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Editorial Comment

How Do We Identify Older Adults at Risk of Dependency? Objective or Subjective Measures

With the number of old citizens increasing rapidly around the world, the population of numerous countries continues to cross the threshold of different stages of aging: becoming firstly an aging society, then aged society, and finally, a super-aged society. Taiwan, for instance, is estimated to become a super-aged society in 2026. This aging tendency leads to the rising importance of cultivating a generation of robust elderlies, i.e., a healthy old population, for it will enable elder people to contribute their unique talent, which further ensures the rate of senior social engagement. Therefore, investing in health for frail old adults is a critical issue.¹

The purpose of clinical care for frail people is to prevent disability and further improve their overall life quality. To achieve this aim, an objective multidisciplinary Comprehensive Geriatric Assessment (CGA) is applied. CGA includes the assessment of cognitive, mood, comorbidities, polypharmacy, falls, functional status of daily activities, nutritional and social support. As known, Geriatrics is a medical field that requires professionals to conduct a holistic assessment on elderlies, and a team to intervene in older adults at risk of dependency accordingly. The hope is that the early interventions and health investment made by the medical teams can collectively and effectively reduce the elderlies' chance of disability, timely reversing their frailty. However, even though objective measures such as CGA can give reliable assessment results to assist medical professionals in identifying older adults who are at risk of dependency, the process of conducting a CGA is rather time-consuming and requires a great deal of professionalism as well as work, causing it to lack efficiency.

Compared to objective measures such as the aforementioned CGA or Physical Performance Battery (PPB), subjective measures such as the "Self-Reported screening tool for older adults at risk of Dependency (SRD)" has become a pleasant alternative due to insufficient resources to conduct objective measures. With SRD, patients can reflect on their life experience and answer the health assessment questionnaire with the help of their caregivers, and report back to the medical professionals their health condition. In this case, considering the amount of time and labor saved, adopting

SRD for assessment will undoubtfully boost the efficiency of the process to identify frail elderlies. Besides, Tanaka et al. present the effectiveness of two questions from a 25-question self-reported SRD that could predict the objective measures of PPB on the physical function among old adults. Since one of the major causes for elderlies to reduce to dependency is falls, the two questions are, therefore, "Have you experienced a fall in the past year?" and "Do you feel anxious about falling while walking?" Nevertheless, if necessary, medical professionals are free to apply other self-reported questionnaires with appropriate questions to identify older adults at risk of dependency.

It is of utmost significance to construct a feasible and timeefficient method to confront the rocketing statistic of the elderly population. Compared to objective measures, subjective measures save both time and manpower, thus more satisfactorily answer the call to invest in health and prevent elderly dependency in a superaged society.

References

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