

ROUNDTABLE ON “HOW TO ENSURE AGEING WITH DIGNITY?”

Contributing to the Implementation of “2030 Sustainable Development”

Venue: UN Library Events Room (B-135), Palais des Nations, Building B, 1st Floor

Tuesday 23rd May, 16.00-18.00

CH 2011 vs 1994

***"The distinctive feature of the elderly
is not dependence, but frailty " *)***



“Senior citizens as untapped resources for sustained societal wellbeing: Policy Implications and Challenges”

Hans Peter Graf

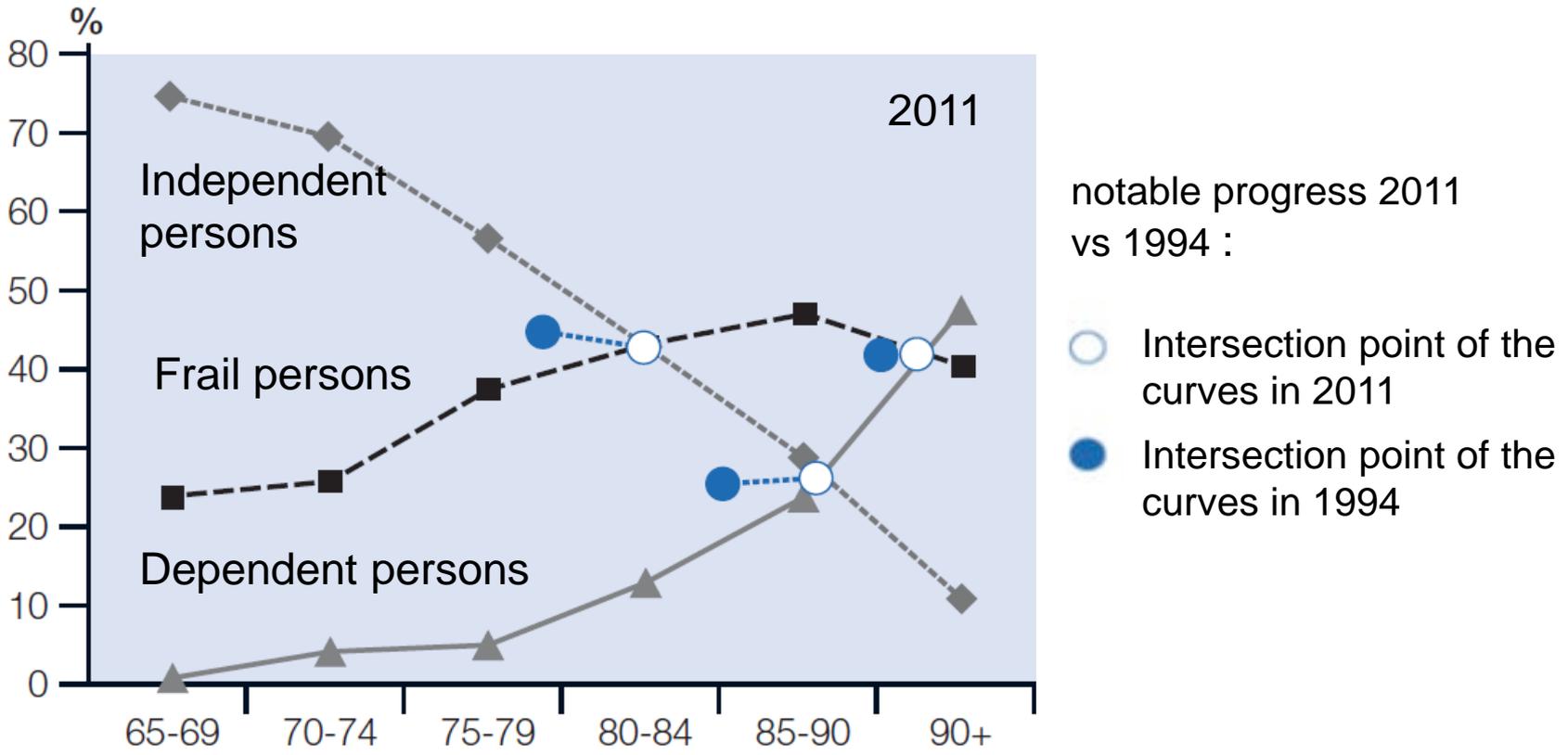
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*) LALIVE D'EPINAY Christian, CAVALLI Stefano, Le quatrième âge ou la dernière étape de la vie, Lausanne: PPUR, 2013, p. 27 (Collection : Le Savoir suisse 93)

Evolution of functional health status with advancing age in the Swiss cantons Geneva, Valais, 2011 vs 1994

The proportion of frail and dependents increases with age (especially for the oldest-old), but a majority of the elderly remain independent !



notable progress 2011 vs 1994 :

- Intersection point of the curves in 2011
- Intersection point of the curves in 1994

LALIVE D'EPINAY Christian, CAVALLI Stefano, Le quatrième âge ou la dernière étape de la vie, Lausanne: PPUR, 2013, p. 22 (Collection : Le savoir suisse 93)

Sources : 2011 : Study VLV, dir. M. Oris, CIGEV,, Université de Genève: Geneva and central Valais, persons living at their home and in institution, N = 1424.
 1994 : Study CIG, dir. Chr. Lalive d'Epina, CIG, Université de Genève. Geneva and central Valais, persons living at their home and in institution, N = 2101

Independent, frail, dependent elder persons

Functional health status :

Independent

Non-frail persons with no incapacities for their Basic activities of daily life (BADL), i.e. self-care tasks = Bathing /showering / Personal hygiene & rooming, Dressing, Functional mobility (ability to walk within the flat, get in and out of bed, and a chair), Self-feeding

⊕ instrumental activities of daily life (IADL): Shopping , Housekeeping, Food preparation, Responsibility for own medication, Ability to handle finances, etc.

Frail

Frail persons, but with no incapacities for their Basic activities of daily life. Frailty = state of vulnerability to poor resolution of homeostasis following a stress as consequence of cumulative decline in multiple physiological systems → eroded homeostatic reserves : relatively minor stressor events trigger disproportionate changes in health status, typically a fall or delirium.

Dimensions of frailty : sensory, neuro-locomotor, energy metabolism, cognitive morbidities

A person is qualified **frail** when **two of these dimensions** present harm

Frailty = constitutive feature of the oldest-old persons.

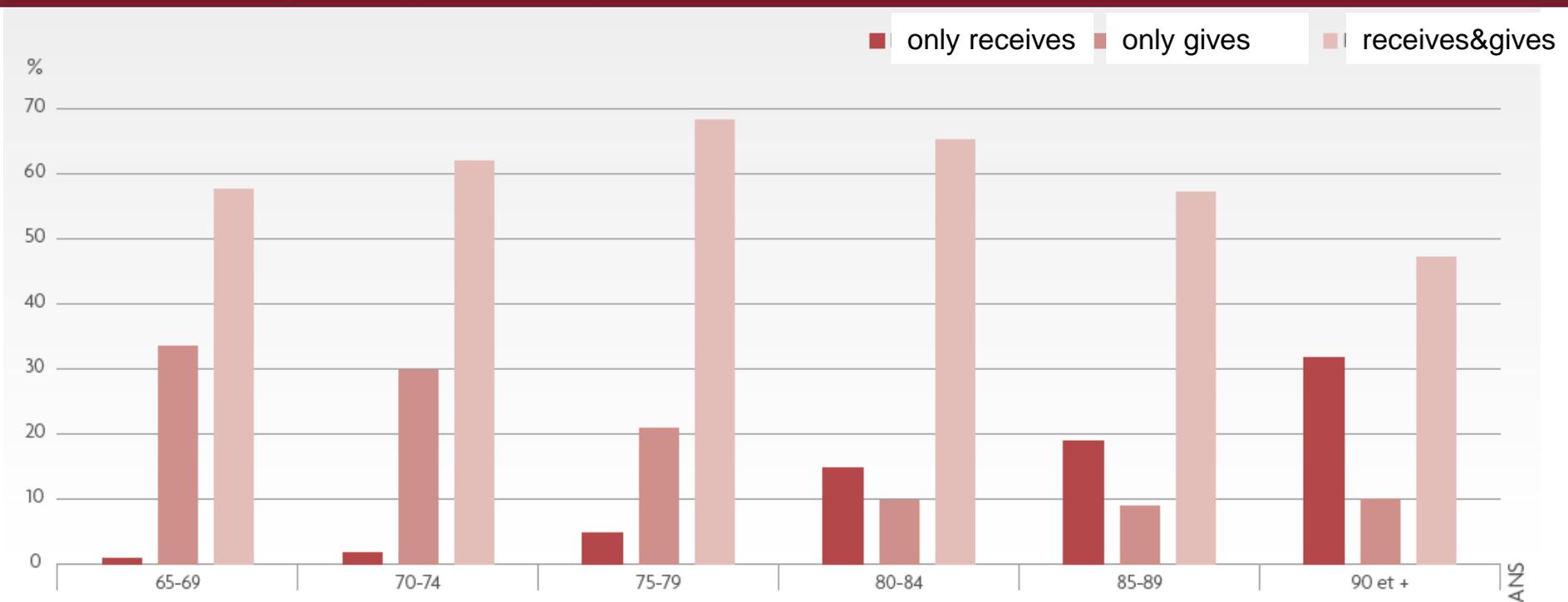
Dependant

Frail persons with at least one incapacity for their Basic activities of daily life

Geneva 2011/12: elder adults ≠ only beneficiaries of care and support, but continue to be givers

even for the **oldest old**, where their increasing needs go along with reduced capacities for giving !

Receive and / or give support to people (≠ in the same household) who are close, Geneva 2011-12



- = also disclaim of the widespread assumption of reduced family and solidarity
- however 10 % do neither offer nor receive support = particularly vulnerable

"Qualité de vie des seniors en Suisse" IP213 NEWSLETTER | BULLETIN D'INFORMATION DE L'ENQUÊTE « VIVRE, LEBEN, VIVERE » (GENÈVE), février 2015 . Newsletter/ Bulletin d'information adressée aux 3500 personnes ayant participé à l'enquête intercantonale Vivre, Leben, Viverre (VLV) en 2011-2012