

Why Do We Need Palliative Care in Aging Society



Srivieng Pairojkul, MD.
Karunruk Palliative Care Center
Faculty of Medicine, Khon Kaen University

Why Better Palliative Care for the Elderly is an Urgent Public Health Priority

- Ageing demographics.
- Changing disease patterns.
- Multiple co-morbid.
- Complex needs of older people.
- Health care costs.
- Care giver burden.

Ageing Demographics

Country	Year	
	2000	2020
Italy	24	31
Japan	23	34
Germany	23	29
Greece	23	29
Croatia	22	26
Spain	21	27
United Kingdom	21	26
France	21	27
Switzerland	21	32
Norway	20	26
Hungary	20	26
Slovenia	19	29
United States	16	22

Source: United Nations (3).

Percentage of the Population Aged
Over 60 in 2000 and Predictions for 2020

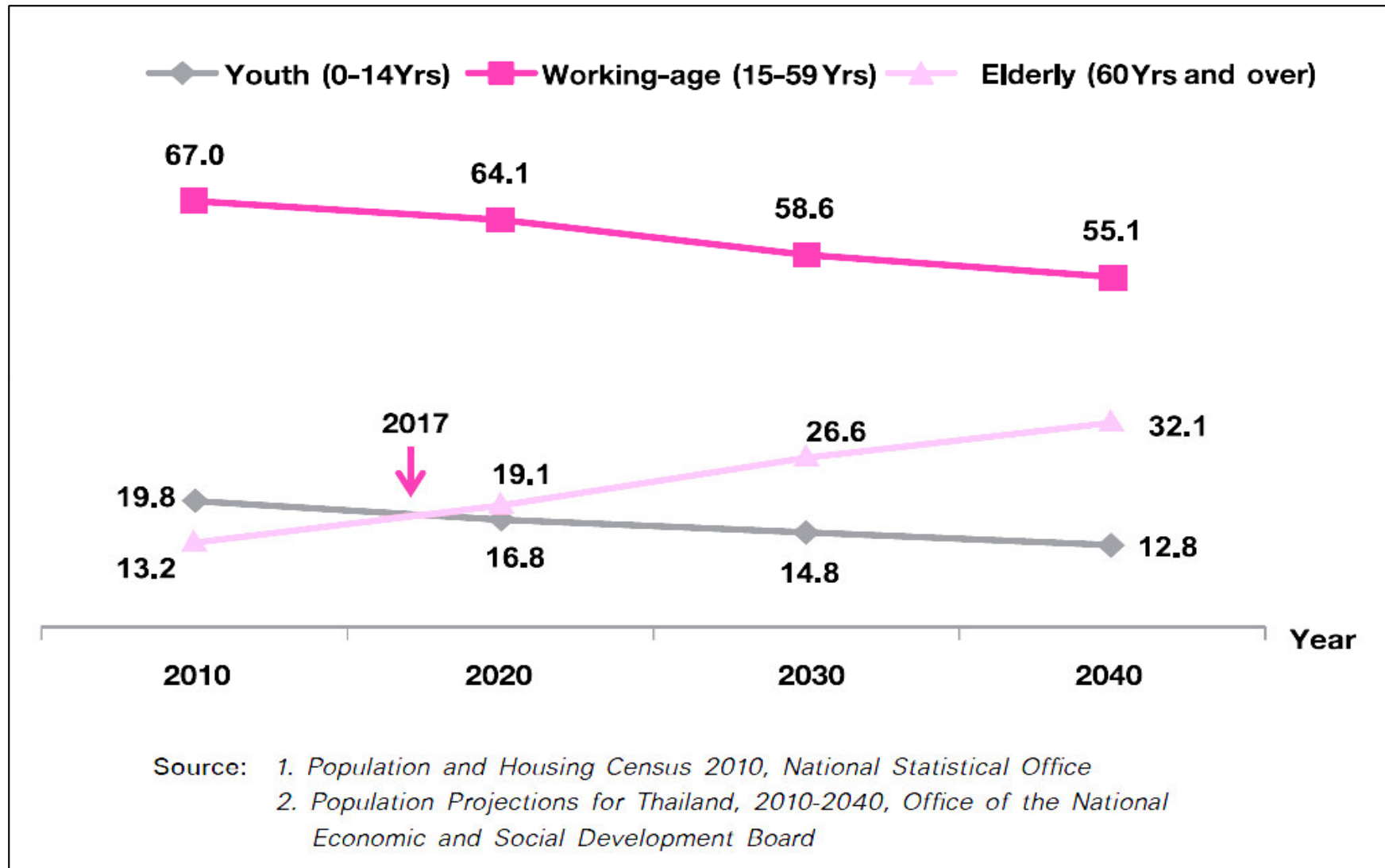
Percentage of Elderly Population in ASEAN Member States in 2015 and 2040



Source: Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat, World Population Prospects: The 2012 Revision (<http://esa.un.org/unpd/wpp/index.htm>)

Prachuabmoh V., Annual Report Situation of the Thai Elderly 2012.

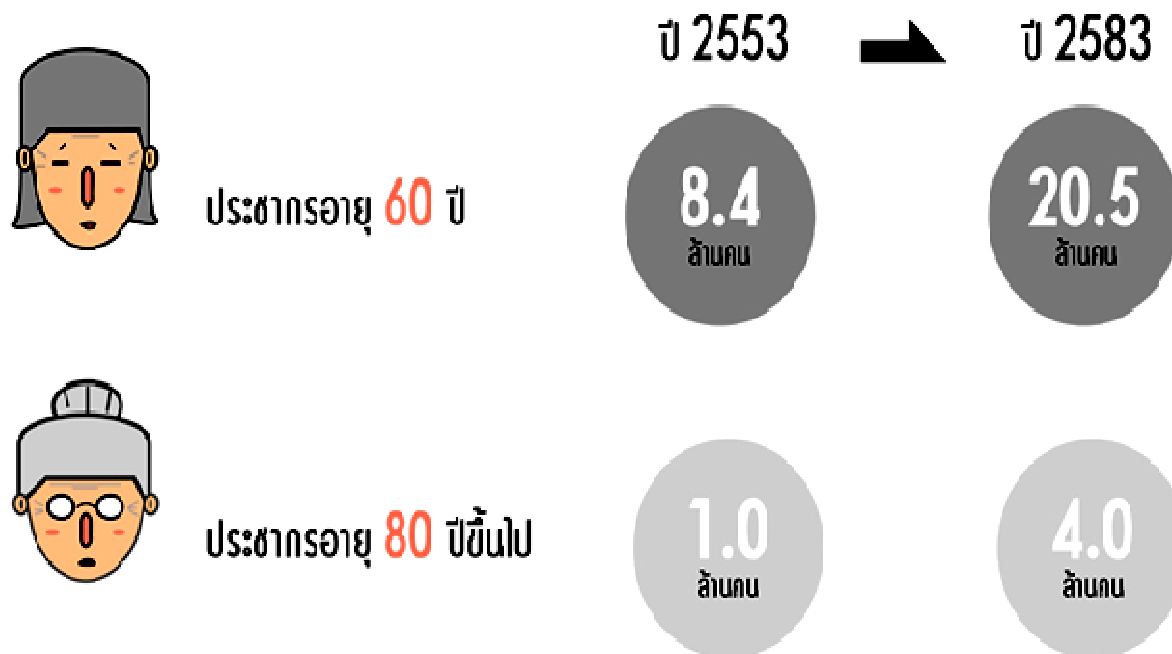
Percentage of Thai Youth, Working-Age, and Elderly Population During 2010-2040



Prachuabmoh V., Annual Report Situation of the Thai Elderly 2012.



การประมาณการของประชากรผู้สูงอายุ ในประเทศไทยในอีก 30 ปีข้างหน้า



Number and Percentage of the Elderly, by age group, gender, and area of residence During 2010-2040

Year	2010		2020		2030		2040	
	Number (thousand)	%	Number (thousand)	%	Number (thousand)	%	Number (thousand)	%
Total	8,408.0	100.0	12,621.7	100.0	17,578.9	100.0	20,519.4	100.0
Early-elderly (aged 60-69)	4,629.7	55.1	7,255.6	57.5	9,260.4	52.7	8,958.5	43.7
Mid-elderly (aged 70-79)	2,708.1	32.2	3,676.6	29.1	5,897.9	33.6	7,639.4	37.2
Late-elderly (aged 80 and over)	1,070.2	12.7	1,689.5	13.4	2,420.6	13.8	3,921.4	19.1
Male	3,776.2	44.9	5,624.3	44.6	7,739.6	44.0	8,874.3	43.2
Female	4,631.7	55.1	6,997.4	55.4	9,839.4	56.0	11,645.1	56.8
Urban	3,333.9	39.7	6,283.9	49.8	10,422.2	59.3	11,586.0	59.8
Rural	5,074.1	60.3	6,337.8	50.2	7,156.8	40.7	7,774.6	40.2

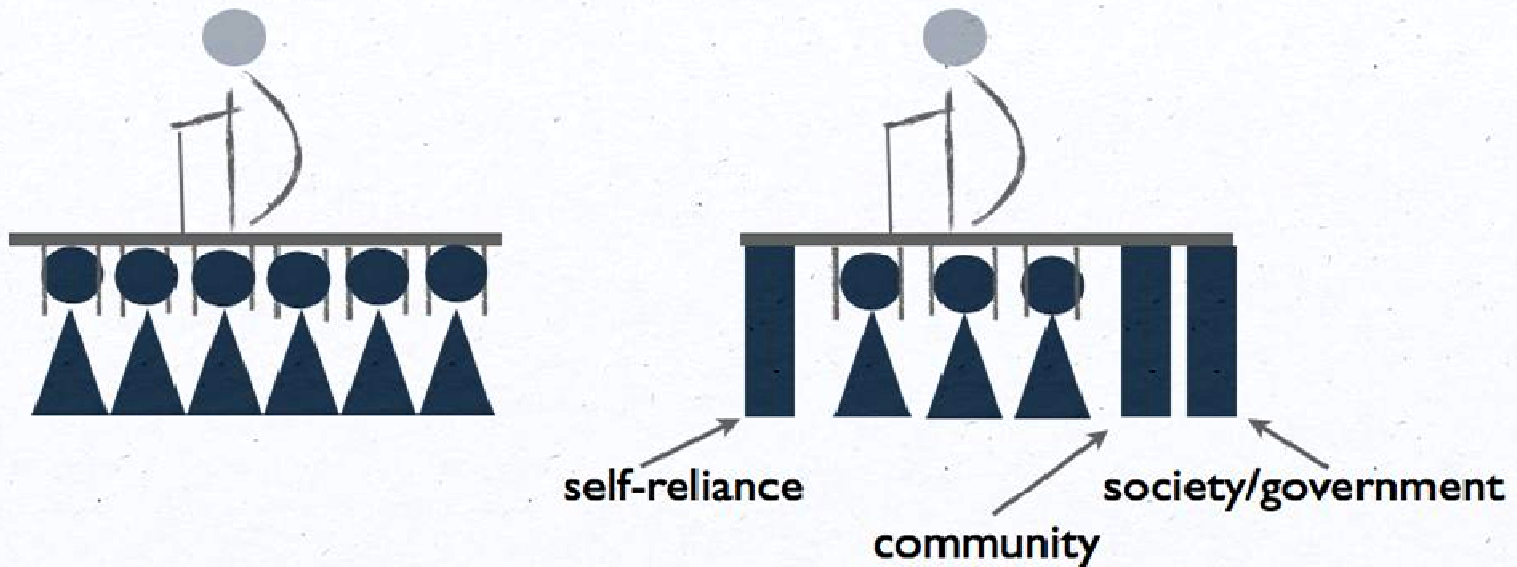
Source: Population Projections for Thailand, 2010-2040, Office of the National Economic and Social Development Board

Aging society

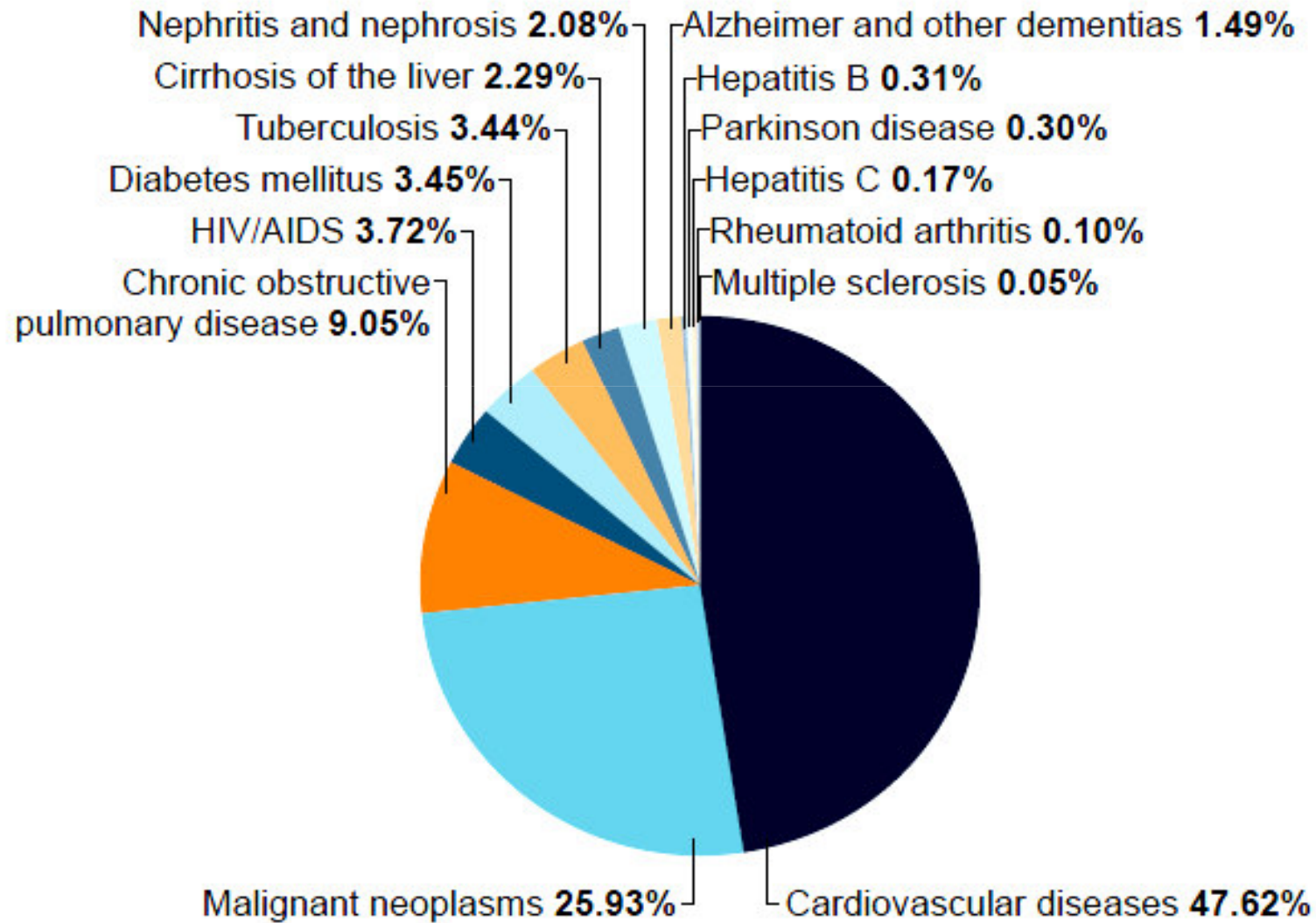
Working age population : Aged

2007 6:1

2027 3:1



Changing Disease Patterns Death Statistics - Worldwide



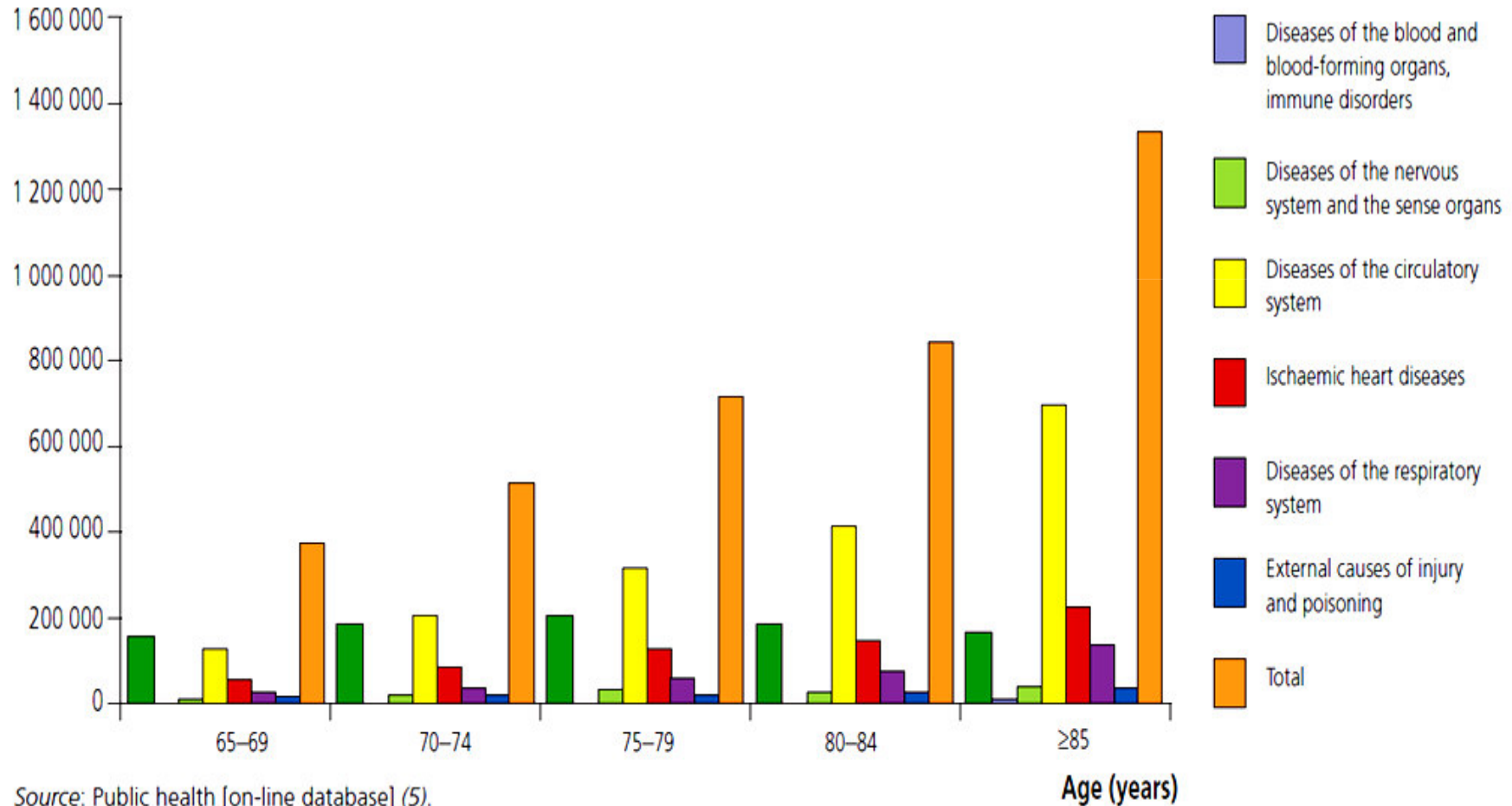
Mean Predicted Causes of Death for 2000 and Previous Causes in 1990

Disorder	Predicted ranking 2020	Previous ranking 1990
Ischaemic heart disease	1	1
Cerebrovascular disease (including stroke)	2	2
Chronic obstructive pulmonary disease	3	6
Lower respiratory infections	4	3
Lung, trachea and bronchial cancer	5	10

Murray & Lopez. Lancet 1997; 349.

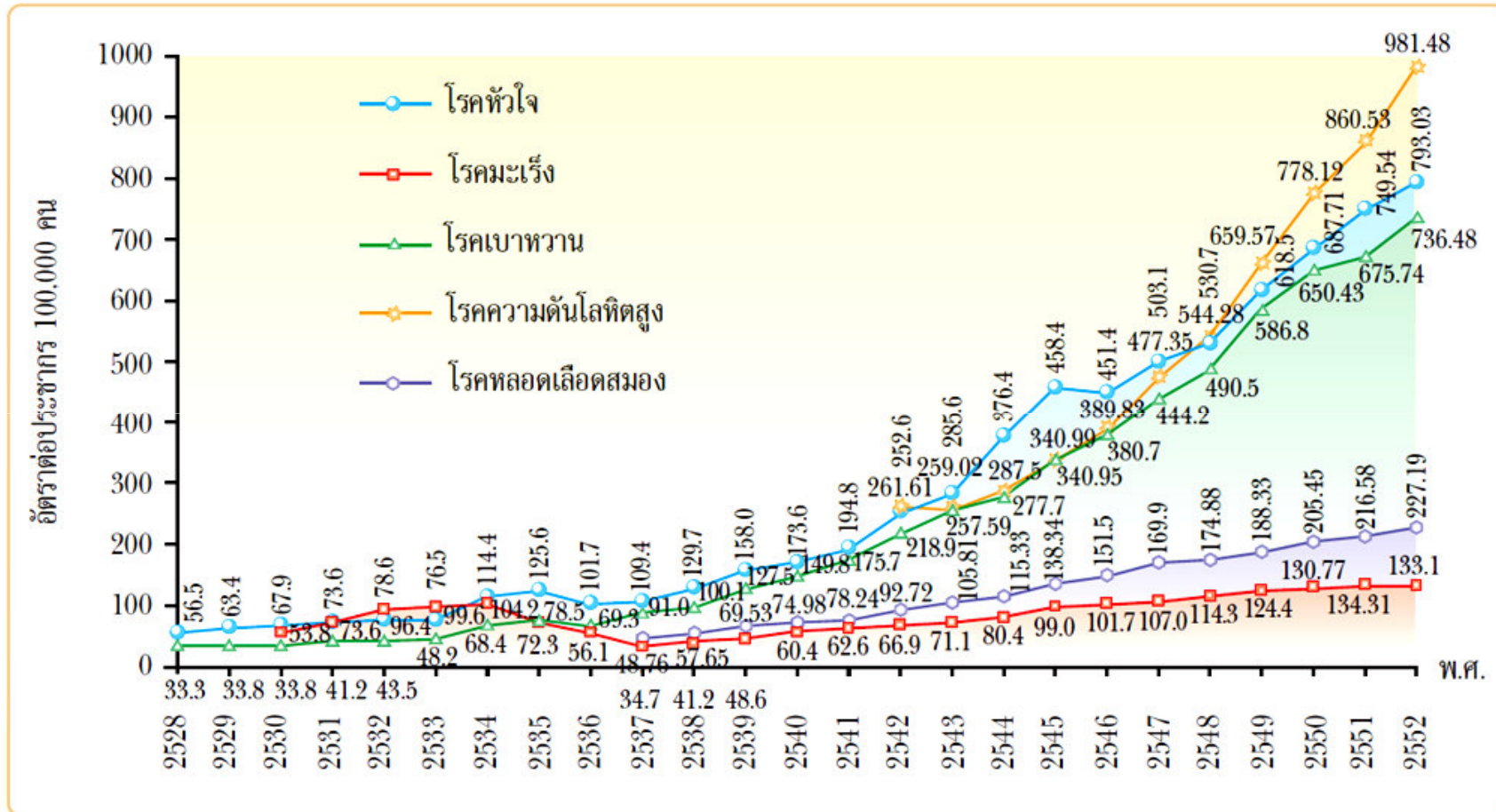
Number of Deaths by Causes and Age Group in 27 EU Countries, 2006

Number of deaths



Source: Public health [on-line database] (5).

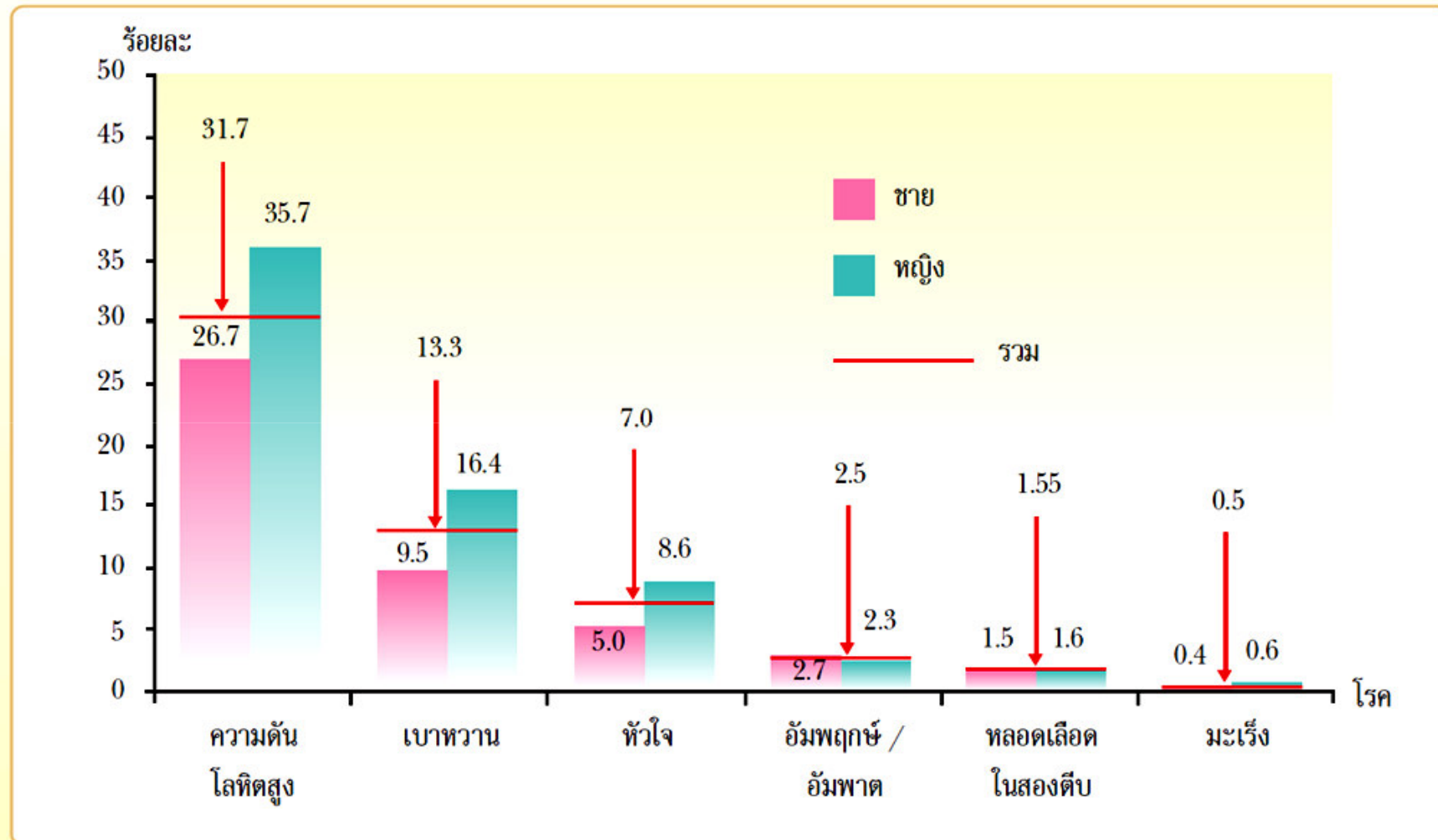
Admission Rate (per 100,000) of Chronic Diseases in Thailand 1985-2009



ที่มา: รายงานผู้ป่วยใน สำนักนโยบายและยุทธศาสตร์ สำนักงานปลัดกระทรวงสาธารณสุข

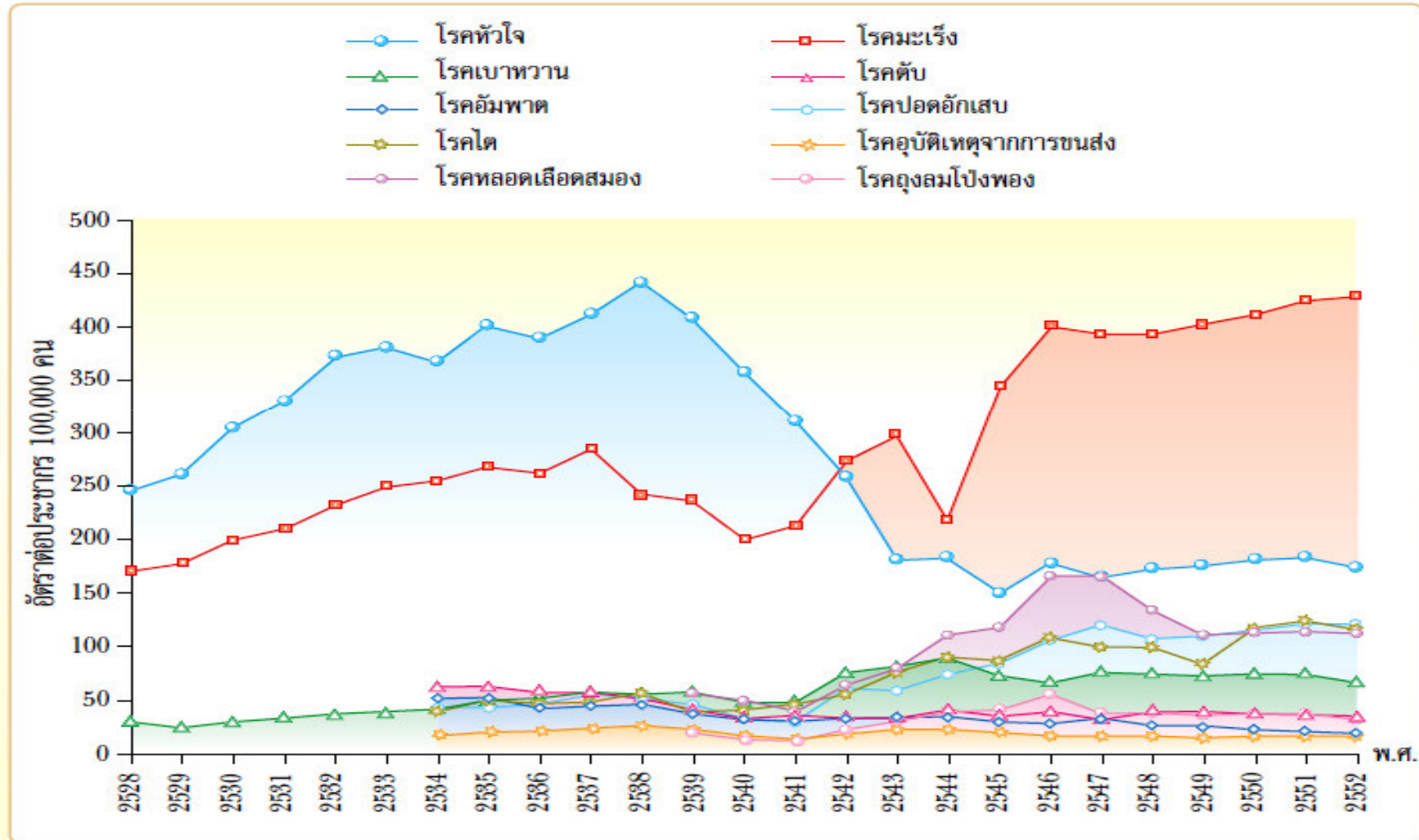
หมายเหตุ ความชุกของโรคมะเร็ง ตั้งแต่ พ.ศ. 2537 แสดงเฉพาะมะเร็งตับ ปอด มดลูก และเต้านม เท่านั้น

Chronic Disease Rate in Thai Elderly 2007



ที่มา: รายงานการสำรวจประชากรสูงอายุในประเทศไทย พ.ศ. 2550, สำนักงานสถิติแห่งชาติ

Thai Elderly Mortality Rate 1985-2009

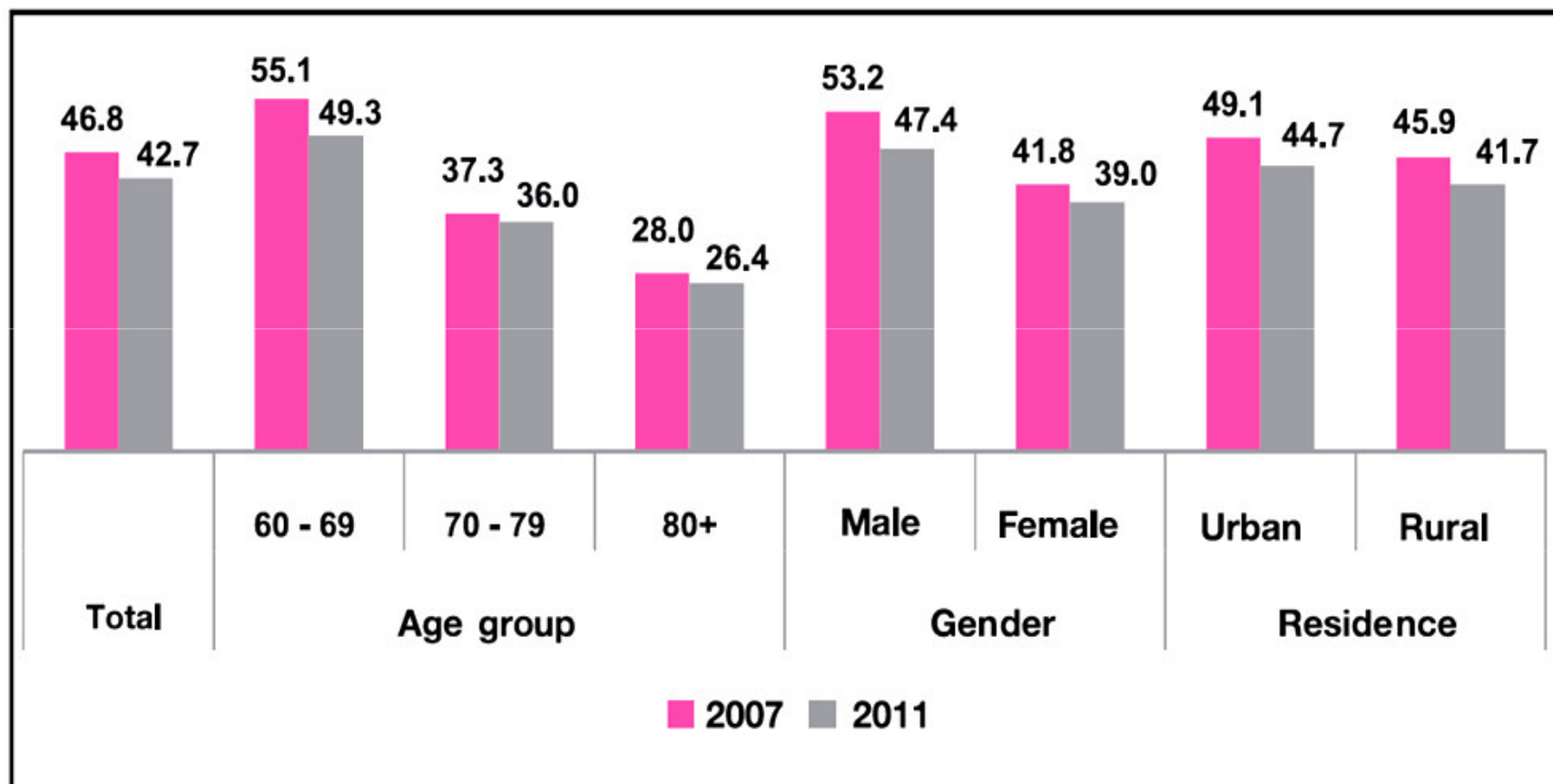


ที่มา: รายงานการตาย สำนักนโยบายและยุทธศาสตร์ สำนักงานปลัดกระทรวงสาธารณสุข

The House Hold Survey on Access to Care and Health Expenditure of Thai Decedents 2548-2549 B.E.

- Number of death 387,970
- More than half were age > 60 years
- Cause of death - 51.4% non-communicable diseases
- Place of death - 1/2 at home
- Health expenditure in the last year of life 10,646 – 231,167 Bahts
- 29.2 % severely affected from health care cost in the last year of life

Percentage of Thai Population Aged Over 60 Who Assessed Themselves as Having Good or Excellent Health in 2007 and 2011



Source: The Survey of Elderly in Thailand in 2007 and 2011, National Statistical Office

Prachuabmoh V., Annual Report Situation of the Thai Elderly 2012.

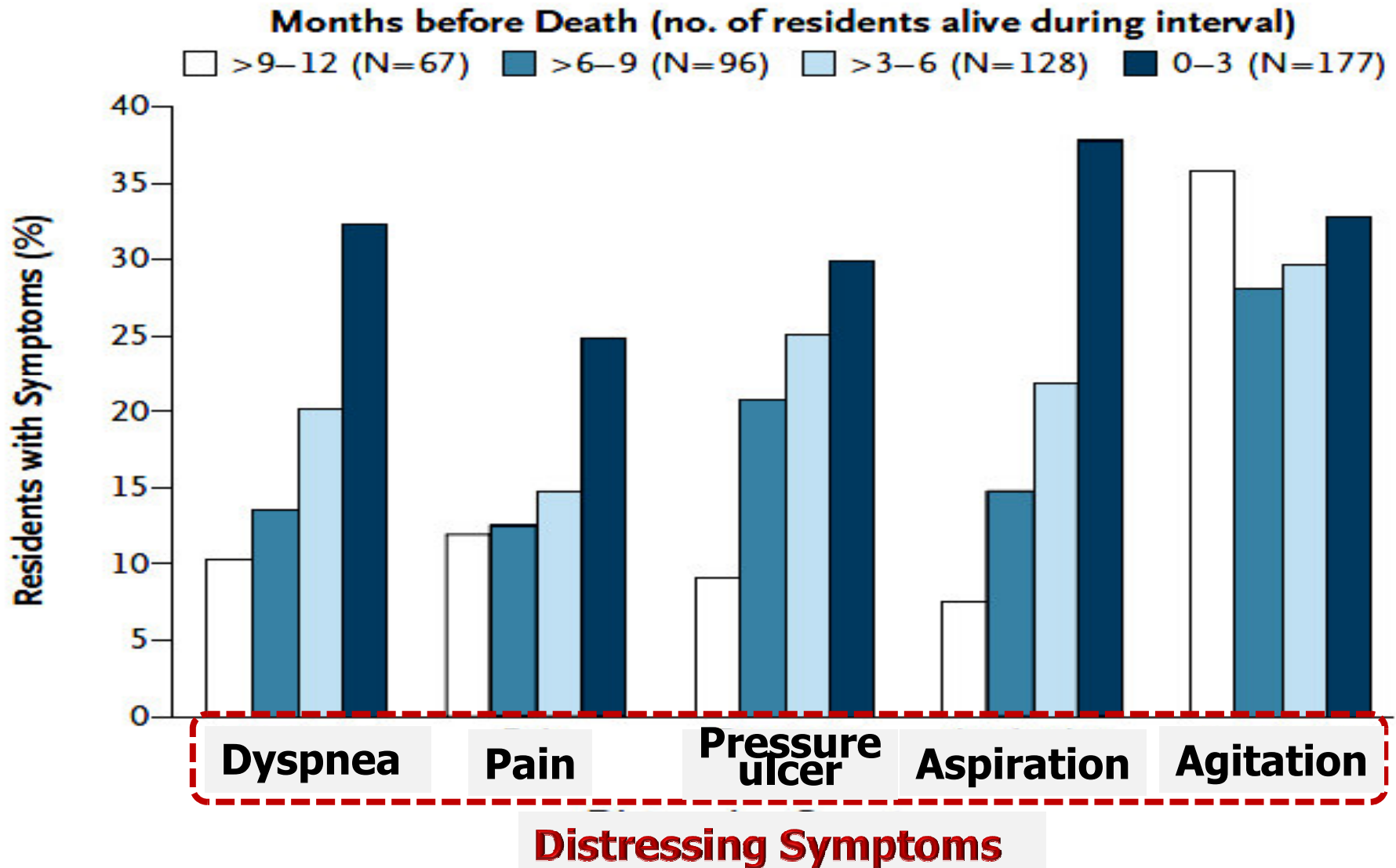
Older People Have Special Needs

- Multiple medical problems.
- Cumulative effect of multiple medical problem may be much greater than any individual disease.
- Greater risk of adverse drug reactions and iatrogenic illness.
- Psychological impacts of illness.
- Acute illness may be superimposed on physical or mental impairment, economic hardship and social isolation.

Experience of Advance Illness in Older Adults

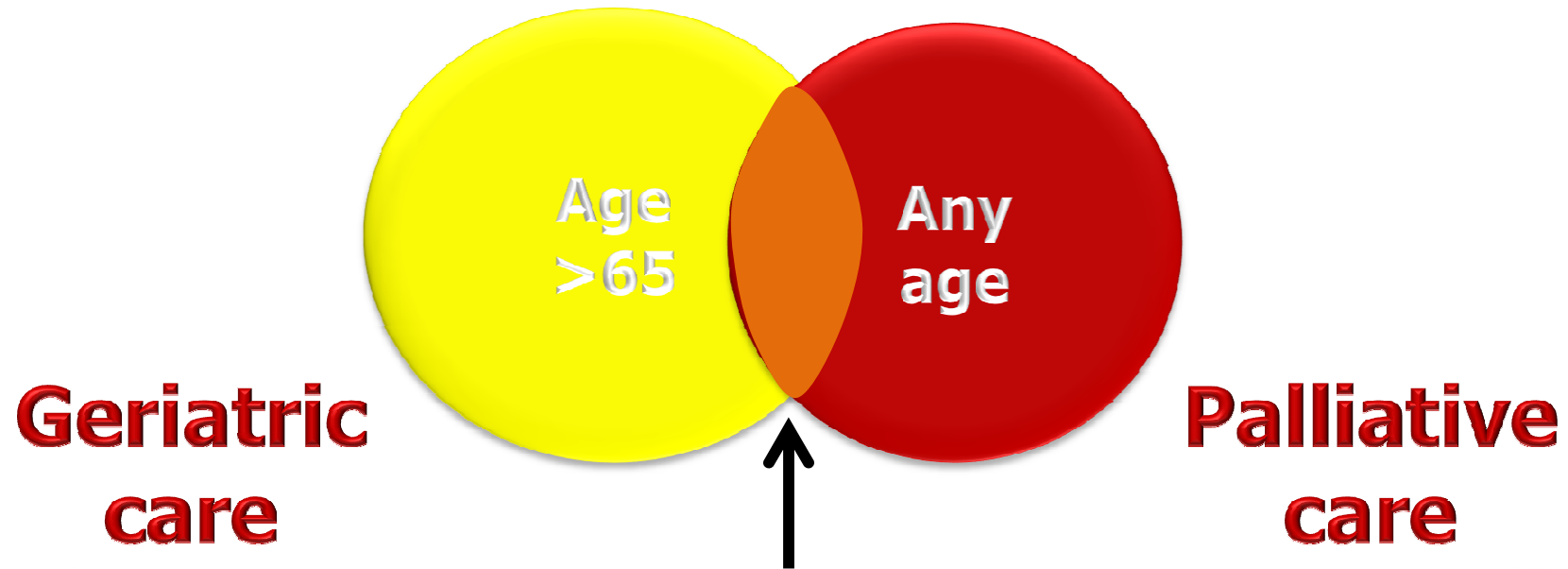
- Underassessment and under treatment.
- Lack of information and involvement in decision making.
- Frequent use of ventilators and ICU due to lack of advance care planning.
- Lack of home care.
- Lack of access to specialist services.
- Lack of PC within health service and in nursing homes.

Proportion of Nursing Home Residents With Distressing Symptoms Before Death



Mitchell SL, et al. *N Engl J Med* 2009.

Geriatric Care VS Palliative Care



Shared Common Goals:

- Control over life
- Reduce suffering
- Improve QOL
- Collaborative/Interdisciplinary team model

Markers for Initiation of PC in Geriatrics

Disease-independent markers:

- Frailty
- Functional dependence
- Cognitive impairment
- Symptom distress
- Family support needs

Disease-specific markers:

- Symptomatic congestive heart failure
- Chronic lung disease
- Stroke
- Cancer
- Recurrent infection
- Degenerative joint disease causing functional impairment and chronic pain

Does Home Palliative Care Reduce Healthcare Costs?

Study in Catalonia, Spain

Home PC vs. "Standard care" in terminal CA one month before dying:

- Admission to hospital 16% vs. 70%
- Duration of hospital stay 1.32 vs. 8.65 days
- A&E visits - 16% vs. 55%
- OPD visits - 0.35 vs. 0.87/patient
- Home PC cheaper by 71-168%

Palliative Care in Nursing Home

- 7 nursing homes in UK (2007) - integration of PC program
- Training for nursing home team and GP
- Results:
 - Increased in DNR 8% → 71%
 - Increased decision making 4% → 55%
 - Reduction of death in hospital by 50%
 - Reduction in inappropriate hospital admissions by 40%

Model for Comprehensive Long-term Care for the Elderly

	Social care	Nursing care	Complex care
Non-institutional long-term care	Home services Home care Home modification	Home nursing services	Home-based & Com. Health services
	Day care - Respite care - Day hospital - Intermediate care		
Institutional long-term care	Residential home	Nursing home	Long-stay ward

Source: Professor Sutthichai Jitapunkul, M.D. in "100 Years of Happiness."

Integration of palliative care services:

- System integration
- Provide PC education for health personnel
- Opioid available at community level

Evidence for Effective Care Solutions

- PC skills of individual health professionals
 - Pain and symptom control
 - Communication skills
 - Giving information
- Providing holistic care
- Coordinating care across different settings
- Support families and care givers

The Challenge for Health Policy- and Decision-Makers

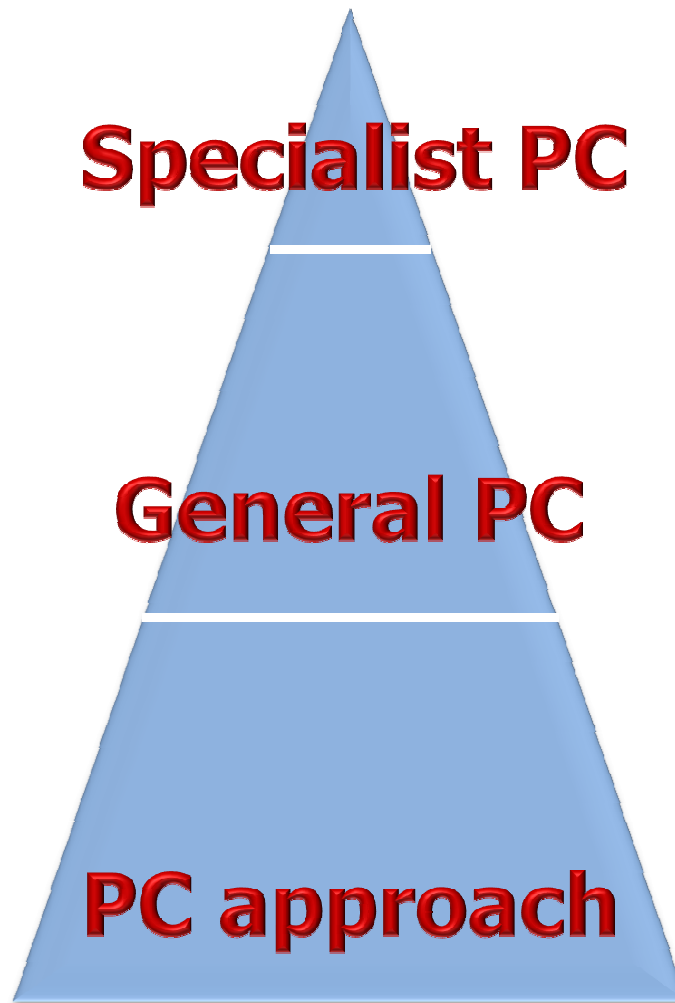
- Increased old age population.
- Patterns of disease at EOL are changing
- More people are dying from multiple serious, chronic diseases and disabilities.
- Older people suffer from underassessment and under treatment and lack of PC.

Provide more effective and compassionate care during the last years of life, more complex packages of treatment and social support

Potential Solution: A Public Health Policy Approach

- Public health multifaceted approach.
- Setting up systems that support health needs.
- Health service planning at a national level.
- Encouraging long-term planning including care for non-cancer patients.
- PC policy linked to other health care policies for older people, and to specific diseases such as heart disease and dementia.
- Increasing professional education and public awareness.

Improving the Application of PC Skills Across All Settings



Specialist PC

- Hospital PC consultation team
- APN, PC specialists
- Hospice

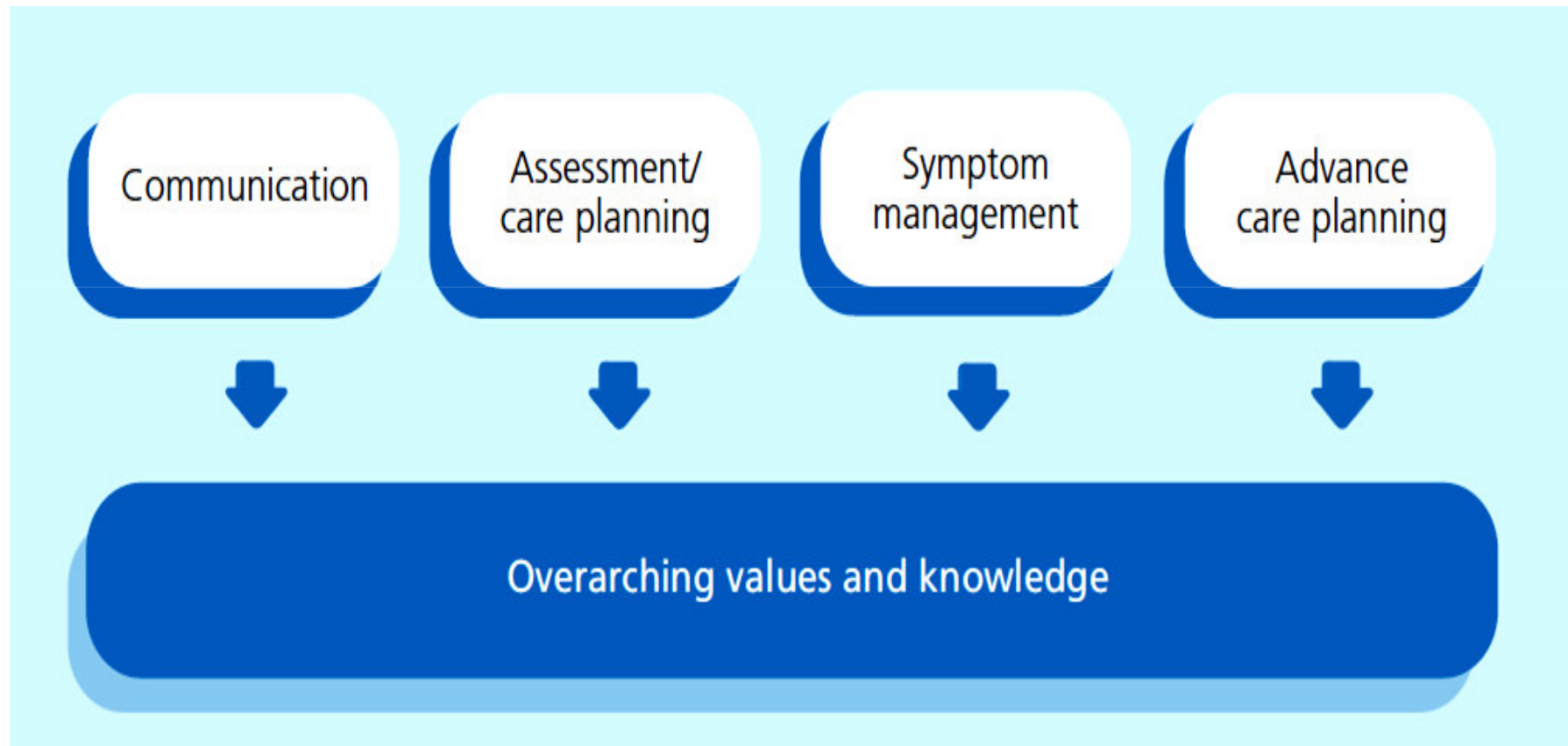
General PC

- Health professionals: cancer, renal, heart, geriatric unit
- ICU
- Professionals in nursing homes

PC approach

- GP
- General & community nurses

End-of-Life Care Workforce Development Competences



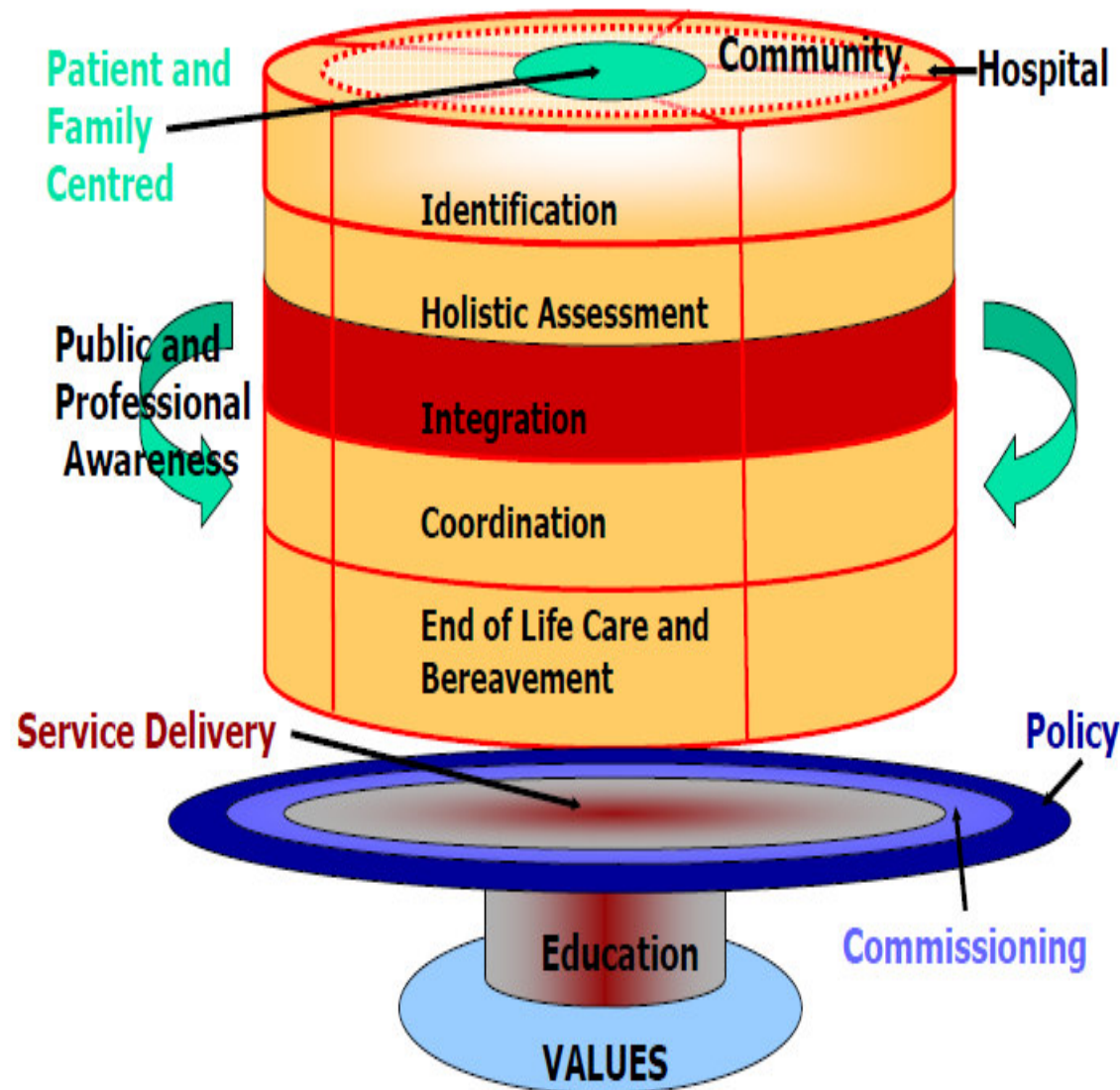
Potential Solution: A Public Health Policy Approach

Ensure that PC is integral to the work of all health services, not just an “add-on extra”

Promotion of effective care, monitoring, and rewarding health organizations for improving quality

Partnerships between geriatric medical teams, nursing homes and PC staff

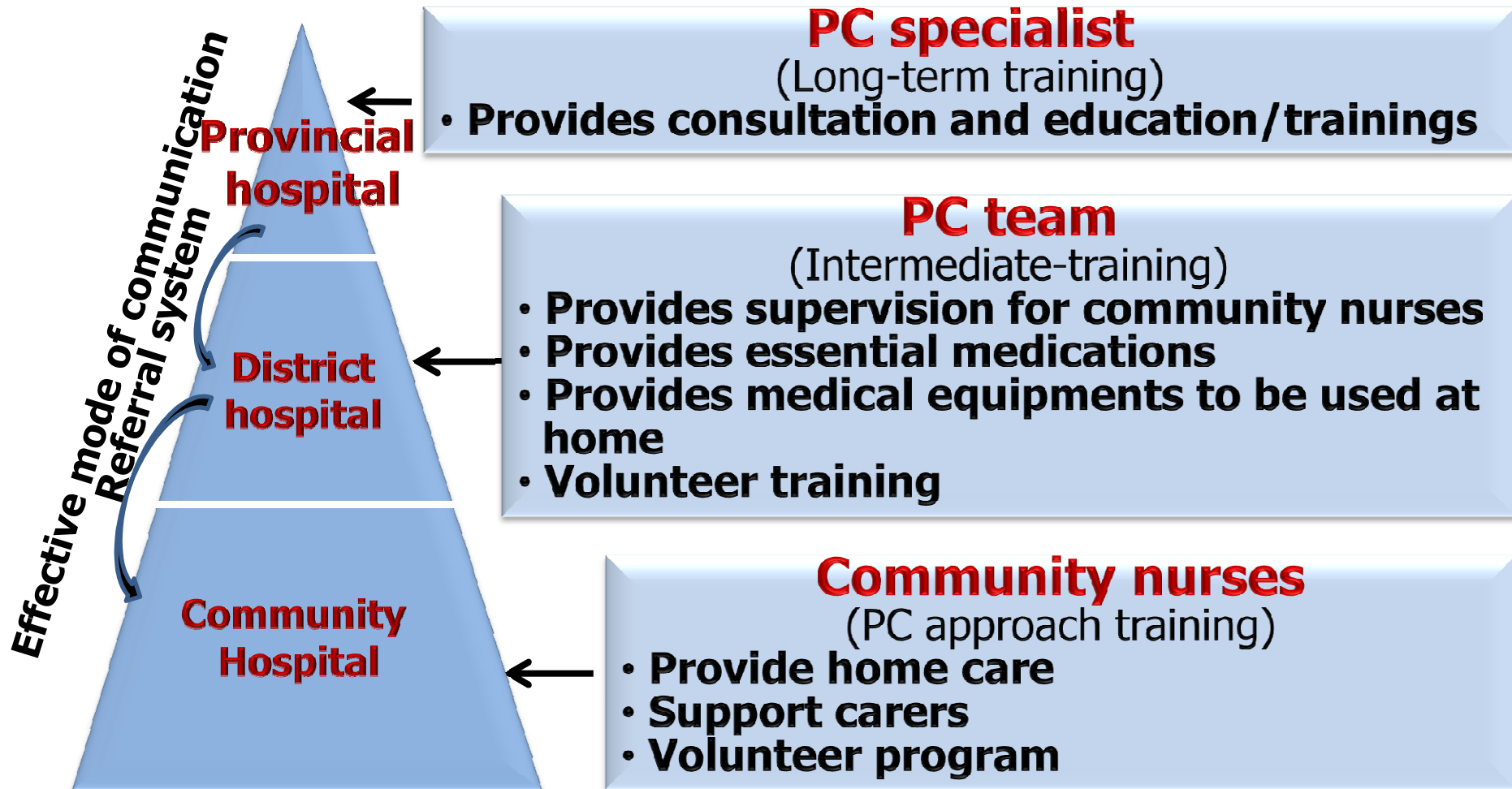
Model for Palliative Care



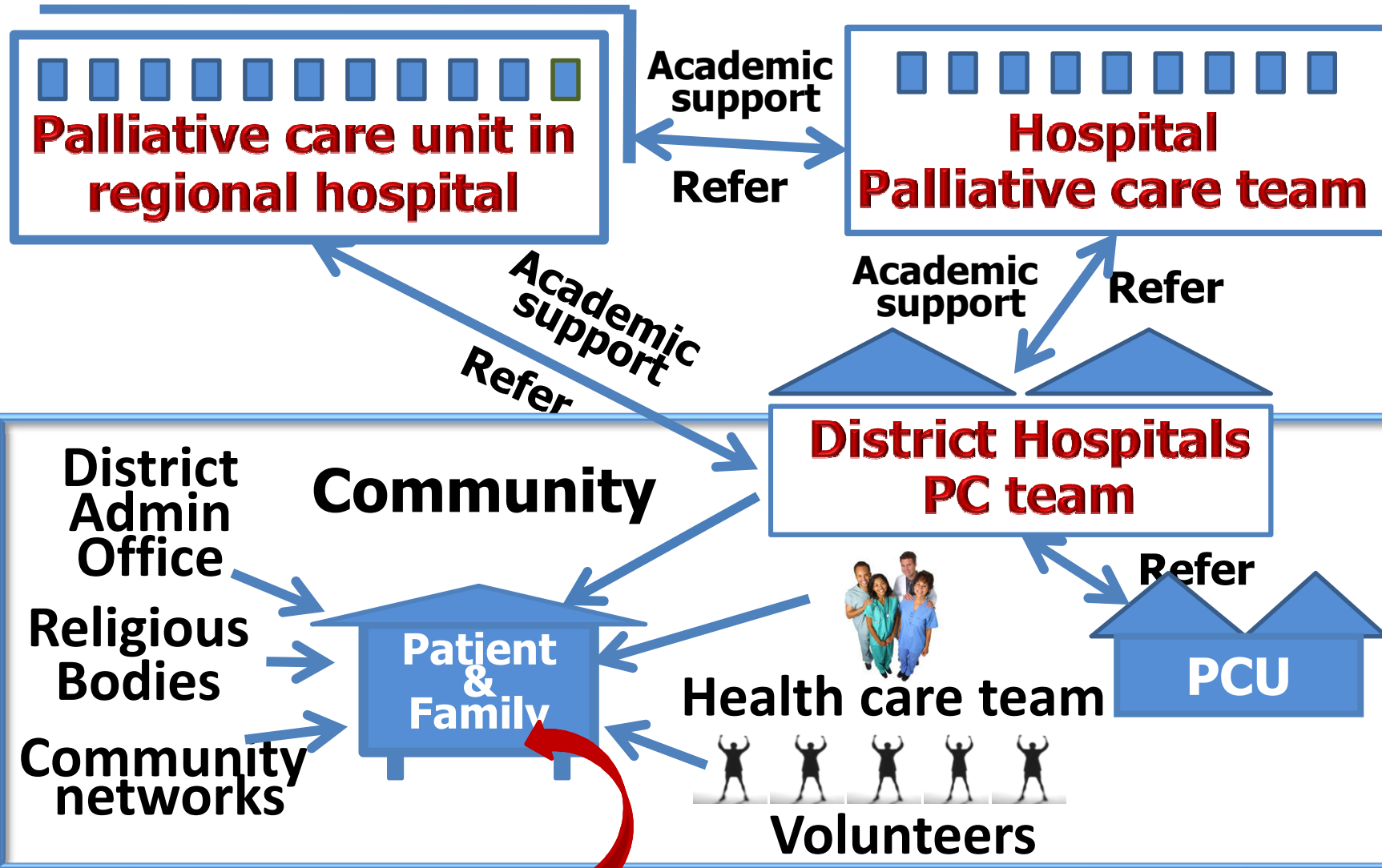
Six Components:

1. Identification
2. Holistic assessment
3. Integration of services
4. Coordination of care
5. ELO & bereavement care
6. Professional and public awareness

Level of PC Services



Community-based Palliative Care Model



Community-based PC integrated in to elderly care

*Affirms life...
Promotes quality of life...*



*Provides treatment...
Supports the family...*