

## **An Overview of Italy's Demographic Change and the Strategic Role of Nutrition**

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### **Abstract**

The proportion and absolute number of older people in populations is increasing dramatically around the world. This demographic change has a large influence on society and has, in fact, been recognized as a key issue for social and health policy. Italy currently is in fifth place worldwide in terms of life expectancy and in fifth place worldwide for the highest average age of the general population. Italy is also currently in 197<sup>th</sup> place out of 210 countries in terms of total fertility rate. One of the characteristics of the older population is the greater prevalence of conditions of multiple chronic conditions (including diabetes, hypertension and cardiovascular diseases). The older population has also shown to be particularly exposed to malnutrition and to have a lower nutritional status compared to the rest of the population. Furthermore, in Italy 20.9% of children are overweight and 9.8% are obese. Severely obese children represent 2.2% of the paediatric population. In a population that is characterized by a low fertility rate and high life expectancy, health promotion and disease prevention should play a key role in the healthcare scenario. In conclusion, considering the data mentioned above it would be necessary to conduct disease prevention and health promotion campaigns that are focused on nutrition and that cover all the different age groups of the Italian population. The campaigns should be age and gender specific in order to address the nutritional characteristics and risks of each subgroup in the population.

**Keywords:** *Demographic; nutrition; prevention; health promotion; elderly*

### **Introduction**

The proportion and absolute number of older people in populations is increasing dramatically around the world. Currently, in Japan, older people represent already more than 30% of the general population. This demographic change has a large influence on society and has, in fact, been recognized as a key issue for social and health policy.

There are essentially two factors involved in the increase of older people around the world. The first is the increase in life expectancy that is due not only to the improved survival at old age but also to a decrease in mortality in younger ages. The second factor is the drastic fall in fertility rates [1]. In this scenario, we can simplify by saying that less people being born, and those who are born live much longer compared to the past. Furthermore, the population of the old-old (i.e. over 85) is expected to quadruple over the next decades as the large cohort of baby boomers will reach this age [2].

In Italy, currently approximately 13.219.074 people are above the age of 65 [3]. The Italian population has the following composition: 21.7% over 65, 64.5% are 15-64 years old, and 13.8% are 0-14. Also the average age of the population is increasing rapidly from 41.4 years in 2003 to 43.9 years in 2015 [4]. In the last 20 years, the percentage of people aged over 80 has increased of 150%. This places Italy currently in fifth place worldwide in terms of life expectancy (after Japan, Hong Kong, Switzerland and Australia) [5] and in fifth place worldwide for the highest average age of the general population [6]. However, this tendency towards an older population will tend to continue, if not increase. In fact, Italy is currently in 197<sup>th</sup> place out of 210 countries in terms of total fertility rate [7].

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## Discussion

### Older age and health

However, these added years of longevity are not necessarily years of good health. In fact, the older age group presents a higher prevalence of pathological conditions and often a lower quality of life. For example, the over 65 population in Italy currently represents 37% of the total hospitalizations and 49% of the interventions in day hospital [8].

One of the characteristics of the older population is the greater prevalence of conditions of multiple chronic conditions (i.e. multi-morbidity). The impact of multi-morbidity on functioning, quality of life and risk of mortality may be significantly greater than the sum of the individual effects that might derive from the single conditions. Multi-morbidity is clearly associated with higher rates of health care utilization and costs [9]. In Italy, the five most common chronic conditions in the older population are: diabetes (12.5-14.5%), hypertension (36.5-40.5%), cardiovascular diseases (4-6.3%), arthrosis and arthritis (52.5-6.3%) and osteoporosis (17.5-18.8%) [10].

The decrease in health in the older population represents a problem not only in terms of pain and suffering but also poses a challenge in terms of healthcare cost and sustainability. Many studies have been conducted to better understand the elevated costs related to the treatment of the health conditions in the elderly. In fact, in the United States, nearly 50% of lifetime healthcare expenditure is incurred during the senior years. For survivors to age 85, more than one-third of their lifetime healthcare expenditure will occur in the remaining years of life [11].

Furthermore, the older population has shown to be particularly exposed to malnutrition and to have a lower nutritional status compared to the rest of the population. In fact, studies conducted on the population over 70 found that approximately 5-10% of the elderly who live at home and 30-65% of those living in institutions are clinically malnourished. This is due to the physiological decrease in the function of many organs (including the sensorial ones) and the modification of the living conditions, which can in them already, be sufficient for qualitative and quantitative malnutrition even in persons with relatively good health conditions. The risk of malnutrition increases drastically in the population of subjects with multiple chronic pathologies, especially if there is a partial or total limitation in their autonomy. Furthermore, malnutrition has shown to have a negative impact on the prognosis of many medical conditions [12].

### The paediatric population

Recent studies show that currently the paediatric population in Italy has a high percentage of overweight and obesity. In fact, 20.9% of children are overweight and 9.8% are obese. Severely obese children represent 2.2% of the paediatric population. There has been a gradual decrease in the percentage of overweight and obese children in Italy (23.2% and 12.0% respectively in 2010 compared to 20.9% and 9.8% respectively in 2014). However, the decrease is rather slow and the current values remain high compared to other countries [13].

It is estimated that about 80% of overweight children aged 10-15 years become obese adults by the age of 25 years. In addition, children who have weight problems within 8 years of age usually develop more severe forms of obesity. In fact, it is expected that the epidemic of paediatric obesity, will, therefore, determine not only a large increase but also an anticipation of the numerous complications normally associated with overweight/obesity in adulthood [14].

## Conclusion

In a population that is characterized by a low fertility rate and high life expectancy, health promotion and disease prevention should play a key role in the healthcare scenario. Current data regarding the Italian population shows the epidemiological importance of chronic diseases such as diabetes and hypertension, malnutrition in the older population, and overweight and obesity in the paediatric population. As a consequence, we believe that it is advisable that health promotion and disease prevention campaigns should give sufficient importance to the field of nutrition.

Nutritional strategies for disease prevention and health promotion should be considered important also in meeting the challenge posed by the increasing health care costs. In fact, the increase in medical costs largely derives from the elevated costs of many of the new

available technologies (e.g. drugs, surgical interventions, technological devices etc.) [15]. Given that these technologies exist and that it is recommendable to use them when they are necessary, reducing the incidence of disease should prove to be a key method of decreasing healthcare costs.

In conclusion, it would be necessary to conduct disease prevention and health promotion campaigns focused on nutrition, that cover all the different age groups of the Italian population. The campaigns should be age and gender specific in order to address the nutritional characteristics and risks of each subgroup in the population. It would, therefore, be useful to invest in further research that studies the specific nutritional habits, status and level of knowledge of the different subgroups within the population.

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