

Is Late-Life Dependency Increasing or Not?

A Comparison of the Cognitive Function and Ageing Studies (CFAS)

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Little is known about how the proportions of dependency states have changed between generational cohorts of older people. We aimed to estimate years lived in different dependency states at age 65 years in 1991 and 2011, and new projections of future demand for care.

We compared two Cognitive Function and Ageing Studies of older people (aged ≥ 65 years) who were permanently registered with a general practice in three defined geographical areas (Cambridgeshire, Newcastle, and Nottingham; UK). These studies were done two decades apart (1991 and 2011).

Both studies provided prevalence estimates of dependency in four states: high dependency (24-h care), medium dependency (daily care), low dependency (less than daily), and independent. Years in each dependency state were calculated. To project future demands for social care, the proportions in each dependency state (by age group and sex) were applied to the 2014 England population projections. Between 1991 and 2011, there were significant increases

in years lived from age 65 years with low dependency (1.7 years) for men and (2.4 years) for women and increases with high dependency (0.9 years) for men and (1.3 years) for women. The majority of men's extra years of life were spent independent (36.3%) or with low dependency (36.3%) whereas for women the majority were spent with low dependency (58.0%), and only 4.8% were independent. There were substantial reductions in the proportions with medium and high dependency who lived in care homes, although, if these dependency and care home proportions remain constant in the future, further population ageing will require an extra 71,215 care home places by 2025 in the UK alone.

On average, older men now spend 2.4 years and women 3.0 years with substantial care needs, and most will live in the community. These findings have considerable implications for families of older people who provide the majority of unpaid care, but the findings also provide valuable new information for governments and care providers planning the resources and funding required for the care of their future ageing populations.

Gender Empowerment Index: a Choice of Progress or Perfection

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[http://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(17\)30300-5/fulltext](http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(17)30300-5/fulltext)

In *The Lancet Global Health*, Fernanda Ewing and colleagues¹ offer a new index for monitoring Sustainable Development Goal (SDG) 5 (to achieve gender equality and empower all girls). The survey-based women's empowerment index (the SWPER index) was developed

from a series of items in the Demographic and Health Survey (DHS) from 34 African countries.

The need for better measurement of gender empowerment cannot be understated, given that 80% of indicators to monitor SDG5 lack adequate data, often because of an

1- Ewerling, F, Lynch, JW, Victora, CG, van Eerdewijk, A, Tyszler, M, and Barros, AJD. The SWPER index for women's empowerment in Africa: development and validation of an index based on survey data. (published online July 26.) *Lancet Glob Health*. 2017

absence of valid measures². Debates continue on what constitutes gender empowerment (as a process and an outcome), how to measure it across domains such as economics and health, and even whether it can be accurately and comprehensively quantified. Through its use of DHS, the most widely available gender empowerment data across low-income and middle-income countries since 1999^{3,4} SWPER can fulfil a need in studies of women's empowerment.

Although promising, SWPER has limitations, many identified by Ewing and colleagues. The index is not a comprehensive measure of empowerment and it is not a measure of empowerment as a process, which includes

aspiration, voice, choice, and change^{4,5}. It is limited to DHS data available across nations and was further restricted by including only attitudes to intimate partner violence, social independence (indicated by education, media exposure, and ages at first birth and cohabitation), and decision-making control (inclusive of female employment). Important indicators of gender empowerment such as direct intimate partner violence experiences or control over assets (eg, land ownership, mobile telephone, bank account) could not be included. Furthermore, these questions and hence these analyses are restricted to partnered women, severely restricting our understanding of gender empowerment for all women and particularly for adolescent girls.

Cataract

An estimated 95 million people worldwide are affected by cataract. Cataract still remains the leading cause of blindness in middle-income and low-income countries. With the advancement of surgical technology and techniques, cataract surgery has evolved to small-incisional surgery with rapid visual recovery, good visual outcomes, and minimal complications in most patients. With the development of advanced technology in intraocular lenses, the combined treatment of cataract and astigmatism or presbyopia, or both, is possible. Pediatric cataracts have a different

pathogenesis, surgical concerns, and postoperative clinical course from those of age-related cataracts and the visual outcome is multifactorial and dependent on postoperative visual rehabilitation. New developments in cataract surgery will continue to improve the visual, anatomical, and patient-reported outcomes. Future work should focus on promoting the accessibility and quality of cataract surgery in developing countries. [http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(17\)30544-5.pdf](http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(17)30544-5.pdf)

Peptic Ulcer Disease

The rapidly declining prevalence of *Helicobacter pylori* infection and widespread use of potent anti-secretory drugs means peptic ulcer disease has become substantially less prevalent than it was two decades ago. Management has, however, become more challenging than ever because of the threat of increasing antimicrobial resistance worldwide and widespread use of complex anti-thrombotic therapy

in the ageing population. Peptic ulcers not associated with *H pylori* infection or the use of non-steroidal anti-inflammatory drugs are now also imposing substantial diagnostic and therapeutic challenges.

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(16\)32404-7/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)32404-7/fulltext)

2- 3UN Women. Take five with Papa Seck: getting better at gender data—why does it matter?.

<http://www.unwomen.org/en/news/stories/2016/9/feature-story-take-five-with-papa-seck-on-gender-data#sthash.yIr20S5N.dpuf>

3- Kishor, S. A focus on gender: collected papers on gender using DHS data. ORC Macro, Calverton; 2005

4- Kabeer, N. Between affiliation and autonomy: navigating pathways of women's empowerment and gender justice in rural Bangladesh. *Dev Change*. 2011; 42: 499–528

5- Klugman, J and Tyson, L. Leave no one behind: a call to action for gender equality and women's economic empowerment. Report of the UN Secretary-General's high-level panel on women's economic empowerment.

<http://www.womenseconomicempowerment.org/assets/reports/UNWomen%20Full%20Report.pdf>

Breastfeeding: a Missed Opportunity for Global Health

No country in the world meets the recommended standards for economic investment and implementation of policies supporting mothers to breastfeed. These are the stark findings of a new report, released on Aug 1, 2017, to mark World Breastfeeding Week.

The Global Breastfeeding Scorecard, produced by the *Global Breastfeeding Collective*—a partnership of 20 international agencies and non-governmental organisations led by UNICEF and WHO—compared the performance of 194 countries on seven key indicators: funding for breastfeeding programs, implementation of the marketing code for breastmilk substitutes, paid maternity leave, appropriate breastfeeding practices in maternity facilities, access to breastfeeding support, community support for breastfeeding, and systems to track performance of national policies. No country scored highly on all indicators; only six countries—Armenia, Cuba, The Gambia, Guatemala, Nepal, and Vietnam—achieved the minimum standard in more than half of the indicators. Many countries, particularly high-income countries, had no data on breastfeeding practices, indicating how little value is placed on breastfeeding in these countries.

Breastfeeding offers children and mothers unrivalled health benefits. As outlined in the 2016 Lancet Series on breastfeeding, 823,000 child deaths and 200,000 maternal deaths each year could be prevented by scaling up breastfeeding. Additionally, in *Nurturing the Health and Wealth of Nations*, the Global Breastfeeding Collective lays out the economic penalties of a failure to invest in breastfeeding. In China, for example, where only 21% of infants are exclusively breastfed for 6 months, inadequate breastfeeding is associated with economic losses of US\$66 billion per year, driven by costs associated with lower cognitive capacity and maternal and child deaths. \$5.7 billion invested in the seven priority areas is needed to meet the WHO target of ensuring that 50% of babies are exclusively breastfed for the first 6 months by 2025.

The lack of political leadership and funding for breastfeeding is a missed opportunity to improve health and economic outcomes. With the right level of investment and commitment from policy makers we can transform global health.

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)32163-3/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)32163-3/fulltext)

Is The Use of the Internet in Midlife Associated with Lower Dementia Incidence?

Results from the English Longitudinal Study of Ageing

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Dementia is expected to affect one million individuals in the United Kingdom by 2025; its prodromal phase may start decades before its clinical onset. The aim of this study is to investigate whether use of internet from 50 years of age is associated with a lower incidence of dementia over a ten-year follow-up.

We analyzed data based on 8,238 dementia free (at baseline in 2002–2004) core participants from the English Longitudinal Study of Ageing. Information on baseline use of internet was obtained through questionnaires;

There were 301 (5.01%) incident dementia cases during the follow-up. After full multivariable adjustment for potential confounding factors, baseline internet use was associated with a 40% reduction in dementia risk assessed between 2006 and 2012.

This study suggests that the use of internet by individuals aged 50 years or older is associated with a reduced risk of dementia. Additional studies are needed to better understand the potential causal mechanisms underlying this association.

Blindness

Globally, of the 7.33 billion people alive in 2015, an estimated 36.0 million were blind, 216.6 million people had moderate to severe visual impairment and 188.5 million had mild visual impairment. Functional presbyopia affected an estimated 1094.7 million people aged 35 years and older, with 666.7 million being aged 50 years or older. The estimated number of blind people increased by 17.6%, from 30.6 million in 1990 to 36.0 million in 2015.

This change was attributable to three factors, namely an increase because of population growth (38.4%), population ageing after accounting for population growth (34.6%), and reduction in age-specific prevalence (–36.7%). The number of people with moderate and severe visual impairment also increased, from 159.9 million in 1990 to 216.6 million.

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Dementia Trends: Implications for an Aging America

Population Reference Bureau / Today's Research on Aging No. 36 | 2

This report explores the evidence of a decline in dementia and the trends that may shape the future prevalence of this debilitating condition—focusing on recent work by researchers supported by the National Institute on Aging (NIA).

About a dozen studies over the past decade or so have found a decline in the prevalence or incidence of dementia. Research based on the nationally representative U.S. Health and Retirement Survey (HRS) shows the share of Americans 65 and older with dementia decreased from 11.6 percent in 2000 to 8.8 percent in 2012—representing a 24 percent drop (Langa et al. 2017).

Participants with the most education had the lowest risk of dementia and the average years of education among older Americans increased by about one year during this period (from roughly 12 years to 13 years). This drop in the proportion of older Americans with dementia occurred despite increases in cardiovascular factors known to raise the risk of dementia (high blood pressure, diabetes, and obesity). The researchers link these gains to increases in education and better heart health among high school graduates.

The decline in dementia prevalence coupled with longer life expectancy may be contributing to another change: A growing share of older Americans are spending less of their lifetimes with cognitive impairments.

The decline in dementia prevalence likely reflects the expanded educational opportunities. Numerous studies have found that more schooling is associated with a lower risk of dementia.

Researchers explain this connection in a variety of ways. They suggest that education may directly affect brain development by creating a cognitive reserve (stronger connections among brain cells) that older adults can draw upon if their memory or reasoning ability begins to decline. They point out that people with more education tend to have healthier lifestyles, higher incomes, better health care, and more social opportunities—all associated with better brain health.

Common conditions such as diabetes and high blood pressure are known to increase dementia risk and diagnosis of these risk factors is on the rise in the older population. Langa (2015) suggests that the “widespread and intensive medication treatment” of such risk factors for an increasing share of older Americans “is likely having important ‘spillover’ benefits for brain health and the risk of cognitive decline and dementia.”

Researchers also point out that fully treating cardiovascular risk factors will not eliminate dementia risk because there are two types of dementia and people can have both. The two types are Alzheimer's disease characterized by plaque and tangles in the brain, and vascular dementia that is the result of blood vessel damage, often caused by stroke. While better treatment and control of cardiovascular risk factors addresses the vascular type of dementia, it does not alter Alzheimer's disease patterns.

Obesity's role in dementia risk has puzzled researchers, but age at onset appears to play a pivotal role. A variety of studies links obesity in midlife to lower cognitive function and increased dementia risk in old age. But obesity after age 65 appears to provide some protection from dementia, while being underweight in old age raises dementia risk.