

LETTER TO THE EDITOR

Burden of Frailty in Post-Disaster Low-Income Countries: An Example From Nepal

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The aging of populations is a global phenomenon, occurring in high- and low-income countries (LICs). Acting against age-related conditions such as frailty—that is, a geriatric syndrome characterized by increased vulnerability to stressors and exposing the individual to greater risk of negative outcomes—should represent a public health priority worldwide.¹ Nevertheless, specific interventions might be difficult to implement in LICs, where public health authorities are daily forced to balance immediate emergencies and long-term challenges in a context of scarce resources. Nepal, one of the LICs in South Asia, may represent a paradigmatic case.

With the increase in life expectancy, it is estimated that almost half of the population aged 60 years and older might currently be frail in Nepal.² Such figures are probably underestimating the problem. In fact, a dramatic earthquake devastated the country in 2015, exposing many people to an exceptional and additional degree of vulnerability. It is well documented that the psychological and clinical consequences of natural disasters are particularly evident in older survivors, even after several years from the event, which was also reported in the only study to date on Nepalese older survivors.³ In addition, another scientific report after the Nepal earthquake describes the severe stress reported in health care professionals acting during the immediate times after the disaster,⁴ potentially leading to below-standard clinical performance (with possible overlooked indistinct geriatric conditions that might lead to future negative consequences). Nevertheless, the absence of more specific and accurate data leaves these thoughts in the field of speculations. We can only hypothesize that the frailest individuals—for example, elders with physical disabilities and social issues—might have been particularly affected by the disaster, and still suffer its consequences because of a lack of specific health care policies.

A huge amount of relief resources coming from both national and international communities have been mobilized in support of the earthquake victims in Nepal. The immediate wide-spectrum reaction to the people hit by the catastrophic event should now be followed by a more personalized approach, aimed at discriminating the risk profiles of the individuals, and allocating specific resources and support according to needs and priorities. Hence, post-disaster data are

required for better evaluating the present situation, identifying the Nepal-specific risk factors of frailty, and intervening with ad hoc and adequate counteractions. A wide spectrum of tools is available to easily, inexpensively, comprehensively, and systematically describe/measure the health status of older adults and adequately target interventions. Health care professionals should become familiar with the use of instruments measuring the different functions of the older individuals. This will promote the standardization of care models and globally contrast the negative consequences of aging. International non-governmental organizations might play an important role by seeding the know-how to long-term planning and development. Today, the impossibility of describing the status of the Nepalese older population (especially its frailest individuals) exposes them to the risk of an incorrect, or biased, allocation of aid and resources.

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Conflicts of Interest

The authors declare that there are no conflicts of interest.

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