

NEVER before have the problems of the elderly loomed so large ahead of us! Never before, on the national level, have the problems of the aged been discussed with such acuity! The problems we are facing may be due to so called development or may be the price for modernisation.

May be man in this area used to succumb to diseases before reaching an age where he became dependent, but this is not true, because dependency could come at any age. It is believed by most sociologists that old age problems stem from the evolution of the societies from :

1. Tribal Relationships
2. Large Family Relationships (Joint Family)
3. Small Family Unit

The existence of the tribal and family ties inherent in a joint family prevented emergence of problems connected with the aged. The elderly dependent was protected economically, emotionally and socially in the large family set up. This kind of social and emotional security prevents, or at least delays the appearance of the medical problems of the aged. In the large families the aged did not feel unwanted but, on the contrary, felt a sense of belonging. The younger members looked upto them for advice; similarly the elderly found that their food and clothing requirements as well as need for shelter are taken care of. In other words there was a meaning to their existence since they felt wanted by other family members. Such an atmosphere prevented them from brooding over old age diseases. Usually it is the emptiness of old age that leads to thinking about infirmity and diseases which make people bed ridden and thus more dependent.

The Elderly in Bahrain

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Today the trend is towards small, nuclear, family units a system of the west adopted by the present generation. It has resulted in deterioration of our traditional values and agony for old age.

The problem would not have reached the vast proportions it has reached today had we zealously preserved our noble social values which have been advocated by our Islamic Religion which commands the children to be generous and humble towards their parents. This dictate of our Religion is as significant as its advocacy to believe in ONE GOD. As we all know, in the ultimate analysis, it is our belief in GOD which gives man serenity and tempers his lust for material acquisition. This serenity is sublimated as love and compassion which gets reflected in the care of the aged and thus prevents disintegration of the family.

Old age is not a disease. It is natural physiological process which causes, in many of its stages a psychological imbalance which increases the sensitivity of the aged to the various disease states. In addition the ageing process precipitates factors which attenuate the risk of death from Killer diseases. To cite a few examples, the Coronary Heart Disease, Myocardial Infarction, Arteriosclerosis, Pulmonary sclerosis or Emphysema changes.

It is obvious that like the disciplines of General Medicine or

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Paediatrics, Modern Medicine should also encompass Geriatrics which studies the Biology of ageing process to enable us understand the "how" and "why" of the diseases in aged as well as the factors which help to prevent or delay those states.

It is observed in some hereditary studies that the human race can be divided into two groups :

1. Long-lived aged group where people reach and even cross the age of ninety years.
2. Short-lived aged group in which are included elderly people who die before the age of seventy.

With better understanding of the ageing process and advances in geriatric medicine, we can ensure an average longevity of hundred years. But progress in the field of Biology of ageing needs to be accompanied by similar forward strides in the Science of Sociology of the ageing population. In fact this should be introduced in the school curriculum in order to inculcate in the younger generation a respect for old age.

Ageing is a result of neurological and plasmatic changes that control behaviours and psyche. This, in no way subdues the desire to enjoy life, even if such enjoyment is now at a slower pace.

The Director of the Institute of Gerontology in the Soviet Academy of Medical Sciences says that "the experimental studies prove that the changes that take place in the ageing lower the nervous control on the tissue level and change its hormonal sensitivity leading to secondary disturbances in the constitution and function of those tissues". Changes also take place in the Hypothalamus which spark off menopause in the women

and probably initiate arteriosclerotic and hypertensive changes in men and women.

In a study on 5000 family trees, heredity was a constant factor in longevity. Individuals in the long-lived age group show a high electrical activity that hardly diminishes with age unlike the low electrical activity that diminishes to a great extent in the ordinary longevity families.

Obviously Gerontology should concentrate on the following:

1. Study of the Biological changes to help the aged, understand himself and tolerate his limitation.
2. Study of the social factors to enable the aged to anticipate and thus avoid possible stressful situations.
3. Study of the factors which hasten the ageing process so that we can try and avoid precipitation of these factors and thus prevent the onset of disease.
4. Study the physical, chemical and biological factors that help prolong the active period within the life span of the aged.

5. Study of Gerontological diseases thereby ensuring appropriateness of treatment.

6. To realise the slow process of healing and recovery in the diseased state in the elderly while evolving Hospital set up and rehabilitation facilities.

In Bahrain, the problem of the aged has not reached the same proportion as it did with industrialised nations, only because some of our traditions and values has been preserved. The problems only arises when the aged need special Medical/Nursing care due to chronic diseases. This situation deserves special consideration from the Ministry of Health to create sub specialty which will ensure special care for old age and enable them to be active and prevent manifestation of old age disease.

Similarly it is for the other Ministries concerned with Social Affairs and Housing to take it upon themselves to create institutions for the elderly which foster a sense of well being and which are conducive to the old people in contributing their might towards the Society at large.

Finally we can classify the problem of the aged into three categories :

1. The elderly person who, though physically active, has retired and therefore needs more of psychological support and emotional reassurance. Specially in a situation where the aged does not have a hobby, he only finds fulfilment in being responsible for his family.
2. The Physically fit retired who needs social and economical support — a responsibility of the concerned institutions.
3. The physically unfit retired due to a disease. This group can be subdivided into two :
 - 3.1 Acutely ill, or patients, who though suffering from some chronic ailment are mobile. These need specialized geriatric care as part of internal medicine.
 - 3.2 The bed-ridden aged. This group needs special treatment in a sanatorium, with rehabilitation, physiotherapy and psychotherapy. These last two groups are the responsibility of the Ministry of Health. □□