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ВСЕМИРНАЯ ОРГАНИЗАЦИЯ ЗДРАВООХРАНЕНИЯ
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Working Group on the Prevention of Health Risks that have Consequences in Old Age

Tbilisi, USSR, 24-27 October 1984

SUMMARY REPORT

Introduction

There were 25 participants in the Working Group from 16 countries and they included specialists in gerontology, geriatrics, cardiology, rehabilitation, epidemiology, physical medicine and clinical psychology.

Scope and purpose

The regional strategy for health for all by the year 2000 is aimed at achieving an acceptable level of health for everyone in the European Region so that they can live economically and socially satisfying lives. The use of primary health care is a key activity in this goal.

Many studies have already been performed on the health care of the elderly, both clinical and epidemiological, and these studies will continue. The Member States of the European Region have nevertheless expressed a wish that the Regional Office follow up the further development of systems of health care of the elderly and present models of community-based services.

The present meeting consisted mainly of demonstrations of primary health care services, supported by various types of institution (medical and social) and the links between them. The demonstrations were followed by discussions.

The host institution presented ongoing studies/research projects, particularly with regard to longitudinal studies on people who live to a great age.

Background information

Georgia has a population of 5.5 million, of which 18 000 are aged 90 years and over. There has been an increase in life span over the last 25 years, even among the very elderly population. Many of those over pensionable age (55 years for women and 60 years for men) remain economically active.

Topics

A series of presentations was given by staff from the Research Institute of Clinical Therapy of Tbilisi on the research that has been carried out on the elderly in Georgia (aged 80 years and over).

Risk factors

It was noted that norms and reference values for the population as a whole using some of the key measures of physiological status may not be appropriate for the elderly. Research done in Georgia shows that blood pressure increases with age until it levels off at about 75 years of age. There is a sex difference in the rate of increase: the blood pressure of women increases more steeply than that of men. Other studies confirm this general finding, although there is varying evidence about the age at which the increase in the blood pressure of women steepens and overtakes that of men.

Physical and psychosocial situation of the very elderly (80 years and over)

Studies of the very elderly in Georgia show that 42% are mobile and 60% are completely self-sufficient. The mental health of 81% is satisfactory, the memory of 85% is normal, 84% make social contacts, vision is adequate in 88% and hearing in 74%, while 4% have senile dementia. It is difficult to compare these findings with other similar studies owing to different criteria and research methods.

Fieldwork

A field trip to the Kahetia region of Georgia was arranged. Its purpose was to visit villages with a high prevalence of long-living people and to become acquainted with their social and natural environment.

Conclusions and recommendations

1. Currently known risk factors only partly explain the variance in the incidence of diseases; it is necessary to try to improve this by the re-examination and evaluation of present methods.

2. The selection of which risk factors and/or indicators to study is of great importance.

3. More work needs to be done in some elderly populations on the changes in their functional capacity due to aging and the related matter of their ability to carry out the activities necessary for daily living. Where research information is available in these areas, effort should be devoted to making the findings more generally accessible to those who work with the elderly. In addition, the development of testing methods for use in clinical practice would be advantageous.

4. Efforts should be made to explain or suggest the reasons for the variations noted between current studies on the elderly, e.g. on blood pressure, which would enable us both to relate one study to another and perhaps to identify cultural or physiological variations between populations.

5. More research needs to be carried out on genetic inheritance as a factor in longevity.

6. Further study is needed of causality: what causes an active and good long life. The interrelationship of social and psychological wellbeing and physiological health also needs more study.