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MULTIMORBIDITY IN AGEING

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Aging is a national health priority and responsible for the escalating costs of healthcare worldwide. Despite enormous individual and societal impacts, aging is grossly under-researched. Multi-morbidity with chronic diseases is recognised as the largest contributor to death, morbidity and disability in the western world. However research is disease-centred with a recent Lancet publication noting this has led to a lack of translation to practice, given most people over 50 have several coexisting conditions. A person-centred approach therefore must be a multi-morbidity approach.

Women's health is an under-researched area, nationally and globally, yet women are the greatest proportion of the aging population. The large gains in health demonstrated in men from the 1960s to today be not matched with women. There is a clear need to address this and an opportunity, given the significant lack of awareness of modifiable risk in women, alongside an absence of women-specific guidelines for risk modification.

The global burden of chronic disease is increasing dramatically – by 2020 the World Health Organization expects that chronic disease will account for almost three quarters of all deaths; therefore has set non-communicable/chronic diseases as their priority. A preventative approach requires immediate action for later health gains. A delay in combining these cohorts and obtaining common follow-up measures will both delay any outcomes, but also reduce future potential opportunities to achieve this scope of work as cohorts continue to age.

AGEING RUSSIAN MEGALOPOLIS

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The objective is to analyze the situation in Saint-Petersburg with regard to population ageing in comparison with that in Russia as a whole, since 1990.

Population ageing is characterized using CONVENTIONAL MEASURES (such as proportion of old age population (aged 60 (or 65) or over); Old-Age Dependency Rate - relative size of population aged 60+ (or 65+) to working age population (aged 15 – 59 or 15 – 64) etc) and PROSPECTIVE MEASURES which take account of Remaining Life Expectancies, RLE (such as number of persons in age groups with RLE 15 years or less; Prospective Old-age Dependency Rate – number of persons in age groups with RLE 15 years or less per 100 persons in age groups older than 20 (or 15 years old) and having RLE greater than 15; Population Average Remaining Years of Life, Calculated by weighting RLE of all ages in a period Life Table with the proportions of people at those ages.

The paper is based on data given by Rosstat, Petrostat and HMD. Computations of considered indicators are made in Excel.

Suggested detailed analysis of dynamics of conventional and prospective measures provides a more complete picture of population ageing in Saint-Petersburg and Russia as a whole.