

# **ADDING MORE LIFE TO YEARS**

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Fong Ngan Phoon

## **SYNOPSIS**

**In recent years, the concern for maintaining the health and well-being of the elderly in Singapore has gained increasing importance with the ageing of the population. Prevention of diseases, unfitness, and social problems in old age can improve the quality of life for the elderly people. This paper outlines the current community and social services for the elderly in Singapore, and highlights on four areas that need further expansion: pre-retirement preparation, health education, screening and early detection of diseases, and rehabilitative day care centre.**

## **INTRODUCTION**

**In the last three decades, Singapore has undergone rapid social and demographic changes. Absolute number and proportion of those aged 60 years and over have increased steadily in the last few decades, and is projected to increase even more in the future (Table 1). The number of persons aged 60 years and over is expected to double from 173,600 in the year 1980 to 326,900 in the year 2000 according to one recent population projection (1). The expectation of life at age 60 years has increased in the ten year period between 1970 and 1980: from 12.9 years to 15.2 years for males, and from 15.6 years to 18.8 years for females (2).**

**Department of Social Medicine  
and Public Health  
National University of Singapore  
Outram Hill  
Singapore 0316**

Fong Ngan Phoon, MBBS, M Sc (P.H.)  
Lecturer

**TABLE I: NUMBER AND PERCENTAGES OF PERSONS 60 YEARS AND OVER IN SINGAPORE, 1947—2000**

Year	Number (in thousands)		Percent 60 & Over
	All ages	60 & over	
1947	938.1	33.7	3.6
1957	1,445.9	55.3	3.8
1970	2,074.5	118.3	5.7
1980	2,413.9	173.6	7.2
1990*	2,708.2	234.6	8.7
2000*	3,000.0	326.9	10.9

\* Projected figures based on Singapore Planning & Population Board 1983's projection

With the ageing of the population, and the longer life expectancy the needs of the senior citizens will gain increasing importance nationally. Adding more life to years, or in other words, improving the quality of life for the elderly people, has become a pressing issue. The medical profession has a key role in the promotion of health and well-being of the elderly. The principal aim of medicine in old age is not just the prolongation of life but to prevent morbidity and disability, and to enable the individual to stay fitter longer, and having a shorter period of dependency.

#### HOW CAN WE PROMOTE HEALTH AND PREVENT DISABILITY IN OLD AGE?

Preventive measures have an important place in keeping the elderly people healthy and fit. Although the ageing process is not preventable, but the other three processes which cause problems in old age — disease, unfitness, and the social consequences of growing old — all offer opportunities for prevention (3).

#### Prevention of diseases and its complications

The primary prevention of many of the diseases that cause disability in old age — such as ischaemic heart disease, chronic obstructive lung diseases, and lung cancer — is possible, but for most diseases it is necessary to start the preventive programme in childhood or early adult life. Nevertheless, many diseases such as those listed in Table II are preventable by action initiated after the age of 60.

Accident prevention at home is important since 50% of falls are associated with environmental hazards such as poor lighting, loose rugs, irregular floors, and badly sited or designed furnitures. Constipation may be prevented by a regular intake of fruits and vegetables, and adequate amount of fluids. A balanced diet is necessary to prevent nutritional deficiencies.

**TABLE II: SCOPE FOR DISEASE PREVENTION IN OLD AGE**

1. Accidental falls
2. Constipation
3. Malnutrition
4. Iatrogenic diseases
5. Alcoholism
6. Some types of incontinence
7. Depression
8. Anxiety

#### Prevention of unfitness

There is an increasing amount of good evidence that unfitness is a common cause of disability in old age and that people can maintain fitness and become fitter by taking regular exercise (4). This applies not only to those who are free from diseases — it applies even more to those old people who suffer from the common chronic diseases in old age.

All four physical aspects of fitness can be improved — strength, stamina, suppleness and skill. In addition, there are considerable psychological benefits. Generally, there are very few contraindications to exercise in old age provided that the person increases his exercise slowly and gently. However, a medical examination to ensure that there are no diseases present in which exercise would be harmful is advisable.

#### Prevention of social problems

Many social problems may arise in old age. Often there is a loss in the level of income and social status after retirement. Some elderly people may have a negative view of life and fail to find meaningful activities after their retirement from many years of paid work.

Elderly people may also be affected by changes in their living arrangements for they are less adaptable to changes and be distressed if they are uprooted from their familiar surroundings. Attention must be paid to all these social factors, and to the preservation and strengthening of family and social bonds.

#### WHAT ARE THE PROVISION OF SERVICES FOR ELDERLY IN SINGAPORE?

The current community and social services for the elderly in Singapore can be grouped broadly into 5 categories as shown in Table III: medical services, community support services, social and recreational services, financial assistance schemes, and residential care services.

**TABLE III: CURRENT COMMUNITY AND SOCIAL SERVICES FOR THE ELDERLY IN SINGAPORE (11)**

1. **Medical Services (12)**
  - a. Government sector: 13 hospitals, 26 polyclinics and outpatient clinics
  - b. Private sector: 7 hospitals, 800 specialists and general practitioners' clinics.
2. **Community Support Services**
  - a. Home Nursing Foundation
  - b. Day Care Centre for the Elderly (2 centres)
3. **Social and Recreational Services**
  - a. People's Association Retirees' Club
  - b. Senior Citizen Clubs ( 70 clubs)
  - c. Singapore Action Group of Elders
  - d. Befriender's Services (in 7 areas)
4. **Financial Assistance Schemes**
  - a. Public Assistance Scheme by the Ministry of Community Development
  - b. Other financial schemes donated by charitable organisations

## 5. Residential Care Services

- a. 1 Government Home
- b. 17 Community Homes
- c. 13 Voluntary Welfare Homes
- d. 11 Temple Homes
- e. 6 Private paying Homes

Many of these services — such as the Home Nursing Foundation, Befrienders' Services, and the Day Care Centre — were started during the last decade. The Committee on the Problems of the Aged envisaged that more provisions need to be made for the care of the elderly in the future (5). In fact, the Committee recommended a total of 35 recommendations in its report relating to national policy, employment, financial security, health and recreational needs, and social services and institutional care.

### WHAT SERVICES NEED FURTHER EXPANSION TO FULFILL THE OBJECTIVE OF ADDING MORE LIFE TO YEARS?

The promotion and maintenance of health and well-being in old age is a complex and huge task which extends beyond the traditional confines of medicine. It involves many people: politicians, economists, educationists, architects, engineers, social workers, as well as medical and paramedical professionals. Many existing services need to be expanded and new programmes started to fulfil the objective of adding more life to years for our elderly people. For the purpose of this discussion, I shall highlight four areas: pre-retirement preparation, health education, screening and early detection of diseases, and rehabilitative day care centres.

#### Pre-retirement preparation

Opportunity for prevention is offered by pre-retirement preparation courses. These courses organised for individuals within 5 years of retirements, should cover a wide variety of subjects such as health in retirement, retirement and money, and developing new skills or hobbies. Doctors can offer themselves as speakers for talks related to health.

The People's Association Retirees' Club, formed in August 1983, has its objectives to help people prepare for a happy and fruitful retirement (6). Monthly luncheon talks and annual pre-retirement seminars were held towards this end. However, the proportion of potential retirees participating in its activities is small, especially, the less educated and the manual workers. Thus, we need to extend pre-retirement preparation to cover more workers in both skilled and unskilled jobs. Perhaps the trade union leaders can initiate this programme for its members in collaboration with the Retirees' Club.

#### Health education

The scope of health education should cover advice on diet and exercise, accident prevention, mental health, eyesight, and hearing, as well as common ailments in old age. Health education for the elderly has received attention only in the last few years. Geriatric problems have been identified as an important area for health education in the five-year plan (1983—1987) of the Training and Health Education Department of the Ministry of Health (7).

Information on disease prevention and keeping healthy in old age should be communicated to the elderly people through all available channels. Such channels include talks at senior citizens' clubs, in-

dividual counselling at medical consultation, and messages through the mass media such as television, radio and newspapers.

Exhibitions, such as the Health Fair held in conjunction with the 6th Senior Citizens' Week in Tiong Bahru Community Centre, can be an effective means of health education. Perhaps sets of exhibition boards on various themes suited for elderly people can be developed, and placed in each of our many community centres for one week in turn. Similarly, sets of slides and pamphlets on different aspects of keeping healthy in old age should be developed.

#### Screening and early detection of diseases

Many diseases go unreported in the elderly people. Williamson *et al* studied 200 elderly people living in a British community and reported the large extent to which they suffered from unreported disabilities (see Figure 1). Locally, Phoon *et al* (9) reported similar findings of a study among 110 older people and suggested several reasons why many older people in Singapore who required medical attention but were not getting it:

- (1) Unawareness that medical attention was required,
- (2) Stoppage of necessary treatment,
- (3) Inability to come for initial diagnosis and treatment,
- (4) Unwillingness to use medical facilities.

Based on these findings, it is imperative that we evolve a system for the early detection of diseases among the elderly people in Singapore. Whilst ad hoc health screening events (such as the one held during the 6th Senior Citizens' Week) may be useful, the need is for an ongoing programme. This is where the general practitioners can contribute by doing a systematic examination of their elderly patients at least once a year. This annual checkup may coincide with their consultation for an episode of illness or it may be a separate appointment if the elderly person does not have any consultation for illness during the year.

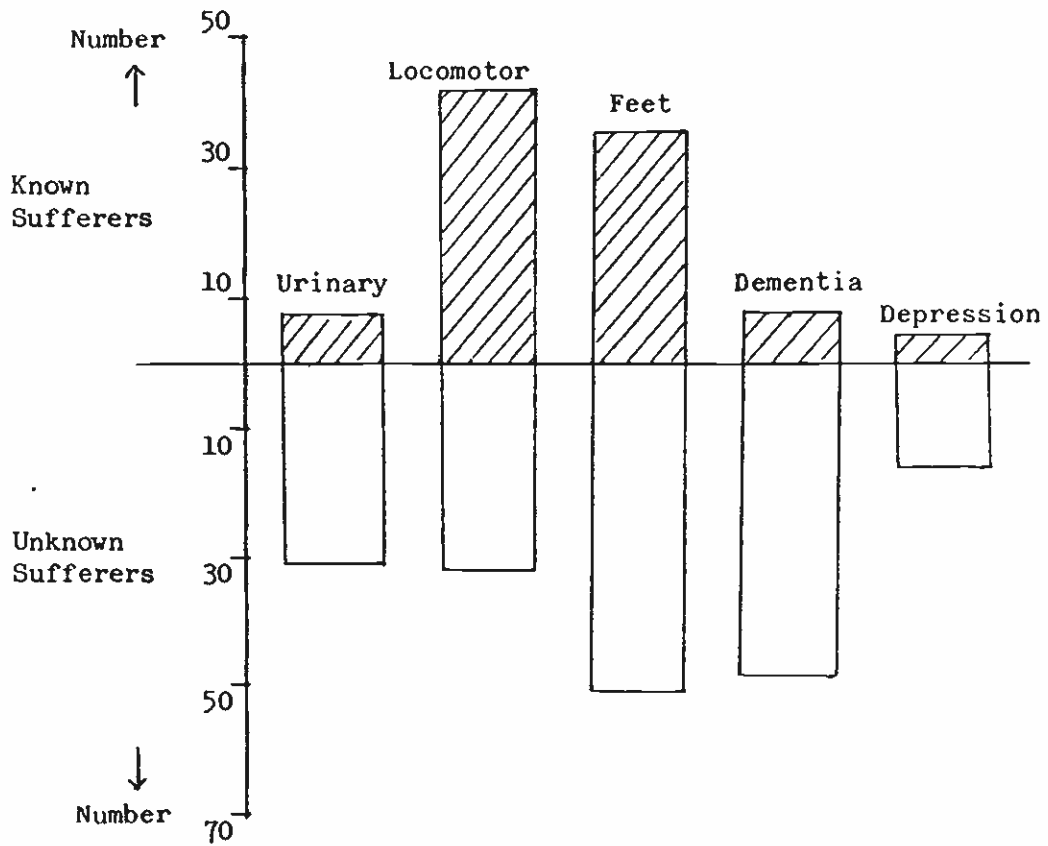
#### Rehabilitative day care centres

Disabled elderly people require rehabilitative services to restore their functional ability to cope with daily living. The Bukit Merah Therapeutic Day Care Centre for the Elderly was set up in 1980 as a pilot project by the Singapore Council of Social Services to meet the need of disabled elderly persons who are left alone at home during the day. In a three-year study of this centre, Fong *et al* (10) reported that 89 persons participated in its activities with an average attendance of 20 persons per day. About two-thirds of them had impaired mobility most commonly as a sequelae to stroke followed by other causes like fracture and osteoarthritis. The participants were satisfied with the centre and benefitted from the rehabilitative and social activities. It is recommended that similar day care centres be set up in the bigger densely populated housing estates in Singapore.

#### CONCLUSION

The present generation of the elderly has gone through much hardship during tumultuous times, and has helped build modern Singapore into what it is today. Our society owes to these senior citizens the respect due to them, and to ensure that the physical and social environment are conducive for them to live a healthy and meaningful life in their advanced years. Let us strive together as a profession for the challenging task of adding more life to years for our elders in the next 25 years.

Figure 1: Unreported Disabilities in Old Persons  
in a British Community



Disabilities in which most of the  
iceberg is submerged.

(Source: Williamson et al. Old People At Home:  
Their Unreported Needs. Lancet, 1964;  
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