

Day 2 – PFLSE – Our Aging Senses

Our Aging Senses

Sight

Seniors memorize their environment
New environment – they need to learn this
Visual cues are important – they may see things wrong (ambulance)

Macular Degeneration – loose center of field of vision
May need to sit and converse to the side
Same for TV, etc.

Glaucoma – print jumps up and down
Sides of eyes droop down – they are not sad

Best way to make handouts:

Mix upper and lower case
No less than 12 – 14 font
No curly fonts
Black type on white paper is best
Loose ability to see pastels first

Hearing

Ear canal shortens, ear wax packs
Ear drum less flexible so sound drops off – no vibration

Best way to handle environment:

Cut out background noise (radios, etc.)
Ask them to turn off their TV
For them to read your lips – do not stand in front of window or light background
Try to use different words – they lose t's and s's first
Say their name
H Plates = Hearing impaired

Touch

Nerve endings of feet and hands die off
Combine with arthritis, they can't do some things we would expect
They walk wide-legged or shuffle to keep their balance
Ability to sense hot and cold diminishes – get a burn faster than we do
Message to brain is slower
Their skin is thinner
They should dress for the weather not just how they feel
They need touch (some of them!)

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Smell

Sinus cavities consolidate, more hair in nose, so breathe through mouth = dry mouth, bad breath

Should be doing oral hygiene 5X a day

Encourage drinking water

Saliva becomes thick – they suck hard candy, encourage sugar free

Thirst mechanism slows down, so they're not as willing to drink water – dehydration is a big problem

Taste

Taste buds are dying off, **sweet dies off first, so they crave it**

Bitter and sour last longest (most seniors don't like Starbucks – too bitter)

Many times they are malnourished because they are not getting enough protein

Tongue smacking – they are trying to taste