

**QUALITY OF LIFE IN OLD AND OLD AGE: PROBLEMATIC ISSUES AND SOLUTIONS**

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**Abstract:** *In the elderly and senile age, the quality of life has its own characteristics, depending primarily on the state of health, assessment of the life lived, internal standards, beliefs, as well as on social support and the ability to function effectively in changed social conditions. In later ages, a subjective assessment of the quality of life has an impact on the course of somatic and mental disorders. To date, there is no agreement between researchers on the definition and assessment of the quality of life in later ages. The article describes the current understanding of the quality of life and its components. The problems hindering the improvement of the quality of life are highlighted. The list of methods for assessing the quality of life in later ages is given. The main factors affecting the quality of life in the elderly and senile age are analyzed.*

**Keywords:** *quality of life, subjective well-being, active aging, old age, senile age, aging.*

In the field of foreign gerontology and gerontopsychology 1 , three priority areas of research can be identified .

- Aging and development: identification and assessment of the capabilities of an elderly person, development of a program to support optimal (healthy) aging. Studies are being conducted on the ability to learn new information in old age.

- Improving health and subjective well-being: the quality of life of an elderly person living at home and in nursing homes. Ability to learn new information in normal aging, mild cognitive impairment and Alzheimer's disease. Development of diagnostic tools for the assessment of cognitive disorders and mental disorders of late age.
- Environment and its safety: housing of an elderly person, barrier-free environment, leisure practices, changing the social picture of aging, management of negative stereotypes. Let's focus in more detail on the second direction, which studies the quality of life, subjective well-being, life satisfaction in the elderly (55-74 years) and senile (75-90 years) age. At the moment, studies of the specifics of the quality of life in geriatric patients with various somatic disorders, for example, after a stroke, with Alzheimer's disease, are being actively conducted. The growth of quality of life research is due to the fact that human health in these age periods is vulnerable and largely related to the quality of life. According to the WHO Report<sup>2</sup> on aging 2015 , there are 893 million people in the world aged 60 years and older. The aging of the population is accompanied by the "feminization" of society. By 2050 , elderly and senile people are expected to increase to 2.03 billion people .

Demographic trends in our country are similar to trends around the world and demonstrate an increase in the absolute and relative number of elderly people. At the moment, Russia ranks 65th in the world, according to the index of quality of life of the elderly. There is an extremely low level of involvement of elderly and senile people in public life, poor health, low level of material security, and according to the criterion of environmental safety (i.e. the living environment for the elderly) Russia takes the penultimate place. The proportion of elderly people with somatic (myocardial dysfunction), functional (reduced walking speed), mental and cognitive disorders is high. The growth of interest in the quality of life of older people was also facilitated by the increase among them of people with high expectations of a "good life", with high requirements for medical and social assistance.

Because of the demographic problem of aging of the population, WHO proposed the II International Plan of Action on Aging and the program of research on aging in the XXI century. The program is based on the principle: it is necessary to focus not on the years added to life, but to add life to the years. This prompted the search for ways to help an elderly person maintain mobility and independence.

There is a development of the social paradigm of improving the quality of life in later ages. For example, the "Society for All Ages" program is focused on the perception of older people as a resource of society and subjects of their own development. The active aging program is considered as a process of optimizing opportunities for maintaining health, social participation, and safety in order to improve the quality of life in later ages. These social paradigm programs have the potential to create a new positive public view of aging and an increase in the quality of life in later ages .

Despite the above, today there are the following problems that hinder the improvement of the quality of life in later ages.

1. At the individual and social level, there are difficulties or even impossibility of perceiving older people not as problems for society, but as people with resources for social development.

2. The mechanism of how an elderly person creates his quality of life is still poorly understood.

3. Implementation of psychosocial interventions that improve the quality of life in later ages.

4. Creating a barrier-free environment for a comfortable life for the elderly.

5. The introduction of a system of preventive examination of the elderly (comprehensive geriatric evaluation<sup>3</sup>), which will be based on the principle – not a diagnosis, but a functional status<sup>4</sup>, is a prognostic factor that shows whether an elderly person can live independently, safely and safely.

The problematic issues of understanding the quality of life in the elderly and senile age include the following

- The specifics of the concept of quality of life in later ages.
- Components (domains) of the quality of life in later ages.
- Factors influencing the quality

of life in later ages. • Methods for assessing the quality of life in later ages. The purpose of the article is to familiarize specialists dealing with the problem of aging with problematic issues of understanding the quality of life in the elderly and senile age.

The concept of quality of life

Quality of life is a meta-structure that covers various aspects of human life. The quality of life is associated with a set of living conditions characteristic of a person. These conditions include: physical health, psychosocial well-being, functional independence, financial situation and the state of the environment. The quality of life should not be considered as equivalent to the quality of the environment, it is not equal to the amount of material goods, it is not equivalent to the status of physical health or the quality of medical care. A Bowling defines the quality of life as "a subjective perception of the degree of one's physical and personal safety, the fullness of social opportunities, which is based on goals, expectations, standards." Speaking about the elderly, R. Fernandez-Ballesteros notes that the quality of life is a product of the dynamic interaction between the external living conditions of an elderly person and the internal perception of these conditions. In this regard, she suggests considering the quality of life from two sides.

- The objective side of the quality of life is determined by a combination of various normative characteristics, with the help of which it is possible to judge the degree of satisfaction of the needs of an elderly person. It is measured by the ability to access resources to meet needs. Resources include: income, health status, social contacts, competencies to set goals and follow them.

- The subjective side of the quality of life is connected with the fact that the needs of an elderly person are always individual and are reflected in subjective feelings, refracted through beliefs, internal standards. Objective and subjective assessments of the quality of life may differ. For example, when an elderly person's relatives evaluate his quality of life as good, and subjectively the person himself evaluates it as bad. This fact is a diagnostic sign for a more detailed examination of the somatic and mental status of an elderly person. On the example of a four - sector model of the quality of life of M. Lawton showed that objective and subjective parameters of quality of life interact with each other. He suggested that the quality of life in later ages is associated with a number of parameters: • Behavioral, social competence – indicators of somatic and mental health, the ability to allocate time depending on activity, the presence of social activity.

- Perception of the quality of life is a subjective assessment of satisfaction with various spheres of life. • Psychological well-being is a measurement of mental health, beliefs about satisfaction with aging, the presence of positive or negative emotions.

- Environment – environment, housing, economic indicators. B. Hughes analyzed the parameters of M. Lawton and identified the following.

- Individual characteristics: a feature of functional status, physical and mental health, the presence of dependence on alcohol consumption.

- Physical environmental factors: conditions, comfort, safety of the living environment.
- Social factors: the level of social activity, family, the presence of a circle of friends, a trustee.
- Socio-economic factors: income level.
- Factors of autonomy: the ability to make choices independently, to exercise control over their own activities.
- Personal factors: subjective psychological well-being. G. Zahava and A. Bowling identified aspects that can be taken into account for understanding the quality of life in later ages.
- Objective social indicators of living standards, health and longevity, indicating data on income, property, diseases, mortality.
- Meeting the needs of an elderly person.
- Subjective social indicators of life satisfaction and psychological well-being.
- Social capital in the form of personal resources. It is measured by indicators of the presence of a network of contacts, support, participation in events and integration into public activities.
  
- Environmental resources and environmental resources. Crime rate, quality of housing, services, accessibility of transport, as well as subjective indicators such as satisfaction with the place of residence, local attractions, transport, technological equipment, personal safety.
- Health and functioning with a focus on physical and mental health.
- Cognitive competence, independence, control, adaptation and overcoming.
- Hermeneutical approaches that emphasize the importance of a person in the interpretation and perception of the surrounding world and himself in it.

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