

The Aging Filipino Population

The Philippines is undergoing a demographic transition, with the elderly (≥ 60 years) projected to comprise a significant portion of the population. This will present several challenges to our healthcare system. Care for the elderly must now be given priority in medical education, health policy-making, and clinical practice.

This is the reason for adopting the theme, geriatric medicine, in this issue of our journal. Mental health is one of the most important challenges in elderly care. Simple diseases like osteoarthritis leads to mobility issues and eventual depression. In the first study by Barte, a little more than half of elderly patients with osteoarthritis had depression score of mild to moderate. This emphasizes the importance of addressing both the physical and mental health needs of elderly patients. Family support is also important in elderly care as discussed in the second article by Marges and Mendoza. While residential care for elderly is beginning to be available, families with higher function scores prefer to take care of their elderly member than sending them to residential care. Aside from family function, culture and tradition may have also have an impact on this finding. The economic feasibility of establishing residential care facility for the elderly may need to be revisited. But caring for the elderly in the home environment may not be easy. Disease conditions in the elderly are often not straight forward and may manifest as combination of multiple physical, social and mental health issues. The article of Almazar and Tanjili suggests a short screening questionnaire for detecting health problems in the elderly allowing for targeted interventions. But while interventions may be available for elderly care, there are hesitancy in receiving these interventions. A very good example is the COVID vaccination as discussed by Minoza-Ancog and Causing from their research in Bohol and by Tumaliuan in Region I. With these issues affecting elderly care, there is a need for improved competency among health care providers. It has been recommended to include geriatric medicine in the medical curriculum and training programs.¹ This need was emphasized in the study by Salansang et al. which showed that the current knowledge on elderly care by medical clerks and interns were only around 60%. In the end, the saddest thing that can happen to the elderly is the subject of the study by Cueto et al., being alone.

The Philippines remains ill-equipped to handle the complex needs of older adults. There are a few geriatric specialists and most are concentrated in urban centers, leaving rural elders underserved. Polypharmacy and medication mismanagement are common and there is lack of geriatric-friendly facilities (e.g., fall-proof hospitals, elderly wards, etc.). Low economic conditions often delay institutional care until crises occur.

Because of these, we need to integrate geriatric medicine into primary care. Most of the 'them' articles in our issue recommend to train family physicians in basic geriatric assessment and intervention. Geriatric modules in the medical school curricula and training of other health workers are needed.^{2,3} Finally, we need to strengthen policy support by strictly enforcing the Expanded Senior Citizens Act (RA 9994), increase PhilHealth coverage for geriatric syndromes, and promote our clinical guidelines tailored to the Filipino elderly.

References

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Noel L. Espallardo, MD, MSc, FPAFP
Editor-in-Chief