

Longevity: bonus or onus?

There are two ways to classify aging: the demographic criterion by age bracket, namely: the young-old person aged 60-79 in the so-called “third age”; and the old-old person of 80 years or more in the “fourth age.” The other is using an individual parameter. This distinguishes people based on genetic inheritance, personality and the way they lead their lives. Thus, there are relatively young individuals with dependencies that are more prevalent among the elderly, and people of 80, 90 and up to 100 years of age who remain healthy and independent.

Brazil’s current situation is an interesting one. Its elderly population has already passed the 30 million mark in 2017, with the fastest growing segment being that of 80 years of age and above. From the age of 60 onwards, more than 70% of people remain independent – although they may have some easily controllable ailments and diseases. More than half of this segment supports a family or contributes to its upkeep. And many continue working. Studies by Camarano¹ and Lima-Costa et al.² show that in the last 30 years not only has the quality of life of elderly Brazilians improved but also healthy longevity has increased.

In an analysis of the elderly European population, Baltes & Smith³ have detected some characteristics that – due heed being paid to socio-geographical and cultural differences – can also be observed among the elderly in Brazil. In the Third Age group, the tendency is that the quality of life extends to increasingly higher age brackets, expressing itself in (1) an increase of physical and mental competencies; (2) the evidence of an accumulation of emotional intelligence and wisdom; (3) the feeling of greater emotional and personal well-being; (4) an increased resilience in how to deal with the losses and gains in life; (5) a remarkable ability to tackle subjective impacts caused by health problems; and (6) an increased socio-psychological ability to transform reality and deal with its limits.

The major concern of gerontologists is with the population of 80 years of age or older, which is the fastest growing group in the world and also in Brazil. Although many 80, 90 and even 100-year-olds continue to play an important social role as thinkers, entrepreneurs, politicians, philosophers, or as active and resilient independent people. Baltes & Smith³ point out that, from the demographic point of view, health problems tend to increase from the fourth age onwards, the most well-known being: (1) loss of cognitive potential and the ability to learn; (2) increased symptoms of chronic stress; (3) high prevalence of senile dementia, increasing from 90 years onwards; (4) high level of fragility, due to the combination of multiple motor, chronic and degenerative diseases.

The Brazilian case deserves special attention from public authorities, society and families. On the one hand, the population over 80 is the fastest growing, and along with it, many elderly people are also affected by a loss of physical, mental/emotional and social independence. The National Health Survey of 2013, analyzed by Lima-Costa et al.² shows a prevalence of 30.1% of at least one limitation of daily living activities (DLA) in the population aged 60 and over, reaching 43% among the illiterate; to 29% among those with only primary education and 13.8% among those with tertiary education.

Brazil has proved able to create a series of legal provisions that have been fostering healthy aging. However, it has been remiss in caring for the sick and dependent elderly population, who are almost always cared for by a family caregiver. A public agenda is called for that articulates and integrates social and health services, which supports families, involves third sector institutions and offers various measures and possibilities of protection, according to the seriousness of the needs of the dependent elderly person. All this is paramount, such that longevity is a bonus and not an onus, which the elderly themselves want to be free of!

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