OPEN ACCESS Freely available online

Journal of Aging Science

Commentary

Illustration of Older People

M. Bala Subramanyam*

Department of Disease Biology and Molecular Medicine, SRM University, Chennai, Tamil Nadu, India

DESCRIPTION

There are many differences between old and young people. In only some cases are these changes due to true aging, due to changes in the characteristics compared with when the person was young.

One of the paradoxes of medical care of the older person is that the frequency of some presentations and of some diagnoses encourages the belief that medical management is straightforward and that investigation and treatment may satisfactorily be inexpensive and low skill. However the objective reality is the reverse. Diagnosis is frequently more challenging and the therapeutic pathway less clear and more littered with obstacles. However choose the right path and the results are substantial.

How can success be defined towards what aim should public health and clinical medicine be striving? The following definitions would acknowledge individual preferences.

Successful aging without overt diseases, with good physical and cognitive function a high level of independence and active engagement with broader society. Usually ended by a peaceful death without a prolonged dying phase. Unsuccessful aging accelerated by overt disease, leading to frailty, poor functional status, a high level of dependence, social and societal withdrawal and more prolonged dying phase where life quality may be judged unacceptable. There are many differences between old and young people. In only some cases are these changes due to true aging, due to changes in the characteristics compared with when the person was young.

Changes not due to aging are due to selective survival is possible by genetic, psychological, lifestyle and environmental factors influence survival, and certain characteristics will therefore be over represented in older people. Differential challenge systems and services like health, finance, transport, and retail are often designed and managed in ways that make them more accessible to young people. The greater the challenge presented to older people has manifold effects. Cohort effects like societies change during the twentieth century change have been rapid in most of the cases. Young and old have therefore been exposed to very different physical, social and cultural environments.

Changes due to aging occurred are primary aging is usually due to interactions between genetic and environmental factors. Examples include lung cancer in susceptible individuals who smoke, hypertension in susceptible individuals with high salt intake, and diabetes in those with a thrifty genotype who adopt a more profligate lifestyle. Additionally there are genes which influence more general, cellular aging process. Only now are specific genetic disease susceptibilities being identified, offering the potential to intervene early and to modify risk.

While many geriatricians welcomed the emphasis on non-hospital based geriatric medicine others have warned against intermediate care being a covert form of ageism which allows rationing of acute hospital medicine in favour of less expensive and often less effective care.

Intermediate care is for patients who do not fit into either acute or chronic stable categories, although these overlap. The emphasis of intermediate care tends to be not primarily medical but multidisciplinary and holistic. There are two main bodies of patients:

Those requiring rehabilitation, rehousing or both in a post-acute illness setting usually recruited from acute wards-step down care community dwelling patients who require nursing therapy input often following an acute or sub-acute deterioration, in order to avoid a hospital stay –m step up care or admission avoidance. The arrangement of intermediate care teams has been developed locally and varies and varies enormously in staffing facilities ethos and access. Some projects concentrate on very specific groups while others are more generic. Most regions have several complementary services. Such as discharge coordinating teams for nurse, therapy or social work teams that bridge the interface between hospital and community based services.

Families are more likely to be supporting older members. Retired people comprise a growing market and companies/industries that accommodate the needs/wishes of older people will flourish. Transport, housing and infrastructure must be built or adapted. Political power of older people will grow.

Correspondence to: M Bala Subramanyam, Department of Disease Biology and Molecular Medicine, SRM University, Chennai, Tamil Nadu, India, E-mail: baluglobald@gmail.com

Received: July 16, 2021; **Accepted**: July 30, 2021; **Published**: August 06, 2021

Citation: Subramanyam MB (2021) Illustration of Older People. J Aging Sci. 9: 255.

Health care and disability services the prevalence and degree of disability increases with age. American medicare calculations show that more than a quarter of health care expenditure is on the last year of person's life with half of the past expenditure. The impact of this demographic shift on society's attitudes and economies is huge.