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ARTICLE - Long term condition management in older people

Keywords: Older person, disability, LTCs comorbidity , polypharmacy

Key points

- Sixty-five years is generally used to define 'older' people in the UK.
- The older demographic is continuing to increase.
- Biological age is a more important factor than the social definition of age when assessing someone.
- People with multiple LTCs are more likely to have poorer outcomes.
- There is a link between mental and physical health in people with LTCs.

CPD reflective questions

- How much is the 85 and over age group set to increase by 2066?
- Why should you base your perception of someone on their biological age?
- Why should you always consider a person's health from a holistic perspective when undertaking a health assessment?
- Name 2 common medication groups which should be used in caution with older people?
- Consider a physical health condition that is not part of the QOF framework, but that is relevant to older people.

Abstract
The number of people who are living on to old age continues to increase. In the UK, the definition of an older person is usually applied to people aged 65 and over (NICE 2015a).

In the United Kingdom (UK) there are approximately 11 million people aged over 65 in England, a figure which is predicted to increase to 32% by 2043 (Age UK 2023).The fastest increasing group ,is the 85 and over, which is expected to increase by 67.8% between 2024 and 2044 (Centre for Aging Better 2025),(Age UK 2024).

With older age comes an increased risk of frailty, and of developing an increasing number of long-term conditions (LTCs) (BGS 2014). Some LTCs lead to disability and often LTCs have a negatively reciprocal impact on the state of physical and mental health (NHS England 2015).

This article will discuss older age, long term conditions, frailty, disability, medication in older people and loneliness.

Introduction

While the UK generally considers someone aged 65 years and over as being an older person, this is a generalized definition which may differ slightly between countries (some countries such as Germany use 60 as a guideline). Biological age is applied more frequently as a reflection of a person's actual health status (including wellbeing) (NICE 2015a) (WHO 2021) (InformedHealth.org 2006).

According to UNFPA (2025) the number of people worldwide aged over 65 and over doubled between 1974 and 2024, and this figure is expected to double again from 2024 to 2074.

In terms of life expectancy, this varies across the UK . Overall life expectancy between 2021 and 2023 in the UK was: 78.8 years for males and 82.8 years for females. The highest life expectancy being in the South of England and the lowest in the North of England and Scotland (ONS 2024).

While age is not necessarily a predeterminant of health, it is agreed that good health often declines with age, see **Table 1** (ONS 2023). With this decline comes the gradual inability to support personal everyday needs. This includes activities of living such as dressing, managing medication and finances (Age UK 2024) . Worldwide, at least 142 million older people cannot meet some of these basic needs (WHO 2021). In the UK 1.6 million people aged 65 and over require care and support for basic needs that they are not receiving (Age UK 2023).

As the body ages, the inability to support basic everyday activities of daily living can also be linked to a person becoming 'frail'. The BGS (2014) defines frailty as *'a distinctive health state related to the ageing process in which multiple body systems gradually lose their in-built reserves'.* Of people over 65 ,10% are classed as being frail, a figure which further increases with age (NAO 2025). Women are more likely to be classed as frail than men (BGS 2014).

Frailty impacts the body in multiple ways, for example, losing muscle mass or experiencing fatigue. It impacts on the body's resilience to withstand stressors such as minor ill health, certain medications, and the sort of physical, mental, and social challenges that more easily overcome by the body, when younger (DH 2013). As we age, frailty is associated with adverse long-term condition (LTC) outcomes (CKS 2023).

LTCs and disability

A long-term condition (LTC) is classed as "*a condition that cannot, at present, be cured but is controlled by medication and/or other treatment/therapies*" (DH 2012). As age increases, both the prevalence of LTCs, and the number of LTCs a person has also increases (NHS England 2015) (CKS 2023).Over 40% or people over 65 have at least one LTC (Age UK 2019). The most common LTCs in those aged over 60 in England are cardiometabolic factors and osteoarthritis (Valabhji et al 2023).

For LTCs, monitoring is undertaken to ensure that conditions are optimally managed, and that progression is slowed wherever possible (NICE 2015b).
In general practice many common LTCs are monitored using the "Quality and Outcomes Framework" (QOF) (NHS England 2025).This set of outcomes is predetermined by NHS England and provides a basic template framework for LTC assessment. GP practices receive payment for achieving QOF targets. See NHS England (2025) **Table 2** for QOFs relating to LTCs.
Unfortunately, not all LTC conditions, particularly those which are more prevalent in older age (e.g. most neurological conditions, and arthritic conditions) are not part of QOF (NHS England 2025).
Although most LTC assessment focuses more strongly on the physical aspects of health (apart from those relating to mental health conditions) , maintaining mental wellbeing in older age is a major component to remaining 'well' and is reliant upon a multitude of factors such as physical health status, the ability to remain independent and to be acknowledged by society. Other factors which impact on health in older people include (but are not restricted too) :

- *Financial status*
    - Financial poverty is reported in 17% of pensioners, a figure which rises to 1 in 5 of those aged 85 and over (Centre for Aging Better 2025)
- *Gender*
    - More women than men have LTCs
- *Ethnicity*
    - People from ethnic groups have the highest levels of poor health overall (The Kings Fund 2023), with the highest levels of ill health in this group being from people from Bangladeshi, Pakistani and Black Caribbean backgrounds (The Health Foundation, 2025).
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- *Genetics*
    - Play a part in the development of certain LTCs ,therefore biomarkers can be valuable indicators (Ferraro, Kemp, and Williams 2017).

- *Social class*
    - In the UK ,class 5- unskilled occupations have the highest number of LTCs, which have the greatest severity (DH 2012))
- Social sphere and interaction (loneliness)
    - There is also a close connection between LTCs and poor mental wellbeing. People with physical LTCs are more likely to experience mental health related LTCs, such as anxiety and depression. Conversely, those with mental health LTCs are also more likely to develop physical LTCs (DH 2012) (CKS 2023).
- Other : Geographical habitus, co-morbidity, polypharmacy, relationship status, family support, educational background, access to healthcare services, smoking, alcohol, being overweight

(Corchon et al 2021) (CKS 2023) (BNF 2025) (NICE 2015b)

In someone who has an LTC, while disability is not an expectation, for those who have 2 or more long-term conditions, there is a higher risk of mortality, poorer quality of life and becoming unable to be manage independently, which could lead to disability (Valabhji et 2023), (Age UK 2023).

The Equality Act (2010) defines someone as having a disability as having *'a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on the ability to do normal daily activities***.'** In the UK in 2022/3 it was estimated that there were 16.1 million disabled people, 45% being adults over State Pension age. Levels of disability vary throughout the UK, depending upon geographical locus, with the Northeast having the highest incidence overall of people classified as disabled (GOV.UK 2025), (Kirk-Wade, Stiebahl , Wong 2024).

In older people, the likelihood of having a disability increases with age. Two thirds of people over 85 or over reported at least one disability (Kirk-Wade, Stiebahl , Wong 2024).
In the UK, the average woman of 65 will live half (53%) of her remaining life in poor health , and as with frailty, women are more likely to experience life limiting disability(s), a trend which continues to increase with age (ONS 2024) (ONS 2023). For a list of common impairments reported by disabled people see **Table 3** (Kirk-Wade, Stiebahl, Wong 2024).

Medication and the older person

As the body ages, it becomes less tolerant to specific types of medication, and how it absorbs, metabolises, and excretes medication becomes much more complex (Drenth-van Maanen, Wilting and Jansen 2018). This in turn increases the risk of older people experiencing polypharmacy, medication interactions, and side effects (BNF 2025).

The age-related increase in poor health, LTCs and co-morbidity is linked to an increase in the number of medications being prescribed, and it is estimated that one in four people aged over 85, take at least 8 medications a day (Age UK 2019) .

Prescribing of general medication and prophylactic medication should be carefully considered in this regard and the BGS (2024), has several resources to support prescribers in prescribing for older people, including those pertaining to maximising medication benefits, and reducing the risk of polypharmacy and medication interactions.

The BNF (2025) advocates the use of the STOPP/START framework for prescribing in the elderly:

- STOPP- Screening Tool of Older Persons' potentially inappropriate Prescriptions
- START- Screening Tool to Alert to Right Treatment

(O'Mahoney et al 2015)

Older people excrete medications more slowly (renal excretion), and when this is coupled with an acute illness, this situation is further exacerbated. Clinicians should be aware that there are some medications that are not recommended for use in the elderly, or that some may require up to a 50% reduction in starting dose (BNF 2025) (Drenth-van Maanen, Wilting and Jansen 2018).

Adverse reactions may present less specifically in the elderly than in other age groups, with confusion being the most common presentation. Other side effects include constipation, balance issues and falls, many of which result in acute admission to hospital (BNF 2025) (Age UK 2019).

There are many medications that should be carefully considered when prescribing in the older age group, including (but not restricted too):

- Hypnotics
- Diuretics
- NSAIDS
- Antiparkinsonian medications,
- Antihypertensives,
- Psychotropics
- Digoxin
- Warfarin
- Medications that cause bone marrow depression should be avoided

(BNF 2025)

When prescribing or reviewing medications for older people, always consider the following

- Does the person have mental capacity, swallowing or joint problems (i.e. able to safely take the prescribed medication from a mental health or physical perspective)
- Is the medication necessary?
- Is the medication safe?
- Dosage - can the dose need to be reduced/stopped – review re polypharmacy?
- Can dosage be simplified in terms of administration?
- Clear directions should be given on prescriptions, and supporting information supplied to the patient where needed regarding common side effects.
- Is further monitoring required e.g. blood tests?
- When is review required after starting a new medication?
- Is advice needed about medication disposal?

(BNF 2025) (Age UK 2019)

Loneliness

Loneliness and isolation are identified as major contributing factors to loss of wellbeing and physical decline in older age and are noted as having a similar adverse impact on health as smoking and obesity (WHO 2025).
According to the WHO (2023) loneliness has the following impact on health:

- 50% increase in dementia
- 30% increase in stroke and cardiovascular disease
- 20% increase in early death

In England and Wales (2021), 3.3 million people aged 65 years and over were living alone, with more women than men living alone in older age (ONS 2023). In the over 75s this equates to approximately 2 million people (NHS, 2022), (ONS 2023). In the UK, more than 1 million older people reported having no human contact for over a month (NHS, 2022).

Conclusion

The population of older people continues to increase, including those who are and will require healthcare support in the future. However, people's journey through the health continuum is very individual ,and not everyone will have ill health or experience multiple co-morbidity or disability prior to death.

For those that do have LTCs and disability, management is complex and there are a multitude of considerations outside of pure physical health that impact on a person's ability to stay 'well' as they age ,many of which are outside of their control.

Reducing loneliness and providing older people with opportunities to remain socially active, and being valued for previous achievements and experience, cannot be underestimated as a vital component in maintaining wellbeing, and society needs to support older people in this.

As such, LTC assessment in older people should always be undertaken from a holistic standpoint, and it is vital that older people continue to be heard, and work collaboratively with clinicians in their own care, and in the evaluation and development of healthcare provision overall.

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Table 1 ONS (2023) ***Profile of the older population living in England and Wales in 2021 and changes since 2011***

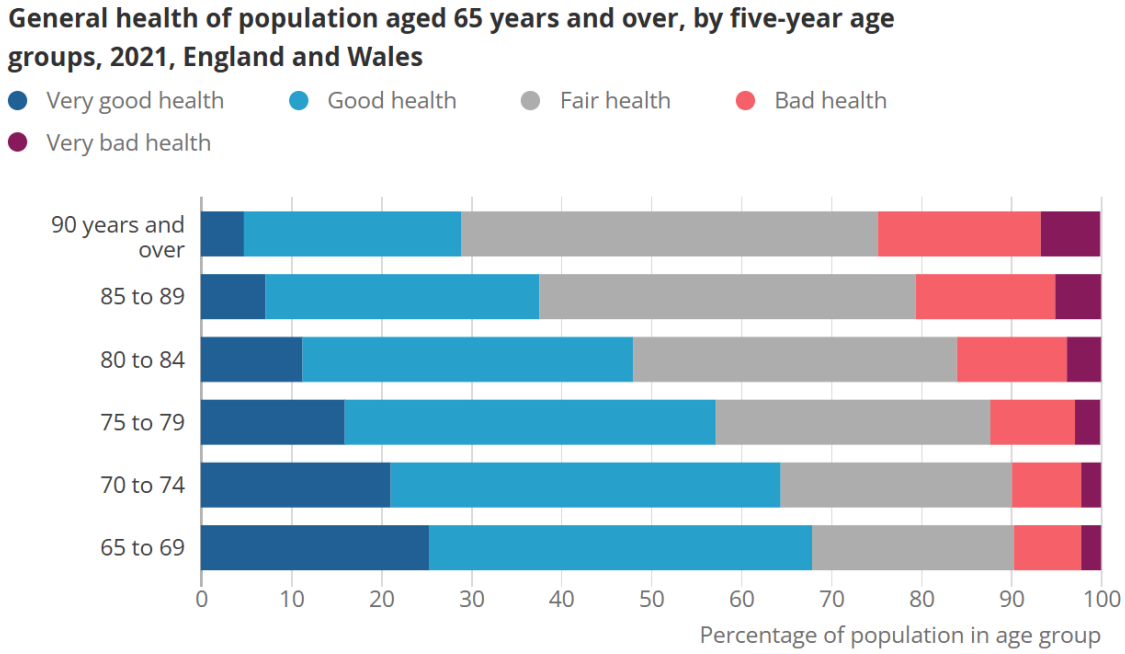

Table 2 – ***QOFs relating to LTCs*** **NHS England (2025)**

1. Atrial Fibrillation	7. Secondary Prevention of Coronary Heart Disease
2. Cholesterol control and lipid management	8. Heart Failure
3. Hypertension	9. Stroke and TIA
4. Diabetes	10. Asthma
5. Chronic Obstructive Pulmonary Disease	11. Dementia
6. Mental Health	12. Nondiabetic hyperglycaemia

Table 3 DWP 22/3 Impairment types reported by disabled people (as cited in Kirk-Wade, Stiebahl, Wong 2024).

Impairment types reported by disabled people

Percentage of disabled people reporting each type of impairment, UK: 2022/23

Impairment type	Children	Working age	State Pension age	All ages
Mobility	17%	41%	69%	**48%**
Stamina/breathing/fatigue	15%	34%	46%	**36%**
Mental health	30%	47%	12%	**34%**
Dexterity	9%	22%	33%	**25%**
Memory	11%	16%	17%	**16%**
Learning	32%	16%	9%	**15%**
Hearing	5%	7%	22%	**12%**
Vision	6%	10%	18%	**12%**
Social/behavioural	50%	12%	2%	**12%**
Other	14%	18%	15%	**17%**

Note: Column totals sum to more than 100% because respondents can report more than one impairment.

Source: DWP, Family Resources Survey: financial year 2022/23, disability table 4.6