

Preparedness of health care of older people

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Ageing is occurring universally. It is estimated that there are some 600 million people of the age of 60 years and above in the world and the number is projected to double by 2025¹. Various factors including lengthening of life expectancy and progressive decline in fertility is contributing to reshaping of the age distribution of the world population. Developed countries are already below replacement level of their fertility rates indicating societal reshaping. Fertility decline in the developing world is even faster which is likely to reduce the planets geographical differences in fertility rates.²

Factors such as improved access to health services, improved socioeconomic conditions, early detection and treatment of diseases, and better outcomes of illnesses are likely to be related to this shift of fertility rates.³ In the global context, the mean life expectancy is more strikingly increasing in less developed countries though remarkable variation exists.⁴

Though increased longevity may be considered a success in developmental or public health point of view, it is leading to increased risks of chronic diseases like hypertension, diabetes, degenerative musculoskeletal diseases and numbers of disabilities.^{1,5} All countries of the world, both developed and developing, need to prepare themselves to address the consequences of this demographic trend. To deal with these developing health challenges, they need to holistically gear up their health care systems involving preventive, curative, promotive and rehabilitative modalities.

World Health Organization (WHO) has also recognized the role of primary health care providers as critical in maintaining health of older people. The challenge is more for the developing countries than the developed countries as the WHO posits that the developing countries will become old before they become rich while developed countries became rich before they were growing old.¹ Many countries in the world have already established a separate discipline of geriatric medicine of its own right to address the curative burden of older people. Of note, geriatric medicine consultants as specialists already constitute a significant proportion of total workforce in the National Health Services (NHS) in the UK.⁶

The problem of health care management of elderly cannot simply be addressed by providing tailor made treatment protocols and producing health men power at specialist's level. The most important issue by far is to incorporate the principles and practices of the care of the older people in all levels of curricula including the undergraduate ones. Many of the already existing medical or health science institutions need to review and modify their curricula based on their assessment of local needs.

Care of elderly is complex and is, therefore, impossible without multidisciplinary and coordinated approach involving professionals including physicians, nurses, physiotherapists, social workers, rehabilitation specialists and others. Common

clinical problems encountered in the older people such as fall injuries, confusions, incontinence and immobility are very challenging and difficult to tackle requiring coordinated perseverant efforts from dedicated professionals.

As with many other developing countries, Nepal has also recently identified health care of the older people as her important obligation. Ministry of Health, Government of Nepal, has implemented the policy of subsidy and provision of dedicated hospital beds for the elderly in health institutions. Be it a small beginning, recognizing the existence of the issue by the major stake holder is the first and the most crucial of the milestones of development of anything. Much remains to be done in all - preventive, curative, promotive and rehabilitative domains of older people's health. Health science institutions like the BP Koirala Institute of Health Sciences (BPKIHS) can and should also take the initiatives to share this national burden. Such institutions can incorporate the issues of older people's health in the curricula of the programmes they run, provide cares tailored to the older people's health problems and conduct basic and applied research to identify the local specific needs and their plausible solutions.

Addressing the older people's health problems is challenging but it may provide exciting opportunities for us in unraveling many facts about their issues and, thereby, taking us to newer understanding.

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