

17 Health and Ageing

This information sheet aims to explain how age can affect the health of older people. It provides some general information and statistics about older people's health and explains some of the most common illnesses in more detail.

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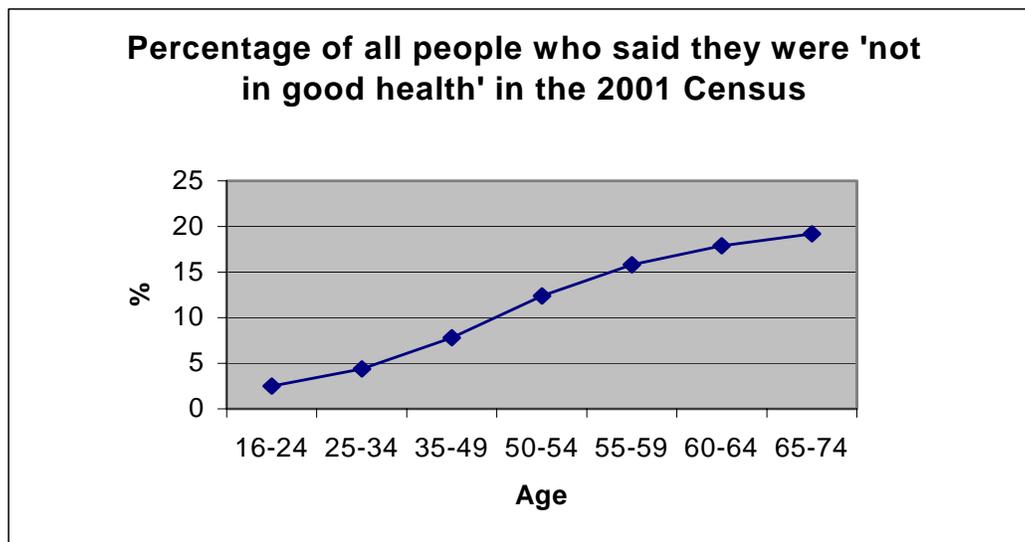
Introduction

Every person is different and some people age a lot faster than others. We all know of people in their 80s who look and behave years younger and, similarly, there are people in their 60s who seem much older. So it is very important not to generalise and make assumptions about what will happen to each of us as we get older.

However our bodies do change as we age and some illnesses and conditions are more common in older people. The top two long-standing conditions that older people suffer from are musculoskeletal and heart and circulatory conditions.

As modern medicine improves and we become more aware of the importance of healthy living, our life expectancy is increasing which means that the older population is getting larger. In 2001 there were 9.4 million people 65 and over in the UK. By the year 2014 the amount of people aged 65 and over will exceed those aged under 16. (*Social Trends 34, 2004, tables 1.1, 1.2 and figure 1.3*).

Just because people live longer, it doesn't always mean that they have a healthier life. The 2001 census asked if people felt they were in 'good health', 'fairly good health' or 'not in good health' between the ages of 16 and 74. About 20 per cent of people in the 65-75 category believed themselves not to be in good health.



Based on Table S023, 2001 Census England & Wales.

Many people find their health worsens as they get older and they may suffer from chronic illnesses and mobility problems. This can often mean that they lose their independence and must rely on families and friends for help with tasks like shopping, cleaning and dressing. They may also need help from local authority social services departments. Our advice leaflet 'Help in Your Home' explains the kinds of services available from social services and how older people can access them. Some older people may eventually need to go into a care home to get the personal or nursing care they need.

Percentage of people who say they have a longstanding illness, a limiting long-standing illness and restricted activity in 2002

Age	Percentage of people		
	Longstanding illness	Limiting long-standing illness	Restricted activity in the 14 days before interview
0-4 years	15	4	10
5-15 years	20	8	9
16-44 years	24	13	12
45-64 years	45	28	18
65-74 years	63	41	20
75+	72	53	26

Source: *Living in Britain 2002 (published 2004) Table 7.2*

According to the Living in Britain survey of 2001, 23 per cent of older people reported permanent mobility difficulties. Among people aged 65 and over, 14 per cent were unable to walk down the road on their own and 10 per cent unable to manage stairs and steps. More than a quarter of older respondents (28 per cent) had a mobility aid. This proportion increased with age from 14 per cent of people aged 65-69 to 61 per cent of people aged 85 or over. This is likely to be an underestimation of people with mobility problems. As the survey looks at general households, people living in hospitals and care homes would not have been surveyed.

The next few pages cover some of the most common illnesses and conditions that older people have and there are helpful addresses at the end of each section. The sheet also refers to some of our free advice leaflets and information sheets; these are all available from the **Information Resources Team** (address on the last page).

Arthritis and rheumatism

Rheumatism is a common way of describing any sort of pain in the bones, muscles or joints. **Arthritis** means that you have trouble in one or more of your joints, so the term rheumatism includes arthritis. It is the most common long-standing illness for older people.

Arthritis is a major cause of disability in the UK. Older people are more often affected by it because the ageing process brings about changes in the body's joints, as well as the problems of general 'wear and tear'. Around 54 per cent of people aged 65 or over have had arthritis or joint pain. ('Arthritis: The Big Picture, Arthritis Research Campaign, April 2002.)

Two of the more common forms of arthritis are described below.

Osteoarthritis

This type of arthritis becomes more common with age and can also run in families. It usually affects the hips, hands, feet, neck and back.

Our bones are covered by cartilage, a firm elastic substance that acts as a 'shock absorber' for the joint. Its smooth surface also gives you freedom of movement. When someone has osteoarthritis, their cartilage becomes thinner and the surface rougher. This causes the bone to thicken and grow out of the side of the joint. The membrane (synovium fluid) which surrounds the cartilage and the bone then becomes inflamed and extra fluid forms. This means that the joint becomes swollen. All this together causes pain, stiffness and deformity in the joint. Treatment for osteoarthritis usually includes physiotherapy, exercise, anti-inflammatory drugs, alternative medicine, or sometimes surgery, such as a hip or knee replacement. In people aged 65 and over who have joint pain,

47 per cent have osteoarthritis. ('Arthritis: The Big Picture, Arthritis Research Campaign, April 2002)

Rheumatoid arthritis

This often starts in people in their 40s and 50s, although it can affect young children, and is more common in women. About ten per cent of sufferers become disabled through it. It usually affects the wrists, hands and feet but can spread to other joints. It also tends to come and go and sufferers can enjoy long periods with no symptoms. In people aged 65 and over who have joint pain, 39 per cent have rheumatoid arthritis. ('Arthritis: The Big Picture, Arthritis Research Campaign, April 2002)

Rheumatoid arthritis is an inflammatory disease that affects the auto-immune system. This means that the body's natural defence mechanism reverses and attacks the body (inflammation is usually the body's way of healing itself; in rheumatoid arthritis it causes damage). When you have rheumatoid arthritis the membrane around the joint becomes swollen and inflamed. This together with inflammation of the tissues around the joint causes pain. Too much fluid is produced and the whole joint becomes swollen. Treatment includes anti-inflammatory and pain relieving drugs, physiotherapy, occupational therapy and sometimes surgery.

Although much treatment for arthritis and rheumatism focuses on drugs, surgery and pain relief, it is also important to look at someone's everyday life to see if there are other ways of helping them. Our information sheet no. 15 'Equipment for Daily Living' explains what sort of help is available to people in the home, such as bathing and cooking equipment. Our free advice leaflet 'Keeping Mobile' gives advice on how to get out and about outside the home.

For further information write to:

Arthritis Care

18 Stephenson Way
London NW1 2HD
Tel: 020 7380 6500
Web: www.arthritiscare.org.uk

Arthritis Research Campaign

St Mary's Court
St Mary's Gate, Chesterfield
Derbyshire S41 7TD
Tel: 01246 558033
Web: www.arc.org.uk

Cardiovascular disease

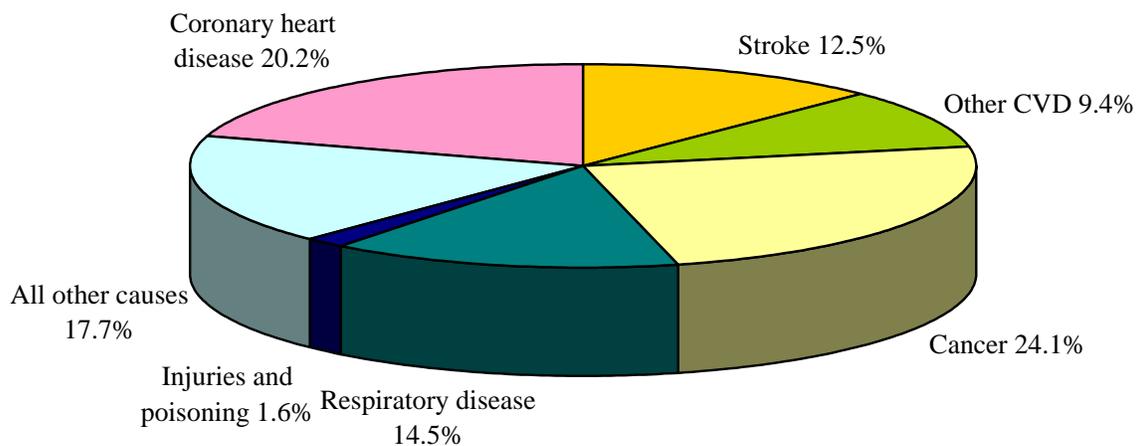
Cardiovascular disease (CVD) includes all the diseases of the heart and blood vessels. The two main diseases in this group are coronary heart disease and stroke and these are explained in more detail below.

Coronary Heart Disease

The heart is a muscular pump that contracts regularly to keep blood flowing through the body's network of arteries, capillaries and veins. If something goes wrong with the heart or blood vessels, the whole body suffers from a lack of nutrients and oxygen, and from the build up of waste products. The heart itself receives a constant supply of nutrients and oxygen through two arteries, the coronary arteries. If these become blocked or narrowed, not enough blood will reach the heart and it won't be able to pump efficiently. The arteries become blocked and obstructed because of the formation of a fatty substance called atheroma. The two main forms of coronary heart disease are angina and heart attack. The British Heart Foundation estimates that there are 2.68 million people in the UK who have or have had coronary heart disease.

Deaths by cause and age, 2002, UK, people over 65

Source: British Heart Foundation, Table 1.2 Sources: Office for National Statistics(2003); General Register Office (2003) Edinburgh, Scotland; General Register Office (2032) Northern Ireland.



Angina

Angina is a pain in the chest, and sometimes arms, neck and back. It is caused by a temporary impairment in the blood supply to the heart and generally lasts less than 10 minutes. This happens particularly when the heart has been working hard, for example if someone has been exercising. The symptoms can be kept under control with drugs and someone with angina can live for very many years. Approximately 2 million people in the UK have or have had angina. (*British Heart Foundation coronary heart disease statistics 2004*)

Heart attack

A heart attack happens when a coronary artery is completely blocked, for example by a blood clot which has formed inside a diseased artery. This stops blood flow to part of the heart muscle. Without the oxygenated blood this area of the heart becomes permanently damaged. The damaged part then loses its ability to pump and the rest of the heart muscle has to work harder and becomes tired out. It then pumps less blood to the rest of the body.

Heart attacks last longer than angina attacks and can be life threatening, particularly in the early stages. However, many people are able to resume an active life after several weeks. About 268,000 people have a heart attack in the UK each year and around half of them are fatal. Around 67.5 per cent of heart attacks happen to people aged 65 or over (*British Heart Foundation, Heart attack estimates, www.heartstats.org 2004*)

Coronary heart disease can be hereditary, and if it does run in the family people are more likely to develop it before they reach 65. Other risk factors include high blood pressure, high blood cholesterol levels, age and smoking. Men are more likely to develop it than women, but this tends to even out once people reach 75 and over. Additional, though lesser, risk factors are alcohol, lack of exercise, stress, obesity and diabetes.

Other heart-related diseases

Hypertension

This is the medical term for high blood pressure. It often goes unnoticed because there are no physical symptoms. If untreated it increases your risk of narrowed arteries or, more rarely, could cause blood vessels to burst. Because the workload of the heart increases it may become enlarged and its performance can deteriorate. High blood pressure can make other illnesses more likely, such as strokes and heart attacks, but treatment can prevent this. Blood pressure rises as we get older. The Blood Pressure Association says that about half of all people over the age of 75 have hypertension.

High blood cholesterol

Cholesterol is a chemical substance in the blood that can be measured. It is made by our body from the fat in our diet and so it is possible to lower it through diet or drugs. Cholesterol is a major cause of heart disease. The British Heart Foundation estimates that seven out of ten people aged over 45 have high cholesterol (taken from the lifestyle section at www.bhf.org.uk/hearthealth).

Heart failure

The heart pumps oxygen-filled blood to the body and returns it to the lungs for further oxygenation. Sometimes, maybe because of a pre-existing condition like high blood pressure or following a heart attack, the heart becomes less efficient and can't pump properly. This causes the body's circulation to slow down and become congested. This results in tiredness, shortness of breath and swollen ankles. There is treatment available. The British Heart Foundation estimates that there are 892,000 people aged 45 and over who have heart failure in the UK today.

Prevalence of heart failure increases steeply with age, so that while around 1 per cent of men and women aged under 65 have heart failure, this increases to about 7 per cent of those aged 75-84 years and 15 per cent of those aged 85 and above. (*British Heart Foundation coronary heart disease statistics 2004*).

For further information write to:

British Heart Foundation

14 Fitzhardinge Street

London W1H 6DH

Tel: 020 7935 0185

Web: www.bhf.org.uk

Statistics website: www.heartstats.org

Stroke

Stroke is the result of damage to the brain, either from bleeding into it or from an acute lack of blood in some part of the brain, so that the function of that part is temporarily or permanently stopped. A stroke is a sudden episode that interferes, temporarily or permanently, with the way the brain works. Strokes vary greatly in severity from a short period of muscle weakness to a more severe problem that can lead to death.

Strokes are the third most common cause of death in developed countries and they mainly occur in older people.

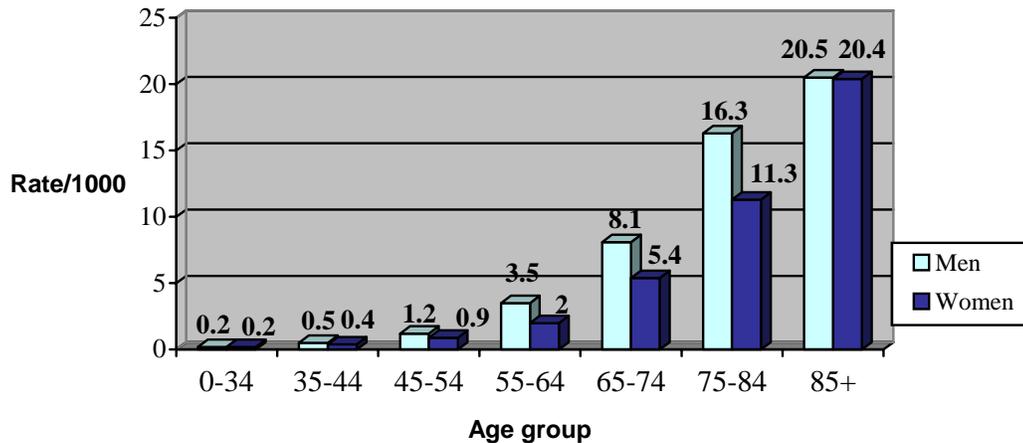
There are two broad types of stroke:

- Cerebral haemorrhage: bleeding into or around the brain
- Cerebral thrombosis: blockage of blood vessels in the brain, usually by a blood clot

(NHS Direct, www.nhsdirect.nhs.uk)

Each year over 130,000 people in England and Wales have a stroke – 92 per cent of these are retirement age or over. (Based on the Stroke Association's 'Facts and figures about stroke' at www.stroke.org.uk)

Rate per thousand of people who have had a stroke in England and Wales in, 1998



(Source: ONS 'Key Health Statistics from General Practice, 1998, for England and Wales')

The above table shows that the risk of stroke doubles with each decade after the age of 55.

For more information write to:

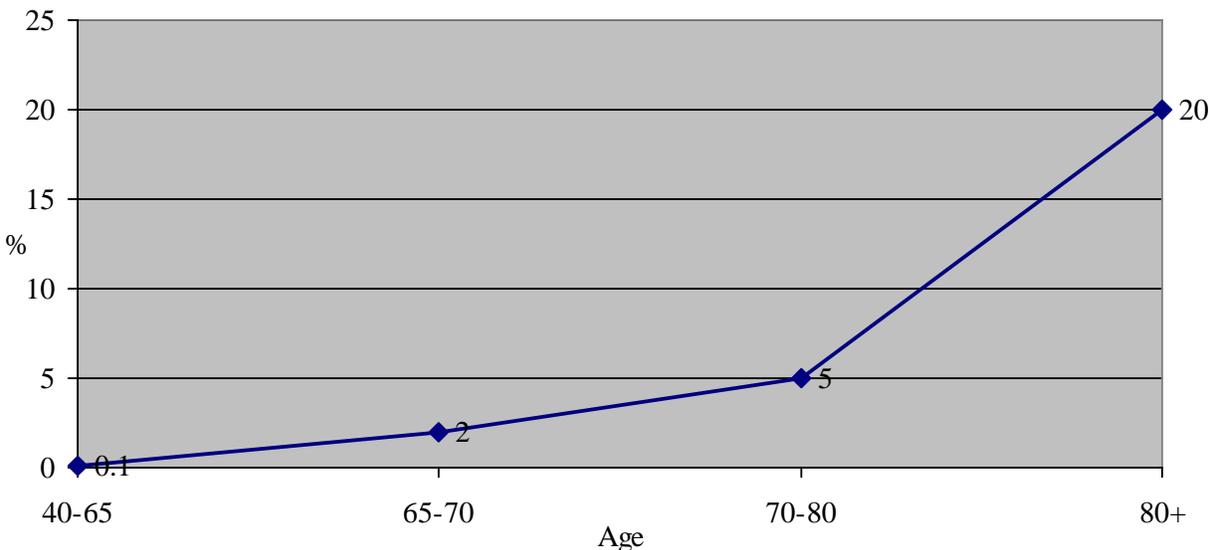
The Stroke Association

Stroke House
240 City Road
London EC1V 2PR
Tel: 020 7566 0300
Web: www.stroke.org.uk

Dementia

As we get older it is quite natural for our memory to get slightly worse, especially when trying to remember things we did recently, or the names of people we have just met. It may also take us slightly longer to be able to adapt to big changes in our lives, or to make decisions under pressure. These are all a quite normal part of the ageing process and do not mean that we are suffering from dementia. Dementia is a condition in which the cells of the brain die more quickly than in normal ageing, and which gradually leads to a general decline in a person's abilities. It is mainly a disease in older people – 98 per cent of sufferers in the UK are aged 65 or over.

Percentage of older people with dementia



Based on 'prevalence & incidence' section of Alzheimer's Society policy position paper – Demography, July 2004 update.

There are a number of different diseases that fall under the category of dementia and the two most common are explained here.

Alzheimer's disease

This is the most common form of dementia. The Alzheimer's Society estimates that of the 750,000 people in the UK with dementia, 55 per cent have Alzheimer's disease. In Alzheimer's disease, changes take place in the brain that lead to the cells dying. It has a gradual beginning and the decline in the sufferer's condition is slow and regular. No one is sure of the causes of Alzheimer's disease, although there may be an inherited predisposition in some families.

At the moment there is no cure, but there are drug treatments which can slow the progression of symptoms. The drugs Aricept, Exelon and Reminyl may help some people. There is also a drug called Ebixa but its availability is limited.

Vascular dementia

Vascular dementia occurs when the brain is deprived of oxygen. If the brain's blood vessels become blocked or diseased, blood is prevented from reaching the brain. As a result, cells in the

brain die, leading to the symptoms of dementia. Vascular dementia affects about 20 per cent of dementia sufferers and the most common cause is a stroke. As with other forms of dementia, people with vascular dementia will experience memory loss, difficulties in communicating and, as the disease progresses, a loss of physical abilities. However, because vascular dementia can affect distinct parts of the brain, particular abilities may remain relatively unaffected. This is unlike Alzheimer's disease, for example, where the disease affects the entire brain. Some people who have vascular dementia may notice that their symptoms remain steady for a while and then suddenly decline. In people with Alzheimer's disease the decline is more constant. (*Alzheimer's Society*)

Some people have both these forms of dementia. Other diseases that cause dementia are Lewy body disease, Pick's disease, Parkinson's disease and Huntingdon's disease.

Symptoms of dementia

Every person with dementia is affected differently and the way they behave can depend on many factors such as their personality, physical condition and the type of dementia they have. However, there are some common symptoms:

- In the early stages of dementia it can be quite hard to pinpoint exactly what the changes are. The person may suffer from a lack of concentration and be unable to make decisions, or be a little bit forgetful and confused. They may also get puzzled and upset about their behaviour.
- In the middle stages of dementia, the person will become more forgetful, especially of people's names and recent events. They may become muddled about what day or time it is, have difficulty talking and in understanding what people have said to them, and may put themselves at risk by doing things like leaving pans to boil dry on the cooker. They may also become angry, upset and aggressive quite easily.
- In the final stages of dementia the person will be unable to remember what they have just done or said, and will not

be able to recognise familiar objects and faces. They may become very restless and will be unable to express themselves or understand what is being said to them. They will be unable to carry out their personal hygiene tasks and may become incontinent. At some point they may also need to use a wheelchair, or may become bedridden.

- It is important to note here that dementia is not often recorded as the cause of someone's death. This is partly because, in the final stages of dementia when people often become bedridden, the sufferer may die from an infection or virus such as pneumonia.
- Obviously most people with dementia will need a lot of support and care, particularly in the final stages. There are some services and activities available in the community particularly for people suffering from dementia, such as day care groups and lunch clubs, as they need quite specialist care and attention.
- Conditions such as a kidney infection, thyroid gland deficiency or a stroke can lead to someone displaying 'dementia-like' symptoms. A reaction to some type of medication can also sometimes cause these symptoms. So it is always important to see a doctor if someone starts showing signs of any of these symptoms as it may not be dementia they're suffering from but an illness that can be treated.

For more information write to:

Alzheimer's Society

Gordon House

10 Greencoat Place

London SW1P 1PH

Tel: 020 7306 0606

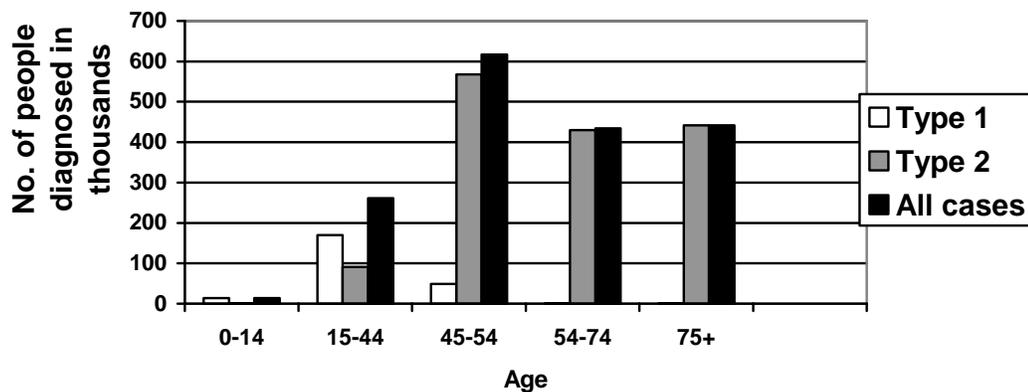
Helpline: 0845 300 0336

Web: www.alzheimers.org.uk

Diabetes

Diabetes is a disease of the blood. According to Diabetes UK around 1.8 million people in the UK have diabetes. Diabetes becomes more common as people get older.

Estimated diagnosed diabetes in the UK by age



Source: Based on figures from 'Diabetes in the UK 2004: A report from Diabetes UK, October 2004', Table 6.

As is shown from the above graph, diabetes is increasingly frequently diagnosed up to age 55.

There are two types of diabetes, type 1 and type 2. People who develop their symptoms after the age of 40 usually have type 2, often known as 'maturity onset' diabetes. Both forms of diabetes are briefly explained below.

The body produces glucose when we eat carbohydrates (contained in food such as bread, rice, pasta and potatoes) and food containing sugar (such as cakes, biscuits, puddings and fruit). We need glucose because it is used by the body to create energy. After a meal the glucose level in the blood rises. Once this has happened, the pancreas gland produces a hormone called insulin. Insulin helps the glucose to be absorbed into the body's tissues where it produces energy.

If someone has diabetes either their pancreas cannot produce enough insulin or it produces insulin that doesn't work properly. This means that the glucose their body produces won't be absorbed properly and will stay in their blood. So people with

diabetes tend to go to the toilet a lot in an attempt to get rid of all the excess glucose. If someone has glucose in their urine they almost certainly have diabetes. They can feel continuously thirsty and tired because their body cannot produce enough energy and they may also lose weight and suffer from muscle wasting because their body will break down its fat and muscle in an effort to create energy.

Type 1 diabetes

Type 1 diabetes develops when the insulin-producing cells in the pancreas have been destroyed. Nobody knows for sure why these cells have been damaged but the most likely cause is an abnormal reaction of the body to the cells. This may be triggered by a viral or other infection. This type of diabetes generally affects younger people. (Diabetes UK)

Type 2 diabetes (maturity onset diabetes)

Type 2 diabetes used to be called 'maturity onset' diabetes because it usually appears in middle-aged or older people. The main causes are that the body no longer responds normally to its own insulin, and/or that the body does not produce enough insulin. (Diabetes UK)

Treatment for it primarily involves a careful look at diet. Many older people who develop diabetes are overweight and their insulin is ineffective because of too much fatty tissue in their blood. It is important to cut down on sugary foods as the pancreas cannot cope with the sudden rush of glucose into the blood, and to exercise as this gives energy. In all other ways the recommended diet for someone with diabetes is the same as for everyone; more fruit, vegetables and starchy foods, and less meat, fat and dairy products. Tablets and insulin injections may also be prescribed.

Some of the more serious complications of diabetes are eye and circulatory problems that can be caused by the high levels of glucose in the blood over time. People with diabetes need to have regular eye tests as they are more prone to developing cataracts and a disease called diabetic retinopathy which affects the retina and, if left untreated, can cause blindness (see section in **Sight**). Foot problems are also common and people can suffer from infections and even gangrene through problems with poor circulation.

For more information write to:

Diabetes UK

10 Parkway
London NW1 7AA
Tel: 020 7424 1030
Careline: 0845 120 2960
Web: www.diabetes.org.uk

Hearing

Hearing loss is extremely common in the older population and a very natural part of the ageing process. There are estimated to be about 9 million deaf and hard of hearing people in the UK. Most of these people have developed hearing loss as they get older. Around the age of 50 the proportion of deaf people begins to increase sharply and 55 per cent of people over 60 are deaf or hard of hearing. (RNID 'Facts and figures on deafness and tinnitus' factsheet, January 2003)

The graph below illustrates how you are more likely to suffer from hearing loss as you get older.

Estimated percentages of the UK population who are deaf or hard of hearing

UK	16-60 years	61-80 years	81+ years
Mild deafness	4.6	28.1	18.4
Moderate deafness	1.6	16.5	57.9
Severe deafness	0.2	1.9	13.2
Profound deafness	0.1	0.4	3.6
All degrees of deafness	6.6	46.9	93.2

Source: RNID 'Facts & figures on deafness & tinnitus' factsheet, January 2003

Advice for older people suffering hearing loss is given in our free advice leaflet 'Better Hearing'.

For further information write to:

RNID

19-23 Featherstone Street
London EC1Y 8SL
Tel: 020 7296 8000
Textphone: 020 7296 8001
Web: www.rnid.org.uk

Hypothermia

Hypothermia occurs in cold environments when the normal body temperature of 37° Celsius drops below 35° Celsius. At this temperature the body can't function properly and the victim may suffer functional impairment such as stumbling, memory loss, drowsiness and slurred speech. Without treatment people with hypothermia can rapidly become very ill, lose consciousness and die. There is also an increased risk of stroke or heart attack due to blood clots forming. (NHS Direct)

Why older people are more susceptible

As we get older our 'thermo-regulatory systems' become less efficient: we may be cold but are unaware of it. It may also become harder to generate body heat as mobility problems or an illness such as a heart condition may lead to a more sedentary lifestyle. Poor nutrition, which sometimes results from loneliness or bereavement, also makes it harder to keep warm.

The generally recommended room temperature for an older person is 21°C compared to 18°C for most other people. Older people are also more likely to have low incomes with less money to spend on fuel bills. There are also more likely to live in poorer housing without central heating.

Hypothermia death figures and Excess Winter Deaths

Hypothermia death figures greatly underestimate the problem cold related deaths. Hypothermia is difficult to diagnose and if other illnesses, such as pneumonia and heart disease are present, it is more likely they will be recorded as the main cause of death. However, the figures given below show that in 2003, 78 per cent of deaths where hypothermia was mentioned on the death certificate, were people aged 65 or over. Of those over 65

around 66 percent were aged over 80. It is clear that the risk of hypothermia rises sharply with age.

No. of deaths where Hypothermia was mentioned on the death certificate England and Wales

	65+	80+	All ages
1998	212	135	273
1999	255	166	325
2000	254	169	317
2001	196	127	260
2002	128	93	188
2003	146	96	186

(Office for National Statistics, 2004)

A wider picture of the true effects of cold and hypothermia during winter can be gleaned from the Excess Winter Deaths figures. These represent the extra deaths that occur during the winter compared with death rates for the rest of the year.

Excess Winter Deaths

	1998/99	1999/00	2000/01	2001/02	2002/03	2003/04
65+	43,780	44,740	23,120	25,660	22,240	21,500
All ages	46,900	48,520	24,930	27,270	24,020	23,500

(Office for National Statistics, 2004)

In 2003/04, the figures indicate that there were an extra 23,500 deaths during the winter months. There is clearly a direct correlation between cold weather and a higher death rate. In addition, the risk of dying from a cold-related illness increases sharply with age. In 2003/04, most (91 per cent) of the Excess Winter Deaths were in the 65+ age group.

Incontinence

Incontinence is accidental leakage of urine or of bowel motion. Over six million adults in the UK are affected by incontinence. The problem increases with age and about 1 in 10 older people suffer from it. This figure goes up to 1 in 3 for people over 85 (*Royal College of Physicians*). There are many different causes

of incontinence and some of them respond to treatment very successfully. Detailed information on the causes and treatment of incontinence is contained in our free advice leaflet 'Bladder and Bowel Weakness'.

It is difficult to measure how many people are affected by incontinence accurately, but the best estimates are shown in the tables below:

Percentage of adults with urinary incontinence, 1995.

	Age	Per cent
Women living at home	15-44	5-7
	45-54	8-15
	65+	10-20
Men living at home	15-44	3
	45-54	3
	65+	7-10
Men and women living in:	Residential homes	25
	Nursing homes	40
	Long-stay hospitals	50-70

Source: 'Incontinence: Causes, management and provision of services', Royal College of Physicians of London, 1995.

Percentage of adults with faecal incontinence, 1995.

	Age	Per cent
Men and women living at home	15-44	0.4
	45-54	3-5
	65+	15
Men and women living in:	Residential homes	10
	Nursing homes	30
	Long-stay hospitals	60

Source: 'Incontinence: Causes, management and provision of services', Royal College of Physicians of London, 1995.

For more information write to:

Continence Foundation

307 Hatton Square

16 Baldwins Gardens

London EC1N 7RJ

Tel: 020 7404 6875

Web: www.continence-foundation.org.uk

Osteoporosis

Osteoporosis affects the bones. Bone is alive and has its own supply of blood vessels. A healthy bone can withstand all the usual stresses and strains of everyday life. A normal bone has a strong outer casing and the inside has a mesh-like structure. In a bone with osteoporosis the outer casing becomes thinner and the inside less dense. This results in the bone becoming weaker and means that it is more likely to break. In fact, sometimes the first sign somebody has that they have osteoporosis is that they break a bone very easily.

At least one in three women and one in twelve men over 50 have osteoporosis (*National Osteoporosis Society*). Breaking bones can be extremely serious in older people, as it may restrict their mobility and therefore their independence. Some older people can even die after a fracture due to shock or complications. It is more common in women, particularly after the menopause, because the levels of the female hormone, oestrogen, begin to decrease. Oestrogen has a protective effect on the bones and heart. If oestrogen levels decrease, the outer casing of the bone can become thinner resulting in bone loss as described above. Men can sometimes develop osteoporosis when their bodies produce less testosterone.

It can be a hereditary disease too and other people more at risk are heavy smokers, drinkers and women whose periods stopped when they were younger because of over dieting or exercising.

If someone already has osteoporosis it can usually be treated and further bone loss prevented. It can also be avoided by doing weight bearing exercise, making sure you get lots of calcium and Vitamin D for your bones, not smoking and moderate drinking. There is more advice in our advice leaflet 'Healthy Bones'.

For further information write to:

National Osteoporosis Society

Camerton

Bath BA2 0PJ

Tel: 01761 471 771

Web: www.nos.org.uk

Sight

The RNIB states that one in 12 people over the age of 60 and one in five over 75 has a serious sight problem. Ninety per cent of all people who are blind or partially sighted are over 60 years old – a total of 2 million people. This figure is set to rise to 1.5 million within the next 30 years. (RNIB 'See Change' booklet)

Most common causes of blindness and partial sight in people aged 65 and over in England & Wales, 1990-91.

	% Blind	% Partial sight
Macular degeneration	54.5	53.2
Glaucoma	12.9	10.6
Cataract	3.5	7.6
Diabetic retinopathy	2.2	2.2
Multiple causes (eg both macular degeneration and cataracts)	48	70

Source: 'Causes of blindness and partial sight in England & Wales. 1990-1991, by J Evans. HMSO, London.

This table demonstrates the main causes of blindness in older people. It shows that 48 per cent of blind people and 70 per cent of partially sighted people who have been registered as having one condition will have additional problems with their eyesight.

The four conditions most commonly associated with age are explained below:

Macular degeneration

This is very much an age related disorder and is the most common cause of visual problems in people over 60.

The macula is at the centre of the retina (the back of the eye) where incoming rays of light are focused. This means that it is responsible for what we see straight in front of us, and for close work such as reading, writing and for appreciating colour.

The cells in the macula can become damaged with age and stop working. It is not painful and never leads to total blindness, but means that people suffering from it will see a blank patch or dark spot right in the centre of their vision. They will keep their outer vision and this should mean that people can keep their

independence, but will find it difficult to recognise people and small objects, as well as reading and writing. There are many optical aids to help people make use of what vision they have, and sometimes laser treatment can be effective.

Glaucoma

This is the name for a group of conditions in which the optic nerve is damaged by raised pressure within the eye. There are a few conditions that go under this label but the most common is 'chronic simple glaucoma' which is explained here.

Certain tissues within the eye are nourished by a fluid called aqueous humour. This is made in the eye. It circulates around the tissues and drains away through channels towards the front of the eye. 'Normal' eye pressure is when the amount of fluid produced balances the amount draining away. If the fluid cannot escape, or if too much is made, pressure builds up.

Glaucoma causes damage to the optic nerve that results in two sight defects. Either the extreme edge of your field of vision fades or blank areas can develop in the centre of your vision. It builds up very slowly, over months and sometimes years. If caught early enough, it can be treated effectively with eyedrops and sometimes surgery.

Cataracts

These can form at any age but usually are most common in older people. The lens of the eye is transparent and is positioned behind the iris, the coloured part of the eye. It bends light to give a clear image to the back of the eye - the retina. As the lens is elastic, it changes shape, getting fatter and thinner depending on how far away what you are looking at is.

In a cataract the lens becomes clouded. This means that light cannot pass through the lens and so people's vision becomes blurry or dim. Fortunately, surgery to remove the clouded lens and replace it with a clear plastic one is usually very successful.

Diabetic retinopathy

This is the name given to changes in the retina (the back of the eye) which occur over a period of time in people with diabetes. The retina is made of cells that are sensitive to the light. They are fed by a network of blood vessels and changes in these

cause difficulty with vision. The walls of the vessels become fragile and start to break, leaking blood.

The blood vessels may then stop carrying blood permanently and the cells in the retina die from lack of nourishment. New abnormal blood vessels grow in their place and sometimes scar tissue forms which may detach the retina. Loss of sight is gradual and permanent. There is some progress being made in the treatment of diabetic retinopathy.

Our advice leaflet 'Better Sight' contains more information and advice for older people suffering sight loss.

For more information write to:

RNIB

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Conclusion

Many of the illnesses and conditions described here can be treated, particularly if spotted soon enough. What they nearly all have in common is that they will worsen without treatment. Illness is often seen as a 'normal' part of ageing and so it is assumed that nothing can be done to help. But there is no normal ageing process and older people should receive the same care and treatment as any other section of society.

In cases where medical intervention can't help there are other ways of making everyday life easier and more comfortable. Making adaptations to the home or obtaining some useful equipment can mean that someone maintains their independence for longer. Our advice leaflet 'Help in Your Home' and information sheet no. 15 'Equipment for Daily Living' give further information about what is available. Our 'Keep Out the Cold' advice leaflets looks at keeping warm in winter.

It is important not to have too negative an image of getting older. Many of the statistics and the research quoted emphasise what older people **cannot** do, rather than what they still can. A large percentage of older people live healthy, active lives. In one survey that looked at the level of mobility in people over 65, the results showed that 86 per cent managed to get out and about and 75 per cent managed it easily. Only 7 per cent of people aged 65 and over were unable to manage on their own with bathing, 4 per cent with taking medicines, 3 per cent with dressing, and even less with eating and washing. (*Living in Britain, 2001, supplementary report: people aged 65 and over, published 2003*).

Further reading

- Information sheet no. 1 'The Older Population' available from the Information Resources Team at Help the Aged.
- 'How to Thrive Past 55: What science tells us about ageing well', Research into Ageing, May 2001. Available from Publishing Services at Help the Aged for a suggested donation of £7.
- 'Promoting Health in Older Age Help the Aged policy statement, 2004'. Available online at www.helptheaged.org.uk/AdviceInfo/Publications/Policy

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