

What Should Geriatric Medicine Do in the New Normal of Life Expectancy?

There have been a lot of global news about why Korea will become the highest longevity country in the world since a recent study predicted that Korean women would be the first to live longer than 90 years on an average in 2030.¹⁾ The trends and forecasts of the expected life expectancy of 35 industrialized countries by Kontis et al.¹⁾ are very interesting. As a result of the large gain made in Korea, the country is likely to take the life expectancy frontier position in both women and men from Japan and Australia, respectively, with 90.8 for women and 84.1 for men. As the main reasons, they suggested economic improvement of the country and equitable access to health care and high medical technology across the whole population. Other reasons, such as low rate of obesity and lower blood pressure, have been discussed as well. One study from nutritional surveys of centenarians stated other factors such as a diet rich in fermented foods, which is said to lower cholesterol, boost immunity, and inhibit cancer.²⁾

Many physicians in the geriatric field have stated that one of the significant changes over the last decade is that the average age of patients with similar diseases who have been visiting outpatient clinics has been significantly increasing. Ten years ago, older adults in their 80s belonged to the oldest patient group, but now the oldest-old patients aged 90 years or over are commonly encountered at the clinic. A population group of 80 or 85 years of age is classified as the oldest-old. In 1980, the number of people aged 80 years or over was only 178,000, rising steeply from 483,000 in 2000 to 1.43 million in 2017 and is expected to reach 3 million in 2050, representing 5.7% of the total population.³⁾

How should we prepare for the future of a super-aged society? As the average life expectancy increases, there is a greater chance of long-term survival in a poor health state. According to the annual report of Global Burden of Disease Study, the healthy adjusted life expectancy (HALE) of women was 72.9 years at 84.2 years of average lifespan, and that of men was 68.5 years at 78.0 years of average lifespan in Korea.⁴⁾ In particular, the gap between the HALE and the average life expectancy of older women is about 11.3 years. It is easy to imagine that the gap will grow enormously unless the HALE increases at a similar speed of increased lifespan

in 2030, when the expected life expectancy of women is predicted to be 91 years. Given the population of over 3 million older people aged 80 or over, the explosive increase of older people who stay unhealthy in later life is quite obvious. In other words, if the HALE does not increase, the extended life will not be happy but will lead to a burden on the society as a whole, such as increased medical expenses and care expenses. In order to enjoy an independent lifestyle and a high quality of life throughout the lifelong period, it is important to maintain a healthy condition in the aspects of physical, psychological, and social levels, that is, improve the overall healthy lifespan. In particular, given the prevalence of frailty and sarcopenia, which lead to physical dysfunction and disability increases, the overall burden is expected to increase. Therefore, there is a higher demand for solutions and countermeasures than ever before.

However, there is no clear resolution yet. The advancement of disease treatment and medical technology is progressing rapidly but their effects are still insignificant to prevent unhealthy conditions in older people and maintain their physical functions. Although a comprehensive, functional, and integrated approach to older patients is considered crucial textbook wise, it is not operating effectively and efficiently in the current clinical practice.

What are the urgent measures needed to prolong the healthy life years and improve the quality of life during an unhealthy period? First, evaluation and monitoring of the functions and disability of older population should be universally feasible. Secondly, a comprehensive and integrated approach to healthcare must be available in the real playground. Third, specialists in primary care and comprehensive approach for older patients (i.e., geriatrician, geriatric nurse) should be institutionally cultivated. A geriatrician or geriatric specialist is in charge of the comprehensive problems of older patients in most industrialized countries that have become the aged society. In Korea, however, the system of geriatric specialists has not yet been introduced in health care for various reasons. Lastly, the future prospect of advanced medical and science technology is necessary but the essence of a solid medical care system is given priority. The journal, *Annals of Geriatric Medicine and Research* plans to deal with the topics

Jae-Young Lim

that can be a priming water to gather wisdom in upcoming issues. It is time for Solomon's wisdom to find the core idea to penetrating the whole.

Jae-Young Lim, MD, PhD

Editor-in-Chief

Department of Rehabilitation Medicine,
Seoul National University College of Medicine,
Seoul National University Bundang Hospital,
Seongnam, Korea
E-mail: drlim1@snu.ac.kr

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