Life & Times

Tim Senior

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REFERENCE
1. Barnett K, Mercer SW, Norbury M, *et al.* Epidemiology of multimorbidity and implications for health care, research, and medical education: a cross-sectional study. *Lancet* 2012; **380(9836):** 37–43.

Ageing meets unequal population

We need to worry. The population is ageing, which will put all sorts of pressure on medical and social services. Census projections tells us that the numbers of people aged over 65 years are increasing much more quickly than the numbers of teenagers. With that comes multiple incurable chronic diseases and multiple medications. More people need more help in their daily lives as they get older. As a higher proportion of the population is aged over 65 years, this puts pressure on health and social care. Our health systems will need to have the capacity and expertise to deliver care to increasing numbers of people with dementia as well as with heart disease and arthritis, in the context of frailty and social isolation. These are not problems amenable to a simple medical fix. The care — in all senses of the word — that this requires puts complex demands on services, professionals, and, most of all, relatives and carers.

And yet I can't help wondering if we've also missed something in all this. In worrying about the ageing population, are we thinking only about people like us? Are policymakers thinking of ageing policymakers requiring care?

We know that people living in the most deprived areas have multiple chronic diseases at much younger ages than those in the most well-off areas. In fact, multimorbidity starts 10–15 years earlier in the most deprived than the most affluent.[1] So it's at least possible that the levels of need we are planning for in 65-year-olds is what we are already seeing in the most deprived patients aged 50 years.

Unless we explicitly realise and plan for the effects of being poor on multimorbidity, we will (once again) manage to arrange services that don't serve our patients well. The assumption that most patients with multimorbidity are older (an unsafe assumption in any case)[1] results in services unsuitable for younger people, or even in age cut-offs so that they are ineligible for services.

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We tend to think of the ageing demographic as a problem of the near future, one we need to plan for now. However, if we imagine this as a problem of about 10 or 15 years into the future, then this is a problem of right now for the most deprived. The needs of our elderly in the mid-2030s are possibly very similar to the needs of our most deprived right now. We should have done our planning, and be acting now.

Sadly, there is apparently no magic money tree, a cutesy Enid Blyton way of saying that the well-off don't want to share the costs of inequality, so more individuals will have to pay for care themselves. Of course many people — including those who have had multiple chronic diseases from a younger age — will be unable to afford this. The NHS, barely clinging on under current funding, can watch the ageing population approach with extreme anxiety. Even worse, we can see that the extra time and resources needed to provide care in the most deprived communities is already a problem right now. We may need to worry about the ageing population even sooner than we thought.

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