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The health of the aging person

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Currently, there is a new mega-trend emerging in health care, which clearly differs from traditional medical thinking. Across the globe, we are witnessing a shift in the demographic structure. The birth rate is falling and there is an increasing number of older people, the majority of whom are women; older men tend to die 6–8 years earlier than their female peers. The answer appears to lie in genetics: more specifically in the Y chromosome or the absence of two X chromosomes, which provide protection against a defective primary X chromosome. Until now, there appears to be no scientific strategy to raise the longevity of the male to the same level as that of the female.

Under the current scenario, the majority of the population in western societies is covered against most of the repercussions arising from diseases, under the auspices of health insurances offered by the welfare state. Recognition and care of predestined diseases, or those caused by infection or other influencing factors, even prevention, are covered by this social welfare system, in the spirit of egalitarianism and the so-called generation contract.

In a few years, the societal welfare and medical care, of this ever-increasing proportion of older citizens will come to depend upon a smaller and young labor force.

Even if the current prevalence of illness found in older individuals were to remain constant, this will lead to a strain on our health insurance system which can surely not be sustained in its current capacity. Furthermore, the duration of occurring illness and the necessity for medical care will extend to the time of death. This not only leads to personal suffering during the final years of life, but also to an increasing burden on welfare spending.

This means that expenditures in the health-care budget must be increased, higher contributions levied or the level of care reduced. The latter option will not be acceptable to older citizens, who are accustomed to better standards from their own years in the workforce; this will give rise to social conflicts.

A new mega-trend will appear parallel to the insured medical coverage in the western world, for a period of time that we cannot yet predict. We can call this ‘health awareness’, consisting of two branches: quality of life and lifestyle medicine. This new concept of medical care will be driven by a new generation of practitioners who are suitably qualified to handle new diagnostic techniques which can measure ‘being healthy’ and who can offer therapy concepts that, first, may not cause any detrimental effects, and, second, exercise a proven effect on ‘being healthy’. For this, we require new scientific methods of measurement.

The metric tradition in health care has been evidence-based medicine, in which the most
important instrument used to procure scientific insight is certainly the double-blind, placebo-controlled study. This measurement methodology (statistical measurement) provides us with insights into therapy interventions (e.g. pharmaceutical studies) in the form of statistical subgroup analysis. These insights represent a directive for care-givers for the population at large.

The values of therapy interventions for the individual are not provided by direct rather than, at best, indirect references by evidence-based medicine. This arises out of the fact that evidence-based medicine excludes precisely this insight into and treatment of the individual.

‘Health awareness’ appeals intentionally to the individual; it intends to provide him with insights into his health and his being healthy. It aims at delivering means of intervention, which will enable him to live a healthy lifestyle for as long as possible until death.

The most important element in this new megatrend of individual health awareness, consisting of the therapy, quality of life and lifestyle care, will be the creation of new diagnostic tools. These may be derived only partially from classical laboratory medicine; rather they will come from molecular medical diagnostics. DNA chips, upon which the DNA character matrices for vital life and disease risks, as well as gene modifications which can lead to premature aging or illness, are stored, are particularly relevant in this regard (genomics). We shall be able to counsel the young as well as the aging person on his individual risks, which are based on his lifestyle within his community as well his environment.

These measurements will be complemented by numerous functional testing procedures that are still in development; these focus on essential metabolic and hormonal mechanisms which indicate elements of health and aging (biography).

Health-care education and counselling without pharmacological interventions will be a further essential characteristic of this medicine. They will be complemented with nutritional counselling, exercise and hormone replacement for both men and women.

In addition to diagnostics, the pharmaceutical industry will develop products which enable the supportive promotion of good health (nutritional, metaboceuticals, hormone replacement products, genetic protectionals, damage protectors), which can be individually modified to promote good health.

In parallel with these measures, metric research tools will be developed which enable us to reveal the efficacy of all health-promoting interventions at the individual level (individual metrics). We currently design non-linear parameter phase spaces for prospective trend evaluation of functional biographic health data. Together with the genetic data, we can design a new strategic concept for medical interventions, the ‘individual-based medicine’. In so doing, this medical science will set itself apart from similar attempts which focus merely on wellness. There will be clear differentiation from charlatan practices.

Never before was it possible to attain such an advanced age by means of one’s own use of social, medical and pharmaceutical achievements, as well as biotechnology, workplace design and lifestyle, as it is in today’s society. Never before has the possibility of relieving a person of his fear of dying by means of aging in good health and success been as today.

A new sign of prestige and status will be a person’s ability to exude a healthy disposition. The traditional values of career, car, home and furnishings will not be the only ones that count, but rather the appearance of a healthy, energetic, emotionally stable and socially adept person, lacking signs of premature aging and wear. These will be the new signs of success in our future society.

Health awareness, the new shape of quality of life and lifestyle medicine all bring new professional challenges to us as physicians and to the increasingly aged population. We are insured against illness: we must take care of our health ourselves – this is the new mega-trend in medical care.