

## 2<sup>nd</sup> International Conference on **Geriatrics & Gerontology**

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### **Stigma, discrimination, mental disorders in aging populations**

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Stigma in the elderly is generally health related. The elderly may not be able to walk as fast as they did when they were young. Hearing decreases. Eye sight diminishes. Digestive problems are common. Teeth do not work at full capacity to complete a perfect mastication process; some seniors need to wear dentures. Diabetes, hypertension, obesity, are signs of a more sedentary life style, in addition to genetic and low health literacy skills related to healthy eating habits. HIV does not respect age. Finally, seniors may need to deal with mental and behavioral disorders while aging. Stigma in mental disorders can be extrapolated to all above mentioned health related issues. The World Health Organization recognized that the stigma and discrimination attached to mental disorders are strongly associated with suffering, disability and economic losses. Constant social, economic, cultural, technological and demographic changes have brought a series of challenges to the elderly population worldwide, which jeopardize their role in society.

A Technical Consensus Statement to address this particular issue was produced in a collaborative, multidisciplinary way, involving several organizations such as: World Psychiatric Association and the World Health Organization, Alzheimer's disease International, and International Association of Gerontology. This technical consensus statement highlights the nature, causes and consequences of this stigmatization, and promotes and suggests policies, programs and actions to combat it. 2001 was the tenth anniversary of the adoption of the "Rights of the Mentally Ill to Protection and Care" by the United Nations General Assembly. 40% of member countries of the United Nations do not adhere to this policy. Additionally, care for the elderly is not considered a priority in the majority of countries in the world. Stigma is a fact for the elderly population worldwide. Stigma remains a major obstacle to ensuring access to good care for older populations with mental disorders, and any kind of communicable and non-communicable diseases. Social stigma is the disapproval of a person because they do not fit the required social norms that are given in society. Stigma is typically a social process, experienced or anticipated, characterized by exclusion, rejection, blame or devaluation which results from experience, perception or reasonable anticipation of an adverse social judgment about a person or group. Elderly populations are heavily stigmatized. Unless we address stigma as the major gap in the system that prevents access to knowledge and services to the stigmatized aging population and take some global actions to eliminate it, there is going to be very little progress in health as a human right. The elderly are going to continue being a sector of the population isolated and unreachable by any kind of social or health related intervention.

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### **How long must humans live?**

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Species are defined by biological criteria. This characterization, however, misses the most unique aspect of our species; namely, an ability to invent technologies that reduce mortality risks. Older animals are rare in nature, but survival to old age has become common place in humans. Science now asks how long humans live, but we can suggest a more appropriate question is: How long must humans live. Three lines of evidence are used to identify the biological equivalent of a warranty period for humans and why it exists. The effective end of reproduction, the age when the sex ratio is unity and the acceleration of mortality reveals that approximately 50–55 years is sufficient time for our species to achieve its biological mandate-Darwinian fitness. Identifying this boundary is biomedically important because it represents a transition from expected health and vigor to a period when health and vigor become progressively harder to maintain.

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