

SELECTED ASPECTS OF THE QUALITY OF LIFE OF THE ELDERLY

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ABSTRACT

The turn of the 20th and 21st centuries has been a period of socioeconomic turbulence in many regions of the world. One of the observed phenomena is the ageing of the nations, particularly in the developed countries. The Polish society is also ageing. Statistical data show that after 2050 every third person living in Poland would pass the retirement age. The senior society is not homogenous. The practitioners recognize the age ranges 60+, 70+, and 80+. In each of these groups, other health, living, economic, and social problems are observed. The solutions to these problems and fulfilling the needs of the seniors are the tasks crucial to many areas of the social life and influence the general life quality of the elderly.

The recent research shows that the elderly are one of the most numerous consumer groups. The changes in the service market indicate an urgent need for aiming special market products at this consumer group.

Another area that requires urgent changes and adaptation to new needs of seniors are the branches of spa services, wellness, rehabilitation, but with a totally new approach to tackle this problem. Changes should be welcome also in the areas of nutritional, cosmetic, and cosmetic medicine services. Along with the increasing number of elderly people it became necessary to care for their needs.

The aim of this paper is to present the range of problems connected with the elderly people.

INTRODUCTION

The turn of the twentieth and the twenty-first century is a period of tumultuous socio-economic changes in many countries. One of the observed phenomena is ageing, especially in developed countries. The Polish society is also ageing. The senior community is not homogeneous. Experts in the field distinguish here the age ranges 60+, 70+, and 80+. In each of these groups different health, domestic, economic, and social problems are observed. Solving these problems and meeting the needs of seniors is a task facing many sectors of economics and generally affects the quality of life of seniors.

This article aims to present a series of problems related to elderly people with particular emphasis on food and nutrition issues in the context of the quality of life.

ISSUES RELATED TO THE QUALITY OF LIFE

The issues of the quality of life is a field of science, which has seen rapid development especially in the second half of the twentieth century. Quality of life is, however, difficult to define, because it consists of many factors such as living conditions, social needs, cultural needs, economic conditions, and others. Socio-economic conditions appear to be among the most important, because many experts and scientists working on the topic identify the quality of life with the concept of welfare economics [4].

The psychological approach highlights the subjective nature of the quality of life, defining the quality of life, following Campbell [2], as the degree of satisfaction with different spheres of life. This model due to its simplicity was often used in the studies of life quality.

Newer research models are, to a greater or lesser extent, an attempt to integrate economic and psychological factors. One of the more interesting is the Lawton model which takes into account the perspective of both objective and subjective quality of life [1].

Quality of life has also become an object of interest in the medical sciences. The definitions of quality in the medical sciences are focused largely on the phenomena of health and illness and a uniform definition accepted by various medical subdisciplines has not yet been developed. One of the attempts to formulate it is a definition of "Health Related Quality of Life" (HRQOL). The definition of HRQOL includes four basic aspects of the functioning of the patient – physical state and mobility, mental state, social status and economic conditions, and somatic sensations [17].

SENIORS AS A SOCIAL PROBLEM IN EUROPE AND IN POLAND

The analyses of the EU agency Eurostat show that life expectancy in Europe is increasing. Statistics show that in all European Union countries women live longer than men, and only in ten countries men will enjoy in the near future the state of well-being at more than 65 years of age. According to Eurostat these are: Belgium, Greece, Spain, Italy, Cyprus, Malta, Austria, Portugal, Romania, and Slovakia [8].

Although life expectancy is one of the basic and most widely used simple measures of population health assessment, increasing use is found also for the measure of **the length of healthy life** (Healthy Life Years – HLY). The lack of health is generally defined by limited fitness, the incidence of certain chronic diseases, and poor self perceived health. Healthy Life Years in the Polish population in 2005 was 66.6 years for women and 61 years for men [10]. The predominant causes of death in Poland are cardiovascular diseases and cancer [20].

A growing number of seniors in the EU is a signal to producers, traders, and service sectors to draw attention to the needs of this group. Surely the elderly should not be treated as a homogeneous group. Seniors are becoming a group of consumers with increasing needs and more diverse in terms of income. That is why seniors should be treated as an important segment of the market [5, 11].

The senior consumer was first spotted by the pharmaceutical industry, launching new products for the elderly by offering over-the-counter medicines (OTC) (available without prescription). In order to better reach this group of buyers, images of seniors are used in the pharmaceutical ads [13]. Old age is a time when the main needs are for health care. Advertising directed to consumers in this group shows the effects of various pharmacological agents on adverse conditions. This group is mainly targeted with ads of products improving stamina and physical condition [12].

The next sectors that quickly responded to the information coming from the statistics were the banking industry, the tourism industry and consumer retail market offering products of the modern technology (cell phones, home appliances, and DVD players).

The Internet is not particularly popular among the elderly, and therefore the results which show that an effective communication channel with seniors is a retail point and actions undertaken there come as no surprise. Nevertheless, even today the Internet turns out to be attractive for some industries. Attention should be paid to the type of services offered to seniors, which should be aimed at addressing their needs, including the facilitation and simplification of performing various tasks, and personal fulfillment. For both these purposes, the Internet and mobile phones can be effectively used. Today's low turnout of seniors in the network compared with other age groups, does not necessarily arise from the reluctance of this group to new technologies, but from the lack of opportunity to learn them. The next generations of seniors will be completely different - familiar with new technologies, experienced, and having specific, far greater expectations. For in 2030 these will be the people who have just turned 40 today [21].

The development of banking services for seniors is the result of the ability of seniors to save money and their desire to generate additional funds that could be spent on current consumption. In the case of banking services the ways of communicating with seniors are very important. While for juniors the primary source of information about banking products is the Internet, so much for seniors bank employees and friends and family remain the source of information.

Seniors also remain active in the market of tourist services. A growing number of elderly tourists travel abroad. Special tourism product addressed to seniors was the Spanish program Travel Senior [15]. Tourist offices are preparing offers for the elderly, and these proposals are subject to special discounts and concern the periods May/June and September/October.

Another industry that treats older people in a deliberate way by using their image for marketing purposes is the cosmetics industry. Many cosmetic companies direct their products to older women, offering them rejuvenating and anti-wrinkle preparations. Until recently, the topic of old age was overlooked by the media and advertising, because in our culture old age has become a taboo subject. One should of course be aware of certain limitations posed by age, but seniors should not be completely excluded from participating in social life because of them [13].

The use of celebrities in advertisements guarantees increased memorization of the communication and is based on the assumption that customers are willing to follow a well known and popular person. Fashionable older people are used in commercials as experts, people whose image is associated with the advertised product, and just as persons enjoying widespread popularity.

FOOD AND FEEDING OF ELDERLY PEOPLE

Older people require a specific approach to diet and the quality of consumed food. This is due to the changes in the immune system with age [3]. Seniors more often suffer from diseases caused by decreased immunity. Chronic infection sometimes arise. Moreover, protein malnutrition, deficiencies of selected nutrients and other food ingredients such as minerals and vitamins are more often diagnosed in seniors. Malnutrition of the elderly is most often determined by estimation. Increased risk of malnutrition is determined by such factors as marital status (being unmarried), poor self perceived health, depression, chewing problems, the number of taken medicaments, and hospitalization in the last year [19]. The problem is that in most cases malnutrition remains undiagnosed and only a small proportion of patients are subjected to a nutritional treatment.

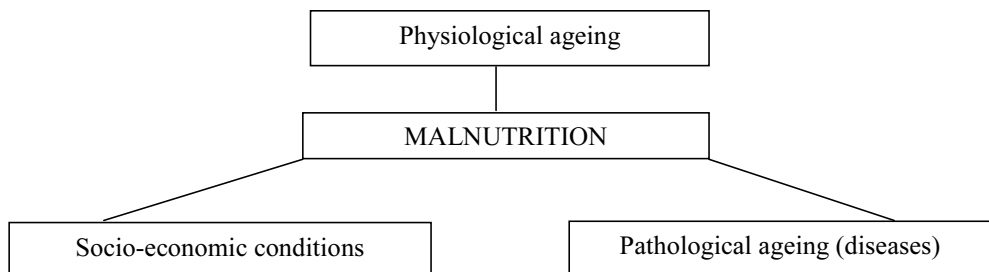


Fig. 1. Determinants of malnutrition in old age [19]

Table 1. Factors affecting food intake in old age [18]

Factors affecting food intake in old age	
Disabilities	Chewing problems Dysphagia Biting problems
Mental retardation	Memory loss Confusion state Dementia
Mental disorders	Depression
Social situation	Loneliness
Economic limitations	Poverty
Health problems	Gastrointestinal diseases Chronic pain Medications

Malnutrition of seniors results from physiological changes in the process of nutrition, as well as adverse socio-economic conditions, which include poor financial situation, social isolation, loneliness, and the period of mourning. Malnutrition is observed especially in the case of infections, cancer, gastrointestinal disorders, and psychiatric disorders (Table 1) [14, 18]. The assessment of nutritional status includes nutritional history, physical examination, somatometry, biochemical tests, and immunological status. However, body mass index (BMI) is still most often used in the assessment of nutritional status [19].

The degree of malnutrition determines what sort of dietary intervention is applied. With mild malnutrition the oral supply of food should be increased. However, with serious malnutrition we have to introduce enteral or parenteral nutrition (Table 2).

Table 2. Strategies used to improve oral feeding of the elderly [14]

Risk factor	Intervention strategy
Loss of appetite	Checking medicaments list Possibility of food choice Enriched menu Administration of appetite stimulants
Chewing problems	Dental care Mouth hygiene Serving finely fragmented food
Swallowing problems	Breathing exercises Laryngological care Percutaneous endoscopic gastrostomy (PEG)
Meal preparation problems	Physiotherapy Nursing care
Immobilization – ambulatory problems	Physiotherapy Feeding assistance
Chronic pain	Administration of analgesics
Depression	Checking medicaments list Introduction of treatment
Social isolation	Social care Meal catering

Liberalization of dietary restrictions is recommended in the nutrition of the elderly, if any were previously used, and educational activities should be organized in the field of eating behaviour. Another direction is to conduct nutritional therapy, or planned administration of properly selected food components tailored to the needs of the patient (Table 3) [19].

The first European research on food and nutrition of the elderly was conducted in the years 1988/1989–1999 in the framework of the SENECA project [7]. **The results of the SENECA study showed that Mediterranean diet, physical activity, moderate alcohol consumption, and tobacco abstinence greatly reduce the risk of death. All four factors together reduce the risk by two thirds** [18].

Polish studies were carried out in 2003–2005 under the National Multicentric Population Health Status Research (WOBASZ program) [16]. In Poland, studies on elderly nutrition issues were centered around the identification of dietary and nutritional status, consumption of energy and nutrients, dietary habits and preferences, coverage of daily requirements for vitamins and minerals, and intake of fluids, particularly water.

Table 3. Possibilities of nutritional intervention in the malnutrition of the elderly [19]

Nutritional intervention in the malnutrition of the elderly
1. Causal treatment
2. Increasing oral intake of food (mild malnutrition) <ul style="list-style-type: none"> - increased meal frequency - enhanced taste of dishes - serving favourite dishes - protein and calorie supplements (between the main meals!) - multivitamin preparations - social factors (company at the meals, meal attractiveness, medicaments during meals, avoiding poorly tolerated food, normalization of bowel movement, physical activity, oral cavity hygiene)
3. Anabolic agents and appetite enhancers
4. Enteral/parenteral nutrition

The second area of this research was to identify the behaviour of older consumers on the food market. Behaviour of the elderly included activities such as acquisition, possession, and use of food products and decisions preceding and determining these actions. Knowledge about the behaviour of older people in the food market is particularly important for manufacturers, as they can in this way create a product suitable for this group of consumers. When buying food, older consumers especially pay attention to price, taste, freshness, absence of preservatives in the product, followed by brand and country of manufacture. The least important features were the appearance of the packaging and ease of use. Among older people there were differences in the level and structure of consumption of food products associated with sociodemographic and socioeconomic factors, as well as health [6].

SUMMARY

The research conducted in Poland and in other European countries shows that older people lack the knowledge of eating behaviour. What is needed is therefore a broader educational activity. Major achievements in the education of older people are owing to the Universities of the Third Age. However, not all seniors benefit from this opportunity. One of the conditions of active ageing is physical fitness. Older people reduce their physical activity, among others due to failing health and the misunderstanding that it is not proper for the elderly to practice exercises.

The current state of research on the style and quality of life of seniors in Poland, and the assessment of their health, diet, and nutritional status is incomplete. The following practical indications come as a result of previous studies:

- malnutrition of older people is often accompanied by other diseases,
- malnutrition can cause a worse prognosis,
- nutritional therapy can improve the nutritional status of older people.

New tasks are open for the nutritional sciences and these are:

- the need for further research on the effects of ageing on nutrition,
- documenting the prevalence of malnutrition in the elderly,
- the effect of different dietary treatments on the nutritional status of seniors.

Still, the basic problem of the elderly is their elimination from public life. Age should not be the cause of exclusion from social communities. A positive role in shaping the new standards of cohabitation may be played by Universities of the Third Age and the actions initiated by local authorities, such as the Gdansk Neighbour Days [9]. Neighbour Day idea was born in France in 1999. Old age should not be an obstacle in meeting the needs and development services aimed at older people can provide benefits not only for seniors.

REFERENCES

- [1] Baumann K., Quality of life in old age – theoretical discourse (in Polish). *Gerontol. Pol.*, 2006, 14(4), 165–171.
- [2] Campbell A., Subjective measures of well-being. *American Psychologist*, 1976, 2, 117–124.
- [3] Fulop T., Larbi A., Witkowski J.M., McElhaney J., Loeb M., Mitnitski A., Pawelec G., Aging, frailty and age-related diseases. *Biogerontology*, 2010, 11, 547–563.
- [4] Galbraith J.K., *The Affluent Society. The New Industrial State* (in Polish). PIW, Warszawa 1993.
- [5] Grolewska D., Rachocka J., Marketing slogan, or how to successfully encourage purchase. *Świat marketingu. Czasopismo internetowe*. http://www.swiatmarketingu.pl/index.php?rodzaj=01&id_numer=312286 (accessed 01.05.2012).

- [6] Grzybowska-Brzezińska M., Szmyt M., Chosen aspects of the older people market behavior. (in Polish). *Zeszyty Naukowe Uniwersytetu Szczecińskiego. Ekonomiczne Problemy Usług*, 2011, 72 (660), 591–603.
- [7] Haveman-Nies A., Tucker K.L, de Grot L.P. et al., Evaluation dietary quality in relationship to nutritional and lifestyle in elderly people of the US Framingham Heart Study and the European SENECA Study. *Eur. J. Clin. Nutr.* 2001, 55, 870–880.
- [8] http://epp.eurostat.ec.europa.eu/portal/page/portal/statistics/search_database (accessed 01.05.2012).
- [9] <http://www.dniasiadow.gdansk.gda.pl> (accessed 01.05.2012).
- [10] <http://www.stat.gov.pl> (accessed 01.05.2012).
- [11] Moschis G.P., Marketing to older adults. An updated overview of present knowledge and practice. *J. Cons. Market.*, 2003, No. 6.
- [12] Moschis G.P., Friend S.B., Segmenting the preferences and usage patterns of the mature consumer health-care market. *Int. J. Pharm. Health Market.*, 2008, No. 1.
- [13] Pawlina A., Old age in advertisement. (accessed 01.05.2012).
- [14] Pirllich M., Lochs. H., Nutrition in the elderly. *Best Practice & Research. Clinical Gastroenterology*, 2001, 15 (6), 869–884.
- [15] Seweryn R., Tourism of Polish seniors on the background of selected countries of Western Europe (in Polish). *Zeszyty Naukowe Uniwersytetu Szczecińskiego. Ekonomiczne Problemy Usług*, 2011, 72 (660), 627–641.
- [16] Sygnowska E., Waśkiewicz A., Estimation of nutritional habits of persons aged 60-74. WOBASZ study (in Polish). *Bromat. Chem. Toksykol.*, 2011, 3, 240–244.
- [17] Trzebiatowski J., Quality of life in the perspective of social and medical sciences – classification and definitions (in Polish). *Hygeia Public Health*, 2011, 46 (1), 25–31.
- [18] Volkert D., Nutrition and lifestyle of the elderly in Europe. *J. Public Health*, 2005, 13, 56–61.
- [19] Wojszel B., Malnutrition and nutritional therapy dilemmas in geriatrics (in Polish). *Post. Nauk Med.*, 2011, 8, 649–657.
- [20] Wojtyniak B., Stokwiszewski J., Goryński P., Poznańska A., Life expectancy and mortality of the Polish population (in Polish). In: Wojtyniak B., Goryński P., eds. *Health situation of the Polish Population. Narodowy Instytut Zdrowia Publicznego – Państwowy Zakład Higieny, Warszawa 2008.* pp. 31–86.
- [21] Zeyfang A., Bahrman A., König C., Mrak P., Technologie im Dienste des Älteren. *Diabetologie*, 2010, 6, 570–576.