Health and Wellbeing Policies for Older Adults

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Introduction

The explication of medical issues in the older population is one of the prominent issues in contemporary society. The latest medical treatments and increased life expectancy have given an uprising to the old population. These medical problems are mostly long-term and permanent in nature. The older population and the prevalent medical conditions have a vivid connection in this contemporary age. According to a recent survey, seven million older people will have some type of medical condition by the year 2030 (UNECE 2015).

The cardinal objective of this seminar paper is to provide an overview of prevalent medical conditions, Hypertension, Dementia, and Arthritis in the older population. Furthermore, it presents a critique of the medical policies and strategies catering to the challenges faced in these medical conditions. Older age is also studied with respect to the complex medical conditions which tend to prevail in old people.

Prevalent Medical Conditions In The Older Population

One of the main problems the older population faces is disabling medical problems and chronic health diseases. The term “chronic disease” can be defined as long-term illnesses that are rarely cured. One of the prime causes of death among older people is the prevalence of chronic diseases.

According to the US census study, Seventy-three percent of old-age Americans face mobility disabilities. The term “Mobility disability” is related to falling, isolation from society, and depression /anxiety. A one-third proportion of older people with these types of medical conditions live alone (Larsen 2014). Along with the problem of mobility disability, these old people suffer from many prevalent medical conditions, such as hypertension, arthritis, and dementia. Social isolation and depression are two of the main causes of their chronic medical conditions.

The four chronic diseases of Hypertension, Dementia, and Arthritis demand healthcare committees’ attention in the public sector due to the increasing proportion of older people. This paper sought to assess these four most prevalent medical conditions in older adults and the devised strategies and policies working upon the older population’s medical care.

Hypertension

Hypertension or high blood pressure is one of the most common medical diseases found in the adult population. It is a long-term (permanent) health condition where the pressure in the blood vessels is constantly too high than the ideal recommended level. The most common type of Hypertension is Isolated Systolic Hypertension in aged citizens. The ISH (Isolated Systolic Hypertension) is particularly prevalent in older people and younger people and is associated with mortality. There are no noticeable symptoms of hypertension. The only symptom is noticed when the blood pressure reaches extremely high, and the condition is called a hypertensive crisis. The Symptoms of the hypertensive crisis include anxiety, severe headaches, chest pain, nosebleeds, and sweating.

According to the research of Sprint Research Group (SRG), the importance of “intensive pharmacotherapy” for hypertension in old age remains questionable circumstances. SRG’s research report proves that aggressive/ rigid treatment should be provided and consistently continued. This treatment should be provided for as long as the old patient can tolerate it. The treatment should be consistent with the aged (old) patient’s goals. The old patients suffering from hypertension can suffer from chronic medical conditions such as heart problems, kidney problems, strokes, vascular dementia, and heart failure.

There are many ways to manage and treat the medical condition of hypertension. Older people are often asked to manage their diet, excluding food items that increase blood pressure. These food items contain a high amount of saturated fat and sugar. The older patients are asked to increase their physical exercise.

Dementia

Dementia symptoms can increase with age. The most common and prevalent type of dementia is Alzheimer’s disease. According to recent surveys, the medical condition of Alzheimer’s disease has caused a rapid uprising in the death rates in the older population, as compared to cardiovascular disease, which has been falling lately. According to the World Alzheimer Report of 2015, the prevalence of dementia may rise from 47 million in 2015 to 131 million by the year 2050. The total cost analyzed for the medical treatment of dementia all over the world is calculated to be $818 billion in the year 2015. The total cost is expected to increase to $2 trillion by the year 2030 because of the significant increase in the older population (WAR 2015).

The medications are only marginally effective as compared to the process of “dementia screening”. “Dementia screening” has public health benefits. Amjad views that the older population suffering from dementia has unfulfilled needs. The quality of life of dementia patients is significantly low, and perhaps they are living unsafely in isolation. (Amjad 2016). The “Folstein Mini-Mental State Examination” is the most commonly used method to examine the symptoms of dementia, but it has many demerits (limitations) in this method. The prime limitation of this method is that it includes an

educational adjustment in the mini-mental test (MMSE). The researcher R.A Kenny presents in the "Irish Longitudinal Study on Aging", that the MMSE (mini-mental test examination) scores for older people (above 85) with lower education is 25.2 while the score for the older people with a higher educational background was 28. Elderly people suffering from dementia require opportunities for caregiver support, cognitive stimulation, and assistive modern technologies to improve the independence and health safety of older people (Kenny 2013).

Arthritis

Arthritis is one of the most prevalent medical conditions in older people. This medical condition can be defined as the "breakdown of tissue inside the joints". There are more than a hundred types of arthritis known. Osteoarthritis is the most common type of arthritis in old people. The most common attribute of arthritis is that it occurs with other chronic conditions. This medical condition includes obesity (increased weight), heart problems, diabetes, etc. The major effects of arthritis are on the ability to work, the quality of life, and basic physical activities of daily living in an older patient.

The medical condition of Arthritis is determined by the factors of pain, functioning, and quality of life. Increased physical activity can reduce pain and improve movement and functioning. Usually, in the cases of arthritis, physical activity/movement remains a less significant intervention. The most effective medical program to deal with patients with arthritis is self-management education. The "Self-management education" strategy can help acquire positive goals by teaching skills and strategies to older people to deal with the daily issues/ complexities that result from arthritis. The motivation sessions for weight loss for overweight older people can also reduce symptoms of arthritis. Arthritis continues to affect every 1 in 5 adults and is known to be the most prevalent medical condition in the older population. The most common cause of disability in old people is arthritis. This medical condition continues to uplift humans as the population ages.

There are a number of medical interventions for counterattacking the challenges of arthritis pain and limited functioning in old people. These interventions include self-management education, weight loss for obese older people, and increased physical activity. However, these interventions are not favourable in many cases.

Policies And Strategies For The Medical Condition In Older People

Medical institutions and public health organizations are devising new policies and strategies to tackle the complexities of Hypertension, Dementia, and Arthritis in the old population. The respective section explains the strategies and policies aimed at preventing or reducing poor health and well-being in the older population. There are a number of international policies and strategies devised to foster the needs of older people, such as the "World Health Organization's research resolution". Many

senior citizens experience difficulties in nursing care homes, hospital lives independently, and low-quality medical care in old-age homes. Older people can also lose the ability to independently live at home due to these prevalent medical conditions. These chronic conditions are the primary reason for death among older people. Therefore, separate policies and strategies are required for the older population suffering from any medical condition.

According to the World Health Resolution (67/13), a "Global Strategy and Action Plan on Ageing and Health" is being devised by WHO with the consultation of other partners and member states. The prime commitment areas of concern for this strategic policy are the following.

1. Prominent commitment to the policy of Healthy Ageing
2. The medical health systems should be aligned with the requirements of older populations.
3. Medical institutes should prepare special medical setups to provide long-term care to older people.
4. Friendly environments with respect to age should be created in nursing homes and medical institutions, according to older patients.
5. Improvement should be made in the paradigms of measurement, monitoring, and understanding in public health care.

According to Ward's "National Health Interview Survey" of 2010, Sixty-two per cent of the population of older people in America are suffering from more than one chronic medical condition. Furthermore, the occurrence of more than one long-term chronic condition in older patients is increasing with the evolving society (Ward 2010). The significant prevalence of chronic disease is due to the ageing population, the low mortality rate in old people, and increased diabetes rates. The older population with multiple long-term medical conditions is the main reason for a large percentage of health costs spent on medical expenditures of older people (Gerteis 2014). Research and further studies should be targeted at this population (Senior citizens) in order to reduce cost expenditures and improve medical care and the quality of their lives. The "Self-management education" strategy can also highlight some of the challenges faced by older people who suffer from medical conditions.

Álvarez-García gives critical remarks on the notion of active ageing that "the concept of active ageing is currently dependent upon the four main pillars: participation, health, security and lifelong learning" (Álvarez-García 2018, p.4). According to the European Commission, the notion of active ageing is understood on these cardinal points. Active ageing helps older people to live their lives according to their own terms/ independently as long as possible and progress in their lives to uplift the economy and society (Zaidi 2015).

The active ageing concept is also included and significantly emphasized by the World Health Organization in "the active ageing framework policy" (WHO 2017). However, there is a significant gap between these identified strategies for the medical care of elderly people and the effectiveness of these policies in contemporary society. In order to achieve effectiveness in these policies and strategies, medical organizations and healthcare committees should devise radical steps.

Conclusion

According to research by the World Health Organization, the concept of active ageing represents the process of maintaining and developing functional abilities that progress the quality of life and well-being of older people. The active ageing concept will require immense reinforcement in medical institutions and clinics for the old population. This will require a massive transformation of healthcare service providers for old people. New strategies and approaches should be devised to optimize the costs of health care for old people. This will eventually decrease the challenges faced by old people.

The “Self-management education” strategy can also become a benchmark in the path of progress for old age wellbeing. However, prominent steps are required to work on this concept. Strategies should be devised on the paradigms of caregiver support, in-home services, old-age friendly-assistive technologies, and educational programs for home exercise programs for these prevalent medical conditions in old people. Furthermore, considerations should be made for transportation facilities and housing policies for older people who are suffering from medical problems. The most important point is to promote healthy behaviours starting in the early time period of childhood. This strategy can improve the quality of life among older people, and their self-management skills can also improve.

There are many challenges faced by older people in improving their health care. Efforts are made to help older people manage their own care (self-management care), coordinate care, and establish quality medical measures. Strategies are devised to provide medical care training for people who care for older people. Research should be conducted in order to organize suitable training to train the providers with the tools they are required to meet the requirements of older people.

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