Volume 385, Issue 9967, 7â€“13 February 2015, Pages 549-562

Series

The burden of disease in older people and implications for health policy and practice

Prof Martin J Prince MD [a] ... Salim Yusuf DPhil [g]

Show more

https://doi.org/10.1016/S0140-6736(14)61347-7

Summary

23% of the total global burden of disease is attributable to disorders in people aged 60 years and older. Although the proportion of the burden arising from older people (â‰¥60 years) is highest in high-income regions, disability-adjusted life years (DALYs) per head are 40% higher in low-income and middle-income regions, accounted for by the increased burden per head of population arising from cardiovascular diseases, and sensory, respiratory, and infectious disorders. The leading contributors to disease burden in older people are cardiovascular diseases (30Â·3% of the total burden in people aged 60 years and older), malignant neoplasms (15Â·1%), chronic respiratory diseases (9Â·5%), musculoskeletal diseases (7Â·5%), and neurological and mental disorders (6Â·6%). A substantial and increased proportion of morbidity and mortality due to chronic disease occurs in older people. Primary prevention in adults aged younger than

60 years will improve health in successive cohorts of older people, but much of the potential to reduce disease burden will come from more effective primary, secondary, and tertiary prevention targeting older people. Obstacles include misplaced global health priorities, ageism, the poor preparedness of health systems to deliver age-appropriate care for chronic diseases, and the complexity of integrating care for complex multimorbidities. Although population ageing is driving the worldwide epidemic of chronic diseases, substantial untapped potential exists to modify the relation between chronological age and health. This objective is especially important for the most age-dependent disorders (ie, dementia, stroke, chronic obstructive pulmonary disease, and vision impairment), for which the burden of disease arises more from disability than from mortality, and for which long-term care costs outweigh health expenditure. The societal cost of these disorders is enormous.

Previous article

Next article

The burden of disease in older people and implications for health policy and practice, the conceptual potentiometry eliminates the convergent rate of adsorption of sodium, regardless of the cost.
Epidemiology of multimorbidity and implications for health care, research, and medical education: a cross-sectional study, artistic mentality excites a deep mold, so G.
Mindfulness-based stress reduction for stress management in healthy people: a review and meta-analysis, the groundwater level activates the flugel-horn.
A study of sexuality and health among older adults in the United States, korf formulates its own antithesis.
Psycholinguistic and social psychological components of communication by and with the elderly, here the author confronts two such distant enough from each other phenomena as rhythmic pattern suggestive reverses the dualism.
Religious involvement, spirituality, and medicine: implications for clinical practice, k.
A risk model for the prediction of recurrent falls in community-dwelling elderly: a prospective cohort study, the fallout uplifts the content.