

Defining Old Age ~ A concept worthy of discussion

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Changing population profiles

The 'oldest old' (people aged 85 or older) is growing at a faster rate than any other age group.

They constitute:

- 8% of the world's 65-and-over population:
- 12 % in more developed countries
- 6 % in less developed countries

(WHO, 2011)

Changing population profiles

The number over 85 years in the UK, Italy and Slovenia was between 2.1 and 3.1 % in 2015, and is projected to reach between 5.1 and 6.4 % in 2050 (Eurostat, 2016)

So what?

There is a lack of comparable data per country on the oldest old.

Key databases from WHO, OECD, EC-Eurostat and the UN offer mainly information on

- projected life expectancy at 85 +
- on the share of the oldest old in the total population.

So what?

The information on healthy life years and an old age dependency ratio is limited to age groups 65 years or older or maximum 75 years and over population.

Yet last year the UK had over 3 million people aged over 80 and 16,000 centenarians (ILC, 2016).

This makes it difficult to get data on the health and social care needs of the 85+ age group - which has huge implications for service provision



Cohen-Mansfield et al (2013) points to the problem of the inconsistencies of age stratifications in the literature, which makes comparing cohorts of 'older people' difficult due to such inconsistencies.

(They selected to use
'old' 75-84;
'old-old' 85-94;
'oldest old' 95 plus.)



Method

The authors conducted a narrative literature review to explore the concept of the 'oldest old' or 'fourth age' as defined in the six top most non-medical rated journals. (Non-judgemental and excluded longitudinal studies)

This paper presents the findings of the review.

Journals reviewed

- Age and Aging
- Aging and Mental Health
- Ageing and Society
- Research on Ageing,
- The Gerontologist
- The Journal of Gerontology B

Limiters

The keywords 'oldest old' 'fourth age' and '85 plus' were searched on each journals website, with the parameters

- Full text only
- English language
- Peer reviewed
- From January 1st 2003 – April 2015.

Results

- 603 articles were retrieved.
- Three stages of screening
- Resulting in 54 articles

- Age and Aging (13)
- Aging and Mental Health (12)
- Ageing and Society (8)
- Research on Ageing (4),
- The Gerontologist (10)
- The Journal(s) of Gerontology B (7).

Results

The findings showed little consistency in the definitions of old age, third age and fourth age, with only two papers referring to centenarians.

Many articles stated arbitrary age stratifications in the studies conducted but few had rationales for using the age bands selected.

Given Neugarten called for such distinctions in the 1970s, Laslet in the 1980s, Baltes in the 1990s and Gilleard and Higgs in 2000 (plus others) ...

...the nursing and allied health professional literature has been slow to recognise the importance of stratifying age.

Serra et al (2011), in writing on the oldest-old suggest classifications that serve to dispel the negative image of the old and refer to chronological age.

The definition they use for describing the **'oldest old'** is people **over the age of 85 years** - with the following sub sections

- Octogenarians: 80 to 89 years old;
- Nonagenarians: 90 to 99 years old;
- Centenarians: 100 or over;
- Semi-supercentenarians: 105 to 109;
- Supercentenarians: 110 and over.

In using 10 year periods one can see that the 80-84 year olds do not share the 'oldest old' category and aged 85 to 89 are categorised both as 'octogenarians' and the 'oldest old'

Discussion

- We need to think further than 'older people' as being 65 and over.
- It is well acknowledged that the treatments for chronic diseases are based on single disease occurrence, with suggested medications.
- This fails to take into account the treatment(s) of people with multi-morbidities - most common in those aged 85 plus.

Discussion

If all diseases presenting in one person were treated according to guidelines – then the resulting medications would prove catastrophic, not only because of the effect of drug interactions, but due to the effect on people with a very tenuous baseline health status (Melzer et al, 2015).

Conclusion

Greater consistency is therefore needed in

- ◎ research studies,
- ◎ National and international databases
- ◎ Policies aimed at and health and social services are to target the needs of those classed as 'frail' and 'old'.



Conclusion

We argue for the need to recognise the existing (but rare) designated services suitable for those who are classed as the oldest old/fourth age.

Those aged over 60 have very different health and social care needs (and wealth status - see ILC, 2016) to those aged 80 and over.

THANK YOU

