

Geriatric Care at a Time of Accelerated Aging in the World Population and Emerging Global Challenges

Sema K Aydede*

School of Population and Public Health, University of British Columbia and Provincial Health Services Authority, Vancouver, Canada

Letter to the Editor

It is a well known fact that the world population has been aging since mid-20th century. The number of older people aged 60 years and above has more than quadrupled since 1950's and older people's share of the world population reached 11.7 percent in 2013 [1]. The older population itself is also aging. In 2013, 14 percent of the older population consisted of those who were 80 years of age or older. The trend in aging is expected to accelerate in the next four decades [1].

Population aging has major implications for several sectors of the society. In the health sector, these demographic changes will likely result in increasing pressures for geriatric services. While the demand for geriatric services have already been high in most developed countries which by now have aged populations, most of the new demand will come from less developed countries where the older populations are now growing faster at a rate than the one in developed regions of the world. It is predicted that 80 percent of older people will live in less developed regions of the world by mid-21st century [1].

A second consequence of population aging will likely manifest itself as further increases in the prevalence of diseases that have strong relations with age. Given that the co-existence of two or more chronic conditions are present in more than half of the people aged 65-84 years and in 82 percent of people aged 85 years and above [2], the prevalence of a wide spectrum of diseases will be impacted by population aging. However, age composition induced increases in the prevalence of conditions such as cardiovascular diseases or neoplasms that have received intense attention historically may have a relatively subdued impact on global health. In fact, current improvements in global health both as reductions in premature death and as decreases in years of life lived with disability are mostly due to these disorders [3]. Increases in the prevalence of conditions such as neurological and musculoskeletal disorders that have not yet seen a similar type of attention from the medical community may exacerbate current findings about their impact on the global health. Currently, neurological and musculoskeletal disorders are among conditions that cause reductions in global health due to increases in years of life lived with disability [3].

While the focus mostly has been on chronic conditions in older

people, the emergence of neuroinfectious diseases that has been labeled as 'a crisis in neurology' [4] also need to be considered. Some of the neuroinfectious diseases such as encephalitis typically affects older people [5]. As new pathogens continue to emerge in this era of rising international travel, the burden of the diseases on global health will be determined by the pace at which effective treatments are developed.

One of the distinguishing features of geriatric care today lies in the recognition of the multidimensionality and complexity of needs of older patients. The integrated multidisciplinary approach taken in responding to the needs of the frail patients not only focuses on the physical health but also considers functional status, psychological health and environmental and social factors [6]. In the future, healthcare professionals in geriatric care may feel the necessity to expand their perspectives to incorporate features that will (1) respond to cultural diversity as more regions around the world with varied cultural backgrounds have aged populations, (2) find effective ways to collaborate with an increasing numbers of experts as multimorbidity among aging older populations proliferates, and (3) devise flexible approaches to quickly respond to emergencies that may arise due to neuroinfectious diseases.

References

1. United Nations, Department of Economic and Social Affairs, Population Division (2013) World Population Aging 2013. UN, New York, United States.
2. Barnett K, Mercer SW, Norbury M, Watt G, Wyke S, et al. (2012) Epidemiology of multimorbidity and implications for health care, research, and medical education: a cross-sectional study. *Lancet* 380: 37-43.
3. Murray CJ, Barber RM, Foreman KJ, Ozgoren AA, Abd-Allah F, et al. (2015) Global, regional, and national disability-adjusted life years (DALYs) for 306 diseases and injuries and healthy life expectancy (HALE) for 188 countries, 1990-2013: quantifying the epidemiological transition. 386: 2145-2191.
4. Nath A (2015) Neuroinfectious diseases: a crisis in neurology and a call for action. *JAMA Neurol* 72: 143-144.
5. Tyler KL (2009) Emerging viral infections of the central nervous system: part 1. *Arch Neurol* 66: 939-948.
6. Rubenstein LZ (2004) Joseph T. Freeman award lecture: comprehensive geriatric assessment: from miracle to reality. *J Gerontol A Biol Sci Med Sci* 59: 473-477.

*Corresponding author: Sema K. Aydede, PhD, School of Population and Public Health, University of British Columbia, 700-1380 Burrard Street, Vancouver, BC, Canada, Tel: +1-604-875-7351; E-mail: sema.aydede@ubc.ca

Received November 06, 2015; Accepted November 23, 2015; Published November 27, 2015

Citation: Aydede SK (2015) Geriatric Care at a Time of Accelerated Aging in the World Population and Emerging Global Challenges. *J Gerontol Geriatr Res* 4: 256. doi:10.4172/2167-7182.1000256

Copyright: © 2015 Aydede SK. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.