

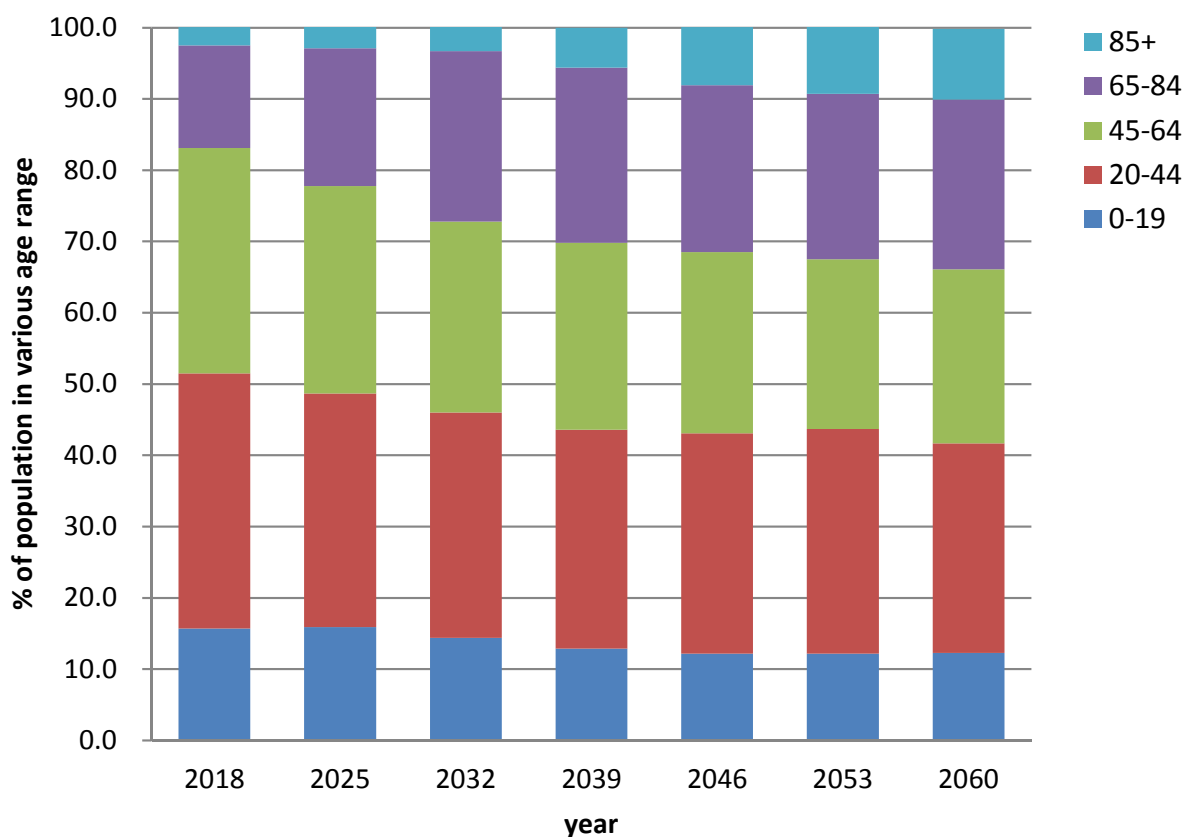
1 OVERVIEW OF OLDER ADULTS HEALTH IN HONG KONG

1.1 Ageing demographics

Hong Kong is undergoing a demographic transformation with a significant increase in both the number and proportion of older people in the population.

It is expected that by 2060 (Figure 1), the number of Hong Kong residents aged 65 and over is estimated to increase from around 1.3 million in 2018 (17% of the population) to around 2.5 million in 2039 (30% of the projected population) and around 2.7 million in 2060 (33.5% of the projected population). The proportion of the population aged 85 and over is projected to increase from 2.6% of the population in 2018 to 5.6% by 2039 and 9.9% by 2060¹.

Figure 1. Population trend in Hong Kong by age groups in 2018-2060



Majority of older adults are independent and healthy. However, compared to younger age groups, a greater proportion of older adults require high levels of care and community support to deal with their complex needs. These requirements usually arise during the last few years of their lives, or in relation to chronic illness or disability that may have been present for many years. The elderly dependency ratio which defined as the number

of persons aged 65 years or above per 1 000 persons aged 15-64 years has been rising steadily over the last few decades and is projected to remain so in the coming 30 years. The elderly dependency ratio is projected to increase from 238 in 2018 to 496 in 2039 and 588 in 2060. This means that in the next twenty to forty years, every 1 000 persons aged between 15 and 64 years have to support 496 to 588 older people¹.

This situation presents both challenges and opportunities to the existing health care system. It is anticipated that prevalence of common chronic diseases will be further increased as population age which invariably leads to escalating demand on various health services among older adults. On the other hand, if older adults can optimise their health and live in an environment that promotes their active participation, their experience, skills and wisdom will be without any doubts a valuable resource for the society.

Therefore, strategies to safeguard health and functional ability of older adults are of top priorities for active ageing.

1.2 Common health-related problems that jeopardise active ageing and compromise quality of life in older adults

The older adult's health and wellbeing is influenced by a wide range of health determinants, i.e. physical, psychological, social, cultural, economic and environmental factors (Annex 1). There are specific physical, psychological and social factors that can, separately or in combination, affect older adults and impact on their daily activities.

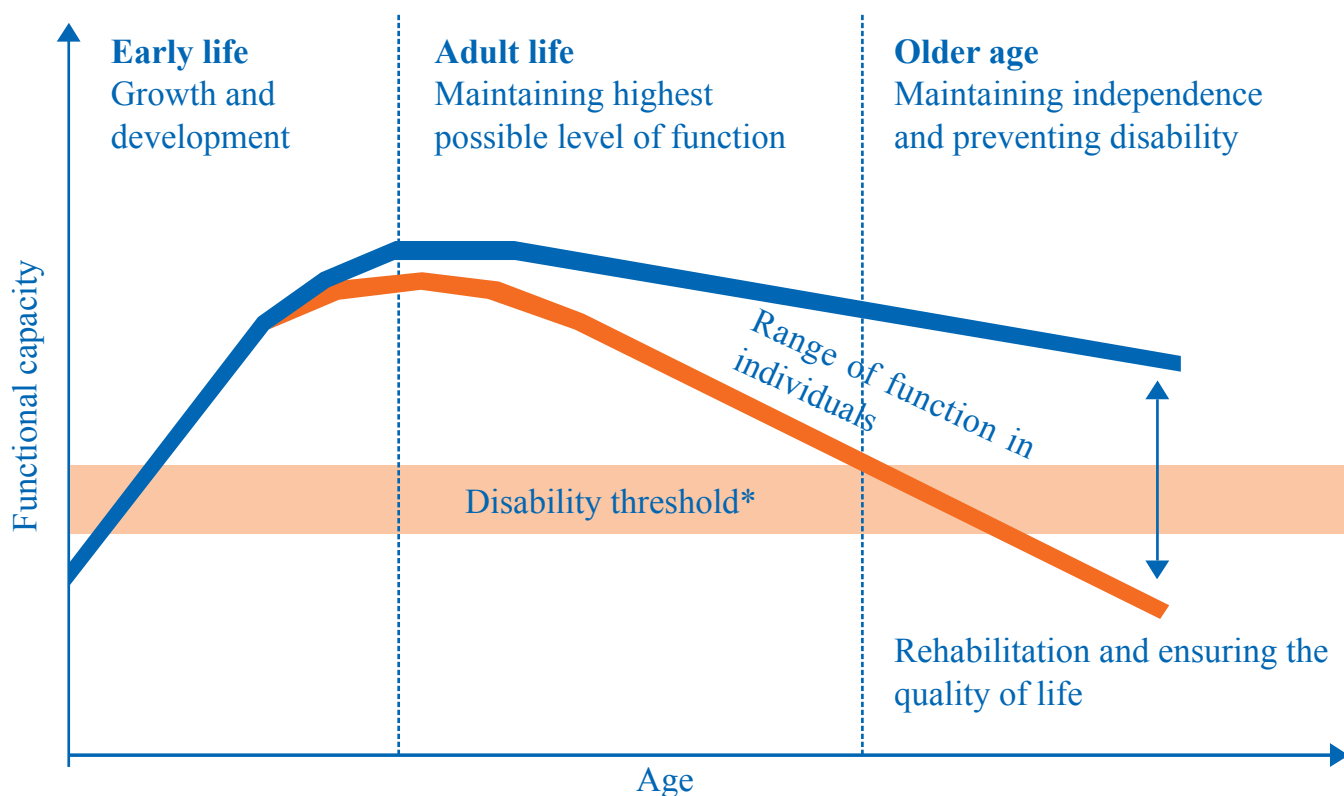
1.2.1 Physical

Disabilities and functional decline

Although disability is not an inevitable part of the experience of ageing, it does become more common at older ages. As the population grows and life expectancy increases, there will be more people at older ages and therefore more older adults with disability.

With the process of ageing, most organs undergo a decline in functional capacity and in their ability to maintain homeostasis. The age related functional decline of physiologic systems means that older people are less able to prevent and recover from illness and are more susceptible to deconditioning. And functional decline often leads to functional limitations, thus adversely affect an individual's independency and quality of life (Figure 2). Depending on the degree of functional decline, some older adults experience profound activity limitation, whereas others have comparatively less.

Figure 2. Functional capacity over the life course



Source: Active Ageing : A Policy Framework, WHO, 2002

Chronic pain is a common condition among older adults in Hong Kong and has been found to affect 37.1% of local population aged 60 years and above, with 37.2% reporting multiple pain sites³⁻⁶. Over 32% of those with chronic pain complained of moderate to severe limiting disability³. In a local study of 4,000 community-dwelling older adults aged 65 years and over, musculoskeletal back pain (48%), knee (31%), neck (22.5%) and hip (8.9%) pain were prevalent among the respondents, giving rise to considerable functional and psychological impairment⁷.

Based on the local data from the General Household Survey in 2014⁸, it was shown that 42.6% of people aged 70 years and over in the general population experienced some kinds of disabilities that restricted everyday activities. The major problems are restriction in body movement (31.6%), seeing difficulty (15.8%) and hearing difficulty (14.2%). A study estimating the functional disability burden in 2032 older Hong Kong Chinese aged 70 and above found that the prevalence of disability for different activities of daily living varied from the lowest of 0.8% for feeding to the highest 26.0% for climbing stairs and bathing⁹.

Functional disability jeopardises quality of life, but on the other hand, being active can help older adults to remain as independent as possible and to improve mental health by means of increased social contacts.

1.2.2 Psychological

Apart from physical functioning, psychological (cognitive and affective) and social functioning are equally important to the older adult's quality of life. These functional abilities determine the extent to which older adults can cope independently in the community, participate in recreational and community activities, interact with family and friends and generally enrich their own lives and those of the people closest to them.

(a) Cognitive impairment

Dementia is a syndrome of cognitive impairment characterized by memory impairment, increasing difficulties with everyday tasks and a later progression to a loss of capacity to live independently. A local study had shown that the incidence of dementia increased with age and approximately doubled for every 5 years. And by the age of 90, approximately one in four older persons had developed dementia¹⁰.

A more recent local study estimated that 8.9% of community-dwelling older Chinese aged 70 years or above suffered from mild dementia¹¹. Females had a higher rate (12.3%) as compared with males (5.0%). With the ageing population, the burden of dementia will invariably become an issue of concern in the future.

(b) Mood problems

Mental health problems (e.g. depression) can cause considerable suffering and may cause individuals to experience social isolation and poor quality of life, as well as having negative impacts on their families and the wider community.

Depression is frequently encountered in primary care settings but the exact prevalence is difficult to be determined. A local study showed that the prevalence of depression among community-dwelling older Chinese was 11.0% and 14.5% for men and women respectively, which were more or less similar to the rates in Western countries¹².

1.2.3 Social network and support

Disruption of personal ties and loneliness are major sources of stress, while supportive social connections and intimate relations are vital sources of emotional strength. Older adults are more likely to lose family members and friends and to be more vulnerable to loneliness and social isolation. It was noted that about 10% of the local elderly population live alone and 67% of them live with one family member, giving a rough total of 78% of the elderly population who live either alone or with one family member only^{13a}. In another local survey, majority of older adults (81.4%) preferred to remain living at home instead of moving into a residential care home even if their health condition deteriorated^{14a}.

Social support and increased social contacts are associated not only with improved physical and mental well-being, but also reduced morbidities^{15,16}.