



Accredited Faculty by the National Authority  
For Quality Assurance of Education and Accreditation



Faculty of Nursing  
Gerontological Nursing Department

**Guided Exam– 4<sup>th</sup> year nursing students**  
**Gerontological Nursing**

**I- Write (T) if the statement is true, and write (F) if the statement is false:**

NO.	Statement	T or F
1.	A vaccination considers the secondary level of level of prevention.	F
2.	Improve depressive state of elderly considers one from the social benefit of exercise.	F
3.	Living alone and low income making the elderly malnutrition.	T
4.	Gastrointestinal change in elderly include increase the gastric secretion.	F
5.	Vitamin is essential components for tissue growth. A minimum daily intake of 1 gm./kg of body weight is recommended.	F
6.	Older people are at increased risk for dehydration due to age associated decline in thirst sensation.	T
7.	Immunosenescence lead to decrease incidence and severity of infectious diseases	F
8.	The most common over the counter medication are analgesics, laxatives& antacids.	T
9.	Elder abuse is doing something or failing to do something that results in harm to an elderly person or puts a helpless older person at risk of harm.	T
10.	Sexual abuse is any act of violence or rough treatment causing injury or discomfort and is the use of force to harm or to threaten harm.	F
11.	Unexplained falls and injuries is an indicator of physical abuse.	T
12.	Striking, shoving, shaking, beating and force feeding are examples of physical abuse.	T
13.	Soiled clothing or bed is an indicator of social abuse.	F
14.	Dehydration or malnutrition without illness is related cause of psychological abuse.	F

15.	Psychological abuse is the willful infliction of mental anguish by threat, humiliation, or other verbal or nonverbal conduct.	T
16.	Ignoring the person (for example, by not speaking for a long time is a physical abuse.	F
17.	Harassment and bullying is an indicator of neglect.	F
18.	Intimidation and ridicule is indicators of psychological abuse.	T
19.	Inappropriate touching and fondling is indicators of sexual abuse.	T
20.	Financial abuse is the illegal or improper use of an older person's funds, property and resources.	T
21.	Elder signs on another's loan is indicator of financial abuse.	T
22.	Neglect is the failure of a caregiver to fulfill his or her care giving responsibilities.	T
23.	Failure to provide proper health care is indicator of neglect.	T
24.	With aging, increase thickening of heart walls, especially in the right ventricle and cardiac output decreases by 25%.	F
25.	Daily protein intake recommended for elderly person with 70 kg, is 60 gm.	F
26.	With aging, increase in the mucus that produced normally to protects the lungs against infection.	F
27.	Decreases in peak airflow and gas exchange with aging.	T
28.	The gag reflex is depressed in older adults, which lead to episodes of heartburn or vomiting of undigested foods.	F
29.	Peristalsis of the intestine increase with aging leading to increase occurrence of constipation, incomplete elimination and fecal impaction.	F
30.	Pancreas becomes more fibrotic and there is a decline in pancreatic secretions and enzyme output and affects the protein digestion.	F
31.	Insoluble fibers that found in oats and has benefit in lowering serum cholesterol level and improves glucose tolerance.	F

32.	With aging blood flow to the kidneys decreases by 30 percent per decade.	F
33.	With aging, lens gradually decrease the size and density.	F
34.	The number of taste buds decreases as you age and sensitivity to the tastes often declines after age 60.	T
35.	FANCAPES is a model stands for fluids, aeration, nutrition, communication, activity, practice, elimination, and socialization.	F
36.	Obesity class1 in calculated body mass index include 30- 34.9.	T
37.	In calculated body mass index, over weight include 35- 39.9.	F
38.	Mild malnutrition in calculated the percentage of ideal body weight includes 70-79 %.	F
39.	Hearing loss is common among older adults.	T
40.	Respiratory depression is of special concern among persons with pulmonary disorder.	T
41.	The capacity of the elderly to feel frightened or at peace, loved or lonely, and sad or secure are depleted.	F
42.	The most helpful interventions in end of life care are those which ease discomfort and provide meaningful connections to family and loved ones.	T
43.	Respite Care could involve the patient having a brief inpatient stay in the hospital.	F
44.	Anticipating the loved one's death can produce reactions from relief to sadness to feeling numb	T
45.	The end of life care indicated when The patient have decided to stop receiving treatments for his disease	T
46.	Allow the patient to express fears of death is one of the principles for end-of-life care	F
47.	Modification of activity and rest for fatigue management	T
48.	Palliative care affirms life while accepting death as it is a normal conclusion	T

49.	The first step starts with the use of acetaminophen, aspirin, or non-steroidal anti-inflammatory drugs for severe pain.	F
50.	The step 3 of severe pain management, the opioid of choice is immediate-release morphine.	T
51.	Fatigue affects patient's relationships with others, self-perception, and ability to function	T
52.	Candida infections should be treated initially with a toothbrush dilute hydrogen peroxide.	T
53.	Doses of pain medication have to be adjusted in the care of patients with hepatic or renal insufficiency.	T
54.	Restlessness can caused by respiratory distress - dyspnea, cough,and tracheal obstruction	T
55.	Prolonged silence when communicating with elderly make the individual more distracted or anxious	T
56.	The elderly respond more to the spoken word than the tone of voice and gestures	F
57.	Eye contact convey message, Regardless of the culture	T
58.	Nonverbal behavior reveals feelings and attitudes without using words that may confirm verbal communication.	T
59.	the facial expression of the nurse may be the most significant form of communication when dealing with elderly	T
60.	A person with receptive aphasia cannot understand language	T
61.	Hepatic blood flow gradual increase 35 to 50% around the age of 40 years.	F
62.	Pathologic conditions only influence the action of drug contribute to non-adherence	F
63.	loss of lean body mass accelerates after the age of 40 years, even in healthy older adults.	F
64.	Pharmacodynamics describes how the body is affected by the drug at the cellular level and organ.	T
65.	Change in the patient's weight especially weight loss may affect medication consumption patterns.	F
66.	Elimination half-time is the time required to decrease the drug concentration by one half of its original value.	T
67.	Noncompliance refers to medication taking patterns that similar for the prescribed pattern.	F
68.	Ability to follow the correct dosage regimen is considered one of behaviors factors that affect the appropriate use of medication.	T

69.	Older adults aged 85 years and older are usually high risk for medication-related problems.	T
70.	Disease category can contribute to medication non-adherence	T
71.	Older adult require to void more frequently as a result of decrease in spontaneous detrusor muscle contraction	F
72.	Falls are a normal part of aging and are not preventable.	F
73.	Insufficient time during third stage of sleep can cause emotional dysfunction.	F
74.	Barriers that interfere with pain assessment and treatment in the elderly include Perception of pain by others	T
75.	No treatment require for chronic insomnia which occur as result of stressful situation.	F
76.	Older adults spend more time in third and fourth stages of sleep resulting in more night time sleep disturbances.	F
77.	Acute pain is moderate to severe discomfort and more difficult to manage.	T
78.	Insufficient amount of stage III of sleep can cause emotional dysfunction.	F
79.	With ageing; decreased in bladder elasticity requires the older adult to void more frequently.	T
80.	Cognitive functioning and perception of pain by other are considered from barriers that interfere with pain assessment in the elderly.	T
81.	Dementia is most frequently occurring geriatric syndrome especially among hospitalized older adults.	F
82.	Chronic renal insufficiency and cardiovascular disorders considered risk factors of delirium in older people.	T
83.	Delirium is a disturbance of consciousness with impaired attention and disorganized thinking.	T
84.	Diagnostic criteria of dementia must include decline in ability to recognize or identify objects which assuming intact sensory function.	F
85.	Changes in personality, behavior and difficulty with language are typical symptoms of Lewy bodies dementia.	F
86.	Lewy body dementia is characterized by the presence of Lewy body's fats in the cerebral cortex and brain stem.	F
87.	Dementias with Lewy bodies are common among individuals with Pagets disease.	F
88.	Elderly with a severe depressive episode will have some difficulty in continuing with ordinary work and social activities.	F

89.	Psychotherapy helps by teaching new ways of thinking and changing habits that may be contributing to the depression.	T
90.	Antidepressants can be an effective form of depression treatment and response time is shorter in elderly <6-12 days.	F
91.	Electroconvulsive therapy may cause short term side effects such as confusion and memory loss.	T
92.	Loneliness is an objective state of emptiness, deprivation or sadness caused by being without some definite needed relationship.	F
93.	Social isolation is a subjective state associated with the absence of contact with others	F
94.	Encourage the use of eyeglasses and hearing aids to correct sensory deficits is important for patients with delirium.	T
95.	Partial and intermittent care services support independent individuals in maintaining their self-care capacity.	F
96.	Nurses in supportive and preventive services help older adults maintain independence, prevent risks to health and well-being.	T
97.	Financial aid is one of complete and continuous care services.	F
98.	Widowhood, adjustment to a chronic disease, and retirement are situations that may necessitate professional counseling.	T
99.	Older persons often are given discounts for bus, taxicab, subway, and train services.	T
100.	Supportive and preventive services provide assistance to individuals with complete limitation in self-care capacity.	F
101.	Persons unable to shop and prepare meals independently may benefit from having meals delivered to their homes.	T
102.	Older adults who are homebound, disabled, or lonely may benefit from a telephone reassurance program.	T
103.	Adult foster care and group home programs offer services to individuals who are not able of self-care but who require supervision to protect them from harm.	F
104.	Adult day care provide for older adults who are unable to remain at home during the day without supervision.	T
105.	Day treatment and day hospital programs offer assistance is provided with self-care activities and therapeutic needs.	T
106.	Partial and intermittent care services include day treatment and day hospital programs care and case management.	T
107.	Assisted living supplements independent living with special services that maximize an individual's capacity for self-care.	T
108.	Assisted living facility is a housing facility for people without disabilities.	F

109.	Assisted living may include the administration or supervision of medication, or personal care services provided by a trained staff person.	T
110.	Care and case management often provided by registered nurses or social workers who assess the elder's needs.	T
111.	Hospice is listed under supportive and preventive services, and also complete and continuous care services.	F

## II-Choose the correct answer:

### 1. Goals of health promotion:-

- a) Maintain function independency.
- b) Improve (enhance) quality of life.
- c) Increase quality and years of healthy life.
- d) All of the above.

### 2. Factors for maintaining health in older adults all the following Except:

- a) Avoidance of disease.
- b) Maintaining and improving physical / mental health.
- c) Active engagement with life.
- d) Infection exposure.

### 3. Social benefit of exercise:-

- a) Improve interaction with other
- b) Improve mood state.
- c) Improve self-image.
- d) Reduce stress.

### 4. Factors affecting nutritional status in elderly:-

- a) Psychosocial factors.
- b) Economic factors.
- c) Cultural factors.
- d) All of the above.

### 5. Importance of rest & sleep for elderly the following Except:-

- a) Conserve energy.
- b) Provide organ respite (rest).
- c) Restore the mental alertness.
- d) Increase anxiety.

### 6. Factors affecting sleeping patterns include:

- a) Age related changes in sleep patterns.
- b) Social factors.
- c) Cultural factors.
- d) None of the above

### 7. Signs of spiritual distress except:

- a) Doubt.

- b) Despair.
- c) Joy.
- d) Boredom.

**8. Physical abuse includes the following:**

- a) Striking and shoving.
- b) Shaking and beating.
- c) Force-feeding.
- d) All of the above.

**9. Indicator of physical abuse includes the following:**

- a) Injury that has not been cared for properly.
- b) Threatening behavior.
- c) Denial of basic rights.
- d) Lack of basic care.

**10. Financial abuse include the following except:**

- a) Swindling.
- b) Pressuring an older person to distribute assets.
- c) Managing an older person's money irresponsibly.
- d) Abandonment.

**11. Indicators of physical abuse include the following:**

- a) Poor coloration.
- b) Harassment.
- c) Improper fitting or damaged dentures.
- d) Fondling.

**12. Indicators of emotional abuse include the following Except:**

- a) Humiliation.
- b) Intimidation.
- c) Swindling.
- d) Ridicule

**13. Indicators of sexual abuse include the following:**

- a) Swindling.
- b) Fondling.
- c) Abandonment.
- d) Intimidation.

**14. Indicators of financial abuse include the following:**

- a) Eldery unawareness of monthly income.
- b) Evidence of inadequate care.
- c) Non- responsiveness.
- d) Lack of personal care.

**15. Indicators of neglect include the following:**

- a) Ridicule.
- b) Fondling.



- c) Abandonment.
- d) Poor coloration.

**16. The failure of a caregiver to fulfill his or her care giving responsibilities is:**

- a) Neglect.
- b) Emotional abuse.
- c) Physical abuse.
- d) Sexual abuse.

**17. Behavioral signs of elderly abuse include the following:**

- a) Non- responsiveness, resignation.
- b) Dependency.
- c) Cognitive impairment.
- d) Lack of acknowledgement.

**18. Consequence of elder abuse include the following:**

- a) Lack of acknowledgement.
- b) Non- responsiveness, resignation, ambivalence.
- c) Hesitation to talk openly.
- d) Caregiver stress or burden.

**19. Physical abuse includes the following:**

- a) Striking and shoving.
- b) Shaking and beating.
- c) Force-feeding.
- d) All of the above.

**20. Indicator of physical abuse includes the following:**

- a) Injury that has not been cared for properly.
- b) Threatening behavior.
- c) Denial of basic rights.
- d) Lack of basic care.

**21. Financial abuse include the following except:**

- a) Swindling.
- b) Pressuring an older person to distribute assets.
- c) Managing an older person's money irresponsibly.
- d) Abandonment.

**22. Indicators of physical abuse include the following:**

- a) Poor coloration.
- b) Harassment.
- c) Improper fitting or damaged dentures.
- d) Fondling.

**23. Indicators of emotional abuse include the following Except:**

- a) Humiliation.
- b) Intimidation.

c) Swindling.

d) Ridicule

**24. Indicators of sexual abuse include the following:**

a) Swindling.

b) Fondling.

c) Abandonment.

d) Intimidation.

**25. Indicators of financial abuse include the following:**

a) Eldery unawareness of monthly income.

b) Evidence of inadequate care.

c) Non- responsiveness.

d) Lack of personal care.

**26. Indicators of neglect include the following:**

a) Ridicule.

b) Fondling.

c) Abandonment.

d) Poor coloration.

**27. The failure of a caregiver to fulfill his or her care giving responsibilities is:**

a) Neglect.

b) Emotional abuse.

c) Physical abuse.

d) Sexual abuse.

**28. Behavioral signs of elderly abuse include the following:**

a) Non- responsiveness, resignation.

b) Dependency.

c) Cognitive impairment.

d) Lack of acknowledgement.

**29. Consequence of elder abuse include the following:**

a) Lack of acknowledgement.

b) Non- responsiveness, resignation, ambivalence.

c) Hesitation to talk openly.

d) Caregiver stress or burden.

**30. Age related changes of heart include the following except:**

a) Enlargement of heart chambers and coronary cells.

b) Increased thickening of heart walls.

c) Decrease in heart weight of about 1.5gm/year in women and 1.0 gm/year in men measured from age 30 to age 90 years.

d) Cardiac output decreases by 25%.

**31. Age related intrapulmonary changes include one of the following:**

a) Calcification of costal cartilage.

- b) Loss of vertebral disk space.
- c) Diminishes muscles strength.
- d) Alveoli and alveolar ducts enlarge.

**32. Age related changes in the thorax include one of the following:**

- a) Decrease in the mucus.
- b) Changes in elastin and collagen.
- c) Alveoli and alveolar ducts enlarge.
- d) Diminishes muscles strength.

**33. Age-related changes in esophagus:**

- a) Jaw muscles become weak.
- b) The gag reflex is depressed in older adults, which lead to episodes of choking and aspiration.
- c) The volume of saliva can be reduced in the elderly.
- d) Decrease of gastric secretions.

**34. Functional changes of respiratory system that occur with aging:**

- a) The maximal force available for both inspiration and expiration increases.
- b) Residual volume (RV), decrease with age.
- c) Increase in peak airflow and gas exchange.
- d) Decline in the effectiveness of lung defense mechanisms.

**35. Calories requirements determined by a combination of factors including the following except:**

- a) Age and sex.
- b) Weight and height.
- c) Health status and usual activity level.
- d) Race.

**36. The caloric requirements in people aged 51-75 years, usually diminished by:**

- a) 20%.
- b) 10%.
- c) 15%.
- d) 25%.

**37. For older adults, a minimum daily protein intake that is recommended:**

- a) 4 gm/kg of body weight.
- b) 1 gm/kg of body weight.
- c) 3 gm/kg of body weight.
- d) 2 gm/kg of body weight.

**38. For older adults, the total fat intake should be limited to:**

- a) 10-30% of the total energy intake.
- b) 20-40% of the total energy intake.
- c) 50% of the total energy intake.
- d) 40-60% of the total energy intake.

**39. Insoluble fibers found in:**

- a) Grains and vegetables.
- b) Oats.
- c) Meat and liver.
- d) None of the above.

**40. Examination of the skin includes:-**

- a) What is the patient's current fluid status.
- b) Any of the lesions describe.
- c) What is the patient's usual food intake.
- d) What is the patient's level of coordination.

**41. Physical measurement of the body, most commonly, weight and height:-**

- a) Anthropometric measures.
- b) Instrumental activities of daily living.
- c) FANCAPES.
- d) Clinical examination.

**42. Weight in relation to height that is calculated  $Wt (kg) / ht (m)^2$ :-**

- a) Weight change.
- b) FANCAPES.
- c) Body mass index.
- d) Clinical examination.

**43. Healthy or normal body mass index includes:-**

- a) 25 – 29.9.
- b) 30 – 34.9.
- c) 18.5 – 24.9.
- d) 35 – 39.9.

**44. In calculated body mass index, over weight includes:-**

- a) 25 – 29.9.
- b) 30 – 34.9.
- c) 18.5 – 24.9.
- d) 35 – 39.9.

**45. Obesity class1 in calculated body mass index include the following:-**

- a) 25 – 29.9.
- b) 30 – 34.9.
- c) 18.5 – 24.9.
- d) 35 – 39.9.

**46. Obesity class2 in calculated body mass index include the following:-**

- a) 25 – 29.9.
- b) 30 – 34.9.
- c) 18.5 – 24.9.
- d) 35 – 39.9.

**47. Obesity class3 in calculated body mass index include the following:-**

- a) 25 – 29.9.
- b) 30 – 34.9.
- c) > 40.
- d) 35 – 39.9.

**48. A model for the comprehensive physical assessment of the frail older adult includes:**

- a) FANCAPES.
- b) Anthropometric measures.
- c) Clinical examination.
- d) Instrumental activities of daily living.

**49. Severe malnutrition in calculated the percentage of ideal body weight includes:-**

- a) 80 – 90 %.
- b) 70 – 79 %.
- c) 60 – 69 %.
- d) < 60 %.

**50. Mild malnutrition in calculated the percentage of ideal body weight includes:-**

- a) 80 – 90 %.
- b) 70 – 79 %.
- c) 60 – 69 %.
- d) < 60 %.

**51. Moderate malnutrition in calculated the percentage of ideal body weight includes:-**

- a) 80 – 90 %..
- b) 70 – 79 %.
- c) 60 – 69 %.
- d) < 60 %.

**52. Tools to assess activity include the following:-**

- a) Get up and Go test.
- b) Anthropometric measures.
- c) Clinical examination.
- d) Biochemical data.

**53. Guidelines to Enhance Nonverbal Communication includes:**

- a) Attending, listening, and clarifying in giving any information.
- b) Seeking validation of understanding.
- c) Assume a position similar to that of the other person

- d) Using open ended questions

**54. Barriers within older adults includes:**

- a) In sensitivity.
- b) Poor listening skills.
- c) Improper questioning.
- d) Impaired psychosocial function

**55. Barriers within older adults includes:**

- a) Diminished contact with reality.
- b) Presentation of too much information at one time.
- c) Too many people speaking at the same time
- d) False reassurances

**56. Physical changes affecting communication include:**

- a) Memory problems.
- b) -Speech disorders.
- c) Bereavement.
- d) Anxiety

**57. Communicating with the hearing impaired elderly person includes:**

- a) Remain calm and patient.
- b) Speak slowly, ask one question at a time and wait for a response.
- c) Ask closed, specific questions.
- d) Do not shout.

**58. Causes of hearing impairment in old age that affect communication with elderly includes:**

- a) Injury
- b) Dementia
- c) Otitis media
- d) Stroke

**59. Causes of hearing impairment in old age includes:**

- a) Infection or side effect of drugs
- b) Otitis media
- c) Headache
- d) Stroke

**60. Barriers of communication associated with the interviewer is:**

- a) Belittling or scolding.
- b) Noise and distractions.
- c) Presentation of too much information at one time.
- d) Too many people speaking at the same time.

**61. Guidelines for communicating with cognitively impaired elderly includes:**

- a) Ask closed, specific questions
- b) Use visual cues, objects, pictures and gestures as well as words
- c) Encourage articulation even if words convey no meaning
- d) Do not eat while speaking

**62. Sociocultural barriers affect communication includes:**

- a) Stereotypes.
- b) Sensory impairments.
- c) Physical discomfort
- d) Medication effects or pathologic conditions

**63. Management of cough and difficult breathing includes:**

- a) Elimination of smoke and allergens
- b) Keep patient dry
- c) Subcutaneous haloperidol frequently provides some relief
- d) Encourage any fruits, vegetables

**64. Causes of restlessness and confusion includes:**

- a) Medication
- b) Dehydration
- c) Debility
- d) Mouth breathing

**65. Management of cachexia, wasting, and weight loss includes:**

- a) Small frequent of easily swallowed, nourishing, favorite food
- b) Increased fluid intake.
- c) Fiber consumption.
- d) Administration of milk or magnesia

**66. Management of constipation and impaction includes:**

- a) Frequently offer small foods.
- b) Administration of milk or magnesia
- c) Take drinks slowly and more frequently.
- d) Avoid cooking close to the sick person.

**67. Indications for palliative care includes:**

- a) Suffers from pain or other symptoms due to any serious illness.
- b) The patient has made multiple trips to the emergency room
- c) They wish to remain at home, rather than spend time in the hospital.
- d) They have decided to stop receiving treatments for their disease.

**68. WHO characteristic of palliative care include the following EXCEPT:**

- a) Needs to understand the situation and coordinating the care
- b) Affirms life and regards dying as a normal process.
- c) Integrates the psychological and spiritual aspects of patient care.
- d) Offers a support system

**69. The signs and symptoms in patients that indicate short prognosis of the disease includes:**

- a) The patient has made multiple trips to the emergency room
- b) Too weak to swallow medication
- c) They wish to remain at home, rather than spend time in the hospital.
- d) They have decided to stop receiving treatments for their disease.

**70. Core principles for end-of-life care includes:**

- a) Practical care and assistance
- b) Comfort and dignity
- c) Alleviate pain and symptoms
- d) Grief support

**71. The signs and symptoms in patients that indicate short prognosis of the disease includes:**

- a) Loss of interest in food and drink
- b) Feeling very tired.
- c) Not being able to concentrate or remember details.
- d) Sleep disturbances

**72. The goals of hospice care includes:**

- a) Addressing psycho-social and spiritual needs of the patient and family
- b) Nurses are on call 24 hours a day for home visits.
- c) Pain management and symptoms control are the primary focus.
- d) Family counseling and bereavement services

**73. Needs of patients and caregivers in late stage care includes:**

- a) Respite Care
- b) Offer continuity and collaboration with others.
- c) Provide access to palliative care and hospice services.
- d) Respect the rights of patients and families to refuse treatments.

**74. Emotional comfort to the elderly from their caregivers includes:**

- a) Allow the patient to express fears of death
- b) Display sensitivity and respect for patient and family wishes.
- c) Use appropriate interventions to accomplish patient goals.
- d) Alleviate pain and symptoms.

**75. Signs of death includes:**

- a) Discolored eyes
- b) Changes in skin tone—white to gray
- c) Dusky and gray colored skin
- d) Decreased food and fluid intake

**76. Older persons have smaller bladder capacity and lower urine flow rate which of the following tend to:-**

- a. Decreased post-voiding residual volume
- b. Increased post-voiding residual volume



- c. Decreased nocturia
- d. Increased detrusor contractile strength

**77. Fear of falling can lower quality of life and stop elderly from:**

- a. Doing the enjoyed activities
- b. Visiting friends and family
- c. Leading an active life
- d. All of the above.

**78. Chronic pain is a pain lasting for how long?**

- a. More than six weeks
- b. More than six months
- c. More than six years
- d. More than six days

**79. One of the following consider cause of situational neurally mediated syncope:**

- a. Blood phobia.
- b. Carotid sinus hypersensitivity.
- c. Gastrointestinal stimulation.
- d. Orthostatic stress.

**80. A transient loss of consciousness describe of:-**

- a. Dizziness.
- b. Delirium
- c. Syncope.
- d. Postural hypotension.

**81. functional complications of fall accidents include:-**

- a. Poor quality of life.
- b. decreased bone density
- c. loss of confidence
- d. Attention problems

**82. Physiologic changes that affect sleep include:-**

- a. Increased stage shifts
- b. Decreased napping throughout the day.
- c. Increased stage time.
- d. Long cycles.

**83. Risk factors of urinary incontinence include:**

- a. Changes in activities.
- b. Changes in the work life.
- c. Skin problems.
- d. High caffeine and alcohol intake.

**84. Causes of functional incontinence include:-**

- a. Limited physical mobility.

- b. Enlarged and overfilled the bladder.
- c. Decrease in bladder elasticity.
- d. Lower urinary tract infection.

**85. Pain assessment for cognitively impaired elderly include:-**

- a) Screen for depression and anxiety
- b) Obtain history of pain.
- c) Observe behavioral symptoms.
- d) Cognitive function assessment.

**86. Factors that can contribute to non-adherence include:**

- a. Adverse medication effects.
- b. Increased gastric acid secretion.
- c. Decreased kidney function.
- d. Knowledge about the purpose of the substance.

**87. Safe and successful drug therapy in older adults is usually affected by factors as:-**

- a. Cost and accessibility.
- b. Inappropriate prescribed practice.
- c. Motivation.
- d. Previous adverse drug reaction.

**88. Age-related changes in body composition will affect and alter the action of medication:**

- a. Body fat gradually decreased by 15% to 20%.
- b. Increased in total body water by 10% to 15%.
- c. Body fat gradually increases by 15% to 20%.
- d. Lean tissue increases

**89. Nicotine can affect medication through any of the following actions:-**

- a. Vasoconstriction.
- b. Decreased kidney function
- c. Decreased gastric acid secretion.
- d. Adverse medication effects.

**90. Factors which increase the risk for polypharmacy in older adults include:-**

- a. Financial consideration.
- b. Disease category.
- c. lack of information of health care practitioners about a patient's non adherence to treatment regimen.
- d. Medications taken at inappropriate times.

**91. Which of these interactions can be harmful:-**

- a. Medications and nutrient.
- b. Medications and alcohol.
- c. Medications and caffeine.

d. Medications and nicotine.

**92. Common characteristics of older adults with medication-related problems include:-**

- a. Complex medication regiment.
- b. The use of more prescribing practitioners.
- c. Cognitive impairments.
- d. Previous adverse drug reaction.

**93. Medication non adherence include:-**

- a. Financial consideration.
- b. **Failure to fill prescription.**
- c. Adverse medication effects.
- d. All of the above.

**94. Vascular dementia is caused by:-**

- a) Damage to brain cells
- b) Decreased blood flow to parts of the brain.
- c) The presence of Lewy body's proteins.
- d) Parkinson's disease.

**95. Lewy bodies dementias are common among individuals with:**

- a) Parkinson's disease.
- b) Brain tumor.
- c) Cerebrovascular accident.
- d) Depression.

**96. One of the following considered risk factors of delirium in older adults:-**

- a) Fluctuates from stuporous to hypervigilant.
- b) Disorganized thinking.
- c) Metabolic disorders as hepatic disease and fluid electrolytes imbalance.
- d) Increased nursing care.

**97. Toward better cognitive health in older adults include:-**

- a) Prevention or management of chronic conditions.
- b) Environmental modifications.
- c) Mental activity.
- d) All of the above.

**98. Functional consequences of delirium include the following Except:**

- A. Longer hospital stays.
- B. Malnutrition and hypoxia.
- C. Development of dementia.
- D. Immediate and long-term functional impairment.

**99. Causes of dementia include:-**

- a) Drug intoxication.
- b) Severe thyroid deficiency.

c) Malnutrition and dehydration.

d) Hypoxia.

**100. Causes of depression include the following except:-**

a) Health problems.

b) Reduced sense of purpose.

c) Recent bereavements.

d) Fixation on death.

**101. Signs and symptoms of depression include:-**

a) Development of dementia.

b) Apathy.

c) Reduced sense of purpose.

d) Recent bereavements.

**102. Serious consequences of loneliness and social isolation include:-**

a) Change in living environment.

b) Fear of becoming a burden.

c) Fear of going out and falling.

d) Non of the above.

**103. Causes make the older adults are major consumers of all health care services:-**

a) Growing numbers of adult people, who are interested in wellness programs that help them, stay youthful, active, and healthy.

b) Chronic diseases occur at rate four times greater in old age than at other ages.

c) The prevalence of mental health problems decrease with age.

d) a & b.

**104. The services support independent elders in maintaining their self-care capacity are:**

a) Supportive and preventive services.

b) Partial and intermittent care services.

c) Complete and continuous care services.

d) All of the above.

**105. Supportive and preventive services include:-**

a) Financial aid

b) Employment.

c) Food.

d) All the above.

**106. Services provide assistance to individuals with a partial limitation in self-care capacity:-**

a) Supportive and preventive services.

b) Partial and intermittent care services.

c) Complete and continuous care services.

d) None of the above.

**107. Partial and intermittent care services include the following except:**

- a) Chores.
- b) Home delivered meals.
- c) Telephone reassurance.
- d) Counseling.

**108. Services provide for older adults who are unable to remain at home during the day without supervision:-**

- a) Foster care and group homes.
- b) Adult day care.
- c) Day treatment and day hospital programs.
- d) None of the above.

**109. The services provide regular or continuous assistance to individual with some limitation in self-care capacity:-**

- a) Supportive and preventive services.
- b) Partial and intermittent care services.
- c) Complete and continuous care services.
- d) Home delivered meals.

**110. The services of nursing homes include the following:-**

- a) Personal care (including dressing, bathing and toilet).
- b) Monitoring of medication and 24-hour emergency care.
- c) Social and recreational activities.
- d) All of the above.

**111. Supportive and preventive services include the following except:-**

- a) Financial aid.
- b) Counseling.
- c) Home monitoring.
- d) Employment.

**112. Foster care and group homes are:-**

- a) Supportive and preventive services.
- b) Partial and intermittent care services.
- c) Complete and continuous care services.
- d) All of the above.

**Part III: Matching columns (A) with columns (B):-**

	(A) Health screening		(B) Period
1.	Bl. P.	A	Evaluate periodically.
2.	Ht & wt.	B	Every 5 years.

3.	Cancer screening	C	Every 2 years
4.	Vision including glaucoma test	D	1-2 years
5.	Hearing	E	Annually
6.	Cholesterol level	F	Each Dr. visit or 3-6 months
7.	Mammography for women under 70 y	G	Periodically as part of comprehensive physical examination

**Answer:-**

1	2	3	4	5	6	7
F	G	E	C	A	B	D

	(A) Vaccination		(B) Period
1.	Pneumococcal vaccination	A	Every 10 years
2.	Tetanus & diphtheria	B	Once at age 65y, revaccination for high risk fatal pneumonia/6 yrs.
3.	Influenza (over 65y)	C	Annually (mid October to mid November)

**Answer:-**

1	2	3
C	A	B

(A) Physiological Changes	(B) Results
1-Increased dental caries and tooth loss.	A-Increased incidence of choking and aspiration.
2-Decrease volume of saliva and decreased ptyalin.	B-Increased constipation and bowel impaction.
3-Decreased taste buds.	C-Decreased appetite.
4-Decreased gag reflex.	D-Decreased ability to chew normally
5-Decreased muscular tone at sphincters of esophagus.	E-Decreased digestion.
6-Decreased gastric secretions.	F-Increased incidence of heart burn (esophageal reflux).
7-Decreased peristalsis of large intestine.	G-Dry tongue and mouth and difficulties in digestion of starch.

**Answer:-**

1	2	3	4	5	6	7
D	G	C	A	F	E	B

<b>(A)</b> <b>Physiological change</b>	<b>(B)</b> <b>Results</b>
1- Decreased bone mass and minerals.	A-Decreased range of motion.
2- Decreased blood supply to muscles.	B- Decreased strength, Increased risk of falls.
3- Decreased tissue elasticity.	C-Decreased muscle strength.
4- Decreased muscle mass.	D-Increase risk of osteoporosis.
5- Decrease collagen formation. and elasticity in joints and supporting structures (ligaments, tendons).	E-Decreased mobility and flexibility.

**Answer:-**

1	2	3	4	5
D	C	E	B	A