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Editorial

The Burden of Disease on Aging

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With a rise in global population, there is an expected age of one in six adults to be over 60 years. By 2050, 80% of the older adult population will live in middle or low income countries. According to the WHO this will contribute to an average of 12% to 22% of the world's population.[1] Internal medicine physicians will be tasked with managing, as the front liner, complex illnesses, polypharmacy, aging syndromes, falls, urinary continence and palliative care. As physicians, we know that no two adults are the same. I have had patients at the age of 89, who are still professors and teaching and others who have Alzheimer's dementia at the age of 60. Presently in Pakistan, 7% of the total adult population is older adults facing communicable illness and cancer among other chronic illnesses. At the same time, there is a lack of health services and preventive care. Even with the implementation of senior citizen Welfare task, it is the responsibility of the internal medicine physician to help navigate the health care of all their patients onto transitional care from either basic interventions to complex care and end of life.

The Canadian longitudinal study on aging (CLSA) by Nicholson et al concluded that early and late onset multi morbidity increased risk of frailty and overall disability.[2] In Pakistan, Saleem et al concluded that the infrastructure and environment influence public health expenditures. They found that given the low GDP per capita, the healthcare government run agencies were insufficient to meet the needs of Pakistan's general patient population. This excludes, those that can afford private healthcare.[3]

In the United States, only 2% of graduates choose to practice primary care .The barriers that are faced are primarily lack of training in geriatrics and palliative care. This results in primary care physicians unequipped to manage the chronically ill and aging population.

According to Diane E Meier et al 2010 "What are the ends of medicine? What are the ends of society?" as healthcare providers we have the twin obligations of managing patients from the beginning of the diagnosis till the end of life.[4] This entails developing a healthcare system that works for everyone and to make it affordable. In addition, we must understand that increasing chronic illnesses makes the need for sub specialty training even more imminent. A recent publication in the Journal of the American Geriatric Society, discussed the outcomes of virtual training and outcomes on patient centered care. The results showed increased in confidence skills in managing those with chronic diseases.[5] Perhaps this is another way to add to the medical school curriculum in Pakistan in order to increase awareness and therefore training.

What about global burden of disease? The Global Burden of Disease Study (CBD) published in Lancet 2020, found that the leading level 2 risk factor on a global scale for attributable deaths was high systolic blood pressure .This was followed by tobacco. They also concluded that the leading Level 2 risk factor for disability adjusted life years (DALYs) globally was child and maternal malnutrition.[6] Hence, again focusing on preventative care and its impact on life expectancy not just limited to older adults. We often say in medicine, that child and older adult care are two common ends of the spectrum.

I am proud to be a part of this movement in Internal Medicine in Pakistan as we move forward to increase awareness, educate and research. As a Palliative Hospitalist, Geriatrician and Cannabis Clinician, I can see no greater cause.

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