

HEALTHY AGEING

1. The United Nations General Assembly decided by a resolution (No.47/5) to observe 1999, as the International Year of older persons. The theme for the World Health Day on 7th April, 1999 was "Active Ageing makes the difference", for the South East Asia Regional Office of WHO - (Helpage India-1998 and World Health News, 1999).
2. Life Expetancy at birth - In the early 1950's average expetancy at birth worldwide was 47 years and in several countries it was almost 80.
3. In India life expetancy in 1995 was 62. It has currently a population of 60 millions elderly persons i.e. 6% of its total population. It is expected to be 150 million by the year 2025 i.e. about 12% population.
4. Table (attached) gives this information in a tabular form. (World Health Report 1998) - Statistics.
5. Longevity also brings with it a higher prevelence of diseases which are more common in older age groups like cancer, coronary vascular disease, gynaecological diseases of elderly women, senile and presenile dementias, Parkinson's disease, Alzheimers disease, late onset depressive disorder with a greater propensity to suicidal acts.
6. Functional impairments such as diminished muscle power, decreasing eyesight, senile cataract, impaired hearing, loss of some or all the teeth in old age, are well known. But once the remediable diseases and handicaps have been dealt with surgically or by artificial aids, the elderly person should be persuaded to learn to live with the residual impairment in the function with the prescribed medication advised by a competent doctor.
7. Main support groups for our elderly friends are the joint families and social and religious groups, NGO's and social welfare groups. Unfortunately the joint family system is rapidly crumbling.
8. Having a useful occupation or hobby, involvement in the family and in social affairs of the community, moderate exercise including yoga are some of the desirable steps for a healthy and active ageing. Regular visits to a place of worship or mediation group or joining a group of peers in a park or other suitable place for discussing religious or moral issues or even current local affairs, is likely to promote mental health of our senior citizens. For persons having a professional qualification and experience like our doctors, devoting a couple of hours in free community service will be amply rewarding. Other educated senior citizens could also give free service in a charitable clinic under the guidance of the medical team.
9. NGO's supporting the elderly like the Helpage (India) Age Care (India), Retired Persons Associations, should have contact with the Central and State Social Welfare Ministeries & Boards and readily available information about charitable organisations giving financial aid to the needy elderly persons e.g. needy widows, with them, so that a needy person in the elderly group could be put in touch with the proper group or organisation.
10. Depression in the elderly group as mentioned earlier is very common and should be treated early and vigorously. It has a very good prognosis.
11. Training of medical, nursing and paramedical personnel in Geriatric Medicine and having Geriatric departments in the medical colleges is an important step in providing better medical care for the elderly. Such departments should also have a few inpatients beds for those requiring inpatient treatment.

REFERFENCES

Helpage India News (1998) Vol.XIII, No.2. 1998, page 2.

Health Care in the Elderly,

LETTERS TO EDITOR

**TABLE
FROM WORLD HEALTH REPORT-1998
STATISTICS**

Member States*	Life expectancy at birth (years)			Under-5 mortality rate			Infant mortality rate		Age & sex standardized death rate (per 100000 population)		Deaths under age 50 as % of total		GNP per capita
	Both sexes		Ratio female/male	Both sexes		Ratio female/male	1997	2025	1997	2025	1997	2025	US\$ 1995
	1997	2025	1997	1997	2025	1997	1997	2025	1997	2025	1997	2025	1995
South-East Asia													
Bangladesh	58	70	1.00	104	34	1.07	80	29	1.300	738	60	28	240
Bhutan	53	67	1.06	142	50	0.87	105	41	1.587	877	70	43	420
Nepal	57	70	0.99	108	33	1.11	83	30	1.331	744	63	33	200
Western Pacific													
Cambodia	54	67	1.05	131	44	0.90	104	40	1.508	839	69	33	270
Laos PDR	53	67	1.06	140	46	0.89	87	39	1.560	862	72	43	350
Papua New Guinea	58	68	1.03	80	34	1.10	62	30	1.370	799	57	30	1,160
Other WHO Member States													
Africa													
Sao Tome & Principe													350
Seychelles													6,620
Swaziland	60	71	1.06	95	33	0.81	66	28	1.161	679	70	38	1,170
Americas													
Antigua & Barbuda													
Bolivia	61	72	1.06	84	34	0.90	67	25	1.097	624	60	36	600
Dominica													2,990
Grenada													2,980
Guyana	64	72	1.11	71	38	0.72	59	32	959	632	48	19	590
St. Kitts & Nevis													5,170
St. Lucia													3,370
St Vincent & the Grenadines													2,280
Eastern Mediterranean													
Egypt	66	74	1.04	66	22	0.90	56	19	898	565	47	17	790
Iraq	62	75	1.05	113	20	0.96	103	17	1,047	538	67	27	
Libyan Arab Jamahiriya	65	74	1.06	75	24	0.87	57	19	918	572	64	31	
Morocco	67	74	1.06	64	22	0.86	52	18	865	558	47	18	1,110
Pakistan	64	73	1.03	99	45	0.97	75	39	978	586	64	31	460
Europe													
Andorra													
Monaco													
San Marino													
Tajikistan	67	74	1.09	75	42	0.81	57	33	822	574	53	30	340
Turkmenistan	65	72	1.11	74	42	0.81	58	33	959	642	50	26	920
Yugoslavia													
South-East Asia													
India	62	71	1.01	90	45	1.17	73	38	1,045	657	48	22	340
Myanmar	60	71	1.06	90	29	0.86	79	25	1,183	696	53	22	
Western Pacific													
Cook Islands													
Kiribati													
Marshall Islands													
Micronesia, Federated States of													
Mongolia	66	74	1.06	69	33	1.04	53	28	915	584	46	21	310
Nauru													
Niue													
Palau													
Samoa	69	76	1.05	68	38	0.93	56	35	736	503	45	23	1,120
Tonga													
Tuvalu													

* Italics indicate less populous Member States (under 150000 population in 1997).

† The three targets in WHO's strategy for health for all by the year 2000 relating to health status are: life expectancy at birth above 60 years; under-5 mortality rate below 70 per 1000 live births; infant mortality rate below 50 per 1000 live births. Data not available or not applicable.

LETTERS TO EDITOR

Demographic Aspect of Ageing Population.
From *Ageing India Perspective* by Vinod Kumar,
chapter 24.

World Health Organisation (1998) *World Health Magazine*, 50th year no.4, July-Sept. 1998, Editorial - Towards a Healthy Old Age
Hiroshi Nakoyima.

World Health Report (1998) *Statistics* (Table)
Colonel KIRPAL SINGH, IMS (Retd.) FRCPsych., FRANZCP,FAMS, T.38 Rajouri garden New Delhi 110027.
