Quality of life and aging

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The aging population has far-reaching implications for health, significantly influencing medical care and health policy. According to the World Health Organization (WHO), by 2030, one in six people worldwide will be aged 60 years or older. Furthermore, the population of individuals aged 60 and older is projected to increase from 1 billion in 2020 to 1.4 billion in 2030. By 2050, this population is expected to double, reaching 2.1 billion. Similarly, the number of people aged 80 years and older is anticipated to triple between 2020 and 2050, reaching 426 million [1]. This demographic shift toward older adults, known as population aging, initially began in high-income countries but has now extended to low- and middle-income nations. By 2050, approximately two-thirds of the world’s population aged 60 and older will reside in these countries. The effects of this aging population pose significant challenges for human health, necessitating substantial societal adjustments [2].

The discourse on Quality of Life (QOL) traces back over two millennia to Aristotle, yet we continue to grapple with its precise meaning. Aristotle’s concept of the “good life” extends beyond mere existence; it encompasses a life lived with purpose and virtue. This notion becomes even more relevant in older age, where living well involves strategic choices to maintain QOL. Many older adults have mastered the art of developing such strategies [3]. For clinicians, integrating QOL into patient management goals becomes crucial. However, determining clinically meaningful changes in specific QOL scores after interventions presents challenges. Patients perceive the minimum beneficial change, signaling the need for management adjustments, while clinicians seek the smallest effect size that warrants intervention. Context matters: how change is conceptualized, which QOL measure is used, whether the change is positive or negative, and the baseline score all influence the meaningfulness of change [4]. QOL encompasses physical health, comfort, and the ability to participate in life’s special moments and activities. Health care professionals must consider QOL when establishing patient care goals, using it as a guide for decision-making. While everyone has an opinion about their QOL, its precise definition remains elusive [5]. John Stuart Mill aptly noted that individual opinions about well-being surpass any external knowledge. Thus, QOL is highly individualistic, perhaps even an “idiosyncratic mystery” due to the vast variability among individuals, making it challenging for decision-making. Nevertheless, cross-national assessments of wellness often include QOL metrics, assuming group-specific characteristics. Older age groups, vulnerable due to declining physical and mental capabilities, labor market exit, family breakdowns, and isolation, warrant particular attention. The interest in this topic stems from the demographic shift, resulting in unprecedented proportions of older adults, especially in developed countries [6].

In conclusion, older adults value several domains that contribute to their QOL:

- Physical Health: Feeling healthy and unencumbered by physical limitations.
- Independence: The ability to manage daily tasks autonomously.
- Dignity: Avoiding feelings of burden and maintaining self-worth.
- Engagement: Spending time on meaningful activities that bring joy and fulfillment.

- Social Connections: Having close relationships that provide support and purpose.
- Positive Outlook: Looking at life optimistically.
- Spirituality: Experiencing faith and self-development through beliefs, rituals, and inner reflection.
- Home Environment: Feeling secure and comfortable at home, residing in an accessible neighborhood.
- Financial Freedom: Not feeling restricted by financial constraints.

Service providers and care professionals should consider these intertwined domains when assessing QOL. Flexible measurement instruments can help tailor interventions to specific situations, ensuring holistic care for older adults.

References


Competing Interests

The authors declare no conflicts of interest.

Acknowledgments

This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

Abbreviations

QOL, Quality of Life.

Citation


Executive editor: Chen-Hui Dong.

Received: 23 May 2024; Accepted: 13 June 2024; Available online: 17 June 2024.

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