Elderly Care – Sri Lankan Perspective

Dr Dilhar Samaraweera
MBBS(Col), MD, MRCP(UK), FCCP, FRCP(Lond),
PgD Geriatric Medicine(Glasgow)
Consultant Physician
President of the Sri Lanka Association of Geriatric Medicine

Seminar on “Responding to the Global Challenge of an Ageing Population” 9th March 2017
• Population ageing occurs in all countries
• Older population in less developed is growing faster
• At present two thirds of elderly – in less developed countries
• In 2050 - 8 of 10 older people will live in less developed countries
• In 2041, 1 in 4 will be elderly in Sri Lanka
ACCELERATING SPEED OF DEMOGRAPHIC AGEING ACROSS THE WORLD

<table>
<thead>
<tr>
<th>Country</th>
<th>Time Taken (years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>France</td>
<td>115</td>
</tr>
<tr>
<td>Sweden</td>
<td>85</td>
</tr>
<tr>
<td>Canada</td>
<td>65</td>
</tr>
<tr>
<td>UK</td>
<td>45</td>
</tr>
<tr>
<td>Japan</td>
<td>26</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>23</td>
</tr>
<tr>
<td>Thailand</td>
<td>22</td>
</tr>
<tr>
<td>Brazil</td>
<td>21</td>
</tr>
</tbody>
</table>

Time taken for number of persons over 65 to increase from 7 to 14% of national population
Demographic aging, Sri Lanka and world regional averages (percentage of population over 60 years old, 2000-2050)

Source: De Silva (2007), for Sri Lanka; World Bank (1994), for other
## Comparison of Health Outcomes and Expenditures

### Table 4.4: International comparison of health outcomes and expenditures

<table>
<thead>
<tr>
<th>Country</th>
<th>Life expectancy at birth, 2004 (years)</th>
<th>Population aged 60+ years, 2004 (%)</th>
<th>Total expenditure on health, 2003 (US$ per capita)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh</td>
<td>62</td>
<td>6</td>
<td>14</td>
</tr>
<tr>
<td>India</td>
<td>62</td>
<td>8</td>
<td>27</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>71</td>
<td>11</td>
<td>31</td>
</tr>
<tr>
<td>China</td>
<td>72</td>
<td>11</td>
<td>61</td>
</tr>
<tr>
<td>Turkey</td>
<td>71</td>
<td>8</td>
<td>257</td>
</tr>
<tr>
<td>Mexico</td>
<td>74</td>
<td>8</td>
<td>372</td>
</tr>
<tr>
<td>Korea</td>
<td>77</td>
<td>13</td>
<td>705</td>
</tr>
<tr>
<td>Slovenia</td>
<td>77</td>
<td>20</td>
<td>1,218</td>
</tr>
<tr>
<td>USA</td>
<td>78</td>
<td>16</td>
<td>5,711</td>
</tr>
</tbody>
</table>

*Source: World Health Organization (2006).*

*Note: Countries ranked in order of increasing GDP per capita.*
Demography
Proportion of people >60 years

- 8%  - 2003
- 13%  - 2016
- 21%  - 2025

Sri Lanka – one of the fastest ageing populations in the world
Hospital Based Care

Developed

Sri Lanka
Intermediate and Long-term Care

Developed

Sri Lanka
Achievements
What have we Achieved?

Education

Postgraduate Diploma in Elderly Medicine
- A full time one year program
- Lectures on Geriatric Medicine
- Clinical Appointments in Internal Medicine and specialties related to Geriatric Medicine

MD Geriatric Medicine
Curriculum developed
Prospectus prepared
Sri Lanka Association of Geriatric Medicine was started in 2014.

**VISION** - To ensure active and healthy ageing in Sri Lanka

**MISSION** - To ensure promotion of geriatric education among the medical fraternity and the public

- to integrate the elderly activities carried out by various organizations for the common goal of promoting good health and well being among the senior citizens.

**Annual Academic sessions** -
- 1\textsuperscript{st} in November 2014
- 2\textsuperscript{nd} in November 19\textsuperscript{th} & 20\textsuperscript{th} 2015

**Exhibition and Symposium on Ageing and Aged Care- 2016**

The theme – *Silver Age with Dignity*
Challenges
Need of Multidisciplinary Care

• Are we not looking after the elderly in our hospitals already?
• What happens to the frail elderly in our hospitals and the community.
• How many MDT’s have been initiated in the hospitals and the community in the care of the elderly?
• **Can a Geriatrician practice Geriatric Medicine without a MD?, without a MDT?**
Multidisciplinary Care

- Geriatrician/Physician
- Nurse
- Physiotherapist
- Occupational Therapist
- Social worker
Other Members with Expertise

- Speech & language (SALT)
- Podiatrist
- Dietician
- Tissue viability nurse
- Psychiatry nurse
- Continence nurse
- Patient
- Care Giver
- Relatives
Comprehensive Geriatric Assessment

Social support
- care needs
- financial

Physical
- screening for giants

Mental
- Depression Cognition

Environment
- Home safety, aids, transport

CGA

Other aspects:
- Home safety, aids, transport
- Depression Cognition
- Social support
- Care needs
- Financial
- Physical
- Screening for giants
- Mental
- Depression Cognition
- Environment
- Home safety, aids, transport
Linking Social and Curative Sector

- The patient discharged from the hospital needs to be looked after in the community.
- Placements, providing of hearing, walking aids, home adjustments.
- Social worker functioning in the hospital enabling the delivery of services to the patient.
People age at different rates, defining frailty & fitness
Patients Who Benefit from CGA

- General issues - Physical disability
- Geriatric giants
  - Immobility
  - Instability
  - Falls
  - Incontinence
  - Impaired cognition
  - Delirium, Dementia
- Frailty
- Multi-morbidity
What is Frailty?

It is a state of Increased Vulnerability
Assets we have to develop Geriatric services

- Extended family support - co residing of elders
- Old age support ratios high
- Traditional concepts of looking after elderly
- Strong community health network’
- The maternal and child health network.
- The Village Leader (Grama Niladhari)
- Voluntary supporters from Senior Citizens societies
- Clinical acumen – in resource poor setting
Strengthening Community services

• Supporting and complementing informal care support and training of caregivers.
• Providing community and home based support for the frail old people
• Improve social welfare and care services for the frail old people enabling them to be supported while living in their own homes.

Strengthening of Primary care

• Referral system with the GP as primary care provider in the community
• Integrate management of primary prevention and primary care for the elderly using the maternal and child health network in the community – with the PHM/Family health worker as the focal point
• Establishment of a National Center and development of underutilized hospitals as Elderly care centers.

• **Political Commitment** – Increase Public funding on improving the infrastructure of the hospitals and expanding the intermediate care facilities for the elderly
Thank You
Active Healthy Ageing