Discussion Board 4

[Name of the Writer]

[Name of the Institution]

Discussion Board 4

**Introduction**

Chronic illness has been defined as the affliction that continues to be a scourge for an individual over a long period of time. Going by the definition accepted by the United States National Center for Health Statistics, any disease that continues to be a source of pain for an individual is referred to as chronic illness. Sadly, there is little that vaccines or medication can do to prevent or cure chronic illness (Pages-Puigdemont et.al, 2016).

**Discussion**

Patients suffering from chronic illnesses face tremendous difficulties in performing functions and activities of everyday life. Generally, wellness can be deemed as the absence of any disease in a human being. However, wellness has an altogether different connotation for a person suffering from a chronic illness. In my opinion, wellness in a chronic illness would be having the capacity to get out of the bed easily day in and day out. Furthermore, wellness in a chronic illness would mean to always be there for their loved ones without much hassle. Moreover, wellness within chronic illness means to travel lengths without ever getting worried about not having access to adequate medical and healthcare facilities (Pages-Puigdemont et.al, 2016). An individual who does not sees their doctor for over a week would be deemed to performing well despite battling with chronic affliction.

The number of older adults has seen a sharp spike in recent years. The number of older adults will grow from 18% to 37% in the next three decades. A significant number of older adults are battling with chronic pain, which is a stark manifestation of the issue of pain that the older adults suffer with (Cao et.al, 2019). Healthcare service providers are confronted with the challenge to address the issue of pain management in the elderly. The older adults can be found battling with arthritis, joint disorders, cancer and several chronic illnesses that are related to pain in one way or the other. More often than not, the pain of the elderly is often undertreated or untreated. There are serious repercussions associated with the pain that the elderly experience. The pain can bear a negative impact on the health of older adults. Furthermore, the quality of life in older adults can take a significant blow due to the pain. As a result of the pain, the elderly can experience anxiety, depression, social alienation, immobility, and sleep disturbances (Cao et.al, 2019).

Effects on psychology and cognition are significant and it is imperative to recognize these changes completely. Cognition maintains functional independence and enables effective communication with others. The changes that bear an impact on cognition with age are significant and measurable. A significant change that occurs due to age is the decline in the cognitive tasks. Cognitive tasks enable an individual to process and store information rather quickly to reach upon a logical decision (Kelly et.al, 2017). The age-related cognitive changes are coupled with structural and functional changes in the brain. An age-related affliction increases the speed of the cognitive decline and deteriorates the functioning of the brain. As a result, some older adults can suffer significant cognitive impairments that impede their ability to perform everyday tasks easily.

**Conclusion**

According to many researchers, the effects of the age-related diseases on the cognitive and psychological functionalities can be slowed down by incorporating healthy patterns into the lifestyles. As soon as the symptoms of cognitive and psychological decline start to appear, the changes must be incorporated. These lifestyle changes can be becoming physically active, seeking mental stimulation, refraining from alcohol. Furthermore, patients should seek to control depression and anxiety and other medical conditions. Theses medical conditions can be hypertension and diabetes.

**References**

Cao, Y., Yusri, N. M., Powell, T., & Cunnington, R. (2019). Neural and behavioral markers of observed pain of older adults. *Neuropsychologia*, *131*, 84-90.

Kelly, M. E., Duff, H., Kelly, S., Power, J. E. M., Brennan, S., Lawlor, B. A., & Loughrey, D. G. (2017). The impact of social activities, social networks, social support and social relationships on the cognitive functioning of healthy older adults: a systematic review. Systematic reviews, 6(1), 259.

Pages-Puigdemont, N., Mangues, M. A., Masip, M., Gabriele, G., Fernández-Maldonado, L., Blancafort, S., & Tuneu, L. (2016). Patients’ perspective of medication adherence in chronic conditions: a qualitative study. *Advances in therapy*, *33*(10), 1740-1754.