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# SOMNATH CHATTERJI

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SPEAKER AT:

## IMPACT OF AGING ON MENTAL HEALTH AND WELL-BEING



**January, 29 and 30, Barcelona**

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### **ABSTRACT Coming of Age in Low and Middle Income Countries - What Do We Know, What Can We Expect**

The numbers of older adults are growing rapidly globally with the rate of increase larger in less developed countries. Ageing is no longer an issue for high income countries alone. Currently about two thirds of the world's older adults live in Low and Middle Income Countries (LMICs). LMICs are also ageing at a much faster rate than high income countries and in the next four decades will have more older people than children. The population of older adults will increase threefold and reach 2 billion by 2050 when one in five persons on the planet will be aged 60 years or older. Of these about 900 million will reside in Brazil, China, India and Indonesia and about 1.6 billion will reside in the less developed regions of the world. Moreover, with women living longer, there will be a clear feminisation of the ageing population globally. As life expectancies increase around the world, it is a priority to determine if more of the extra years being added are healthy years or years that are likely to be spent in poor health. Data from the Global Burden of Disease 2010 shows that from 1990 to 2010 as life expectancy increased, healthy life expectancy increased more slowly with relatively little progress having been made in the reducing the non-fatal health impacts of diseases. *(see more next page..)*

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*(...continues ABSTRACT Somnath Chatterji)*

In 2010, both in high income and developing countries, non-communicable diseases, mental and neurological disorders, and injuries were responsible for over 90% of disease burden and disability in older adults. Even in developing countries in 2010 all the top 10 causes of disability in older adults were these groups of disorders. The Study on Global Ageing and Adult Health (SAGE) of the World Health Organisation (WHO) (<http://www.who.int/healthinfo/sage>) is a longitudinal nationally representative household survey that includes respondents 50 years and older with a smaller, comparative cohort of adults aged 18-49 years with a sample size of over 40,000 respondents selected using a multi-stage cluster design. Additionally, eight health and demographic surveillance sites (HDSS) with an additional combined sample size of over 45,000 respondents are a part of SAGE. The objective of SAGE is to improve the empirical understanding of the health and well-being of older adults through provision of reliable, valid and cross-nationally comparable data over time on key outcomes and determinants. Results from SAGE reveal significant declines in health over the life span with female and poorer respondents being in worse health at all ages. Chronic health conditions are extremely prevalent. Risk factors such as tobacco use, inadequate physical activity, obesity and hypertension are all very common. Poor health is associated with declining subjective well-being and shrinking social networks. I argue that there is little evidence of healthy ageing in these populations. There is an urgent need for data and methodologies that can identify how social, biological and other factors separately contribute to the health decrements facing men and women as they age. We need action to address social structures and institutional practices that impact unfairly on the health of older men and women. A concerted and innovative set of responses will be required from health systems to address the needs of this rapidly growing segment of the population to ensure that no older adult is left behind as the world thinks of the post 2015 development agenda.

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