

The Communication Difficulties in the Elderly with Cardiovascular Diseases

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ABSTRACT: Communication is essential in the relationship with the elderly, especially when faced with certain diseases. The difficulties in communication occur even more the older the age and the more advanced the disease, cardiovascular diseases being the main cause of premature death in the world and being constantly increasing. Disability and death caused by cardiovascular disease have reached alarming levels around the globe, especially affecting people over 65; therefore, communication with the elderly can be challenging, but it is vital.

KEYWORDS: communication, elderly people, good communication, cardiovascular disease

Introduction

For over half a century, contemporary society has been facing a phenomenon that was characterized by the World Health Organization in the 1970s as the largest epidemic in the history of mankind, namely cardiovascular disease (Pavel, Sdrobici, Pieptea et al 1963, 5). The phenomenon continues to grow, especially among the elderly population despite the advances in preventive medicine as well as in the therapy of cardiovascular diseases. Tatu-Chițoiu (2016) stated that prevention is the weakest link in Romanians' heart health, and the main major cardiovascular risk factors are smoking, high blood pressure, sedentary lifestyle and hypercholesterolemia.

Communication challenges with the elderly

For the elderly, the need for communication is vital for their lives, the quality and duration of life being threatened by the cardiovascular diseases they have as well as by communication difficulties. Sooner or later, elderly people live the last part of their lives, which precedes the end, ending existence with these diseases.

Communication, at this stage, has particular meanings and is, along with other elements of care, a solution to the quality of life until the last moment. With the help of communication, we find out many data on illness, mental changes caused by aging, the degree of illness and suffering, social and mental stress. Through communication we obtain precious data on the needs of one person or another, finally, with the help of communication, we can influence even in the therapeutic sense of communication the person's condition, without counting the transmission for assimilation of our messages designed to help them.

Regarding the age category, group 65-69 years, out of the total number of deceased of 32727 persons, 13258 people (40,5%) were caused by diseases of the circulatory system out of which hypertension caused 2625 cases, acute myocardial infarction 2561, other forms of ischemic heart disease 2523, chronic pulmonary heart 249, cerebrovascular diseases 3275.

Group 70-74 years, out of the total number of deceased of 35256 persons, 16428 people (46,6%) were due to diseases of the circulatory system out of which: arterial hypertension were 3703 cases, acute myocardial infarction 2617, other forms of ischemic heart disease 3213, chronic pulmonary heart 250, cerebrovascular diseases 4484 (Cîrtog, Ghenea and Pîrvu 2021, 5).

In a press release of the National Center for Statistics, it was said that in 2020 the number of deaths from diseases of the circulatory system increased by 17447 cases compared to 2019 implicitly, mortality increased from 654.9 to 100,000 loc. to 735.2 per 100 000 loc.

compared to 2019, but it still remains the first cause of death in Romania. The main causes of death in this case are *hypertension* which was higher in 2020 by 7649 cases compared to 2019, *acute myocardial infarction* increasing compared to 2019 with 1292 deaths and other forms of ischemic heart disease increasing compared to 2019 with 4521 deaths.

However, as mentioned above, in the case of accumulation of risk factors, their detection, prevention and treatment are crucial in the further development of these patients, and nutrition plays an important role. Prof. Louis Monnier said that “dietary prescription is a therapeutic medical act with the same value as the drug prescription” (Mencinicopschi 2020, 5).

Cardiovascular diseases are a major cause of morbidity and mortality worldwide, producing 17.3 deaths annually, a number that is expected to rise to more than 23.6 million by the year 2030 (Smith, Collins, Ferrari et al. 2012, 2343-2348). Basically, one in six people dies of a cardiovascular disease. If we refer strictly to ischemic heart disease and stroke, the cumulative number of deaths in 2010 was 12.3 million out of the total of 52.3 million recorded globally, that is, one of 4 deaths.

It is worth mentioning that in all concepts belonging to the theory of communication, communication is included among the fundamental needs of a person in general, of a suffering person and elderly even more so. It is known that the human being is complex and existence involves the need for communication as well as spiritual communication. Any elderly person is a human entity whose needs and resources are individual and specific.

Thus, human needs present themselves as multiple and complex, the purpose of satisfaction being to obtain a state of well-being, of comfort, of increasing the quality of life, or the quality of life becomes for the elderly one of the essential objectives of any intervention of help or protection, sometimes, for example, healing or recovery can no longer be possible, but with the help of communication, we can achieve a lot for the elderly.

The Guide of the European Society of Cardiology for Cardiovascular Prevention in 2021 reports the incidence of strokes that increases exponentially with age, affecting annually about 25 people per 100 000 inhabitants in the age group 35-44 years and 1500 people per 100 000 inhabitants in the age group 75-84 years, stroke being the third most frequent cause of death in many countries (Baigent, Abdelhamid and Aboyans 2021).

In the opinion of Prof. PhD M. Tarcea and of N. Răducanu, from a biological point of view, “the aging process is associated with a progressive accumulation of a wide variety of deteriorations at the cellular and molecular level, which leads in time to a gradual decrease of the physiological reserves, to an increase in the risks of developing several diseases” (Tarcea and Răducanu 2017, 12-13).

Academician Dr. C. Bălăceanu-Stolnici noted that cardiopathies and strokes occupy an important place in geriatrics. C. Bălăceanu-Stolnici, who in 2022 turned 98 years old, makes a division of the age decades and considers that the most correct is in decades or semi-decades starting with 60 or 65 years. There are schools that divide the duration of the senescence process into 3 segments: elderly people between 60 (65)-75 years old, old people between 75-85 (90) years old and longevities over 85 (90) years old (Bălăceanu-Stolnici 1998, 25-29).

The administration of medicines to the elderly is conditioned by a number of factors that seem minors, but - according to the experience of Academician C. Bălăceanu-Stolnici - they are extremely important, namely:

a. The frequent diminution of the attention, memory and sometimes of the discernment of the elderly, require a processing of the sick and a clear, *minuțios* written graph, with the rigorous specification of the algorithm of use (doses, hours, etc.). Sometimes it is necessary for the medication to be administered by another person (nurse, social worker, a family member);

b. Defects in vision and motility (especially trembling) lead to erroneous identifications of drugs and wrong dosages (for example, in the case of administration in the form of drops);

c. Common polypathology in the elderly leads to the cumulation of prescriptions of drugs, which may present incompatibilities, especially since the elderly tend to consult several doctors in parallel.

d. The tendency of the elders to polypragmasia, often makes them cumulate to the prescribed medicines other drugs (about which they have heard from others or have been reading in more or less qualified publications) (Bălăceanu-Stolnici 1998, 25-29).

We have to be prepared to face a simplified language in communication when we are dealing with the administration of medicines because patients have to understand what they are told. It is a poorer language, often stereotyped, which is another characteristic of aging, to which we must also adapt our own language and constantly use the quality that we emphasized previously. We can say with certainty that, indeed, communication with the elderly remains a challenge for everyone around that person. For the specialist, sometimes, those 20 minutes given to the discussion with the patient become so small that it takes a lot of tact and patience to obtain both the information he needs, but also to meet the communication needs specific to the elderly.

The elderly as a social category are associated with a state of health that degrades and indirectly, are associated with the use of medicines in the treatment of the diseases they suffer from, of which cardiovascular diseases have an important share. The study of the adverse effects of medicines is as important as the study of their positive effects in treating diseases and the potentiation of the effects by using the diet to improve the state of health is at an early stage. They are helped by the Church in Social Centers (Miron 2017) and participating in services helps them a lot in the communication problems they have (Miron 2010).

“Our mission, of the holy ministers of the Church, is to behave in the midst of the world as “sons of light” (John XII, 36), spreading around us the light of love, peace, justice and goodness, for that our lives may be more and more beautiful and bright, that in this way our Lord Jesus Christ may make us worthy of the light of eternal life, which the saints enjoy in the heavenly kingdom, in the city of the New Jerusalem (Revelation XXI, 2), enlightened by the adoration of God, by Jesus Christ - the unseen and eternal light” (Revelation XXI, 23) said Vasile Miron in his study (Miron 2021).

Conclusion

In conclusion, cardiovascular diseases remain a major cause of disability or mortality among elderly patients, age being a major risk factor in their occurrence. Besides their age and fragility, this category of patients is likely to have an impressive number of additional diseases that contribute to their chronic condition (Ciumarnean, Milaciu, and Negrean, et al. 2022, 207). Communication in the case of the elderly has an important role in their understanding. It is necessary for us to meet the difficulties of communication and to have more patience. Help from specialists is necessary, the older the age and if a cardiovascular disease has evolved over time.

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