EXCITED TO READ ABOUT GERIATRIC INTEREST
To the Editor:

I am writing in response to the article “The Next Generation of Geriatric Nurse Specialists” (Postma & Flikkema, Vol. 36, No. 1, pp. 49-52) that appeared in the January 2010 issue. As a nursing student, one of my areas of interest is in the field of gerontology. As the article points out, this is not one of the more popular and exciting areas of interest for new nurses, but in many of the fields, such as critical and emergency care, nurses must be prepared to care for the special needs of older adults. The U.S. Administration on Aging (2010) estimates that by 2030, there will be approximately 72.1 million older adults, more than twice their number in 2000. Geriatric care is such a rapidly growing area, and nurses will need the expert clinical skills to assess this population and pick up on cues that may be seen as part of the normal aging process. If current graduating students would decide to practice within the geriatric population, by the time this population apex was reached, we would have a well-established source of expert nurses.

The article pointed to the necessity of undergraduate studies fostering the skills of the students who are interested in geriatric care. The Whitney Young Gerontological Nursing Scholarship opportunity for a nursing student interested in the field is a wonderful way to promote experience with older adults; the only downfall to this would be that only one student would be able to take advantage of the opportunity.

Rosher, Robinson, Boesdorfer, and Lee (2001) discussed how their medical school incorporated a geriatric evaluation clinic to meet the challenge of emphasizing geriatric care related to the demographic predictions. Medical students and residents, social workers, and nurses are trained at the site; nurses for a semester. Students are able to reach educational outcomes set forth by the American Geriatrics Society, which the article describes as attitudes, knowledge, and skills to care for the elderly population. Resident and student satisfaction reflected the success of the clinic, as well as test scores in the area of geriatrics. One student stated, “I think I can work with the elderly now, and I really didn’t want to before” (p. 251).

As we continue to face the large shift of care to the older adult population that is to come, hopefully more undergraduate nursing schools will emphasize the importance of developing the skills needed to take care of this population and incorporate educational opportunities. This article helped reestablish my interest in the field of geriatrics and reminded me about the overlap of geriatrics into many of the fields of nursing care.

REFERENCES

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EXPLORING THE IMPORTANCE OF OA AND ACTIVITY
To the Editor:

I am writing to you in regard to the article by Egan and Mentes, “Benefits of Physical Activity for Knee Osteoarthritis: A Brief Review” (September 2010, Vol. 36, No. 9, pp. 9-14). I found the article very insightful and educational regarding decreasing the risk factors for osteoarthritis (OA), barriers to weight loss in the affected population, and in the nursing interventions for OA. The article began with the familiar concept that OA is
the most prevalent health condition in adults 65 and older, and that it is a progressive, debilitating disease associated with poorer quality of life for the affected adults.

The article revealed that recent studies have shown that joint changes occur earlier than previously thought. This means that interventions can be implemented earlier with patients to prevent OA, rather than only intervening after it has become a problem. OA is something we should counsel young and middle-age adults to work toward preventing, with one of the most important preventive interventions being physical activity and exercise.

A study by Tompkins, Belza, and Brown (2009) found that nurse practitioners place a high value on exercise counseling and may provide more exercise counseling than physicians. Although these data show that the health care team is working toward increasing exercise in patients, it supports Egan and Mentes’ statement that “nurses should not assume that older adults who are overweight or obese have been counseled to exercise” (p. 12).

I liked the authors’ ideas that when counseling patients to exercise, the term activity may seem more appealing to some than exercise, and also the insight that lean muscle mass should be considered when taking into account a person’s risk for OA due to obesity. For example, obese patients may feel overwhelmed when they learn they have to reduce their weight to decrease the risk of OA, but putting a positive twist on the idea by using phrases such as “increasing muscle mass through activity” may seem more appealing to patients than the idea of “losing weight through exercise.”

Thank you for including this article in your journal. I am a senior nursing student, and after completing a couple of care plans for patients with OA, caring for those patients, and answering questions my grandparents have had about their joint health, preventing OA has become important to me. This article has provided me with motivation to discuss the benefits of exercising and physical activity with my patients and family. It has also made me consider my dedication to physical activity so that I can be a positive example to my patients, peers, and family in my own health practices, which is one of the most important things we can do as nurses.

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WE’RE WAITING TO HEAR FROM YOU!

Send your letters to the Editor to:
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Please include your full name, e-mail, and mailing address. Letters may be edited for clarity and length, and may be sent to the article authors for a response.