

THE FRAIL ELDERLY IN SOCIETY

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From time immemorial, societies have existed by following the philosophy of "survival of the fittest". However, as they developed structurally and economically, societies were able to relax this maxim and begin organising care for their weaker, less productive members.

Singapore has reached developmental and financial maturity and the process has brought with it the elderly population explosion. Great emphasis has been placed on assessing the needs of the elderly and designing patterns of care for this group. The abilities and potential of the young-old have been highlighted effectively and attention must now be focused on the needs of the old-old. This is the group most likely to be described as the frail elderly.

A survey in Great Britain reported that 12% of people between 65-69 years needed help of one kind or another to remain in their own homes compared with 80% of individuals of 85 years and over (1). The recent survey in Singapore also demonstrates this difference with 2.3% of the young-old having moderate to severe impairments whilst 14.5% of the old-old were moderately or severely impaired. The studies are not strictly comparable but both serve to demonstrate the increasing dependency associated with ageing.

This has serious implications given the changing population structure which will emerge over the next decade. Society will be unable to support an ageing population which accepts the sick role without question. The burden of caring for large numbers of dependent people would be unacceptable to society.

Society has to change its views on ageing and the aged individual. The attitudes expressed by ageism must be abandoned (2). A positive approach has to be adopted. The capabilities of the frail elderly must never be underestimated, problems experienced by the elderly should not be accepted without question and rehabilitation must play a vital role. Frail elderly need support in the form of encouraging independence, reducing disability and overcoming handicap.

Regrettably, this positive view is not taken by many professionals including doctors. Professionals and non-professionals need to be taught the concepts of secondary and tertiary prevention. Health care professionals need a basic knowledge of the physiology of old age, so that they can recognise disease and take action. The frail elderly themselves need guidance so as not to accept deteriorating health without question (3, 4).

The needs of the frail elderly may require further assessment. The recent survey illustrates dependency levels of those frail elderly maintained in the community. It may be worthwhile assessing those elderly who cannot be maintained in the community. A prospective study quantifying the reasons for home-care breakdown may provide information as to what services should be considered to rectify or lessen this problem. Studies would involve medical, psychiatric, psychological and social parameters. The information gathered at such a major life-event as institutionalisation would provide details of benefit in planning health care and support systems to maintain the elderly in the community.

Societies are dynamic and subsequent generations of elderly may not follow traditional life styles. Many may not wish to surrender their independence preferring to live alone. Support schemes may need to be developed to allow this freedom of choice. The opinions of the present middle-age may be interesting to note.

The National Survey of Senior Citizens indicated that the general state of health of the aged was fairly good (5). The elderly of today are, however, a special group – "the survivors" – they have survived childhood, youth and middle age without the benefits of modern drug therapy and present day medical technology.

Succeeding generations of elderly may not be so fit – they may enter old age with pre-existing disease and disability. They will also be subjected to the inevitable physiological changes of ageing. Autonomic nervous system changes will further compromise locomotor difficulties and there may therefore be increasing numbers of housebound individuals. Assessment of disability levels within the present day middle aged may serve as an indicator of dependency levels in the future.

No society can support increasing dependency levels within the community. It is of paramount importance to ensure return of an individual's maximal physical, mental, social and vocational potential. Adequate rehabilitation facilities need to develop alongside hi-tech scientific treatment.

Assessing disability and dependency levels is an important means of acquiring knowledge which will aid

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planning. Services may be developed based on society's needs rather than its demands.

Provision of services for the elderly will always require the active co-operation between family, community and government (6, 7). It would be impossible for a single agency to provide support.

To ensure cost-effectiveness, services will require constant re-appraisal. As society changes so services may become inadequate or superfluous. The appraisal

would involve quality assessment. Quality control and quality assurance would be necessary to ensure best use of resources.

Health and social care are expensive commodities in terms of time, emotion and finance. Caring for the elderly may be financially expensive but can be emotionally rewarding. Developing care in a constructive yet compassionate fashion is a true sign of a mature, stable nation.

REFERENCES

1. Akhtar AJ, Broe GA, Crombie A et al. Disability and dependence in the elderly at home. *Age and Ageing* 1973; 2: 102-11.
2. Kua EH. Ageism in the Aged – Who cares. Singapore Gerontological Society Handbook. Singapore, Internal Printers, 1987.
3. Williamson J et al. Old people at home: their unreported needs. *Lancet* 1964; i: 1117-20.
4. Simpson RG: Disease patterns in the elderly. *Br J Hosp Med* 1974; 12: 660-77.
5. Ministry of Social Affairs. Report on the National Survey of Senior Citizens. Ministry of Social Affairs. Singapore, 1983.
6. Grundy E: Community care for the elderly 1976-84. *Br Med J* 1987; 294: 626-9.
7. Andrews K: Demographic changes and resources for the elderly. *Br Med J* 1985; 290: 1023-4.