Editorial

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Geriatric Care in Bangladesh : A Neglected Sector

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Old people are the valuable assets of a nation. They carry experience, wisdom and the history of a society. In Bangladesh, the number of elderly people is increasing due to improved health care and longer life expectancy. As a result, ensuring proper care for them has become an important social responsibility. Bangladesh is experiencing rapid population ageing, with the 60+ demographic reaching roughly 16.5 million (10% of the population) in 2024, expected to grow significantly to over 22% by 2050. Driven by increased life expectancy (75.2 years) and lower birth rates, this shift presents challenges including high rates of chronic diseases, lack of formal, structured long - term care systems and increased vulnerability.

Traditional family support

Bangladesh has a long tradition of strong family bonds. In the pasts, elderly parents usually lived with their children and were respected as heads of the family. Joined family systems ensured that older people received love, care and emotional support. Their advice was valued in family decisions; they played an important role in the guiding of younger generations.

However, social changes such as urbanization, migration and the rise of nuclear families are gradually weakening this traditional system. Many young people move to cities or abroad for job, better social status, education, career building leaving their elderly parents in villages with limited support.

Present challenges

Today many old people in Bangladesh faces various problems.

i) Health issues

Ageing brings physical weakness and chronic diseases. Many elderly people cannot afford proper medical treatment and support.

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ii) Financial problems

Some have no regular income after the retirement and depend entirely on their children.

iii) Loneliness and neglect

With the changing family structures, some elderly people suffer from isolation and emotional neglect.

iv) Lack of awareness

There is still limited awareness about the rights of the elderly and their mental health care.

Although there are old age homes and government allowances for senior citizens, these facilities are not sufficient to meet the growing demand.

Key aspects of geriatric population in Bangladesh

- **Demographic shift**

The number of people aged 60+ increased seven-fold between 1951 to 2020. The old age dependency ratio is expected to double, rising from 10.2% to 20.3% by 2050.

- **Health status**

Elderly residents face high burdens of chronic, degenerative diseases and limited access to specialized geriatric care in Bangladesh. Common issues include dementia (3.6% to 11.5%) and geriatric depression, particularly among those living in rural areas.

- **Social and economic vulnerability**

With the rise of nuclear families, many elderly people are left isolated. There is a lack of comprehensive, regulated residential or home-based care systems.

- **Policy and support**

The government defines people aged 60 and above as senior citizens. Existing support includes the National Policy on Older persons[2013], old age allowances, Pensions and Support for freedom fighters.

Future Needs

Experts suggest an urgent need for a structured, multi-sectoral approach to long term care, including trained caregivers, specialized health services and ignored social problems, especially as the 60+ group is projected to reach over 30% by 2050.

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Key data points

- 60+ population (2024): About 16.5 million(10%).
- 60+ population (2050 projection): 22% - 30%.
- Life expectancy:75.2 years (Projected 80.9 by 2050).
- 75+ demographic: Represents over 3 million people.

How to assess basic activities of daily living (ADL) using the modified Barthel Index

Activities	Independent	Needs help	Unable to do
Mobility	15	10 05= Wheel chair	0
Stairs	10	05	0
Transfers [Bed to chair]	15	10= Minor help 05= Major help	0
Continent bladder	10	05= Occasional incontinence	0
Grooming	05	0	0
Toilet use	10	05	0
Feeding	10	05	0
Dressing	10	05	0
Bathing	05	0	0
Continent bowels	10	05= Occasional incontinence	0

NB. Range is [0-100]. If a person is completely unable to perform a task, the score is 0. The total score reflects the degree of dependency.

Interpretation

0-20 : Totally unable, total failure
21 – 60 : Severe inability
61- 90 : Moderate inability
91 – 99 : Slight inability
100 : Independent.

Rehabilitation outcomes

There is evidence that rehabilitation improves functional outcomes and reduces mortality in older people following acute illness like stroke and hip fracture. These benefits accrue from complex multicomponent interventions. Occupational therapy, personal activities of daily life and individualizedexercise interventions have been shown to be effective in improving functional outcome in their own right.

(1) The rehabilitation process

Rehabilitation is a holistic, problem-solving process focused on improving the patients physical, psychological and social function. It entails

- Assessment by using WHO ICF, Barthel index of basic Activities of Daily Living. (ADL)
- Goal setting: Should be based on reality
- Intervention: To maintain health and quality of life, this includes treatment
- Re-assessment: Should be done by the rehabilitation team, the patient and the care giver.

Core Elements of Comprehensive Geriatric Assessment

i) Function and ability assessment
ii) Disease severity and co-morbidity check-up
iii) Mental health and cognition detection
iv) Investigate support networks and needs.

Some presenting problems in old age

i) Hypothermia
ii) Dizziness and blackouts
iii) Delerium
iv) Infection
v) COVID-19
vi) Fluid imbalance
vii) Prostatic hypertrophy
viii) Heart failure
ix) Atrial fibrillation
x) Hypertension
xi) Valvular heart disease
xii) Under-nutrition
xiii) Diabetes mellitus
xiv) Thyroid disorders
xv) Anemia
xvi) Painful joints
xvii) Bone fracture
xviii) Stroke
xix) Dementia
xx) Others.

(2) The ageing process

Ageing is a complex multifactorial process that involves an interaction between genetic, environmental and stochastic (Random damage to essential molecules) causes.

Theories on ageing

1. Molecular theories

a. Gene regulation

Ageing results from changes in expression of genes that regulate both development and ageing.

b. Codon restriction

Inadequate mRNA translation resulting from inadequate decoding of codon in mRNA.

- A codon is a sequence of three DNA or RNA nucleotides that corresponds with a specific amino acid or stop signal during protein synthesis.
- Each codon corresponds to a single amino acid and the full set of codons is called the genetic code.

c. Error catastrophe

- Errors in gene expression result in abnormal proteins.

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d. Somatic mutation
- Cumulative molecular damage mainly to genetic material.

e. Dedifferentiation
- Cumulative random molecular damage detrimentally affects gene expression.

(2) Cellular theories

❖ Cellular senescence telomeres. The biological process of aging, characterized by the progressive deterioration of cell function and the permanent cessation of cell division. While often a protective mechanism against cancer, senescent cells accumulate with age, causing chronic inflammation and tissue dysfunction.

An increase in senescent cells occurs from

a. Loss of telomeres, which is known to occur with ageing.

b. Damage due to a variety of other factors, including DNA damage.

 Free radical Oxidative metabolism produces free radicals causing damage of fat, protein, DNA.

❖ **Wear and tear**

Cumulative damage from normal injury/stresswhich is unable to repair itself.

❖ **Apoptosis theory**

Programmed cell death due to genetic events.

(3) System theories

Whole body metabolism and energy expenditure theory.

There is a fixed limit to the cumulative energy expenditure and metabolism during a lifetime so that if this limit is reached quickly, the life span is short.

(4) Evolutionary theories

- **Cumulative mutation**

Mutations that accumulate during the lifetime act in older age, producing pathology and senescence.

- **Disposable soma**

The disease somatic body is maintained to ensure reproductive success. These factors have detrimental effects on ageing. Androgen in later life may cause prostatic cancer and cardio-vascular disorders.

Overcome the ageing process, lead a healthy life

Exercise

Control weight, improves emotional wellbeing and relieves stress. It also changes circulation, increases flexibility, lowers blood pressure, improves balance, reduces danger of falls and blood sugar levels. Exercise improves the bone density, prevent osteoporosis.

Burden

Overweight and obesity contributes to many diseases in later life. Obesity is an important factor for heart disease, stroke, hypertension, diabetes, arthritis and breast cancer.

Smoking

At present, 22% of men and18% of women aged 65 to 74 years in developed countries are smokers (Health action 2004).

Social activities

Mixing with other people of the society who are of same age, at similar stage of life or of similar health concern, can help to realize one that he/she is not alone. Isolated people suffer more from physical and mental illness.

Life expectancy in some countries

- Average life span in Bangladesh= 72.87 years [2020].
- Male= 71.13 years, Female= 74.89 years.

 Japan= 84.36 years [2019]. USA= 78.79 years.

- India= 69.66 years, Pakistan= 67.27 years.
- China= 76.91 years. Germany= 81.57 years.

Lowest life expectancy in Central African Republic, Chad, Lesotho = 53 years.

Geriatric care in Bangladesh

i) In Bangladesh, geriatric care is family centered, but shifting toward professional services.

ii) Supported by NGOs and some institutions.

iii) Still facing major gaps in infrastructure and awareness.

Private elderly care services

Some private companies offer
- Home nursing.
- Trained caregivers.
- Hospital attendants.
- Short/long time care plans.

There is very limited institutional care
- Geriatric hospital services.
- Old age homes.
- Day care centers.

Old homes in Bangladesh

Approximately 14-15 registered Government and Private old age home (Probin Nibash).

These can accommodate only about 2000 people, out of about 15 million 60+ years people. [01 seat for the 75000 old people]. Government has established 06 Shanti Nibash in Divisional Headquarters. There are

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also numerous private homes exist, particularly in and around Dhaka. in Chattogram, In Chattogram-Anwara Bashar old home, a private care home providing service which is situated Noapara of Raojan. A Probin Nibash is situated at Agargaon of Dhaka city.

Globally, Switzerland provides the best care for the old people. More than 20% of the people aged 65+ years receive formal long- time care. In China, by the end of 2024, there were 4,10,000 elderly care organizations, both Government and Non -Government. There are 08 million beds in these senior homes. Our neighboring country India, there are 728 old -age homes. Out of 28 states, Kerala has the highestnumber,124 old age homes. In UK, 37000 recognized old homes, cottages, manor houses.In Srilanka, approximately 242 old homes, for about 8000 people.

Conclusion

We always have to remember that once upon a time-old stage would come! There is no way to avoid this universal truth. The hairs will be grey, the skin will be wrinkled, all the surroundings, positions will be filled up by the new generation. But what should be of our mind? It should be like a young open minded to accept changes with vigor. Then one can enjoy the end days of life in a charming, delightful happy mood!

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❖ ***Old age is like a plane flying through a storm. once you are abroad, there is nothing you can do!***

❖ ***How incessant and great are the ills with which a prolonged old age is replete! - C. S. Lewis.***