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# Supporting people to age well

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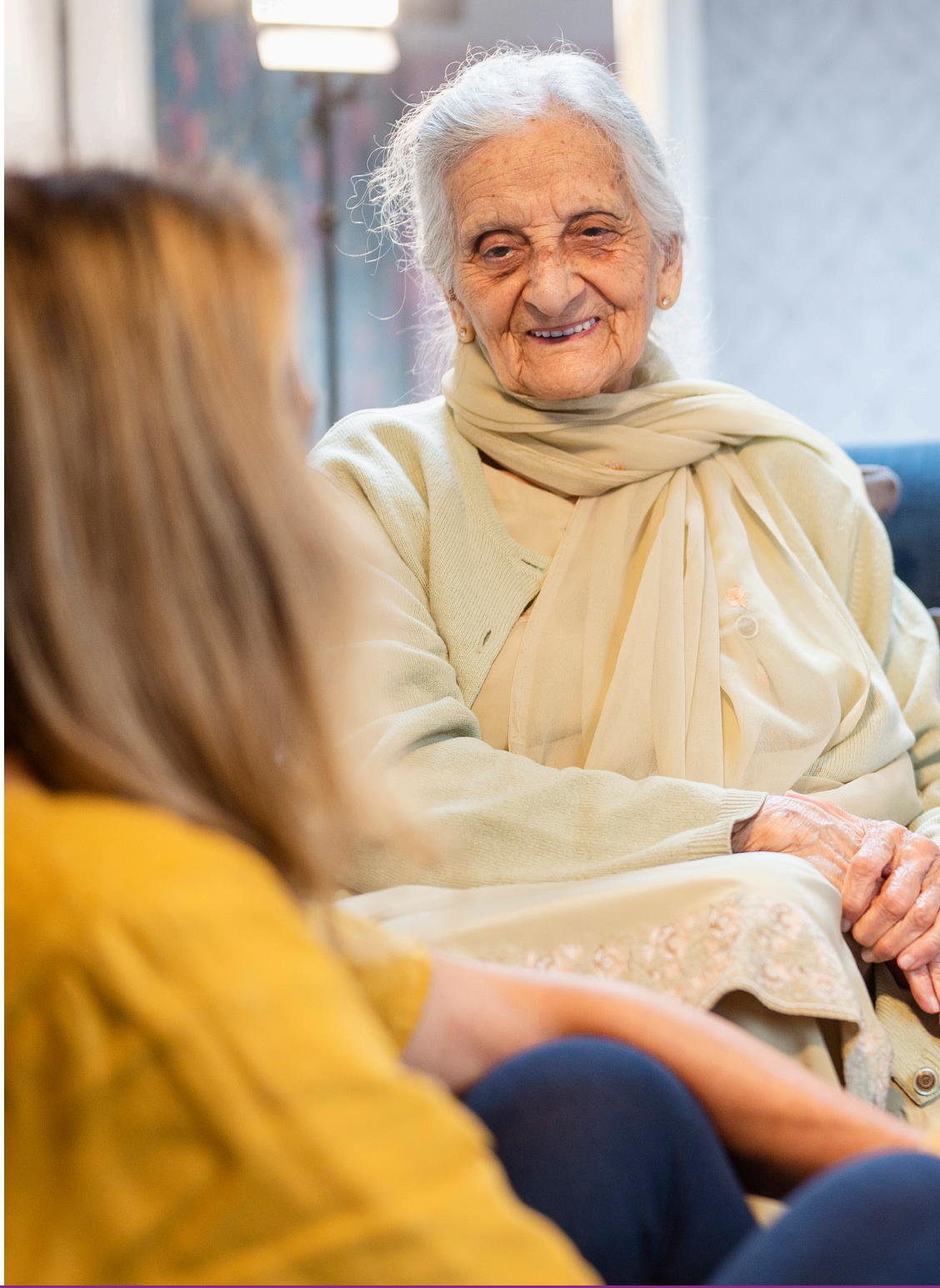
## How ageism can affect healthcare outcomes

Some people in their 50s and 60s may begin to stop investing in themselves, yet your own ageist attitudes can normalise this. They may stop exercising, gain weight and take less care over their physical appearance and personal hygiene. We need to recognise ageism within the healthcare system, ourselves and our communities in order to prevent the unnecessary decline as we get older together.

- Physical and mental health problems
- Increased care needs
- Reduced quality of life
- Risk of premature death

"It is not how old you are, but how you are old that matters most".



## Social withdrawal and isolation

Mrs A is a lady in her 60s who presented to the hospital emergency department following a fall at home. She had been living alone since the death of her spouse three years earlier. With no immediate family, she had become increasingly socially withdrawn and isolated, losing touch with friends, and losing interest in life.

She had gradually become less physically active venturing out infrequently, even to buy essential food and provisions, and had become less invested in her own health and wellbeing.

A neighbour had raised concerns with social services about Mrs A beginning to ‘look very old before her time’ and was worried about her self-neglect, but Mrs A had several times declined help and her case was soon closed. Despite Mrs A appearing to physically age more rapidly this was largely dismissed as ‘normal’, even by Mrs A herself.

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## Malnutrition, muscle wasting and immobility

In the last month, Mrs A had resorted to living mostly in a single room, her home was in disrepair, and she had fallen a few times while trying to get to the bathroom. She had eventually given up on attempting to maintain her own personal hygiene.

Following a fall at home from which she was unable to get up from the floor and had become incontinent, her neighbour eventually raised the alarm, and she was taken to hospital.

After a full clinical assessment Consultant Geriatrician, Martin Vernon, established that despite sustaining no major injuries from her fall she was severely dehydrated with prolonged malnutrition leading to profound muscle wasting and immobility, a life-threatening condition brought about by depression and self-neglect.

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## Disinterest in life and gradual decline

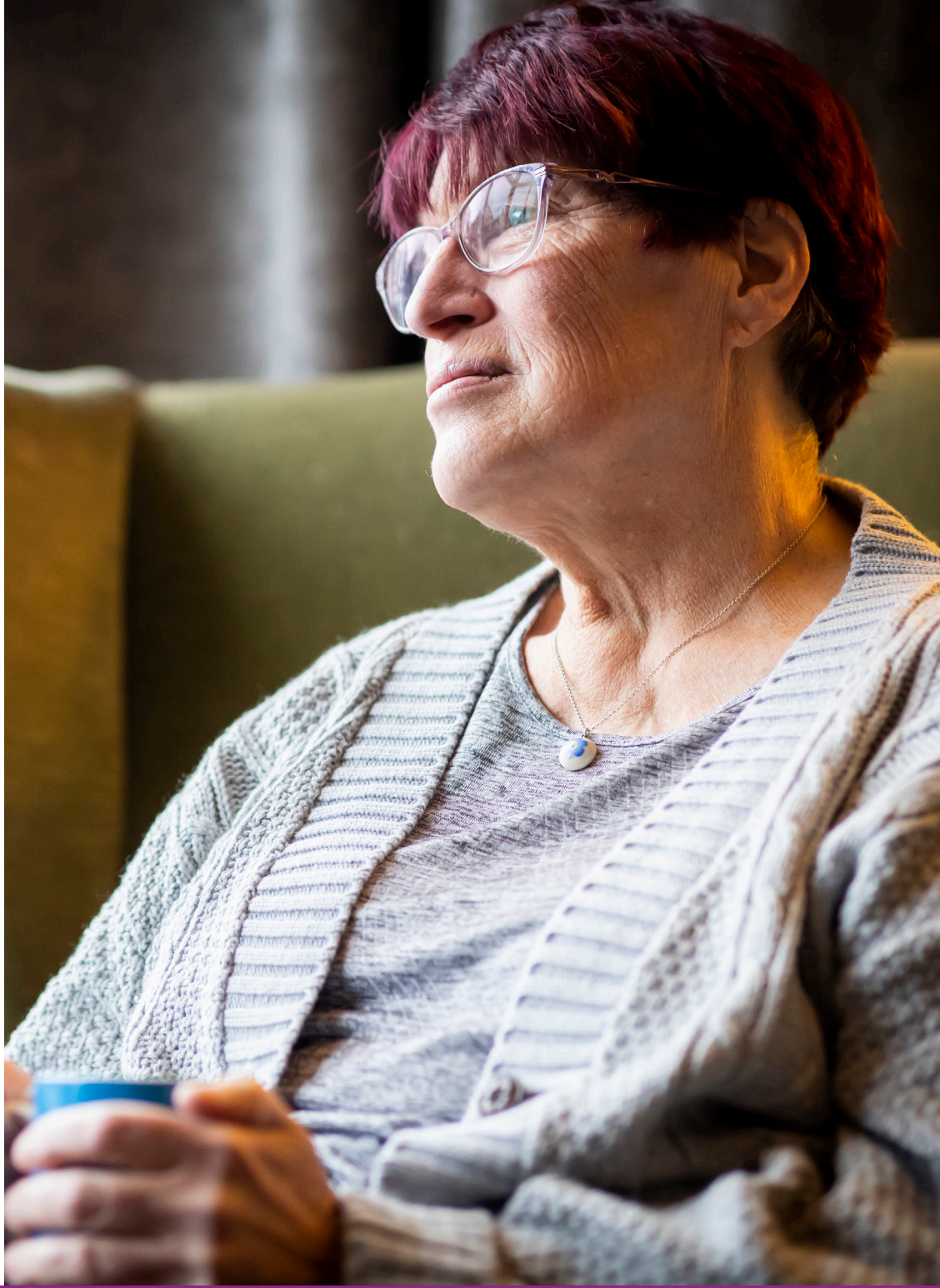
While discussing how best to treat her condition she told Martin,

> "I've let myself go and given up on myself. My life never used to be like this but it's just my age and time of life, I guess".

In explaining her need for hospital admission and medical care, Martin described his conversation with the lady around her now very poor state of health,

> "Your life is in severe danger and if you go home without further medical care you won't survive for more than a few days".

Despite hospital treatment she continued to deteriorate in hospital, developed pneumonia and died less than 2 weeks later.



## Increasing opportunities to access help

Prior to these events, which severely reduced Mrs A's life expectancy, she had only a small social network focused on her relationship with her spouse and her employment. In suffering a severe, but largely unrecognised, grief reaction leading to severe depression, she had become rapidly physically and socially isolated.

Yet neither Mrs A nor her community recognised her rapidly escalating vulnerability to the severe adverse health impacts of her depression and increasing isolation.

Only when the neglect of her property and personal wellbeing became noticeable to her neighbour did anyone attempt to offer Mrs A any help. Yet the limited offers of help were not sustained and ultimately were ineffective leaving her descent into ill health unchecked.

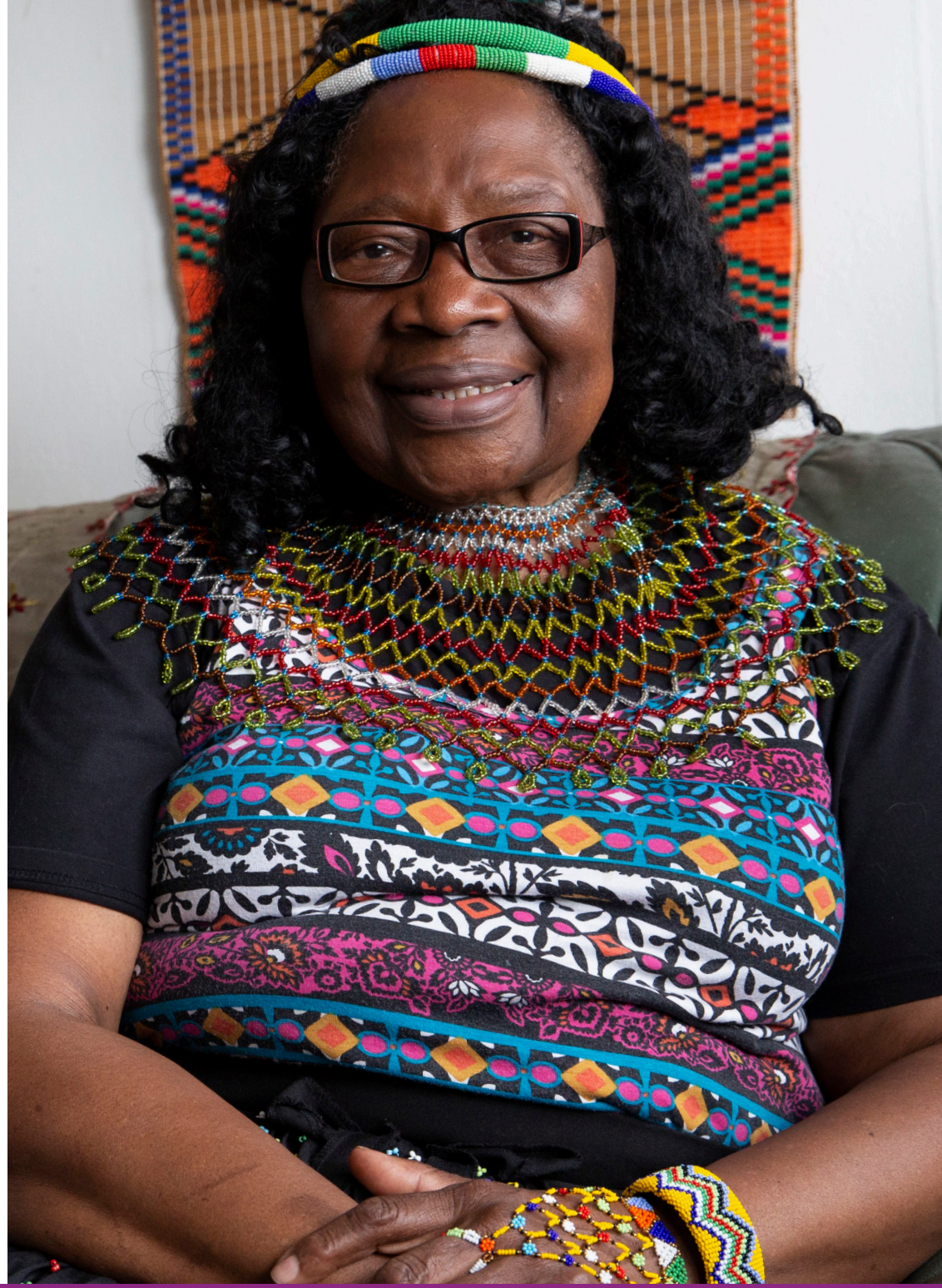
## Changing the perception of ageing to improve outcomes

Mrs A did indeed look physically ‘old’ when she died, yet comparatively she was young, and her life expectancy was cut short compared to her same age peers.

Her ‘abnormal ageing’ was largely precipitated by a series of life events leading to mental ill health, social isolation and personal and physical disinvestment. This abnormally accelerated her physical ageing as she became less active and able to undertake essential activities of daily living.

Mrs A’s progression from a state of physical and mental health vulnerability to mild frailty, then through moderate to severe frailty was largely normalised by both Mrs A and those in a position to offer help.

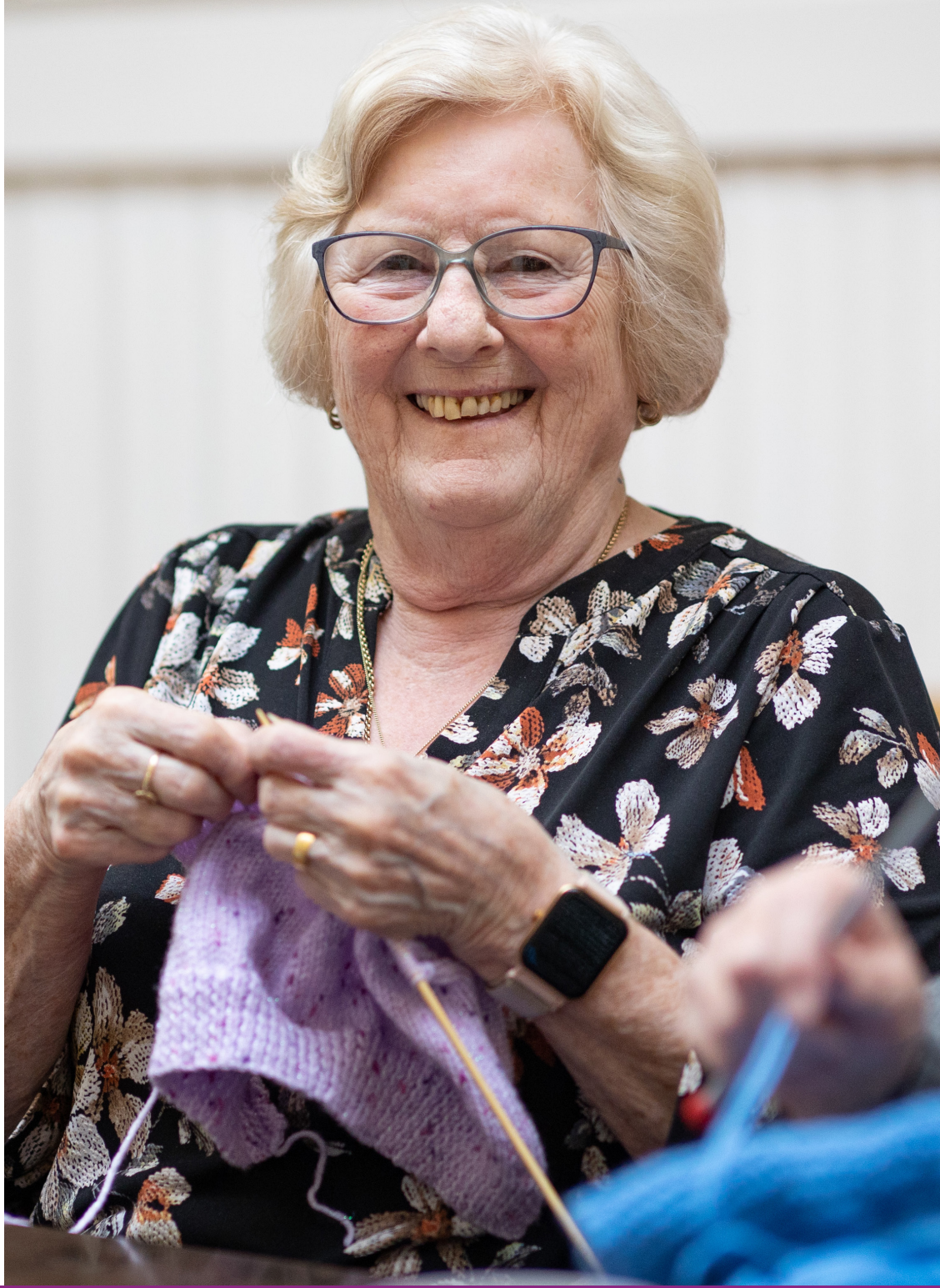
The unintentional consequences of normalising ageing as a state of inevitable decline proved to be catastrophic for Mrs A, and there were many missed opportunities to prevent her accelerated and largely abnormal ageing.



## What steps can we take to support people to live well for longer?

Here are some steps we can take to prevent similar negative health outcomes in the future:

- Provide better support to people to maintain social connectivity following major life events, such as retirement or loss of a loved one, and enable them to access community assets, services and facilities to promote better quality ageing.
- Root out entrenched ageist attitudes and challenge us and others when we regard ageing as synonymous with decline, missing valuable opportunities for prevention to promote better ageing.
- Focus on the person and not their age or their physical appearance.
- Ask communities, family members, friends or neighbours to invest time and effort into individuals who are not appearing to age well to restore social connectivity and create opportunities for better ageing.



## Bringing people together to promote healthy life expectancy.

Through increased social connectivity, communities can promote greater activity, involvement, enablement and physical reconditioning to capture multiple opportunities for sustaining improved health and wellbeing.

We live in an ageing society with increasing health and social care burdens. If we do not recognise and challenge our own and other people's willingness to associate ageing with inevitable decline, so that we can do things differently, we are going to see many more people like Mrs A deprived of healthy life expectancy.

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