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REVIEW ARTICLE

COMMUNICATION DISORDERS IN ELDERLY PEOPLE

ABSTRACT

Communication may be verbal and nonverbal. Communication changes are commonly reported in older people. In the typical process of aging, communication skills change due to health issues such as depression and cognitive problems. In this review manuscript, communication problems in elderly people are presented. There are health problems found in individuals of older age groups that may affect communication. Examples of these are as follows: cerebral palsy, multiple sclerosis, hearing and visual loss, aphasia, and neurodegenerative diseases. To improve communication with older adults, some measures should be followed, such as "Speak at a normal conversational pace. Avoid speaking very quickly or very slowly" and "Repeat and elaborate on important points." Communication disorders are experienced in older adults. Etiologic factors may be related to general health problems such as neurological problems, hearing and visual loss, and social problems (such as retirement or social isolation). In older adults with communication disorders, everyone throughout society, and especially health care specialists, should be aware of the problem and should use the simple measures to improve communication problems. In this paper, the issue of communication problems in elderly people will be evaluated.

Key Words: Communication; Aged; Nervous System Diseases.

DERLEME

YAŞLILARDA İLETİŞİM BOZUKLUKLARI

ÖZ

İletişim, sözel ve sözel olmayan şekillerde olabilir. Yaşlı insanlarda, iletişim değişiklikleri bildirilmiştir. Tipik yaşlanma ile, fiziksel sağlık, depresyon ve bilişsel problemler nedeniyle iletişim becerileri değişiklik göstermektedir. Bu derleme yazıda, yaşlı kişilerdeki iletişim sorunları sunulmuştur. Yaşlı grubunda, birçok sağlık problemleri vardır ve bunlar iletişimi etkilemiştir: Serebral palsi, multipl skleroz, işitme ve görme kaybı, afazi ve nörodejeneratif hastalıklar gibi. Yaşlılarda iletişimi arttırmak için, basit stratejiler izlenebilir: "Normal konuşma hızı ile konuşun. Çok hızlı veya çok yavaş konuşmaktan kaçının" ve "Önemli noktaların vurgulayın ve tekrar edin." İletişim bozuklukları, yaşlılarda görülmektedir. Etiyolojik faktörler genel sağlık problemleri ile ilgili olabilmektedir, ki bunlar nörolojik problemler, işitme ve görme kaybı, sosyal sorunlardır (emeklilik ve sosyal yalnızlık). İletişim bozuklukları olan yaşlılarda, toplumun ve sağlık çalışanlarının bu sorunun farkında olmaları; ve basit önlemlerle iletişim sorunlarını iyileştirmeye çalışmaları gereklidir. Bu yazıda, yaşlı kişilerdeki iletişim problemleri konusu ele alınacaktır.

Anahtar Sözcükler: İletişim; Yaşlılar; Sinir Sistemi Hastalıkları.

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INTRODUCTION

Communication is important for patients and families. For the needs of elderly patients and health-care providers, the most vital topic is communication (1). In this review manuscript, communication problems in elderly people will be evaluated in a detailed literature review.

COMMUNICATION WITH THE ELDERLY

In the communication process, information is transferred through words, body language, and voice (2). In the aging process, communication maybe affected. Elderly people usually suffer from sensory loss, and they usually have memory problems, and they are affected by social problems such as retirement. Separation from family members also affects the communication process (3). Problems due to aging and age-related problems are important. All of these affect communication, often reducing it (3,4).

Elderly patients feel anxiety and frustration. Moreover, age-related chronic diseases impact the health conditions of these patients. Medical costs for treatments increase, and interpersonal relationships can be affected negatively (5).

Common types of communication are verbal and nonverbal. When people converse with each other, it is verbal communication. During this type of communication, questions may be asked. In face-to-face communication, and for understanding the topic of conversation well, active listening becomes very important. If communication occurs by telephone, listening skills may become even more important (6).

If the communication is nonverbal, facial expressions, eye contact, and body language (behaviors and motion) will be more important. In elderly people, nonverbal communication will be effective, but interaction must be done well (7).

There may be communication problems related to health problems among elderly people. It is reported that hearing problems (42%) and writing problems (26%) are prevalent in elderly people (8). In the process of aging, health problems, such as chronic diseases, depression, and cognitive problems, may cause decreases in communication. Hearing loss develops and the power of speech decreases (9). Fluency of speaking and speaking volume are also affected. There may be a tremor in the speaking voice due to age (10).

Dementia is seen in elderly patients. Dementia is another issue that decreases communication. In patients with dementia, both receptive and expressive language skills are affected. When language is affected, problem-solving skills are affected; this is because the patients cannot communicate properly. Memory loss and decreases in visuospatial abilities also increase communication problems among the elderly (11). The social situation of the elderly people may be affected by these communication problems (12). Neurological problems, such as Parkinson's disease, hearing loss, dysarthria, and disability are associated with communication problems in older adults (13).

HEALTH PROBLEMS AFFECTING COMMUNICATION

Human beings perceive the world through these different criteria: the visual system, auditory system and kinesthetic (connected to sensations). In reality, the three representational systems work together, in a synergic manner, although every human being "will specialize" in one; this preference will greatly influence the way of thinking, speech patterns and behavior (14).

As a person ages, some problems may develop that cause communication problems. Their social lives change. On retirement from work, daily activities decrease (15). Cognitive problems affect communication. There are also chronic diseases such as cardiac disease, sleep problems, hearing loss, and osteoarthritis (16) that affect communication.

Older adults should also be considered capable of handling their own healthcare where the idea that old age or frailty may inhibit ones' decisional capacity. It is essential to provide appropriate and accessible information for each individual case in order to confirm patient comprehension, especially in the presence of possible coexisting disabilities (i.e., cognitive impairment, presbyacusia, visual disturbances, etc.). Cognitive impairment may limit the ability to actively participate in the process. In this context, physicians deal with three different situations on a daily basis: 1) patients with good cognitive functioning; 2) patients with various degrees of cognitive impairment; 3) patients with a legal guardian (14).

Problems with the senses are common in elderly people. Hearing loss is seen in 50%. Dysphonia is detected in 18%. Moreover, voice changes are reported in elderly people. Sometimes, phoniatric examination and support may be needed. Hearing problems cause difficulty in listening and speech perception. Additional cognitive problems increase the difficulty in understanding. Infectious ear diseases also decrease communication because ear infections cause a decrease in the perception of speech (17,18). Sahin, et al (19) reported that the elderly patients of 60 years of age or more with moderate sensorineural hearing loss could catch up their normal hearing

peers in their communication skills within six months only if they prescribed and used proper hearing aids. Physicians should use a slow and clear language, avoid interruptions, use simple grammar with pauses underlining key phrases (20).

Cerebral palsy causes disabilities in elderly people. This disease affects communication skills. Patients become socially isolated, and as a result, social communication problems develop. Motility of the patients decreases, and the degree of activity also decreases. Towards the end of one's life, the general level of function decreases, as does participation in social activities. Patients cannot communicate well compared to healthy people (15,21-23).

A stroke in the left hemisphere of the brain may cause aphasia, which is a language problem. In Wernicke aphasia, patients speak fluently, but may use incorrect words, sometimes even producing nonwords called neologisms. There may also be impairment in speech repetition. Comprehension decreases. These patients cannot recollect correct words when asked. All of these language problems cause communication problems and decreased communication (15,24,25).

Neurodegenerative diseases affect emotions, sexual life, and self-awareness of elderly patients. These patients may begin to show antisocial behaviors. These antisocial results can also be seen in Alzheimer's disease, dementia, and aphasia (26).

Multiple sclerosis (MS) is another disease affecting communication skills among elderly people. The patients with MS show cognitive problems, fatigue to different degrees, and limitations in mobility. These problems affect the communication of patients. These patients need extra support from their families and from health-care providers (15,27,28).

Visual problems and vision loss are detected in elderly people. As people age, vision problems have begun to be detected more commonly. Cataract and vision loss are also prevalent among elderly people (29). These diseases negatively affect vision, as a result, reducing communication skills.

Improving Communication Among Elderly People

To improve communication among elderly people, significant effort will be necessary because of the existence of hearing problems, vision loss, cognitive problems, and neurological diseases. In telephone calls, proper understanding may be impaired because of problems with hearing and the use of language (30).

In Cochrane Database, Wetzels, et al (31) reported that stimulating the involvement of older patients in their primary care may enhance their health. They reviewed studies of interventions to improve older people's involvement in their care. There has been little research in this area involving older people. Only three trials were identified. In these trials, the effects of written or face-to-face preparation for consultations with doctors were evaluated. Interventions of a pre-visit booklet and a pre-visit session (either combined or pre-visit session alone) led to more questioning behaviour by older people and more self-reported active behaviour. Overall, there is sparse evidence about the effects of interventions for improving older patients' involvement in their primary care (31). Attending to provider-patient and provider-provider communication, and to patient social support and self-care needs, could improve integration and care outcomes (32).

In Cochrane Database, Grimley Evans, et al (33) reported DHEA supplementation as a means of retarding ageing and age-associated cognitive impairment but there is very little evidence from controlled trials. In two trials DHEA was associated with a deleterious effect on visual memory after a psychosocial stressor and quality of life measures, but there is inconsistent systematic evidence of adverse effects from DHEA.

In Cochrane Database, Kauppi, et al (34) reported that people with severe mental health problems often have difficulties with 'treatment compliance and following their treatment programme. They can have difficulty remembering to take medication or appointment times. Unpleasant side effects of medication can also lead to people stopping medication, and a lack of insight into their illness can mean they do not see the need to follow treatments. Non-compliance with treatment can lead to poor health outcomes and even relapses and hospitalisation. There are several methods healthcare professionals use to help people with serious mental illness improve compliance; once such method is prompting. The purpose of prompting is to help patients to follow the treatment instructions and keep the treatment appointment times by using reminders via telephone calls, personal visits or posted referral letter (34).

To improve communication, a quiet room is necessary. In this condition, it is possible to make eye contact. Where there is aphasia, reading materials may be useful. Conversations should last longer. By means of these measures, communication can be increased (35).

The measures below may help to increase communication among elderly people (15,36-38):

- Reduce the grammatical complexity of spoken language.
- Avoid using "baby talk" or addressing the patient with endearing or cute names, such as "Sweetie" or "Honey."

- Don't speak very loudly, or with an exaggerated or high-pitched intonation.
- Speak at a normal conversational pace. Avoid speaking very quickly or very slowly.
- Repeat and elaborate on important points.
- Provide written information to supplement what you are telling the patient orally; consider materials using pictures.
- The environment should be quiet.
- Conversation and communication should be made face-to-face.
- If the patient uses hearing aids and eyeglasses, ensure they are being employed when you are communicating with the patient.
- Do not hurry during conversation with elderly people because their hearing, understanding, and cognitive abilities are reduced.

SAGE ADVICE for Elderly People (39)

- **S is for Simplify**. Do not use medical terminology. Use simple words.
- **A is for Assume** Don't assume that elderly people are deaf or blind. Communicate with them in a kindly fashion.
- **G is for Give information**. Older people should be given information. If necessary, written information should be given.
- **E is for Ease into it.** Avoid sharing too much too quickly. Give time to understand and work slowly.
- **A is for Acknowledge.** Instead, of overlooking and passing by their concerns, listen to them.
- **D is for Discovery.** Ask questions to see if they truly understand.
- **V is for Value.** Don't use unfriendly terms; respect them.
- **I is for Individualize.** Acknowledge cultural beliefs and changes.
- **C is for Communicate**. Don't tell them what to do. Focus on what is most important.
- **E is for Empathize:** Try to see the situation from the elderly person's perspective.

In conclusion, Communication disorders are often experienced by older adults. Etiologic factors may be related to general health problems such as neurological problems and sensory loss (hearing and vision) or social problems (being retired or socially isolated). In older adults with communication disorders, everyone in society, especially health-care specialists, should be aware of the problem and use the simple measures recommended to reduce communication problems.

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