

# Review Of ReseaRch



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CHARACTERISTICS AND PROBLEMS OF AGEING

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## **ABSTRACT**

The life span of any spices can be attributed and calculated with the age, the period between birth and death will be called as age of the living organism. Common conditions in older age include hearing loss, cataracts and refractive errors, back and neck pain and osteoarthritis, chronic obstructive pulmonary disease, diabetes, depression and dementia. Some of the most prominent concerns facing seniors today include healthcare costs, physical aging. The ability to hear sounds with a frequency above 20 kHz is lost in teens.

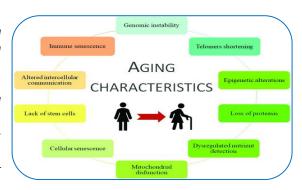


Photo-aging is the primary cause of wrinkles, particularly in sun-exposed areas like the face. after reaching its peak in late 20s and early 30s. female ripeness declines. In the coming decades, the burdens of morbidity and mortality will rise at an unprecedented rate across the nation as the elderly population grows. Social barriers shaped by gender and other axes of social inequality, such as other age-related issues, pose major obstacles to the elderly in India's health care system.

**KEYWORDS**: Age, Ageing, problems, Impact, scenario, old, physical and mental

## INTRODUCTION

The life span of any spices can be attributed and calculated with the age, the period between birth and death will be called as age of the living organism. Common conditions in older age include hearing loss, cataracts and refractive errors, back and neck pain and osteoarthritis, chronic obstructive pulmonary disease, diabetes, depression and dementia. Some of the most prominent concerns facing seniors today include healthcare costs, physical aging, financial security, and more. These issues become more difficult to deal with as patients age, but there are ways we can help seniors through these concerns. The one of the major issues will come into the particular period of age. There are many age groupings will be they're for our human race and other spices also.

## **Ageing**

Several factors are responsible for ageing: age, sleep, dietary habits, nutrition, physical activity, general health condition, emotional well-being, physical impairment, cultural factors, life events, social support, family well-being, financial resources, cognitive functioning, and diseases. Other possibly contributory lifestyle factors include alcohol consumption, stress, diet, exercise, disease, and medication. In summary, the genetic influences on aging may be highly overrated, with lifestyle choices exerting far more

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important effects on physical aging. Exposure to light is a top cause of premature aging: Sun exposure causes many skin problems. Ultraviolet (UV) light and exposure to sunlight age your skin more quickly than it would age naturally. The result is called photoaging, and it's responsible for 90% of visible changes to your skin. Snyder's team has identified four distinct ageotypes: metabolic agers, or people whose immune systems age fastest; immune agers; kidney (or "nephrotic") agers; and liver (or "hepatic") agers. Some of the benefits we associate with aging may be due to the survival effect. "Those who become older are the survivors and are more resilient," says Devanand. Others may die from diseases, accidents, suicide, substance abuse, or other reasons beyond their control.

## **Characteristics or Signs of ageing**

- A number of characteristic ageing symptoms are experienced by a majority or by a significant proportion of humans during their lifetimes.
- The ability to hear high-frequency sounds above 20 kHz is lost in teenagers.
- The primary cause of wrinkles is photoaging, which affects sun-exposed areas (such as the face).
- After reaching its peak in late 20s or early 30s. female ripeness declines.
- After age 30 the mass of human body is diminished until 70 years and afterward shows damping motions.
- People over the age of 35 are more likely to lose strength in the cliary muscles of their eyes, which makes it hard to focus on things close up. By age 45 to 50, most people experience it. The reason is focal point solidifying by diminishing degrees of alpha-crystallin, an interaction which might be accelerated by higher temperatures.
- Around age 50, hair becomes dim example balding by the age of 50 effects around 30-half of guys and a fourth of females.
- Menopause normally happens somewhere in the range of 44 and 58 years old.
- The prevalence of osteoarthritis rises to 53% in the 60–64 age group. However, disabling osteoarthritis only affects 20% of people this age.
- Presbycusis, a hearing impairment that prevents spoken communication, affects nearly half of those over 75. Because they are able to regenerate their cochlear sensory cells, many vertebrates, including fish, birds, and amphibians, do not develop presbycusis as they age, whereas mammals, including humans, have lost this ability through genetics.
- More than half of all Americans have cataracts or had surgery to remove them by age 80.
- 25% of people over 85 are affected by flirty, a syndrome characterized by decreased strength, physical activity, performance, and energy. Muscles lose muscle mass and strength as well as their capacity to respond to exercise or injury.

Recent research indicates that the age-related risk of death reaches a plateau after the age of 105. It is thought that humans have a maximum lifespan of 115 years. Jeanne Calment, who passed away in 1997 at the age of 122, was the oldest person whose death has been reliably recorded.

Dementia turns out to be more normal with age. Dementia affects about 3% of those aged 65 to 74, 19% of those aged 75 to 84, and nearly half of those over 85. The range is from mild cognitive impairment to neurodegenerative diseases like Alzheimer's, Parkinson's, cerebrovascular disease, and Lou Gehrig's disease. Additionally, many types of memory decline with age, but not semantic memory or general knowledge like vocabulary definitions, which typically increase or remain constant until late adulthood. However, the rate of decline with age varies depending on the type and may in fact remain constant throughout the majority of one's life, dropping abruptly only as one gets closer to death. As a result, individual differences in cognitive decline rates can be explained by differences in life expectancy. The brain undergoes changes: The total length of the brain decreases by 10% every decade after the age of 20.

Age can bring about visual hindrance, by which non-verbal correspondence is decreased, which can prompt disconnection and conceivable despondency. However, despite their worsening physical health, older adults may not experience depression as frequently as younger adults. Muscular generation, which

causes vision loss and affects nearly 12% of people over the age of 80, is caused by systemic changes in the circulation of waste products and the growth of abnormal vessels around the retina. Glaucoma and cataracts are two additional eye diseases that are more likely to appear with age. When the lens of the eye becomes cloudy, it causes vision to become blurry and, if left untreated, can eventually result in blindness. They grow over time and are most noticeable in older people. Surgery can be used to treat cataracts. Another common eye condition that affects older people is glaucoma. Glaucoma is brought about by harm to the optic nerve causing vision misfortune. Although glaucoma typically progresses over time, there are variants, some of which begin suddenly. There are some treatments for glaucoma, but there is no way to undo the damage that has already been done. Avoidance is the best measure on account of glaucoma. "Distal ageing" refers to age-based differences that can be traced back to a cause in a person's early life, such as childhood metaphysical. "Proximal ageing" refers to age-based effects that occur as a result of factors in the recent past. One of the most significant known risk factors for the majority of human diseases is aging; out of the approximately 150,000 people who die every day worldwide, approximately two-thirds—100,000 per day—are caused by age. In industrialized nations, the proportion is higher, reaching 90%.

## **Problems of ageing**

- Ageism and a loss of purpose.
- Physical Infrastructure.
- Insufficient financial support.
- \* Rapid Socio-Economic Transformation.
- Inadequacy of companionship.
- Problems with old age include bed-wetting or incontinence.

# The four major old age problems include:

- Physical problems.
- Cognitive problems.
- Emotional problems.
- Social problems.

## CONCLUSION

The growth of the elderly population in the coming decades will bring with it unprecedented burdens of morbidity and mortality across the country. As we have outlined, key challenges to access to health for the Indian elderly include social barriers shaped by gender and other axes of social inequality (religion, caste, socioeconomic status, stigma). Physical barriers include reduced mobility, declining social engagement, and the limited reach of the health system. Health affordability constraints include limitations in income, employment, and assets, as well as the limitations of financial protection offered for health expenditures in the Indian health system. Among the most significant findings that emerged in developing this review was the incompleteness of data on the burdens of access and affordability among elderly populations in India. A major reason for this is that routine health data collection in India is not designed to reflect or characterize pathological progression: a process wherein, by virtue of being alive longer than others, the elderly are more likely to experience a pathology, leading to impairment, functional limitations, and ultimately disability Recommendations under the UHC framework have prioritized primary and secondary prevention and health promotion, with the goal of creating enabling environments for healthy lifestyles, early detection, and routine screening among the aged and avoiding institutionalization. In order to ensure these needs are met, a concomitant program of dedicated research is required on how various UHC elements affect and may cater more appropriately to the growing demographic of Indian elderly.

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