

LETTERS TO EDITOR

Dear Editor,

Disease and Disability in the Elderly: A Call for Research

By 2025, it is expected that there will be about 1200 million people aged 65 years in the world, according to UN estimates. In many low and middle income countries, the population of older persons has reportedly increased by 50% in the last 10 years. The increased life expectancy brings on its own challenges – although people live longer, the number of years of healthy living has decreased. The high prevalence of chronic diseases and disability in the elderly, coupled with the dramatic shift in the age structure towards an aged population, call for increasing attention to this potential public health problem.

Major categories of impairment in elderly people include immobility, instability, incontinence and impaired intellect/memory. Impaired vision and hearing loss are common chronic problems among older people. Hearing problems can lead to social isolation, depression, and dependence. Visual difficulties can lead to falls from tripping over unseen objects, medicine being taken incorrectly and finances being mismanaged. Falling is a common problem associated with old age. Fear of falling affects willingness of many older people to participate in physical activity and exercise.

Bhumika et.al.(2012) reporting on a community-based, cross-sectional study of diseases in aged agricultural workers from Tamil Nadu, India, identified depression in 64.7% of the sample. Other problems included dental caries in 43.5%, poor vision in 41.9%, anaemia in 36.5%, hypotension in 32.9%, hypertension in 29.4%, and diabetes mellitus in 22.3%. Many of these problems are preventable. This needs to be recognised and integrated into existing preventive health strategies for the aged population.

A potential group of communities that could provide an opportunity to study the evolution of disease and disability and their interactions over time can be found in the tea industry. The Indian tea industry is the second largest employer in India. There are hospitals and medical officers in each tea garden that provide free medical services to the workers and dependents. They also implement various health programmes that are focussed primarily on prevention of premature

mortality. This could lead to ignoring the need for services to improve the quality of life of older people.

The tea estate community is a relatively closed one, confined to the plantations with minimal migration. For decades the socio-cultural changes in these communities have been slow to evolve. Many forms of social problems are experienced by older people in this closed community group. They become destitute when they are old and often may not own a house of their own. They are unable to access any help when required, have no income or work, become ill very frequently and are neglected by their children on whom they are dependent. Older women may face challenges of poor access to reproductive health care. Years of carrying heavy loads on the back results in higher risk of low back pain leading to severe functional disability. The tea estates are usually cold and wet for half the year and the workers who live in 'line rooms' that are damp and smoke-filled, develop chronic respiratory diseases. Depression and dementia are common, but may not be thought of as health conditions requiring treatment or care.

There are very few large scale studies on disease and disability in non-institutionalized older people. It is in this context that studies on prevalence of diseases in the elderly, quality of life, measurement of disability, factors related to its onset and consequences, and the potential for preventive intervention, become of relevance today, especially in low and middle income countries. There are other questions to be answered: what are the factors that increase physical disability in the elderly? What is the role of past medical events? Do factors such as time since the onset of a disease or the number of diseases influence the association between disease and disability? What risk factors could have an influence on elders' ability to perform life activities? Such investigations can help identify public health strategies to support and improve quality of life of people who are aging.

The hospitals and health programmes in the tea industry have substantial raw data for analysis. The possibility of prospective studies on the evolution of disease and disability in a fairly static population, and relating it to the retrospective data available in health records and community surveys, could contribute greatly to understanding the problem of disease and disability in the elderly and quality of life issues in this population.

REFERENCES

Bhumika N, Raj P, Singh Z, Jayanthi V, Purty A.J, Senthilvel V. (2012). Healthy ageing: are we ready to meet the challenge? . Indian Journal of Medical Specialities; Published Online - 17-Aug-2012 <http://dx.doi.org/10.7713/ijms.2012.0047>.

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