Active and Healthy Ageing

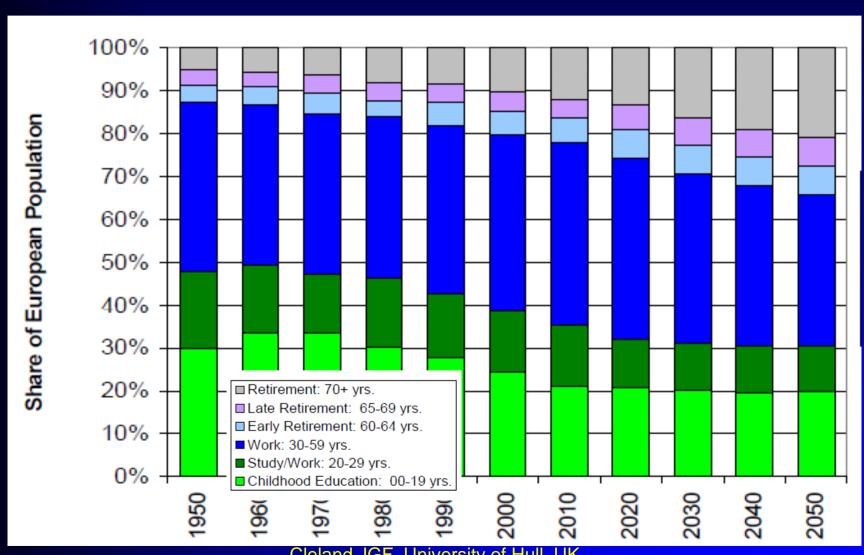
A Long - term View up to 2050

The Ageing Challenge

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Share of European Population by Age Range and "Biographic Stage" from 1950 - 2050



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Can 'Healthy' Life Span be Increased by an Average of Two Years

Perfectly feasible

But is it the right target?

- Should the aim be to increase the proportion of patients who survive until 80 years?
- Not so much adding years to life but
- Adding (quality of) life to years

Do Preconceptions about Older People Cloud Judgement?

- Older people could stimulate youth employment
- Are older people necessarily less innovative?
- What if they were only chronologically old?

Ageing as a Medical Problem

Challenges

- Most people aged >60 yrs have one or more medical problems
- Living longer with disease is a sign of success
- Medicine will cure some diseases in some people
- For many, better management will increase (quality-adjusted) survival
- Difficult to disentangle ageing from disease

Issues

Prevention

- Uncommon
- Mistakenly confused with procrastination

Procrastination

- Common
- Delaying the onset of disease is highly valuable

Management

The Ageing Challenge Approaches

- Raising retirement age
- Socio economic adaptations
- Compression of morbidity
- Treating ageing as a disease

"Youth is wasted on the young"

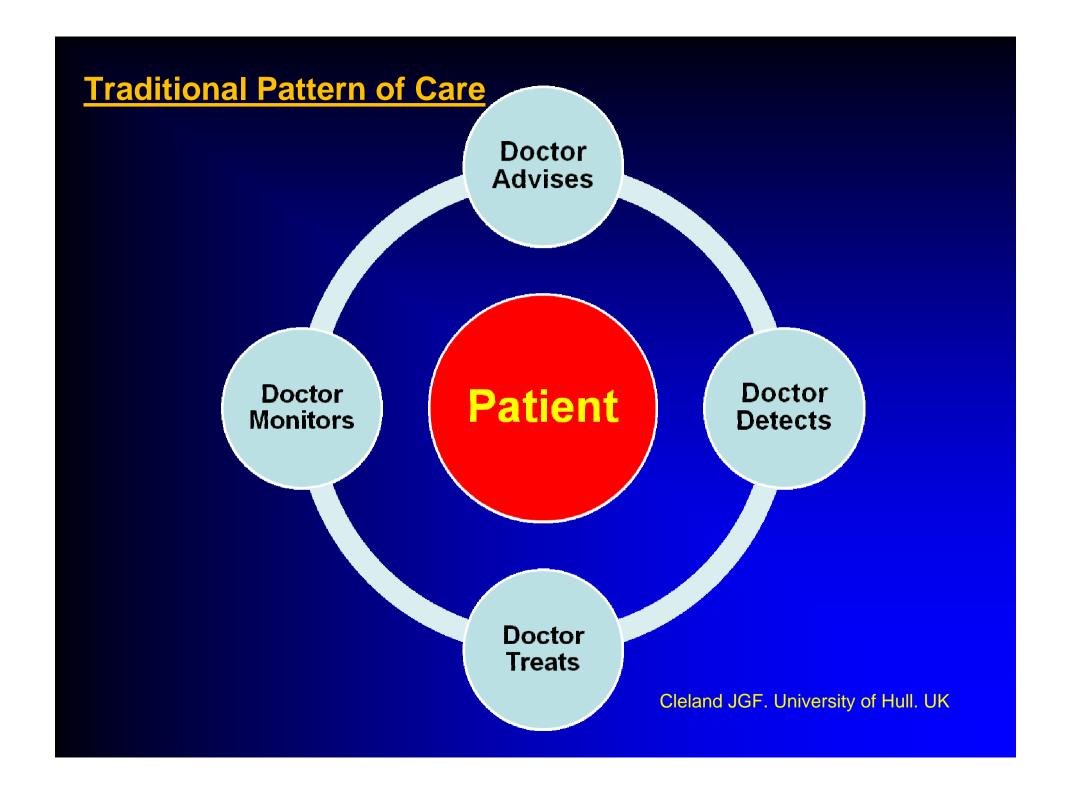
- Balance efficiency with good care
- All of the above!

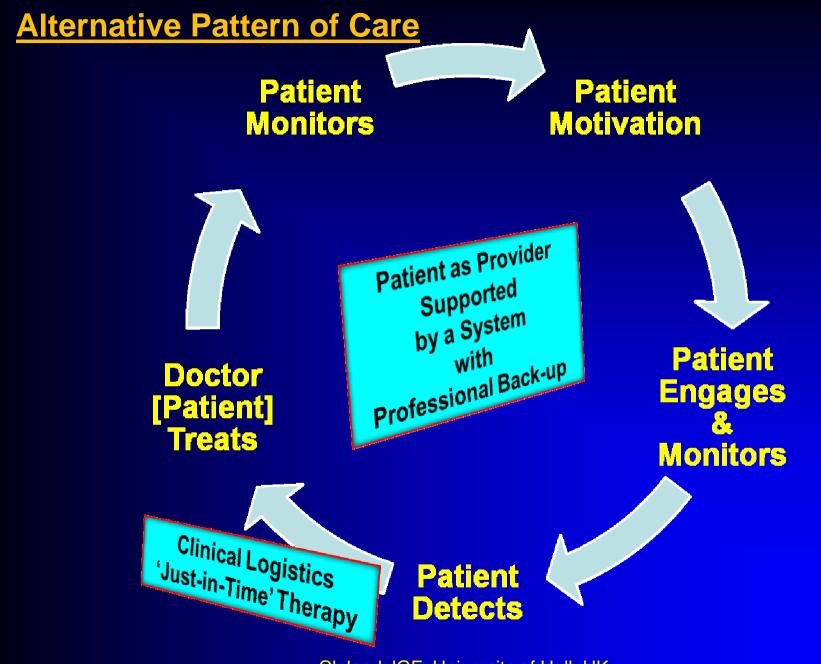
Raising the Age of Retirement

- Healthy option for many
 - Second or third careers adapted to physical and mental aptitude
- Socially inclusive
- Reduces
 - Boredom
 - Loss of self-worth
 - Poverty
- May create new jobs & wealth (if managed properly)
- Need for more flexible attitude to
 - Workforce
 - Employment law
 - Sick pay (Govt. shares responsibility reducing risk to employer)

Socio-Economic Adaptations

- Relief of poverty by extending working life
- Family & Alternative Social Networks
- Housing
 - Too much wealth tied up in property
 - A burden rather than an asset?
- Travel
 - Remove need for health-related travel insurance within EU
- Social Health Contracts
 - Self health care might be part of a pensions 'contract'





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Compression of Morbidity

- Theory unlikely to translate into practice
 - Morbidity (any illness) should be distinguished from disability (illness that leads to loss of function)
 - (eg:- high blood pressure constitutes morbidity that may cause a stroke leading to disability)
- Earlier disease detection & better management will:-
 - Increase the total duration of morbidity
 - Earlier detection will add years to the front-end of morbidity
 - Better management will extend the duration at end of life
 - Better management of morbidity will delay onset of disability
 - Disability may be better managed leading to lower severity for some time but longer duration (unless euthanasia).

The Need for Debate on Euthanasia

- One of the most important issues for our society.
- An issue of individual freedom and self-determination?
- Need for open debate
 - Pain, severe disability and loss of dignity often occur in the weeks and months prior to death
 - If a substantial proportion of society favours euthanasia under specific circumstances, then a system should be created for those who wish to use it with appropriate checks and safeguards.
 - The ability to terminate life with dignity and without pain might be considered a fundamental human right
 - Should strong convictions held by some overrule the right to self-determination for others?

Ageing as a Disease

- There is no doubt that medicine will develop therapies to arrest or reverse some or many aspects of ageing.
- Practically impossible to stop scientific progress in this are, either because
 - Ageing processes are specifically targeted or
 - Treatments for disease have collateral anti-ageing effects
- Substantial human research on biologically plausible anti-ageing compounds already underway in EU.
- Whole new area of regenerative medicine opening up

What's Required for Success

- Better motivational (educational) strategies
 - Lifestyle
 - Contribution to providing self-care
- Better Therapy
 - Ageing is treatable rather than inevitable
 - Brain and locomotor function are key targets
 - Muscle wasting a bigger problem than obesity
- Better Implementation of what we have already got
 - Electronic medical records & Audit
 - Telehealth
- Better Integration
 - Social (Networks) and Medical Care
 - Research & Clinical Practice

What's Required - Better Research Environment

- Improved Regulatory Framework for Research
 - Inappropriate regulation is stifling innovation
 - Over-enthusiastic, profit-driven, high-cost but poor quality monitoring driven by regulations that are not fit for purpose.
- Industry should reduce exclusion of relevant groups of patients from trials.
- Research protocols should
 - Reflect clinical reality
 - Have endpoints that the public (rather than doctors) understand
- Need to encourage more longer term trials
 - Consider increasing patient-life to 50 years ending the discrimination against science
 - Artists get at least 50 yrs copyright under the Berne Convention (sometimes from first use rather than from time of conception)

People

The Important Drivers of The Direction and Speed of Progress

- Ultimately society will decide on controversial issues such as euthanasia and regenerative medicine
- Society needs to engage and be engaged
- Need for public debate
- Need for public information strategy
- Patients are a large health-care work-force and should be part of the solution worthy of investment rather than simply the object of clinical intervention
 - Cleland JG and Ekman I. J Am Medical Assoc 2010