

Sri Lanka Elderly Study: Phase 1 (SLES:1) – A descriptive study of the health status and physiological parameters of institutionalized elderly in Colombo district: The protocol

SLES Research team

Amarasiri W A D L¹, Atapattu P M¹, Dalpatadu K P C¹, Dissanayake W D N¹, Fernando A D A¹, Fernando N H D¹, Gunatilake M¹, Jayawardena R^{1,2}, Jayaweera S K¹, Kumarasiri M A H P¹, Ranawaka H A R¹, Sathkumara B L¹, Thisera H C C¹, Udagedara U A H¹, Upekshani A V N N¹, Vamasiwana N¹, Vithanage K¹, Waidyaratne A O K¹, Wanninayake W M L V¹, Wasalathanthri S¹, Wickramasinghe N¹

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Abstract

Objectives: Population ageing is a world phenomenon affecting many sectors including health. High prevalence of multiple co-morbidities, increased healthcare expenditure, psychological disease and social consequences are some major health problems of ageing. Study of physiology and health status among elders is an important component in geriatric care. This is a study protocol to describe overall health status and functional capacity among the elders in residential care facilities in Colombo district.

Methods: Eligible elders aged over 65 years, in all residential care facilities in Colombo district, registered under the National Secretariat for elders will be included in this cross-sectional study. Data on basic demography and medical co-morbidities will be collected. Nutritional status will be assessed by 24-hour dietary recall, mini nutritional assessment and anthropometric measurements. Five fried model indicators, Montreal cognitive assessment and geriatric depression scale will be used to assess frailty, depression and cognition respectively. Timed up and go test and five times sit to stand test will be performed to assess the risk of falls and the FRAX index for osteoporotic risk assessment. Spirometry

will be used to assess respiratory function. Descriptive and correlation analysis of data will be performed.

Discussion: This is a comprehensive health assessment of the elderly population living in residential care facilities for elders in Colombo. The study will contribute to establish better geriatric care in Sri Lanka and will serve as a model to design an island wide study on elderly.

Introduction

There is an increase in the ageing population globally. It was 48% in 2015 compared to year 2000, reaching 901 million from 607 million. The population over 60 years is expected to reach 2.1 billion by 2030(1). An increased elderly population leaning towards living in residential elderly care centres has become one of the most significant social transformations of the 21st century with implications for nearly all sectors of the society¹. The health sector is among the most important sectors catering to the needs of the elderly population due to the high burden of health issues with ageing.

Multiple co-morbidities are a common health related issue among the elderly population. The prevalence of heart disease has increased among the older population². The probability of having chronic co-morbid diseases such as arthritis, osteoporosis, diabetes and hypertension too has increased in the older population over the past few decades³. Co-morbidities and physiological changes have compromised the ability of the elderly population to

¹ Department of Physiology, Faculty of Medicine, University of Colombo, Colombo, Sri Lanka.

² Institute of Health and Biomedical Innovation, Queensland University of Technology, Brisbane, Australia.