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**Report**

**Geriatric health in KSA**

**Objectives:**

1-Explain the demographic changes associated with ageing of the population in KSA.

2-List the health and social problems associated with ageing in KSA.

3-Describe the interaction between physical ill-health, social problems, psychological problems and functional limitations.

4-State the top ten causes of years lived with disability, disability adjusted life years lost and death among elderly 70+ years in KSA

5-Outline the aims and aspect of elderly care in KSA

**Introduction:**

**Definitions:**

- Geriatric = elderly = old people

- The elderly population is defined as people aged 60 or 65 and over.

- Geriatrics: is the branch of healthcare that focuses on the unique needs of the elderly.

-Life Expectancy; In recent years, there has been a sharp increase in the number of older persons worldwide and more old people are alive nowadays than at any time in history.

**The demographic changes associated with ageing of the population in KSA:**

The demographic predictions of the United Nations show that population aging is entering a new phase and approaching its highest ever rate. For example, the population predicted for Saudi Arabia is approximately 40 million in 2050, twenty five percent of whom will be aged 60 or more. Thus, there will be more than 10 million people aged 60 or more by 2050.

The population aging phenomenon in Saudi Arabia can be attributed to three main factors. **First**, fertility rates have declined in the last number of years, leading to a smaller number of young people.

The **second** reason for population aging is the upward movement in life expectancy.

**Third**, decreases in birth and death rates have led to a narrowing of the young generation and a widening of the elderly generation.

**Health problems:**

* Chronic diseases
* Nutrition problems
* Impairment of special senses
* Polypharmacy
* Unintentional injuries
* Deterioration of functional abilities

**Chronic diseases:**

* Hypertension
* Diabetes
* Heart diseases
* Stroke
* Joint problems (arthritis)
* Incontinence and urgency (BPH)

**Nutrition problems:**

**❖ Primary malnutrition:**

Reduced intake due to social or economic reasons

**❖ Secondary malnutrition:**

Excess loss and reduced absorption

**❖ Overweight and obesity:**

Imbalance between intake and expenditure of energy

**Polypharmacy:**

Taking more than 5 drugs at a time including:

* Prescribed medications
* Over the counter medications
* Herbal treatment

**Impaired special senses:**

* Vision impairment:
* Hearing impairment.
* Reduced Sensation.
* Deterioration of smell.

**Unintentional injuries:**

Mostly falls which Lead to:

* Fractures
* Slow recovery
* Increase dependency

**Social problems:**

* Decrease income:
* Low social contact:

**Health related quality of life in chronic diseases:**

an increasing number of people live with chronic diseases that can adversely affect their quality of life.

Most of the chronic diseases have the potential to worsen the overall health of the person, affecting many aspects of their life such as:

1- daily activities.

2- social activities.

3- economic status.

**ACTIVITIES OF DAILY LIVING:**

Reflects the abilities of the elderly for self-care, it includes:

•Bathing

•Dressing

•Grooming

•Feeding

•Continence (control urine and stool)

•Ambulating (moving about)

Transfer (moving from one place to another inside the house)

**Psychological problems of elderly:**

**Elderly have high risk of psychiatric diseases because:**

1.Usually alone.

2.Losing a loved one.

3.Have been ill or have a progressive chronic disease.

4.Disabling illness.

5.Recent surgery.

6.Use some medication.

**Depression:**

●Depression result due to interaction between physical dysfunction, physical ill-health and social problems.

●**Commonest** psychological disorder among the elderly **is depression**.

●Community-based mental health studies have revealed that the point prevalence of depressive disorders in the elderly population of the world varies between **10% and 20%**, depending on cultural situations.

●Gradual onset and progressive course.

●Often not recognized by the elderly or the caregivers.

●Manifested by executive dysfunction.

**Treatment of depression:**

●Emotional support e.g. spend time together and make them feel loved and wanted.

●Encourage them to talk with their doctor about their feelings.

●Prescribe antidepressant drugs.

**Top ten causes of years lived with disability:**

1- **Arthritis**: most common causes of long-term disability.

2- **Heart disease and stroke**  7- **Lower respiratory infection**

3- **Cancer** 8- **Chronic kidney disease**

4- **Mental health problems**  9- **Refraction disorder**

5- **Diabetes** 10- **Back pain**

6- **CNS:** Parkinson's & Alzheimer's disease.

**Care for the elderly:**

1. Promote Healthy Ageing.

2. Early Detection of Aging and Management.

3. Social Evaluation and Support.

4. Community-based Services, **ex;** Elderly day care centers, Elderly day health