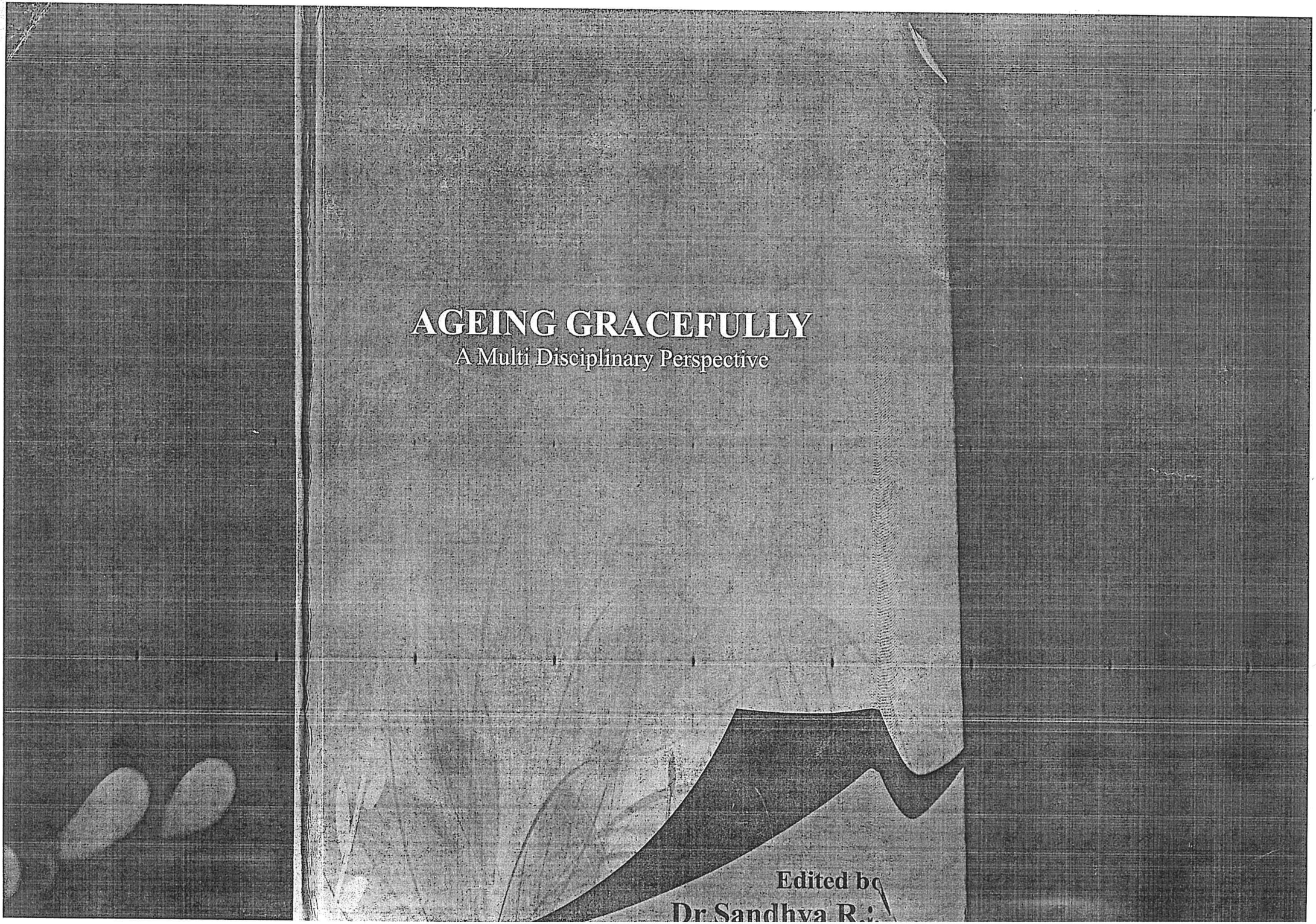
AGEING GRACEFULLY

A Multi Disciplinary Perspective



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HEALTH OF ELDERLY – HOW IT DIFFERS?

Dr.Anand P.Ambali

Introduction

The elderly now constitute 8.2% of total population. As one grows old, diseases pertaining to specific age group surfaces. Non communicable and preventable diseases are more common in elderly which increases morbidity than mortality. Because of this most elderly have to compromise with quality of life. When acute diseases like pneumonia , falls and related injuries occur, there is sudden decrease in quality of life and they become dependent and few become bed ridden.

The disease pattern in elderly is peculiar. The diseases which has onset at age of 40years of age like hypertension, diabetes mellitus, ischemic heart disease, tuberculosis etc continue to stay as person grows old. To add to these diseases, another set of diseases that are peculiar in old age also appear like prostate enlargement, malignancies, stroke, osteoarthritis, parkinson's disease etc. So an elderly is a person with a blend of diseases, those which had origin before 60years of age and those after 60years. Despite so many problems in elderly, the fascinating thing about it is they accept it and learn to live with it happily. It's the acute conditions like fever, falls ,urinary tract infections, pneumonia , dehydration exaggerates the symptoms of chronic diseases and it also leads to surface the hidden diseases like abuse and depression in them.

The main goal in elderly shall be to maintain quality of life and near dependency till end.

Health scenario in India

We are all aware that population of India is also greying. At one end we are increasing life span by various means like reducing infant mortality rate, immunization, better health facilities and interestingly health care reaching even some rural areas.

At the other end, we are not prepared to face the biggest health challenge of the century ie the health care of elderly population.

The health system in India is already struggling and striving hard to take care of diseases in infants, pregnant women and children.

Non communicable diseases like diabetes mellitus, hypertension, obesity ,ischemic Heart Disease and stroke are commonly prevalent in adult population . Many people succumb to infectious diseases like

malaria, tuberculosis, HIV etc every day in our country which has posed a greatest challenge to health system.

Malnutrition, alcohol and tobacco related diseases in adult and middle age group is another threat to health system.

The health system is already shaken with the management of communicable and non-communicable diseases in terms of man power and economy. When such is a task for policy makers, then looking at old age problems and finding solution is a far off thought and has received less priority.

Slowly the elderly population is increasing and it's still not too late for our health system to wake up for and welcome another group ie elderly group.

We in India need to plan policies that suit the needs of elderly and give them comfort and acceptable quality of life with suitable means and little interventions.

The health system for the care of elderly in west is already suffering setbacks in terms of shortage of manpower and funds, so we need to keep those things in mind and frame policies.

In India ,i feel factors like environmental , economic and cultural taboos play important role in health care of elderly rather than protocol based management strategies unlike in west.

We need to exploit to the best of the very presence of joint family system and religious rituals in rendering care of elderly from health, psychology and overall wellbeing point of view which our elderly deserve.

The health care of elderly differs from that of adults in following ways.

1.Symptom presentation – Nonspecific symptoms or atypical symptoms are common in elderly. This leads to delay in diagnosis of disease. For eg elderly having heart attack may present to hospital with fall rather than chest pain and sweating , while a elderly with pneumonia will present with altered behaviour rather than fever and cough.

2.Spectrum of health in elderly

Most of the diseases in elderly are not due to single factor, its multifactorial. The accumulated effect of physical, mental, social, environmental and spiritual factors over years interplay in causation of diseases. Hence making a single diagnosis and treating it may not help them. A holistic approach is required in management of diseases in elderly.

3.Communication

For a clinician and care givers effective communication with elderly patients is paramount importance. The clinician should try to know problems of elderly in his own words and it is equally important to assure that the elderly person has understood the instructions given to him. Factors like decreased hearing, confusion, dementia, decreased concentration forms barrier in effective communication.

To overcome some of these problems, I tell my patients to write down or get it written on a paper the symptoms he wishes to tell doctor in a paper whenever he remembers and bring that chit to clinic. This has evoked good response in my elderly patients.

While talking to elderly, clinician or caregiver should not shout. They should go near ear of patient and talk loud. And clinician should use finger signs and bring expression on face in front of eyes of elderly, so that they can see the expression and understand what you intend to say.

a. Before beginning a conversation, problems like impaired vision and impaired hearing should be asked and if they are using spectacles and hearing aid, allow them to wear it first and then talk to patient.
b. Elderly persons expect doctor to have patience to listen to them.
c. Elderly often forget to tell the main symptom for which they seek consultation. After getting examined, taking a prescription and had left examination chamber, they return back and start telling the main problems which they intend to consult for.
d. Elderly patients reveal a detail history of their diseases and socio economical factors when they are alone.
e. They usually wait for their son/daughter in law to go out to bring drugs, then hurriedly they enter the doctors chamber and reveal more important things regarding their health and psychological aspects.
f. They hesitate to inform symptoms like urinary and fecal incontinence.

4.Blame it on age – The elderly ignore the important symptoms and blame it as part of old age and assume that they have to live with it. The common symptoms like breathlessness, swaying while walking decreased appetite, and constipation are ignored. These symptoms need to be evaluated because they signify serious underlying diseases of heart, lungs, brain and gastrointestinal symptoms.

5.Intact vital senses plays a important role in maintaining good health. The smell of food, visuals of food and taste on tongue if are intact, elderly can have good appetite and consumes nutritious food which help improve their immunity. The causes of reduced sense of smell and taste are decreased water intake, consuming multiple drugs, depression, decreased vision and to some extent as part of ageing,

6.Symptoms begets symptoms - Most disturbing symptoms like Constipation, polyurea and decreased sleep are interrelated. Constipation is the most common symptom in elderly which is best preventable. The causes include poor dentition, decreases water intake, decreased fibre intake, and decreased mobility. Constipation can be prevented by drinking atleast two litres of water in a day, has proper fitted dentition and by doing minimum exercise. Because of fear of passing more urine in night, the elderly consumes less water. This leads to constipation, dry itchy skin and dehydration. Increased urine frequency also disturbs sleep in elderly. The common causes for polyurea are uncontrolled diabetes, urinary tract infection and prostate enlargement. Once these issues are addressed, the quality of life improves.

7.Polypharmacy – the elderly will be suffering from various diseases and on an average they are on three to five drugs. Adding to it, they also use 'on the counter drugs' and non allopathic drugs. The word of caution here is allopathic drugs should not be consumed along with non allopathic drugs. This will lead to interaction among two different group of drugs and leads to serious side effects. Elderly should be encouraged to follow one system of medicine. Additional modalities like yoga, meditation and exercises can be concurrently carried out. Another caution is they should not use drugs prescribed for their friends having similar symptoms. On the counter drugs that are commonly abused by elderly are sleeping pills, pain killers, laxatives and steroids.

8.Let's not forget those who forget- Elderly suffering from dementia is on rise, which has no cure. They themselves are unaware that they are forgetting the things. The care giver or friend or family member notice that the elderly person is forgetting doing the routine things, forget that he is served food, gets lost in market, pays bill twice and being violent on care givers. The care of elderly with dementia is a challenge for family members and medical fraternity as these people live one to eight years more than those suffering from other chronic diseases. Always

keep a card mentioning contact details in pocket of elderly who is suffering from dementia.

09.Care giver issues- The elderly require assistance in activities of daily living over years. The elderly may require assistance in bathing, dressing, feeding, mobility and drug intake over years. The care giver may be spouse, daughter, daughter in law, son and grandchildren. The role of care giver is very crucial. The stress that care giver undergoes while delivering care to older people is immense and should never be under estimated. The care giver should be provided respite care. The elderly who are bed ridden due to stroke, falls related injury, parkinson's disease and alzheimer's remain differently abled and become totally dependent on care giver for all their needs. Being bed ridden will have negative impact on economic and social aspects of family.

10.Various modalities of care for elderly are

A.Rehabilitation is very important in elderly to improve quality of life after having undergone major surgery, following stroke , suffering from chronic lung and cardiac diseases. Rehabilitation measures are initiated on the day one of admission of elderly in hospital. Rehabilitation measures can be provided in house, in office and of course in hospital.

B.Palliative care is the care during terminal illness which gives comfort from symptoms and has no role in prolonging life. Elderly suffering from cancer ,alzheimer's and HIV will need palliative care.

C.Day care – Elderly who are abused, those who have no caregivers in house or where both son and daughter in law are working, can opt for day care centre.

D.Hospice care –Elderly who are suffering from terminal illness and will be living for less than six months are provided care in hospice centre.

11.Hospital v/s Home stay - Elderly are so much adjusted to their house that they feel uncomfortable in hospital environment. A longer stay in hospital had negative impact on their health status, behavior changes in some and low quality of life after discharge. Hence in my practice, the elderly who is not bed ridden and needs no absolute bed rest ,is allowed to go to their home during night and return back next day morning. This helps in better compliance and positive impact on health care and recovery.

Functional capacity drastically reduces during acute medical problems in elderly. The Rule of thirds aptly apply to elderly population. The rule

is, one third of functional decline is due to actual ageing, another one third is attributable to diseases and remaining third is due to disuse.

12. An ounce of prevention is worth a pound of cure-Prevention of osteoporosis, pneumonia and falls are major modalities towards good quality of life. Daily intake of calcium, vitamin D, exposure to sun in morning and walking prevent osteoporosis.

Immunization against influenza and pneumococcal pneumonia in elderly should be done. A single dose of vaxigrip once a year and one dose of pneumo-23 once every five years after age of sixty will prevent occurrence of deadly pneumonia. Tetanus toxoid and hepatitis b vaccines are also recommended.

Factors that can prevent falls are correction of poor vision, avoiding use of dhoti / lungi, multiple medications and sleeping pills. Those who had fall once, should consult physician to rule out causes and for subsequent management. All elderly who are healthy should undergo yearly health check up, so that new onset diseases can be identified a earliest.

13.Evidence based practice - The greatest set back in elderly health care is lack of evidence based studies. Very few studies and trails enrol elderly population due to ethical problems and or anticipating poor results of trail. This leads to a Geriatrician to take a challenge as every patient as a individual case study and tailor a treatment that suits an elderly with the disease that are both hidden and surfaced.

14. Issues like end of life care , making will , refusing resuscitation during end of life, are the issues need to be discussed with elderly and care givers before taking a firm decision.

The goal of health care in elderly shall be "cure sometimes, treat often, comfort always".

EPIDEMIOLOGICAL TRANSITION AND HEALTH STATUS OF THE ELDERLY IN KERALA

Shaimon Joseph

Introduction

The parallel processes of demographic and epidemiological transition are currently occurring at remarkable speed in India. The study of epidemiological transition has received much less attention to adequately understand the major shifts in mortality and morbidity patterns. Data from India's National Sample Survey Organization (NSSO) revealed an enormous increase in India's morbidity level during the last two decades. Further the non communicable diseases are fast replacing the traditional enemies such as infectious diseases and malnutrition.This kind of general shift from acute infectious and deficiency diseases characteristics of underdevelopment to chronic non communicable diseases characteristics of modernization and advanced levels of development is usually referred to as Epidemiological transition. More specifically Epidemiology is concerned with the distribution of diseases and death and their determinants and consequence in population groups. This study focuses on epidemiological transition in Kerala in the context of demographic ageing, popularly known as ageing of population.

Non communicable diseases are rapidly increasing in many countries in both more developed regions and less developed regions of the world, largely due to demographic and life style changes. At present, lifestyle and behavior are linked to 20- 25% of the global burden of the disease. The proportion is increasing in poorer countries. The non communicable diseases are fast replacing the traditional enemies such as infectious diseases and malnutrition. It is also estimated that nearly half of the disease burden is in low and middle income countries is from non communicable diseases and 21% such death in developing countries are due to Cardiovascular diseases (Maria A Quigley -2006). By the year 2012 ,non communicable diseases account for 7 out of every 10 deaths in the developing regions, compared with less than half today (World Health Organization). Many parts of India are experiencing an Epidemiological transition and this is reflected in a growing burden of non- communicable diseases. International Journal of Epidemiology shows that non-

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