

European Union: the growth and activity of “oldest old” citizens is changing our world. A longevity revolution!

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A group of experts met in Paris to discuss and better understand the real needs and problems of this group of people that compared with the past, is rapidly increasing, and seems to be more active and independent. In order to grow old without disabilities and with good quality of life, it is necessary to consider both biological and social dimensions of life-course.

The amount of oldest old (people aged 85 years and older) is growing in Europe and worldwide. This means that there are more active and independent very old people than ever before and their role in our societies is increasing. The oldest-old are a very heterogeneous group and their chronological age alone does not inform their level of health and independence. There are very old people whose physical conditions is similar to that of 40-year olds but also there are people in need of regular care and support.

These results emerged from a workshop titled “Oldest Old Expert Workshop: Harnessing Academic and Social Organizations Knowledge to assess research needs for and contributions by persons 85+/90+” recently held in Paris and organized by the European Joint Programming Initiative “More Years, Better Lives”, along with its Societal Advisory Board and Scientific Advisory Board. The workshop held in the headquarter of the French Institute of Demographic Studies (INED - Institut National d'études Démographiques) with contributions from international organizations and many international experts from Europe and Canada.

A need for more focused research and new models.

“What we have seen in the last decades has been a real revolution in longevity terms. Nobody expected this rates!” Prof. Viviana Egidi, from the Department of Statistics of the University of Rome “La Sapienza” and active member of the JPI More years better Lives Scientific Advisory Board, explained. Visibility of the oldest-old as a separate group should be strengthened, e.g. distinguishing the group 85+ from younger-old people in age-based statistics and research, Prof. Marja Jylhä (University of Tampere - Finland) and Prof. Janice Keefe (University Mount St Vincent - Canada) said.

It's a relatively new phenomenon, 85+ is that part of population that will grow the most in the future, thanks to the great improvements in life expectancy. In most of the high-income countries, at the beginning of the 70s only about 1 out of 5 children reached the age of 85. Today one in two reaches this threshold.



And that's not all, Prof. Egidi explained: "The functional health of people aged 70 or 80 has increased, that is, the ability of older people to remain autonomous in everyday life". The degree of dependence is hence decreasing and the age when help is needed is shifting forward to older ages and to the last years and months of life. Data states that the oldest old have now more years in good health and more years with no major functional limitations. There is a growing number of oldest old which are independent with no need of external help. For example, the most recent data from UK shows that only 8% of 85+ people need continuous assistance while 39% need it only occasionally.

A new challenge: understanding the true age.

The assistance is mainly guaranteed by families across Europe, not just in Italy. Yet also formal long-term care is needed, and many countries are now trying to find new ways to provide it. The mental health of the elderly is also improving, so even if numerically there are more cases of Alzheimer, since the population is getting older, the incidence of the disease (number of new cases per 100,000 inhabitants) is decreasing.

Experts gathered in Paris highlighted the importance of investigating the biological age of a person considering his/her general health conditions, mental health and frailty level. Only investigating all these aspects it is possible to understand the real needs of 85+ people.

Knowing the "true age" of a person will play a fundamental role in the future, Prof. Egidi explained: "if we managed to calibrate public health interventions to the fragile population (rather than the elderly population tout court), we could make more accurate and realistic predictions of what will be the health and assistance needs of future populations".

More adequate data is needed to better understand the characteristics of this very heterogeneous age group, to develop adequate and sustainable services, to support intergenerational relations and for the society to take full advantage of the lengthening lives, Prof. Jylhä and Prof. Keefe said.

A good health is something that is built throughout the whole life.

JPI MYBL experts tried to trace the future research tracks and the need for new prediction models that consider not only the chronological age emerges decisively. It will be fundamental to improve quality and quantity of available data. These data should be comparable in order to allow for unbiased international comparisons. More efficient and robust ageing indicators must be developed. Moreover the general welfare of oldest old must be deeply investigated always considering that a good health is something that is built throughout life.



The main recommendations from the meeting are encourage discussion on best practices in health and social services of working with oldest old; support and fund research on the perspectives and views of the oldest-old themselves on their health, quality of life, possibilities of participation and preferences for care, with cross-country comparisons. It is really important to hear the oldest-old's own opinion on their quality of life, on the kind of care received and on the most important dimensions on health, Prof. Keefe and Prof. Jylhä concluded.