

## Editor's comment

### *The elixir of life*



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Life expectancy is increasing across the globe. A recent article in the *British Medical Journal* points out that it is nearly 100 years since the British monarchy started sending messages to 'current citizens of [the monarch's] realms or UK Overseas Territories' who reached the age of 100. In 1917, King George V sent 24 of these messages. By 1952, this figure had increased to 255 and in 2011 the figure had increased 40-fold to 9 736.

In the UK, the Office of National Statistics has published a graph that suggests that the linear increase in the number of UK citizens reaching 100 will continue. Around 13% of girls born in 1951 are expected to be alive in 2051. For girls born in 2013, this figure is estimated to be nearly 40% (range 8.6 - 69%). And 60% of girls born in 2060 might be expected to live to the age of 100.

These trends are not confined to the UK. There have been significant increases in life expectancy in nearly all countries since 1970. The exceptions are Belarus, Lesotho, Ukraine and Zimbabwe – alcohol and HIV/AIDS taking their toll.

Why are people living longer? The main reason is probably linked to increasing survival through childhood. So people are dying older – seems obvious, but this is an important point when you start to look at the effects of living longer, particularly when you consider that the global burden of disease (GBD) study by Wang and colleagues suggests that previous gains in healthy life expectancy have more to do with

reductions in mortality than reductions in years lived in disability.

In the same week that this article appeared in the *BMJ* I read an article in *The Independent* online about increasing loneliness among Britain's aged. The article focused on a man in his nineties, still living in his own sheltered housing (provided by the government in the UK), but so crippled by a stroke that he was no longer able to go out at all. The authorities had even told him that he could not go out into the garden of this complex using his walking frame in case he falls. So he sees the person who does shopping for him once a week and the cleaner he is provided with. All his friends are deceased and his family do not live anywhere near him. The journalist who was interviewing him described the old man as 'struggling to hold back his tears' as he told his sorry tale.

Loneliness is regarded as debilitating as many chronic diseases – this old man had both. And he is not alone. Few elderly people have the resources to live in the retirement complexes that have sprung up all over South Africa. And South Africa also appears to be ahead of most of the developed world in the availability of these complexes anyway. Formal old-age homes – again there are many of these in South Africa – while not as luxurious as the retirement complexes, do at least provide the presence of people in similar circumstances. However, the emphasis in many developed countries is on keeping people in their homes, possibly a misguided approach when you look at the realities.

And the other important point about this increasing longevity is that nowhere is it evident that these increased years of life are high-quality years – quite the opposite for the majority of those over 80. The fit, active octogenarian is an outlier. Most people suffer a gradual decline of health and so independence, often burdened by unnecessary medication and all its attendant side-effects as doctors forget that prevention is not really an issue at this extreme of life. What should we be striving for, both in the way that we live our lives and in the way that we care for our patients? On a personal level, it is probable that the fitter and healthier you remain, the easier it should be to cope with the realities of old age, although we cannot predict what will happen to us.

For our patients – encourage fitness and health – and not by loading them with medications to 'treat' the natural process of ageing! Remember that many of the medications taken for chronic diseases are to prevent problems in old age. By the time your patient has reached his or her 80s any damage will be done – these medications all have serious side-effects and should probably be withdrawn. We should be treating troublesome symptoms if we can and allowing people to age gracefully, without unnecessary intervention. I am not at all sure that increasing longevity is a good thing, although I have a strong family history of longevity. For most, longer life means a slow decline to a state of frailty.

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