

**Editorial****Let Us Make Primary Health Care More Age-friendly**A.Karim<sup>1</sup>

Today there are about 600 million people in the world aged 60 and over. The developing world continues to face the burden of persistent infectious diseases while the prevalence of risk factors for chronic diseases is also on the increase - all within the context of under-resourced health and social systems. Patterns that lead to disabilities are costly in economic and human terms to individuals, families and society. Once older people develop chronic diseases like non communicable diseases or neuropsychiatric diseases, community level interventions such as ongoing care ,medication management ,health education management and health education can prevent potentially catastrophic consequences. Practitioners should diagnose and manage four giants of geriatric disorders: falls, incontinence, immobility and confusion There is the need for change in Primary Health Care (PHC) centers so that they can better address the needs of their older patients .

Declining fertility rates and increased longevity are changing the demographic profile of countries worldwide. United Nations Human Rights Council stated that 60 years and above population is the fastest growing of all demographic segments.

Ageing is not a burden but a blessing. Active ageing is not just about physical activity and health care but includes continuing participation in social, economic, cultural and civic affairs.

Elderly people can remain active and situation healthy after 60; but there comes a situation where they start to become frail and dependent. At this point ageing population needs some kind of care system. There is gross impairment of cognitive function among the older people of 80 years and above. It focuses that certain aging disease like dementia is likely to be a huge problem in the future, particularly for developing countries by 2050.

With ageing comes an increased risk of developing chronic diseases and disabilities. Many chronic diseases and associated disabilities that affect the later part of a person can be prevented. Intervention is to be taken at earlier stages of life to enhance quality of life as people age.

WHO has recognized the critical role of PHC centers in the health of older people worldwide and the need for these centers to be accessible and adapted to the needs of older population.

By working with a series of national groups WHO has found that older people encounter many barriers to get health care from PHC centers. Transport to the centre may be unavailable or too expensive. They may have to reach the centre early in the morning only to wait in long lines in uncomfortable settings just to get a number to be seen by the doctor or health care worker. After waiting for hours, they may get only a few minutes with a health care provider who does not have enough time to give patient hearing to all their problems and does not have the geriatric related training to make the right diagnosis or prescribe the right treatment.

It is appreciable that our Prime minister has given commitment to allocate a ward for elderly persons in each district hospital. We need a huge funding to implement this. We should introduce geriatrics in our medical curricula to give geriatric related training to our undergraduate as well as postgraduate students.

WHO has emphasized the establishment of Age-friendly PHC centers which will serve as a tool to increase provider awareness and empower older people to use PHC centers Age-friendly principles not only benefit senior citizens, but also the general population to access the PHC centers for optimum services.

1. Rahman KMM. Preparing for an elderly population. The Daily Star, Tuesday, October 4, 2011.

2. World Health Organization. Active ageing: Towards age-friendly primary health care. World Health Organization 2004. France.

3. World Health Organization. Aging and Life course. <http://www.who.int/topics/ageing/en/> accessed on 24.02.2012.

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