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Population ageing: The newer public health challenge for Kerala state in India

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The state of Kerala in India had achieved replacement level fertility in 1994, though the country has not yet been able to achieve this. Low fertility in Kerala has led to major changes in age structure of population. Shift in the age structure coupled with high life expectancy has led to a rapid increase in the aged population in Kerala and this poses very severe challenges to the public health system. Objectives of the study are to illustrate the scenario of population ageing in Kerala over the last few decades and to discuss the public health implications of population ageing. Data are taken from the Census of India. About 12.6 percent of populations of the state are in the 60+ years of age. Sex ratio of elderly population is in favour of females with sex ratio of 80 years and older population was 1652 females per 1000 males. The life expectancy at birth was 73 years for males and 79 years for females in 2013 and the same is expected to reach 79 and 85 years respectively by 2051. There were about 0.13 million households that had a single female elderly living alone as per 2011 census. Most of the elderly women had no income and a good proportion of them were depending on their children for livelihood. Care and support for elderly has become a major problem. Chronic disease prevalence among elderly was high with diabetes prevalence at 50 percent. Social security schemes that provide livelihood for the elderly have not been successful as the amount given to each person is meagre. The study suggested policy measures to address the various public health challenges associated with ageing.

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Postmenopausal women and men of all age groups are at high risk for coronary heart disease-a cross sectional cluster study

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Atherosclerotic cardiovascular disease (ACD) is the number one killer in adult population. South Asians have the highest rates of premature coronary artery diseases. At least 25% of coronary patients have sudden death or nonfatal myocardial infarction without prior symptoms. However, understanding coronary heart disease risk (CHDR) of people with subclinical ACD is critically important for initiating intensive primary prevention. We conducted a cross-sectional cluster survey of 752 subjects in a semi-urban population in India. Smoking status, total Cholesterol, HDL, LDL, TG, blood pressure and anthropometric was collected. 10-year CHDR of the population was estimated using Framingham criteria. Univariate and multivariate analysis was done to test the association between variables and CHDR. We found that 62.0%, 28.5% and 9.5% men; and 97.1%, 2.5% and 0.4% women respectively were at mild, moderate and severe CHDR. Of men <40 years 0.8%, 40-60 years 14.4%, and >60 years 27.3% were at high CHDR; and among women, only the postmenopausal group were high CHDR. TG, LDL and systolic BP correlated directly; and height and biceps skinfold inversely with the CHDR in men. Systolic BP and TG correlated directly and height inversely with the CHDR in women. To conclude, men of all the age groups and women >60 years were at high risk for CHD over next 10-years. WHR was the best anthropometric predictor for CHD risk in both genders. Smoking and low HDL levels attributed significantly to the CHD risk in men compared to women. Further studies are warranted for implementing CHDR reduction intervention program in the population.

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