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SYSTEMATIC REVIEW

CHALLENGES IN CARING FOR THE ELDERLY IN IRAN: A SYSTEMATIC REVIEW

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ABSTRACT

Introduction: Elderly healthcare and its relationship with life expectancy are major challenges in the modern era that goes beyond the public health approaches and contributing to quality of life. This study aimed to determine age-related challenges in Iran.

Method: Studies (2015-2010) on the challenges of caring for the elderly were evaluated in three phases. Databases, national and international, including: SID, Magiran, IranMedex, Irandoc, MEDLINE, EMBACE and ISI, with the keywords of elderly, care, and the challenges were searched and 11 articles based on the inclusion criteria were analysed.

Results: We identified 10 items including "depression and lack of compatibility with the environment and people", "malnutrition", "isolation from family and society", "misbehaviour", "lack of knowledge and attitude of nurses in aged care", "lack of appropriate national programs for the care of the elderly", "lack of standard care plans", "undiscovered chronic diseases" and "lack of adherence to treatment and regular drug use" as the major challenges.

Conclusion: An aging population can lead to challenges if there is no proper planning. Population aging raises issues of health care in the elderly. Due to changing demographic trends, the care of the elderly need to improve by developing integrated care, institution of appropriate insurance, establishing elderly care centres, providing further training to long-time employees, securing funding for facilities and equipment, increasing elderly's health awareness and providing life skills training.

Keywords: challenge, elderly, care, Iran

INTRODUCTION

Today, in most countries, the health economic and social issues related to the elderly and the rising healthcare expenditures and welfare costs associated with care of the elderly are critical challenges requiring careful planning and a comprehensive policy (1). Increased life expectancy and population growth have been stark achievements of the twentieth century; however, aging population have turned out to be a major consequence of serious concern (2). Indeed, according to World Health Organisation (WHO), improvement in health conditions has led to further prevention of diseases and increased life expectancy and, as a result, an increasing in the aging population, which is a success but also a huge challenge (3).

The results of a survey conducted in the field of aging shows a rapid increase of the elderly in the world, especially in developed countries (4). In Iran, the population of elderly has increased from 6.6% in 1995 to 10% in 2010 and is expected to reach 25.1% in 2061 (5). Changing in demographic structure of the population has created a profound impact on society. This is leading to a rise in healthcare costs (6).

Healthcare for older people is still not considered a national responsibility (7). The health needs of the elderly are often considered subordinate to the health needs of other family members. The special needs of the elderly are rarely considered and addressed by health providers at the local level (8). The WHO Eastern Mediterranean Re-

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gional Office has developed a strategy for the healthcare for the elderly that incorporates the training of health workers in this field among various training priorities (9). With their growing population size in developing countries, the elderly face various challenges as commitment to addressing their needs from the younger generation is lacking. The elderly often suffer from chronic physical and mental disorders and, given the lack of proper social security insurance, they add economic and social burden on families and communities (2).

Elderly home has negative connotations in the Iranian culture and quite possibly in many other similar settings. Putting senior citizens in an elderly home a cause for stigma. In the Iranian culture, taking care of the elderly provides the sense of belonging. Owing to the cultural and religious influences, in most cases, Iranian families face a dilemma whether to send the elderly to old-age homes (5).

Economic development in many setting has led to increases in life expectancy and resulted to an aging population. The elderly are now healthier and can lead longer and more active lives. They are eager to participate in family and community issues owing to the profound changes in scientific, social and economic status. Only a small group of aged people (in the 75-80 years of age category), may have severe chronic or debilitating illnesses (10). Overall, there is a need for data in this area. The purpose of this study is to determine age-related challenges in Iran and fill gaps in the filed in Iran and similar other settings.

MATERIALS AND METHODS

This study is a systematic review of evidences that has been conducted by the research question, ‘what are the challenges facing the elderly in Iran?’ and has been conducted in three stages, namely data search, data evaluation, and data analysis.

In order to achieve the objectives of the study, a review of the relevant studies was conducted from 2010 to 2015 on the challenges associated with caring for the elderly. The required information was searched from the international databases, including PubMed, ISI Web of Knowledge, EMBACE, Scopus, Google Scholar and national databases including Scientific Information Database (SID), Iranmedex, Magiran and Irandoc. The data search strategy mainly included the use of Farsi and English keywords with possible combination of significant and critical words. Farsi databases were researched by the terms elderly, care and the combination of these terms. In English databases, the English equivalents such as challenge, care, aged, ageing and elderly along with the ‘AND’ and ‘OR’ operators were used in the title and abstract and to obtain the published Iranian papers the terms Iran * or +Iran were used. In searching the English keywords the term MESH in PubMed was used. All the search was and data collection were conducted in August 2015 by applying the ‘time of study’, ‘place of study’, and ‘the concept of care for the elderly regardless of their care place’. First the titles and the abstracts were studied and irrelevant topics were removed. Then the text of other papers were extracted and examined. Eligible papers included studies that were conducted on the elderly and addressed the challenges of this period.

RESULTS

The process involved in the selection of eligible studies is presented in Figure 1. The research was carried out using maximum sensitivity. Ineligible articles were excluded in three stages. In total, 310 articles were obtained and those with repetitive results and lack of relevance were excluded. Of the 69 articles that remained in the third stage, 11 that had a complete association with the elderly were analysed. In order to analyse the data following one to one comparison of the extracted data, similar data were categorized, and the categories were then coded and compared.

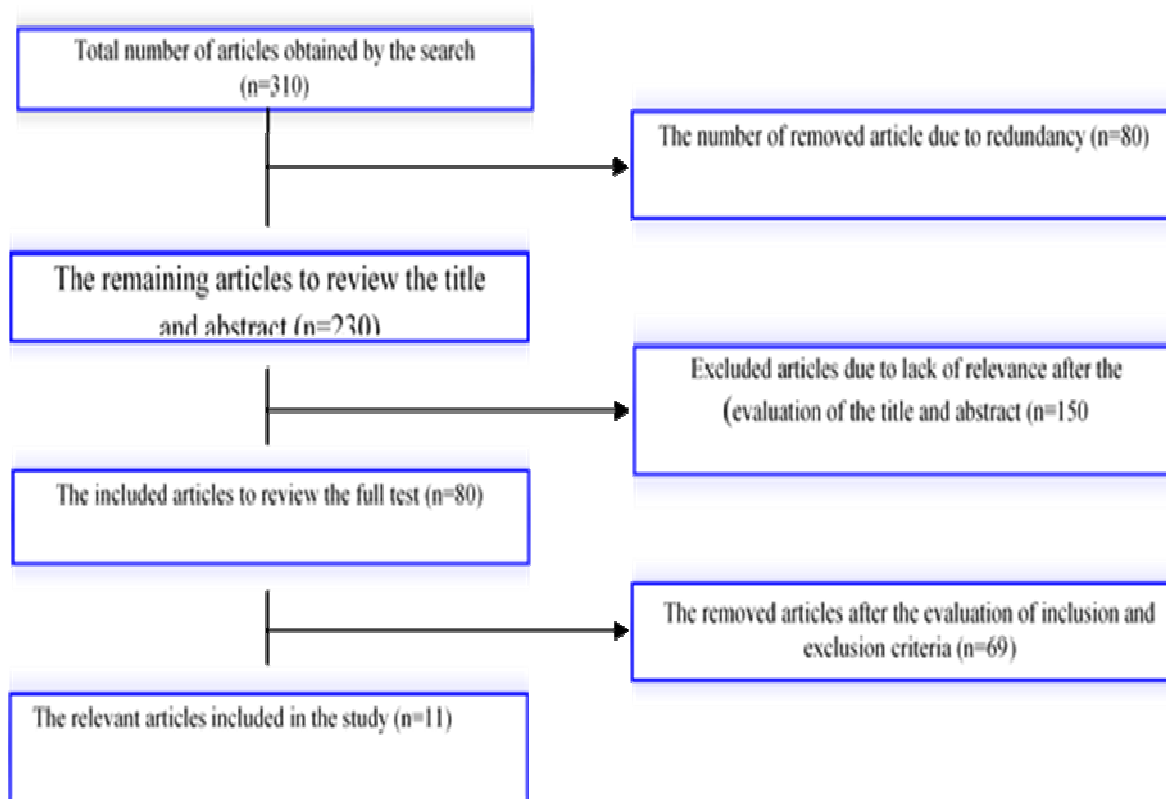


Figure 1- The selection process for eligible studies

According to the research question, the results obtained from the data review revealed that there were some challenges in relation to the elderly in Iran that were generally classified into two categories: major and minor challenges. The major challenges were divided into individual and non-individual challenges.

Table 1: Challenges in the care of the elderly

Challenge	Description	References
Depression and lack of compatibility with the environment and people	Depression and isolation and consequent psychological impacts are common problems of the elderly and one of the major challenges of this period, which are caused by various reasons such as the loss of a spouse, children's marriage, and loneliness	(11-15)
Malnutrition	The prevalence of malnutrition and the risk of its development among the elderly and its impact on physical and mental health care is one of the main challenges.	(11, 14, 16, 17)
Exclusion from family and society	These challenges are usually due to low income, increased cost of living, anger, depression, insomnia, physical pain, inability to fulfil individual needs, and high costs of health care.	(12, 15, 17, 18)
Elderly abuse	Socio-cultural changes, generation gap, interference in the fulfilment of the roles and unemployment are the main factors creating this challenge.	(18, 19)
Undetected chronic diseases	Poor awareness of the common diseases of ageing, lack of understanding of the risks, the misconceptions on the emergence and healing of diseases, lack of attention to annual check-up programmes	(14, 17, 20)
Irregular medication adherence and drug use	Quitting treatment immediately after the resolution of initial symptoms, inadequate knowledge about diseases and their symptoms, high cost of treatment and lack of attention to detail	(14, 17)
Lack of knowledge and attitude about caring for the elderly	Lack of awareness about the disease, treatment and care, unfamiliarity with the scope and role of professionals in the care of the elderly, insufficient knowledge of the state care programmes	(17, 20, 21)(Karimi, 2013 #680;mohammadi, 2008 #692;Salar, 2013 #705;Karimi, 2008 #686)
Lack of official support for health systems and quality of care	Lack of financial support, pension, and financial compensation, lack of well-organized insurance coverage, lack of special leave for the caregivers, not supporting the care services	(17, 20, 21)
Lack of appropriate equipment and programmes to take care of the elderly	Lack of specialized personnel, limitations or lack of access to facilities, poor quality of home care nursing and day care centres and the lack of respite care services	(14, 17, 20, 21)

Table 2: Classification of the challenges in the care of the elderly

Challenges	Description
Major	Lack of adequate support from health care systems
	Lack of financial support, pension, and financial compensation
	Lack of efficient insurance
	Inadequate insurance coverage
	Lack of special leave for caregivers
	Lack of support for care services
Major	Lack of knowledge and attitude about caring the elderly
	Lack of awareness about the disease, treatment and care
	Lack of knowledge of the scope and role of professionals in elderly care
	Insufficient knowledge of state care programmes
	Lack of appropriate equipment and programmes to provide care for the elderly
Minor	Financial problems
	Social problems
	Irregular treatment adherence, and consumption of drugs
	Undetected chronic diseases
	Individual
	Poor nutrition
	Misbehaviour
	Cultural and social changes
	The generation gap in fulfilment of the roles
	Unemployment
	Non individual
	Malnutrition
	High prevalence of malnutrition
	High risk of developing malnutrition in the elderly
	Exclusion from family and society
	Anger
	Depression
	Insomnia
	Physical pain
	Inability to fulfil individual needs
	Financial pressure
	The high cost of care
	Depression and lack of compatibility with the environment and people
	Depression
	Isolation
	Mental problems

DISCUSSION

The results of the present study show that the rising elderly population will have an increasing need for health care and associated services. It is noted from previous reports that around 40% of admissions to mental hospitals comprise the elderly (8). Aging affects the elderly, families, and the community (9). The transformation of traditional society to the industrial form in recent decades has left its mark. The conversion of the family from the extended to the nuclear form and the tendency of children to live separately from their parents has contributed to the crisis. The financial crises and mental stress of modern life have led to the degradation of the elderly and emotional gap between generations. These have contributed to the growth of various institutions and organizations such as nursing home as an alternative to the family structure (22, 23).

Depression and lack of compatibility with the environment and surroundings: Clearly, the lack of attention to the problems of the elderly can lead to psychological disorders. One of the most common mental health problems is depression and lack of compatibility with physical and social environment. Isolation caused by retirement and disability, economic problems and physical illnesses can increase depression (9, 11).

One of the factors that seems to play an important role in reducing depression is improving cultural competence such as respecting the elders and ancestors, living in extended families and overruling the isolation of generations. Another solution could be supporting elderly beliefs, traditional customs, values, and social protection of them.

Malnutrition: Elderly are potentially vulnerable to malnutrition. Poor nutritional status in elderly can lead to osteoporosis, diabetes, cardiovascular disease and high blood pressure and imposes health care costs on government (12). Reduced energy, anorexia, loss of mobility or reduced mobility, loss of taste, tooth decay, inactivity, disability, digestive problems, drug interactions or drug-food interaction, loneliness, loss of spouse, low income, lack of facilities to prepare and cook proper food and living in an old-age home are among the factors contributing to nutritional problems (12). The malnutrition problem can be solved by identifying the essential requirements of elderly's nutrition, living in a joint family, extensive monitoring of oral health and dealing with psychological problems and psycho-emotional stress.

Exclusion from family and society: One of the main challenges for seniors is the lack of respect for them and their subsequent exclusion from family and society. Attention to human dignity, and proper nursing care is of particular importance. These can promote mental health and improve quality of life (24).

Despite the emphasis to respect older people in our culture, the elderly experience different types of behavioural abuse such as financial and physical abuse and negligence (14). Thus, an accurate understanding of elderly abuse in the society can promote awareness and sensitivity of individuals. Organizations associated with this affair can perform effective measures to prevent such abuse and identify the elderly who are at risk.

Undetected chronic diseases and irregular treatment adherence and consumption of drugs that the increasing number of elderly are falling prone, have led to an exponential growth of costs. It is expected that in the next 40 years the elderly will comprise 22% of the population. The cost of healthcare will jump as has happened in Australia where the elders form more than 22% of the population and health care costs have increased from 8.5 to 15% of GDP. This will in turn reduce economic growth (15).

Major challenges: Since the developing countries are grappling with the problems arising from development, they often ignore the ageing population. Thus, they have not scheduled for the future and will face the problem of ageing population and the resultant challenges (1). Also in developing countries such as Iran, population ages faster than developed countries. It will take less time than developed countries to double the population of elderly. Therefore, these countries lack the necessary preparation to deal with the challenges of old age and this problem as a change in the socio-economic system will cause serious problems and challenges for senior (17).

Among the main challenges in taking care of the elderly are the lack of skilled nurses, lack of appropriate equipment and programmes, lack of official support for health systems and non-implementation of state guidelines (15,17). One of the cost-effective solutions is the integration of elderly health care programme. In Iran, elderly health care programs must be capable of providing more cares. Greater efforts should be made to implement and promote these programs (1).

According to the studies and predictions, the following cases are among the important problems related to the future of the elderly in Iran:

1. Inadequate insurance coverage: Insurance coverage of the elderly in Iran is not suitable and many firms refrain from covering the elderly.
2. The centres for elderly care in Iran are few and do not meet current needs.
3. Given that chronic diseases increase in old age, the need for planning by policymakers is important.
4. Given that the problems of the elderly are chronic and require long-term care, the emphasis on early care and annual monitoring could be a great contribution.
5. Coping with loneliness and preventing depression by providing communication and entertainment.

6. Providing facilities and equipment's in hospitals and choosing more specialists in this field.
7. Given that the cost of elderly is 5 times greater than the other age groups, meeting these costs increases the per capita expenditure in the health sector.

Almost all of the above cases will improve the quality of life and reduce illnesses and problems of the elderly and could reduce healthcare costs. Elderly issues have become a major worldwide concern, and in order to make the best decision, it is important to have enough information and develop a policy intervention plan.

Conclusion: Healthcare for the elderly is a critical problem. The development and delivery of integrated care services to the elderly is a requirement. Adequate insurance coverage for the elderly and the establishment of elderly care centres with skilled staff can improve the situation.

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