

## **A Literature Review on Quality of life of elderly**

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### **Introduction**

Aging is a progressive functional decline, or a gradual deterioration of physiological function with age, including a decrease in fecundity<sup>1</sup>, or the intrinsic, inevitable, and irreversible age-related process of loss of viability and increase in vulnerability<sup>2</sup>. Clearly, human aging is associated with a wide range of physiological changes that not only make us more susceptible to death but limit our normal functions and render us more susceptible to a number of diseases.<sup>3</sup>

The proportion of people aged over 60 years is rapidly increasing than any other age group because of increased life expectancy in almost every country in the world. This demographic change has various implications for public health, especially as older ages is a vulnerable factor for many chronic diseases and generally slow progression. Chronically ill older adults have complex patterns of health care, frequent hospital readmissions; often receive poor or uneven quality of care. Numerous leading organizations and experts argue that care coordination focussing wellness, prevention, and chronic disease management is a promising means to enhance the quality<sup>4</sup>

### **Magnitude of the problem**

By 2020, for the first time in history, the number of people aged 60 years and older will outnumber children younger than 5 years. By 2050, the world's population aged 60 years and older is expected to total 2 billion, up from 841 million today.<sup>5</sup> The rapidly growing numbers of older peoples' population in both developed and developing countries mean that they all would be at risk of a challenge to their QOL. The challenge in the 21<sup>st</sup> century is to delay the onset of disability and ensure optimal QOL for older people.<sup>6</sup> The WHO has recently notified the member countries that as people across the world live longer, soaring levels of chronic illness and diminished well-being are poised to become a major global public health challenge.<sup>5</sup>

With on-going improvement in health-care delivery services, life expectancy has improved and thus increases geriatric population. It has been estimated that the number of people aged 60 and over will increase to 1.2 billion in 2025 and two billion till 2050. Moreover, by the year 2025, almost 75% of this elderly population will be living in developing nations, which already have an overburdened health-care delivery system.<sup>7</sup>

India's population is likely to increase by 60 per cent between 2000 and 2050 but the number of elders, who have attained 60 years of age, will fire up by 360 per cent and the administration should start outlining policies now else its consequences are likely to take it by surprise. At present India has around 100 million elderly and the number is expected to increase to 323 million, constituting 20 per cent of the total population, by 2050.<sup>8</sup>

### **Quality of life**

Everyone has an opinion about their quality of life, but no one knows indeed what it means in general. It is renowned that individual opinion about well-being was 'the best means of knowledge immensely surpassing those that can be possessed by anyone else'.<sup>7</sup> Hence, quality of life is highly individualistic and might even be an 'idiosyncratic mystery' due to the high levels of variability between individuals, making it unsuitable for decision making.<sup>9</sup>

World Health Organization defines Quality of Life as 'an individual's perception of life in the context of culture and value system in which he or she lives and in relation to his or her goals, expectations, standards, and concerns'. It is a broad concept covering the individual's physical health, mental state, and level of independence, social relationships, spiritual beliefs, and the environment. The quality of life can be weighed by assessing a person's subjective feelings of happiness or unhappiness about the various life concerns<sup>10</sup>.

Quality of life is the general well-being of individuals and societies, outlining deleterious and constructive features of life. It observes life satisfaction, including everything from physical health, family, education, employment, wealth, safety, and security to freedom, religious beliefs, and the environment.<sup>11</sup> QOL has a wide range of contexts, including the fields of international development, healthcare, politics and employment.

### **Quality of life in elderly**

Elderliness is a qualitatively different experience for each subject. It is preponderantly good for some, 'an autumn with deep but bright tonalities' and a bad experience for others. Between these two extremes of good and bad quality, there is probably a continuum.<sup>12</sup>

QOL has many dimensions such as material well-being, close relationships, health, emotional well-being, and productivity. QOL differs from individual to individual and is dependent on different factors. As the demographic pattern has changed with more elderly people, the overall QOL of a nation has also changed.<sup>13</sup> Loneliness, social disconnection; poor physical and mental health status contribute to poor QOL of elderly.

Elderly people live with many physical as well as mental problems, and social detachment fades the condition. QOL of elderly people is closely associated with different socio-demographic factors. The triple evils of ill-health, loneliness, and social disconnection worsen the QOL of elderly.<sup>14</sup>

### **Studies assessing the quality of Life of elderly in India:**

To review the existing literature on quality of life of elderly in India, search was carried out using PubMed search engine with relevant search terms to identify the relevant related studies. Around 290 records identified, after the screening 12 articles (research papers) were fulfilled the inclusion criteria. (Table1).

**Table No: 1** Specification of review articles about quality of life of elderly in India<sup>15 – 26</sup>

Author (s)	Title	Place	Type of study	Sample size	Finding on Quality of Life
Ghosh S, Bandyopadhyaya S, Bhattacharya S, Misra R <sup>15</sup> 2014	Quality of life of older people in an urban slum of India	Urban slum in India	Cross sectional study	120 Elderly	stumpy education, being single, deficient personal income, and not living with their children considerably reducing Quality of Life in elderly
Kumar S G, Majumdar A, G P. <sup>16</sup> 2014	Quality of Life and Its Associated Factors Using WHOQOL-BREF Among Elderly	Urban Pondicherry	Community based cross sectional study	300 elderly	QOL score among elderly is average, while social relationship domain of QOL was found low.

	n Urban Pondicherry, In dia				
Joseph N, Nelliyanil M, Nayak SR, Agarwal V, Kumar A, Yadav H. <sup>17</sup> 2015	Assessment of morbidity pattern, quality of life and awareness of government facilities among elderly population in South India	Bangalore, Karnataka	Survey	206 elderly	Elderly with morbidities had poor QOL.
Ramadas S , Rai SK, Gupta S K, Kant S, Wadhwa S, Sood M, Sreenivas V. <sup>18</sup> 2018	Prevalence of disability and its association with sociodemographic factors and quality of life in a rural adult population of northern India.	Rural area of Ballabgarh, Haryana	Cross- sectional study	418 randomly selected Elderly	There was a high Prevalence of disability than the estimate given by Census 2011. As age rises, quality of life declines. Surge in the level of disability drops the quality of life.
Dongre AR, Deshmukh PR. <sup>19</sup> 2012	Social determinants of quality of elderly life in a	Field practice area of a Rural	Community based mixed-	All the elderly of two	Necessity for intervention at social and family level for elderly friendly

	rural setting of India.	Health Training Centre.	methods	feasibly selected wards of village Anji	environment at home and community level.
Samuel R, McLachlan CS, Mahadevan U, Isaac V. <sup>20</sup> 2016	Cognitive impairment and reduced QOL among elderly in Southern Urban India: home-based community residents, free and paid old-age home residents.	Chennai, India	Community based cross-sectional study	173 elderly home-based community-dwellers, 176 paid-home and 150 free-home residents	There was high load of cognitive impairment in all aged-care dwelling types in urban India; with free charitable home residents being worse affected. Cognitive impairment was associated with disability and poor health-related QOL in these age-care settings.
Dongre AR, Rajendran KP, Kumar S, Deshmukh PR <sup>21</sup> 2012	The effect of community-managed palliative care program on quality of life in the elderly in rural Tamil Nadu, India.	Villages of Tamil Nadu, India	Community-based evaluation study	450 elderly	In the project villages, the perceived physical quality of life and psychological support among elderly persons was significantly better than the control villages.

Lahariya C, Khandekar J, Pradhan SK. <sup>22</sup> 2012	A community based study of health related quality of life of the elderly in urban India.	Central Delhi, India	Cross-sectional study	200 elderly	In urban India the quality of life of elderly is severely affected by the disabilities, impairments and chronic morbidities. There is an instant need for definite preventive and rehabilitative measures targeted on elderly to maintain their quality of life in elderly population in Delhi.
Deshmukh PR, Dongre AR, Rajendran K, KumarS <sup>23</sup> 2015	Role of social, cultural and economic capitals in perceived quality of life among elderly in Kerala, India.	28 villages in Kollam district of Kerala	Cross-sectional study	900 old age people	It is noted that the policies for old people should envision retaining cultural and social norms along with the economic interventions for a better quality of life
Sowmiya KR, Nagarani <sup>24</sup> 2012	Quality of Life of Elderly in Mettupalayam, A Rural Area of Tamilnadu	Rural areas of Mettupalayam, Tamilnadu	Descriptive cross sectional study	509 elderly	Study found that elderly had average QOL and had lowest score on physical domain
Praveen V, Rani AM <sup>25</sup> 2016	Quality of life among elderly in a rural area	PHC at Nemam, Thiruvallu	Community based	50 elderly	QOL score among elderly was found to be average. The scores of

		ur district, Tamilnad u	cross sectiona l Study		social relationship were found low for both gender of elderly
Shah V R, Donald S, Arpit C, Prajapati, Patil MM and Sonaliya KN <sup>26</sup> 2017	Quality of life among elderly population residing in urban field practice area of a tertiary care institute of Ahmedabad city, Gujarat	Ahmedab ad, Gujarat	Commu nity based cross sectiona l study	250 elderly	56% had good QOL and 44% had excellent grade of QOL

### **Strategies to improve Quality of Life of Elderly:**

At present most of the tertiary care hospitals have geriatric outpatient department and geriatric ward for health care services to elderly population. Alongside, most of the day care centers, old age homes and counseling centers are urban based. Study on assessment of unmet needs of elderly in India highlights that majority of elderly (46%) were unaware of the availability of any geriatric health care services near their residence and 96% had never used any geriatric welfare service<sup>27</sup>.

Two third of elderly population lives in countryside, it is mandatory that geriatric health care services be made a part of the primary health care. In line with it requires a training of all healthcare professionals in relation to geriatric medicine/geriatric nursing/geriatric dentistry / geriatric physiotherapy etc. Similarly the grass hood level health care workers must be sensitized and educated to identify and refer elderly for sensible and correct treatment. It is also greatly beneficial to the elderly residing in remote rural and tribal areas, where the organization of mini and multi diagnostic camps or screening camps in collaboration with Non-Governmental Organizations or Voluntary Organizations (such as Help Age India) or use of mobile clinics to provide care at their door steps<sup>28</sup>.

Make avail health care services based on the felt needs of elderly, where the needs of elderly are assessed through health screening and the felt needs vary based on their gender, socio economic status, cultural background and residence etc. It is the need of the hour and mandatory to focus on providing primary care and prevention strategies of major diseases. The core component of primary care is creation of awareness on age related changes, elderly diseases and the steps to prevention (nutrition, exercise, social engagement, use of leisure times etc). The elderly must be sensitized on legal protections by government of India various policies and welfare services offered by Government of India, and the benefits they will enjoy at public sectors such as railways, road transport, hospitals, bank sector etc<sup>29</sup>. Alongside the changing mind set of elderly in positive manner with help of prayer, meditation, improving wellbeing should be included<sup>30</sup>.

Capacity buildings for health care professionals, NGO's, family members, care givers on care of elderly is another valuable strategy for improving the QOL of elderly. The capacity building strategy have demonstrated a noteworthy success in a community based project on care of dementia/Alzheimer's patients wherein the health care workers render home care in day care centers<sup>31</sup>.

National Sample Survey envisage that the proportion of aged persons who cannot move and are confined to their bed or home ranges from 77 per 1000 in urban areas to 84 per 1000 in rural areas<sup>32</sup>. Enhancement of physical, psychological wellbeing and vocational skills of elderly is always uplifted through rehabilitation service. Rehabilitation services include supplementation of visual aids, hearing aids and mobility aids such as cane, walker, and stick etc; availability of physiotherapy and rehabilitation services; and imparting education about staying healthy and mobilized. <sup>33</sup>.

As a part of geriatric medicine, multi-disciplinary health care team specially trained to meet the needs and health problems of elderly. The team must comprise of physician, psychiatrist, dentition, dietitian, physiotherapist, nurses etc and the services must be offered in a reasonable price or if required free of cost. In this regard day care hospitals and hospice care centers offers valid and reliable services and follow up care for the elderly suffering with chronic illness<sup>34</sup>. However in India there is a less number of day care centers and there is a need for increased number of centers at various districts across India in collaboration with NGO's and charitable organizations.



Research in the field of geriatrics and gerontology needs to be encouraged and further strengthened. The thrust areas of research on elderly are activity of daily living, functional status, quality of life, common chronic diseases, neurodegenerative diseases, alternative and complementary therapies etc. There is a need for adequate funds for conducting research on these focused areas to generate the evidence for enhancement of wellbeing and QOL of elderly<sup>35</sup>.

### **Conclusion:**

Ageing is an inevitable process, which brings a unique challenge for all sections of the society. Aging is a process of deterioration in the functional capacity of an individual that results from structural changes, with advancement of age. Longevity must come along with the quality, then and then feeling of contentment could be achieved. To emphasize the medical and psychological difficulties faced by geriatric people is the need of current time. It's not enough to just be alive and Good quality of life and sense of wellbeing is especially important for older adults. Feeling satisfied and fulfilled is as important as getting regular checkups and screening from the health care professionals.

Having a optimistic outlook towards life can help elderly have more energy, less stress, better appetite and prevent cognitive decline. Although this paper has focused on the quality of life of elderly and strategies for improving wellbeing and quality of life, it must be remembered that improving the quality of life of elderly needs a holistic approach and concerted efforts by the various stakeholders like government and health related sectors, family and care givers etc.

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