

Do rheumatologists have a role in health promotion among elderly?

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ACTA REUMATOL PORT. 2016;41:181-182

The dramatic increase in life expectancy ranks one of the greatest achievements of the modern societies. However, many of these later years may be spent with increasing disability and compromised quality of life due to chronic illnesses such as heart diseases, cancer, stroke, diabetes and rheumatic and musculoskeletal diseases (RMDs)¹. In fact, RMDs are the most prevalent chronic non-communicable diseases in developed countries and one of the main causes of disability^{2,3}. With the rapid growth of older populations throughout the world – and the high costs of managing people with disabilities – the following challenges and questions emerge: How can we encourage and maintain an active and independent life in elderly? How can we promote health in this age group?

Health behaviours (poor diet, physical inactivity, smoking, and alcohol abuse) are considered important risk factors for preventable chronic conditions, namely some RMDs (e.g. osteoarthritis). In fact, several factors might contribute to inadequate health behaviours patterns in elderly, such as poor socioeconomic status, social isolation (typical among older people), physiological decline, age-related diseases, use of medication, functional limitations and health illiteracy^{4,5}. It urges a need to provide a continuum of care that includes prevention, early detection of disease and also integrative treatment in this multimorbidity age group, in order to maintain or improve their health and well-being⁵.

A tremendous opportunity exists to engage millions of senior adults in programs and initiatives that can reduce behavioural risk factors for chronic diseases and

help them to improve illness in a more specialized way. Promoting health among elderly is a challenge that several health professionals should address. A strong shift from hospital-based to community-based care is suggested, to address the burden of multimorbidity and their effects on adverse healthcare outcomes, including hospitalisation and, particularly, the increasing demand for treatment in nursing homes⁶. Such health care should be multidisciplinary and integrative. In fact, health care should draw on the insights and skills of specialist, but also deliver it in a balanced manner, people-centred, promoting a prolonged good life among elderly⁷.

RMDs should always be considered when we talk about health promotion in elderly. It is estimated that the number of older patients with musculoskeletal conditions will double in the coming decades⁸. Of interest, a paper published recently by a Portuguese research group using data from the Fourth National Health Survey (IV_INS), has shown that disease management strategies for subjects with chronic non-communicable diseases should also target RMDs because of their frequency and importance among the multimorbidity models⁹. However, the reverse situation is also truth and rheumatologists are also responsible for applying preventive measures to reduce cardiovascular risk and bone fragility in all patients (healthy diet, regular exercise and smoking cessation)¹⁰. In fact, the conceptual framework of Core Areas for outcome measurement in the setting of health intervention studies developed by the OMERACT, includes all health domains of the rheumatic patient and not only the treatment of the rheumatic disease¹¹.

Indeed, rheumatology community is advancing to a person-oriented framework and is particularly interested in providing specialized care to elderly. An example of this is the creation of a gerontorheumatological outpatient service, created in a Rheumatology Department in Netherlands, where a multidisciplinary team approaches elders in a problem-oriented way, identi-

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fyng the individual specific needs and tailoring their possibilities¹². Nevertheless, can we do more? Can we address elderly in a continuum way and in a community-based care? How can we do this?

One solution should be to redesign health systems to better provide coordinated and specialized elderly community-based services. Core services should include prevention and early detection of disease, primary and acute care, rehabilitation of RDMs conditions, provision of assistive devices (supporting self-management) and palliative care⁵. This holistic approach puts rheumatologists as important stakeholders in elderly health promoting. In order to properly provide health care to elderly some challenges should be overcome in the rheumatology community worldwide. In particular, special attention should be given to the access to clinical care services, rheumatology education and research, targeting health promotion among elderly people.

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