Can We Get Both Longevity and Healthy Life at the Same Time?

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Even though the physical functions of the elderly are declining, if we continuously improve their living conditions and environment, the trend of decline of the self-care capability of the aged population as a whole, may be effectively alleviated or even reversed.

With falling of the fertility rate and the prolonging of people's life expectancy, the population demographic of most countries in the world is entering an unprecedented era. This will impact many aspects of society; especially the impact of the huge and rapidly growing group of advanced aged persons, namely, those over 80, which poses a major challenge to society. These elderly people suffer a relatively high risk of sickness and physical disabilities, and are the main subjects to be served by the family and social aged care system. Understanding the change trend of physiologic and cognitive health of the advanced age group is an important subject in measuring the demand for aged care services and planning of the aged care system.

Besides the significance in the policy aspect, to study the health change trend of the advanced aged also involves a theoretical discussion about the relationship between the overall population's longevity and health. That elderly people are living longer and longer is a generally accepted fact, but the question of whether a longer life is accompanied with a healthier physical condition needs to be discussed. Some scholars are of the opinion that, with social and economic development and change of life style, elderly people can attain longevity and good health at the same time, which would be a "success of success". Other scholars are of the opinion that, with improvement of the medical system, some elderly people who had been on the verge of death are revived, but then go on to live a longer but unhealthy life, which would be a "failure of success". Theoretically, both of these situations may occur. In such a context, at the empirical level, the monitoring and interpretation of the health trend of the elderly has become a focus of study.

In recent years, I joined a research team led by Professor Zeng Yi of Duke University, and began to study the change trend of the health of the advanced aged in China. Relevant papers were recently published in the internationally recognized journal The Lancet. Now, China's elderly population accounts for about one fifth of the world's total. Since China's baby boom generation, who were born in the 1950s and '60s, will join the ranks of the advanced aged by around 2030, the number of advanced elderly people in China is expected to grow from 19 million in 2010 to about 150 million by 2050. This huge and rapidly growing advanced aged group poses one of the major challenges facing China's aging society.

Using the follow-up data for the 10 years between 1998 and 2008 obtained from the Health Influencing Factors Follow-up Survey for China's Elderly People, we compared the survival and health situation of advanced elderly people of the same age group at an interval of 10 years. We made three comparisons, namely, a comparison between the elderly of the 80 years age group in 1998 and 2008, a comparison between the elderly of the 90 years age group in 1998 and 2008, and a comparison between the elderly of the 100 years age group in 1998 and 2008.

We made comparisons from 4 aspects regarding each of the above pairs of elderly person groups, including annual mortality rate, disability (ADL scale), actually measured physical functions (three movements: standing up, picking up things and turning around) and cognitive capability (MMSE scale). Analysis of the data shows that the health change trend of advanced aged people in China displays both the characteristics of "success of success" and "failure of success". Regarding "success of success", the annual mortality rate of advanced elderly people in each age group in 2008 shows a significant drop compared with that in 1998, and the disability rate is significantly less than that in 1998. At the same time, compared with the data of 1998, the actually measured physical function and cognitive ability of advanced aged persons of different age groups in 2008 display a significant fall, which is an important evidence for the "failure of success".

Why does the disability situation show improvement, but the measurement of physical functions show some fall? We believe that, improvement of the living conditions of China's aged people over recent years has significantly reduced the disability factors of elderly people that result from the inconvenience of daily life, and this improvement offsets the decline in their physical function. For example, the wide use of household pedestal pans reduces the difficulty for elderly people to stand up after using a toilet; and installation and use of shower facilities helps improve the conditions of elderly people's bathing and showering; and popularization of washing machines greatly facilitates the self-care of elderly people, even if their physical conditions don't allow them to conduct traditional laundry work anymore. This finding shows a basic fact: Even though the physical functions of the elderly are declining, the continuously improving living conditions and environment may effectively alleviate or even reverse the declining trend of the self-care ability of the elderly population as a whole.

We noticed that, the cognitive ability of China's advanced aged people in 2008 displayed a significant drop compared with the advanced aged people of the same age group in 1998. This is inconsistent with the results of some empirical studies conducted in Western countries. We believe, besides the impact of the "failure of success" situation that has been discussed above, this phenomenon may be related to the relatively low education level of advanced aged people in 2008. Those advanced aged people surveyed in 2008 experienced more severe wars and famines in their childhood and youth stage than those advanced aged people that were born about 10 years before them, which may have seriously affected their education opportunities. Certainly, low education level doesn't necessarily result in a poor cognitive capability in the elderly stage, and possibly there are errors in the method of measuring cognitive ability. However, it is of important practical significance to realize the fact that the cognitive function of the advanced aged group in China is declining. Currently in China, the diagnosis, treatment and recovery of elderly people's cognitive-function related problems is relatively inadequate. It is urgently needed that relevant government departments strengthen social services in this aspect, and be well prepared to meet the continuously increasing demand for nursing and medical services regarding cognitive dysfunction of elderly citizens.

Can we achieve both longevity and healthy life at the same time? Viewed from the population aspect, there seem to be no simple answer to this question. But for individuals, this is an objective that is worthy of pursuing, and possibly can be achieved. Faced with an aging society, the continued study about the relationship between longevity and health reflects people's concern about elderly people's quality of life. Simply prolonging of life is not what the elderly want; they desire to fully enjoy healthier and happier living over a prolonged life. Healthy longevity--this is a future that every elderly person deserves.