

Elderly Patients and Their Health in Pakistan: Current Status, Issues, Challenges and Opportunities

Waris Qidwai, Tabinda Ashfaq

Geriatric population is growing at an alarming rate. Present global elderly population aged 65 years stands at 380 million and by the year 2020, it is projected to increase to more than 690 million [1, 2].

The elderly population growth has been observed in developed as well as developing countries, with Asia region exhibiting fastest aging population as a consequence of recent epidemiological transition [3]. This rising geriatric population is expected to offer fresh challenges to health care providers in near future.

Majority of these elderly populations have one or more chronic illness like diabetes, hypertension and heart diseases etc[4][5]; are vulnerable to various disabilities, nutritional challenges [6], and loss of independent functioning and depression [7] as a consequence of complications arising from chronic diseases. [8]. As a result, a need for availability of Care Giver to maintain and improve function and better quality of life among these dependent individuals becomes necessary.

Health care delivery in Pakistan is based on a weak infra-structure resulting in neglect of elderly population [9]. Lack of residential and rehabilitation facilities for older population in the country, offers a great challenge for the existing weak and fragile infrastructure. Extended family system in Pakistan helps provide opportunity to family members to act as care givers to elderly living with them. This care giving leads to greater satisfaction [10] among them in comparison to care provided by paid care givers. In present era of economic recession with increasing financial constraints on the individual families, extended family model is being replaced by nuclear family model which is further deteriorating the situation.

Care of elderly puts an enormous responsibility on the care givers and health care providers. They have to provide physical assistance to the elderly for their daily functioning in addition to fulfilling financial, social and spiritual needs [10]. These requirements put an additional [11] burden on the caregivers, adversely impacting their responsibilities [12] at job and at home. It eventually leads to further neglect of elderly health. Government agencies and Non-Governmental organizations providing services to marginalized elderly populations in Pakistan are very few and of questionable value. There are very few residential facilities for elderly, no dedicated funds or discounts for basic care, no allowances after retirement and no discounts in medical coverage [13]. This alarming scenario is posing a major challenge for the existing health care

system and a demand exists for a multidimensional approach that can take care of social, emotional, physical and financial needs along with medical care of the elderly in the country.

Health care providers are deficient in their training to deal with special health care issues facing the elderly patients [14]. There exists a need for training programs and courses to improve the knowledge and skills of health care providers, deal proficiently with common health issues among elderly.

The current situation demands a strong and urgent need to mobilize resources on large scale, through cost effective innovative methods of health care delivery, in order to address the elderly issues, on a holistic basis. Primary health care system, which is an important part of health care system, needs to be strengthened covering wide range of Curative, preventive and rehabilitative services for the disabled elderly. Family support system which is an integral part of our society and plays a very important role in elderly care should be made stronger by making people realize aging as a normal phase of life and increasing awareness among them regarding elderly care and their needs.

It is time to plan and implement a comprehensive and cost effective health care strategy for vulnerable, marginalized and resource deficient elderly population by government and private agencies, covering their medical, physical, social, psychological and spiritual needs.

REFERENCES

1. World Health Organization. The World Health Report 1997, 50 facts [online] 1997 [cited 2010 Aug 03]. Available from: http://www.who.int/whr/1997/media_centre/50facts/en/index.html.
2. World Health Organization (1999) Ageing-exploding the myths. Geneva: Ageing and Health Programme WHO.
3. Bloom DE, Finlay JE. Demographic change and economic growth in Asia. Asian Economic Policy Review. 2009; 4(1):45-64.
4. National institute on aging. Hearts and arteries: Health for older adults. [Online] 2010[cited 2011 Nov 19]. Available from: <http://www.enotalone.com/article/10799.html>.
5. Saleem T, Khalid U, Qidwai W (2009) Geriatric patients' expectations of their physicians: findings from a tertiary care hospital in Pakistan. BMC

- Health Serv Res 9: 205.
6. Van Grevenhof J, Funderburg K. Prevention of nutritional deficiencies in the elderly. J Okla State Med Assoc. 2003 Mar; 96(3):150-3.
 7. Ganatra HA, Zafar SN, Qidwai W, Rozi S. Prevalence and predictors of depression among an elderly population of Pakistan; Aging & Mental Health; 2008; 12: 349-56.
 8. Penninx BW, Guralnik JM, Onder G, Ferrucci L, Wallace RB, Pahor M. Anemia and decline in physical performance among older persons. Am J Med. 2003 Aug 1; 115 (2):104-10.
 9. Baig LA, Hasan Z, Ilyas M. Are the elderly in Pakistan getting their due share in health services? Results from a survey done in the peri-urban communities of Karachi. J Pak Med Assoc. 2000 Jun; 50(6):192-6.
 10. Qidwai W, Rauf MU, Sakina S, Hamid A, Ishaque S, Ashfaq T. Frequency and Associated Factors for Care Giving among Elderly Patients Visiting a Teaching Hospital in Karachi, Pakistan. PLoS One. 2011; 6(11):e25873. Epub 2011 Nov 4.
 11. LÃpez J, LÃpez-Arrieta J, Crespo M. Factors associated with the positive impact of caring for elderly and dependent relatives. Arch Gerontol Geriatr. 2005; 41(1):81-94.
 12. Grunfeld E, Glossop R, McDowell I, Danbrook C. Caring for elderly people at home: the consequences to caregiver's. Can Med Assoc J. 1997; 157: 1101-5
 13. Itrat A, Taqui AM, Qazi F, Qidwai W. Family Systems: Perceptions of elderly patients and their attendants presenting at a university hospital in Karachi, Pakistan J Pak Med Assoc. 57:106; 2007.
 14. Sabzwari S R, Azhar G. Ageing in Pakistan—A New Challenge. Ageing Int DOI 10.1007/s12126-010-9082-z.



AUTHOR AFFILIATION:

Dr. Waris Qidwai

Department of Family Medicine
Aga Khan University
Stadium Road, Karachi, Sindh-Pakistan.
E-mail: waris.qidwai@aku.edu

Dr. Tabinda Ashfaq

Department of Family Medicine
Aga Khan University
Stadium Road, Karachi, Sindh-Pakistan.