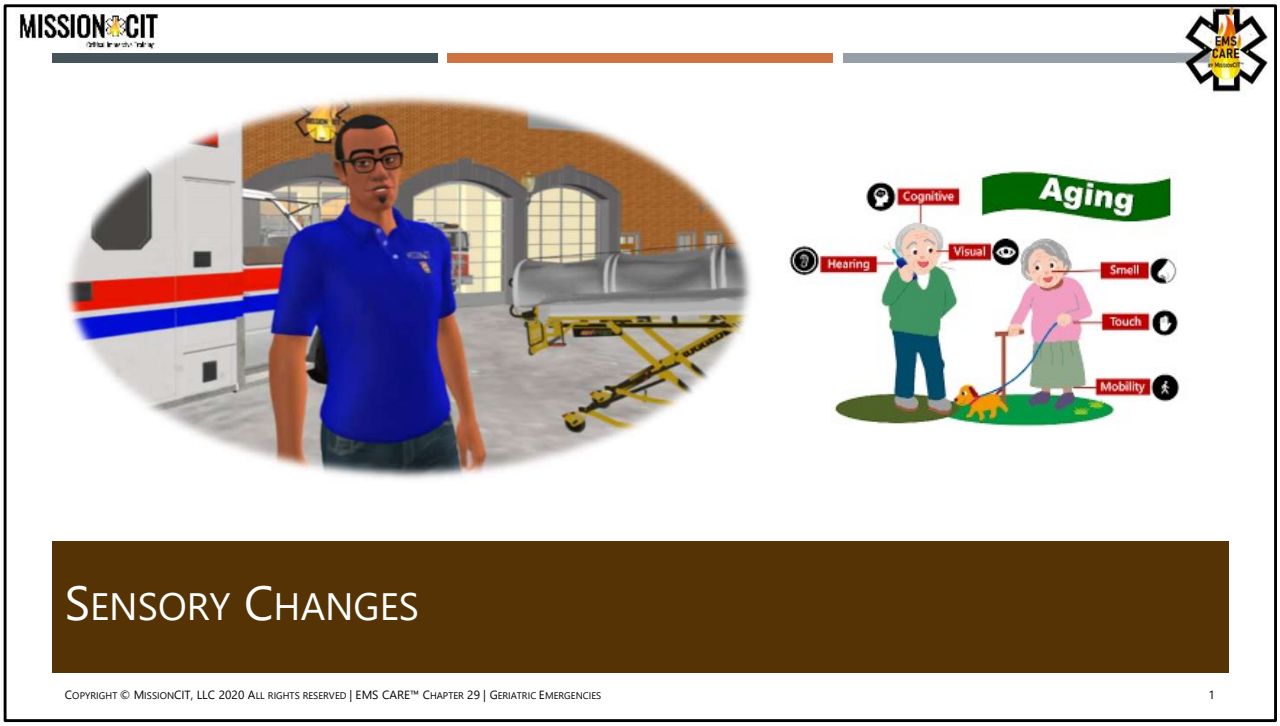


Thank you Missah!

In this lesson, we will look at the sensory changes that seniors go through in the areas of vision, hearing, and pain perception.

Understanding these sensory changes will help you to provide appropriate care for the patient.

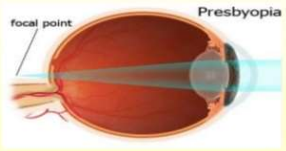
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CHANGES IN VISION

- Decreased visual acuity
- Inability to differentiate colors
- Decreased night vision
- Decreased tear production
- Development of cataracts
- Glaucoma, macular degeneration

Changes in the Body: Sensory Organs— Vision

- Presbyopia – normal change of aging
- Narrowing of visual field; decreased peripheral vision
- Pupil less responsive to light
- Potential for macular degeneration
- Common eye disorders in the elderly are NOT normal: cataracts, glaucoma, macular degeneration, & retinopathy





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Some of the vision changes that happen with seniors include:

- Age-related macular degeneration is an eye disease that affects the center of the light-sensitive retina at the back of the eye and causes central vision loss.
- Cataracts are cloudy or opaque areas in the normally clear lens of the eye. Cataracts can cause blurry vision, decreased contrast sensitivity, decreased ability to see under low light level conditions such as when driving at night, dulling of colors, and increased sensitivity to glare.

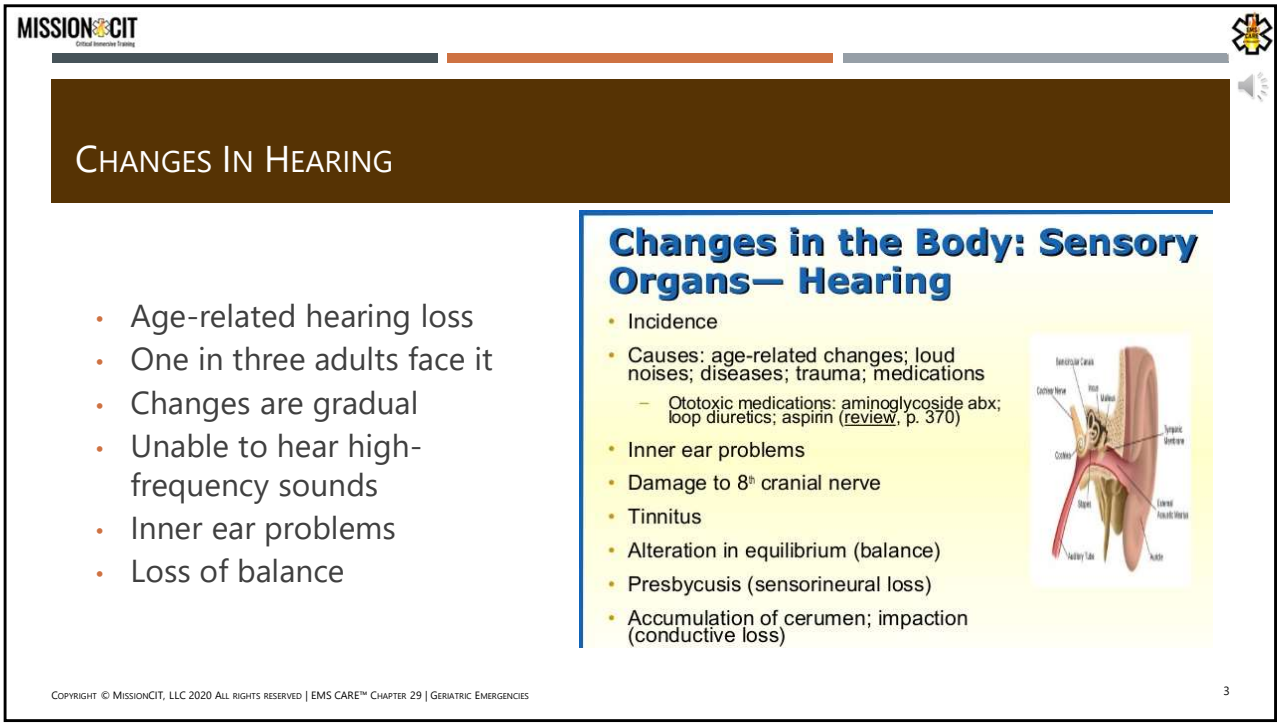
- Diabetic retinopathy is a condition that occurs in people with diabetes. It is the result of progressive damage to the tiny blood vessels that nourish the retina. These damaged blood vessels leak blood and other fluids that cause retinal tissue to swell and cloud vision.
- Dry eye is a condition in which a person produces too few or poor-quality tears. Tears maintain the health of the front surface of the eye and provide clear vision.
- Glaucoma is a group of eye diseases characterized by damage to the optic nerve resulting in loss of peripheral vision. If left untreated, glaucoma can lead to total blindness.
- Retinal detachment is a tearing or separation of the retina from the underlying tissue. Retinal detachment most often occurs spontaneously due to changes to the gel-like vitreous fluid that fills the back of the eye. If not treated promptly, it can cause permanent vision loss.

You may be called to attend to a senior in an automobile mishap. Be aware that the vision changes we just discussed may have caused the patient to

- Not being able to see road signs as clearly.
- Difficulty seeing objects up close, like the car

instrument panel or road maps.

- Difficulty judging distances and speed.
- Changes in color perception.
- Problems seeing in low light or at night.
- Difficulty adapting to bright sunlight or glare from headlights. And
- Experiencing a loss of side vision.

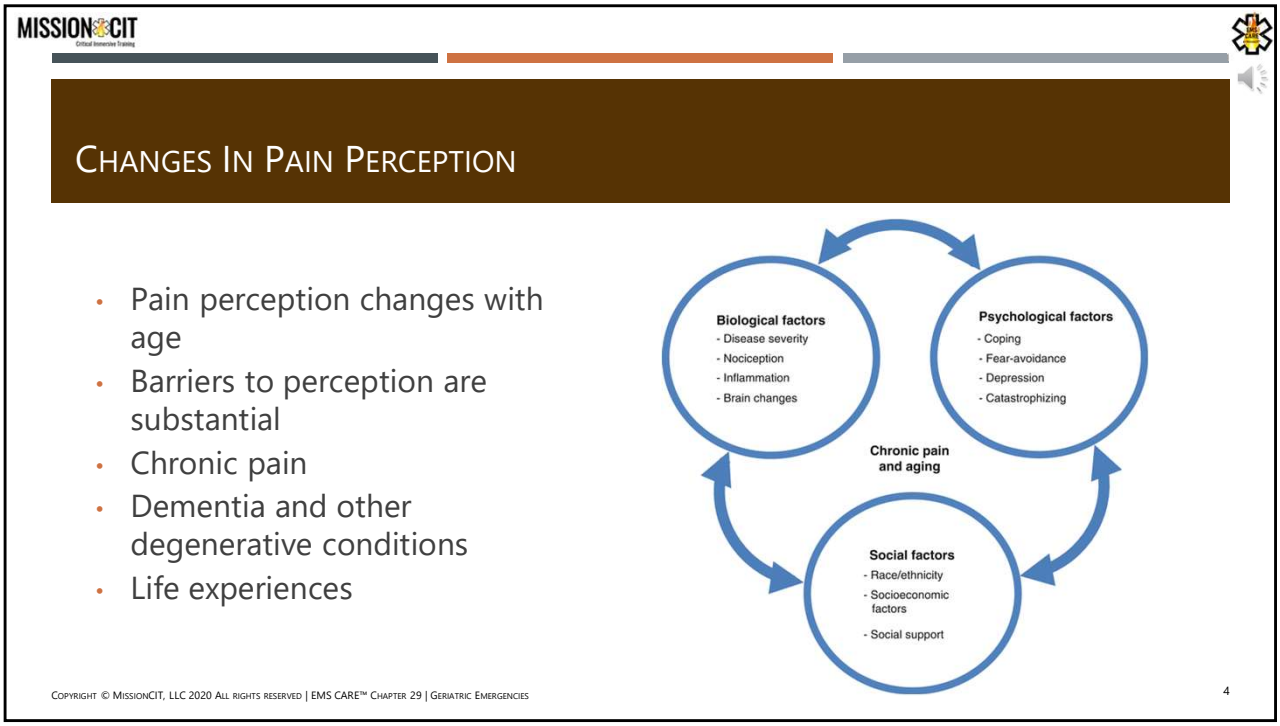


One of the most prominent hearing-related conditions is presbycusis, an age-related hearing loss in both ears. It is a common problem linked with hearing, and it is estimated that one in every three adults faces this disorder. But these changes are gradual, so the patient may not be aware of their situation.

Along with this, seniors may not be able to hear high-frequency sounds.

Inner ear problems and loss of balance are other issues that come with aging.

Due to these conditions, hearing aids are commonly used to resolve hearing loss. However, patients often do not have the hearing aids properly inserted. Also, these devices may be in disrepair, in need of new batteries, or just misplaced. The result is that you may find yourself dealing with an individual who cannot hear or effectively respond to you.



According to the Journal of Gerontology, Pain is the most common complained symptom in the elderly. Acute pain prevalence does not change with aging. However, chronic pain is much more common in the elderly compared to young individuals.

Older adults with untreated chronic pain can experience serious health consequences, such as depression, anxiety, reduced mobility, social isolation, poor sleep, and related health risks.

Pain perception varies significantly between young adults and seniors, and understanding these differences

is imperative for appropriate treatment. In the elderly patient, barriers include fear of addiction, reluctance to seek treatment, and the belief that pain is a normal aging phenomenon. Also, dementia-related conditions may make it difficult for them to express their pain in words.

However, despite these obstacles, prehospital providers have to perform an appropriate patient assessment. The EMT must examine potential causes for the patient's pain symptoms to develop a plan of action for treatment and transport.

With this understanding, we come to the end of this lesson. Next, Missah will talk about the special considerations to keep in mind while handling geriatric patients.