

Chronic disease management in ageing populations

The world's population is ageing owing to increasing life expectancy and declining fertility. The populations of low-income and middle-income countries are now joining those of high-income countries in facing an increasing burden of chronic diseases. A report, *Shades of gray: a cross-country study of health and well-being of the old populations in SAGE countries, 2007–2011*, jointly published on May 9 by the US Census Bureau and WHO, aims to improve documentation of health outcomes in such populations. The report focuses on six countries—China, Ghana, India, Mexico, Russia, and South Africa—which hosted 42% of the world's 1.4 billion people aged 50 years and older in 2010. The report concludes that chronic diseases are the leading cause of mortality in older people in these countries and that consequently such diseases are “certain to have a remarkable impact on the world's overall disease burden and healthcare”.

The report's analyses are based on self-reported responses. Respondents were asked if they had ever been diagnosed with a chronic disease—arthritis, stroke, angina, diabetes, chronic lung disease, asthma, hypertension, or cataracts. Hypertension was the most commonly reported disorder for people aged 50 years and older, except in India, where it was the second most commonly reported disorder after arthritis. In the six countries, the health score—based on self-reported health in eight domains covering affect/emotions, cognition, interpersonal activities and relationships, mobility, pain, self-care, sleep/energy, and vision—for those with a chronic disease was lower than for those without that disease. China had the highest mean health score of 68.1 (on a scale of 0–100) for both sexes combined, with the lowest score of 54.1 in India. On the basis of the report's results, different approaches for population-based risk reduction, as well as tackling risk factors for chronic diseases, are needed.

In a Comment in today's *Lancet*, Jan De Maeseneer and colleagues argue that integrated primary care is the key to tackling non-communicable diseases (NCDs), and should go beyond case finding for disease-oriented (vertical) programmes to provide “a source of comprehensive care that integrates and coordinates care for all health problems and engages individuals, families, and the community”. In linked Correspondence, Robert Beaglehole and colleagues express reservations about

such a “short-sighted” approach. NCDs require much more than a medical response. Yet community-oriented primary care, De Maeseneer and colleagues insist, could be the foundation for a health system that also addresses the social and political determinants that are so fundamental to the perpetuation of NCDs. Strengthening of people-centred and integrated primary health care to deal with all common disorders, irrespective of cause, was recognised in the political statement from the UN High-Level meeting on NCDs last September, and it is indeed an essential component of the management of older people, who might well have more than one of these chronic disorders.

Cancer was also recognised as one of the NCDs to tackle in the global agenda by the High-Level Meeting of the General Assembly of the UN. There were an estimated 12.7 million new cases of cancer globally in 2008, with about two-thirds of cancer deaths in less developed countries. In a recent article published in *The Lancet Oncology*, Catherine de Martel and colleagues provided an updated systematic analysis of the proportion of cancer cases attributable to infections globally and by region in 2008. Compared with earlier reports, the annual absolute number of cancer cases due to infection increased by about half a million since 1990, whereas the proportion of cancer cases on the basis of infection remained stable at about 16–18%. For the four main infections together, the relative contribution of human papillomavirus to cancer burden is similar in developed countries and developing countries. The contribution of *Helicobacter pylori* is proportionally larger in more developed countries, and that of hepatitis B and C virus is large in less developed countries. Most of the cases attributable to infection occurred in less developed countries and were due to preventable and treatable infections. Improved vaccination programmes could be implemented at a national level.

It is important to establish a detailed understanding of health outcomes and access to health care by older populations, especially in low-income and middle-income countries. Improving the quality and quantity of health information and measurement techniques in chronic diseases is essential for prioritising preventive programmes for ageing populations and monitoring their effectiveness in all countries, rich and poor. ■ *The Lancet*



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For *Shades of gray: a cross-country study of health and well-being of the old populations in SAGE countries, 2007–2011* see <http://www.census.gov/prod/2012pubs/p95-12-01.pdf>