

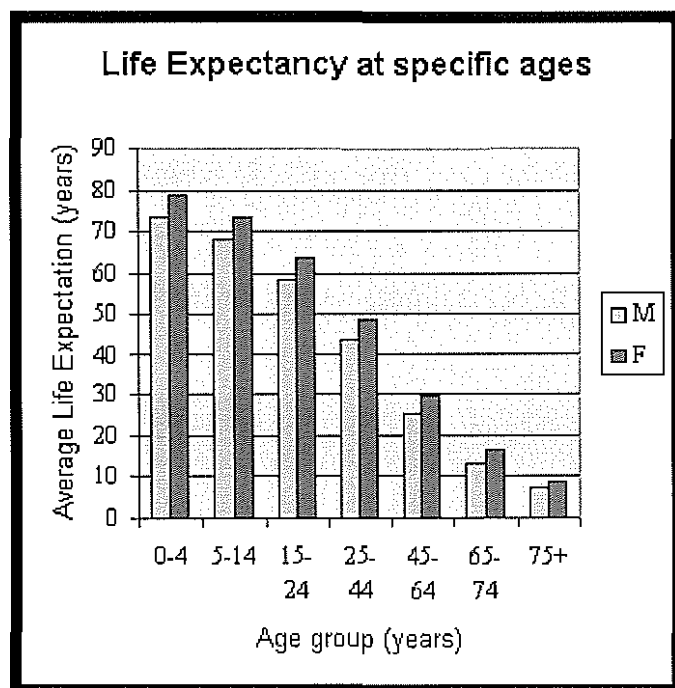
The Aged in Gozo

Maurice N. Cauchi

<u>Towards Learner Autonomy</u>	<u>Nicholas Monsarrat (1910-1979)</u>	<u>The Benefits of Artificial Reefs</u>	<u>Poetry on Gozo</u>	<u>Ethnicity & Media Representation</u>	<u>Chevalier dans l'ordre des Palmes Académiques</u>
<u>The Aged in Gozo</u>	<u>Young People In Gozo</u>	<u>Ix-Xjenza u s-Socjeta</u>	<u>Profile: Joseph Sagona</u>	<u>Front Cover</u>	

The modest aim of this paper is to delve into problems that prohibit us from achieving two of the most fundamental desires within the human breast, namely the quest for immortality and the quest for eternal youth.

The Quest for Immortality: Life Expectancy



As we grow older and with each year of life, the life expectancy diminishes. At all ages the life expectancy is higher for women compared to males. In Malta in 1996, the life expectancy at various ages is shown in figure 1. Note that at all age groups, female life expectancy is longer than males'. At 65 it is around 13 years for males and 17 years for females.

One fallacy often met is the widely spread conviction that life expectancy can keep on being stretched further, so that this could be extended to 100 and even 120 years. We have become familiar with the scene which is becoming more common, where bewildered centenarians are visited by Presidents, Bishops and Prime Ministers to be congratulated on reaching the magic age of 100 years.

Yet what we should be celebrating is not so much reaching such a venerable age, but the fact that our new-born babies can be assured of the full potential life-span.

If one compares today's statistics with those of 100 years ago, one can confirm that most of the gain in life expectancy has resulted from a marked reduction in peri-natal and infant mortality. One hundred years ago the life expectancy at birth was around 40 years, compared to today's 75 years for males and 80 years for females. In other words, the life expectancy at birth today is almost exactly twice what it was 100 years ago. By contrast the life expectancy at 65 years is only a couple of years longer today compared to what it was 100 years ago. This means that today, there is a greater proportion of persons reaching the older age groups than was the case previously.

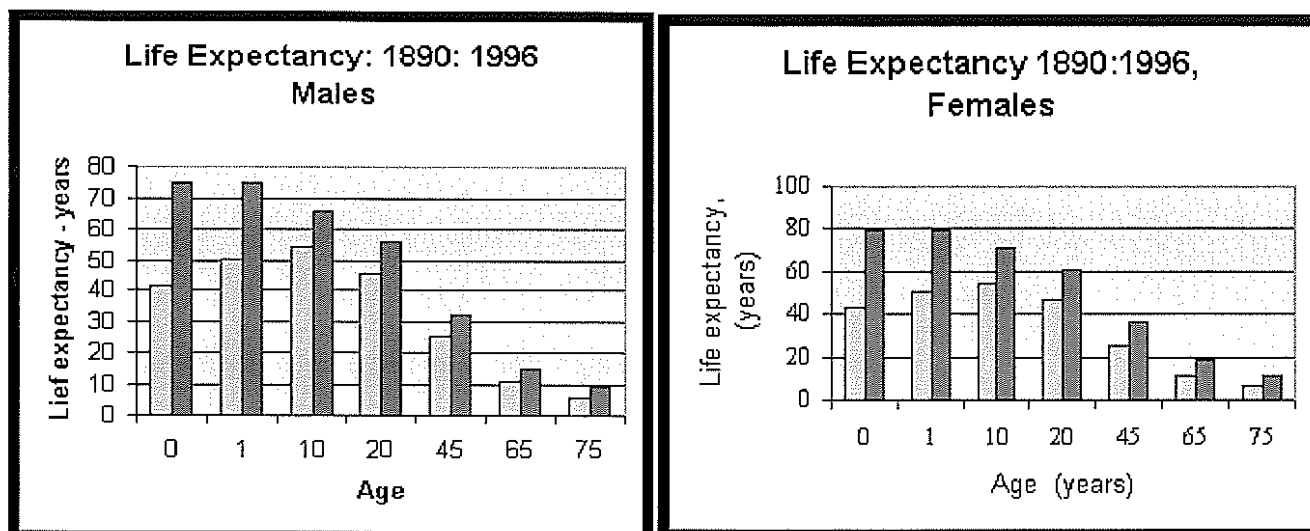


Fig : The changes in life expectancy in Malta (males) over the past century are described here (Blue data for 1890, mauve data for 1996): Note that the largest differences occur in the younger age groups (0-10 years of age)

It was reported in a newspaper article recently that in France alone about 20,000 will be reaching the age of 100. This no doubt raises the hope that one day we shall all reach this Everest of life-expectancy. Even if we desired to live this long, is this likely to occur?. I think not. I think we can explain this phenomenon simply on statistical grounds. If 1 percent of people who reached 80 years were to live to be 100, then obviously in a population like Gozo where 4% persons reach this age we would expect 4 persons to reach the age of 100, whereas in a population 10 times this number we would expect 10 times as many.

A venerable age is desirable only if accompanied by health. A sick life simply adds misery to the years. What we all look for is additional years of useful or enjoyable life, free of the misery, poverty, limitation of free movement and encroachment on our intrinsic autonomy which ill-health usually imposes.

Health Status of Gozo Aged Population

Activity limitation

According to the latest Census (1995), there are overall 4.6 per cent of the enumerated population had activity limitation. This include impaired eyesight or hearing, incontinence, amputation, mental handicap, or inability to dress, wash, feed or use toilet without help. In Gozo, there were 742 males and 885 females with activity limitation. It is interesting to see from the graph (fig 4) that younger males (20-59) and older females (70+) appear to make up the bulk of persons with disability. The 60-69 age group, accounts for around 10 % of persons with disability, while those aged 70+ account for 56 % of all persons with disability.

It is obvious that any services envisaged for persons with disability have to keep these statistics in mind in order to be in a position to provide age and gender appropriate facilities.

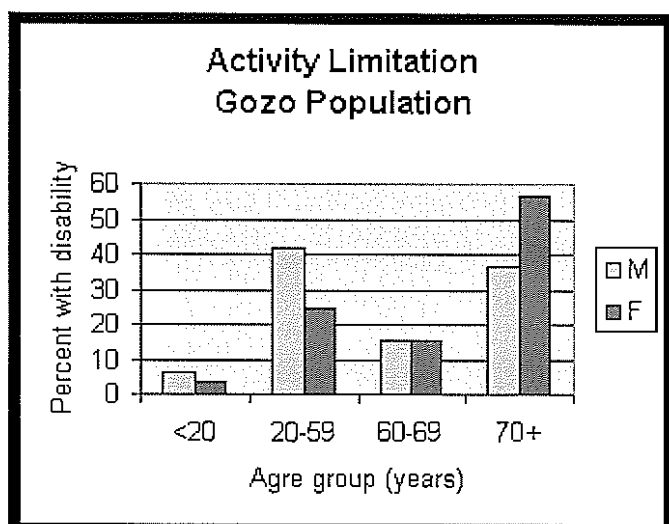


Fig : Distribution of ages in Gozitan persons classified as having limitation of activity. There were 742 males and 885 females with activity limitation. Younger males (20-59) and older females (70+) appear to make up the bulk of persons with disability.

Mortality Statistics

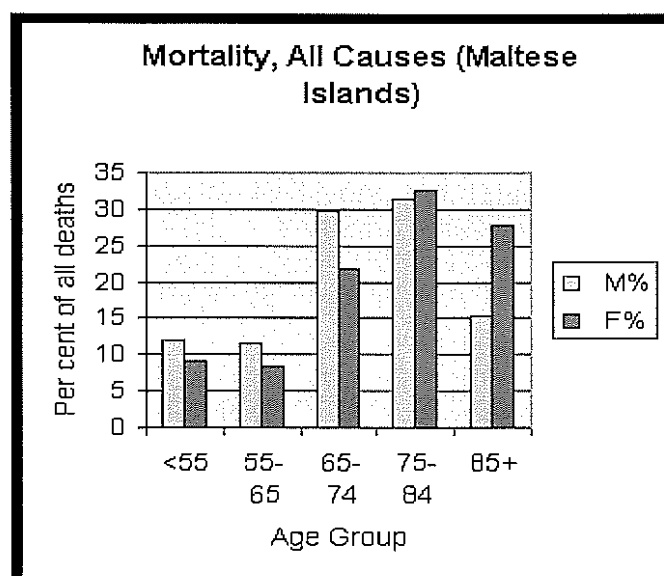


Fig5: Mortality at each age group. Data for Maltese Islands (Demographic Review, 1996). Note increased mortality in 65- age group. Note male distribution at this age group.

Mortality statistics confirm the established concepts that the certain disorders are more likely to affect certain age groups. The following data (obtained from 1996 Demographic Review) show that, as expected, over the age of 65-74 years, there is a jump in the mortality rate. This is particularly marked for men in this age group (30% of all deaths in males compared to 22% in females occur in this age group). This implies that any measures directed at improving life-expectancy should target particularly this age group, and particularly males in this age group.

The main causes of death in our community are heart-related disorders and cancer. Each contribute

around 25% to the total Causes of Death. This is seen in figure 6:

Cancer

Mortality from cancer in the Maltese Islands (as indeed else where in the developed world) is one of the most important causes of death, accounting for nearly 25 % of all deaths. The age distribution (Fig 7) confirm that the majority occur in the 65-74 age group. In females, deaths from cancer becomes higher than that in males after the age of 75.

Gozo Cancer Statistics

Analysis of the cancer statistics for Gozo for the 5 year period 1973-1977 shows that there were 550 deaths from cancer, male and females being exactly equal at 275 each. In the younger age group, slightly more females than males were involved , whereas in the 70+ age group the reverse was the case

Fig 8: Cancer Incidence statistics, 5-Year period 1973-1977 (Health Information Unit, Dept Health)

The above information is provided in tabular form in table 1 below. It is seen that in the five-year period under study, there were 550 cases of cancer detected, or 110 cases every year. There were exactly equal numbers of males and females.

Table 1 : Cancer Incidence Statistics Gozo 1973-1977 (Health Information Unit, Health Dept)

Age	F	M	Total
0-60	87	60	147
60-69	64	69	133
70+	124	146	270
Total	275	275	550

Distribution of Cancer cases in the various localities in Gozo

The following table gives the distribution of cancer cases in Gozo. The proportion of cases per 1000 population. However one must bear in mind the small size of some of the samples before jumping to any conclusions in relation to cancer distribution in Gozo.

Table 2: Cancer Distribution, Gozo Localities

Locality	Cases	F:M ratio	Per 1000 pop
Gharb	14	1.33	12.3
Ghasri	8	0.60	18.7
Gh'sielem	49	.96	19.9
Kercem	36	2.00	21.8
Fontana	18	1.00	18.7
Munxar	10	4.00	10.8
Nadur	72	1.12	16.9
Qala	25	1.27	15.5
Victoria	129	1.02	19.9
San Lawrenz	7	0.8	11.6
Sannat	28	0.56	16.1
Xaghra	73	1.09	18.4
Xewkija	65	0.59	19.5
Zebbug	16	0.78	9.1

To note from above table that:

1. The incidence in each locality varies from 9 to 22 per 1000 population with an average of 16 per 1000 population. (Highest being Kercem, Gh'sielem, Xewkija; Lowest being Zebbug, Munxar, Gharb) Note however that small numbers make statistical significance difficult to evaluate.
2. The ratio of females to males varies from a low of 0.6 (Sannat, Xewkija, Ghasri) to a high of 4 (in Munxar: Small numbers!)

Table 3: The Commoner Cancers in the population (All ages)

(Gozo, 1973-1977) [Source: Health Inf Unit, Dept of Health]

Site	Females	Males	Ratio M:F
Large Intestine	27	33	1.22
Lung	8	34	4.25
Skin	35	42	1.20
Bone marrow etc	11	17	1.55
Breast	77	-	-
Uterus	23	-	-
Ovary	10	-	-
Prostate	-	33	
Urinary bladder	9	32	3.56
Other	75	84	-

Total	275	275	1.00
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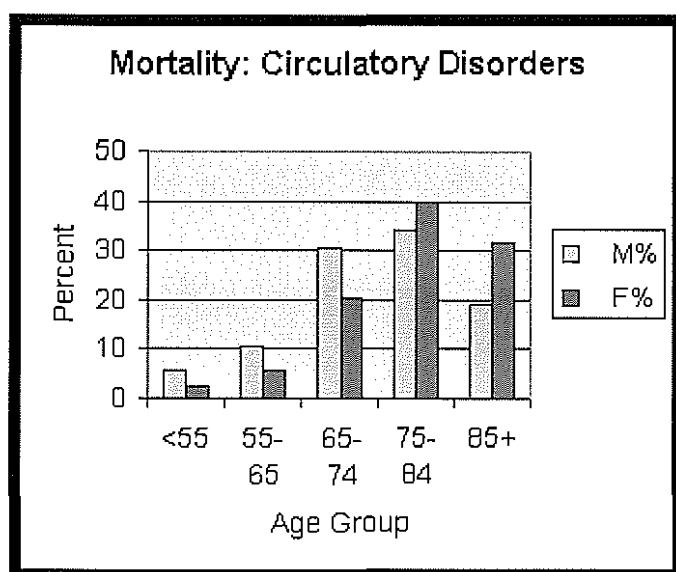
Perhaps the most interesting aspects of this table are:

1. The very high incidence of certain tumours, particularly breast in females and bladder in males
2. The gross M:F imbalance in certain tumours, namely, lung and urinary bladder. Cancer of the lung is well known to be associated with smoking, which in the past was indulged in only by males. Females are now slowly but surely catching up in this area also. It is more difficult to explain the inordinate gender imbalance in cancer of the bladder. Tumours of the bladder are often caused by chemical pollution. It is most likely that this marked difference in incidence represents work-related aspects, as well as a component due to smoking.

Circulatory Disorders

This group makes a very significant contribution to deaths in the aged. Figure 8 shows that there is a significant male:female difference in distribution. Below 75, more males than females are affected. After that age, the reverse is the case.

YEARS OF LIFE LOST FROM VARIOUS DISEASES



More revealing than mortality statistics perhaps are statistics relating to years of life lost. This concept refers to the number of years lost to a person (and the nation as a whole) through deaths which occur before the expected life span. Obviously someone dying in infancy or younger age group will contribute considerably more to "years of life lost" (YLL) than someone dying at the age of 75. The following figures give some idea of the total YLLs lost to the nation, and the main contribution to this loss.

Heart Disease

This is a very significant contributor to YLL. It becomes significant after the age of 45. Women contribute relatively more in later age (75) compared to males.

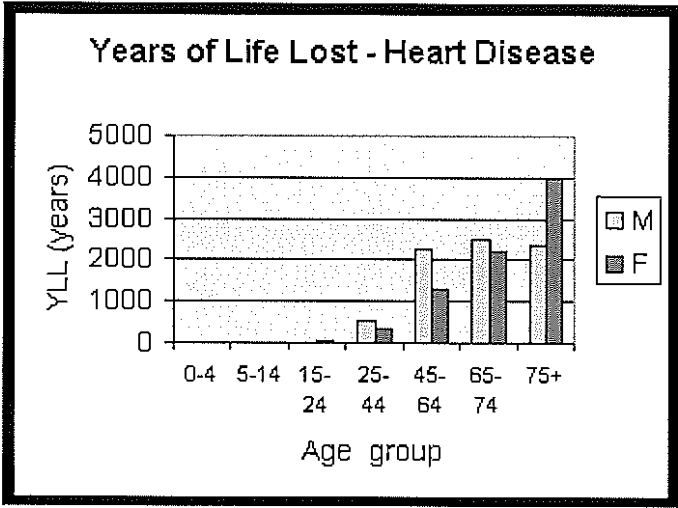
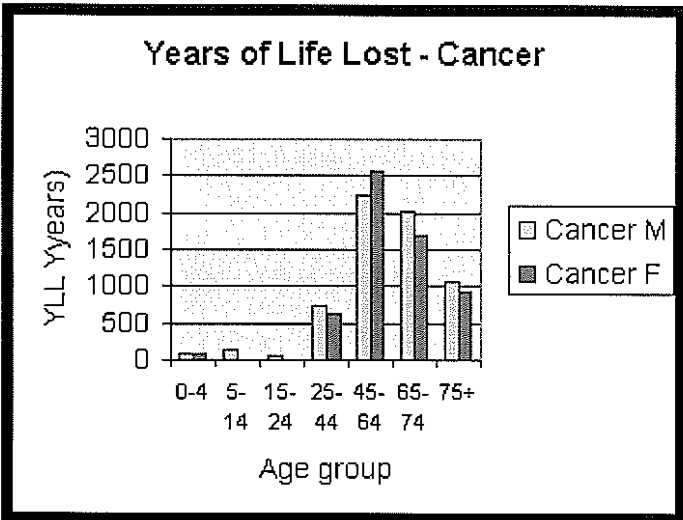


Fig 9 : Years lost though heart disease Note the marked difference in women aged 75+ compared to men .In younger age-groups, men contribute relatively more than women to YLL.

Cancer



By contrast to heart disease, cancer is much more significant contributor to YLL in the relatively younger age group of 45 - 64 Females contribute more than males in this age group.

Motor Vehicle Accidents

MVAs show a marked YLL contribution by younger persons. However the mortality in older age groups and YLL contribution in this age group is not to be ignored. Older women seem to be disproportionately affected in this category.

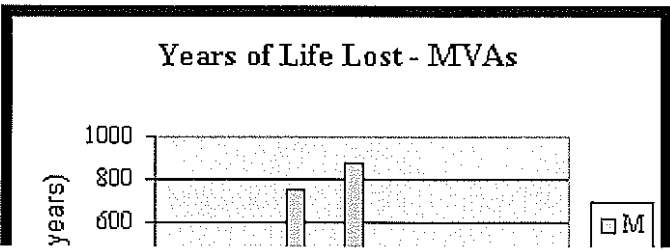
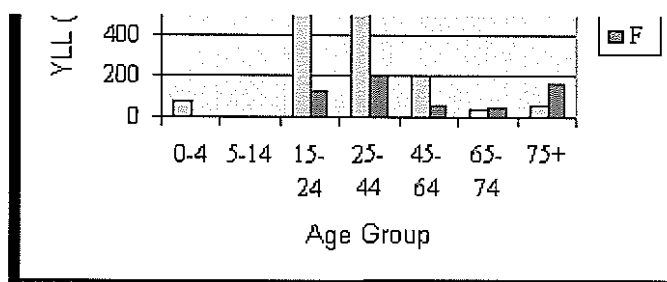


Fig 11: YLLs resulting from MVAs : note the



marked male :female differences in the younger age groups.

Health Insurance and the Gozitan population:

Health insurance is bound to have a considerable impact on the type of service received by patients. This is particularly of significance in relation to services relating to chronic conditions like joint replacement, and other chronic conditions for which there is usually a long waiting list.

In Gozo, with a population of 29,026 persons, the number of persons having a health insurance was 2,093 or 7.21% (Census 95, Vol 5). Compared to other areas in Malta, this represents the lowest proportion of insured persons. In Malta as a whole the proportion of insured persons is 11.9%. In the Northern Region of Malta, it reaches 14.9%

It is obviously important to bear this in mind, particularly in relation to the need for non-emergency health care provision. The obvious question of course is whether the Gozitan uninsured elderly are suffering unnecessary delays in obtaining treatment for chronic conditions.

The Aged in Gozo

In Gozo, there are 2622 persons aged 60-69 (or 9.0 % of the population) and another 3031 aged 70 + (or 10.4 % of the population). Overall there are 22.7 % of females and 19.4 % of males are aged 60 and above. This is considerably higher than the figure for the Maltese Islands as a whole (17.9% and 15.6% respectively) - ie, there are about 5% more aged persons in Gozo compared to the Maltese Islands as a whole. (see table)

Table 4: Demographic summary, Gozo aged, (Census 1995 Vol II)

GOZO		(Census 95 Vol 1)				
				Proportions		
	Total	Male	Female	Total	Male	Female
All Ages	29026	14168	14858			
0-59	23373	11738	11637	80.5	82.9	78.3
60-69	2622	1138	1484	9	8	10
70+	3031	1292	1737	10.4	9.1	11.7

Health Costs

When assessing the distribution of expenditure, one has to bear in mind the type of disease and the proportion of the population within that category. Overseas, the concept of "Diagnostic Group" has been employed extensively to classify the various disorders. This involves putting the various disorders into niches which are more or less equivalent, thus reducing the total number of individual diseases to a few dozen manageable groups. In Malta we do not as yet have this system of classification, but an idea of the distribution of diseases in old age in Europe can be seen through analysis of the data in a country such as Holland for example (Meerding WJ et al BMJ, 1998, p111-115). The data are summarized in table 5:

Table 5: Relative Costs for top 10 Diagnostic Groups in old age

(Ref : Meerding et al BMJ, 1998, 317, 111-115)

<i>Age 65-84</i>			<i>Age >=85</i>	
<i>Rank</i>	<i>Diagnostic Gp</i>	<i>% of Costs</i>	<i>Diagnostic Gp</i>	<i>% of Costs</i>
1	Dementia	9.5	Dementia	22.2
2	Stroke	6.7	Stroke	6.6
3	Muscle/joint	5.8	Falls	5.9
4	Cancer	5.6	Muscle/joint	4.3
5	Ill-defined	4.6	Ill-defined	4.3
6	Coronary Dis	4.0	Heart Failure	2.9
7	Other Circulatory	3.9	Cancer	2.1
8	Neurological	2.9	Other Respiratory	2.1
9	Other Mental	2.6	Neurological	2.0
10	Falls	2.5	Other Circulatory	1.7
% share of total costs		30.6	11.6	
% share in population		11.8	1.3	

This table emphasizes a couple of important points:

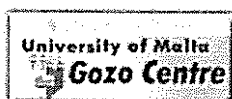
1. Firstly that the most relevant conditions from cost-containment point of view relate to chronic conditions, like dementia and cardiovascular conditions like strokes and circulatory disorders.
2. The fact that older people make an inordinate demand on the health dollar: 42 per cent of all costs are spent on those over the age of 65. This is far in excess of the population as a whole. In fact, for those aged 65-84, the proportion of money spent is three times the average, while for those aged 85 and over, the proportion is nearly 9 times higher than the general population.

It is relevant to reflect that any health measures likely to have an impact on persons in this age group in the long run are not those relating to finding a cure for cancer, but rather those measures that tend to improve the mental and circulatory problems of old age.

Fig: Age Structure of the population of the Maltese Islands, 1960-1990 (Census, 1995 (p xvi) Note the increase in the proportion of those aged 60+ from around 10per cent of the population in 1960 to just under 15% in 1990.

Fig: Proportion of the population aged 60+. Increase between 1960-1990.

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