

Editorial

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Geriatric Health Care in India: The Upcoming Challenges**Dr. Jyoti Bikash Saha¹**¹Professor, Department of Community Medicine, MGM Medical College, Kishanganj, Bihar.
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The rise in the number of elderly in India has invited the attention of medical professional towards the medical and health need of elderly. With genetic, social, environmental, dietary and disease profile differences from their western contemporaries, Indian elderly demand a slightly different approach to their medical and health problems. The elderly are a precious asset for any country. With rich experience and wisdom, they contribute their might for sustenance and progress of the nation. Their special health and economic issues differ from those of the general population. With the decline in fertility and mortality rates accompanied by an improvement in child survival and increased life expectancy, a significant feature of demographic change is the progressive increase in the number of elderly persons. Increasing life span and poor health care add to the degree of disability among the elderly and compound the problem of care giving.

The care of the elderly is drawing more and more attention of the Government and public. It is already a major social and health problem in affluent countries. While science has prolonged life, the changes that it has brought in culture and social patterns have robbed the elderly of their status and self-

esteem and have deprived them of chance to function adequately in the society.

In India, the elderly people suffer from dual medical problems, i.e. both communicable as well as non-communicable diseases. This is further compounded by impairment of special sensory functions like vision and hearing. A decline in immunity as well as age-related physiologic changes leads to an increased burden of communicable diseases in the elderly. The prevalence of tuberculosis is higher among the elderly than younger individuals. It has been estimated that among the population over 60 years of age, 10% suffer from impaired physical mobility and 10% are hospitalised at any given time, both proportions rising with increasing age. In the population over 70 years of age, more than 50% suffer from one or more chronic conditions. The chronic illness usually includes hypertension, coronary heart disease and cancer. According to Government of India statistics, cardiovascular disorders account for one-third of elderly mortality. Respiratory disorders account for 10% mortality while infections including tuberculosis account for another 10%. Neoplasm accounts for 6% and accidents, poisoning and violence constitute less than 4% of elderly mortality with more or less similar rates for

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nutritional, metabolic, gastrointestinal and genito-urinary infections. In India, the rapid urbanisation and societal modernisation has brought in its wake a breakdown in family values and the framework of family support, economic insecurity, social isolation and elderly abuse leading to a host of psychological illness. In addition, widows are prone to face social stigma and ostracism. The socio-economic problems of the elderly are aggravated by factors such as the lack of social security and inadequate facilities for health care, rehabilitation and recreation. Also, in most of the developing countries, pension and social security is restricted to those who have worked in public sector or the organised sector of industry. Many surveys have shown that retired elderly people are confronted with the problems of financial insecurity and loneliness.

Keeping in mind the health and socio-economic challenges that are being faced by the elderly population in India, some strategies need to be explored by the programme managers of the public health care system to bring about improvement in the quality-of-life of the geriatric population.

Since 75% of the elderly reside in rural areas, it is mandatory that geriatric health care services be made a part of the primary health care services. This calls for specialised training of Medical Officers in

geriatric medicine. Also, factors such as lack of transport facilities and dependency on somebody to accompany an elderly person to the health care facility impede them from accessing the available health services. Thus, peripheral health workers and community health volunteers should also be trained to identify and refer elderly patients for timely and proper treatment.

Research in Geriatrics and Gerontology needs to be further encouraged. An ICMR Workshop on "Research and Health Care Priorities in Geriatric Medicine and Ageing" recommended that research be conducted in areas such as the evaluation of the nutritional and functional status of the elderly, common chronic and neuro-generative disorder like Alzheimer's disease, cardio-vascular disorders, depression etc.; basic services, dealing with the process of ageing, pharmacokinetics and pharmaco-dynamics of drugs, health system research and research in alternative medicine. Certain lacunae in the field of research on gerontology have been identified, such as the lack of attention given towards the aged in rural India, failure to view elderly people as active participants in the economy, the perception of older persons as being mere recipients of social welfare services, and lack of focus on policy recommendations.

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