



Devon Prison Cluster
**Buddy Support
Worker Induction
Programme**

Prisoners assisting other prisoners



Health and healthy aging

Health and healthy ageing

This is a useful resource you can use to raise awareness among colleagues and peer support workers who work with older prisoners. It can be photocopied, enlarged or made into leaflets for use on the wings. The first section looks at normal ageing and then makes some suggestions as to how prisoners can remain healthy. The second section (page 16 onwards) identifies some of the main illnesses that affect older prisoners and highlights the major signs and symptoms of these conditions, while providing details of places where you can get more information – whether contacting the relevant organisations direct (using the list provided in part 4 of this pack) or accessing leaflets and information from different organisations on the resources and activities disc.

Normal ageing and its symptoms

There is not a single point at which a person becomes old. Chronological age is not an accurate indication or measure of old age. Most prisoners over the age of 60 will be showing some of the characteristics of old age.

What is affected by normal ageing

- Vision is not what it used to be. The ability to focus at different distances becomes harder and results in long-sightedness.
- There is a general decline in hearing – particularly for faint sounds (although this decline also occurs throughout adult life).
- There is an increased sensitivity to bitter/sweet tastes.
- Due to thinning and wrinkling, older people have been found to have a higher touch threshold. Firmer stimulation is required. Sensitivity to temperature decreases.
- There is a possible increase in the pain threshold, but this is not proven.
- Memory does decline in old age – usually wisdom is retained. Problems only occur in the memory when processing new information. Older people take longer to retrieve things from the memory and process information more slowly. In many cases, decline in memory could be linked to physical health.

However, there is virtually no decline in the sense of smell of the healthy aged.

How to age healthily

Growing older is inevitable, but being in poor health as one grows older is not. It is important that prisoners are encouraged to adopt as much of a healthy lifestyle as is practical, which will help them cope with the normal things life throws at them, such as colds and flu. This can be achieved by:

- Keeping as active as possible
- Eating a healthy diet
- Keeping weight down
- Giving up smoking

Keeping physically active need not take a great deal of effort, but it can pay huge dividends. People who are physically fit:

- Can breathe more easily
- Can sustain physical activities
- Have a sound heart and lungs
- Suffer less from heart disease, obesity, diabetes and strokes
- Have regular bowel movements
- Have a good appetite
- Are less likely to fall over
- Cope with stress more effectively
- Possess a better memory
- Sleep better.

In addition to the above advantages, prisoners will stand a better chance of avoiding depression or early dementia if they can build regular sustained exercise into their daily schedules. There are suggestions on how to keep physically and mentally active in part 3 of this pack. Over and above this, within each establishment the PE Department should be able to help with activities to promote physical well-being, while the education and library services should be able to assist with mental stimulation.

Opposite is a poster that could be given to all older prisoners or placed on wing notice boards. You can also find more leaflets and information on the resources and activities disc under resources and information/physical and mental health/healthy living food and nutrition.

Stay younger Stay active Look after yourself

Take more exercise

Exercise not only makes us feel fitter, younger and more alert, it also prevents many of the disabling conditions we associate with later life.

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Give up smoking

It's the biggest single risk to your health after inactivity. It's not just lungs and hearts that are at risk, smoking will slow down your rate of healing.

Keep socially and mentally active

Keep on challenging the grey matter. Brain power can last as long as we do but appears to work best when it's stretched. Read a book or two – it helps with relaxation and sleep. Play cards and do crosswords – they keep the brain active.

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Drink more water

Many of us are slightly dehydrated. This interferes with digestion (leading to constipation) and other processes, and it fogs up the brain. Drink a variety of drinks to keep your water intake up. Caffeine is a diuretic which increases the amount of water that you excrete. However, you still take in more liquid than you lose from a cup of tea, coffee or a cola-type soft drink.

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Get outdoors as often as possible

Firstly, for exercise, but also because exposure to light – especially sunshine – is vital for our body clocks and vitamin D levels. Lack of vitamin D makes development of the bone disease osteoporosis more likely.

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Eat fruit and vegetables

These are nature's anti-aging remedy, protecting us from many of the diseases we associate with later life.

See prison medical staff when you are not well

Don't put up with health problems on the grounds of age or assume that old age means nothing can be done. See your dentist and optician regularly too.

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Be positive

This gives us a rosier view of life, and boosts our immune system as well. Every day, spend 20 minutes focused on a really uplifting thought or memory – you will feel better and your immune system will get a boost. Be positive about your wants and needs too.

Recognising and responding to illnesses common among older prisoners

Back Pain

What you need to know

Symptoms

- Restricted movement
- Twinges, aches and pains in joints
- Stiffness/feeling 'stuck'
- Poor posture
- Lack of energy
- Feeling 'bruised' around the back area
- Depression and feeling low

Warning signs

In the case of severe pain that gets worse instead of better over the weeks or of feeling unwell with back pain, ensure the prisoner sees the prison doctor.

Where there is back pain and any of the following develop, the prisoner should see the doctor immediately:

- Difficulty passing or controlling urine
- Numbness around the back passage or genitals
- Pins and needles or weakness in both legs
- Unsteadiness on their feet

What can be done about it?

- Keep fit; include as much movement as possible
- Try Yoga and relaxation exercises
- Build up activity slowly and gently
- Be positive but patient
- Painkillers can help
- Try hot and cold treatments – 20 minutes of each

Sufferers should:

1. Bend the knees and keep the back straight when they pick something up of the floor or lift something
2. Not stay in one position for more than 30 minutes without a break
3. Not twist the back while turning the feet
4. Not sit too long without moving and use a chair with an adjustable height and back that supports the back
5. Learn to relax.

Where can you go for information?

Resources and information folder/physical and mental health/back pain

- www.patient.co.uk
- Back Care – the charity for healthy backs
- PE Department
- Consult healthcare

Osteoporosis

What you need to know

Osteoporosis (brittle bone disease) weakens the bones, distorts the skeleton and brings pain and misery.

The most common fractures caused by osteoporosis are in the bones of the hips, spine and wrists.

In thinning bones, which have lost much of the calcium they need to remain strong and firm, the holes grow larger and the

What can be done about it

It is especially important for elderly people to maintain a good balanced diet with plenty of calcium.

- Increase calcium intake with foods such as milk, cheese and yoghurt.
- Include dark green vegetables like broccoli, spinach, watercress and spring greens in the diet.
- Ensure exposure to the sunshine to absorb Vitamin D: 15-20 minutes a day is good.
- Vitamin D is also found in foods such as oily fish, sardines, mackerel, cod liver oil, egg yolk and foods fortified with the vitamin such as breakfast cereals and skimmed milk

supporting structure becomes weaker, more brittle and more likely to fracture.

- Soya is good to thicken bones.
- Exercise and movement
- Don't smoke

Women are especially vulnerable after the menopause because their ovaries no longer produce the hormone oestrogen which helps maintain bone mass. Speak to health care as hormone replacement therapy can help.

Where can you go for information?

Resources and information folder/physical and mental health/menopause and women specific issues

- Women's Health Concern
- The British Menopause Society
- Consult healthcare

Cancer

What you need to know

An awareness of what is normal for the prisoner and prompt reporting of symptoms to healthcare can help ensure that if a prisoner does have cancer, it is diagnosed as early as possible.

Symptoms

There are some common signs and symptoms that indicate something is new or different:

- Lumps
- Coughing, breathlessness and hoarseness
- Changes in bowel habits
- Bleeding
- Moles
- Unexplained weight loss

What can be done about it?

- Alert healthcare as soon as possible if there are any of the changes mentioned under 'symptoms'.
- Cancer can often be managed more easily when it is diagnosed in the early stages.

Where can you go for information?

Resources and information folder/physical and mental health/cancer

- www.cancerbackup.org.uk
- Cancer Research UK
- Consult healthcare

Cancer: Prostate

What you need to know

The symptoms of prostate cancer are similar to other prostate problems. In its early stages, prostate cancer often does not produce any symptoms.

Symptoms

- Pain when urinating
- Needing to urinate frequently – including at night
- Feeling a sudden, almost irresistible need to urinate
- A hesitant start to urination
- Needing to strain to urinate
- Pain on ejaculation
- Lower back pain or stiffness in the pelvis
- Blood in the urine.

What can be done about it?

- If diagnosed at an early stage, prostate cancer can be successfully treated.
- Symptoms can be vague or easy to miss so it makes sense to ensure prisoners are aware of their prostate's health and have regular health checks to spot any problems at an early stage.

Where can you go for information?

Resources and information folder/physical and mental health/cancer

- Prostate Cancer Research Foundation
- Cancer Back Up
- Cancer Research UK
- Consult healthcare

Cancer: Skin

What you need to know

Symptoms of malignant melanoma

- An existing mole or dark patch getting larger or a new one growing.
- A mole with a ragged outline (ordinary moles are smooth and regular).
- A mole with different shades of brown and black (ordinary moles may be dark brown but are all one shade)

There are other symptoms of skin cancer, but they don't necessarily mean the prisoner has a malignant melanoma.

Keep an eye out for the following:

- A mole that starts to bleed, ooze or crust.
- A mole that is bigger than all the other moles.
- A change in how the mole feels, like a mild itch.

What can be done about it?

- If you notice anything unusual on the skin which does not go away in two weeks, get the prisoner to show it to healthcare.

Where can you go for information?

Resources and information folder/physical and mental health/cancer

- Cancer Back Up
- Cancer Research UK
- Consult healthcare

There are, however, many other conditions that may appear in the skin, particularly among older people, which are not cancer.

Dementia

What you need to know

There are several kinds of dementia – Alzheimer's disease is the best known.

Dementia is the decline of mental ability, thinking, problem solving, concentration and perception. It also affects behaviour. Eventually dementia erodes the personality which is perhaps the most distressing aspect.

Dementia can be the result of brain injury, pressure on the brain such as from a brain tumour, and prolonged alcohol abuse.

Symptoms

Sufferers can show signs of anxiety, suspiciousness or agitation as well as having delusions or hallucinations, but every person with dementia is affected differently.

The three stages of dementia

Early stages: it can be quite hard to pinpoint exactly what the changes are. The person may suffer from a lack of concentration and be unable to make decisions, or be a little bit forgetful and confused. They may also get puzzled and upset about their behaviour.

Middle stages: the person will become more forgetful, especially of people's names and recent events. They may become muddled about what day or time it is, and have difficulty talking and understanding what people have said to them. They may also become angry, upset and aggressive quite easily.

Final stages: the person will be unable to remember what they have just done or said, and will not be able to recognise familiar objects and faces. They may become very restless and unable to express themselves or understand what is being said to them. They will be unable to carry out personal hygiene tasks and may become incontinent. At some point they may also need to use a wheelchair or may become bedridden.

What can be done about it?

Conditions such as a kidney infection, thyroid gland deficiency or a stroke can lead to someone displaying 'dementia like' symptoms. A reaction to some types of medication can also cause these symptoms. So it is always important to see a doctor if someone starts showing signs of any of these symptoms as it may not be dementia they're suffering from.

Most people with dementia will need a lot of support and specialist care, particularly in the final stages.

Where can you go for information?

Resources and information folder/physical and mental health/Alzheimer's and dementia

- The Alzheimer's Society
- NHS: www.nhs/dementia
- Consult healthcare

Depression

What you need to know

Psychological Symptoms

- Continuous low/blue mood or sadness
- Feeling hopeless and helpless
- Low self-esteem, tearfulness
- Feeling irritable and intolerant of others
- Poor motivation, low interest levels and/or difficulty making decisions
- Suicidal thoughts and/or thoughts of harming someone else
- Anxiety and/or obsessional worries, acts or images

Physical symptoms

- Slowed movement and/or speech
- Change in appetite and/or weight (usually decreased but sometimes increased)
- Constipation
- Unexplained aches and pains
- Lack of energy

Social symptoms

- Poor work performance
- Reduced social activities and contact with families
- Over/under-coping mechanisms
- Over/under-reaction
- Lack of drive/motivation
- Paranoia/withdrawal

What can be done about it?

- Ensure prisoners take their medication
- A gradual increase in activities and exercise
- Relaxation – Tai chi/yoga can help relieve tension and anxiety
- Help them identify negative thoughts and change them into positive thoughts
- A Well-balanced diet
- Contact with peers, social groups and befriending schemes.

Where can you go for information?

Resources and information folder/physical and mental health/depression

- Depression Alliance
- The Alzheimer's Society
- Mind
- Consult healthcare

Diabetes

What you need to know

Diabetes is a condition in which the amount of glucose in the blood is too high.

Symptoms

- Going to the toilet often – particularly at night
- Often being thirsty or hungry
- Unexpectedly losing weight
- Lacking energy, feeling tired and drowsy
- Having blurred vision
- Tingling or numbness in legs, feet and fingers
- Recurring skin, gum and/or urinary tract infections
- Slow-healing cuts and bruises
- Frequent itching of skin and/or genitals

What can be done about it?

- A simple blood test will reveal if a prisoner has diabetes. Spotting diabetes early means serious complications are much less likely.
- Type 2 diabetes usually affects people over the age of 40. It can be treated through diet and exercise and also through tablets and occasionally insulin injections.

Where can you go for information?

- NHS website www.nhs.uk/diabetes
- Diabetes UK: www.diabetes.co.uk
- Consult healthcare.

Glaucoma

What you need to know

Glaucoma has no symptoms, and as it creeps steadily on, vision slowly narrows to so-called 'tunnel vision'.

The first sign that many sufferers may notice is when they detect a loss of sight at the edges of their vision.

Risk factors

- Age – the longer we live, the more likely we are to develop glaucoma.
- Race – people of African Caribbean origin are between five and eight times more likely to develop the disease.
- Family – if there is a family history of the disease, you are more at risk.
- Short-sightedness – short – sighted people are prone to the disease.
- Diabetes – this is believed to increase the risk of developing the condition.

What can be done about it?

- Unless treated, glaucoma can cause partial or total blindness. It is vital to have regular eye tests – every two years is recommended.
- Damage already done cannot be repaired, but with early detection, regular checks and treatment, it is possible to stop the condition and keep damage to a minimum.

Where can you go for information?

- RNIB
- The International Glaucoma Association (IGA)
- Consult healthcare

Hypertension

What you need to know

Hypertension is a condition where a person's blood pressure is constantly higher than normal.

Hypertension is the effect of a variety of factors, including weight, diet, bad habits and family history.

Hypertension is known as a 'silent killer' because the blood pressure rises, but no external symptoms are seen.

The effects of hypertension include strokes and heart attacks.

What can be done about it?

- Ensure the doctor tests blood pressure regularly.
- For mild hypertension, lifestyle changes may be needed.
- For more severe hypertension, medication may be prescribed with lifestyle changes.

Diet

- Watch salt intake – which should be less than a teaspoon a day.
- Avoid crisps, soy sauce, pickles, salted popcorn, cheese, cured meat and canned soups.
- Reduce the amount of fatty food in the diet.
- Try to eat as many whole grains, fruits and vegetables as possible.
- Exercise is important; so is monitoring weight.

Where can you go for information?

- Resources and information folder/physical and mental health/hypertension
- British Hypertension Society
- Consult healthcare

Incontinence

What you need to know

Bowel and bladder weakness becomes more common as we get older.

Urinary incontinence can be divided into four types:

- Stress incontinence – this means leaking urine when you cough, sneeze or exercise. It is caused by weakness in the muscles that control the opening of the bladder as well as the pelvic floor muscles. This type of incontinence is most usual in women because of the impact of pregnancy, but men may develop stress incontinence after a prostate operation.

What can be done about it?

Seek advice from healthcare

What can a sufferer do to help themselves?

- Try to drink normally (at least six to eight cups of liquid each day). Cutting down on liquids will make things worse, not better.
- Reduce caffeine intake (tea and coffee), use brands without caffeine or drink water or soft drinks.
- Try to avoid constipation by eating plenty of fibre.
- Try to keep active and mobile. If walking is painful, a visit to the chiropodist may help.

- Urge incontinence – this means having a sudden urgent need to pass urine, but not being able to reach the toilet in time. An overactive or ‘unstable’ bladder often causes this.
- Overflow incontinence – this happens when the bladder does not empty completely. Urine can build up and end up literally overflowing.
- Functional incontinence – this is where practical issues such as having difficulty walking or not being able to undo clothing quickly enough can lead to incontinence.

Pelvic floor weakness is another leading cause of urinary incontinence.

Faecal incontinence

Losing control of one’s bowels – faecal incontinence – is both distressing and embarrassing. Sometimes the cause is malfunction of the nerves at the base of the spine that control the lower bowel. Damage to the sphincter muscles in the anus, to the nerves controlling these muscles or constipation can also cause bowel leakage.

Where can you go for information?

- Resources and information folder/physical and mental health/incontinence
- Help the Aged
- Bladder and Bowel Foundation
- Consult healthcare

Parkinson’s disease

What you need to know

This is a progressive neurological condition with three main symptoms.

Symptoms

- Tremor – this usually begins in one hand or arm and is more likely to occur when the affected part is at rest and to decrease when it is being used. Stress can make the tremor more noticeable.
- Muscular rigidity or stiffness – people often have problems with turning round, getting out of a chair, rolling over in bed, making fine finger movements, facial

What can be done about it?

- See healthcare.
- There is no cure for Parkinson’s disease but there are treatments that work well.
- Parkinson’s can be treated with drugs or sometimes with a special kind of therapy such as speech and language therapy.

Where can you go for information?

- Resources and information folder/physical and mental health/parkinsons
- Parkinson’s Disease Society
- www.nhs.uk/conditions/parkinsons_disease
- Consult healthcare

expressions, body language and stooped posture.

- Bradykinesia (slowness of movement) – movements can be difficult to initiate, take longer to perform and lack co-ordination.

You may see other problems because of Parkinson's disease. Prisoners may feel depressed, find it hard to sleep or have problems chewing and swallowing.

Shingles

What you need to know

Shingles is a common disease that causes a painful rash, usually in a band across one side of the body or face. It is caused by the same virus as chickenpox. You can only get shingles if you have already had chickenpox.

Symptoms

- The first sign is often a tingling or prickling sensation.
- Pain or numbness on one side of the body.
- The pain may be an ache, or it could be a 'shooting' or 'stabbing' pain.
- The sufferer may feel like they have flu and have a temperature.
- A rash made up of blisters containing fluid, which appears in groups or bands on one side of the body or face.
- Skin could appear a bit discoloured or scarred.

What can be done about it?

- Most cases of shingles occur in people over 60, so it is particularly important for older people to recognise the symptoms as early as possible when treatment is likely to be most effective.
- Contact healthcare as soon as symptoms appear.
- Some antiviral drugs can shorten an attack of shingles, and will usually relieve the pain of the attack. However, for these treatments to work, they should be started within two to three days of the rash appearing.
- Sometimes symptoms can be helped with cool water compresses or by wrapping ice cubes or a bag of frozen peas in a towel and pressing it on the rash.
- Calamine or menthol lotions and ordinary painkillers like paracetamol can also help.
- Try to keep the rash clean, but don't use scented oils or soap on it.

Where can you go for information?

- Resources and information folder/physical and mental health/shingles
- www.patient.co.uk
- Consult healthcare



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