

Get healthy from an early age to gain years (and quality) of life!

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editorial

As it is well known, in the 2000s the average lifespan reached unhoped-for values compared to those of the early 20th century. This incredible achievement was the combined result of improved living conditions and constant medical advancements, which together have contributed to a significant reduction in mortality.

The sharp decline in infant mortality led to a general aging of the population and consequently to the great challenge of keeping the elderly healthy and selfsufficient for as long as possible.

In Italy, 30% of the over-65s are not affected by any major condition and 20% have a chronic disease with no particular effects on their physical and cognitive functions, while 50% have multiple chronic morbidities that — in at least 40% of cases —result in consequent mobility problems or difficulties in performing everyday activities. The Italian data presented here do not differ much from those of other industrialised countries in Europe and North America.

Studies show that every one out of two elderly people is at risk for "frailty", which is regression to a weak, childlike state, exhibiting behaviours such as communication difficulties, lack of self-sufficiency, crying, incontinence, frequent falls.

An important aspect of becoming a healthier elderly person is the attention to the care and feeding of children. In fact, it has been hypothesised that poor nutrition of the fetus and infant could be the cause of permanent changes in specific organs and tissues. For example, in a clinical trial, the altered development of pancreas due to inadequate early feeding resulted in increased susceptibility to type 2 diabetes and related metabolic complications, with health impacts for the patient and economic consequences for the community at large.

In conclusion, these two ages, normally viewed as opposites, prove to be similar enough to the point where a strong connection can be made between paediatrics and geriatrics. The above lays the groundwork for addressing issues related to the aging process through the consideration of an individual's life as a whole, abandoning the previous method of dividing life into stages with the aim of developing increasingly personalised and biologically-driven health care.

References

- Hales C, Barker D. Type 2 (non-insulin-dependent) diabetes mellitus: the thrifty phenotype hypothesis. Diabetologia 1992:35:595—601.
- > Cesari M, Vanacore N, Agostoni C. The two extremes meet: pediatricians, geriatricians and the life-course approach. Pediatr Res 2019 Oct;86(4):432-435.
- Italian Ministry of Health. Criteri di appropriatezza clinica, tecnologica e strutturale nell'assistenza all'anziano. Quaderni del Ministero della Salute 2010 November-December. Issue 6.