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The Silver Tsunami : Are We Ready For The Aging World

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People worldwide are living longer. By 2030, one in six people will be over 65. While population ageing began in high-income countries, low- and middle-income countries are now following the trend. By 2050, two-thirds of the world's population over 60 will live in low- and middle-income countries [1] . This paradigm shift brings challenges that require a holistic approach to meet the needs of older adults. Basic principles of geriatric care remain poorly understood in many regions, especially where geriatric medicine is still developing. Recent research highlights gaps in medical education as a major barrier to delivering patient-centered care for frail older adults in the community [2]. As people age, the likelihood and frequency of illnesses rise significantly. Older adults are more prone to conditions such as heart disease, stroke, cancer, diabetes, arthritis, hypertension, dementia, and chronic lung disease. Cancer also has a major impact on health in the elderly population. The functional decline due to chronic ailment can lead to loss of independence, social isolation, and the need for assistance and ongoing care [3]. Frailty in older age groups, caused by various chronic conditions, carries a fourfold higher mortality risk compared to non-frail peers. Early interventions, including preventive actions, lifestyle changes, addressing modifiable risk factors, and multidisciplinary strategies, are prudent for improving functional status and reducing mortality risk [4]. Another major concern in the elderly population is polypharmacy. It can result in functional and cognitive decline, increased risk of falls, delirium, recurrent hospital admissions, higher healthcare costs, and increased mortality [5]. Symptoms of drug interactions such as fatigue, drowsiness, confusion, constipation, or loss of appetite are often mistaken for normal ageing, leading to further unnecessary prescriptions and compounding the problem. Evidence also shows polypharmacy is an independent risk factor for hip fractures in older adults [6]. Successful deprescribing requires structured education and training for healthcare providers and patients to build knowledge and confidence [5,6].

Sarcopenia is a prevalent skeletal muscle disorder in older adults, characterized by reduced muscle strength and mass . Sarcopenia may occur simultaneously with obesity and is often intensified by adipose tissue accumulation [7]. Depending on the classification criteria used, its prevalence in people over 60 years ranges from 10% to 27% . Multiple factors contribute to the onset and severity of sarcopenia, including aging, poor nutrition, inactivity, chronic diseases, medications, and early life events. It is strongly linked to adverse outcomes such as falls, disability, fractures, cognitive decline, hospitalisation, and mortality. Among the key accelerators of sarcopenia progression are behavioral factors, particularly low physical activity and prolonged sedentary time [8]. Given the multiple challenges of ageing, promoting healthy ageing is crucial. A balanced diet rich in protein, fiber, vitamin D, and omega-3 fatty acids helps maintain physical and cognitive function, strengthens bones and muscles, and lowers the risk of chronic disease and disability [9] . However, health systems face difficulties in providing comprehensive, equitable, and affordable care, especially in low-income settings where costs, transport, and fragmented services restrict access [10] . This challenge is augmented by the shift from extended families to nuclear households and rural-to-urban migration, leaving many older adults without assistance, supervision and care. This calls for urgent need of action to integrate geriatrics into medical curricula and provision of training in geriatric medicine [11].

It is extremely important for all health professionals involved in caring for older adults to understand basic principles of geriatric medicine. Governments, health authorities, and educational institutions must acknowledge gap and expand training opportunities and specialized services to reach the requirement of a rapidly ageing population especially in countries where geriatric medicine is underrecognized and still emerging.

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