
AGEING IN PERSPECTIVES

Ageing is a universal, decremental phenomenon. Some functions like reproductive function will be totally lost. Others will decrease in numbers like nephrons in the kidneys whereas some will decrease in quality like slowed neuronal conduction velocity. The dilemma lies in differentiating whether the decrements are due to normal ageing changes or due to pathological conditions. The dilemma to doctors is whether treatment should be initiated. The dilemma to the elderly person is whether to seek medical advice.

Thomas Kirkwood (1992) defined ageing as a progressive, generalized impairment of function resulting in a loss of adaptive response to stress and in a growing risk of age-related disease. So any sudden deterioration, localized decrements, disability and handicap and not just impairments should be ascribed to pathological conditions. This is where the element of expectation comes in. The World Health Organization has used the phrases like “considered normal” and “that is normal” in defining disability and handicap respectively. To illustrate, we would not consider the loss of reproductive function of a menopausal woman to be a disability. The case of handicap is even more complicated. It should be seen from a social point of view. However, different people have different social roles. Theoretically, two people suffering from the same impairment and disability might have different handicaps. That is why in team management, patient and relative are two integral members in the team. The minimization of handicap should be defined in their terms.

The following is a collection of saying and proverbs which sometimes is quite applicable in the practice of ageing.

“Age is mostly a matter of mind; if you don’t mind, it doesn’t matter.”
“Look to the future with vigour and not with fondness on the past.”
“Time is the great physician”
“The key to longevity is to keep breathing”

From the above discussion, what have you been inspired about ageing?

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