**Question 2**

a) Due to low fertility rates and longer life-expectancies, Singapore is expected to deal with shrinking and ageing population. 1 According to the diagrams, population of the aged is likely to rise as majority of the population will be between 40- 60 years of age. It is also likely that the population of the young (below 20 years old) will decrease. This coincides with the rising median ages from 36.2 in 2004 to 40.4 in 2014,2 and to the expected median ages of 47 in 2030.1

As majority of the population will be working, the mental well-being of citizens is likely to be affected by our fast-paced, competitive3 economy alongside with high urbanisation.4 This makes our population susceptible to conditions such as stress4, sleeping disorders5,6, depression7 and alcohol abuses8. Poor mental well-being is shown to increase the likelihood of the development of chronic physical illnesses as a study has shown that half of patients with mental illnesses have a chronic illness.9 Increasingly sedentary lifestyles can also lead to increase risks of heart diseases10 and other metabolic diseases. This is especially so when majority of Singaporeans do not enjoy work-life balance due to prolong working hours11, which reduces free time for recommended excercises12.

Health consequences for the elderly is expected to be more severe due to several factors. Even though no specific illness is involved, frailty is commonly observed in elderly.13 This means that as an individual ages, day-to-day activities may become more difficult. In addition, the senior population is more susceptible to infectious diseases and display more serious symptoms due to lowered immunity and other factors associated with ageing.14 Using Influenza in USA as an example, the cohort aged 65 years and above are responsible for 90% of influenza-related deaths.13 In addition, there will be more incidences of aging-associated diseases such as Cancer, Type 2 diabetes, Hypertension, Stroke, Dementia, Parkinson disease and Alzheimer’s disease.15–17 According to the source provided, the prevalence of Type 2 diabetes is expected to increase to 15% in 2050, with majority of the patients above the age of 60 or in the working population.18 Osteoporosis is also known to be found in elderly due to decreased bone mass and strength, which can lead to cases of hip fractures in which 1 in 5 people die within a year.19 Thus, there will be a shift in the trend of common diseases in the population to age-associated diseases.

Hence, there is a need to adapt existing healthcare and welfare structures to suit the needs of the changing demographics. This is especially so when sample studies has shown that up to 9 in 10 aged between 55 to 68 has at least one chronic condition20 and there is increasing prevalence for chronic illnesses even for younger people21. It is worrying as they make up the bulk of the population and will need lifelong care22. This is likely to lead to an increase in demand for healthcare services, which can strain the system as the public healthcare sector is short-staffed at the moment.23

b) Although ageing population is a concern due to rising dependency on the government to provide aid, studies have shown that seniors will be better educated, richer and healthier.24 This will shift the way healthcare and related policies can be administered so that resources is better utilised.

Individual-basis

More resources can be channelled into helping the marginalised elderly to cope rather than on awareness campaigns due to the high education levels. As the incidences of age-associated diseases are expected to rise, cases of depression can also occur in the elderly, as seen in post-stroke depressions25 which patients loses their self-esteem. Thus, primary health practitioners should be well-informed and look out for symptoms in their elderly patients as elderly are more likely to become chronically depressed which may lead to sucides.26

There is also an increasing need to develop Singapore’s chronic disease case management as “coordination of care processes across the lifetime of an illness”27 is required. Existing healthcare structures do not include case managers and the management of chronic diseases often falls on the elderly or caregivers, which can often be lacking due to lack of expert expertise. Technologies such as phone applications can be developed to remind the elderly to turn up for regular check-ups and take their medications on time, in addition to the existing application which monitors elderly living alone.28 Such practices can prevent relapse of diseases and future hospitalisations, ensuring the more efficient use of hospital facilities29.

Community-wide

More opportunities to engage elderly in community programs can improve their quality of life30, especially for those who are retired. One suggestion can be the introduction of muscle strengthening exercise sessions in the community to prevent falls.31 This can help promote social interaction between the elderly in the community as well as reduce the cases of falling in elderly (17.2%)32 which can lead to depression and increased dependency on caregivers.33

Nation-wide

As ageing is often associated with negativity, there is a greater need to re-educate and change the mind-sets of Singaporeans that ageing can be positive and meaningful with contributions to the society.34 The elderly should not be ignored and stereotyped against as they can still contribute, either economically or as caretakers for grandchildren.35 This is because negativity towards the elderly in the population can lead to numerous social problems. One such problem can be the increasing elderly abuses36, such as in the case of Nightingale Nursing Home37 in which the abused was disregarded. Changing mind-sets, alongside with enforcement of practices to safeguard the well-being of elderly patients will help prevent future cases of abuse that will reduce trust on local healthcare systems. Lastly, we should not forget that increasing pressure on the public healthcare system will lead to problems such as rising abuse of healthcare workers38, which has to be actively and closely managed.

In conclusion, a multi-level approach is require to deal with the issue of ageing as it is pervasive39 and is expected to change the government’s decisions on our resource allocation.

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