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Letter to Editor

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The senility tsunami in Iran

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One of the achievements of the 21st century is the aging population (Angus and Reeve, 2006). According to the World Health Organization (WHO), senility is passing the 60th birthday (Bengtson and Allen, 2009). According to forecasts, by 2050, the population of the world 65-year-old age group will reach over 1.4 billion people from 550 million. It means that the world's aging index, rising from 24 people in 1950 to 33 people in 2000, will increase to 101 people in 2050 (Christensen et al., 2009). Currently, due to lower birth rates, increased life expectancy, health promotion, and disease detection, Iran is also in the age structure transition phase of the population from youth to senility (Noroozian, 2012). Therefore, elderly people are considered as the largest population group in Iran. According to the census conducted in 2016, the ratio of the elderly of Iran reached 6.1% in the past five years from 5.7% (Yearbook, 2017). It is anticipated that by 2050, the Iran's elderly population will reach 31.5% of the total population of the country (Yearbook, 2013, 2017). Due to the WHO, the world's elderly population will reach 21.5% in 2050 and 24% in Asia (Organization, 2009), according to which the population of the elderly people in Iran will be higher than the whole world average and the Asia average till 4 years (Yearbook, 2017). This demographic crisis in Iran can be called the senility tsunami, which can be debatable in various aspects including social, economic, health, medical, and political, in developing countries like Iran.

In terms of care, increasing the population of the elderly leads to an increase in disability and weakness in them, the occurrence of several illnesses simultaneously, exposure to multiple drugs, drug poisoning, and being susceptible to some disasters such as falls which will divest the possibility of independent living from the elderly (Harper, 2014; Rossat et al., 2010); diseases

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that affect not only the individual but care givers, the family, and the whole social and health system of the community and make the care process inevitable (Harper, 2014; Lee and Mason, 2010). On the other hand, studies show that about 80% of the elderly are cared by family members, while in developing countries like Iran, national plans to protect family care givers are inadequate (Noroozian, 2012). Also, changes made in senility including changes in the body's response to drugs, reduced physical ability, the experience of important life events such as retirement; inhabitancy in nursing homes; reducing income, and decreasing social communication opportunities that create loneliness feelings in the elderly (Karel et al., 2012). Obviously, the aging population, double burden of diseases, and the increased risk of disability will lead to development of chronic and untreatable diseases, resulting in increased costs of care and lowering the quality of life (Herrmann et al., 2010). Also, many developing countries have very low incomes and exit/ get out from the labor market before they have enough income to save. In addition, elderly people in developing countries often rely on resources derived from children that those resources do not have reliability, as traditional structures in these countries are changing severely (Bloom et al., 2011).

In developed countries, aging is associated with the improvement of health indicators (especially equity financing), which is facing hesitation in developing countries (Syed et al., 2012). In other words, the emergence of health problems for elderly people in developed countries, unlike developing countries, has a social and private insurance mechanism, and therefore there is no risk of imposing catastrophe expenditure on the elderly and their families in developed countries (Lee and Mason, 2011). Increasing aging population on one hand, and socioeconomic changes and personal and family lifestyles on the other hand, have led to an increase in the number of elderly care institutions (Huber et al., 2009). Admission to the nursing homes has mental consequences including feelings of rejection, mental stress, depression, and loss of chance to be with family and friends (Karel et al., 2012).

Considering the above points, it can be concluded that health of the elderly is one of the health problems in most societies, especially in developing countries including Iran, and coping with these problems requires policy making and accurate planning. Of course, if countries do not plan on this issue, they will face a lot of problems. These problems not only affect the lives of the elderly and cause losing their independence and physical, mental, social, and economic complications, but also have important implications for community health systems and lead to human and social costs and attract resources that could be used to address other community health problems in an inappropriate way. On the other hand, despite the changing population pyramid of Iran towards the senility, it has not yet been focused on the needs of the elderly as a vulnerable group of society. Therefore, considering that care needs of elderly people are different in different societies and they are influenced by several factors including cultural, social, economic and political conditions, consideration and

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attention to the needs of elderly people in different dimensions is felt in Iran and it is recommended that the country's programs for the elderly be organized around the three axes of education for healthy living for the elderly, care for the elderly, and informing the people about the importance of the elderly position and their reverence.

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References

Angus, J., and Reeve, P. (2006). Ageism: A threat to "aging well" in the 21st century. *Journal of Applied Gerontology* 25, 137-152.

Bengtson, V.L., and Allen, K.R. (2009). The life course perspective applied to families over time. In Sourcebook of family theories and methods (Springer), pp. 469-504.

Bloom, D.E., Boersch-Supan, A., McGee, P., and Seike, A. (2011). Population aging: facts, challenges, and responses. *Benefits and compensation International* 41, 22.

Christensen, K., Doblhammer, G., Rau, R., and Vaupel, J.W. (2009). Ageing populations: the challenges ahead. *The lancet* 374, 1196-1208.

Harper, S. (2014). Economic and social implications of aging societies. *Science* 346, 587-591.

Herrmann, N., Tam, D.Y., Balshaw, R., Sambrook, R., Lesnikova, N., Lanctôt, K.L., and Investigators, C.O.S.i.D. (2010). The relation between disease severity and cost of caring for patients with Alzheimer disease in Canada. *The Canadian Journal of Psychiatry* 55, 768-775.

Karel, M.J., Gatz, M., and Smyer, M.A. (2012). Aging and mental health in the decade ahead: what psychologists need to know. *American Psychologist* 67, 184.

Lee, R., and Mason, A. (2010). Some macroeconomic aspects of global population aging. *demography* 47, S151-S172.

Lee, R.D., and Mason, A. (2011). Population aging and the generational economy: A global perspective (Edward Elgar Publishing).

Noroozian, M. (2012). The elderly population in iran: an ever growing concern in the health system. *Iranian journal of psychiatry and behavioral sciences* 6, 1.

Organization, W.H. (2009). World health statistics 2009 (World Health Organization).

Rossat, A., Fantino, B., Nitenberg, C., Annweiler, C., Poujol, L., Herrmann, F., and Beauchet, O. (2010). Risk factors for falling in community-dwelling older adults: which of them are associated with the recurrence of falls? *The journal of nutrition, health & aging* 14, 787-791.

Syed, S.B., Dadwal, V., Rutter, P., Storr, J., Hightower, J.D., Gooden, R., Carlet, J., Nejad, S.B., Kelley, E.T., and Donaldson, L. (2012). Developed-developing country partnerships: benefits to developed countries? *Globalization and Health* 8, 17.

Yearbook, I.S. (2013). Statistical Center of Iran. *Tehran, Iran*.

Yearbook, I.S. (2017). Statistical Center of Iran. *Tehran, Iran*.