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The Current Challenges of Health Care for the Elderly

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Introduction

One fact is known, without the organization of elderly care and without preparing a plan of care, population aging and the increasing prevalence of chronic diseases in the Brazilian health sector can no longer be opportunities to become obstacles to the sustainability of the Brazilian health system. In this regard, we emphasize the need for all those involved in the process of organizing the health care of the elderly to be encouraged to rethink the model, with the purpose of building a more humane, participatory and qualified health care system, able to effectively improve the lives of seniors.

Simple and little practiced actions must be immediately put into practice. The provision of health services for the elderly is outdated. Elderly care has become fragmented, with the multiplication of consultations with specialists, exams and other procedures. This overloads the system, causes a strong financial impact on all levels and does not generate significant benefits for the quality of life.

We have stopped at the time when we were still a young country with acute illnesses. But today the scenario is different. Brazil has become an aged country with chronic diseases. And the demographic projection for the coming years shows that aging will be intensified. If the current logic prevails, we will have more costs and less welfare. The Brazilian National Health Agency and the World Health Organization point to the urgency of changes in the paradigms of attention to the elderly, with creative and innovative structures, accompanied by different actions so that the extra years provided by advances in science are put to good use.

The identification and treatment of diseases continue to be goals for modern geriatrician, but this is not enough. Knowing how the elderly are exercising their daily tasks and their satisfaction requires the doctor to investigate basic functions – such as independence for feeding, bathing, jogging and sanitize – and more complex – such as work, leisure and spirituality. It is what we call "functional assessment". Associated with the assessment of cognitive abilities and mood, as well as the presence of behavioral disorders, it provides a framework that goes far beyond the mere list of pathologies. Taking as an isolated objective the identification and treatment of diseases in the elderly has important limitations, as in general diseases may manifest atypically, making diagnosis difficult, and often the appearance of problems in syndromes format, i.e. a set of signs and symptoms common to several diseases, often chronic.

It is expected that three factors also increase the number of Brazilian elderly needing long term care. First, the significant growth in the number of very old people over the next 30 years will result in greater absolute number of frail elderly. Second, the changing status of women and social and family values will continue to affect the availability of family support for this population (projections for Brazil estimate that the number of people being cared for by unfamiliar – i.e. formal caregivers – will duplicate by 2020, and become five times higher in 2040, compared to 2010). Third, risk factors that mainly reached man, especially the consumption of alcohol and tobacco, as well as stress at work, will also reach women.

The model we propose is based on the early identification of risks weakening the elderly users. In other words, it seeks to intervene before the injury occurs. Once identified the risk, the priority is the early rehabilitation, in order to reduce the impact of chronic conditions in functionality. The idea is to monitor health, not the disease.

Health systems operate with few points of note that are not linked. In addition, health information is not shared. In general, patients fall into this disjointed network in a very advanced stage. The gateway ends up being the hospital emergency. This model, besides inappropriate and anachronistic, has far the worst cost-effectiveness relationship, as it is centered in the hospital and makes extensive use of expensive technologies. The alternative to avoid overloading the system is to invest in anticipation of disease actions, stabilization of chronic diseases and maintenance of functional capacity. Scientific knowledge has correctly identified the risk factors for the elderly, but this is not enough. It is a priority to use this knowledge to make the necessary transition of the clinical care model to another one that emphasizes prevention.

Any contemporary policy for the sector should enhance healthy aging, maintenance and improvement of functional capacity, disease prevention, recovery of health and functional capabilities. Without a preventive and comprehensive approach that associates epidemiological reflection and planning health actions, there is no escape possible.

Despite the necessity of change on the model of care for the elderly, we must consider other social and education aspects. For instance, the self-care should be encouraged, as well the promotion of mutual-help and active participation of the elderly in community programs and health care.

In short, the goal is that all be winners: the elderly, which extends their quality of life; the family members, who have longer living with an active and participatory loved one; and health systems, which avoid repeated and costly hospitalizations.