ENHANCING GERIATRIC CARE IN LOW- AND MIDDLE-INCOME COUNTRIES

ABSTRACT

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Received: 12.09. 2024 Accepted: 26.09.2024 Published: 30.09.2024 Geriatric population is increasing worldwide, thus resulting in rise of healthcare issues. The advancing age has default rise in chronic illnesses, disabilities and mental health issues. Developed countries have improved their health care system by catering the needs of older population. However, low-middle- income countries (LMICs) have not yet addressed this major public health issue. Elderly population living in rural areas has multifaceted problems including lack of social support, financial dependence and insufficient healthcare facilities. Lack of specialized trained healthcare experts in geriatrics is also a major health issue in LMICs. The introducing geriatrics as a sub-specialty, specialized training of lady health workers and lady health visitors, community support groups can solve the issue of growing geriatric population in LMICs.

Key Words: Geriatric healthcare, elderly population, low-middle-income countries

INTRODUCTION

Recently, it has been observed that human life expectancy has improved, resulting in increasing aging population globally. This has brought in a challenge of providing adequate geriatric care, which is increasingly becoming a demand. However, developed countries have come up with geriatrics as a sub-specialty, though in low- and middle-income countries (LMICs), it is still a great challenge. With an estimated 80% of older adults living in these regions, it is crucial to develop strategies that address their unique health care needs and improve their quality of life. This editorial aims to shed light on the special needs of geriatric population in LMICs and the possible approaches needed to enhance geriatric care.

Specific needs for geriatric health care

Advancing age has default rise of chronic illnesses, disabilities and mental health issues. The demographic shift towards an older population in LMICs brings with it a rise in these public health issues. Many older adults in these settings face significant barriers to accessing healthcare due to multiple barriers. A significant proportion of elderly population in LMICs reside in rural areas with limited access to healthcare facilities. Long distances to hospitals and clinics can deter older adults from timely seeking necessary medical care. Healthcare facilities in LMICs often lack the necessary infrastructure, including proper equipments and specialized services tailored for geriatric care, since in most of these countries geriatrics has not yet recognized as a sub-specialty for specialized medical training, therefore, LMICs frequently experience a shortage of healthcare professionals trained in geriatric medicine, this lack of expertise hampers the ability to deliver appropriate care for older patients. This can lead to suboptimal treatment and increased morbidity.

Another important issue with elderly population is the financial dependence, as many elderly individuals in LMICs live on fixed incomes such pension or are dependent on family members in most cases on their children. High outof-pocket costs for medical care, medications, and transportation can create financial burdens, leading to delayed or forgone care. The result is a healthcare landscape that often neglects the specific needs of older individuals, leading to inadequate management of chronic conditions and poor health outcomes. In addition, many elderly individuals face social isolation, which can exacerbate physical and mental health issues. Lack of community support and engagement can lead to depression and a decline in overall well-being.

Addressing the Gaps in Geriatric Health Care

In order to effectively address these gaps, we need to properly highlight the issues then prioritize solutions of those factors. Keeping in view of the current scenario the training of healthcare providers in geriatric care appears to be the top priority. Developing specialized training programs that focus on the complexities of aging can equip healthcare workers with the necessary skills to manage the unique health care challenges faced by older adults. Moreover, integrating geriatric care into primary health systems can facilitate early diagnosis and management of age-related conditions, promoting a more proactive approach to healthcare.

Community engagement is another essential component of effective geriatric care in LMICs. Many older adults prefer to age in place surrounded by family and community. Establishing community health programs that provide education, resources, and support can significantly enhance the well-being of older individuals. These programs can include home visits by healthcare workers, support groups, and initiatives that promote physical activity and mental health. Sindh has a rich network of lady health workers and lady health visitors, they can also be trained to provide essential geriatric care in their respective communities.

Recently the rise of digital health technologies offering promising avenues for improving geriatric care. Telemedicine can also be expanded to cater the needs of elderly population to improve home care services, particularly in rural areas where medical resources are scarce. Mobile health applications can also facilitate health monitoring, medication adherence, and communication between patients and healthcare providers. By harnessing technology, we can bridge the gap between older adults and the healthcare services they require.

CONCLUSION

As we move forward, it is imperative that we adopt a comprehensive and inclusive approach to geriatric care in LIMCs. By investing in higher education and specialized training of healthcare workers, community engagements, utilization of technology we can create a healthcare system that values and supports its aging population. By prioritizing the needs of older adults, we not only enhance their health and well-being but also enrich our societies as a whole. Also by providing overall well-being facilities upcoming major health issue of geriatric health problems can be addressed.