

MORBIDITY AND DEATH RATE OF THE ELDERLY

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Abstract: *The morbidity of the elderly is characterised by: rate, chronicity and specificity (cardio-vascular diseases, physical infirmities and mental disorders) as well as by dependency. The causes of multi-morbidity in the old people are the following: lifestyle characterised by desires and frustrations, unhealthy lifestyles, insufficient consumption or a poor offer of services. The dependency rate is another cause of illness for the senior population. Poverty represents one of the social determinants of a precarious health. The mortality scheme based on causes of death is that of a grown old population suffering from an important weight of cardio-vascular and neoplazic diseases.*

Keywords: morbidity, mortality, determinants, way of life, dependency rate

Rezumat: *Morbiditatea vârstnicilor se distinge prin: rată, cronicitate și specificitate (afecțiuni cardio-vasculare, infirmități fizice și tuburări mentale) și prin faptul că determină dependență. Cauzele multimorbidității la persoana vârstnică sunt: modul de viață cu lipsuri și frustrări, stiluri de viață nesănătoase, consum insuficient de servicii sau ofertă săracă de servicii. Și rata de dependență este cauză de morbiditate pentru populația vârstnică. Sărăcia reprezintă unul dintre determinanții sociali ai stării precare de sănătate. Modelul mortalității pe cauze de deces este al unei populații îmbătrânite cu pondere importantă a bolilor cardio-vasculare și neoplazice.*

Cuvinte cheie: morbiditate, mortalitate, determinanți, stil de viață, rata de dependență

- multi-morbidity – elderly people at a greater risk to suffer from more diseases at one time.

It is thought that irrespective of the degree of progress to be attained in the future, the health improvement will mainly target senior people and less the very old age group. As far as dementia is concerned, it is expected that the number of patients will grow significantly.

Senior people are especially affected by health problems, usually long-term chronic diseases, but special attention will have to be paid to dementia (especially Alzheimer), that has progressed during the last years, having a significant economical and social impact. All studies conclude that the frequency of the disease tends to grow along with age: 0,6 of the people aged between 65-69 years suffer on average from this disease, whereas the percentage reaches 22% at persons aged 90 and more.

As they grow older, seniors are exposed to multi-morbidity and become more dependent as far as daily activities are concerned.

In Romania, according to the data provided by the National Institute for Statistics (INS), almost half of the persons aged 50 and more suffer from chronic diseases. One in five persons from the whole population declares that they suffer from a chronic disease, most of these being women (59,2%). The main chronic diseases are either heart related (87%) or gastric or duodenal ulcer (1,9%) and diabetes (1,6%).

The incidence of diseases decreases the higher the education of the individuals.

The situation on age groups is the following:

INTRODUCTION

The morbidity and the mortality are traditional parameters of health. The problem of morbidity and especially that of incapacity remain crucial for the future, deriving from the characteristics of morbidity at elderly people:

- high rate: elderly people tend to be ill more often;
- there are diseases occurring predominantly with elderly people: cancer, cardio-vascular diseases, physical infirmities and mental disorders;
- chronicity: elderly people need more time to recover and are at a greater risk of developing chronic diseases. Dementia is a typical disorder of old age and requires professional care and services;

Table no.1.

under 15 years	15-24 years	25-49 years	50-64 years	65-74 years	75 years and more
3,4%	4,9%	12.2%	38,1%	52,8%	68,1%

The illness degree of the population within a community is the result of the cumulated action of more objective and subjective factors related to the macro and microsocial environment, generically called „social determinants of morbidity”. From this point of view, the rural population has been and continues to be aggressed by a series of economical and non-economical events

leading to the weakening of the health, among these „aggressors” being massive pauperization, degradation of the sanitary infrastructure and the drastic diminution of the educational stock within this area.

The way of life characterized by wants and frustrations, unhealthy lifestyles, insufficient consumption of medical services along with the poor offer of such services have determined the increase of the value of morbidity markers and, as a logical consequence, the value of mortality markers within rural communities. In rural areas approximately one in four persons suffers from one or more chronic diseases.

The main causes of mortality in Romania are cardio-vascular diseases. An almost perfect congruence between morbidity and mortality can be ascertained: if mortality is primarily caused by cardio-vascular diseases, the morbidity phenomenon is dominated by the same category of illnesses.

There are no significant differences between the rural and the urban areas as far as the incidence of cardio-vascular and neurological diseases is concerned. Nonetheless, the rural areas are negatively characterized by the worst locomotory consequences of such disease, by means of the setting-in of a long term or even permanent physical incapacity.

The comparison with the urban area shows that the rural ill people develop long term locomotory disabilities as an effect of a cardio-vascular or neurological type disease. The source of such a difference between the two environments lies with the insufficiency of necessary material resources in order to partially or wholly restores the handicap.

The frequency of certain diseases in both rural and urban areas leads to the following conclusion: chronic diseases with a higher incidence in the rural area by comparison with the urban area are atherosclerosis, abdominal hernia, liver cirrhosis, cataract, glaucoma. The higher incidence of atherosclerosis in rural areas is the consequence of the higher number of elderly people within the age groups structure. The frequent causes of liver diseases (especially cirrhosis) are linked with the alcohol consumption.

Broncho-pulmonary diseases are caused by tobacco consumption, which is quite frequent among elderly people and contributes to health deterioration by increasing the frequency of specific illnesses, such as lung cancer, bronchitis and pulmonary emphysema, asthma and cardiopathies.

The correlation between chronic diseases with the educational level of the population shows that persons with higher education are healthier than others, less educated.

Another relevant indicator directly related to the health status of the population is the dependency rate. In every society only a part of the population is active. The other part comprises dependent persons (especially elderly people and children) and makes up for 45 % of the total population in Romania. Approximately 2/3 of the dependent Romanian population lives in villages, many of

these elderly people being excluded from the social expenses distributed by means of national politics.

The considerations regarding the social determinants of health start from the analysis of the balance between offer and demand of medical services in the rural areas. In fact, this is about the accessibility to the health care system and the real flows of medical services consumption, which are measured by means of the services and medicines' consumption.

Reality shows that a good part of the present rural population is vulnerable from a socio-medical point of view. Most components of the sanitary infrastructure have known an alarming descendent dynamic, thus increasing the precarity of living conditions for the population living in villages and especially that of seniors. Practically, all elements of sanitary infrastructure in the rural areas, starting with specific units an dup to the medical staff working here have lower values than in cities, despite the fact that almost half of Romania's population lives in villages.

Poverty represents one of the most powerful social determinants of precarious health. Some researchers have treated poverty as a silent (social) disease, bringing about numerous physical and mental illnesses (Kesseris, 1998).

The negative influence of poverty is apparent by means of insufficient and/or imbalanced nutrition, improper living conditions, lack of hygienic conditions and not least by the lack of the necessary financial support for the consumption of medical services and prescribed medicines.

Aspects regarding the morbidity and the death rate in Braşov County

The main chronic diseases (or groups of diseases) in decreasing order of their prevalence are the following:

- high blood pressure
- chronic ischemic cardiopathy
- diabetes
- ulcerous disease
- chronic obstructive lung diseases
- cerebral-vascular diseases

From a total of 128.386 persons admitted to hospital in the year 2007, elderly people have made up for 48% (61.625 persons), the following being the causes of the diseases:

At county level, according to locally processed data, the gross death rate is (for the year 2007) of 9,42 in a thousand people, 8,50 ‰ in the urban areas and 12,14 ‰ in the rural areas; according to gender, the general death rate represents 10,7 ‰ for men and 8,9 ‰ for women.

The evolution of the general death rate during the last ten years has been constantly lower compared to the general death rate at national level (which is slightly increased compared to the previous period).

Specific death rate based on the top five death causes is represented in the chart no.3.

CLINICAL ASPECTS

Table no. 2. Morbidity

DISEASE	AGE GROUP (65 years and older)
Infectious diseases	2404
Tumours	3059
Blood diseases	484
Skin diseases	697
Mental disorders	2519
Neurological illnesses	1603
Diseases of the respiratory system	9797
Diseases of the blood system	7767
Diseases of the digestive system	5337
Diseases of the locomotory system	4325
Endocrine disorders	1538
Diseases of the genital and urinary system	4680
Accidents	3756

Data source: Statistics Department of D.S.P. Braşov

Table no. 3. Proportional death rate according to medical death causes in Braşov County (2007)

CAUSE	GENERAL DEATH RATE	DEATH RATE FOR ELDERLY PEOPLE
Cerebral - vascular diseases	19%	9,12%
Ischemic cardiopathy	20%	9,6%
Heart attack	10%	4,8%
Other diseases of the circulatory system	11%	5,28%
Cancers	22%	10,56%
Accidents	6%	2,88%
Diseases of the respiratory system	4%	1,92%
Diseases of the digestive system	6%	2,88%
Other causes	5%	2,4%

Data source: Statistics Department of D.S.P. Braşov.

Table no. 4. Medical death causes

MEDICAL CAUSE OF DEATH	TOTAL NUMBER OF DEATHS	NUMBER OF DEATHS ELDERLY PEOPLE
Cardiovascular diseases, out of which:	3329	1597
- cerebral-vascular diseases	1121	538
- Ischemic cardiopathy	1178	565
- heart attack	607	291
- other cardiovascular diseases	423	203
Cancers	1265	607
Accidents	350	168
Digestive system	346	166
Other causes	360	172
TOTAL	5944	2853

Data source: Statistics Department of D.S.P. Braşov

The model of death rate based on medical causes of death is that of a grown old population (the European type), with an important occurrence of cardiovascular

diseases and cancers.

The evolution of demographical markers, with a decreasing birth rate, increasing death rate and a negative natural output lead us to think about an aging population, with an increasing number of elderly people in the future.

This calls for a new strategy that has to include prevention and curative services for the somatic and psychiatric pathology which is specific for this category, medical and social services, including primary care both at home and in the community

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