

Editorial

New perspectives for longevity: some questions

Population aging is a fact in our country and around the world, bringing important challenges to overcome in the various sectors of society, be they related to areas of health, legal, social, economic and the other that permeate this process. There are many issues to be discussed, studied and resolved. But, as we are getting older? What we expect of the services provided to the elderly?

Considering the good experiences, the health care of the elderly has been uncoordinated, with model-based point solutions and medicalization; structure centered in hospitals, attendance is not always based on interdisciplinary, in addition to the scarcity of resources. We need to prepare for diversity of approach, whereas general, elderly people living alone and who care for the elderly, rural black communities, bushmen's, natives, insulars, immigrants.

What to expect from those who had little or no access to formal education? Issues such as polypharmacy, the precariousness of oral health, the increase in cases of overweight and obesity, cardiovascular diseases, diabetes and tumors, but also malnutrition and sarcopenia, dementias, frailty, disability and dependence worsen the quality of life of older people and are in need of educational resources for therapeutic and adherence. We need to prepare for the diversity of this population group.

And what about intergenerational and intragenerational relations as important in today's families and to the quality of life of the elderly and their peers? Will these aspects, beyond sexuality, communication and leisure have been exploited in the daily life of the elderly services?

The health of the elderly is contemplated in the various policies of Brazil? The network of social protection and the advice of senior citizens are prepared to act? As governmental organizations mobilized? The institutions of long permanence (ILP) are organized for the reception of your clientele? Formal and informal caregivers are trained and also receiving care? We need more home care and palliative care also, teams with diverse knowledge and to serve the elderly and alternative to the family and the diversity that presents itself, as well as resolution of several outstanding issues.

The insufficiency of isolated knowledge makes urgent the adequacy of curricula of courses to meet the demands, pointing to the need for the inclusion of disciplines of Geriatrics and Gerontology.

We are prepared for the aging population?

Good Read!

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