Reflections on Old Age – making it count.

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Moving target of old age

• Self definition- Yale study: positive image of ageing needed for HLE, recovery from major illness – Being sick does not define who you are

• Sickness/ poor health/frailty makes people dependent – but infantalising them does them harm

• Some reduction in serious frailty including cognitive problems - but no reduction in numbers

• FC/OP more interests/ education – less deferential but still needy
Exclusion/ ageism and human rights

- Nothing for us without us
- Professionalism/ exclusion – research, health and welfare care
- Age discrimination – need for intergenerational exchange, cooperation and work
- Internalisation of values of being irrelevant, useless, cannot learn
Characteristics of Greek Older People Receiving Care  (Eurofamcare 2006)

- 1/3 memory and/or behaviour problems
- 2/3 unable to go outside/manage stairs
- ½ need help with personal care
- < 1/3 unable to feed themselves without help
- > 1/3 urinary incontinence

Who provides this care?  > 90% informal carers  <10% service/support organisation
What Services Really Help Older People / Carers?

- **Trustworthy, reliable** and **efficient care** for my person by people s/he likes, - relieves me of some of the burden of care

- **Support** and **training** for me in how to manage my person’s illness and related problems

- **A reduction in bureaucratic** and time-consuming procedures in accessing essential medications and services

- Knowing that if anything happened to me, the Centre staff would help our family to **organise the most appropriate care** for my husband/mother
Integrated care - FEASIBILITY?

Higher use of prescribed medicines among people who completed lower secondary education (M+F)

- Healthy life expectancy related to social class/education in most MS

- Polypharmacy = 4+ medications by patient, generally over 65 yrs., Approx. 40% of older adults living in own homes Eurostat 2008

- Leading causes of death from mental and behavioural disorders (M+F) with dementia and Alzheimer’s disease

- In 16 M.S. self-perceived chronic depression highest for 75+ years and in another 6 M.S. highest in the ’55–64’ age group.
New Technologies - Radical Changes

Existing - Apps

- Loneliness, depression
- Pharmaceutical adherence, Diet, Exercise – body and brain Management
- Accessibility, environmental

Under development

- Platforms for services allowing interoperability and data exchange
- Carers/Older People self manage via Blockchain technologies- safety
- IoT – direct feedback to carers and professionals
Current Recommendations to professionals/ integrated teams

- **Informal carers**: Recognise their major role in integrated care, as part of decision making process and care team, acknowledge their needs and legal rights to support (financial/ services).

- **Older people**: patient-centred, comprehensive, affordable, good quality, flexible services. Allow them and their informal carers real choices in how their care is provided –

- Train social and health students together in courses on integrated care not in isolation in separate departments
Thank you

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