

Review Article

Healthy Ageing

O P Sharma¹, Kaushik Ranjan Das²

World Health Organization defines Healthy Ageing “as the process of developing and maintaining the functional ability that enables wellbeing in older age”. Presently we are in a state of developing the infrastructure for our senior citizens to enjoy their life in a healthy way. Several factors come in the way of healthy ageing. These comprises all the mental and physical capacities that a person can draw on and includes their ability to walk, think, see, hear and remember. The level of intrinsic capacity is influenced by several factors such as the presence of diseases, injuries and age-related changes. These also include the home, community and broader society, and all the factors within them. Based on some basic principles of public health policy, healthy ageing could be ensured through different levels of healthcare. Healthy ageing in India should not be a connotation but an achievable goal.

[J Indian Med Assoc 2020; 118(10): 20-4]

Key words : Healthy ageing, components of healthy ageing, Quality of life, Components of healthy lifestyle, Basic principles of public health, Health care facilities in India.

World Health Organization defines health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity¹.

Ageing is a physiological process during which structural and functional changes occur in an organism because of the passage of time. The changes manifest as a decline from the organism’s peak fertility and physiological functions until death².

HEALTHY AGEING :

WHO defines Healthy Ageing “as the process of developing and maintaining the functional ability that enables wellbeing in older age”? Functional ability is about having the capabilities that enable all people to be and do what they have reason to value³.

Functional Ability

It is about having the capabilities that enable all people to be and do what they have reason to value. Functional ability includes a person’s ability to meet their basic needs; to learn, grow and make decisions; to be mobile; to build and maintain relationships; and to contribute to society⁴.

Functional ability is made up of the intrinsic capacity of the individual, relevant environmental

Editor's Comment :

- Promotion of healthy ageing through government infrastructure, specially through community health worker (CHW) and primary health centers under the leadership of geriatric physician is the most prominent tool.
- Barriers of healthy ageing could be removed/resolved through a promotional activity targeting family and society to achieve community participation.
- Enhancing elderly friendly environment through intersectoral cooperation and using technology appropriate for our socioeconomic status.
- Policy formulation and enactment of laws by Central Government.
- Promotion of healthy ageing increases quality of life of senior citizens, increases productivity of concerned elderly and his working family members as well thereby by increasing GDP and reduces both direct & indirect health care burden of the nation in terms of GDP.

characteristics and the interaction between them. Being able to live in environments that support and maintain one’s intrinsic capacity and functional ability is key to healthy ageing.

Intrinsic Capacity

It comprises all the mental and physical capacities that a person can draw on and includes their ability to walk, think, see, hear and remember.

The level of intrinsic capacity is influenced by several factors such as the presence of diseases, injuries and age-related changes.

Environments

It includes the home, community and broader

¹MD, FICN, FICP, FIAMS, FCGP, FGSI, FACM, FIMSA, FRCP (Edin), Sr Consultant Geriatric Medicine, Indraprastha Apollo Hospitals, New Delhi

²MBBS, DFM, DGC, FGSI, FCGP, PGCC (Geri Med), Consultant Family Physician and Geriatrician, Nehru Memorial Techno Global Hospital, Barrackpore, Kolkata 700122 and Corresponding Author

Received on : 16/09/2020

Accepted on : 06/10/2020

society, and all the factors within them such as the built environment, people and their relationships, attitudes and values, health and social policies, the systems that support them and the services that they implement.

Wellness

Wellness may be described as our ability to understand, accept and act upon our capacity to lead an engaged life with a purpose. Here, we can use our potential (physical, emotional, spiritual, intellectual, social, environmental, vocational) to bring out and optimize possibilities in life⁵.

PRINCIPLES OF ACTIVE AGEING :

International Council on Active Aging (ICAA) has defined its principles of active ageing to guide governments, product and service providers, employers, and the healthcare industry in how they respond to population ageing. By implementing these principles, organizations and agencies will be able to build a foundation for their efforts and encourage active, engaged living for people of all ages⁶ (Fig 1).

LIFESTYLE :

The term was introduced by Austrian psychologist Alfred Adler with the meaning of a person's basic character as established early in childhood.

Life style of an individual, group or culture is their interests, opinions, behaviours and behavioural orientations. It differs from urban to rural ; even different in urban scope also. Life style affects a person due nature of his /her neighbour, degree of affluence and proximity to nature and culture.

Healthy Lifestyle

Healthy lifestyle includes nutritious diet, work, appropriate physical exercise, strategy for preventive healthcare, the interaction with the environment, and social connectivity⁹.

QUALITY OF LIFE :

WHO defines quality of life (QOL) as individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns? It is a broad ranging concept affected in a complex way by the person's physical health,

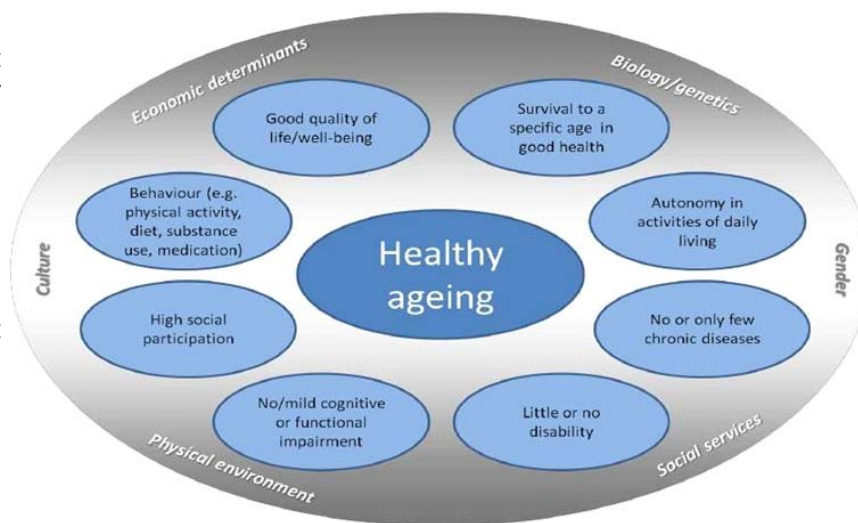


Fig 1 — Components of Healthy Ageing⁷

psychological state, level of independence, social relationships, personal beliefs and their relationship to salient features of their environment¹⁰.

Quality of life includes everything from physical health, family, education, employment, wealth, safety, security to freedom, religious beliefs, and the environment. QOL has a wide range of contexts, including the fields of international development, healthcare, politics and employment. Health related QOL (HRQOL) is an evaluation of QOL and its relationship with health. Quality of life should not be confused with the concept of standard of living, which is based primarily on income¹¹.

Relation between QOL and Healthy Lifestyle

Quality of life is related to the following aspects

- Satisfied in one's daily activities
- Satisfied with individuals needs
- Reaching of goals in life
- Personal image and view towards life
- Connectedness with personal and socio-environmental factors¹²

Benefits of Living a Healthy Lifestyle for Elderly

- Following healthy life style practices elderly will feel better! Their body and mind will have more freedom and ability for doing work that they could not before.
- Since they will gain strength , their fatigue will be reduced when doing any physical activity,
- As elderly feel good about themselves, they will express it on to others, and those closest to, will feel it too. As a consequence their social relationships will improve.

- Proper rest will be there, that will make them full of energy in the morning.

- Due to mental balance, elderly will be able to take decisions properly. Mental balance will help elderly to avoid going into the consumption of toxic substances.

- Senior citizens will be active, the risk of injury will be minimized.

- Due to taking a varied and balanced diet, body and mind of elderly will stay strong and healthy¹³.

Benefits of Living a Healthy Lifestyle for Society

- Senior citizens after getting benefited will help others to get started with their healthy habit's routine.

- They will also share all the benefits with others, they have received from following their changed healthy routine.

- There will be reduced expenses to the health system, due to strengthening of their immune system elderly will fall sick less often.

- Elderly will be respectful with the environment that surrounds them and therefore elderly will contribute to keeping the earth in good condition for future generations¹⁴.

Lifestyle Diseases

Many diseases in seniors may be prevented or at least slowed down because of a healthy lifestyle. Diabetes Mellitus, heart disease, High blood pressure, arthritis, Osteoporosis, Dyslipidaemia, depression, dementia, and certain cancers are some of the common conditions that can be positively modified in seniors through diet, exercise, and other simple lifestyle changes¹⁵.

Components of a Healthy Lifestyle

- Physical exercise
- Balanced diet
- Social activity
- Mental balance
- Enjoying free time
- Exercising the mind
- Enjoying healthy sex
- Getting good quality sleep¹⁶

Lifestyle Modifications to Lead a Healthier Life in Seniors include-

- Proper Diet and Nutrition
- Exercises
- Limiting alcohol intake to one drink daily
- Smoking cessation
- Using skin moisturizers and sun protection
- Brushing and flossing teeth once or twice a day
- Staying proactive in own healthcare and

participating in decision making

- Going to the primary care doctor routinely
- Reviewing list of medications with their doctor
- Following recommended instructions for health screening, preventive tests, and vaccinations
- Visiting a dentist annually or biannually
- Following up with eye doctor and foot doctor, especially for people with diabetes
- To remain aware of potential medication side effects and drug interactions including over-the-counter drugs, herbals, and alternative medicine.
- Vaccination¹⁷

HEALTHY AGEING STRATEGIES :

Based on some basic principles of public health policy, healthy ageing could be ensured through different levels of healthcare.

Basic Principles of Public Health include

- Human centered health care
- Human rights.
- Effective policy and good governance.
- Participation
- Solidarity
- Health in all policies.
- Equal rights and opportunities for all¹⁸

HEALTH CARE FACILITIES IN INDIA :

Primary level

Sub Centers

- Two workers are needed, one male & one female
- About 5000 people being served (in a remote, dangerous location population is 3000).
- National Government covers the expenses (but salary of male staff to be borne by State)
- Tasks relating to interpersonal communication to bring about behavioral change and referral of cases to PHCs are the role of subcentres¹⁹.
- More than 1, 50,000 Sub Centers functioning in the country as on 31st March, 2017²⁰.

Primary Health Centers

- One such centre is situated in more developed rural areas for 30,000 or more (in remote areas one for 20,000 population)
- Staffed with doctors and paramedics, a PHC undertakes its activities.
- State governments fund PHCs, not the national government. This is its difference with subcentre.
- The first contact point between village community and the medical officer is the PHC.
- They also function to improve health education with a larger emphasis on preventative measures²¹.

- About 25,000 PHCs functioning in the country as on 31st March, 2017²².

Secondary Level :

At the secondary level there are Community Health Centers (CHCs) and smaller Sub-District hospitals.

Community Health Centers

- CHCs are funded by state governments and accepts patients referred from PHCs

- About 120,000 people being served in urban areas or 80,000 people in remote areas.

- Patients from these CHCs can be transferred to general hospitals for further treatments. CHC's also works as first referral units.

- CHCs are being established and maintained by the State government under MNP/BMS programme²³

- As a norm, a CHC is required to be staffed by four medical specialists ie, surgeon, physician, gynecologist and pediatrician, supported by paramedical²¹ and other staff. There are 30 in-door beds with one OT, X-ray, labor room and laboratory facilities.

- CHCs serves as a referral center for 4 PHCs and also provides serves for obstetric care and specialist consultations.

- As on 31st March 2017, there were about 5,600 CHCs functioning in the country²⁴

Tertiary Level

Government provides top level public care through the tertiary level, which consists of Medical Colleges and District/General Hospitals.

There is increase in number of PHCs, CHCs, Sub Centers, and District Hospitals has increased in the last years, but all of them are not up to the standards set by Indian Public Health Standards.

Community Health Worker

There has been more than 08 (Eight) lakhs CHW with the designation ASHA (accredited social health activist) worker appointed in India (one for a Village), who are regularized as group C worker and for health promotional activities at village level . Total villages in India are 6,49,481.

Primary Health Care Strategies

Healthy ageing Activities

At Primary Level

Four Pillars of Primary Health Care

- Community participation
- Inter-sectoral coordination
- Appropriate technology.
- Support mechanism made available²⁵

At Village Level, by Community Health Worker/ Asha Worker

- Assessment of senior citizens status – biological functions, activities of daily life (ADL), instrumental activities of daily living, socioeconomic status, social connections, mental status, matter of abuses, comorbidities, history of medication, stigmas, in home environment, environmental sanitation etc.

- Impart health education to elderly and family members about – prevention of malnutrition, falls & abuses; healthy life style including exercises, enabling elderly friendly environment in home, use of assisting devices, family and social relation, recreation, insurance & Medclaim, risk factors, hidden diseases in elderly, environmental sanitation etc.

- Treatment of simple diseases, elderly vaccination, and referral to PHC's.

- Follow up, Liaison and Companionship.

- Finding barriers of healthy living of elderly in family & society.

- Data collection and record keeping.

- Reporting to higher authority including PHC and Gram panchayat.

All these activities should also be undertaken at Health Sub-centers in India.

At PHC

Under the leadership of Geriatrician/Family Physicians

- Geriatric assessment

- Providing health advocacy including healthy lifestyle, prevention of diseases and conditions through behavioral modification technique at individual or group level, family members need to be included. Use of appropriate technology should be a part of education.

- Screening for diseases at individual and elderly community level with primary preventive measures.

- Diagnosis and treatment of diseases; secondary and tertiary level of preventions.

- Follow up and referral

- Intersectoral coordination for resolving elderly issues including their societal functionality.

- Geriatric Vaccination

- Data collection and record keeping.

- Reporting

Other Govt. Infrastructure

At CHC, Sub district and state hospital, district hospital, Medical College Hospitals, other govt. hospitals: Provide treatment, advocate preventive measures, follow up and feed back to PHC's. Data collection and research activities, record keeping etc.

Private Initiative & other Service Facilities

■ Corporate hospital by creating a chain of communication can provide health promotion activities for elderly. One such system is “In Home care for Elderly”.

■ Corporates and organizations: Should render service to elderly keeping matters of healthy ageing at top priority.

■ Geriatrician: They can provide health promotion activities through one stop geriatric care that encompasses “In Home Care” also.

■ Other care facilities for elderly: Authorities running old age homes, respite care centers, day care centers for elderly, long term care centers etc. should promote geriatric care through their service areas .

Barriers of Healthy Ageing

- Individual factor
- Family factors
- Culture & beliefs
- Misconception
- Social factors
- Environmental factors
- Financial issues including Mediciam
- Trained workforce and their commitment
- Scarcity of geriatric physician
- Insufficient service facility both govt. & private.
- Non-inclusion of geriatric health promotion as primary health care component.
- Lack of coordination, specially intersectoral coordination
- Absence of data collection, record keeping and reporting of geriatric health issues.

Way Forward

■ There should be policies to include healthy ageing in primary health care and to enact and amend laws that will enhance healthy ageing (that also include legalization of in-home care with use of devices).

■ ASHA workers or community health workers are required to be trained with working knowledge of geriatric care immediately.

■ Urgent endeavor must be undertaken to bring out more geriatric physician for fulfilling the tremendous demand.

■ Meaningful intersectoral coordination must be ensured for enhancing elderly friendly in-built environment.

■ Assisting devices should be made available at subsidized cost with.

■ Financial constraints and insurance & Mediciam issues related to healthy ageing should immediately be looked in to.

■ Doctors initiatives regarding healthy ageing should be encouraged.

■ WHO required include healthy ageing as primary health care priority.

REFERENCES

- 1 www.who.int >about who >constitution
- 2 www.nature.com > ageing –latest research and news
- 3 www.who.int > ageing > healthy ageing
- 4 www.who.int > healthy ageing and functional ability
- 5 www.icaa.cc >the seven dimensions of wellness
- 6 www.icaa.cc > nine principles of active ageing
- 7 www.ncbi.nlm.nih.gov> indicators of healthy ageing
- 8 www.en.wikipedia> lifestyle
- 9 adiahealth.com >what is a healthy lifestyle
- 10 www.whoqol-world health organization
- 11 www.en.wikipedia.org/wiki/quality of life
- 12 adiahealth.com >what is healthy lifestyle
- 13 adiahealth.com >what is healthy lifestyle
- 14 adiahealth.com >what is healthy lifestyle
- 15 medicinenet.com>senior health: Tips for successful ageing.
- 16 adiahealth.com>what is healthy lifestyle
- 17 adiahealth.com>what is healthy lifestyle
- 18 www.who.int> public health strategy for 2011-2017-world health organization.
- 19 en.m.wikipedia.org>public health system in India > facilities
- 20 vikaspedia.in > rural health care system in India.
- 21 en.m.wikipedia.org>public health system in India > facilities
- 22 vikaspedia.in > rural health care system in India
- 23 en.m.wikipedia.org>public health system in India > facilities
- 24 vikaspedia.in > rural health care system in India.
- 25 nursingexercise.com > four major pillars of primary health care system.