

Social and Medical Problems of the Elderly

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Abstract

Worldwide, the relative and absolute number of adults and older people is growing rapidly, and the problems of old age and aging is becoming global. Old age is a natural and inevitable process occurring final age, and aging population reflects the increasing proportion of older and elderly people in a corresponding decrease in the proportion of young people. This requires, society to address the medical and social needs of an aging population. In the foreground, increasingly exposed are the problems of the elderly people related to their provision and the need for competent health care. With the changes in the population structure and shaping of our country to the group of "aging countries" with increasing age population, the need for more knowledge of medical specialists on the issues of age and characteristics of the disease in adults and elderly. The preparation of health professionals should be carried out under special training programs, including mandatory training in geriatrics, gerontology, gerontopsychology.

Keywords: Elderly; Medical and social problems; Morbidity

Demographic Characteristics of the Elderly

In other countries

In 1990, the WHO (World Health Organization) developed the concept of "active aging" as a possible response to the challenge of "global aging". Active aging is a process of optimizing health, safety and active lifestyle opportunities to improve the quality of life of the elderly [1]. Active aging means people to realize their potential for physical, mental and social well-being throughout their lives, to participate actively in social, economic and religious life in accordance with their needs, desires and capabilities in providing adequate protection, safety and care when they need help.

All countries of this planet are facing an increase in the numbers and proportions of older people, especially the most populous populations. In the next 50 years, the relative share of the adult population is expected to increase fourfold. Worldwide, for over half a century, the number of people aged over 60 has grown more than threefold to reach nearly two billion in 2050, according to estimates [2].

The most obvious outcome of the development of modern life and medicine is the prolongation of life and the growth of the adult population. This process is observed not only in developed and developing countries, but in recent years the adult population is also growing in the underdeveloped countries [3].

The largest proportion of persons aged 60 and older is registered in developed countries (Italy-25.7, Germany-29.7%), and the smallest in the Arab Emirates (1.9%) [4].

"Demographic collapse", "demographic winter" or "dangerous aging" are terms that are used more often as trends to reduce Europe's population, identified as a major problem in EU [5].

For the 27 EU Member States, the population aged 65 and over is expected to grow from 17.1% in 2008 to 23.5% in 2030 [6].

The population over 65 years old in Ireland is 11%. Like other European countries, the proportion of older people is increasing and will reach 15% in 2021. By 2030, one out of every four Irish will be over 65 [7].

About 9.6 million of Swedish citizens or 18% are 65 years old. This figure is expected to grow to 23% in 2030 [www.scb.se Statistics Sweden].

According to statistics in Turkey in 2009, the population over 65 is 7% and is expected to reach 10% in 2023. According to World Health Organization (WHO) data, over the next 25 years, the proportion of elderly people in Turkey will reach 20% [8]. In the UK population aged 80 and older during 2008-2013 is 14% and in 2014-2031 it will increase by 31% [9].

Although the population aging process covers all European countries, there are significant differences in the ratio of adults to the total population in the individual countries. In Turkey and Ireland, for example, the smallest share of people over 65 (6% and 11% respectively) was recorded, while Germany, Sweden, Greece, Portugal, Bulgaria and Italy had the highest share (around 20%) [10].

In all countries, there is an analogous trend, the percentage of elderly women is higher than that of elderly men [11].

There is no doubt that the increased number of the adult population and the need for long-term care increases the cost of health and social services. For this reason, it is assumed that aging will seriously affect social security and the economy, and healthcare and social care

spending will reach significant proportions. This is because the chronic illnesses and costs required for treatment outweigh the capabilities of the young population. EU social security expenditure in 1970 represents 4% of the gross national product (GDP) budget, in 2010 it is 8.4, expected to reach 15% in 2030 [12].

In Bulgaria

Data from a number of studies show that in Bulgaria the aging process is at an advanced stage. Our country has a higher relative share of older age groups compared to the EU average and is among the countries with a very high relative share of older people (Table 1).

Years	EU	Bulgaria
2000r.	15.68	16.25
2001r.	15.91	16.83
2002r.	16.12	16.98
2003r.	16.30	17.06
2004r.	16.50	17.12
2005r.	16.71	17.18
2006r.	16.89	17.23
2007r.	17.03	17.28
2008r.	17.16	17.36
2009r.	17.32	17.47
2010r.	17.46	17.63
2011r.	17.57	18.65
2013 r.	17.79	19.60
2014 r.	18.50	20.00

Source: WHO/Europe, HFA Database, April 2014, National Center for Health Information

Table 1: Percentage of the population over 65 years of the total population.

Changes in the number and age structure of the population depend on birth rates, expected life expectancy and migration [13]. It is expected that by 2060, the fertility coefficient in our country will grow by only 0.3 percentage points-up to 1.77; life expectancy at birth in men will increase by 10.4, and for women-by 8.4 years; the expected life expectancy of people after the age of 65 will increase for men by 6.3 and for women by 6.1 years; the population is expected to decline by 1.8 million; children population aged 0-14 years, as a percentage of the total population is expected to increase by only 0.4%; the elderly population aged 65 and over as a percentage of the total population is expected to increase by 12.3%; the very large population aged 80 and over as a percentage of the total population is expected to increase by 7.8% [14]. The United Nations projections for the population of Bulgaria in 2030 are even more bleak, 26.9% of the population will be over 60 and 4.5% over 80, or 31.4% over 60 years of age.

As a result of this demographic crisis, the share of the working-age and working-age population in the country decreases, and therefore, the population in over-working age increases [15]. Estimates suggest

that by 2030 the region with the largest percentage of the population over 65 will be the Northwest region.

Evidence suggests that public spending on health care in the country amounted to only 4.2% of GDP. Bulgaria ranks last among the 27 EU Member States that account for an average of 6.7% of GDP for healthcare (NSI analysis, Table 1).

Predictions show that in the future not only the number of elderly people, but above all of those over the age of 80, will increase in which the need for medical services is growing considerably [16].

The prevalence of chronic illnesses in these age groups has a huge impact on the demand for long-term care. In this connection, there is a growing need for adequate and appropriately prepared staff to provide quality geriatric care [17].

Therefore, the adult population is a specific contingent of the general human population for which medical care should be shaped in such a way that it is possible to satisfy the individual needs of the elderly, taking into account their specific needs and desires [18].

It is important for the elderly to have a unified system of medical and social protection. The task of bringing together all specialists and scientists in the field of geriatrics and gerontology in Bulgaria is necessary, as well as the collaboration between the specialists and the employees in this field [19].

Economic and Social Problems in the Elderly

The economic status has a significant impact on many aspects of elderly people's lives and is an important determinant of their health, habits, social interactions, participation in social life [20].

A major role for the elderly's economic situation has previous professional history and earnings.

It is one of the main reasons for the observed differences in economic welfare by gender, age and ethnicity. As older people age, they reduce incomes, with men being more significant.

The magnitude of income in old age determines the financial possibilities and the ability to cope with the elderly in the everyday life. In his publication, Moehrle found that retirement benefits should be 60% to 90% of those received before retirement to maintain an adequate standard of living in old age [21].

Pension Social Security in Bulgaria plays an important role in the income of older people, unfortunately the pensions fail to cover all needs and guarantee the independence of the elderly. Those who rely solely on a pension form are the most economically troubled group of elderly [22].

An alternative to increasing the income of retirees is the additional paid work in different sectors of the economy. The study by Shouleva shows that the desire for work and paid employment does not diminish with age, but is limited by the negative public stereotypes, regarding the aging and productivity of the individual, the high competition on the labor market, the lack of adequate education and training for new technologies, physical and mental changes in the adults for paid labor [23].

Limited social contacts are one of the problems in the elderly, which in some cases lead to complete social exclusion.

The main reasons for this are: limited physical mobility, which is at a rate of immobility of about 5%. Physiological and psychological

pathological changes are essential. They limit family contacts among relatives and the community [24].

Epidemiological studies have shown that loneliness is a specific problem for the elderly. 40% to 50% of those aged 80 and over report that they are often lonely. Desperate need for contact can lead to physical complaints or exacerbation of chronic illnesses and increases the need for health services. Loneliness and social exclusion are associated with depression, higher blood pressure, worse sleep, immune reactions of stress, and more.

Living alone in the elderly is seen as a potential health risk-functional disorders, inappropriate nutrition, smoking, social exclusion and chronic illness. Social contacts, such as a husband or other close relatives and friends, can alleviate the impact of depressive symptoms.

Loneliness is often confused with social exclusion. Loneliness is a negative, subjective experience, while social exclusion is the objective state of lack of connections with other people (which, for example, are the social contacts of man) [25].

General practitioners and nurses are in a unique position to identify loneliness as they are in contact with many old people, mourners and people with disabilities-the three most risky groups. They are able to discuss individual needs with patients to ease their loneliness [26].

Among the most important social characteristics that affect the welfare of older people are those related to the family, their position and way of life. In 1981, 79% of elderly men and 39% of elderly women were married. For elderly women, the proportion of widows increases rapidly and remains high: for the age group 65-74, 40% are widows, for the age group 75 and above-68% are widows [27].

Marital status has a direct bearing on the lifestyle of adults. Among elderly men, 82% live in a family setting and more than 74% are married and live with their wives. There is a very different situation for older women: 55% live in a family setting and only 36% are married and live with their husbands. In sum, women aged 65 and over are more likely to be widows than married and live alone, not with husbands [28].

The number of elderly women living alone has doubled over the past 15 years, and estimates by the Census Bureau show a significant increase by 1995 of older women living alone or without relatives (Siegel and Davidson, 1984).

The latest data for Bulgaria show that the aging process is more pronounced among women than among men. The share of women aged over 65 is 22.2%, and for men-16.0%. This difference is due to the higher mortality rate among men and, as a consequence, to their lower average life expectancy.

This tendency has important consequences for housing and the demand for institutional care. Reducing the share of elderly people living with relatives is likely to continue and this will lead to the need to provide social support and healthcare services by the community or other community environments.

For adults, the dwelling is a major part of the environment in which they spend most of their time. It appears as a factor for their psychic and somatic well-being. For part of the elderly, however, housing is one of the main social problems. Most adults live in their own homes, others live on rent or near ones. A similar picture is found in all European countries (20% to 25%) less homeowners.

Specific Features of Morbidity in the Elderly

The aging of the body leads to morphological and functional changes in all organs and systems. This leads to the occurrence of many diseases. Aging is a normal biological process, and the disease is a phenomenon caused by endo- and exogenous factors [29].

A large part of the diseases in the elderly have specific and significant deviations and are explained by the changes in the body. By comparing pathology with young people, in adults, it develops with faster dynamics, the clinical course is heavier, the complications are more, and often the illnesses are hidden and atypical. Treatment and diagnosis in elderly people in most cases requires a different approach, unlike young and middle-aged people.

The pattern of morbidity and mortality in older people has changed tremendously over the past few years. According to data from a national representative sample of the Spanish population, "multiple pathology" is widely spread among adults over 65 years of age. In addition, patients with multiple illnesses receive less preventative care, less intensity of treatment for certain conditions, less attention to psychological problems [30].

The morbidity rate for persons aged 60-70 was 459.7, for the 71-80-year-olds-504.6, and for those over 90 years it was 489.0% and 478.2% respectively [31].

It is estimated that around 17% of people over 65 and about 25% to 40% above 80, are in poor health [22]. The aggravated condition of the elderly leads to frequent hospitalizations and the use of social services [32].

In the age group aged 60 and over, daily problems such as difficulties in taking care of themselves occurred (bathing and changing)-in women 23.6% to 28.7% and 20% to 21.4% in males, and it's necessary, mostly for the lonely adults, to provide timely social assistance [33].

There is also an increase in the percentage of people with difficulties in moving (7.2% of men and 11.5% of women on average) [34].

Australian data shows that only one in 20 people aged 65-69 needs an assistant in their daily lives, and those over 80 years-three out of 20 need help from an assistant [35] In Serbia, among those aged over 80, 85.1% need help in their daily lives [36].

Elderly people have a variety of chronic degenerative pathology due to reduced adaptation capabilities of the organism [37]. Most of them need some type of medical care and suffer from more than one illness. The manifestation of such a condition in the elderly is associated with exhausting illnesses and requires geriatric care [38].

In this aspect, adults with comorbid diseases require complex medical care to maintain health, more professionals for their treatment, and will also need more frequent visits of ambulatory primary care-this will increase the number of hospitalizations and length of the treatment [39].

Older patients have a longer average duration of stay (5.5 days for ages ≥ 65 years, compared with 5.0 days for ages 45-64 and 3.7 days for ages 15-44).

There are also gender specificities in the course of diseases in the elderly. Women are more likely to suffer from acute and non-fatal chronic diseases than men. Verbrugge points out that diseases such as arthritis, hypertension, stroke, hiatus hernia, incontinence, osteoporosis, senile macular degeneration are higher in women than in males. These conditions are much less likely to lead to death, but are

often debilitating, impairing functionalities and leading to more days spent in bed. Older and older women are more likely to suffer from chronic disease with limited daily activity, and are less likely to be seriously ill, hospitalized or have a fatal disease than old men. These differences lead to violations in the quality of life of women, but at the same time they live to a greater elderly age [40].

Older people without a partner have worse physical and mental health than those with a partner, which proves the family status has an impact on health [41].

The emergence of diseases in adult patients is not always clear and typical. The atypical course of the disease poses risks for both the patient and the medical staff. On the side of the patient, as a result of poorly manifested and unclear symptoms, is the lately sought medical aid, and on the other hand that puts the geriatric surgeon into a difficult choice, when it comes to choosing the best diagnostic process [42].

Epidemiological studies have demonstrated the prevalence of chronic illness, both in the population mortality model and in the pattern of consumption of health care [43].

More than 80% of people over 65 have at least one chronic disease, with comorbidities being widespread. Significant differences in sex incidence are observed [44].

Nearly half of the hospitalized adults have diseases of the cardiovascular system, the respiratory system and the bone muscles.

With age, patients tend to have more concomitant chronic illnesses and injuries, making them more vulnerable during hospitalization for adverse events, including in-hospital complications and side effects [45]. While most young patients are being treated at home, 40% of patients aged 85 and over require qualified medical care [46-58].

As a result of multiple pathology in the elderly, the need for polytherapy arises. This is associated with the danger of "polypragmatism." Due to impaired homeostatic mechanisms, adults cannot tolerate therapeutic errors as well as young people, and this requires medical professionals to be highly professional and responsible.

The continuously increasing rate of elderly people, and the problems of old age and aging are becoming global. This requires for the society to address the medical and social needs of an aging population associated with their provision, the need for competent health care to achieve the ultimate goal: improving the quality of life of older people.

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