Chapter One

WHAT IS HEALTHY AGEING?

The term 'healthy ageing' was not in my vocabulary for a large part of my professional career as a doctor. Patients are either healthy, or have diseases which may or may not be cured or controlled with medicines. When faced with someone for whom no drug treatment is available and who is dying, one feels powerless to help and tends to be disengaged. There are so many new developments in diagnostic procedures and drug developments that one needs to keep up to date with, as well as protocols and guidelines for whatever institution one works in. Yet death is inevitable, and with population ageing, many people who are in hospital are facing death. Doctors should help them confront death, by first coming to terms with their own mortality. Later in my career when I had to deal with patient complaints, one patient wrote: 'There is a doctor that comes round every morning in the ward that I am in, to do a ward round. I know there is no cure for me, but I wish he would look at me and talk to me, instead of just looking at my charts at the end of the bed.'

When I started looking after older patients in 1985, it gradually occurred to me that values for measurement of older patients were not within normal limits, according to the normal ranges provided for the general population. Some of the older people would have been classified as having a disease using the latter measurement. Such observations and subsequent studies showed that we need to distinguish between age-related changes and diseases. The management for each is quite different. Furthermore many 'evidence based' treatments had been based on randomized controlled trials which do not reflect real life situations. There are many practical implications: should one classify obesity using just one value? With age there are hormonal changes that result in changes in body shape

with increasing waist measurements. If we adopt this approach, then many people in their 70s and 80s will be labelled as obese and told to go on a diet.

As a result of engaging in many community projects relating to older people, the importance of doctors, hospitals, drugs, and investigations began to take a less important role, while social determinants of health became more important in a holistic view of health. For example, 40% of dementia is preventable through modification of lifestyle and air pollution. Social isolation and loneliness are medical, and indeed public health issues. If the health impact is as great as cigarette smoking, why is public health legislation somewhat unbalanced?

From a personal point of view, what does healthy ageing mean to me? Why are some people so active well into their 90s, while some become dependent on others for care for many years before they die? Many of us would agree that the first option would be preferable. So health is not just the absence of disease. Our paradigm of healthy ageing also needs to change, to adapt to the likelihood of people living to 100 years old.

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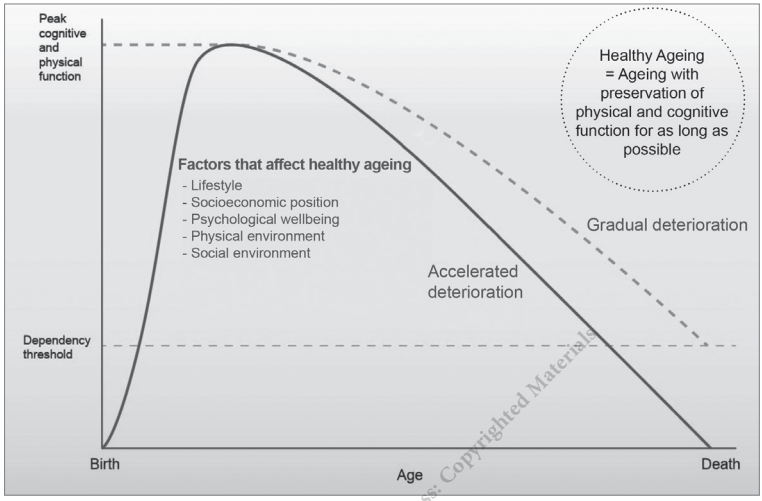
Many people think that ageing is something that happens to others, while dying or depending on others for help in daily self-care activities are distant events that are best left for the future. This is especially true in the absence of any serious illnesses. Medical students learn about disease diagnosis, pharmacological or surgical treatments, with an emphasis on technological advancements. Doctor consultations seldom consist of how one should deal

Fig. 1.1 The life course approach to healthy ageing



with age-related changes *per se*, independent of diseases. Yet these changes by themselves may result in the need to rely on other people as a result of a decline in brain and physical function.

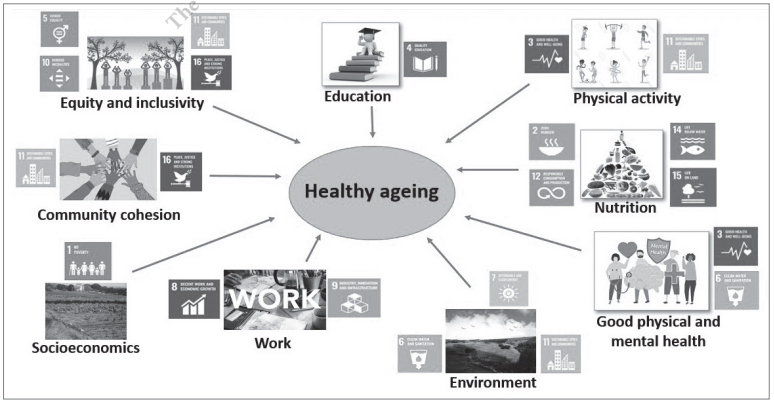
We reach peak brain and physical function between 20–30 years of age. After that there is steady deterioration, which may not be noticeable at first, but is more obvious later on (Fig. 1.1). For example, you may notice that you cannot keep up with the pace of walking with people who are much younger, like your children or grandchildren. Yet it is possible to slow down these age-related changes through our own efforts. To a large extent, it is up to each of us to optimize our lifestyle, as well as advocating for a physical and social environment that enables us to do so. This goal is best expressed as healthy ageing, a term that is promoted by the World Health Organization (WHO) for 2020–2030 as the Decade of Healthy Ageing (WHO, 2020). Ageing societies where

healthy ageing occurs are likely to have less burden in terms of need for medical and long-term care services.

Hong Kong currently has the longest life expectancy in the world, being 83.2 and 87.9 years for men and women, respectively. Is Hong Kong achieving the goal of healthy ageing at the same time? What this involves goes beyond disease prevention and management, but takes centre stage in the Sustainable Development Goals (SDGs).

Furthermore, healthy ageing as a goal involves action throughout the life course, from childhood to adolescence, to working life through retirement. This approach promoted by the WHO is a very constructive view of the ageing process. In other words, what you do when younger will affect how you age. Individual and societal response should not adopt a narrow perspective and focus only on non-communicable diseases (NCDs) and avoiding death, but to have an ultimate goal of maintaining functional ability for as long as possible. Health should be considered from the perspective

Fig. 1.2 Contribution of sustainable development goals to healthy ageing



Adapted from Mavrodaris et al., 2022.

of an older person's functioning rather than the diseases at any one time, as well as all the external social and physical environments that may contribute to optimal functioning (Fig. 1.2). Inequities exist in healthy ageing and these should be addressed as part of social justice; therefore, tackling the social determinants of health forms an integral part of the response to ageing demographic changes. A key component consists of empowering older people to adapt and take an active part in shaping the challenges faced by individuals and society as a whole.

How Do We Measure Healthy Ageing?

Adoption of the UN resolutions of the Decade of Healthy Ageing by governments must be accompanied by a plan of action to improve the lives of older people, through collaborative networks. For example, in the UK, the UK Ageing Network (UKANet) works to better understand the biological mechanisms of ageing and their impact on human health; translate research findings into policy and practices; bring in older people, funders, and healthcare professionals in their research; and act as a voice for researchers on ageing. Collaborative networks like this, in ageing biology and clinical translation that are interdisciplinary—drawing from the social science, humanities, economics, biomedical and physical sciences, and members of the public with lived experiences of ageing—provide a concrete example of what should be aspired to (Cox & Faragher, 2022).

Healthy ageing is intrinsically linked to sustainability and equity; yet there is a widespread view that places healthy ageing exclusively in the chronic disease domain, and often only from

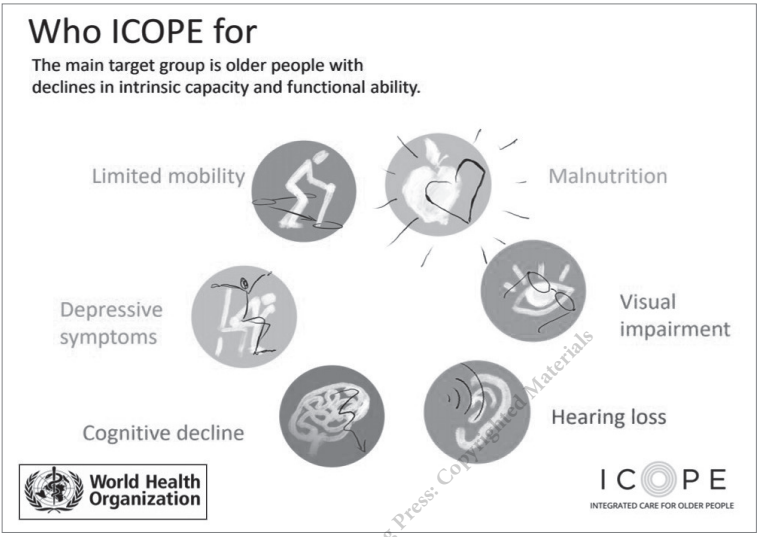
the service providers' perspective rather than the older person's perspective (Mavrodaris et al., 2022).

Whether countries have implemented the UN resolutions, and how successful such efforts are, can be shown in the use of suitable indicators of healthy ageing. Such indicators are different from existing health indicators such as mortality and disease incidence, prevalence, and disability. Metrics are currently being explored by the WHO that include a life course approach in measuring intrinsic capacity, and that capture five domains focusing on function as an outcome (sensory, locomotor, vitality, psychological, and cognitive functions) (Thiyagarajan et al., 2022). Since then, the WHO has developed a model of Integrated Care for Older People (ICOPE) using a person-centred approach to manage older people with declining intrinsic capacity and functional ability which are key to healthy ageing (Fig. 1.3).

Central to these indicators is the assessment of functional outcomes from the older person's perspective. Factors that modify these outcomes go beyond personal attributes and healthy lifestyle behaviours, to health services, housing, urban planning, safe neighbourhoods that promote social networks, as promoted by the Age-friendly Cities (AFC) concept (Fig. 1.4) (CUHKIOA, 2022b, 2022c, 2022d, 2022e).

The term 'functional ability' is often interpreted as a personal attribute (covered in the intrinsic capacity domain), describing whether individuals can look after themselves as well as participate in society independently. The WHO gives a broader definition, covering domains such as the ability to meet basic needs, to learn, grow and make decisions, to be mobile, to build and maintain relationships and to contribute. Items under each

Fig. 1.3 The WHO's ICOPE



Source: World Health Organization. https://www.who.int/teams/maternal-newborn-child-adolescent-health-and-ageing/ageing-and-health/integrated-care-for-older-people-icope.

Fig. 1.4 Domains of Healthy Ageing