

Health Problems of the Aged

In Pakistan the older people are ignored chiefly both by at government and private level. A few older people have the symptoms of age-related diseases like dementia, Alzheimer, osteoporosis, loss of hearing and loss of vision. But the country does not have a single gerontologist for the treatment of aged persons. According to some experts, the aging phenomenon starts very early in Pakistan due to poverty and malnutrition. Due to isolation, reelection by the family members, older people suffer from lice, jiggers, flies, bed bugs and have diarrhea from the absence of clean water. Some of the aged people are unable to change their food habits which cause them to suffer in various diseases. A few of them develop orthopedic, cardiac ailments, diabetes and respiratory diseases. Almost every aged person in Pakistan becomes open to common diseases.

Health and Nutrition Concerns for Elderly

The increasing size of elderly population implies additional demands for health and medical facilities. Compared to the adults the elderly is at greater risk of ill-health and have often lesser access to the available health systems. The elderly condition of health is critical for their continuing in economic activity. In fact, the importance of health is not only because this factor is a major determinant of work participation but also because the health of the elderly is affected by the environmental pollution, occupation stresses and pressures specially in the urban industrial or commercial areas.

Emotional Health of the Elderly

Among the main health related issues, the concerns for emotional health conditions of the elderly, have critical bearing on their daily life and family relations. With the onset of old age, the elderly persons worry about their finance and health, and about their children may affect their emotional health conditions. A study conducted recently in Pakistan showed that compared to the relatively younger segment of the elderly (aged 60-69), a higher proportion of 70 plus had experienced negative emotional activities. The concerns about the appetite and sleep, dependency on others, financial worries, an overall feeling *of* sadness, and freak of desired economic achievement by their children, were expressed much more by the female than the male elderly. The rural-urban differentials among the elderly reporting these feelings provided a mixed view. It may be pointed out that for physical and mental health condition of

the elderly the health condition of the spouse of elderly has important implications for spouse's own sake and for the elderly. It has been reported that for about half of the elderly male, the main care provider was his wife. So, must also be true for the female alderfly's spouse but elderly females were mostly widowing (Afzal, 1999).

Meal Related Issues

The other important factor, which is also very relevant, is how they will fend for themselves during mealtimes. If they can cook, will they turn off the stove and if they just must eat without having to cook, will they be able to manage to warm the food without causing harm to themselves. If medication needs to be taken before and after eating can they be relied upon to take the correct medications in the correct dosage? The caregiver has got to think, anticipate, and find ways to take care of all this. Balancing safety and needs without compromising too much on independence is a task by itself. If there are other family members to take care, the problem is slightly less and with paid caregivers, the emotional quotient will be missing.

Disability in Relation to Ageing

Among the special concerns of ageing prevalence of disability *is* of a great significance. In the countries of our region, where most of the world population lives, the conditions of slower development, nutritional deficiencies, insufficient health coverage sanitation and safe water have been contributing to increasing number of disabled persons in the childhood and in the elderly ages. In the context of ageing or otherwise, disability has not only important consequences for the life of the individual concerned but also for their families and society. Disability among the elderly whether permanent or temporary, represents the health related physical or mental functional limitations of the individuals concerned. With the occurrence of disability, depending on its nature one of the first things, which are likely to be affected, is the mobility.

Other Health issue of aged

➤ Diabetes

The CDC estimates that 25 percent of people ages 65 and older are living with diabetes, a significant senior health risk. According to CDC data, diabetes caused 54,161 deaths among adults over age 65 in 2014. Diabetes can be identified and addressed early with simple blood tests for blood sugar levels.

The sooner you know that you have or are at risk for diabetes, the sooner you can start making changes to control the diabase and improve your long-term senior health outlook.

➤ **Obesity**

Obesity is an important senior health risk factor for heart disease, diabetes, and cancer all chronic conditions that impact quality of life. As the numbers on the scale increase, so does the risk for disease of adults between 65 and 74, 36.2 percent of men and 40.7 percent of women are obese – meaning that their BMI (Body Mass Index) is greater than or equal to 30 – according to the CDC. It can also be a signal that an older adult isn't as active or mobile as he or she once was.

➤ **Oral Health**

Healthy teeth and gums are important not just for pretty smile and easy eating, but also for overall senior health. According to the CDC, 25 percent of adults over 65 have no natural teeth. As you age mouth tends to become dryer and cavities are more difficult to prevent, so proper oral health care, including regular dental checkups should be done by a senior dentist.

Physiological

According to the National Council on Aging, about 92 percent of seniors have at least one chronic disease and 77 percent have at least two. Heart disease, stroke, cancer, and diabetes are among the most common and costly chronic health conditions causing two-thirds of deaths each year. So we can say old age is the period of physical decline common elderly health issues are as under

1. Cognitive health

Cognitive health is focused on a person's ability to think, learn and remember. The most common cognitive health issue facing the elderly is dementia, the loss of those cognitive functions. While there are no cures for dementia,

physicians can prescribe a treatment plan and medications to manage the disease. There are many others like_____

2. Physical injury

According to _____Every 15 seconds, an older adult is admitted to the emergency room for a fall. A senior dies from falling every 29 minutes, making it the leading cause of injury among the elderly.it is a common phenomenon. Because aging causes bones to shrink and muscle to lose strength and flexibility, seniors are more susceptible to losing their balance, bruising and fracturing a bone.In many cases, they can be prevented through education, increased physical activity and practical modifications within the home.

3. Malnutrition

Malnutrition in older adults over the age of 65 is often under diagnosed and can lead to other elderly health issues, such as a weakened immune system and muscle weakness. The causes of malnutrition can stem from other health problems (seniors suffering from dementia may forget to eat), depression, alcoholism, dietary restrictions, reduced social contact and limited income.

4. Sensory impairments

Sensory impairments, such as vision and hearing, are extremely common for older persons over the age of 70. Luckily, both of these issues are easily treatable by aids such as glasses or hearing aids. New technologies are enhancing assessment of hearing loss and wear-ability of hearing aids. Most common sensory impairments are as under

a. Hearing loss:

The older people have problems in hearing. Their ears stop working or started to hear less with the time.

b. Sight weakness:

In old age people have to face sight problems they cant see properly. Chances of weakness in sight is in high ratio than the young one's

5. Oral health

Oral health issues associated with older adults are dry mouth, gum disease and mouth cancer. These conditions could be managed or prevented by making regular dental check-ups. Dental care, however, can be difficult for seniors to access due to loss of dental insurance after retirement or economical disadvantages.

6. Bladder control and constipation

Incontinence and constipation are both common with aging, and can impact older adults quality of life. In addition to age-related changes, these may be a side effect of previous issues mentioned above, such as not eating a well-balanced diet and suffering from chronic health conditions. The medical officials suggests maintaining a healthy weight, eating a healthy diet and exercising regularly to avoid these elderly health issues.

7. Hair thinning:

In the elderly age the most prominent problem is hair thinning. Most of the people suffer from hair loss. Baldness is prominent in males. This is one of the physical problem.

8. Physical Weakness:

The elder people are weak by the muscles and bones. They became weak enough to have balance. They cant properly walk. They feel difficulty in doing daily routine work.

9. Joint pain:

The joints if the elder people became weak due to lack of the calcium. They usually suffer from the having space in joints. Due to the lack of calcium once a broken joint takes more time to be normal again in elder age.

10. Increased urination:

In elder age the problem of urination became increased. They have to suffer from frequent urination.

11. Shortness of breath:

In elder age because of diseases they have to suffer from shortness of breath. Asthma or other diseases are common in old age people.

12. Substance abuse

Substance abuse, typically alcohol or drug-related, is more prevalent among seniors than realized. According to the National Council on Aging, the number of older adults with substance abuse problems is expected to double to five million by 2020. Because many don't associate substance abuse with the elderly, it's often overlooked and missed in medical check-ups. Additionally, older adults are often prescribed multiple prescriptions to be used long-term.

13. HIV/AIDS and other sexually transmitted diseases

Late diagnosis of HIV is common among older adults because symptoms of HIV are very similar to those of normal aging, making it more difficult to treat and prevent damage to the immune system.

Psychological:

As people age, they suffer from many problems that are both psychological and psychiatric and can be treated with psychological therapies according to the DSM (diagnostic and statistical manual of psychological disorders). Below are five major problems that are faced by elderly people.

1. Mental health:

According to the World Health Organization, over 15 percent of adults over the age of 60 suffer from a mental disorder. A common mental disorder among seniors is depression, occurring in seven percent of the elderly population. Unfortunately, this mental disorder is often under-diagnosed and under-treated.

2. Depression:

Depression is a mood disorder that involves excessive feelings of sadness. There are many warning signs of depression, including feeling sad, losing interest in the things that the person used to enjoy doing and feeling tired or out of sorts. Unlike normal sorrowfulness or just feeling a little down, depression doesn't go away. Instead, people with depression find that it's chronic; that is, it lasts a long time.

Depression is a very general psychological problem and people of all walks and age of life suffer from it. The effects and symptoms of depression may vary from person to person and can affect areas of life such as work, sleep, appetite, general health and well being.

Symptoms of depression:

- Feeling sad or struck by despair
- Lack of energy and motivation
- Loss of self-value and self-worth
- Weight loss or weight gain
- Loss of appetite
- Trouble with sleeping
- Suicidal thoughts
- Getting indulged in drugs and alcohol.

Depressed seniors do not necessarily feel sad, but they might complain about low motivation and a lack of energy. Certain medical conditions can cause depression and anxiety as well. Certain medications can cause depression as a side effect such as Blood Pressure Medication. Depression can also exist side-by-side with dementia.

3. Anxiety disorders

Anxiety disorders are psychological issues that center on feelings of fear and sometimes include panic attacks. There are many types of anxiety disorders, including phobias, social anxiety disorder and panic disorder.

As with depression, anxiety is often triggered in older adults because of life changes.

Depression and anxiety often go hand in hand. Older adults with anxiety might become less social, fixate on a routine and become overly focused on the safety. They might even avoid social situations. As with depression, anxiety disorder can be treated with drugs and therapy.

4. Memory Problems or Amnesia:

As the name of this disease is indicative of its circumstances, a person suffering from memory amnesia lost parts or all of his memory. It's not your plain everyday forgetfulness, instead complete eradication of any or all events and relations.

Symptoms of Memory Amnesia:

- Some of the major symptoms of amnesia are:
- Memory loss
- Confusion
- Inability to recognize places and faces

Causes of Memory Amnesia:

Amnesia can be caused due to a number of reasons, such as organic and neurological reason, such as a brain damage caused by some physical injury to the head. Or it can be caused functional or psychogenic which include psychological factors such as PTSD.

5. Dementia:

Dementia is probably the most common disease of numerous types. It should be considered the mother of all diseases. People suffering from dementia generally lose mental ability to function normally in their daily life.

Symptoms of dementia:

Below are described some of the symptoms of dementia, for a detailed version read this:

- It includes short-term memory changes.
- Changes in mood
- Apathy
- Confusion
- A failing sense of direction

Causes of dementia:

Dementia can have a wide range of causes, but mainly it's caused by the death of brain cells. Some of these causes are explained here:

- It can be caused by some kind of tumor
- Infection
- Vitamin deficiency and/or lack of oxygen

6. Sleep-Related Disorders:

There are many sleep-related disorders to which the elderly more prone than the younger adults. The major three are insomnia, sleep apnea etc.

A. Insomnia:

Insomnia is very common in the senior members of our society. Some symptoms of Insomnia include taking more than 45 minutes to fall asleep, trouble in staying asleep, waking up early and night falls. The primary cause

of insomnia is stress and anxiety, in the elderly, it is mostly caused by either that or irregular use of stimulants such as nicotine. It can also be caused due to polypharmacy, i.e. the increased use of medications.

B. Sleep Apnea:

Sleep apnea is a sleeping disorder which is primarily inclusive of irregular breathing due to an obstruction of the upper airway. The main causes are increased weight, age, enlarged tonsils and too much smoking etc.

7. Alzheimer's Disease:

Alzheimer's disease is a kind of dementia in which patients get stuck to a particular memory and they believe to be a part of it.

Symptoms of Alzheimer's Disease:

A person suffering from Alzheimer's disease tends to lose his ability to rationalize events and happening, forgets his own relations and the ability to communicate is fairly affected.

8. Substance abuse.

Alcohol abuse is a significant problem for some older adults and is one the eight leading causes of death among older Americans. Some older adults have problems with addiction to prescription medication for anxiety and need help in reducing or stopping medication.

9. Suicide.

Older adults, particularly White men, have the highest rates of suicide in the United States. Depression is suicide's foremost risk factor. It is important to at identifying depression and assessing for suicide risk. Those at risk for suicide are often not identified by primary health care providers.

Treatment and care strategies to address mental health needs of older people

It is important to prepare health providers and societies to meet the specific needs of older populations, including: training for health professionals in

providing care for older people; preventing and managing age-associated chronic diseases including mental, neurological and substance use disorders; designing sustainable policies on long-term and palliative care; and developing age-friendly services and settings.

Health promotion

The mental health of older adults can be improved through promoting Active and Healthy Ageing. Mental health-specific health promotion for older adults involves creating living conditions and environments that support wellbeing and allow people to lead a healthy life. Promoting mental health depends largely on strategies to ensure that older people have the necessary resources to meet their needs, such as:

providing security and freedom;

adequate housing through supportive housing policy;

social support for older people and their caregivers; health and social programme targeted at vulnerable groups such as those who live alone and rural populations or who suffer from a chronic or relapsing mental or physical illness; programme to prevent and deal with elder abuse; and community development programme.

Emotional problem:

Decline in mental ability makes them dependent. They no longer have trust in their own ability or judgement s but still they want to tighten their grip over the younger ones. They want to get involved in all family matters and business issues. Due to generation gap the youngsters do not pay attention to their suggestion and advice. Instead of developing a sympathetic attitude towards the old, they start asserting their rights and power. This may create a feeling of deprivation of their dignity and importance.

Loss of spouse during old age is another hazard. Death of a spouse creates a feeling of loneliness and isolation. The negligence and indifferent attitude of

the family members towards the older people creates more emotional problems

Social

Older people suffer social losses greatly with age. Their social life is narrowed down by loss of work associated, death of relatives, friends and spouse and weak health which restricts their participation in social activities. The home becomes the centre of their social life which gets close to the interpersonal relationship with the family members. Due to loss of most of the social roles they once performed, they are likely to be lonely and isolated severe chronic health problem enable them to become socially isolated which results in loneliness and depression. This changed social status brings many changes in their social life.

1: Mistreatment and Abuse

Mistreatment and abuse of the elderly is a major social problem. As expected, with the biology of aging, the elderly sometimes become physically frail. This frailty renders them dependent on others for care—sometimes for small needs like household tasks, and sometimes for assistance with basic functions like eating and toileting. Unlike a child, who also is dependent on another for care, an elder is an adult with a lifetime of experience, knowledge, and opinions—a more fully developed person. This makes the care-providing situation more complex.

Elder abuse occurs when a caretaker intentionally deprives an older person of care or harms the person in his or her charge. Caregivers may be family members, relatives, friends, health professionals, or employees of senior housing or nursing care. The elderly may be subject to many different types of

abuse. In a 2009 study on the topic led by Dr. Ron Acierno, the team of researchers identified five major categories of elder abuse: 1) physical abuse, such as hitting or shaking, 2) sexual abuse, including rape and coerced nudity, 3) psychological or emotional abuse, such as verbal harassment or humiliation, 4) neglect or failure to provide adequate care, and 5) financial abuse or exploitation (Acierno 2010). The National Center on Elder Abuse (NCEA), a division of the U.S. Administration on Aging, also identifies abandonment and self-neglect as types of abuse.

2: Retirement related Social Problems

The elderly who retire have a problem adjusting to the new environment.

Retiring puts much pressure on the elderly to adjust to their new status. In the society there are no role models in which the elderly can learn from.

Retirement comes with reduction of income hence spending should be adjusted in order for survival. Now days policies have been put in place which makes retirement a mandatory at a certain age. They also face extra hardships such as discrimination when seeking new jobs. Most countries have no policies that deal with housing; in addition the programs that deal with health care of the elderly are inadequate and costly. Hence it is difficult for the old to enjoy their short life .

3: Financial stress from the loss of regular income

Elderly men are often impacted more negatively by money problems due to gender roles in their youth. They were raised to believe that men are responsible for taking care of their family's financial needs. Even if the male is divorced or widowed, he still has the mindset of the fact it's imperative for males to generate income and be self-sufficient. Retirement from service usually results in loss of income and the pensions that the elderly receive are usually inadequate to meet the cost of living which is always on the rise. With the reduced income they are reversed from the state of "Chief bread winner to a mere dependent" though they spend their provident fund on marriages of children, acquiring new property, education of children and family maintenance. The diagnosis and treatment of their disease created more financial problem for old age.

Limited social contacts

Limited social contacts are one of the problems in the elderly, which in some cases lead to complete social exclusion. The main reasons for this are: limited physical mobility, which is at a rate of immobility of about 5%. Physiological and psychological pathological changes are essential. They limit family contacts among relatives and the community.

social isolation

There are many reasons why social isolation happens in the elderly. Some of these factors are:

- Loneliness due to the death of a spouse or friends
- Feeling of social isolation as children become busy with their own lives or move to a different city or country
- Dependence on care givers to perform activities of daily living
- Stress due to financial issues from loss of regular income
- Struggling to cope with and difficulty accepting physical changes due to aging
- Advancing age severely limits mobility and the persuasion of hobbies
- Feeling of dissatisfaction due to retirement and lack of routine activities
- Depression due to ongoing or chronic medical problems and medication

Loss of spouse

At that age of life mostly people lose their spouses. Because of the age factor any health reason . they may face the death of the spouse or due to any crises they may live separately

Work participation of Elderly

According to the Labor Force Survey more than 70 percent of the male aged 60-64 years were reported as working, but in age group of 65 and above just about 45 percent were doing some work. The percentages among the females of these age categories were less than 10 and about

4 percent respectively. Thus, with increase in age the work participation declined rapidly (Pakistan Statistics Division, 2001).

The studies conducted recently on elderly in Pakistan concluded that large proportions of working elderly are self-employed, but self-employment has been much more so in the rural than in the urban areas. In general, most elderly either kept themselves busy in working or were willing to do so if an opportunity of their involvement existed. Nearly half of the elderly was keeping themselves spiritually satisfied through involving themselves in prayers or religious ritual. The others were involved in domestic chores and related work or watched television for their information and recreation. Yet there was some elderly who complained that they had little satisfaction, more among them being female than male. There is, therefore, need to make gender specific policies and programmers that can facilitate the elderly to have more involvement in activities of life through, greater social and economic participation. In short, the anticipatory security considerations by parents about the old-age problems, especially relating to their economic, social and health needs, must be given realistic considerations in the formulations of policies and programmers for fertility control in the country.