Alvarez, the 82-year-old woman who has Alzheimer's disease. These people need help to establish daily routines and to monitor and control symptoms so as to avoid medical crises. This requires a basic knowledge of the functions of human physiology, including the circulatory, endocrine, respiratory, musculoskeletal, gastrointestinal, urinary, nervous, digestive, and reproductive systems. Normal aging of the body's systems need not diminish a person's quality of life. Knowledge of the way aging does affect the body's systems helps social workers assist elderly clients in modifying their lifestyles and homes so they can continue to enjoy satisfying and productive lives.

Social workers must have knowledge about the physical and mental impairments that are related to chronic illness as well as normal changes that may occur in the senses (sight, hearing, touch, taste, and smell) and sleep patterns as a person ages (Hooyman & Kiyak, 2011). Social workers can help people adapt to these changes so that their daily activities are not drastically altered. It may be as simple as pointing out the availability of large-print books or books on audiotape to a client who has weakened eyesight, or telephone amplifiers for a client who has a hearing deficit. For older people who have difficulty sleeping and are at risk for dependency on sleeping pills, the social worker can suggest using relaxation techniques, abstaining from certain foods and drinks, taking daily walks, and avoiding afternoon naps.

In addition, gerontological social workers need to be aware of commonly used medications and of advances in pharmacology. The vast majority of older Americans, 87 percent in one study, take at least one prescription drug regularly. Over 36 percent of older adults reported using more than five prescription medications (Rochon, 2017). Social workers need to be aware of the side effects of commonly used medications and of potentially harmful interactions between prescription and over-the-counter drugs. In some cases, clients may be taking several drugs prescribed by different doctors, each of whom may not be aware of the other prescriptions. An adverse drug event (ADE), more commonly called a drug reaction, could lead to hospitalization or, in the extreme, a loss of independence for this group. With a basic knowledge of medications, social workers can help monitor a person's prescriptions.

Cognitive Process and Emotional/Psychological Development

When older people retire, as James and Tresca Brady have, they must restructure their time, build relationships outside of work, and develop new identities not linked to their jobs. Elders who are able to accomplish these tasks are more likely to have satisfying postretirement years. On the basis of theories of personality development, gerontological social workers can help clients navigate stressful life events such as retirement, widowhood, physical decline, residential relocation, loss, and approaching death.

Gerontological social workers also need to know about factors that affect learning, intelligence, and memory as people age. The inability to learn or perform new tasks, impairment of intelligence, and memory loss are not necessarily synonymous with aging. Many life and environmental factors interact to affect cognitive processes. For example, anxiety in late life has been found to

be a risk factor for disability (Lenze et al., 2001). Anxiety can adversely impact well-being and recovery and hasten decline in the elderly.

Sociological Aspects of Aging

EP 3a

As a victim of ageism, Bob Williams, who was fired from his job at a large accounting firm, knows firsthand how society's expectations for a 68-year-old man can be limiting and shortsighted. To be effective advocates for clients like Mr. Williams, gerontological social workers need to understand social roles and expectations—for example, marital roles, grandparenthood, and sexual behavior—and how they change as people age.

Activity theory (Westerberg, 2004) and disengagement theory (Chen, 2003) examine role changes among the elderly. Activity theory proposes that the more active a person is, the more satisfied he or she will be during the "golden years." Disengagement theory, by contrast, asserts that to withdraw and become more introspective as one grows older is normal and healthy. Both behaviors can be found in people as they age.

Legal, Economic, and Political Aspects

EP 2a

Bob Williams was a victim of age discrimination. Thomas Wayne wants to die with dignity. How can a social worker help Mr. Williams and Mr. Wayne with their problems? To be effective advocates, gerontological social workers need to be well informed about the important legal issues, court cases, legislation, and economic policies that affect and protect the rights of the elderly. Issues include age discrimination, guardianship and conservatorship, living wills, power of attorney for health care, and Social Security and pension benefits.

Gerontological social workers in medical facilities need to be aware of the legal rights of chronically and terminally ill older people. One study found that although more than three-fourths of hospitalized elderly patients had end-of-life plans, less than a third of their medical records included their wishes (Heyland et al., 2013). The medical system is designed to de-emphasize patients' wishes unless patients aggressively advocate or someone else advocates for them. It is important for an elderly person to name an agent (i.e., a like-minded friend or family member) who can make health care decisions when the patient can no longer do it himself or herself. In the absence of a legally executed health care directive (power of attorney or living will), the patient who is incapacitated is at risk for receiving treatments that he or she otherwise would not have authorized. Additionally, recent research suggests that some types of advanced directives are more effective than others in helping patient's have their requests honored. The Physicians Orders for Life Sustaining Treatment (POLST) program exists in 30 states. The program offers assistance and specific forms to help people with serious advanced illnesses make their end of life wishes clear, and has been shown to be effective in helping patients communicate their treatment preferences and have them followed (Hickman et al., 2010).