COMPLEMENTATION ON SHANGHAI HEALTH CARE FOR THE ELDERLY IN THE 21ST CENTURY

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Summary

With development and civilization of the society, the elderly population of the world as well as China is growing remarkably. In the year 2000, China becomes a demographically aging country while Shanghai became the first demographically aging city in China early in the year 1978. Shanghai is rapidly developing society of aging with increasing percentage of older old people as well as high rate of morbidity and disability. “Aging of the health” is an eternal topic and the goal of “Aging of the health” is to prolong life span as well as to improve quality of life. However, criteria for healthy elderly concerning specific index, measure and appraisal, are to be further studied in the 21st century. Since most geriatric diseases are related to psychological factors, study and application of Geriatric Psychology in the 21st century seem most pressing and significant ever in history. The aging world of the 21st century is bound to result in reforms in medical care patterns, which will undoubtedly offer Geriatric Medicine new opportunities and challenges. So it is necessary that we formulate appropriate policies to fit in the needs of health care for the so that we may achieve the goal of “Aging of the health”. The specificity of Geriatrics will promote development of General Medicine, which is a turning point in medical history.

With development and civilization of the society, the world’s elderly population is growing remarkably at an annual rate of 2.4%. At present there are already 600,000,000 older persons worldwide, compared with global population of 6,000,000,000, by 2025 the number of elder people will have exceeded 1,000,000,000. The older population is growing at a much more rapid speed than the general population, suggesting aging of the whole society in the 21st century. Constituting 22% of the worldwide older population, the number of older persons in China ranks first in the world. The speed of population aging in our country is even faster with a total of 130,000,000 older persons on account of recent declining fertility rates and increasing life expectancy. In the year 2000, China becomes a demographically aging country. Shanghai, which in 1978 became the first demographically aging city in China, has a total of 2,350,000 older persons, accounting for 17.8% of the population. Of the elderly population, there are 1,780,000 people over the age of 65, constituting 11.48% of the general population. The 21st century means both challenge and opportunity to Geriatric Medicine.

1. Characteristics of the elder society in Shanghai

1.1 Rapidly developing society of aging

The elder population topping the whole country, Shanghai has a growth rate of 5% for the elderly population, far more quickly than those for the whole nation (3.01%) and worldwide (2~3%).

1.2 Increasing percentage of older old people

The percentage of elder people above 80 was 0.91% in 1982, in 2000 it will reach 2.23%. By the year 2015, it is expected to reach 3.81%, with a total of 541,900 older old people.

1.3 Epidemiology of the elderly in Shanghai

(1) Disease pattern

The sequence of incidence rate for the elderly in Shanghai are cardiovascular and cerebrovascular disease (including hypertension), tumor, respiratory infection and diabetes mellitus.

(2) Mortality pattern

In 1990, demographic data suggested that for age group 60~69, sequence of cause of death are malignant tumor, cerebrovascular disease, cardiovascular disease and respiratory infection. For those over 70, cerebrovascular disease comes first in all causes of death, while for those over 80, respiratory disease tops the chart.
Data from Shanghai Disease Center in 1997 showed that for age group 60~79, the commonest cause of death was cerebrovascular disease with an annual death rate of 156.9 people per 100,000. This was followed by malignant tumor (annual death rate of 139.95/100,000), heart disease and respiratory disease (annual death rate of 73.43/100,000 for both). Among those of 80 and above, cerebrovascular and respiratory diseases are predominant. Sequence of tumor incidence rate for the elderly are pulmonary, hepatic, colonic and esophageal carcinoma. That for male are gastric, pulmonary, esophageal and hepatic carcinoma while that for female are gastric, esophageal, pulmonary, hepatic and uterine carcinoma.

(3) Morbidity and disability
1.5% of the older people are unable to care for themselves while 4.6% are demented. The elderly disabled constitute 53.7% of the general disable population. 80% of family beds are occupied by the elderly.

2. Promise of Geriatric Medicine in the 21st century
2.1 Aging of the health - the eternal topic
“Aging of the health” was first put forward by WHO in 1990 during the Copenhagen conference. “Science for health aging” was put into agenda at the 15th World Geriatrics Conference in 1993. In 1997, the theme “The same world, the same future” for the 16th World Geriatrics Conference symbolized the universality of global population aging and “Aging of the health” is an eternal topic. Aging is a series of irreversible changes that progress with age. But even in their later years, people are able to maintain good physiological functions, avoid serious effects caused by population aging, and achieve the goal of “Aging of the health”.
2.1.1 Implication of “Aging of the health”
2.1.1.1 Prolonging biological age as well as psychological and social age
2.1.1.2 Prolonging the time period during which the old can live healthily and independently
2.1.1.3 Reducing the disable and dependent time period for the old
2.1.1.4 Prolonging the time period for the elderly to take part in social activities as well as reducing the time period during which the elderly are biased by and isolated from the society. Keep the elderly as an integral and competitive part of the society so that the elder group is healthy, in harmonious relationship with the younger generations and good traditions of the society are achieved.

2.1.2 The goal of “Aging of the health”
Prolonging life span as well as improving quality of life, i.e. maintaining sound activities of daily life and normal physiological functions. Thus is the so-called “Health Expectancy”, the terminal point of which being loss of the ability to take care of oneself, while that for Life Expectancy is simply death.

2.2 Criteria for healthy elderly
“Health” is defined by WHO as “A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”
2.2.1 Physical well-being
2.2.1.1 Healthy physique: with standard physical indices, without kyphosis or other abnormalities
2.2.1.2 Normal function
With proper physical strength, able to move smoothly and steadily; with proper sight and hearing; normal function of the heart, brain, lung, liver, kidney, endocrine and nervous system.
2.2.1.3 No disease
No severe organic disease according to physical, chemical or instrumental examinations
2.2.2 Mental well-being
This refers to a rich, harmonious and composed inner world.
2.2.3 Social well being
This means individual deals with the society in a state of harmony and consistency.

3. Study and application of Geriatric Psychology - most significant and pressing ever in history
Studies have suggested that 70-80% of geriatric diseases are related to psychological factors. So preventive psychological education will improve life quality of the elderly and save public health care resources. Therefore study and application of Geriatric Psychology in the 21st century seem most pressing and significant ever in history.
3.1 To carry out psychological education
3.1.1 To acquaint both Geriatricians and patients with psychological characteristics as well as variation laws for the elderly
3.1.2 To improve psychological adaptation
3.1.3 To enhance independence, encourage the elderly to be economically independent, self-adaptive and to take care of himself/herself
3.1.4 Encourage the elderly to help himself/herself and also help each other, thus one can retrieve what is lost due to retirement
3.1.5 Aging is a process of individual variance, not the synonym for overall deterioration
3.1.6 Start, speed and degree of aging vary. Normal aging results in totally different consequences from those of pathological aging.
3.1.7 Take measures to delay the process of aging

3.2 Application
The objective of those working for the old is five “LETs”, i.e. (1) let the elderly have their life economically guaranteed; (2) let the elderly have good health care; (3) let the elderly contribute to the society; (4) let the elderly learn more; (5) let the elderly live happily. We shall formulate policies according to psychological characteristics of the elderly. Also we should try to avoid impediments concerning (1) health care; (2) age bias; (3) decompression; (4) changing of the patterns for supporting the elderly; (5) psychological reaction owing to retirement.

4. Geriatric Medicine - the promise of future research
The aging world of the 21st century is bound to result in reforms in medical care patterns, which will undoubtedly offer Geriatric Medicine new opportunities and challenges. So it is necessary that we formulate appropriate policies to fit in the needs of health care for the so that we may achieve the goal of “Aging of the health”.

4.1 Senescence is a special period of human life.
Only after we have thoroughly understood the physiology, psychology, pathology and ethics of the elderly, can we give our concerns and help to them.

4.2 We shall lay much emphasize on research and investigation in geriatric epidemiology such that we can standardize the “four level preventive health care” system.

4.3 We shall broaden our thinking and intensify basic and clinical research
4.3.1 Research in mechanism of aging as well as deferring aging and impairment of organs
4.3.2 Research in presenile dementia, cognition and memory of the elderly
4.3.3 Research in sex hormone and protection of target organs
4.3.4 Research in chronic diseases of the elderly, such as diabetes mellitus, hypertension, cardiovascular and cerebrovascular diseases, tumor, etc.
4.3.5 Research in accidents and injuries among the elderly
4.3.6 Research in concept, decision making and plans concerning end of life care
    After definite diagnosis of a lethal disease has been made for a patient, whose expected survival time is less than six months, treatment should be emphasized on psychological comfort, palliative support care and pain relieving so as to keep the patient comfortable until he dies. It is also important to make rational use of public health care resources.
4.3.7 Research in establishing a comprehensive community service system that combines both medical health care and daily life service

5. Development of General Medicine - a new turning point in medical history
The specificity of Geriatrics requires that the geriatric medical professionals treat the elder patient both physically and psychologically from a systemic and holistic point of view. In this sense, it is unlikely for sub-specialists to be competent to the task of diagnosis and care for the elder patients. To get ready for the population aging that is to come, corresponding reforms should be made in medical educational system. Under such a circumstance, it is imperative that geriatric medical care curricula be established and geriatric medical professionals be trained as soon as possible.