

Aging Research Institute Newsletter

Tabriz University of Medical Sciences (TUOMS)

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October 1; International Day of Older Persons

1998 & 2000 Older persons in an intergenerational society	Towards a society for all ages
2005 Improving the quality of life for older persons: Advancing UN global strategies	2004 Aging in the new millennium
2007 Rights of older persons	2006 Addressing the challenges and opportunities of aging
2009 Older persons and the achievement of the MDGs	2008 Towards a society for all ages
2011 Longevity: Shaping the future	2010 The growing opportunities & challenges of global Aging
2013 Leaving no one behind: Promoting a society for all	2012 The future we want: what older persons are saying
2015 Take a stand against ageism	2014 Sustainability and age inclusiveness in the urban environment
2017 Celebrating older human rights champions	2016 Stepping into the future: Tapping the talents, contributions and participation of older persons in society
2019	2018 The journey to age equality

2020 International Day of Older Persons;
Pandemics: Do They Change
How We Address Age and Aging?



1 National Aging Document

2 Infographics

3 Decade of Healthy Aging

4 Correspondence

5 Editorial

6 Student Letter

National Aging Document

A political, social, economic and cultural roadmap for addressing the challenges of aging

The National Aging Document was approved in the meeting held by the High Health Council of the country, in the presence of the then president in 2017. This event took place while the appointed secretariat had started its activities in 2004. For about 13 years, the secretariat, with the participation of public and private organizations and individuals, prepared a roadmap on how to deal with the phenomenon of aging in the country. This document seeks to create an overall, comprehensive, and coordinated structure to meet the specific challenges and needs of old age.

The increase in the elderly population introduced certain challenges and the lack of proper planning to address these challenges was problematic itself. With the increase in the number of retirees, replacing the labor force, providing financial resources for retirees, paying attention to the views of the elderly on general policies, developing transportation and housing infrastructure, etc., as well as increasing the need for health services to improve quality of life became a big challenge.

Prior to this period, when the number of elderly people was not large, the prevailing theory of society was the theory of separation. According to this theory, reaching old age was synonymous with the completion of social roles and exclusion from the society. However, with the increase in the number of elderly people, governments have sought to develop participation, safety and health of the elderly using Activity Theory of Aging and Active Aging Program of WHO.

The strategic National Aging Document consists of three general sections: Introduction; Objectives, Strategies and Executive Policies; and Appendices.

In the introduction section of this document, the position of the elderly in hadiths and the holly Qur'an is men-

tioned. Also, the effective theories in compiling this document are included, and at the end, the method to compile the document is discussed.

In the second part, the six main objectives of the document are included:

1. Promoting the cultural level of society regarding the phenomenon of aging
2. Empowering the elderly
3. Maintaining and promoting the physical, mental, and social health of the elderly
4. Promotion of social capital and social support
5. Development of the required infrastructure in the field of aging affairs
6. Financial security of the elderly protection system

Along with the introduction, the strategies for each objective and general executive policies for each strategy are written, which require the development of an action plan.

Basically, the plans approved at the high policy levels are strategic programs that, in order to be practical, need to be transparent about the activities attributed to each organization, provide financial resources, allocate a dedicated budget line for them, appoint the trustees, establish a supervisory structure for the proper performance of organizations, create legal aspects in the upstream documents to encourage and pursue the legal action against trustees, and a set schedule for each activity.

To this end, the National Council of the Elderly was established to communicate activities and monitor performances in each province. This council, chaired by the governor and secretary of the head of the provincial welfare organization, is required to create the infrastructure to achieve the objectives of the document, develop operational plans, and form special subgroups to follow the needs of the elderly.

In the third part of this document are the appendices; the most important part of which is probably related to the upstream rules. Elderly-related laws are set out in article 29 of the National Constitution, paragraph 7 of the macroeconomic policies communicated by the supreme leader, general household policies, the 3rd, 4th, 5th and 6th development plans, and the law on the structure of the comprehensive system of welfare and social security. Studies show that the share of elderly-related laws in the approved laws of the country is only one percent, most of which are related to the economy, and then social and welfare laws. Although these laws are contained in the country's documents, due to the dispersion and lack of a trustee to follow up the implementation of these laws, no attention was paid to it. With the establishment of the National Council of the Elderly, it is hoped that after communicating the action plan to the agencies, measures would be taken on developing legal laws and regulations on old age issues.

In 2019 the document was reviewed to level the present barriers and its statistical aspects were updated and unveiled once more. In July 2020, with the news that the obstacles to this document have been removed, the country's program and budget organization has considered a special budget line in 2021 for this document. On the other hand, its action plans are being written and communicated to the organizations in the National Council of the Elderly. Although the operational measures of this document have not yet taken place and it's a long way to achieving positive results in the lives of the elderly, the existence of this document and its related structures is very important that indicates the elderly population is moving to the center of the attention of the organizations and macro policies of the country.

Healthy Aging

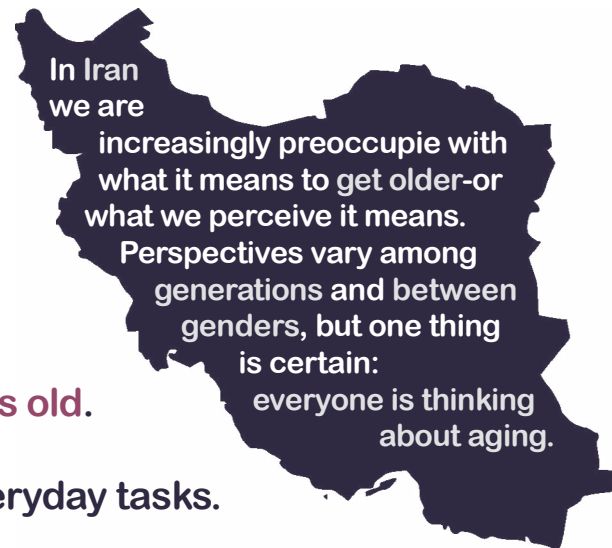
CAUSES OF DEATH AMONG SENIORS 65+

- Heart Diseases 35%
- Cancer 28%
- Chronic low respiratory disease 9%
- Stroke 8%
- Alzheimer's disease 6%
- Diabetes 4%
- Influenza and pneumonia 3%
- Kidney disease 3%
- Unintentional injury 3%
- Septicemia 2%

IN **2012** BY **2050**
810 MILLION **THE NUMBER**
PEOPLE WERE **WILL REACH**
AGED 60 OR OVER **2 BILLION**

Every older person is **different**:

- Some have the level of functioning of a **30 years old**.
- Some require **full time assistance** for basic everyday tasks.



Aging is not just a developed world phenomenon...

BY **2050** NEWBORNS CAN EXPECT TO LIVE TO
83 YEARS **74 YEARS**
 IN **DEVELOPED** REGIONS IN **DEVELOPING** REGIONS

EXPECTATIONS...

- 51%** Will lose **strength** and **flexibility** by age.
- 59%** Will be living **independently** at home at age 80.
- 68%** Will still be able to engage in the same type of **physical activities** at 65 and older.

START THE CLOCK

AGING STARTS EARLIER THAN YOU MAY THINK:

Take actions early. Protect health through the aging process.

What influences health in older age

- | | |
|--|---|
| <p>" Individual "</p> <ul style="list-style-type: none"> - Behaviors - Age related changes - Genetics - Diseases | <p>"Environment they live in"</p> <ul style="list-style-type: none"> - Housing - Assistive technologies - Transport - Social facilities |
|--|---|



HOPES FOR AGING

- Staying healthy.
- Enjoying life.
- Maintaining independence.

FEARS OF AGING

- Not able to do things I love.
- Not living independently.
- Debilitating diseases and chronic conditions.

HEART HEALTH FOR SENIORS



Wise food choices

- 5 servings of **colorful fruits** and **veggies** per day.
- 2 servings of **fish rich in omega-3 fatty acids** per week.
- 3 servings of whole **grains** everyday.
- 21-30 grams of **fiber** everyday.
- <140 mg of **sodium** per serving.
- 3 ounces of **lean meat** per serving.
- 15% or **less** of daily calories for **sugar** and **solid fats**.



TWO PEOPLE CELEBRATE THEIR 60TH BIRTHDAY EVERY SECOND.



Keep moving

- 150 minutes of moderately intense **aerobic activity** per week.
- 10+ minutes of **exercise** per session.
- 2x weeks of **muscle strengthening exercises**.



Live smart

- Mindful choices support heart health.
- No **stress**.
 - No **tobacco**.
 - Limit **alcohol**.

Tips to AgeWell

- ✓ Prevent/manage diabetes
- ✓ Build heart health
- ✓ Strengthen bones
- ✓ Treat back pain
- ✓ Stimulate brain
- ✓ Avoid falls
- ✓ Manage chronic pain

Decade of Healthy Aging (2020-2030)

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The population of the world are rapidly aging, Specially in developing countries. In 2019, the number of people aged 60 years and older was 1 billion. This number will rise to 1.4 billion by 2030 and 2.1 billion by 2050. This significant change in the global population affects almost every aspect of society, so there is a need that all sectors are planned to adapt to this unprecedented phenomenon.

Aging brings challenges and needs. As the elderly population grows, requirement for primary health care and better trained staff increases. Every person, all over the world, should have the chance to achieve a longer and healthier life, and experience active and healthy aging.

The World Health Organization (WHO) has described healthy aging as a process of developing and maintaining the functional ability that enables well-being in older age.

(1)

WHO has endorsed the protocol for decade of healthy aging to promote healthy aging and improve the lives of aged people and their families. (2) This protocol has 10 Priorities, as following:

- ” 1. Establishing a Platform for Innovation and Change
2. Supporting country planning and action
3. Collecting better global data on Healthy Aging
4. Promoting research that addresses the current and future needs of older people
5. Aligning health systems to the needs of older people
6. Laying the Foundations for a Long-term-Care System in Every Country
7. Ensuring the Human Resources Necessary for Integrated Care
8. Undertaking a Global Campaign to Combat Ageism
9. Defining the economic case for investment
10. Enhancing the Global Network For Age-friendly Cities and Communities” (3)

Keywords: Healthy; Elderly; Aging.

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Quarantine and the psychosocial health of the elderly - an obvious conflict

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A friend once told me: "In the beginning of the coronavirus epidemic, my wife and I decided not to visit our parents until the situation settles and gets resolved. We were in touch with voice massages or video phone calls so as not to endanger our elderly parents. But after a few months, we realized that the coronavirus would not go away and we would not get rid of it any time soon. Therefore, we decided to visit our parents while complying with the health protocols. First, we went to visit my mother, who is very attached to us and especially her grandchildren (my daughters). Upon our arrival, my mother, who was about to hug and kiss my daughters, faced my older daughter's resistance, who kept her distance with her grandmother, for the fear of transmitting the coronavirus to her. My mother surprised us with a loving sentence coming from the depths of her ocean of experience. My mother told: "My beloved child! Come to my arms, I prefer death or the illness by this virus to the depression caused by being apart from you.""

Certainly, in the past months of the Coronavirus pandemic, similar stories have occurred to all of us, although with slight differences. All of us might have elderly people in our family and even in our neighborhood with whom we have strong emotional relationships, and this communication has a reciprocal benefit in maintaining both our mental health and theirs. So many grandmothers and grandfathers are longing to see their children again. But Covid-19 and its related quarantine protocols have prevented these visits from continuing.

There is a topic in medicine through which the physicians and the whole medical system in general evaluate prevention or treatment methods, compare the effectiveness and complications of drugs, and judge about their prescription according to their effectiveness and side effects. A drug or a method of treatment or prevention is used in medicine only if the effectiveness and benefits of that drug or method outweighs its side effects and harms.

Otherwise, that drug or method is discarded.

One of the necessities of a healthy old age is having social relationships and is to be supported by the family and society. Strong family relationships, regular visits from their children, participation in ceremonies and social activities (as much as it is possible) are undeniable factors in the elderly health. With the outbreak of the coronavirus and its continued pandemic and, of course, the necessity of quarantine to prevent the spread of the disease, the important mentioned factors have been neglected. Thus, a great risk threatens the mental and social health and even the physical well-being of the elderly. Mental and mood disorders such as depression are among common diseases of the old age themselves. Now, with an intensifying factor such as quarantine, the prevalence of psychosocial diseases in the elderly is expected to increase. Considering all the mentioned issues, a correct judgment must be made about the advantages and the disadvantages of quarantine in the elderly's life and an appropriated solution must be chosen to resolve this obvious paradox.

This is a global concern, as the United Nation dedicated this year's international day of older person's slogan to be: "Pandemics: Do They Change How We Address Age and Aging?" This slogan has been very wisely and appropriately chosen revealing the need for awareness in relevant organizations, and the watchfulness of the experts, as well as the people themselves (according to the requirements of their family life) regarding the health of the elderly.

Keywords: Quarantine; psychosocial health; elderly.

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Editorial

Ageism & fostering intergenerational solidarity during the pandemic: How older adults are treated and the young are affected!

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During the COVID-19 pandemic our lives have changed in many aspects, including how older adults are being treated.[1]

However, It is thought that there are three ways that evidence from behavioral sciences can help to make a difference. [1]

First, alongside the pandemic , there has been a parallel outbreak of ageism.[1] In public discourse , we are seeing an increasing portrayal of those over the age of 70 as being all alike with regard to being frail, helpless, and unable to contribute to society.[1] These points of view are being spread by social media, the press, and public announcements by government officials all around the world [1]

Based on the stereotype embodiment theory negative age stereotypes can be internalized by people of all ages and when these views become self-relevant, influencing older persons' beliefs about their own aging, they can have detrimental impacts on health both at personal and social levels .

For instance, considering health care costs, ageism can have basic economic costs for countries, which could add to the economic strains of the pandemic [2][4]

Second, the distinction between young and old, together with the idea of "walling off the old" that is currently more stressed in public discourse, empower our previ-

ously age-divided societies .[3] As older adults are shown to be susceptible to the negative effects of the COVID-19 pandemic, younger people tend to see themselves immune to the virus and, therefore, get involved in risk behaviors with consequences that eventually will need to be addressed by an already stressed health care system. [1] The growing ageism also allows younger people to direct their resentment and anger about the conditions towards older adults, who are obviously depicted as the out group. [1] In the future, the current negative portrayal of older adults, aging , and age division might affect younger people's aging process as they themselves internalize negative messages about old age and aging in the context of the current pandemic [2]

The third way that evidence from the behavioral sciences of aging could contribute to a more balanced discourse about the current pandemic is through enriching discussions about the significant ethical questions that have been raised by covid-19 outbreak. The pandemic, for sure, will overburden the health systems in many countries. Thus, difficult decisions needed to be made: Who is to be treated first (or at all)? Ethical rules for triage situations- in the extreme, to help one person live and let the other die- have to be considered in order to avoid ad hoc decisions of the health professionals who are under enormous pressure to help all individuals in need. We fear

that chronological age will become an accepted criterion in coming future for making such decisions—which would be the most blatant way to express ageism.[1]

Some factors including : arguing against age cutoffs (one of the dominant measures to overcome the current pandemic of ageism and intergenerational division is to avoid arbitrary age cutoffs.), emphasizing the risk factors (We are aware that not only chronological age, but also the presence of chronic illnesses and comorbidities make the individuals more susceptible to COVID-19.), Taking the consequences of physical distancing into consideration (increasing dependence on I technology for daily functioning-smartphone ownership has increased by 24% in adults over the age of 65 -, limited access to technology tools or lack of ability to use technology could become major risk factors to induce the feeling depressed and lonely.) , and influencing public discourse (emphasizing that we are all in this together , by conveying personalized rather than generalized messages.) may help to navigate the current pandemic.[1][9]

There are frequent ways to enrich social contacts between different generations even with physical distancing,. For example, the use of online services like Zoom or Face Time, phone calls, letters and engaging in the same activities such as reading a common book or watching the same show and then having discussions over it. Physical distancing does not necessarily bring about emotional distancing. As soon family members keep in touch, detrimental impacts of social division and prejudice are noticeably reduced and replaced by solidarity norms [7]

At times like that of today, intergroup conflicts are more likely to arise due to limited resources [5] Therefore, the current emergency situation is exactly the time we need social and intergenerational solidarity more than ever.[6]

As a conclusion, fostering personal contact between old and young is an important means to tackle intergenerational tensions and the consequent ageism.[1]

Even though it might not be clear what our lives will look like in the future, if we evaluate the challenges and opportunities, we could move more quickly to minimize the negative outcomes of the COVID-19 pandemic and maximize the probable positive changes. [8]

After all, We're all in this together.

Keywords: Coronavirus; COVID-19; Ageism; Pandemic.

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Student Letter

Mental health of the elderly: a target for COVID-19 pandemic

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Since the onset of the worldwide lockdown and intense quarantine measures to face the coronavirus disease of 2019 (COVID-19) pandemic, the world has experienced countless problems other than this deadly disease. Social distancing, an inevitable consequence of this pandemic, has forced the society into a stressful environment of the fear of “catching” or “passing” the disease. This state of mind has thus enlarged an already present gap between families. The elderly, was one of the first groups to be called as “at risk” against this disease[1]. This caused the most intensive quarantines to be applied to the older populations of the world, leaving them almost helpless with their needs and rights. Loneliness, a sudden and complete absence of the time-to-time visiting of their children, having to put aside the little hobbies like taking a walk and shopping the daily groceries, and the feeling of being forgotten, started to take their toll on the mental health of this fragile community. On the other hand, the news of the spread of COVID-19 and the deaths it causes everyday added to the stress in the previously calm lives of the elderly, as the elderly have been shown to have higher COVID-19 related anxiety than younger groups[2]. Studies have shown a diverse spectrum of mental impairments among adults from anxiety disorders, to substance abuse and suicidal thoughts[3]. A study showed that caring for a patient with COVID-19, and being affected by the disease, are the most common issues associated with

mental problems, and almost half of the study sample experienced more than just one mental issue[4]. Preexisting mental and physical illnesses are also defined as major contributors to mental impairments[5, 6]. The studies are still limited on the elderly society and require special attention as their problems are different in many aspects compared to the young and middle aged, and predisposing physical and mental problems are virtually always present.

With growing older, the coping ability to the emotional stresses alters, and the tendency of developing different mental impairments may increase[7]. Men have been shown to have a better coping status compared to female population, and thus experience less severe mental illnesses. A study in Sweden also showed that women and single people are more prone to mental impairments[8]. Anxiety, depression, and post-traumatic stress disorder, all can be consequences of this long lasting and exhausting lock down. Being confined to home for a long period of time, especially when alone, may lead to serious major depression in the long run. We should bear in mind that the elderly does not exactly express their feelings and emotions to others and when developing symptomatic psychiatric impairments, are much more difficult to treat than younger groups. Putting aside the psychological damage itself, most of the elderly population suffer from a variety of chronic diseases such as atherosclerosis, di-

abetes, and probably previous cardiovascular damages, these emotional instabilities can lead to severe consequences of stroke and cardiac infarction.

Mental health is a fundamental part of human life, a major piece that empowers and enriches physical health. If we are ever going to win the battle against this pandemic, we should be alert that a much bigger problem is emerging as a result of this battle in the future, which is a pandemic of psychiatric illnesses. The elderly should not be left out in this situation. Getting back to normal life with the right preventive measures, like taking a walk in parks, wearing a mask in crowded places, being visited by their healthy relatives, and paying attention to their needs can help improve their mental health state.

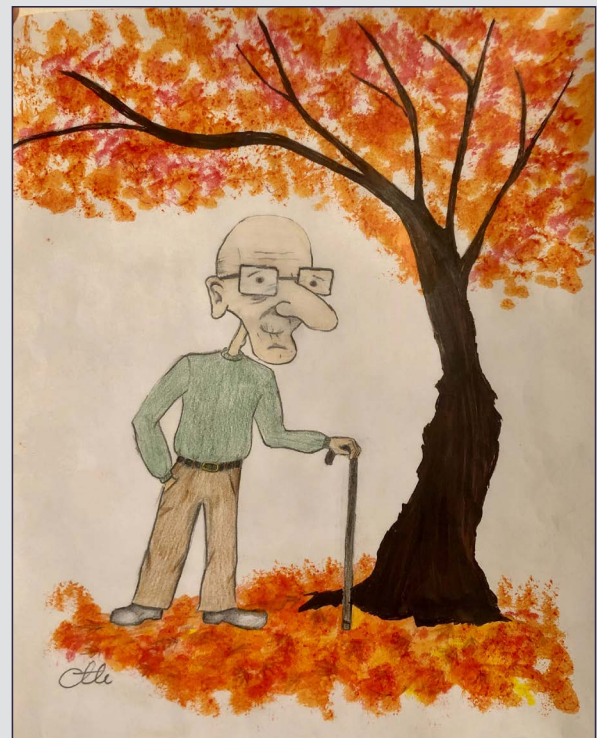
All of the society should be well screened and (if necessary), be well treated for mental diseases. And there should be a higher emphasis on the elderly population, as they are at higher risk of being forgotten in this pandemic, and need much more attention, and much more intimate care.

Keywords: Mental health; COVID-19, elderly.

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Cover Photo; Elderly man in autumn
Sketch by Ali Shamekh, medical student at Tabriz
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