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## HEALTH PROFILE OF THE OLDEST OLD AND SUPPORTIVE CARE

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**Abstract:-**The Oldest Old (80 years and over) are the fastest growing segment of the World's population and this segment is increasing in both number and proportion. The relative increase in oldest old population could be attributed to several factor, however a vast majority of the oldest old suffer from multiple ailments with many diseases being chronic and having no cure (Siegel, 1996). The present study aimed to look into the health profile of the oldest old and the family support. The sample comprised of 50 elderly men and women in the 80 plus age category from four residential localities of Bangalore City Urban. The tool consisted of a structured questionnaire designed for the purpose with questions related to current health conditions, incidence of ailments, frequency of hospitalization, disease pattern and the care and support given by the family. The study revealed that the oldest old suffer from wide range of multiple chronic ailments like joint problems, hypertension, urinary problems, diabetes, cardiac problems and cancer. The incidence of most of the ailments, excepting cardiac problems, lung disease and urinary problems was found to be higher among females than males. The study revealed that better family support is required in the care of the elderly. The present research calls for better health care facilities and for the oldest old and underlines the need for greater family support for the elderly who are at the ripe age of 80+.

**Keywords:**oldest old, Health profile, supportive care, chronic ailments.

### INTRODUCTION

The Oldest Old (80 years and over) are the fastest growing segment of the World's population and this segment is increasing in both number and proportion. By 2050 this population group is expected to be almost six times as large as today and India alone is estimated to have 47 million oldest old persons (Nayar, PKB 1999). The relative increase in oldest old population could be attributed to several factors including advances in medical science, shifting birth and death rates, continued decline in fertility rates, increasing life expectancy and advancement in health care. Although increased longevity is hailed as an achievement of modern medical science, prolonged longevity without quality of life is more a bane than a boon. Therefore Health expectancy is more important than life expectancy. But older persons are a vulnerable group in the community, as a result of life time of hardship, high susceptibility to chronic diseases and ageing problems itself, this group is prone to multitude of debilitating health problems. Added to this, the oldest old group is economically more dependent, socially more neglected and isolated and psychologically more

depressed and insecure needing more health and personal care (Nayar, PKB 2009)

A vast majority of the oldest old suffer from multiple ailments with many diseases being chronic and having no cure (Siegel, 1996). Old age health care is highly expensive putting extra burden on care givers and calling for prolonged treatments. Hence it is highly essential to detect, treat and prevent the ailments and health problems, the oldest old are most susceptible to and to understand their psychosocial problems.

**MATERIALS AND METHODS:**

**Aim of the study:** The present study aimed to look into the health profile of the oldest old and the family support available to this group of elderly.

**Objectives:** To find out the incidence of health problems among the oldest old.  
To find out the nature of support expected by the elderly and the support received.

**Sample:** The sample comprised of 50 elderly men and women in the 80 plus age category from four residential localities of Bangalore City Urban.

**Tool:** The tool consisted of a structured questionnaire designed for the purpose with questions related to current health conditions, incidence of ailments, frequency of hospitalization, disease pattern and the nature of family support received and expected by the elderly.

**Procedure** – The oldest old individuals were identified from four residential localities from Urban Bangalore. Structured interviews were conducted with the participants in their home and data was collected from family members, care givers and medical charts and records.

RESULTS AND DISCUSSIONS

TABLE – 1  
Classification of Respondents by Sex and Income

Characteristics	Category	Respondents					
		80-85 years		85-90 years		Combined	
		N	%	N	%	N	%
Sex	Male	15	60.0	14	56.0	29	58.0
	Female	10	40.0	11	44.0	21	42.0
Family	Rs.30000-40000	4	16.0	3	12.0	7	14.0
Income/month	Rs.40000-50000	8	32.0	6	24.0	14	28.0
	Above Rs.50000	13	52.0	16	64.0	29	58.0
Total		25	100.0	25	100.0	50	100.0

Classification of respondents by sex and income is depicted in the table above . The data reveals that the age of the respondents ranged between 80 to 90 years, with the number of males slightly outnumbering females at the combined level. The respondents were further classified into 80-85 years age grouping and 85-90 years age grouping. Number of males outnumbered females in both the age groupings.

The data pertaining to the family income of the respondents revealed that the family income of the respondents ranged between Rs.30, 000 to Rs.50, 000 per month and 58% of the oldest old in

both the age categories had a monthly family income of Rs.50,000 and above.

TABLE – 2  
Classification of Respondents by Family Structure, Economic Dependency and Frequency of Medical check up

Characteristics	Category	Respondents by age Group					
		80-85 years		85-90 years		Combined	
		N	%	N	%	N	%
Family Structure	Living with family members	10	40.0	13	52.0	23	46.0
	Living with spouse only	10	40.0	7	28.0	17	34.0
	Living alone	5	20.0	5	20.0	10	20.0
Economic	Fully	9	36.0	8	32.0	17	34.0
Dependency	Partial	10	40.0	13	52.0	23	46.0
	Independent	6	24.0	4	16.0	10	20.0
Frequency of Medical check up	Once in 15 days	6	24.0	6	24.0	12	24.0
	Once in a month	7	28.0	6	24.0	13	26.0
	As required	12	48.0	13	52.0	25	50.0
Total		25	100.0	25	100.0	50	100.0

The above table depicts the classification of respondents by family structure, economic dependency and frequency of medical checkup. The data reveals that majority (46%) of the respondents in both the age groupings live with their family members and 34% lived with their spouses. Twenty percent of the respondents in both, the 80-85 years age category and the 85-90 years age category living alone is a matter of concern and calls for better family and social networking.

Data related to the economic dependency of the respondents shows that higher percentage (46%) of the elderly, from both the age groupings are partially dependent economically on their family members. Total dependency is found more among the 85 to 90years age category of respondents (36.0%). It is also noted that 20% of the oldest old respondents are economically independent with respect to the frequency of medical checkup and it is found that majority of the respondents undergo medical checkup as and when required and comparatively lesser percentage of them go for periodic checkup once in 15 days or once in a month.

TABLE – 3  
Incidence of health problems across age and sex

Aspects	Category	Response on Health Problems affecting						2 Value
		Yes		No		Combined		
		N	%	N	%	N	%	
Sex	Male	20	69.0	9	31.0	29	100.0	5.26*
	Female	20	95.2	1	4.8	21	100.0	
Age Group (years)	80-85	17	68.0	8	32.0	25	100.0	4.50*
	85-90	23	92.0	2	8.0	25	100.0	
Total		40	80.0	10	20.0	50	100.0	

\* Significant at 5% Level,

A significant association was found between the incidence of health problems and sex of the respondents, with females facing more health problems (95.2%) than their male counterparts (69.0%). Further increase in age significantly increased the incidence of health problems with 92% of the 85-90yr olds facing chronic health problems against 68.0% of the 80-85 yr olds, indicating that age is a critical factor affecting the status of health.

TABLE – 4  
Incidence of Ailments by Sex and Age group of Respondents

Incidence of Ailments	Respondents by Sex					
	Male		Female		Combined	
	(n=29)		(n=21)		(n=50)	
	N	%	N	%	N	%
Joint problems	22	75.9	20	95.2	42	84.0
Hypertension	26	89.7	19	90.5	45	90.0
Cardiac disease	19	65.5	10	47.6	29	58.0
Chronic cough	19	65.5	20	95.2	39	78.0
Lung disease	13	44.8	9	42.9	22	44.0
Urinary problems	26	89.7	10	47.6	36	72.0
Renal problems	10	34.5	14	66.7	24	48.0
Diabetes	19	65.5	13	61.9	32	64.0
Cancer	10	34.5	17	80.9	27	54.0

@ Multiple Response

The study revealed that the oldest old suffered from a multitude of ailments ranging from joint problems to cancer. Hypertension, Joint Problems, Chronic cough, Urinary problems and Diabetes were the major ailments seen in the decreasing order of incidence. The incidence of these ailments and also the incidences of cancer were more pronounced in females. Females were thus found to be at a disadvantageous position than males.

TABLE – 5  
Number of Hospitalizations and Adequacy of family support during Illness

Aspects	Response	Respondents by Age Group						2
		80-85 years		85-90 years		Combined		Value
		(n=25)		(n=25)		(n=50)		
		N	%	N	%	N	%	
Hospitalization	None	3	12.0	0	0.0	3	6.0	3.22 NS
	1-2 times	12	48.0	13	52.0	25	50.0	
	3-4 times	10	40.0	12	48.0	22	44.0	
Family Support	Yes	7	28.0	13	52.0	20	40.0	4.02*
	No	18	72.0	12	48.0	30	60.0	
Preferred care during hospitalization	Son / daughter	8	32.0	9	36.0	17	34.0	1.75 NS
	Spouse	3	12.0	2	8.0	5	10.0	
	Other family members	6	24.0	3	12.0	9	18.0	
	Home nurse / hospital staff	6	24.0	8	32.0	14	28.0	
	Helpers	2	8.0	3	12.0	5	10.0	
Total		25	100	25	100	50	100	

\* Significant at 5% Level, NS : Non-significant

Table 4 depicts the number of hospitalizations in the past one year and the care received during illness. It is clear from the table that higher the age, greater is the probable incidences of hospitalization, with the frequency being 1 to 4 times for the respondents in the 85 to 90 year age category. A significant association was found between the age and the frequency of hospitalization.

Higher percentage (52%) of the 85 to 90 year old respondents received family support during hospitalization and illness while majority of the 80 to 85 year old had less adequate family support. Desire to be under the care of son/daughter during hospitalization was most evident from the high percentage responses while care by helpers was least preferred.

**TABLE – 6**  
**Kind of Support Expected**

Support Expected	Respondents by Age Group					
	80-85 years (n=25)		85-90 years (n=25)		Combined (n=50)	
	N	%	N	%	N	%
More family support	17	68.0	23	92.0	40	80.0
Medical support	17	68.0	20	80.0	37	74.0
Financial support	18	72.0	12	48.0	20	40.0
Health care support	19	76.0	18	72.0	37	74.0
Psychological support	15	60.0	12	48.0	27	54.0

Certain revelations can be made from the above table which depicts the kind of support the oldest old group expects. It is evident that the elderly respondents look for more tangible resources like support from their families (80.0%) over intangible resources like finances. With the advancement in age, the preference and craving better human relations, care and support is greater as is evident from higher percentage scores. Medical support and health care support follow the need for family support. Psychological support was the next felt need of the respondents.

**SUMMARY AND CONCLUSIONS:**

The study on the Health profile and the support expected and received by the oldest old showed interesting results worth deliberating. The study revealed that the oldest old suffer from wide range of multiple chronic ailments like joint problems, hypertension, urinary problems, diabetes, cardiac problems and cancer. The incidence of most of the ailments, excepting cardiac problems, lung disease and urinary problems was found to be higher among females than males. Also the incidence of cancer was greater among females. Study showed that the advancement in age brought a decline in health status and increased the frequency of hospitalization.

The oldest old respondents strongly felt the need for better support and care by the family members and expressed the desire to be under the care of their sons and daughters during illness and hospitalization stressing the need for better human and humane relationships. The study emphasizes the need for closer and better family ties and better social networking at a time when the very fabric of society- the family is undergoing sea changes.

World's elderly population is fast increasing and aged are specifically susceptible to physical and mental deterioration and social crisis. Among the elderly population the oldest old group is a neglected group as most of the health care programmes and facilities for the aged concentrate on the 60+ age category. The present research calls for better health care facilities for the oldest old. The study also underlines the need for greater family support for the elderly who are at the ripe age of 80+ and calls for better social networking.

Research studies on the health care of the oldest old, changing family pattern and the future health of the elderly should be treated as priority and programs focusing mainly on this special group of the elderly deserves the attention of governments, NGO's, policy makers, medical professionals, society and family and is the need of the hour..

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