

## **Health Aspects of Elderly: A Global Issue**

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The biggest achievement of the century is longevity. All over the world, life expectancy has risen, leading to a sharp rise in the number of older persons. Growing population is one of the most significant characteristics of the twentieth century and the first quarter of the 21<sup>st</sup> century is going to be called as “The Age of Ageing”. The alarming situation is that the world’s elderly population is increasing monthly by about one million persons [1].

The percentage of elderly, in the world population is expected to increase rapidly from 9.5% in 1995 to 20.7% in 2050 and 30.5% in 2150. Among the elderly, the number of people aged 80 and more will increase more rapidly over time. According to the projections, the number of those aged 80 and above will rise seventeen fold from 61 million in 1995 to 1054 million by 2150 [2]. This rise in number and proportion of older people will be witnessed all over the world.

In India life expectancy has gone up from 20 years in the beginning of the 20<sup>th</sup> century to 62 years today. Better medical care and low fertility have made the elderly the fastest growing section of society. While the numbers have gone up, quality of life has gone down. Industrialization, migration, urbanization and westernization have severely affected value systems. The previous joint family, the natural support system, has crumbled. The fast-changing pace of life has added to the woes of the older persons. In India, 90% of older

persons are from the unorganized sector, with no social security at the age of 60. Thirty percent of older persons live below the poverty line and another 33% just marginally over it. In India 80% elderly persons live in rural areas, 73% are illiterate, and can only be engaged in physical labour, 55% of women over 60 are widows, and there are nearly 200,000 centenarians in India. The changes in values and life styles, higher costs of bringing up and educating children & pressures for gratification of one’s own desires affect the young adult’s transfer of share of income for the care of elderly parents [3].

The needs of the elderly are unique and distinctive as they are vulnerable. Health, economic and psychological needs are most important. ‘Health problems of elderly’ WHO report in 2004 has estimated that 236 elder people per 10,000 suffer from mental illness mainly due to stress, heart disease, stroke and cancer. Dementia, a crippling disorder of old age, currently affects 1 in 20 people over 65 years of age in our country. It is projected that by the year 2025, 4 million Indians will become victims of dementia [4].

The common physical problems, impairments and disabilities of senior citizens are chest diseases, visual defects, anaemia, gastro intestinal problems, hypertension, arthritis, functional limitation, hearing impairment, decreased or altered perceptions of taste, dental decay, loss of teethes, body weakness

and pain etc. Multiple disease conditions are more common in those above 70 years. The risk of fall is more among the age group of 65 years and above. Home and community care clients are reporting chronic health conditions like diabetes, stroke, Parkinson's disease, cancer, angina, blood clotting problems, asthma and osteoarthritis [5].

The common psychological problems experienced by the senior citizens are depression, cognitive impairment, death anxiety, insecurity, neglect by family members, and suicidal tendencies [6].

The most common social problem reported by the elderly is feeling of loneliness. The most powerful predictors of loneliness are those living alone, depressed, and those with poor understanding by the nearest and unfulfilled expectations from relatives and friends. Lower social interaction patterns and lower perceived social support were significantly related to suicidal thoughts [7].

The physical, psychological and social problems of elderly affect their activities of daily living, memory and emotional state. Ageing in itself is not a disease or disability. Elderly individuals can remain healthy and active. Healthy ageing should be the main objective of all age care programmes. Active aging should be aimed at by optimizing opportunities for health, participation and security in order to enhance quality of life as people age.

The anti-ageing measures are to be practiced during middle age which are likely to prevent disease - related disability, cognitive impairment and depression of late life. The most consistent predictors of healthy ageing are low blood pressure, low glucose levels, absence of

smoking and normal weight in the middle age. Thus one can conclude that beyond the biological effects of ageing, much of the illness and disability in the elderly is related to risk factors present at midlife [3].

As a part of primary prevention, the health goal could be maintaining physical, psychological and social well being of elderly. There are certain guidelines to the care givers \ family members of elderly about aging and life course. To preserve physical health of Geriatric people it is essential to provide a well-balanced diet, assist them to practice regular exercise, protect them from falls, and facilitate to maintain healthy sexuality.

To maintain psychological health, it must be recommended to build up a positive attitude towards elderly, help them to manage their forgetfulness, and prevent occurrence of depression.

To achieve Social and spiritual health, it is important to engage senescent in entertainments and hobbies, encourage them grand parenting, help them to plan holidays and travel, help them to plan retirement, help them to plan for the future, strengthen the elders –children relationship, and encourage spirituality.

If older people can retain their health, and if they live in an environment that promotes their active participation, their experience, skills and wisdom will be without any doubts a resource for societies.

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