Cardiovascular Diseases among the Elderly in India... Are we sitting on a Hidden Landmine?

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The population of elderly persons (aged 60 years and over) in India is rapidly growing. Currently at around 8% of over 1 billion and being the second largest in the world, the proportion of elderly in the Indian population is expected to rise to 18.3% in 2050. With 72% of this population residing in rural areas, this translates to a large number of elderly persons, amounting to over 50 million elderly persons in rural areas. This warrants service and research to address the health challenges posed by this growing population.

The articles in this edition look at 2 key problems faced by the elderly in India. The article by Pradeep A et al looks at Health Awareness and Practices regards Cardiovascular diseases (CVDs) among the elderly in Dehradun, contrasting the differences between those living in urban and rural areas. The article by Ratnaprabha et al looks at Prevalence of Obesity and its associated risk factors among the Elderly in Rural Karnataka.

The most important demographic transition in India, as well as in the world, is due to increase in the number of aged persons, leading to an increase in the prevalence of hypertension and diabetes. Elderly people who belong to middle and higher income groups are prone to develop obesity and its related complications due to a sedentary lifestyle and decreased physical activity. The term ‘Epidemiologic Transition’ describing the increasing prevalence of non-communicable disease obscures the fact that most of these diseases occur more frequently in, or have a graver impact on, the poor. Awareness of these diseases is low, with studies showing that rural elderly subjects are especially less likely to be aware of, and be on treatment for these conditions.

The key challenges to access to health for the Indian elderly include social barriers shaped by gender and other axes of social inequality (religion, caste, socioeconomic status, and stigma). Physical barriers include reduced mobility, declining social engagement, and the limited reach of the health system. Health affordability constraints include limitations in income, employment, and assets, as well as the limitations of financial protection offered for health expenditures in the Indian health system. Also, factors such as a lack of transport facilities and dependency on somebody to accompany an elderly person to the health care facility impede them from accessing the available health services.

Since nearly 75% of the elderly reside in rural areas, it is mandatory that geriatric health care services be made a part of the primary health care services. This calls for specialized training of Medical Officers in geriatric medicine. Thus, peripheral health workers and community health volunteers should also be trained to identify and refer elderly patients for timely and proper treatment. It is the need of the hour to roll out and implement the National Programme for the Health Care of the Elderly that has gathered dust over the years.

REFERENCES

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