

This is a monthly diary giving updates on activities at Graceful Living and providing information on ageing 'gracefully' to help elders live a life with maximum ease



GRACEFUL LIVING

LOVE LIFE LIBERTY



AGEING AND HEALTH

Key facts

All countries face major challenges to ensure that their health and social systems are ready to make the most of this demographic shift:

In 2050, 80% of older people will be living in low- and middle-income countries.

The pace of population ageing is much faster than in the past.

In 2020, the number of people aged 60 years and older outnumbered children younger than 5 years.

Between 2015 and 2050, the proportion of the world's population over 60 years will nearly double from 12% to 22%.

Overview

People worldwide are living longer. Today most people can expect to live into their sixties and beyond. Every country in the world is experiencing growth in both, the size and the proportion of older persons in the population.

By 2030, 1 in 6 people in the world will be aged 60 years or over. By this time the share of the population aged 60 years and over will increase from 1 billion in 2020 to 1.4 billion. By 2050, the world's population of people aged 60 years and older will double (2.1 billion). The number of persons aged 80 years or older is expected to triple between 2020 and 2050 to reach 426 million.

While this shift in distribution of a country's population towards older ages – known as population ageing – started in high-income countries (for example in Japan, 30% of the population is already over 60 years old), it is now low- and middle-income countries that are experiencing the greatest change. By 2050, two-thirds of the world's population over 60 years will live in low- and middle-income countries.

Ageing explained

At the biological level, ageing results from the impact of the accumulation of a wide variety of molecular and cellular damage over time. This leads to a gradual decrease in physical and mental capacity, a growing risk of disease and ultimately death. These changes are neither linear nor consistent, and they are only loosely associated with a person's age in years. The diversity seen in older age is not random. Beyond biological changes, ageing is often associated with

other life transitions such as retirement, relocation to more appropriate housing and the death of friends and partners.

Common health conditions associated with ageing

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. As people age, they are more likely to experience several conditions at the same time.

Older age is also characterized by the emergence of several complex health states commonly called geriatric syndromes. They are often the consequence of multiple underlying factors and include frailty, urinary incontinence, falls, delirium and pressure ulcers.

Factors influencing healthy ageing

A longer life brings with it opportunities, not only for older people and their families, but also for societies as a whole. Additional years provide the chance to pursue new activities such as further education, a new career or a long-neglected passion. Older people also contribute in many ways to their families and communities. Yet the extent of these opportunities and contributions depends heavily on one factor: health.

Evidence suggests that the proportion of life in good health has remained broadly constant, implying that the additional years are in poor health. If people can experience these extra years of life in good health and if they live in a supportive environment, their ability to do the things they value will be little different from that of a younger person. If these added years are dominated by declines in physical and mental capacity, the implications for older people and for society are more negative.

Although some of the variations in older people's health are genetic, most is due to people's physical and social environments – including their homes, neighbourhoods, and communities, as well as their personal characteristics – such as their sex, ethnicity or socio-economic status. The environments that people live in as children – or even as developing foetuses – combined with their personal characteristics, have long-term effects on how they age.

Physical and social environments can affect health directly or through barriers or incentives that affect opportunities, decisions and health behaviour. Maintaining healthy behaviours throughout life, particularly eating a balanced diet, engaging in regular physical activity and refraining from tobacco use, all contribute to reducing the risk of non-communicable diseases, improving physical and mental capacity and delaying care dependency.

Supportive physical and social environments also enable people to do what is important to them, despite losses in capacity. The availability of safe and accessible public buildings and transport, and places that are easy to walk around, are examples of supportive environments. In developing a public-health response to ageing, it is important not just to consider individual and environmental approaches that ameliorate the losses associated with older age, but also those that may reinforce recovery, adaptation and psychosocial growth.

Challenges in responding to population ageing

There is no typical older person. Some 80-year-olds have physical and mental capacities similar to many 30-year-olds. Other people experience significant declines in capacities at much younger ages. A comprehensive public health response must address this wide range of older people's experiences and needs.

The diversity seen in older age is not random. A large part arises from people's physical and social environments and the impact of these environments on their opportunities and health behaviour. The relationship we have with our environments is skewed by personal characteristics such as the family we were born into, our sex and our ethnicity, leading to inequalities in health.

Older people are often assumed to be frail or dependent and a burden to society. Public health professionals, and society as a whole, need to address these and other ageist attitudes, which can lead to discrimination, affect the way policies are developed and the opportunities older people have to experience healthy ageing.

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LIFE OF SERENITY



Serena Franklin

Journalist

In this very disturbing world, how can we live in quietude and fill our minds with purity

If there is one common affliction that is common among the young and the old alike, it is frustration! At work it is the stress of meeting deadlines and unrealistic targets. Moreover, there is professional rivalry and business competition. At home there is impatience and irritation with loved ones. And you begin to wonder: Where has my laughter and happiness gone? And when oh when will I live a life of serenity? It is said that this world is a lake, the waters of which are rejuvenating. We can live in the world and can work on our 'selves' for growth and development.

Let us ask ourselves: Are we happy with the way we live? More importantly: Has the rat-race left us with a sense of achievement and satisfaction? Do we get joy and contentment from gossip, interference in other people's lives? Do we achieve anything by wasting our

energies in utterly futile pursuits? Maybe, at the peak of frustration one may come to realise that one's life is being wasted, that we have thrown away golden moments which could have been more productive, more constructive and certainly better organised. And worse that one has knowingly or unknowingly, deliberately or unintentionally, committed many mistakes which have cost you and others – dear.

Let us face it, although man carries within him the spark of the Infinite yet, with every one of us is a huge pile of base thoughts and desires. To purify ourselves, mere human effort is not sufficient. One has to seek the help of the saints or God Himself. When you ask for forgiveness, it is suggested that you do so with humility in your heart.

And so to begin with, we must ask for forgiveness and in return we must also forgive others. Forgiveness is in itself a great purifier. Forgiveness is a spiritual quality that washes and cleanses the mind. There is a law of forgiveness. To be forgiven by God we must forgive those who have seemingly harmed us. Send out positive thoughts to one and all. While walking, talking and sitting idle, send out positive feelings and loving vibrations to the world around you. By sending out positive thoughts and good wishes you purify yourself. Sit in silence and pray for those who are suffering from incurable diseases. Pray for those who have failed, pray for those who have sinned, pray for those who have hurt you and harmed you. Learn not to be selfish, learn to give, most of all learn to 'forgive'.

CARE OF OLDER PATIENTS WITH CANCER - GERIATRIC ONCOLOGY



Dr Naganath Narasimhan Prem

Consultant, Geriatric Medicine - Jaslok Hospital

Cancer is eleven times more prevalent among the elderly above 65

In the past decades, the incidence/mortality of cancer has grown in older persons. Cancer is a disease of an ageing population and is eleven times more common in people above 65 years as compared to younger people; it is one of the five most common causes of death in the elderly. Proper assessment protocol involving systematic assessment of life expectancy, independent functioning, and the physical and psychological health of older cancer patients aligning with goals of treatment in the heterogeneous older population with cancer, is the need of the hour.

Care of the cancer patient, more so in older adults, is not complete without a

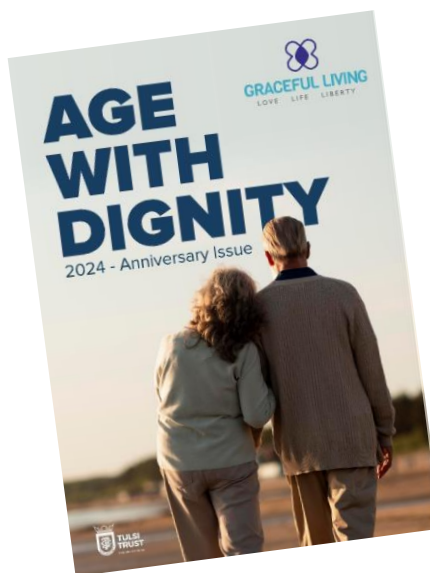
systematic palliative and supportive care protocol. Comprehensive Geriatric Assessment (CGA) helps in improving outcomes of treatment and in managing non-oncological vulnerabilities of old age. CGA is a multi-dimensional, interdisciplinary diagnostic process that identifies medical, psycho-social, and functional limitations of an older person in order to develop a coordinated and integrated plan for treatment and long-term follow-up to maximize overall health with ageing. Every geriatric oncology team should have a geriatrician and an oncologist or a dual trained onco-geriatrician to lead. The medical management of age-accumulated comorbidities, frailty and other concerns

should be under the guidance of a geriatrician.

The doctor can also provide patient optimisation for different modalities of cancer treatment. The non-oncologic vulnerabilities of the older adult need to be identified and accordingly interventions planned through a multi-disciplinary team. Building awareness regarding issues in older patients with cancer at every level of healthcare professionals, starting from the primary care physician is important. The planning, training, and creation of multi-disciplinary teams to provide holistic care to older patients with cancer should be the goal.



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THE REALITY AND TRUTH OF LIFE SO BEAUTIFULLY WRITTEN

When I was young, I found it difficult to wake up,
When I am old, I find it difficult to sleep.

Earlier in life, I was so worried about my pimples,
As a senior I do worry, but now its about my wrinkles.

Those were the days when I was waiting to hold someone's hand,
When I am old, I am waiting for someone to hold my hand.

In my younger days, I wanted my parents to leave me alone. I
found their interference so painful,
Today I worry about being left alone and fear loneliness.

I remember the days when I hated being advised,
Now, when I am older, there is no one around to talk to or advise
me.

I used to be part of the beauty around me,
Today I appreciate the lovely things everywhere.

When I was young, I celebrated the moments which have become
memories,
However, I do cherish these memories even today.

As children and as young adults, we felt we were eternal,
Today as a senior I know my soul is eternal.

At extreme stages of our life, we worry but we don't realize that
life needs to be experienced.

It doesn't matter whether young or old. Life needs to be lived and
lived with love and loved ones.

Seniors are and should be proud of their varied experiences,
And must live their lives gracefully.

*There was a demand to print this poem (a Whatsapp going
around) which was read out to our audience on our anniversary
day. It has been tweaked a bit from the original.*



GRACEFUL LIVING ANNIVERSARY 2023 23 DECEMBER, 2023

Graceful Living organised its anniversary program on 23 December, 2023. Apart from the staff who fulfilled their responsibilities efficiently, volunteers too did much towards this end and were duly felicitated. They expressed gratitude to GL for acknowledging their contribution. Attendees/seniors said that the arrangements were well done and they felt very energised and motivated after attending this program.

We also received feedback via audio/video which expressed the following: "Today's program was very inspiring. The dances, skits were entertaining. The Senior Citizens orchestra was amazing. It felt great that this program was held in a heritage hall and Graceful Living helped us to connect with our past as we attended this program in south Mumbai." Among the attendees who expressed this sentiment include Anuja Patil of Kandivali, Meena Acharya, Dadar, Asha Samant, Bal Vaidya, Dahisar and Lata Girkar.

On this occasion, we also released our Anniversary issue, 2024, which is usually released (physically and online) in the first week of January. We handed out copies to each and every attendee to inform them of the kind of activities/services provided. We recently received much feedback on the annual issue as well. Remarks included, "The issue is so informative as it carries articles by doctors/specialists which information you cannot get easily unless you take an appointment with the specific doctor and pay through your nose; the article on 'forgiveness' and what it actually means in the full sense; and most importantly, savings schemes for your senior years". Among those who expressed these feelings include Jyotie Zutshi from Chandigarh, Rajni Khemani, Dr Pant, Persis Vacha among others. One Maureen Dias mentioned that the article, 'Our trip is very short' really moved her. She said, "Needless to add that the design and content of the magazine are excellent."



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Globalization, technological developments (e.g. in transport and communication), urbanization, migration and changing gender norms are influencing the lives of older people in direct and indirect ways. A public health response must take stock of these current and projected trends and frame policies accordingly.

WHO response

The United Nations (UN) General Assembly declared 2021–2030 the UN Decade of Healthy Ageing and asked WHO to lead the implementation. The UN Decade of Healthy Ageing is a global collaboration bringing together governments, civil society, international agencies, professionals, academia, the media and the private sector for 10 years of concerted, catalytic and collaborative action to foster longer and healthier lives.

The Decade builds on the WHO Global Strategy and Action Plan and the United Nations Madrid International Plan of Action on Ageing and supports the realization of the United Nations Agenda 2030 on Sustainable Development and the Sustainable Development Goals.

The UN Decade of Healthy Ageing (2021–2030) seeks to reduce health inequities and improve the lives of older people, their families and communities through collective action in four areas: changing how we think, feel and act towards age and ageism; developing communities in ways that foster the abilities of older people; delivering person-centred integrated care and primary health services responsive to older people; and providing older people who need it with access to quality long-term care.

World Health Organisation (2022)





AGEING WITH DIGNITY AND GRACE

Tulsi Trust was established by the Chanrai family in 1975 with an aim to fulfil basic needs of the poor and needy. At a deeper level, it's more than indulging in physical activities. Health care, skills development and education are top priorities. It envisages a fair world for all, working with partners to improve health care and opportunities for livelihood, & education. Add to this, the capacity to understand another's needs and do this with utmost integrity.

Graceful Living (GL) is an arm of Tulsi Trust which came out of a realization of a social need for elderly care. After three active years, GL is now a recognized organization for those in their twilight years and has created an awareness through its activities and talks for senior citizens. GL has a social presence viz. Twitter, Facebook, Instagram and YouTube.

ACTIVITIES OF GRACEFUL LIVING

In Partnership...

- Intellectual companionship and special care programs – includes companionship, counselling and care-giving for Dementia, Parkinson's and Alzheimer's when required. These services are provided through our partners:

Echoing Healthy Ageing

Parkinson's Disease and Movement Disorder Society (PDMDS)

- Physiotherapy sessions which help the elderly to improve their mobility and become more independent:
PRAJ-The Rehab Sphere with Dr Pratha Mehta & Dr Rajshri Lad
- Training candidates in 'elder care' in order to have professionals for the same:
MMP Shah College – elder companionship course for Sociology students
- Dignity Foundation** – Conducting sessions on issues related to ageing with its members of Chai-Masti-Centres
- Activities for the elderly :
Adv Supriya Rele: legal consultation
Mrs Manasi Golwalkar: technology training

- Sensitization programs for school/college students to create an awareness of the needs and issues of the elderly.

Direct Intervention by GL...

- Support Group Meetings
- Webinars (Moderated by Mr Manoj Gursahani)
- Guest Lectures by professionals/experts – mainly on Zoom
- Graceful Living Monthly Newsletter carrying important information for the elderly plus articles by known doctors and other professionals
- Co-ordination by GL to create platforms for senior citizen organizations in the city.



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LAUGHTER – ALWAYS THE BEST MEDICINE

Last year, I replaced all the windows in my house with those expensive double-pane energy efficient kind. But this week, I got a call from the contractor complaining that his work had been completed for a whole year and I had yet to pay for them.

Boy, oh boy, did we go around! Just because I'm blonde doesn't mean that I am automatically stupid. I proceeded to tell him just what his fast-talking sales guy had told me last year. He said that in one year, the windows would pay for themselves. There was silence on the other end of the line, so I just hung up, and he hasn't called back. Guess he was embarrassed.

VIEWPOINT

Hey! Ho! Christmas is over and so is the first month of January 2024. What follows is this February issue and our usual four-page Newsletter to keep you up-to-date. Our opening page (WHO) gives you key facts about ageing and health between 2015 and 2050, that the proportion of the world's population of over 60 years will nearly double from 12% to 22%. Today most people can expect to live into their sixties and beyond. An interesting study says if people can experience these extra years of life in good health and can live in a supportive environment, their ability to do the things they value will be little different from that of a younger person.

Our guest writers are Dr. NN Prem, consultant geriatrician, who avers that according to statistics, cancer is increasingly prevalent among the elderly post-65. The planning, training, and creation of multi-disciplinary teams to provide holistic care to older patients with cancer should be the goal. Our other guest writer is Serena Franklin, a journalist, who paves the method for a serene life.

At our annual function held on 23 December 2023, we had a large gathering of seniors who very much appreciated our fun-filled program. We have mentioned some details on page 3. We also brought out the anniversary issue of Graceful Living on the same day and handed over copies to every attendee, which was received with a big thank you. A poem on the young vs the old has also been put down on this page because there was a demand for it (it was read out on stage and many people requested that we print it in our following issue, so here it is.)

More: Weather continues to be sultry and hot during the day. No winter really except for some days in mid- and late-January. We didn't feel the need to take out those shawls/sweaters from the closet except end-January as early mornings and late evenings have been getting cooler. But then living in Mumbai means all this!

Asha Gurnani Vohra
Editor

Disclaimer: The materials and information in this Newsletter have been prepared or assembled from various sources and are intended for general informational purposes only. We make no representation or warranty expressed or implied. We are only acting as a medium to pass on the available information/data for the benefit of older people/senior citizens. Any opinions expressed in this Newsletter are opinions of the individual author and may not reflect those of others.

It would be appreciated if you could encourage the activities of GL including the Newsletter published every month by sending an annual donation of Rs 250/- through a bank transfer to: Tulsi Trust, A/c no SB416116287. IFSC Code: IDIB00N052, Indian Bank, Mittal Towers, Nariman Point OR send a cheque in the name of Tulsi Trust to 112-A Mittal Towers, Nariman Point.