The Health Related Quality of Life In Elderly; A Systematic Review Batch 17

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INTRODUCTION

Health is defined by World Health organization (WHO) as a "state of complete physical, mental and social well-being, not merely the absence of disease or infirmity". Quality of life is defined as the standard of health, comfort, and happiness experienced by an individual or group. It is highly dependent on the health of a person giving rise to the term Health related Quality of Life. Aging is a natural process and the overall body degeneration obviously leads to negative health effects. It increases risk of chronic diseases such as diabetes mellitus, coronary heart diseases, osteoporosis and cerebrovascular incidents. Present era is an era of population aging. It means that mean or median age of a population is increasing globally, particularly in developed countries. It is defined by lesser number of children and more no. of elderly people. Therefore, health and quality of life in elderly poses an important indicator of development.

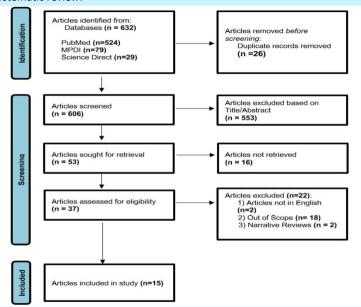
OBJECTIVE

The aim of this study is to assess the quality of life in elderly population and factors affecting it by systematically reviewing previous studies.

METHODOLOGY

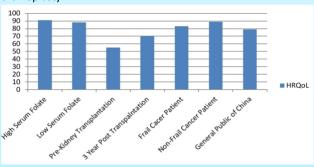
Three electronic databases were used to retrieve data—PubMed, MDPI and Science Direct. Time restriction was added from 2017 to present. Keywords used were "Elderly", "Quality of Life" and "Health". Articles that were electronically accessible and investigated health related quality of life of elderly and their psychosocial or economic aspects of life in English language, published in peer-reviewed journals with full text available of the work were included.

A total of 632 records were identified and after the screening process according to the PRISMA guidelines, 15 articles were included in this systematic review.



RESULTS

These studies collected data on health related quality of life in elderly population from different countries with most being from China (n=4) followed by South Korea (n=2). Four studies were conducted in Europe and 2 studies involved global participants. There were a total of 11 cross sectional studies and 2 each of prospective cohort studies and systematic reviews were identified. Out of 15 studies 5 were done on general population, 4 on cancer patients, 2 on elderly women, 2 on disable elderly, 1 on elderly with kidney disease wait-listed for transplant and 1 on elderly who have undergone hip arthroplasty.



HRQoL was higher in individuals with greater serum folate concentration than lower serum folate (91 vs. 88), in China two separate studies revealed HRQoL scores of 79 and 73.1 with poor scores in females and institutionalized individual. QoL was poor in frail patients as compared to non-frail patients (83 vs. 89) but better in patients receiving chemotherapy. Disable population had poor HRQoL (lower in China than in Korea), but those with higher education and better support system lead a better life. In elderly women HRQoL is greater with high BMI and high level of physical activity but lower in depressed women. The HRQoL scores improved in most kidney patients after transplant from 55 to 70 till 3 years post-transplantation meanwhile in non-transplanted patients on prolonged dialysis there were increase risk and number of comorbidities with declining quality of life. The QoL also improved in elderly undergoing hip arthroplasty from <35 to 55 in 12 months.

CONCLUSION

The HRQoL is not only associated with age-related disease but also dependent on good physical health, mental health, sleep, social and family support, emotional function, diet and high BMI. However, drug addiction, drinking, disabilities, stress and illiteracy decrease overall QoL. The HRQoL was found to be better in developed Asian countries (80-90%) than in European countries (50-70%). Many studies concluded that elderly women had lower quality of life than men.