Geriatric oncology in resource constrained countries
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Disclosure slide
I have no potential conflict of interest to report for this Talk
• All Views and Opinion EXPRESSED are My Personal and not related to any Organization or Board I am associated with.
• I do believe that my views are liable to change which is desirable and necessary.

Flow
• Elderly Population issue - an Global issue
• Cancer and Elderly –Grey Tsunami and Cancer Tsunami
• Destination India a stop for LMIC

Elderly population:
Our world is ageing fast
• 2 billion people will be aged 60 and older by 2050. This represents both challenges and opportunities.
• 70% of all older people now live in low or middle-income countries. Population ageing is also occurring much faster in these countries.
• Around 4-6% of older persons in high-income countries have experienced some form of maltreatment at home.

The challenges of population ageing worldwide
• Strains on pension and social security systems;
• Increasing demand for health care;
• Bigger need for trained-health workforce in gerontology;
• Increasing demand for long-term care, particularly in dealing with dementia; and
• The raising of pervasive ageism that denies older people the rights and opportunities available for other adults.

• Most people of very advanced age will be needing accessible and effective acute and long-term care.
• Developing integrated systems that provide seamless access to the care they require is a priority for both developed and developing countries.
United Nations World Demographic Estimate and Projections

Worldwide annual new cases of cancer

WHO (2003)

16 million in 2020, a 50% increase!

70% will be in the developing world

Trends Amplifying the Crisis

- Rising cost of cancer care:
  - $72 billion in 2004
  - $126 billion in 2010
  - $173 billion anticipated by 2020 (39%)
- Complexity of cancer care
- Limitations in the tools for improving quality

The Majority of Cancer Diagnoses are in Older Adults

The Majority of Cancer Deaths are in Older Adults

The Majority of Cancer Survivors are Older Adults

Are NCDs an emerging crisis in LMICs countries?

Causes of NCD deaths in LMICs

Epidemiologic transition

The World Health Organization (WHO) estimates that there will be an increase in the number of cancer cases globally, with a significant portion occurring in the developing world. This trend is expected to continue, with an estimated 50% increase in cancer cases by 2020. The majority of cancer cases and deaths are projected to occur in older adults.

Trends Amplifying the Crisis

- The aging population: 30% of cancer survivors by 2022
- 40% of cancer incidence by 2030
- Workforce shortages
- Reliance on family caregivers and direct care workers
- Rising cost of cancer care:
  - $72 billion in 2004
  - $126 billion in 2010
  - $173 billion anticipated by 2020 (39%)
- Complexity of cancer care
- Limitations in the tools for improving quality
Elderly in India - Facts!
• 24 million in 1961 increased to 77 million in 2001.
• Projected to rise to 179 million in 2031 and 301 million in 2051.
• 70 and above projected to increase from 29 million in 2001 to 132 million in 2051.
• 80+ would be fastest to grow – 8 million in 2001 to 32 million in 2051.
• 2nd largest elderly (60+) population in the world (2001)
• 80% are in rural areas
• 40% are below poverty line
• over 73 per cent are illiterate.
• about 90% of the old people have no official social security (i.e., without PF, Gratuity and Pension etc).
• Life expectancy (at birth) for women is 67.57 yrs as against 65.46 yrs for men. Life expectancy at age 60 was found to be about 18 years (16.7 for males, 18.9 for females)
• 48% of the women of 60 years and above are widows.
• Elderly poverty is a major risk of ageing in developing countries.

Source: Census 2001 & NSSO, 2004

Elderly Population - Facts!
• 73% of deaths in the elderly are related to heart diseases, smoking and cancers.
• 20% of doctor’s visits, 30% of hospital days and 50% of bedridden days are ascribed to elderly patients.
• ‘Expansion of morbidity’ even though increased life expectancy due to chronic non-communicable diseases.

Health problems of the aged
• Physical problem
• Psychological problems
• Social problem
• Economical

Issues Related to Health care System
• The current health care system lacks adequate number of trained medical, paramedical personnel in geriatric medicine - adversely affect the health care of the elderly.
• Mobile health services for the elderly and ambulance services are limited in the rural & peripheral areas making the health care facilities difficult to reach.
• Not a very effective health insurance system in our country.
• At present, most of the geriatric OPD services are available at tertiary care hospitals and are urban based. At the primary care level, the infrastructure is grossly deficient.
• Low awareness regarding the services available.
Medical Problems of the Elderly

- The burden of morbidity in old age is enormous.
- Non-communicable diseases (life style related and degenerative) are extremely common in elderly irrespective of SE status.
- In population over 70 years, ≥50% suffer from one or more chronic conditions - hypertension, coronary heart disease, cancer & joint problems.
- The treatment/ management of these chronic diseases is also expensive (e.g. cancer treatment, joint replacements, heart surgery).
- Decline in immunity as well as age-related physiologic changes leads to an increased burden of communicable diseases in the elderly (e.g. TB).

Health Problems Important and Common Morbidities in Elderly in India

- Cataract & Visual impairment- 88%
- Arthritis & locomotion disorder-40%
- CVD & HT – 18%
- Neurological problems- 18%
- Respiratory problems including Chronic bronchitis- 16%
- GIT problems 9%
- Psychiatric problems- 9%

The Cancer Care Delivery System is in Crisis

- Cancer care is often not as
- Patient-centered, accessible, coordinated, or evidence based as it could be.

Need for Dedicated Health care programme for elderly

- Decrease in physical ability / Economic inadequacy
- Increase vulnerability to diseases
- Chronic, disabling and multiple Health problems
- Different approach and management
- Degradation in family values
- Rising Population
Major constraints for geriatric health care

- Lack of specialized and trained manpower
- No dedicated health care infrastructure
- Geriatrics not yet a popular specialty

Major Govt. initiatives

- National Policy On Older Persons (NPOP) - 1999
- Recommendations by working group of planning commission - 2006 for national programmes
- Maintenance and Welfare of Parents and Senior Citizens Act - 2007
- Announcement of National programme for Health Care of Elderly during budget speech (2008-09)
- Approval of "National programme for Health Care of Elderly" by Ministry of Finance - June 2010

NATIONAL PROGRAMME FOR HEALTH CARE OF ELDERLY (NPHCE-2010)

Core Strategies
- Community-based domiciliary care by trained health care workers
- PHC/CHC level: equipment, training, additional human resources
- District Hospital - 10 bedded wards, additional human resources
- RMC - PG courses in Geriatric Medicine and Training
- IEC using mass media, folk media and other communication

Supplementary Strategies for NPHCE

- Promotion of public private partnerships in Geriatric Health care
- Maintaining AIISH and convergence with programmes of Ministry of Social Justice and Empowerment in the field of elderly
- Reorienting medical education to support geriatric issues
- Help Age India, New Delhi
- Rajasthan Voluntary Health Association, Jaipur
- Voluntary Health Services, Chennai, Tamil Nadu
- Healthy Services Society, Hyderabad
- Missionary of Charity, Kolkata
- Ramakrishna Math & Mission, West Bengal
- West Bengal Voluntary Health Association, Kolkata
Strategies & Recommendations to fill the Gaps in Geriatric health

**Geriatric care – as a part of primary health services**
- Care at rural areas should be strengthened.
- Training of Medical Officers, Peripheral health workers & volunteers
- Screening camps & mobile clinics for reaching out to the elderly population particularly focussing on NCD’s and chronic diseases of the elderly.
- Involve NGO’s particularly in difficult to reach areas.
- Conduct a comprehensive baseline morbidity survey – Ensure good quality geriatric health care services according to felt needs in the area concerned.

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Strategies & Recommendations

**Primary health services (contd..)**

- "Community Geriatric Health Workers" may be trained to provide home care to the disabled elderly population. (e.g. community based project in Cochin, known as "Urban Community Dementia Services")
- Employment of a trained female medical officer to address the increasing health problems of elderly women.
- Strengthening the elderly in the process of self-help by means of physical, psychosocial, and vocational rehabilitation
- Capacity building of the community leaders

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**Strategies & Recommendations**

**Strengthen secondary level health facilities**
- Set up geriatric wards
- Distinct OPD services providing screening services as well as curative and rehabilitative services

**At the tertiary care level**
- Set up a comprehensive multidisciplinary team providing specialist services.
- Separate facility: Everything under one roof

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**Strategies & Recommendations**

**Prevention of health problems**
- Geriatric health problems must be addressed at all three levels of prevention.
- Health promotion measures (such as avoidance of alcohol and smoking, physical activity, immunization for influenza, tetanus, and injury prevention);
- Screening for noncommunicable diseases, such as diabetes, hypertensions, cancers, psychiatric disorders, nutritional anemia, and tuberculosis;
- Rehabilitation: visual aids/mobility aids, physiotherapy

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**Strategies & Recommendations**

**Role of Media**
- Make the people aware about the problems and services available, and create of positive perception of the senior citizens in the society.
- Research in Geriatrics and Gerontology: common chronic and neurodegenerative disorders like Alzheimer’s disease, the process of ageing, pharmacokinetics and pharmacodynamics of drugs, health system research and research in alternative medicine.
"You do not heal old age. You protect it; promote it; extend it"

Thank you