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FUNDAMENTAL AND APPLIED RESEARCH IN THE MODERN WORLD

ABSTRACTS OF VI INTERNATIONAL SCIENTIFIC AND PRACTICAL CONFERENCE JANUARY 20-22, 2021

BOSTON
2021

FUNDAMENTAL AND APPLIED RESEARCH IN THE MODERN WORLD

Abstracts of VI International Scientific and Practical Conference

Boston, USA

20-22 January 2021

Boston, USA

2021

UDC 001.1

The 6th International scientific and practical conference "Fundamental and applied research in the modern world" (January 20-22, 2021) BoScience Publisher, Boston, USA. 2021. 992 p.

ISBN 978-1-73981-124-2

The recommended citation for this publication is:

Ivanov I. Analysis of the phaunistic composition of Ukraine // Fundamental and applied research in the modern world. Abstracts of the 6th International scientific and practical conference. BoScience Publisher. Boston, USA. 2021. Pp. 21-27. URL: https://sci-conf.com.ua/vi-mezhdunarodnaya-nauchno-prakticheskaya-konferentsiya-fundamental-and-applied-research-in-the-modern-world-20-22-yanvarya-2021-goda-boston-ssha-arhiv/.

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UDC : 614.2

SCIENTIFIC JUSTIFICATION OF MEDICAL AND SOCIAL NEEDS POPULATION OF OLDER AGE CATEGORIES

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Annotation. The article describes the problems of population aging, presents the results of research on the health of the elderly and their health self-assessment, identifies the need for medical care, social integration of the elderly, identifies problems of the elderly connected with pandemic of COVID-19, substantiates preventive strategies and measures to ensure active longevity.

Key words: elderly population, health, health self-assessment, types of medical care, social adaptation, healthy aging, prevention strategies and measures.

An important global demographic trend is population aging. In the world, the elderly population is growing faster than the population of other age groups. According to forecasts, demographic shifts towards an aging population will be characteristic throughout the twenty-first century. According to the United Nations forecast, the average population of older age groups in the world in 2050 compared to 2020 will increase up to 2 times, and in 2100 - up to 2.9 times [1-4].

The aging of the population leads to increased spending on health care, pensions, the burden on the working population, and increases tensions between generations. Such trends are often seen as an inevitable cause, leading to significant economic costs. Government policies should aim to develop strategies to ensure healthy aging and the participation of older people in social and economic life. Health care systems should be refocused on disease prevention, improving the quality of health care, their complexity, maintaining the ability of older people to self-care and bringing services closer to the place of residence of the elderly [5,6].

To develop strategies and measures aimed at solving important problems of optimizing geriatric care, it is important to study and analyze the health indicators of older people in the dynamics, to identify their structural differences and features. We analyzed the accounting and reporting statistical forms of health care facilities in Kyiv for the period 2009-2019, relating to the morbidity of the population. The results of the analysis showed that the incidence of the working age population as a whole tended to increase. According to a sample study during 2009-2019, the primary morbidity of the elderly population increased by 3.6% - from 28,465.7 to 29,483.9 cases per 100,000 population (Fig. 1).

Incidence rates have increased in the vast majority of disease classes. Dominant places in the structure of morbidity in 2019 were occupied by diseases of the respiratory system (27.3%), genitourinary system (14.3%), endocrine diseases, eating disorders, metabolic disorders (9.9%), eye diseases and its appendages apparatus (9.7%), diseases of the ear and mammary gland (9.0%), tumors (6.7%), diseases of the circulatory system (5.5%). The highest rate of morbidity over the eleven-year period is observed in the classes of diseases of the ear and mammary

gland (8.6 times), mental and behavioral disorders (4.4 times), diseases of the nervous system (2.8 times), diseases of skin and subcutaneous fiber (2.4 times).

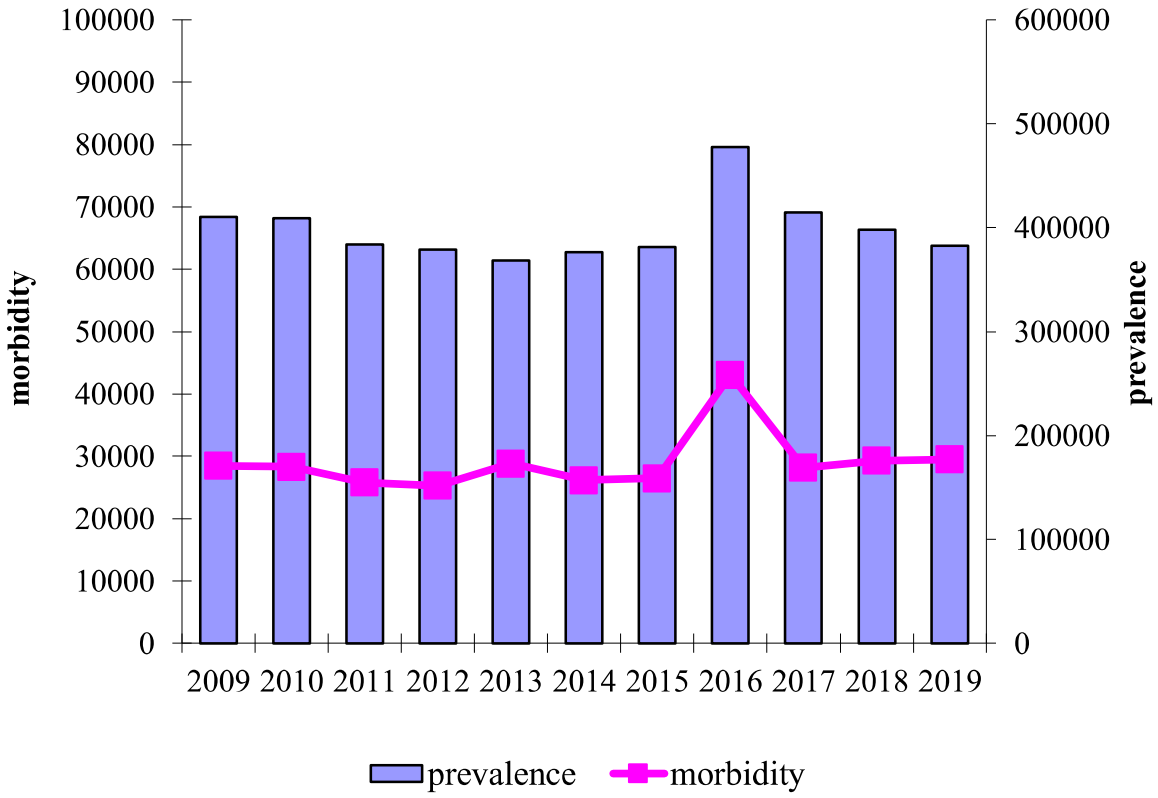

Fig. 1. Dynamics of morbidity and prevalence of diseases among the elderly population for the period 2009-2019 (per 100 thousand of the relevant population)

The prevalence of diseases among the elderly in 2019 was lower than in 2009 by 6.8% and amounted to 382805.9 per 100.000 population. The analysis of the results showed that changes in the prevalence of diseases among the elderly are unstable in some years. The highest level of this indicator was observed in 2016, it amounted to 477473.1 per 100.000 elderly population and exceeded the same figure in 2009 by 16.3%. Although in the period 2009-2019 there was an overall decrease in the prevalence of diseases, in some classes of diseases there was a tendency to increase. The increase in 2019 compared to 2009 is observed in the following classes of diseases - injuries, poisoning and some other aftereffects of external causes (3.2 times), diseases of the ear and mammary gland (1.8 times), endocrine system (1.8 times), some infectious and parasitic diseases (1.2 times), diseases of the musculoskeletal system and connective tissue (18.4%) and diseases of the blood,

blood-forming organs and certain disorders involving the immune system mechanism (by 13.4%) (Fig. 1).

We studied the opinion of older people about health self-assessment and their need for medical care. We also studied the issues of their social integration, as well as identified problems and difficulties of adaptation to society. To do this, an anonymous survey of 178 elderly patients who applied to health care facilities in Kyiv was conducted.

The analysis of the obtained results showed that they rated their health as "mostly good" 20.3 ± 3.0 per 100 respondents, "mediocre" - 33.5 ± 3.5 per 100, "rather bad" - 31.2 ± 3.5 per 100, "bad" - 10.1 per 100 elderly people. A study of the issue of responsible attitude to one's health revealed that only 13.6 ± 2.6 per 100 respondents take their health seriously, 46.3 ± 3.7 per 100 are responsible enough and 11.8 ± 2.4 per 100 older people do not care about their health. Despite the fact that the majority of respondents stated a responsible attitude to their health, 72.4 ± 4.3 per 100 respondents admitted self-medication, and 65.1 ± 4.6 per 100 respondents of them do very often resort to self-medication. Among the reasons for self-medication, elderly patients pointed out the difficulties associated with getting a doctor's appointment, some doubts about doctors' advice, belief in their ability to cope with treatment, lack of time to visit a doctor, lack of funds to pay for consultation, orientation on past doctor's recommendations. Only 25.3 ± 3.3 per 100 respondents stated that they always follow the doctor's advice.

The questionnaire included questions related to the activities of the elderly in physical training or sports. It was noted that 16.1 ± 2.8 per 100 respondents are regularly physically active, from time to time - 23.7 ± 3.2 per 100, and 21.8 ± 3.1 per 100 physical inertia is inherent. We also studied the presence of non-communicable diseases and risk factors in the elderly. Respondents often indicated the presence of more than one chronic disease or risk factor. The distribution of respondents by the presence of risk factors is shown in Fig.2.

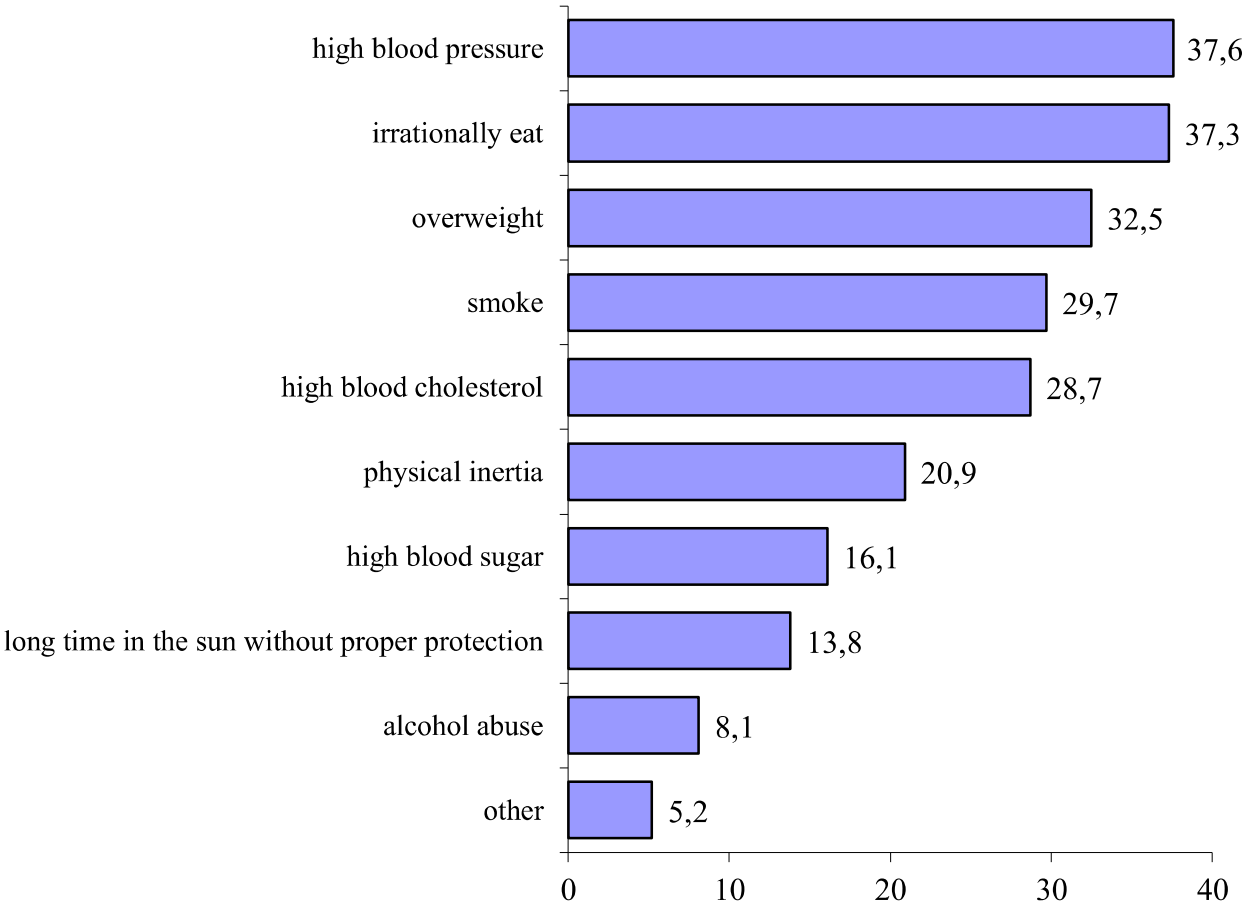

Fig. 2. Frequency of risk factors for the development of diseases among the elderly (per 100 respondents)

Speaking about non-communicable diseases, 85.6 ± 2.6 per 100 respondents indicated their presence. One in three had hypertension and heart disease, one in four had allergies, and one in ten had allergies and osteoarthritis or arthritis. The fact that every seventeenth elderly person suffered from depression needs attention. Analysis of the frequency of requests for medical care showed that 50.9 ± 3.7 per 100 respondents requested it 2-3 times a year, 14.5 ± 2.6 per 100 - more than three times and 19.6 ± 3.0 per 100 people - did not go to the doctor at all.The study examined the respondents' opinion on their attitude to preventive measures to prevent disease. The questions concerned the preventive examination and its periodicity, following the doctor's advice to promote health and a healthy lifestyle, awareness of patients about the risk factors for disease and their prevention. It was found that only 13.9 ± 2.6 per 100 respondents pass the preventive examination on time, 66.1 ± 3.5 per 100 receive advice and recommendations from a doctor on health promotion and a healthy

lifestyle and 83.1 ± 2.8 per 100 elderly people are aware of the factors the risk of developing diseases.

Among the types of primary need medical care, all respondents mentioned outpatient care, 69.7 ± 3.4 per 100 elderly patients - day hospitals, 66.3 ± 3.5 per 100 - hospitals at home, 43.9 ± 3.7 per 100 - rehabilitation outpatient care, 41.7 ± 3.7 per 100 – "one-day surgery", 39.3 ± 3.7 per 100 - inpatient care, 34.2 ± 3.6 per 100 - specialized counseling and 16.4 ± 2.8 per 100 respondents - ambulance.

The study involved studying the adaptation of older people to society and their social activity. The results of the survey showed that they treat other people with respect, try not to offend them and not to be selfish 77.1 ± 3.1 per 100 respondents, noted that they have good relations with family members 76.4 ± 3.2 per 100, the presence of a trusted person with whom all problems could be discussed, testified 54.7 ± 3.7 per 100 respondents. At the same time, only 23.7 ± 3.2 per 100 indicated that they participate in various social activities, and 16.1 ± 2.8 per 100 - that their contacts with other people are very limited, 15.4 ± 2.7 per 100 - generally have big problems in communicating with other people. A strong correlation was found between the increase in the age of older people and the presence of communication problems ($\rho = 0.71 \pm 0.14$), between the level of material security and employment after reaching retirement age ($\rho = 0.73 \pm 0.11$).

The COVID-19 pandemic has caused unprecedented challenges and threats to all of humanity, especially the lives, relationships and well-being of the elderly. This problem is exacerbated by fear, stigma, misinformation, and restrictions on movement that prevent the provision of medical care in all circumstances. The older generation is the most vulnerable in a pandemic. As a result, adjustments are needed to meet the health care needs of older people.

The analysis of demographic trends, health trends of the elderly, health self-assessment, features of social activity and adaptation to society, the needs for various types of medical care according to a sociological study allowed to justify areas and measures to improve disease prevention among the elderly. Prevention of non-communicable diseases and their complications, mental health care, prevention of

violence and trauma, and prevention of infectious diseases are essential components of the provision of health care to the elderly.

The following measures will be effective for supporting active longevity and healthy aging: lifelong health activities and creation of a supportive environment, meeting the needs of people working for/supporting the health care system and care, adaptation of medical and social measures to the needs of older people; strengthening the evidence base based on scientific research.The main areas of intervention should be support for physical activity, fall prevention, vaccination of the elderly and prevention of infectious diseases, support by the state and society for informal care, with an emphasis on home care, including self-help, improving the qualification of specialists in the medical field and social sphere in the field of geriatrics and gerontology.

Ancillary interventions related to healthy aging should be aimed at preventing social isolation and social exclusion; prevention of abuse and violence against the elderly, ensuring the quality of care for the elderly, including care for dementia and palliative care for patients who need constant or long-term care.

During the COVID-19 pandemic, ensuring the quality of medical care, including preventive care, requires addressing the safety of care. In this context, organizational and managerial decisions should address the wider use of information technology, in particular e-health. The use of such technologies is important for improving the functional capacity of patients, the integration of care provided to the elderly, and its management.

The main focus areas of the organization of prevention of non-communicable diseases among elderly patients should be: patient-oriented approach, holistic approach, multilateral partnership, universality, equality, accessibility, quality, safety, responsibility, inclusiveness, science.

Thus, the scale and rate of population aging lead to a gradual increase in the proportion of elderly people with complex non-communicable diseases, reduced physical capabilities and a high degree of need for medical and social services and a significant dependence on social support. Adaptation to such medical and

demographic changes requires the transformation of health care systems in the direction of disease prevention among the elderly, improving the quality of medical services and their proximity to the place of residence, ensuring the safety of health care in the light of pandemic challenges.

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