

WEEK 1 – PHYSICAL AND PSYCHOSOCIAL IMPACT OF AGING

Chronic disease – refers to the pathophysiology of the condition, such as an alteration in physical structure and function

Chronic Illness – is the human experience of symptoms and suffering the person experiences, and refers to how the disease is perceived, lived with and responded to by individuals, their families and healthcare professionals.

DEFINING CHRONICITY

- Chronic conditions are prolonged and unable to be cured. They often have multiple causes, take a long time to develop and can lead to complications (AIHW) and include one or more of the following:
 - Permanency, residual disability, non-pathologic alteration, required rehabilitation, or a long period of supervision, observation and care
- BUT the extent or impact of chronic illness further complicates definitions
 - Long-term and iatrogenic effects of some treatment may constitute chronic conditions in their own right, making them eligible to be defined as a chronic illness

COMPARING ACUTE AND CHRONIC ILLNESS

- With an acute disease
 - There is typically a sudden onset, with signs and symptoms related to the disease process itself
 - Relatively short in time
 - Ending with recovery, resumption of prior activities or death
- With chronic illness
 - The illness continues indefinitely
 - No single onset pattern
 - Multiple risk-factors
 - Can appear suddenly or through an insidious process, have episodic flare ups or exacerbations
 - May enter and remain in remission with an absence of symptoms for long periods
 - For the person with the chronic illness
 - The illness can become the person's identity

CHRONIC ILLNESS IN AUSTRALIA

- Leading cause of death and disability in Australia
 - Responsible for 80% of the total burden of illness (O'Hallahan & Leeder, 2010)
- Over 7 million people have at least one chronic condition
- With age
 - Proportion increases with age
 - No of people reporting more than one chronic condition increases

RISK FACTORS

BURDEN OF CHRONIC ILLNESS

- The impact of chronic illness is measured using the term Disability-adjusted life years (DALY): a measure (in years) of healthy life lost, either through premature death (YLL) or living with ill health due to illness or injury (YLD)
- Society
 - Cost of health care
 - Access to health care
 - Hospital waiting times
 - Gender differences

IMPACT ON THE AUSTRALIAN WORKFORCE

- People with chronic illness are
 - 60% more likely NOT to participate in the labour force
 - Less likely to be employed full time
 - More likely to be unemployed
- Males with chronic illness were more than twice as likely to NOT participate in the labour force
- People with chronic illness had double the amount of time off as sick leave than those without a chronic illness
- Annual loss in workforce participation due to chronic illness is 537,000 person-years of participation in full time employment
 - 40% associated with arthritis
 - 25% associated with depression
 - 10% associated with respiratory conditions

CHRONIC ILLNESS AND HEALTH SERVICE

- Australia has the 4th highest life expectancy in the world (WHO, 2015)
- Death rates are falling –primarily due to reduction in CVD
- Principally due to improvements in managing risk factors:
 - High Cholesterol
 - Hypertension
 - Tobacco use
- Small increases in some DALY areas due to
 - Drug use (6%)
 - High BMI (2%)

CHRONIC ILLNESS

- Often associated with the older population, but can occur at any age
- In addition to genetic and birth-related causes younger people are developing chronic illnesses as a result of 'risk-taking behaviour'
- Gender differences

- The younger the person is, the longer they have to live with and adapt to their illness and the consequences
 - Development
 - Education
 - Employment
 - Relationships
 - Housing
 - Care needs

HEALTH SERVICE IMPACT

- AUSTRALIAN HOSPITAL STATISTICS 2013-14
 - The no. of separations (episodes of care) has increased by 3.3% per year over the last 4 years (greater than the increase in population)
 - Patient bed days also increased 1% per year over the last 4 years
 - People aged 65 or over accounted for 40% of separations and 48% of patient days
 - Separation rates were highest for patients from the lowest socioeconomic status group

PSYCHOLOGICAL BURDEN OF CHRONIC ILLNESS

- Illness related behaviour
- Stigmatisation
- Social isolation
- Altered body image
- Uncertainty
- Reduced QOL
- Issues with adherence/compliance
- Impact upon sexuality
- Powerlessness
- Loss of income/ability to work
- Carer burden
- Effect on family
- Self care
- Living with disability
- Mortality
- Dependence
- Powerlessness
- Unemployment

AGING

- Older Australians are a rapidly growing and diverse segment of the Australian population, spanning almost 40 years
- The bulk of chronic conditions occur on adults aged 65 years and older
- Increased life expectancy
- Medical advances

- In Australia the 'Baby Boomer' population are moving from mature age into older age
- In the over 85 years' group
- Increase in co-morbid and neurodegenerative health conditions
- Increase in related care needs

PHYSICAL BURDEN OF AGEING

- Pain and other chronic symptoms
- Secondary disease/symptoms (as a result of treatment regimes)
- Reduced mobility/activity
- Inability to self care
- Ability to adapt
- Polypharmacy
- Medication adherence

PSYCHOSOCIAL IMPACT OF CHRONIC ILLNESS

QUALITY OF LIFE

- Defined as "an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns" (WHO, 1995)
- Factors that contribute to QOL include:
 - Good physical health
 - Financial stability
 - Positive family dynamics and cohesiveness
 - Strong social support networks
 - Maintenance of optimal level of cognitive functioning
 - Personal control
 - Prevention of depression
 - Not being limited by illness
 - Stigma actual or perceived
 - Able to achieve personal goals
- Subjective and personal

STIGMA

"A mark of shame or discredit, an identifying mark or characteristic" (Webster Dictionary, 2011)

- Judged because of outward appearance OR assumed behaviour
 - Mental illness
 - Hepatitis
 - Paraplegia
 - Developmental disabilities
 - Ageing
 - Epilepsy
 - Obesity
 - HIV/AIDS