

Mature Years

The perceptions of mature women (aged 65 and older) regarding health are not determined by the number of chronic illnesses they might have but by how the women feel.



The life expectancy of women all over the world continues to increase. On average, a 65-year-old woman can expect to live another 20 years. Access to care may be an issue if a woman's income is insufficient or if mobility issues present barriers to getting to the physician's office.

☆ Physiological Changes:

Physiological changes affect many body systems; such as

1. Wrinkles, spots on the skin, and graying hair
2. Decreasing metabolism and muscle mass make regular exercise critical for maintaining a healthy weight.
3. Vaginal secretions decrease and become more alkaline, increasing the risk of atrophic vaginitis.
4. The supportive musculature of the reproductive organs weakness, increasing risk of uterine prolapse.
5. Breast tissue diminishes and breast cancer risk increases with age
6. Chronic diseases such as arthritis and osteoporosis may lead to ongoing discomfort of pain.

❧ Interventions:

1. Massages
2. Exercises

3. Nutrition
4. Mind-body practices

Libido and need for intimacy remain unchanged, and positive relationships with others become even more important in avoiding loneliness and depression.

☆ **Psychosocial Changes:**

Depression is more common in women than in men. Like pain, depression is not a normal part of the aging process and can often be treated successfully.

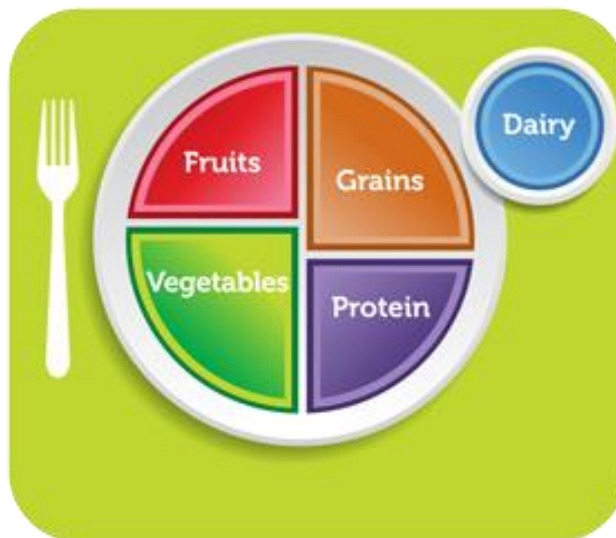
✿ **Sociologic tasks of older women:**

1. Adjusting to declining physical strength and health
2. Adjusting to retirement and its reduced income
3. Adjusting to changes in the health of one's spouse
4. Establishing an explicit affiliation with one's age group
5. Adopting and adapting to social roles in a flexible way
6. Establishing satisfactory physical living arrangements

☆ **Specific nutrient requirements of mature women:**

Generally, energy needs decrease and protein requirements increase as women age. The important nutrients most likely to be deficient in the diet of mature women include vitamin B-12, vitamin A, vitamin C, vitamin D, calcium, iron, and zinc. The nutritional requirements of mature women

if they have a
appetite and eat
of foods.



can be met
good
a variety

A. Energy:

Energy requirements tend to decrease due to reduced physical activity and changes in metabolic functions. As muscle mass decreases in the mature, the requirement for energy becomes less than that of the younger adult. The basal metabolic rate also goes down, and so the energy needs of the mature are reduced.

B. Protein:

It is important to increase the protein intake to provide the necessary materials needed for healing wounds, fighting infection, repairing fractures, or maintaining nitrogen equilibrium. These conditions tend to be more prevalent women age.

C. Vitamin D:

Vitamin D helps the body to use calcium and helps the immune system to function properly (that is, vitamin D helps the body prevent and fight infections). The two main sources of vitamin D are sunlight and diet. Rich dietary sources of vitamin D are fatty fishes and fortified dairy products. Some mature women may avoid consuming dairy products because lactose intolerance is more common in older adults. Skin manufactures vitamin D only in the presence of sunlight. The vitamin D precursor in the skin that allows this decreases with age, putting mature women at greater risk of vitamin D deficiency.

D. Calcium:

The recommended daily intake of calcium increases from 800 mg in premenopausal women to 1000 mg in postmenopausal women. The increased demand for calcium is necessary to cater for hormonal changes that take place at menopause. In order to meet the calcium needs of postmenopausal or over 65-year-old women, a daily intake of 1500 mg is recommended. Dairy foods (e.g. milk, cheese, yogurt, custard and ice cream) are the major sources of calcium in a diet.

Other food sources include calcium-fortified products and fish with chewable bones (e.g. salmon). Adequate calcium intake can help protect the body from chronic conditions such as osteoporosis, colon cancer, and hypertension.

E. Iron:

Iron requirements for women decrease after menopause, since iron is no longer lost through menstruation. Therefore, iron requirements in postmenopausal women are similar to that of adult men (that is, 8.7 mg/day). Despite this, it is still important that iron-rich foods be eaten daily. Not consuming enough dietary iron, causes iron deficiency anemia. Postmenopausal women should be cautious in taking iron supplements because of the risk of iron overload, which will lead to an excess of iron being found in the blood and stored in organs such as the liver and heart.

F. Vitamin B-12:

Vitamin B-12 is needed to build red blood cells and to keep the nervous system healthy. It is also essential for the normal use of folate and helps protect against the risk factors of characteristic heart disease and atherosclerosis. This vitamin is found only in animal food sources. The best sources of this vitamin are meats, fish, poultry, shellfish, eggs, milk and milk products

G. Vitamin C:

Vitamin C is important for ageing women because it is needed for the immune system to function efficiently. Vitamin C supports this by:

- 1. Increasing the production of infection-fighting white blood cells and antibodies*
- 2. Increasing the levels of interferon (this is the antibody that coats cell surfaces, thus restricting viruses from entering cells)*

Vitamin C also reduces the risk of cardiovascular disease by:

- 1. Raising levels of HDL cholesterol while lowering blood pressure*
- 2. Interfering with the process by which fat is converted to plaque in the arteries. Vitamin C intake lowers the rates of various cancers, Including colon, prostate, and breast cancer.*

H. Fibers:

Fibers are connected to better colon health, reduced incidence of type 2 diabetes mellitus, lower blood pressure and cholesterol levels, and less risk of cardiovascular disease. Individuals who eat a lot of whole grain cereals and bread product along with fruits and vegetables with the skin seem to have less constipation.

I. Key recommendations:

1. Reduce daily sodium intake to less than 2300 milligrams (mg) and further reduce intake to 1500 mg among persons who are 51 and older and those who have hypertension, diabetes, or chronic kidney disease.
2. Consume less than 10% of calories from saturated fatty acids by replacing them with mono saturated and polyunsaturated fatty acids.
3. Reduce the intake of calories from solid fats and added sugars
4. Limit the consumption of foods that contain refined grains, especially refined grain foods that contain solid fats, added sugar and sodium