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Track reports

CHRONIC DISEASES AND CARE FOR THE ELDERLY

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The increase of chronic diseases and chronic conditions due to demographic transitions (declining birth rates, increasing life expectancies, ageing populations) has resulted in a growing recognition of chronic diseases as an important public health problem. These transitions represent an imperative that cannot be ignored and bring about a number of major challenges for health and social policy planners. The EUPHA 2006 annual meeting has recognised the importance of this problem and has introduced an independent track dealing primarily with chronic diseases and their consequences. In addition to oral presentations, sixteen poster presentations were devoted to subjects associated with chronic diseases, disability and care for the elderly. The sessions and posters addressed topical issues in this field calling for a broad model of public health guiding comprehensive public health action. *The main common underlying themes discussed within the sessions were: (i) the necessity to shift from 'disease care' system towards 'health-focused' research and practice, and (ii) the shift from risk factor-based paradigm (identification of causal factors for a single disease) to the identification of common pathways to health for people in their communities and in the full context of their lives^{1,2}.* Discussions continued on raising awareness of those pathways to health that have the potential to initiate useful strategies for community interventions and could contribute to sustainable improvements in health.

The track started with presenting new strategies and programmes on social integration and activation of the elderly. Active social involvement is a precondition to successful ageing. Innovative community-based efforts to develop supportive social networks are increasingly seen as an important element of public policy. Three complex strategies based on general capacity building were promoted: (i) incorporating health as a social value into community structures, (ii) developing sustained health-supporting community resources and (iii) fostering effective leadership and strong partnership.

The second session referred to novel strategies on physical activity promotion in the elderly. The scale of inactivity across the population combined with its impact as a significant risk factor for a variety of diseases (e.g. cardiovascular, diabetes) means that it is now recognised as a significant health and social burden. Physical activity promotion in the elderly requires multidimensional approach including health/disease, functional and social aspects. The 'Urbanwalks' is an interesting initiative from the United Kingdom designed for hard-to-reach groups to be more active in their everyday local environment. According to 'Urbanwalks' the health gains of physical activity cover a broad spectrum, incorporating both physiological and psychological factors, and therefore has been labelled a 'best buy for public health medicine'.

The third session dealt with preventive and health promotion measures developed with the aim to shorten the time aged persons will live with severe disability. The important role of supporting personal resources, networking and offering social support in preserving functional ability in elderly was stressed. To achieve benefit, preventive programs must adopt a multidimensional assessment approach and have to be carried out by committed and skilled professionals.



The fourth session raised awareness of the health consequences of the increasing elderly population with special emphasis on preventing injuries and accidents as well as managing consequences of injuries such as physical disability, depression, social isolation but also increased health expenditures associated with medical treatment and rehabilitation. The main feature of this session was the discussion on challenges for public health policy. Elderly injuries can be reduced by relatively cheap and simple methods. The challenge for public health policy lies in developing practical, effective, evidence-based, multi-factorial prevention programmes.

In the fifth session several topics were discussed: (i) Firstly, contributors elaborated on the role of psychosocial variables (social class, socioeconomic status, psychological distress) in development of a chronic disease and mortality from chronic disease. (ii) They also referred to the role of social networks and social support in perception of health and quality of life in persons with a chronic disease. During the discussions it became clear that a new framework (health-focused) is needed. This framework should include external life contexts and internal multi-factorial as well as multi-level influences that contribute to an overall degree of health or illness, and it should apply equally well to communities and individuals. (iii) The session furthermore elaborated on the implementation of information and communication technologies in chronic diseases. Developing of an interactive, World Wide Web based, computer-assisted medical decision tool helping to determine prospectively the appropriateness of treatment for chronic diseases was presented in more detail.

The last session reported on epidemiology of chronic diseases. In addition to the 'traditional' epidemiologic approach focusing on identifying risk factors for diseases one at a time at the individual level (disease-specific risk factors) the approach examining common underlying causes of multiple diseases or overall health in populations was discussed. While population disease patterns are transitioning from infectious diseases to chronic diseases, research models and intervention strategies have not undergone a similarly dramatic transition and increasing number of researchers call for epidemiologic theories that move beyond the risk factor paradigm.

To conclude, the burden of chronic disease plays an increasingly important role and it will be a major goal of health policy worldwide to ensure that longer life is accompanied by greater health and less disability.

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