Autoimmune Disorders in the Elderly
for the CNA, HHA, and PCA

This self-administered tutorial is equal to
One Inservice Hour
Passing grade on exam is 75%

Florida Board of Nursing Course #20-487665 Approved for CNAs.

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OBJECTIVES

At the completion of this tutorial students will be able to:
1. Define autoimmune.
2. Discuss three types of autoimmune disorders in the elderly.
3. Discuss the probable causes of autoimmune disorders.
4. Identify what ordinary steps you can take to protect someone with autoimmune disorders.
5. Discuss two occasions when your resident should use protective masks.

DEFINITIONS

Addison's disease: is a rare autoimmune endocrine disorder in which the adrenal glands do not produce enough steroid hormones (glucocorticoids and often mineralocorticoids.)

Autoimmune: disorder is a condition that occurs when the immune system mistakenly attacks and destroys healthy body tissue.

Celiac disease: is an autoimmune disease, which may be inherited. This disease involves the lining of the small intestine, which is damaged from eating gluten and other proteins found in wheat, barley, rye, and possibly oats.

Dermatomyositis: is a type of inflammatory myopathy. (muscle dysfunction). This muscle disease is characterized by inflammation and a skin rash. It is

Graves disease: is another autoimmune disorder, which leads to overactivity of the thyroid gland (hyperthyroidism).

Immunosuppression: the generalized treatment of autoimmune diseases with medication that decreases the immune response.

Multiple sclerosis: is an autoimmune disease that affects the central nervous system, (the brain and spinal cord). There is no known cure for multiple sclerosis, but the treatment is focused on controlling the symptoms of the disease to give those with the disease a better quality of life.

Myasthenia gravis: is a neuromuscular disorder. It is characterized by the weakness of voluntary muscles. This weakness often improves with rest and worsens with activity. The condition is also caused by an abnormal immune response.
**Pernicious anemia**: is a decrease in red blood cells. This decrease occurs when the body cannot properly absorb vitamin B12 from the gastrointestinal (GI) tract. Red Blood cells need Vitamin B12 for proper development.

**Rheumatoid arthritis (RA)**: is a disease that leads to inflammation of the joints and surrounding tissues. It is a long-term disease that can also affect other organs. RA in the elderly impacts every aspect of their life, usually due to the crippling pain and joint deformities that go along with having RA for a long period of time. Many people have seen the elderly with hands with fingers pointing off to the side. This is a sign of RA.

**Sjogren syndrome**: is an autoimmune disorder in which the glands that produce tears and saliva are destroyed. The decrease in saliva leads to dry mouth and other dry mucous membranes. The decrease in tears leads to “dry eye” syndrome. This syndrome affects many different parts of the body, including the kidneys and lungs.

**Systemic lupus erythematosus (SLE)**: is a chronic, inflammatory autoimmune disorder. SLE usually affects the skin, joints, kidneys, and other organs.

**Type 1 diabetes mellitus (IDDM)**: was once known as juvenile diabetes and insulin-dependent diabetes. It is a chronic autoimmune disorder. In this disorder, the pancreas produces little or no insulin. Insulin is a hormone needed to allow sugar (glucose) to enter cells to produce energy. Type 1 diabetes is also called insulin dependent diabetes mellitus, IDDM.

**AUTOIMMUNE DISORDERS**

There are more than 80 different types of autoimmune disorders according to Herbal Health Review. “Autoimmune disorder” is a condition. It occurs when the immune system mistakenly attacks and destroys healthy body tissue. This tutorial will only touch on the few that affect many of the elderly residents in retirement communities.

Autoimmune diseases are known to arise from an overactive immune response. This immune response of the person’s body works against substances and tissues normally present in the body. **This means the body actually attacks its own cells.** This attack may be restricted to certain organs as in thyroiditis or may be more widespread. This response also may involve a particular tissue in different places (e.g. Goodpasture’s disease that may affect a membrane in both the lung and the kidney). The treatment of autoimmune diseases is typically handled with Immunosuppression medications. These medications decrease the immune response. This means that people who receive Immunosuppression medication may not be able to fight off normal diseases and infectious germs. These germs include fungi, viruses, and bacteria.

**SYMPTOMS**

Symptoms of an autoimmune disease can vary widely. The exhibition of these symptoms depends on the specific disease. The group of symptoms that occur with autoimmune diseases may include:
All of these symptoms are so generalized that doctors cannot diagnose autoimmune diseases without more specific testing. As many people can see by the symptoms, they could also be caused by the common cold. It is no wonder that some people can go to the doctors for months before they are correctly diagnosed with a specific autoimmune disease.

Autoimmune disorders are diagnosed, evaluated, and monitored through a combination of tests. These can be:

- autoantibody blood tests, blood tests to measure inflammation and organ function,
- clinical presentation, and
- through non-laboratory examinations. X-rays are an example of these exams.

There is currently no cure for autoimmune disorders according to Care 2 Groups. In rare cases, the symptoms may disappear on their own. Flare-ups are common and temporary remissions in symptoms may occur for a time. In most people, the chronic symptoms develop a progressive worsening.

Causes

The cause or causes of autoimmune diseases is unknown. There does appear to be an inherited predisposition to develop autoimmune disease in some people. In a few types of autoimmune disease, a bacteria or virus triggers an immune response. This trigger happens in rheumatic fever, when the antibodies or T-cells attack normal cells. This happens because the normal cells have a part of their structure that may resemble a part of the structure of the infecting microorganism.

There are two general types of autoimmune disorders. The first type damages many organs. This type is referred to as systemic autoimmune diseases. The second type only damages a single organ or tissue. This is called a localized autoimmune process. The distinctions become blurred, however if the effect of localized autoimmune disorders extends farther than the targeted tissues. This indirectly affects other body organs and systems. Some of the most common types of autoimmune disorders are listed in the definitions at the beginning of this tutorial.

Treatment

The treatment(s) have many goals. They are:

- to reduce symptoms,
- control the autoimmune process,
- decrease organ damage, and
The treatments used depend on the specific disease and the symptoms.

Some clients need supplements to replace a vitamin or hormone lacking in the body. Examples of these supplements include thyroid supplements, vitamins, or insulin injections.

If the autoimmune disorder affects the blood, blood transfusions may be needed.

People with autoimmune disorders that affect more than one organ, especially the bones, joints, or muscles usually need help with functions or activities of daily living. This includes almost all movement or other body functions.

Medicines are often prescribed to control the immune system’s response. Sometimes these medicines negatively affect the very cells they are targeted to help. These are often called immunosuppressive medicines. These medicines can include corticosteroids (such as prednisone) and nonsteroid drugs such as cyclophosphamide, azathioprine, or tacrolimus. Unfortunately, the side effects of these medications used on a long term basis create almost as many negative symptoms as the actual autoimmune disease process itself.

Caring For The Elderly With Autoimmune Disorders

The goal of care for the elderly with autoimmune disorders is to help the elderly resident continue their normal habits and way of life they maintained before their diagnosis. They will have multiple symptoms or fatigue, joint pain, low fever, dizziness, and generally not “feel well”.

The best way to help these elderly is to recognize and acknowledge their feelings, handle them gently, when you’re helping them with activities of daily living, and wait for them patiently. Their skin may be “paper thin” and tears easily and bleeds easily. Just imagine that every time you grab someone who’s been on Prednisone for over one year that you might create a skin tear, how would you feel? You can recognize them because they usually have black and blue bruises over most of their bodies. The intent of moving them gently is to keep them from further injury.

They also hurt. As you saw in the picture of the deformed joints of the rheumatoid arthritis hand on page 4, the joints are pulled out of shape by the tendons and ligaments. As you can imagine, this is quite painful. Many elderly do not want you to shake hands with them. You could cause them extreme pain. Do not think they are unfriendly, they are just trying to protect themselves. If the autoimmune disease has not targeted the joints, it targets other organs. These organs may also cause pain, so the person with the disorder will be in pain, and you may not recognize it until they tell you.
CONCLUSION

The elderly may not be able to plan for their mind, body, and spiritual health when they have a chronic autoimmune disorder. You will have to help them on a daily basis. When you become familiar with your resident, you will be the one to notice a change in them. This change may be negative. You should report this to your nurse case manager immediately. This change may be positive, in which case you would try to promote their well-being for as long as possible.

Caring for the elderly with an autoimmune disease can be like a puzzle. You must first identify what their needs are for the shift. You will work from your aide assignment sheet. You will probably be the first one to pick up on their pain, their feeling of well-being, or their feeling of fear and awareness of their worsening condition. You can and should make a very positive impact on their day by the way you respect them, handle them, and protect their dignity. This is especially important when they no longer can take care of their activities of daily living alone. It’s up to you to make a positive impact on their daily lives.

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