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## Late adulthood age psychology

The period of later adulthood, defined here as ages 60 to 75 years, is characterized by physical, psychological and social changes, including both gains and losses. We will examine the multifaceted aspects of successful versus usual versus pathological aging. When investigating the changes that occur in later life, researchers often distinguish between primary aging and secondary aging. Usual aging or primary aging refers to gradual, time-related biological processes that are seen as inevitable and universal when comparing young adults with older adults. Some primary physical changes generally associated with later adulthood include a decrease in sensory capacity; decreases in heart, lung, kidney and muscle function; and points in the memory. However, within each cohort of older adults, there are people who do not exhibit such declines. These individuals are often considered aging successfully. Pathological aging or secondary aging refers to the changes that occur due to certain disorders or diseases. The changes that occur due to secondary aging tend to be more common in older ages, but are more caused by health habits, erdity, and other influences that vary per person. Some secondary aging processes include heart disease, cancer, dementia, and arthritis. Physical changes in late adulthood Changes in appearance include both primary and secondary aging. For example, the skin becomes drier, thinner, and less elastic in old age (primary aging); however, the rate of these changes may depend on sun exposure, lifelong diet, and genetics (secondary aging). Dark patches of the skin, called age spots, become clearer in the transition to older adulthood. Sensory changes are also common in aging. As the average person ages, the lens of the eye becomes harder and less flexible, resulting in a reduced ability to view objects that are close to the eye. Many older adults require eyeglasses to correct for these changes. In addition, the lens is also yellowed with age, resulting in a change in the quality of light that is absorbed. One consequence of this is brilliance. Older pupils are smaller than young pupils in the same light. Both changes affect the eye's ability to adapt to changing lighting conditions that make night driving more difficult for older adults. There are those eyes, however, that successfully and never show these kinds of declines. Three of the most common diseases of the aging eye are cataracts, glaucoma, and macular degeneration. Cataracts are an extreme state of lens coverage and are usually correctable with simple surgery to remove the defective lens and replace it with an artificial lens. Glaucoma involves increasing pressure and atrophy of the optic nerve, which causes abnormalities in the field of vision. Macular degeneration brings with it deterioration of the retina and is a cause of blindness in older adults. Sharp increase in hearing problems often begin around the age of 60. About 33% of people over the age of 70 report some type of hearing loss. Hearing problems include the loss of hair cells in the snail's membrane and disturbances of the inner ear metabolism. Older adults generally have the most difficulty hearing under what are called masked conditions, when sounds are obscured or made inaudible by other sounds. The risk of disease increases significantly after the age of 60 years. In the United States, people over 65 years of age account for 33% of the nation's health care spending, while only 12% of the population. Common chronic conditions of later adulthood include arthritis, heart problems, and high blood pressure. In people over 65 years of age, cardiovascular disease accounts for almost 40% of all deaths, while cancer accounts for an additional 25%. Neither heart disease nor cancer is an inevitable consequence of aging. Both environmental and lifestyle factors, such as smoking, and genetic factors, such as family history, increase the likelihood that people will develop these diseases later in life. Nevertheless, many of the conditions associated with aging can be prevented or remediated with adaptive lifestyles, including proper diet and exercise. Psychological functioning In Late Adulthood Our exploration of the psychological changes that occur with aging will include cognition, mental health, personality, and beliefs. The continued growth potential and the possibility of decline exist in each of these areas. Cognitive changes in late adulthood are multifaceted. At one end of the spectrum, in later adulthood, we have more experiences and thus more knowledge to face the challenges of everyday life. At the other end of the spectrum, we are faced with decreases in reasoning, speed of processing and memory that are often simultaneous with the primary physiological changes that occur. Short-term memory refers to information stored for relatively short periods (<math>\leq 60</math> seconds). Studies have shown that with the usual and successful aging, there is very little decline in late adulthood in short-term memory. However, significant age-related changes can be found on working memory tasks, with various pieces of information in short-term memory being actively manipulated. Older adults are more likely than younger and middle-aged adults to experience difficulty keeping different items of new information in mind, while also trying to analyze and that information. Long-term memory deficits have also been shown to increase in later adulthood. Older adults seem to have more difficulty with episodic memory tasks, such as remembering dictionaries and text reminders. However, it has been consistently demonstrated that some of these deficits can be remedied techniques such as training in strategy use and learning. Dementia are secondary aging processes, involving a pathological loss of brain function in one of the following areas: language, memory, visuospatial skills, emotion or personality, and cognition. Types of dementia include Alzheimer's disease, Parkinson's disease, multi-infarction dementia, and cortical-subcortical atrophies. The incidence of dementia increases with age. The most common form of dementia is Alzheimer's disease, which is characterized by a progressive deterioration of intellect, memory and personality. Certain abnormalities in the cerebral cortex, called plaques and tangles, are markers for the disease. As with all of the weaknesses, Alzheimer's disease is not part of normal aging; however, the incidence of Alzheimer's disease gradually increases with age. The current findings suggest that about 3% of the population over the age of 65 has Alzheimer's disease. Several studies have shown that the occurrence of Alzheimer's disease doubles every 5 years from the age of 65. Multi-infarction dementia is characterized by an irregular, but progressive, loss of intellectual functioning. The cause of multi-infarction dementia are multiple mini-strokes, in which short obstacles in the blood vessels of the brain prevent adequate blood flow from reaching different parts of the brain. Finally, subcortical dementia involves the progressive changes in the motor area of the brain, which initially results in losses in motor abilities, but eventually often produce cognitive impairment in the late stages. Examples of subcortical dementia include Parkinson's disease, Huntington's disease and multiple sclerosis. Another related area of interest in psychological development in late adulthood is the changes and continuities associated with control beliefs. Controlling beliefs are a two-part construction encompassing both beliefs about one's ability to convey results and beliefs about the role of external factors on results. Older adults tend to believe that age-related declines in memory performance are inevitable, which in turn can affect memory performance. Beliefs about health control may also become more important in later life due to the impact of such beliefs on health care in search of behavior and treatment adherence. The research results on personality over the whole lifespan are ambiguous. Some researchers have suggested that personality traits remain stable throughout the while others have suggested that personality traits can vary significantly over lifespan. Several variables (age, gender, marital status) have been shown to be important in individual differences in personality change in older adulthood. Specific mental health problems, such as anxiety and depression, have it increases in late adulthood. Clinical depression is defined by the presence of various symptoms, including either depressive mood or loss of interest in almost all activities over a period of at least 2 weeks, significant weight loss or gain, sleep problems, fatigue, and psychomotor delay; whereas mild depression is accompanied by fewer symptoms and less impairment. In the past, clinical depression was often seen as a major problem of advanced age, but there is little support for this claim. Several studies have shown that the rate of depression in adults over 65 years of age was significantly lower than in younger adults. Older adults, however, may be at greater risk of mild depression. Some risk factors for late-life depression include death, insomnia, chronic health problems, and prior depression. Anxiety disorders, such as panic attacks, phobias, and generalized anxiety disorder, are actually more common than depression in older adults. As with depression, anxiety is often associated with a variety of medical conditions, such as hypertension, dementia, and heart problems. Risk factors for late-life anxiety disorders include sensory problems, marital grief, and high neuroticism. Changes in sleep patterns are common in later adulthood. Sleep apnea, heartburn, and periodic leg movements are some of the leading causes of significant sleep disorders in old age. In addition, the quality of sleep is reduced by many conditions that affect brain function, including heart disease, dementia, and arthritis. As we discussed earlier, these conditions are more common with advancing age, increasing the likelihood of decreased sleep in late adulthood, which in turn can affect cognitive functioning. Social factors in late adulthood There are a variety of social changes that can occur when we are in late life, including change in the status of work or loss of spouse and other important others. In most industrialised countries, the retirement age has fallen in recent decades. Pension research has shown that older adults who retire or go to part-time work are very much adapting to this change, with some even showing improvement in health and well-being. With retirement come significant changes in time and type of leisure activities, such as continuing education and volunteering. Retirement also brings a shift of roles within the home and social system. Many older adults are in long-term marriages. The best of the nature of these relationships in later life is the nature of the relationship in the former life. This means that although there are often fluctuations, the nature of relationships is quite stable over time. Because the likelihood of death increases with age, becoming a widower or losing other loved ones is an inevitable part of late adulthood. Adaptation of the bereavement is therefore an important part of this period. Research has shown that social support and emotional stability are important for the restoration of grief. Family and friends usually play an important supporting role in later life. It is not necessarily the number of people in one's social network, but the quality of relationships that makes a difference. In later life, those who have good social support networks, with low social tension, usually show greater psychological and physical well-being. Summary What is successful aging and what pathological aging is are questions that scientists and laypeople around the world continue to challenge. With the world's population living longer, late adulthood is an important area of research and exploration. In every area of late life development, there are significant improvements, continuities and decreases. Continued research and development will allow us to understand the mechanisms and processes to understand biological, psychological and social aging. Although we have focused on the period of later life between the ages of 60 and 75, it is important to note that there is a lot of variability in the timing and magnitude of gains and losses during this period. Moreover, the transition to the old-old period, which is usually considered to be an beginning between 75 and 80 years, is also characterized by large differences between the individual functioning. References: Alzheimer's Association, American Association of Retired Persons (AARP), Baltes, P. B., & Baltes, M. M. (1993). Successful aging: Perspectives from the behavioral sciences. Cambridge, UK: Cambridge University Bertrand, R., & Lachman, M. E. (2002). Personality development in adulthood and the old in R. M. Lerner, M. A. Easterbrooks, & J. Mistry (Eds.), Extended manual of psychology: Vol. 6. Developmental psychology. New York: Wiley. Birren, E., & Schaie, K.W. (2001). Handbook of the psychology of aging (5th red.). San Diego, CA: Academic Press. Carter, (1998). 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