

Aging with Disability

Good news and bad news

by June Isaacson Kailes, MSN

Everyone's body changes as part of the typical aging process. But these changes may occur earlier and become intensified for people with disabilities. The good news is that in the past getting older was not the issue: people with disabilities didn't age, we just died! We are the first generation to live this long, so the question is not, "Will we live?" but, "How well will we live?" The bad news is that we know so little about how the aging process interacts with limitations associated with disability.

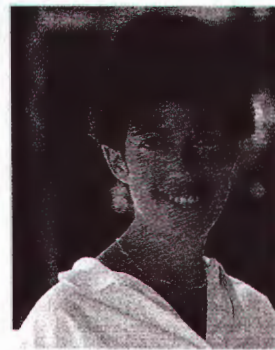
"The process of aging relates not only to chronological age but also to how long one has lived with a disability. . . . Living long-term with a disability produces added wear and tear on muscles, skeletal and other body systems."

The process of aging relates not only to chronological age but also to how long one has lived with a disability. Depending upon lifestyle, genetic heritage and type of disability, living long-term with a disability produces added wear and tear on muscles, skeletal and other body systems.

People with disabilities report unexpected changes in their energy and activity levels as they age. Many people with major physical disabilities of at least five years or more note tenderness and soreness in joints, muscles and tendons that have been carrying the extra load of impaired physical function from other parts of the body. Heavy use or overuse of certain body parts to compensate for lost motor ability in other body parts can lead to problems over time. As people with disabilities age, the physical penalty increases.

Many people with disabilities considered their disabilities to be static. A new or increased level of disability or a new or more significant secondary condition was not anticipated and many have found it a violation of their expectations.

Recent studies confirm what health, wellness and aging with disability advocates have been reporting anecdotally for many years—typical age-related conditions have a greater negative impact on people who live with long-term physical disabilities. Living with disability can



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result in early or accelerated aging and increased disability.

These conditions can be preventable or reduced with well timed, proactive interventions. But there is a lack of access to treatments and interventions

designed to reduce these risks. There are many barriers to receiving appropriate care and preventative services (See sidebar, right.)

Little data exists on these secondary conditions and on the effectiveness of prevention, early intervention, and education aimed at reducing these health risks. These issues need a great deal of attention from family practitioners and health professionals.

This article was based on "Aging with Disability: Good News and Bad News" excerpted with permission from Health, Wellness and Aging with Disability, by June Isaacson Kailes, MSN, Disability Policy Consultant.

Emerging Area of Study

Aging is an important new area in rehabilitative medicine for many reasons:

- **Increased life expectancy**—Advances in medicine and rehabilitation make living to late life reasonable even for those with a significant disability.
- **Disability changes**—Researchers are finding that "chronic disability" is not static, especially as people live longer.
- **Medical issues**—While typical aging is not accompanied by a high rate of medical problems until after age 70, people with disabilities may "age" faster: they have three times the number of secondary health problems compared to their age-matched peers.
- **Psychological changes**—Coping with age-related social and psychological changes can come sooner and be more difficult for persons with disabilities.

Barriers to Care

There are many barriers to receiving appropriate care and preventative services. They include:

- **Disrupted work histories**, due to disability, make individuals ineligible for employment-based health care benefits from either the public or private sector.
- **Age- and income-based public policies** restrict eligibility for Medicare and Medicaid to those 65 and over.
- **Lack of knowledge about disability**, in general, and aging with disability, specifically, hinders both health care providers and consumers.

Resources

Learning more about aging and disabilities is the best way practitioners and patients can work together.

- Visit <http://www.westernu.edu/cdihp/links.htm#16> and follow the "health" and then "Health, Wellness and Aging with Disability" links.
- Read *Health, Wellness and Aging with Disability*, by June Isaacson Kailes, 2000, jjk@pacbell.net, <http://www.jik.com>.