

POPULATION AGING CHARACTERISTICS IN ROMANIA

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Abstract: Aging is considered a privilege and a social accomplishment. Romania follows the same demographic trend recorded at international level, regarding the population aging; we are facing an increasing number of persons of full age (above 65 years old) and the occurrence of another category, called the very old (above 80 years old). At the same time with the aging process, increasing levels of affection regarding the human body may be registered, such as mild functional disorders and ending with disabilities and handicaps. Limiting the occurrence of such dysfunctions and the decrease of their level of severity require the need for providing the access to corresponding health services. In all countries, and especially in those in development, the measures for helping the old to stay healthy and active are a necessity and not a luxury.

Keywords: full age persons, Romania, morbidity, mortality

Rezumat: Îmbătrânirea este considerată un privilegiu și o realizare socială. România urmează aceeași tendință demografică înregistrată pe plan mondial referitor la îmbătrânirea populației; asistăm la creșterea numărului de persoane vârstnice (peste 65 de ani) și la apariția unei categorii numite marii vârstnici (peste 80 de ani). Odată cu îmbătrânirea se înregistrează niveluri crescânde de afectare a funcției organismului uman, de la tulburare funcțională ușoară la dizabilitate și handicap. Limitarea apariției acestor disfuncționalități și scăderea gradului lor de severitate impun necesitatea asigurării accesului la servicii de sănătate corespunzătoare. În toate țările, și în particular în țările în curs de dezvoltare, măsurile de ajutor pentru vârstnici pentru a rămâne sănătoși și activi sunt o necesitate, nu un lux.

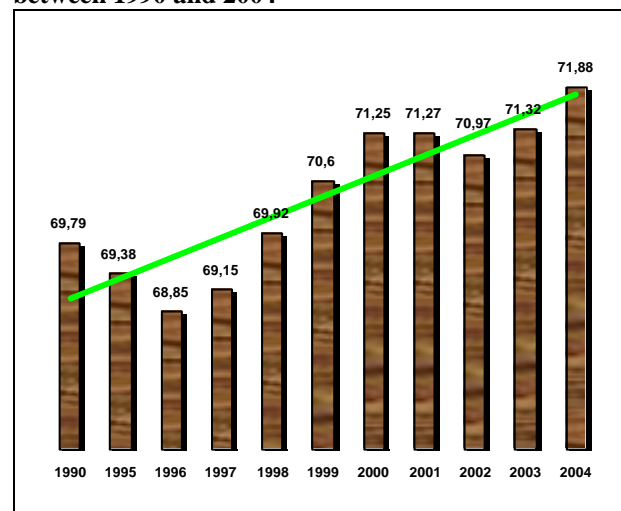
Cuvinte cheie: vârstnici, România, morbiditate, mortalitate

INTRODUCTION

The population aging process started in Romania, 4-5 decades later than in the other Western countries, due to the fact that the demographic phenomenon of transition had started later. In the last six decades, Romania's population aging increased; the number of persons of full age doubled (15,4% in 1989 as against 7,4% in 1930). Regarding the demographic prognoses issued for the year 2005, it was estimated that

the population above 65 years old would raise to 3,8 million. The aging phenomenon is more prominent in women (17,2% women, as against 13,5 men in 2005). The territorial distribution of this phenomenon is not equal; the areas in Romania with the most aged population are: Banat (16,4%), Bucharest (16,1%) and Oltenia (15,7%). Between 1956 and 1992, the average life of the Romania's population raised from 63,17 years to 69,78 years, out of which, for men - 66,56 years and for women - 73,17 years, the effective growth being of 6,61 years.

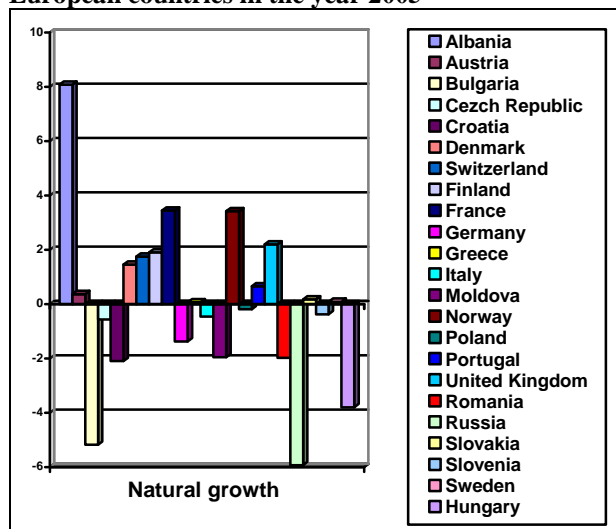
Picture no. 1. Evolution of the average life in Romania between 1990 and 2004



Health condition of the old population

In the last decades, when assessing the health condition of the old population, much interest was paid on the epidemiologic methods and on the evaluation of the health condition, on the interviewer's capacity of assessing the functional condition and the establishment of the relation between dependence/independence of the person of full age regarding the every day life activity. The studies undertaken showed the existence of the overmorbidity phenomenon in the persons of full age, that is the existence of an average of 2-3 chronic affections per one age person of full age. There are other studies that used very sensitive diagnosis techniques emphasizing 10 affections per people aged 75 or above.

Picture no. 2. Natural growth in Romania and in some European countries in the year 2005



The problems related to the diagnosis of the affections in this segment of population are:

- Tendency of overdiagnosis, what brings about an increased medical consumption;
- The primary medical services based on the old people addressability used to underevaluate morbidity;
- The primary medical services know only 50-60% of the health problems of the old, because these depend on the level of addressability and physical acceptance (presence of certain disabilities and incapacities).

The main reasons for illnesses in the old population in the developed countries are:

- Consecutive falls and fractures;
- Osteoporosis;
- Sight disorders;
- Hearing disorders;
- Senile dementia;
- Incontinence problems.

Mortality in the persons of full age

First of all, death probability increases along with the age, so it is higher in the old population. Secondly, the mortality pattern due to the medical reasons of death varies from one age group to another. Regarding the persons of full age, the main reasons of death differ from those who define the mortality pattern of the general population.

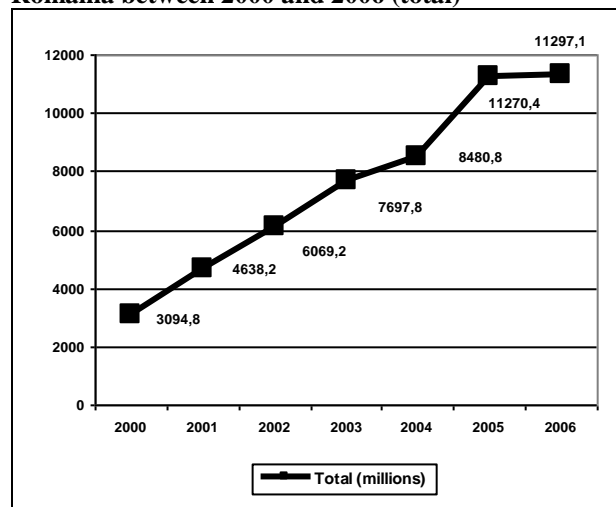
In Romania, the main reasons for the death of the general population are:

- Diseases of the cardio-vascular system;
- Tumours;
- Diseases of the respiratory system.

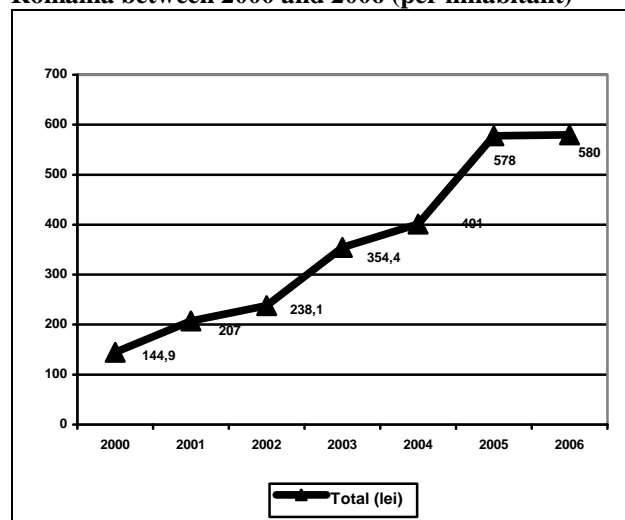
Regarding the old population, the main reasons for death are:

- Cerebral and vascular diseases;
- Diseases of the pulmonary flow;
- Ischemic cardiopathy;
- Hypertension;
- Chronic bronchitis.

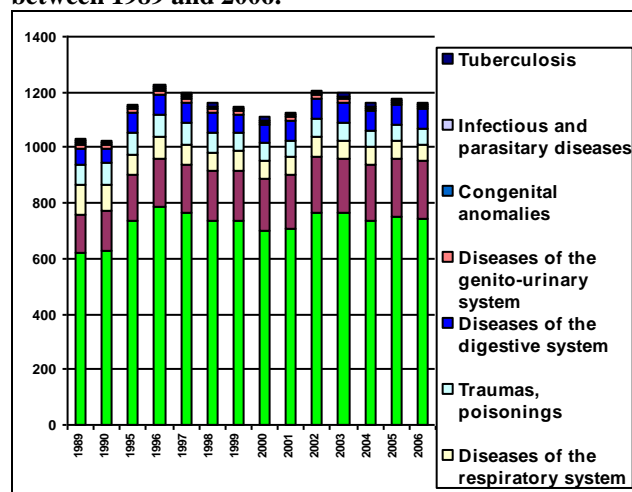
Picture no. 3. Evolution of the health expenses in Romania between 2000 and 2006 (total)



Picture no. 4. Evolution of the health expenses in Romania between 2000 and 2006 (per inhabitant)



Picture no. 5. Evolution of morbidity in Romania taking into account the main reasons of death, between 1989 and 2006.



Population's ageing consequences on the public health

1. Demographic consequences: the decrease of the number of the persons of full age, the increase of the number of childless families and of those made up of old people.

2. Medical consequences: poly-morbidity, the large increase of the medical consumption.

According to the data of the W.H.O., only 10% of the young subjects suffer from an affection, while in the old population, only 2% are healthy.

3. Social consequences: the loss of autonomy of the old population, partial or total functional incapacity, requiring adequate social services.

CONCLUSIONS

The old person should be regarded as a human resource and not as a consumer. Due to his/her training and life experience, the old person may be included in different actions, in the accomplishment of humanitarian programmes. The gerontology and geriatrics programmes should comprise objectives relative to the specific problems of the elderly at their residence. It is also important to take into account the training of the entire population and of those in course of being retired for the moment of retirement. The research made in social gerontology will bring solutions in order to increase the quality of the old people's life and to improve their health. W.H.O. office for humanitarian and social actions with its registered office in Vienna, recommended to all the interested countries to issue new policies in the field of social and medical assistance awarded to the old population and which should develop within certain programmes, plans and actions.

Proposals

The elderly, as an integral part of the general population have the right to proper services, requiring the organisation of a large variety of health and social services.

1. Geriatric health services:

- a. Home medical services networks, including the "nursing" care.
- b. Accomplishing screening programmes for the detection of the old people who may stay at home, integrated within their families and of those who need specialised care.
- c. Community facilities, with extra help awarded to the families who have in their care an old person with social problems.
- d. Day-care services.
- e. Night-care services.
- f. Setting up long term care institutions for those with chronic affections.
- g. Setting up palliative care units.

2. Social services:

- a. Raising responsibility and developing a positive attitude towards the elderly.
- b. Integrating the old person within the community.
- c. Elaboration of a social assistance law which should regulate: area distribution, placement of

hostels for the old, the establishment of social hospitals or social departments at hospital level.

- d. The possibility of placing the pensioners with working potential in activities corresponding to their training.
- e. Urban transportation facilities, balneary treatments, social and cultural activities.

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