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Ageing & Geriatric Giants

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The phenomenon of population ageing is becoming a major concern for the policy makers all over the world, both for developed and developing countries. Our country too is not immune to this demographic change. The changing demographic profile has thrown many new challenges in the social, economic and political domains.[1] The number of older persons, aged 60 years and above, is estimated to increase from 12.3% in 2015 to around 20% by 2050 worldwide. In India, 8.9% of the population was aged 60 years and above in 2015, and this is estimated to reach 19.4% by 2050. The International Day for Older Persons (IDOP) is being observed on 1st October every year since 2005. An Inter-generational walkathon is organised at the India Gate, New Delhi and National Awards are given on the occasion.

The rapid socio-economic transformation has affected various aspects of Society. Industrialisation, urbanisation and migration of population have brought the concept of nuclear family, as a result of which a section of the family, primarily the elders, are confronting the problems of financial and physical support. The Maintenance and Welfare of Parents and Senior Citizens Act was enacted by Ministry of Social Justice and Empowerment, Government of India in December 2007, to ensure need based maintenance for parents and senior citizens and their welfare.[2]

In 1965, Bernard Isaacs coined the term "geriatric giants." At that time, he named the geriatric giants as immobility, instability, incontinence, and impaired intellect / memory.[2] Over the subsequent half a century, geriatrics has evolved, and today, the understanding of the modern "geriatric giants" has evolved to encompass the four new syndromes of frailty, sarcopenia, the anorexia of ageing, and cognitive impairment. These conditions are the harbingers of falls, hip fractures, depression, and delirium. Early detection of these syndromes and intervention to correct these early signs of accelerated ageing can reduce disability, hospitalisation, institutionalisation, and mortality.

The prevalence of frailty is measured by using Fried's frailty phenotype.[3] Fried et al. proposed phenotype of frailty composed of five components: unintentional weight loss, weakness, slowness, low physical activity level, and exhaustion. The presence of three or more components put individuals in frail condition, the presence of one to two components defines as pre-frail and none defines non-frail or robust. Disability can be assessed by measuring the individual's ability to perform activities of daily living (ADL) using instruments like Barthel or Katz index. Barthel index is a 10-item index and Katz index[4] is a 6-item index of ADL for the assessment of disability, as has been done in the study published in this issue by Seenu Prasanth. A et al.

Fear of falling, not going out, falls, hospitalisation and economic dependency are associated with frailty and their scores for emotional support are lower with higher social isolation. The progression of clinical frailty is affected by numerous factors and can be interrelated or independent of each other. The associated factors that are commonly reported in the literature include female gender, advanced age, living alone, low education level, low income level, poor self-rated health, and having more chronic diseases. Frailty usually results from a combination of problems and is eventually expressed as an overall functional decline. The most common causes include chronic diseases such as diabetes, cancer, cardiovascular disease and stroke; injuries; mental impairment; birth defects; HIV/AIDS; and other communicable diseases.

A comprehensive approach to frailty and prevention

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is required that focuses on modifiable individual and environment risk factors before they reach the serious stage and become a disability. Identification of these factors contributing to frailty syndrome are to be taken into account by health practitioners and policy makers as a guide for developing future planning, intervention, and treatment to the targeted groups. With adequate interventions, tailored advice we can make older people healthier and mitigate our health problems.

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