

Disability and Geriatric Health: A Review

Received: 17 February 2023, **Revised:** 23 March 2023, **Accepted:** 21 April 2023

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Keyword:

Disability, aging, elderly, India, geriatric health

Abstract:

According to the Indian government's National Policy on Older Persons, a person is considered "elderly" or a "senior citizen" if they are 60 years of age or older. According to the WHO, India's old-age dependence ratio will increase from 9.8 to 20.3% by the year 2050. Disability in the elderly is a significant health indicator that indicates a deteriorated quality of life, because the relationship between disability and geriatric health is biologically defined. Nevertheless, ageing should not be equated with impairment because a significant portion of older adults enjoy good health. Several Indian studies have examined disability in the elderly population; however, their definitions of impairment vary widely, and they focus only on one element, specifically, the medical disability model. It is common knowledge that the phrase "disability and elderly" covers a wide range of conditions, each with its own set of needs, and should be explored as a much broader definition.

As the global population continues to age, geriatric health has become a key concern. Within this population, disability is a common issue, and it intersects with various aspects of geriatric health. Disability in geriatric populations can arise from a variety of factors, including chronic conditions, injuries, or genetic predisposition. In this paper, we will examine the correlation between disability and geriatric health, delving into the effects of disability on various aspects such as quality of life, functional status, and social support.

In conclusion, disability can have significant impacts on older adult health. The risk of developing chronic health conditions and subsequent cognitive impairment, falls, injuries, and depression is greatly increased among disabled older adults. Multifaceted interventions are needed to improve geriatric health in disabled individuals, including access to healthcare services, appropriate housing, and preventive measures.

1. Introduction

The huge rise in the number of older people in the overall population as a result of an ageing global population has a profound impact on a wide range of political, economic, and social activities. Although ageing is largely a reflection of people living longer and generally in better health, it is also linked to chronic and degenerative diseases, which are more prevalent as people get older. Disability in elderly people can have a negative impact on their quality of life and is a key health indicator, which can result in long-term institutionalization and higher healthcare costs (Guralnik et al., 1996). Furthermore, as people age, their chances of becoming incapacitated grow, and once they are, their risk of further decline rises while their chances of recovery drop (Tas et al., 2007). The phrase "disability and old age" refers to a wide variety of situations, each with its own specific

set of requirements. We will examine the prevalent patterns of disability among India's elderly population in this context.

The minimum chronological age required to be considered "elderly" or "older" in most of the developed countries is 65 years; although there is no United Nation standard for numerical requirement, the UN has decided that 60 years and older is the cut off for older populations (*Age-Friendly Practices Archive*). "Senior citizen" or "elderly" is defined under the National Policy on Older Persons, which the Government of India enacted in January 1999, as someone who is 60 years of age or older (*Central S, Office. Situation Analysis of The Elderly in India*). In India, the aged made up 8.2% of the population in 2011, and over the following forty years, that percentage is projected to rise sharply to 19% in 2050 (*India Co. Elderly Population 2011 Census India*).

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According to the International Classification of Functioning, Disability, and Health (ICF) of the World Health Organization (WHO), disability is defined as impairments, activity limitations, and participation restrictions. It describes a situation in which people experience limitations or a lack of ability to engage in tasks that are customary for a human being. The definition of disability acknowledges that the specific aspects studied, including activity limitations, impairments, participation restrictions, environmental factors, and associated health conditions, may vary depending on the intended purpose and use of the data. Often, when discussing "types of disability," only one component such as sensory, physical, mental, or intellectual impairments is emphasized, while at other times, health problems are confused with disability (World Report on Disability, WHO).

This is true for many researches from India where there is no consensus on how to define the elderly or how to distinguish clearly between disability and morbid illnesses. The fact that "most studies examine the morbid and co-morbid disorders but do not address the issues of resulting disability" has been emphasised (Shraddha et al., 2012). Additionally, although facing challenges in daily life, people with communication issues, chronic health condition and other disabilities might not be included in these figures (WHO. *World Report on Disability*). Mild cognitive impairments or functional limits in one or two activities of daily living are two categories for elderly people with disabilities. Alternately, they might be considered to have a number of medical issues that significantly impair their ability to function mentally or physically, requiring a high level of care. (*The Elderly with Disabilities and Long-Term Care Utilization*).

2. Disability in India

Elderly people are among the most vulnerable groups and are more likely to suffer from chronic illnesses, infections, and eventual disability (ICF), *Disability and Health*. As a result, the aged population is more likely than the general population to be less healthy (Karim, 1997). According to some studies, India's ageing population will increase the incidence of chronic diseases including diabetes and hypertension. By 2030, older persons are expected to carry nearly

half (45%) of India's diseases burden (*India's Aging Population*). The Longitudinal Aging Study in India's pilot phase found that 13% of "older Indians sampled have some sort of disability that impacts at least one activity of daily living," according to the initial report (*India's Aging Population*). In the "Report on the Status of Elderly in Select States of India, 2011" study, questions about locomotor disability and difficulties with hearing, speaking, vision, walking, memory, and chewing were also asked. The prevalence of locomotor disability was found to be lowest for speech (about 7) and highest for vision (about 60%) (UNFPA).

3. Impact of Disability on Geriatric Health

People with disabilities have a higher risk of contracting chronic diseases, including diabetes, heart disease, and stroke, than elderly people without disabilities. In addition, disability is associated with cognitive impairment, depression, and social isolation, which can further exacerbate health issues. The WHO states that individuals with disabilities are less likely to have access to health care, receive fewer treatments, and experience worse outcomes than non-disabled individuals (WHO, 2021).

The risk of falls and injuries is also increased among older adults with disabilities. Individuals with mobility impairments, for instance, are at a higher risk of falling and developing injuries than those without impairments. The increased risk of falls might be due to environmental factors like inappropriate housing and other structural barriers.

4. Interventions to Improve Geriatric Health in Disability

A multi-faceted approach is required to improve geriatric health in disabled individuals. The first step is to ensure that individuals with disabilities have access to healthcare services, including preventive services, medications, and high-quality care. For instance, the use of telemedicine has been shown to be effective in improving access to healthcare for disabled older adults who face transportation and mobility issues (Quinn et al., 2017).

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Second, there needs to be increased focus on appropriate housing to improve health outcomes in disabled older adults. Efforts to improve the built environment, such as making buildings more accessible, can go a long way in reducing the risk of falls and injuries among disabled older adults. It is also important to focus on preventive measures such as appropriate lighting and railings to provide adequate support in buildings and homes.

5. Challenges

In India, a prevalent challenge arises from the widespread difficulty in comprehending and embracing the concept of disability (Kumar et al., 2012). It is important to remember that not all older persons experience considerable mental or physical deterioration, and that ageing should not be equated with infirmity. Age-related increases in the risk of disability establish the biological relationship between ageing and disability (Pandey, 2009). The primary problem is to stop physiological ageing from turning into pathological ageing, which occurs when diseases supervene, given the significant increase in the old population and the deterioration in physiological functions in this age group (Chandwani et al., 2009). Either the disease or the impairment could be stopped in order to prevent disability. The assessment of chronic diseases and their relationship to disability will aid in the implementation of various preventative initiatives and therefore lessen the nation's health burden because chronic conditions are the primary causes of disability (Chakrabarty et al., 2011). In India, gerontology—the study of a group of ailments specifically linked to old age—is still in its early stage. The country's facilities are largely insufficient (confined mainly to urban areas), and the typical doctor lacks the exposure to such conditions that would prepare him or her to treat such ailments (Mahajan et al., 2013). Additionally, the majority of the facilities that are currently available deal with health-related difficulties; nevertheless, the term "disability and elderly" actually refers to a much wider range of illnesses, thus it needs to be recognised and examined as a much wider concept. It's important to recognize that the onset of disability can be delayed with the right policy actions (Pandey, 2009).

6. Disability Supportive Services in India

India has implemented a multitude of initiatives at both the central and state government levels to provide support and assistance to individuals with disabilities. (*Concessions and Facilities Given to Senior Citizens—Care of Older Persons—Rules, Acts, Policies, Circulars, and Codes: Ministry of Social Justice and Empowerment, Government of India*); (*Disabled| National Portal of India*); and (*Schemes and Programs—The Empowerment of Persons with Disabilities: Ministry of Social Justice and Empowerment, Government of India*). An already burdened societal system must grapple with the difficulties posed by a significant number of elderly individuals who exist outside the realms of social protection, leading to economic, physical, emotional, and social vulnerabilities (Alam M., 2004).

7. Conclusion

Disability is a serious public health concern, and appropriate preventive measures required awareness of the risk factors involved. A National Policy for Senior Citizens has been in place since 2011 and addresses concerns about disability among India's elderly populations. Although numerous studies have addressed the problems associated with impairment in elderly populations, they are primarily restricted to the medical model of disability and lack uniformity in many dimensions (most crucially, diverse criteria to diagnose disabilities).

Disability is a common health concern in older adults that can impact their daily activities and quality of life. Geriatric health encompasses the mental, physical, and social well-being of older adults. The prevalence of disability increases with age and is associated with various geriatric conditions, such as cognitive impairment, falls, and chronic diseases. There are several factors that contribute to disability in older adults, including age-related changes, chronic medical conditions, and social determinants of health. Effective management of disability in geriatric health requires a multidisciplinary approach that addresses medical, functional, and social needs. Treatment plans should be tailored to individual needs and may include rehabilitation, assistive technology, caregiver support, and community-based interventions. Promoting healthy aging and preventing disability is essential for

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improving the geriatric health of older adults. Strategies such as lifestyle modifications, early detection and management of chronic diseases, and social support can help mitigate the impact of disability on geriatric health. Overall, disability is a significant aspect of geriatric health that requires attention from healthcare providers, caregivers, and policy-makers to ensure optimal health outcomes for older adults.

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