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DIE PROBLEEM VAN SENIELE BEJAARDES

Ons het al by verskeie vorige geleenthede[1,2] hier geskryf oor die probleme van die toenemende ouderdom. Ons het toe in ons besprekinge hoofsaaklik verwys na die neiging tot 'n proporsionele en absolute vermeerdering van die aantal bejaardes in die bevolking, en ons het die aanpassingsprobleme van die groot aantal min of meer bejaardes in die samelewing bespreek.

Daar is egter een besondere faset van hierdie probleem wat ons nie in besonderhede behandel het nie en waarop ons nou meer breedvoerig wil wys, naamlik, die probleem van die groeiende aantal bejaardes wat liggaamlik redelik gesond bly, maar wat tekens van seniliteit in die een of ander graad toon.

Toestande van arteriosklerose en seniliteit kom sonder twyfel meer voor by oumense omdat soveel meer mense lank genoeg leef om die seniliteitsperiode te bereik. In Engeland, soos ons aangetoon het,[1] was daar byvoorbeeld gedurende die afgelope twee of drie dekades 'n klein beduidende toename van die aantal toelatings tot hospitale vir geestesversteurdes van persone oor die ouderdom van 64 jaar.[3] In Amerika was die ooreenkomstige syfer baie meer opvallend. Volgens Pollock[4] se syfers het die gevalle van seniliteit in New York verdubbel tussen 1920 en 1942, en daar was 'n viervoudige toename gedurende dieselfde periode van gevalle van arteriosklerose. In Suid-Afrika is syfers van hierdie aard nie bekend nie omdat die meeste van ons hospitale vir geestesversteurdes vol was, en is, en baie aansoeke om toelating van seniele persone gedurende die afgelope aantal jare afgewys moes word.

Die probleem wat ons nou egter veral wil bespreek is nie soseer die kwessie van die toelating van gevorderde (geestesversteurde) gevalle van seniliteit tot hospitale vir geestesversteurdes nie, maar die moeilike probleem van die groot aantal bejaardes wat vroeë tekens van seniliteit en serebrale arteriosklerose toon, en wat hulle heenkome in die samelewing moet vind.

Alhoewel statistiese gegewens nie bekend is nie, kan ons nogtans op grond van die algemene kliniese ervaring van dokters en maatskaplike werkers konstateer dat daar duisende bejaarde persone is wat so 'n graad van seniliteit bereik het dat hulle nie as geestesversteurdes gesertifiseer kan word nie, maar wat dit nogtans baie moeilik maak vir hulle om hulle aan te pas, en wat dit ook moeilik maak vir familielede om na hulle te kyk.

Die tekens van toenemende vroeë seniliteit is soos volg: Daar is 'n versteuring van die geheue en 'n inperking van belangstelling. Slapeloosheid en rusteloosheid tree in, wat soms lei tot 'n wandelsug in die dag en selfs in die nag. Die versteuring van die geheue, wat veral gekenmerk word deur vergeetagtigheid en nalatigheid om die gewone daaglikse pligte uit te voer, lei tot prikkelbaarheid en opvlieëndheid. Hierdie emosionele onstabiliteit gaan soms oor in aktiewe aggressie en dikwels is daar uitgesproke agterdogtige neigings. Slordigheid en onnetheid tree in met 'n afstomping van gevoelswaardes en onaanneemlike gewoontes van persoonlike higiëne.

Aangesien ons grotendeels 'n gemeenskap van dorps- en stadsbewoners geword het, en daarbenewens 'n gemeenskap van kamer- en woonstelbewoners, is dit dus duidelik dat die versorging van bejaardes met seniele neigings 'n groot probleem word. Hulle aanwesigheid in huise en woonstelle lei dikwels tot wanaanpassing in die gesin, en hul invloed op kinders (klein en groot) is soms sterk onheilsaam. Aan die anderkant weer het hierdie persone versorging nodig en is hulle ook daarop geregtig.

Die probleem van die bejaarde vroeg-seniele persoon moet dus met oorleg en visie aangepak word. Een moontlike soort benadering is die stigting van spesiale tehuise vir seniele bejaardes. Die eerste tehuis wat spesiaal vir seniele oues van dae in Suid-Afrika gebou is, heet die Van Rensburg-monument-tehuis, en dit is onlangs amptelik in Pretoria geopen. Die gebou is spesiaal deur die argitek vir hierdie soort persoon ontwerp. Daar is onder andere spesiaalbeplande badkamers en waskamers met vloere waarop die oumense nie kan gly nie. Ook is daar wye gange en deure en portale. Die voorbeeld van die Vrouevereniging in die Transvaal wat hierdie projek aangepak het (Die Suid-Afrikaanse Vrouefederasie), is inderdaad navolgingswaardig.

'n Ander moontlike soort benadering is die onwikkeling van toesigsdienste en raadgewing deur spanne van besoekende maatskaplike werksters. Die onkoste wat verbonde mag wees aan so 'n stelsel van maatskaplike toesigsdienste mag hoog klink, maar in terme van die uiteindelike welsyn van 'n groot deel van die gemeenskap, en veral van sy kinders, sou ons kon sê dat dit geld is wat goed spandeer word

As gevolg van die verhoogde lewensverwagting van die gemiddelde persoon, en as gevolg van die nuwe omstandighede wat daar as gevolg hiervan ontstaan het, het ons as 'n gemeenskap van leke-persone en dokters voor 'n nuwe probleemgesteldheid te staan gekom wat nuwe uitdagings aan ons bied. Ook op hierdie gebied moet die voorkomende medisyne sy bepalende rol speel as deel van 'n visionêre en verbeeldingryke benadering van die breëre probleem van gemeenskapsbeplanning.

1. Van die Redaksie (1958): S. Afr. T. Geneesk., 32, 632.
2. *Idem* (1959): *Ibid.*, 33, 575.
3. Lewis, A. J. (1946): J. Ment. Sci., 92, 150.
4. Pollock, H. M. in Kaplan, O. J., red. (1945): *Mental Disorders in Later Life*, p. 448. Londen: Standard University Press.

ELDERLY PEOPLE WITH SENILE TENDENCIES

On previous occasions[1,2] we have discussed in this *Journal* the problems of increasing age. We were then chiefly concerned with the tendency towards a relative and absolute increase in the number of aged people in the population and with the problems of adjustment that inevitably arise from this situation.

One facet of this problem, which was not discussed in detail, is the problem of the increasing number of elderly

people whose physical health remains fairly sound, but who show signs of senility in some or other form.

Conditions of arteriosclerosis and senility are undoubtedly becoming more common among old people owing to the fact that so many more people live long enough to reach the stage of senility. In England, the past two decades have shown a small but significant increase in the number of patients over the age of 64 admitted to mental hospitals.[3] In America the corresponding figure was much more striking. According to Pollock,[4] the incidence of senility in New York was doubled between 1920 and 1942. During the same period there was a four-fold increase in the incidence of arteriosclerosis. In South Africa the figures in this connection are not known because most of our mental hospitals have been, and still are, filled to capacity so that many applications for the admission of senile patients have to be turned down. However, the problem which we wish to discuss now is not the admission of advanced cases of senility (clearly disordered cases) to mental hospitals, but the more complex problem of the great number of elderly people who show early signs of senility and cerebral arteriosclerosis, and who have to be cared for in the community.

Although relevant statistical information is not available, the general clinical experience of doctors and social workers points to the fact that thousands of elderly people have reached a degree of senility which, while not advanced enough to warrant admission to a mental hospital, nevertheless complicates adjustment and creates many difficulties for members of the family concerned.

The signs of incipient senility are as follows: There is evidence of impairment of memory and narrowing of interests. Insomnia and restlessness lead to aimless wandering during the day and even at night. Impairment of memory, characterized by forgetfulness and disregard of ordinary daily duties, cause irritability and temper tantrums. Emotional instability sometimes develops into active aggression and distrust. There is a distinct blunting of sensitivity. Slovenliness becomes noticeable and personal hygiene is neglected. The problem of caring for elderly persons with senile tendencies is further aggravated by the fact that the modern community has to a large extent become an urban community. The presence of aged senile relatives in the home or flat often causes maladjustment in the family and in some cases the influence of such persons on children (of all ages) is definitely pernicious. Yet these elderly persons need proper care and are, moreover, entitled to it.

The care of the elderly person with symptoms of early senility thus presents a problem which should be approached with understanding and foresight. One practicable solution is the establishment of special institutions for aged senile persons. The first institution specially intended for aged senile persons to be established in South Africa was officially opened in Pretoria recently. This institution, called the Van Rensburg Monument Home, was specially designed by the architect to meet the needs and requirements of the senile person. There are, for instance, specially designed bathrooms and toilet-rooms with floors on which the inhabitants cannot slip. The corridors, doors and porches are specially wide. It is sincerely hoped that the exemplary undertaking of a Transvaal women's organization (Die Suid-Afrikaanse Vrouefederasie), who established this home, will inspire other welfare organizations to follow their lead.

Another practicable method of approach would be the development of supervisory and advisory services by teams of visiting social workers. The expense attached to such a system of social services may sound high, but measured in terms of the ultimate benefit to society there is no doubt that this would be money well spent.

The steadily increasing longevity of the average person today and the attending circumstances to which this situation has led, present a challenge which we as a society of doctors and lay persons must face with resourcefulness and imagination. Once again preventive medicine is called upon to play a decisive role in a sympathetic and courageous approach to the problem of community planning.

1. Van die Redaksie (1958): S. Afr. Med. J., 32, 632.
2. *Idem* (1959): *Ibid.*, 33, 575.
3. Lewis, A. J. (1946): J. Ment. Sci., 92, 150.
4. Pollock, H. M. in Kaplan, O. J., ed. (1945): *Mental Disorders in Later Life*, p. 448. London: Standard University Press.