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## Unmet Need for Care of Older Persons in our Healthcare System

Geriatric medicine has a rich history and has evolved since it was first incorporated as a component of the modern healthcare system and it became a specialty in 1948 within the national health service of the UK.<sup>1</sup> Geriatric care, which is care for older persons has been commonly viewed as a broad-based, multidimensional interrelated complex care protocol that is informed by the ageing process, health conditions, and socio-cultural complexities experienced by persons at an advanced age.<sup>1,2</sup>

Human aging is characterized by progressive constriction of the homeostatic reserve of every organ system, a process termed homeostenosis. This process is said to be evident by the third decade of life and occurs independently in each organ system at a variable rate and extent. It is influenced by the following: genetic factors, diet, environment, and personal habits (lifestyle choices). Ageing while not a disease condition increases the risk for multiple chronic medical conditions and psychosocial challenges including isolation, dependence, and risk of elder abuse.<sup>2,3</sup>

The study of the ageing process and its relation to well-being and function is defined as gerontology. On the other hand, the body of knowledge that deals with disease state in older persons, prevention, care, promotion, and rehabilitation is geriatrics. In as much as the geriatrician requires the gerontology basis of geriatric practice, the gerontologist also needs the clinical perspective for his work to be relevant. Both the geriatrician and gerontologist require the knowledge of the socio-cultural milieu for any meaningful impact on the well-being of their clients. The complexity and interrelatedness of geriatric care refer to the fact that many older persons (in contrast to middle age

except in rare situations) often have multiple chronic age-related health conditions that interfere with their physical, functional, psychological, and social well-being.<sup>3,4</sup> To holistically address the healthcare needs of the older adult population, the geriatrician and other relevant healthcare workers in the essential multidisciplinary team must be armed with the theories of the gerontological sciences, socio-cultural perspectives of ageing, and in addition scientific and technological advances, relevant policy and political lobby strategies that need to be integrated into geriatric care.<sup>24</sup>

Africa is experiencing increasing proportions of persons reaching advanced ages in recent times. Africa has always been associated with high birth rates, but a large proportion of these births is lost to high infant and childhood mortality. A few that would escape these mortalities have been seen to reach very advanced ages, which were well recorded in many literatures. The numerous health interventions: including increasing scientific knowledge of the disease, aborting infanticides, introducing modern healthcare, childhood immunization, and nutrition have all proven successful as more proportion of the population are now surviving to adulthood and older age.<sup>2,3,5</sup> The growing older population is creating new challenges for the already weak and inefficient health system. Inevitably, if the benefits of early health interventions that spared the population from infant and childhood mortality will be sustained, then a pragmatic paradigm shift is required to address these new and emerging challenges of health care for the ageing population.<sup>24</sup>

Many countries described as developing are characterized by urbanization and economic and industrial transformations. These transitions influence a huge change

in family size, composition, and characterization. The traditional extended family settings with its interrelatedness, intergenerational, and filial piety structure where respect, obedience, loyalty, and practical support are important components that have served as the bedrock for the care of older persons to advanced age and to death or even beyond as evidence by ancestral reverence is being gradually eroded. These communities in developing countries are experiencing early departure from homes, smaller family households, nuclear family settings, and long-distance separations from homes, which creates social exclusions, isolations, and loss of support for the older persons in the family.<sup>26</sup>

The quality of life and longevity of older persons is strongly associated with the presence of structural and functional family and social support. Health care for older persons is most effective when the broader context of a person's family, friends, social network, and community is taken into account. In establishing and implementing a health care plan for older adults, lifestyle preferences, resources, and support structure are important factors to be considered. The transition away from this traditional social system has left many older adults deprived of social support and benefits.<sup>3,5</sup>

The provision of continuous and comprehensive care is particularly more significant for the extreme of ages. For the paediatrician, it is weighted on the need for the whole person's development. For the geriatrician, it is weighted on multiple chronic conditions and the impact on functional capacity and quality of life. Older persons with multiple chronic conditions traversing the regular healthcare settings are most likely going to be burdened with the fragmentation of care, multiple clinics visit, ambiguity or

conflicting protocols, and polypharmacy with all its attendant complications.<sup>4,7</sup> The system is characterized by overutilization of resources, poor patient satisfaction, and increased cost of care. The traditional healthcare systems are not “Age-friendly”. The World Health Organisation has defined this extensively and provided a framework to be adopted by health systems to become age-centered/friendly.<sup>8,9</sup>

The care for older persons is embedded in routine adult care in most hospital settings. However, healthcare providers in these settings have little or no training or experience in the care of this cohort.<sup>3,4</sup> There have been several reports of stereotyping and discrimination based on age, described as “Ageism” in hospitals.<sup>10</sup> Health care provider's misconceptions, attitudes, and assumptions on symptomatology of disease conditions in advanced age limit the way problems are conceptualized, questions are asked and opportunities to seek innovative approaches are seized. The negative ageist attitude of labelling ageing as a cause, precipitating factor, perpetuating factor, or limitation to cure and recovery which is not limited to health care setting but also in the wider social environment is erroneous and has no scientific basis. Almost ascribing every disease condition in older persons as related to age alone, ageing is portrayed as a disease condition itself.

The geriatrician is uniquely trained in the primary care of older persons and can facilitate coordination of care amongst other professionals without unnecessary highfalutin interventions and yet meet the patient's health needs and expectations based on preferences.<sup>4,11</sup> Caring for older persons requires a paradigm shift to patient-centred care across an individual's life spectrum of functional impairment, medical conditions (acute/chronic), and the effect of complex interactions of need for care, satisfaction with interventions, patients' financial, caregivers, and

environmental situations. Certain health conditions with their attendant consequence of impairment in function which would be alleviated by high-tech evidence-based modern health intervention could be opted out of by the patient's perception of a need for care and the burden of care. The geriatrician's skill and knowledge and effective interaction with the patient's family, support system, and health care professionals would be beneficial in assuring the patient's best health outcome. The competence of geriatricians is not limited to hospital-based care or system/disease-based care as older persons seek care in different settings. The role of the geriatrician is important in various stages and settings that transcend medical, social, and environmental dimensions, drawing upon all resources to enable ageing adults to enjoy well-being, functionality, and dignity. Geriatricians employ the concept of 5 Ms and also focus on conditions described as “geriatric giants” in practice. These Ms include Mind, Medication, Multi-complexity, Matters most, and Mobility issues. The concept of the 5 Ms and Geriatric giants allows focus on concerns that impact significantly on quality of life and functional capacity, magnifying the vulnerability of older persons.<sup>4,11</sup>

The World Health Organization( WHO), in an attempt to improve the well-being of the global ageing population, came up with the concept of the decade of healthy ageing, 2020-2030, to shine a light on ageing issues, and the challenges that ensue, and made recommendations on interventions to ensure that as people age they live a life as independent as possible.<sup>8,9</sup> A Global Strategy and Action Plan for Ageing and Health was developed by the World Health Organization, along with Member States and Partners for Sustainable Development Goals. The vision of the plan is to ensure that everyone has the opportunity to enjoy a lengthy and

healthy life, as outlined in the five strategic objectives.<sup>8</sup>

The first of the five objectives has to do with engendering the commitment towards the promotion of healthy aging on a global scale. Crucial initiatives include developing a national framework for healthy aging and enhancing a nation's capacity to devise evidence-based policies and programs tailored to address aging-related challenges. The development of environments that are friendly to senior citizens was the second goal. These age-friendly communities are designed to eliminate barriers, enhance health promotion, and foster the personal growth and community engagement of older individuals. Moreover, age-friendly communities prioritize initiatives that promote healthy lifestyles among seniors, such as providing opportunities for exercise, access to nutritious food options, and programs that encourage preventive healthcare practices.

The third global objective emphasized the need to restructure healthcare systems to effectively address the evolving needs of older individuals. As people age, their health requirements tend to become more intricate and chronic, necessitating adaptations in healthcare delivery. This entailed a fundamental shift towards patient-centric care that prioritized the unique needs and rights of older individuals. Achieving this objective often demands substantial reforms in healthcare organization, delivery, and financing. It called for the implementation of strategies to streamline access to geriatric care, enhance interdisciplinary collaboration among healthcare providers, and integrate age-sensitive approaches into medical training and practice. The fourth objective of the global strategy emphasizes the development of comprehensive long-term care systems tailored to meet the needs of older individuals while the fifth objective focuses on improving surveillance and research on healthy aging.

In order for the countries in Africa to rise to this challenge, our healthcare systems need to be aligned with the peculiar needs of older persons to ensure healthy ageing. This can only be achieved by having a critical mass of trained healthcare workforce, age-friendly infrastructure in the different settings where older persons seek care, provision of long-term care and palliative care services for those who would require them, and availability of assistive devices.<sup>4,7</sup>

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