

Look after from the process of old age and not from a vision of disease: a reflection of improvement

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Opinion

Currently, the world is involved in a demographic transition of great impact due to the decrease in the fertility rate and the increase in the elderly population, which brings with it unfavorable socioeconomic conditions such as poverty and the lack of health policies.¹ According to the report “World Population Prospects 2019”, for the year 2050, the 21.5% of the population will be over 65 years of age, representing almost 12% of the world’s population and the majority living in industrialized countries.² In accordance with this panorama, it is important to recognize that many of us are going to experience it and it is the aging group that requires active programs and policies for a better quality of life, because this fact is affecting deeply the economy, the biomedical and social activities;³ as well as the individual health situation and the structural and family dynamics.

With this demographic transition scenario, it becomes necessary to approach comprehensive care instead of fractionalize the physiological changes typical of aging. In addition, the care that this stage implies generates tension and responsibilities of the caregiver and family, who ultimately chooses to abandon them or confine them in Geriatric institutions or care facilities. Is important that the health personnel consider this topic an important factor and think about it ¿how many years can you live with independence, autonomy, and health? For his reason, health personnel and especially nurses must change the concept that being old is synonymous of illness, that they are not a social problem and that they require respect and the right to health, dignified treatment and non-discrimination.⁴

Likewise, health professionals must keep in mind that the aging process leads them to face new challenges in health care, such as the double burden of diseases a greater risk of not only physical but mental deficiencies that bring them greater disability; provision of integral care and not only on focused care and finally center on new care paradigms, keeping risk factors low, functional factors conserved and protective factors high⁵. All this will allow older adults to maintain self-care skills and enjoy a better quality of life.

To seek a reflection on the process of the elderly care, what should we focus on? Health personnel must be capable to respond to the social heterogeneity of the older adult; know and act on health policies, resources and primary health care assistance; offer comprehensive care more given to the contextual reality of the elderly, their family, their social and support actors; they must appropriate and train the community in healthy life habits that allow them to work hard on health promotion and modifiable risk factors for Chronic Non-communicable Diseases-CNDs. And finally, to be trained in the new paradigms that the challenges of aging in primary health care will generate.

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Conflicts of interest

The authors declare not to have any interest conflicts.

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