

TB IN THE ELDERLY IN INDIA

Key Insights

INTRODUCTION

Tuberculosis (TB) is one of India's biggest health challenges. The elderly population is highly vulnerable to TB, with increased risk due to multiple co-morbidities, higher death rates, undiagnosed TB and more unfavourable treatment outcomes. Elderly people are also more vulnerable to non-communicable diseases.

REACH, with support from USAID, conducted a first-of-its-kind national-level rapid assessment in 2022-23 on TB in the elderly. The assessment aimed to build an evidence base to strengthen the understanding on TB in the elderly to arrive at clear strategies to respond to their unique physical, social and emotional needs. The rapid assessment also proposed key recommendations to address gaps in knowledge and care delivery systems.

This brief has been developed to help readers understand the wide-ranging impact of TB on the elderly in India and encapsulates the key findings presented in the rapid assessment on TB in the elderly.

WHO ARE THE ELDERLY?

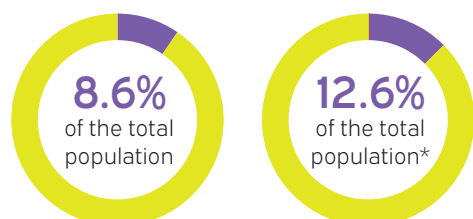
The World Health Organization (WHO) considers populations above the age of 65 as the elderly, whereas the Government of India policy documents refer to people over the age of 60 as the elderly.

TB AMONG THE ELDERLY IN INDIA

India has 104 million people over the age of 60 years, i.e., 8.6% of the total population (Census 2011). This is projected to be at 12.6% of the total population by 2026.¹ The National TB Prevalence Survey, 2019-21 places the prevalence of TB in people aged 55+ at 588, which is considerably higher than the overall national prevalence of 316.² India TB Report 2023 reveals that among the people notified with TB in 2022, 23.6% were older than 55 years.³

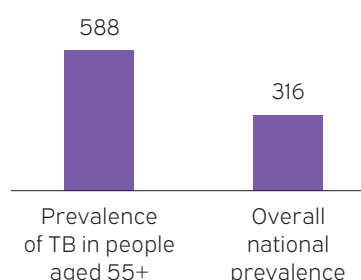


People over the age of 60

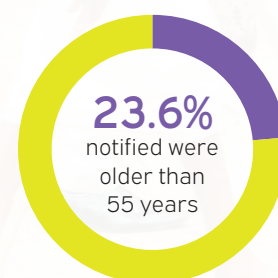


Source: Census 2011

*Projection for 2026



Source: The National TB Prevalence Survey, 2019-21



Source: India TB Report 2023

¹ Government of India. 2016. *Elderly in India*. New Delhi: Central Statistics Office, Ministry of Statistics & Programme Implementation, Government of India.

² National TB Prevalence Survey in India (2019-2021). Available online: <https://tbcindia.gov.in/showfile.php?lid=3659> (accessed on 24 August 2022)

³ India TB Report 2023. Available at: <https://tbcindia.gov.in/showfile.php?lid=3680> Accessed on 31 Mar 2023



WHY ARE THE ELDERLY MORE VULNERABLE TO TB?



Risk Factors

Elderly people are more vulnerable to infection and have a lower response to TB treatment as compared to younger populations.



Delays in Diagnosis and Treatment Initiation

TB symptoms such as weight loss, persistent cough, fatigue and loss of appetite are either mistaken for other diseases or missed as “signs of old age”.



Treatment Completion and Outcomes

Adverse Drug Reactions (ADRs) are more common and severe among elderly people with TB, who also often have a higher pill burden due to multiple co-morbidities. This means they are less likely to successfully complete TB treatment.



Gender and TB in the Elderly

Based on current data, TB prevalence is higher in older men than in older women. However, gendered norms and discrimination are likely to impact older women more adversely.

CHALLENGES FOR ELDERLY PEOPLE WITH TB

Physical Vulnerabilities

Visits to multiple facilities for sample collection:

Access to diagnostic facilities is more challenging for the elderly with symptoms of TB as they need to visit multiple facilities for sample collection.

Need for companions and special modes of transport:

Many elderly people are unable to travel to health facilities without an attendant due to the fear of falling or general physical frailty, leading to delayed diagnosis.

Difficulty in navigating healthcare facilities:

Accessibility issues (multiple stairs, cramped waiting areas with limited seating, and unclear signboards) in many healthcare facilities make them daunting for elderly people with TB.

Loss of work and wages: Physical weakness can lead to inability to work, resulting in economic or mental health consequences such as loss of source of income, social connections, sense of purpose and motivation for self-care.



Socio-economic Vulnerabilities

Loss of economic independence:

There is a high likelihood of the elderly being economically dependent on family members, which greatly impacts their healthcare seeking behaviour.

Nutrition challenges: People with TB need nutritional support as it becomes a major contributor to poor treatment adherence and outcomes. The elderly are more likely to experience nutritional challenges. Elderly women with TB are likely to be worse off in comparison to elderly men.

Poor linkages to financial support

schemes: Elderly people with TB find it hard to access schemes that would benefit them. In addition to elderly pension scheme under the central government, the states have provisions for pensions schemes.

Psychological and Societal Factors

Economic dependence: Due to economic dependence, the elderly often experience neglect and isolation from their families, leading to poor care-seeking behaviour.

Less informed on TB: Older individuals are less likely to have a well-informed social network, internet access or comfort in using technology to find health information online.

Mental health issues: The anxiety of not being useful or irrelevant in the family or community; the loss of purpose and connection with work; loneliness; dependence; cognitive decline; fear of TB and a sense of “self-stigmatisation”; increase in the use of tobacco, alcohol and other substances (relevant primarily for men) are some of the mental health issues faced by the elderly.

CONSIDERATION OF SYMPTOMS

Symptoms suggestive of TB are more likely to be ignored in an older person.

KEY RECOMMENDATIONS FOR ENHANCED KNOWLEDGE AND IMPROVED CARE DELIVERY



For systematic targeted screening and active case finding among people over the age of 60

- Developing Standard Operating Procedures (SOPs) for facility and community-based screening
- Expanding screening and monitoring of elderly people in community-based settings
- Developing dashboards to aggregate and compare the results of targeted screening



For potential additions in guidelines for diagnosis and treatment of the elderly

- Diagnostic protocols for atypical signs and symptoms (e.g. sample extraction protocols)
- Guidelines for comprehensive assessments of co-morbidities and drug dosage adjustments
- Risk assessment-based scoring system to predict risk of disease and unfavourable outcomes



For collaboration between National Health Mission (NHM) and National NCD Programme

- Adhering to screening protocols for diabetes mellitus as well as TB
- Developing and implementing protocols for large scale TB and heart health screening among older populations
- Utilising Ni-kshay to record and report co-morbidity data of people above the age of 60
- Training Community Health Officers (CHOs) at Health and Wellness Centres (HWCs) to carry out TB screening for all people over the age of 60 visiting the HWC

KEY RECOMMENDATIONS



For collaboration with National Programme for Health Care of the Elderly (NPHCE)

- Implementation of NPHCE policy in HWCs, primary health centres (PHCs) and community health centres (CHCs)
- Co-creating protocols on holistic care models for the elderly



For enhanced social support

- Supporting elderly people with TB with enrolment for pension schemes, transport allowances (or free transport passes), supplementary nutrition support, prioritisation of elderly for Ni-kshay Mitras, etc.
- Developing protocols for implementation of targeted welfare schemes
- Vocational training and/or linkages with home-based local industries



For research on TB among the elderly

- Vulnerability mapping of areas with higher concentration of the elderly
- Clarity on disease burden at state level
- Predictors for unfavourable outcomes among the elderly TB group, with a focus on prevalence of substance use, impact of gender on treatment, and treatment completion rates among elderly people with TB

HOW CAN ELDERLY PEOPLE WITH TB BE SUPPORTED?



By **ensuring screening** focused on the elderly, with a robust monitoring mechanism, in community and institution-based settings such as HWCs, old age homes, etc.



By **easing access to medication** through home delivery of medicines



By **providing psychological and emotional support** to elderly people with TB through regular home visits



By **ensuring training of CHOs at HWCs** to carry out TB screening and sample collection for all people over the age of 60 visiting the HWC



By **systematically recording and reporting co-morbidity data** of elderly people on Ni-kshay platform



By **supporting elderly people with TB in enrolling themselves** for pension schemes, accessing transport allowances (or free transport passes) and additional nutrition support, and by prioritising the elderly for Ni-kshay Mitras, among others



By **building linkages** for elderly people with TB with vocational trainings and/or home-based local industries

These supportive actions at the health facility and community level will, to a large extent, help alleviate the challenges faced by elderly people with TB. They will create an environment, and eventually a TB programme and health systems that are age-responsive and prioritise the needs of the elderly.



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All photographs in this report that feature TB Champions and/or people with TB are used with full, informed consent.

This document is made possible by the generous support of the American People through the United States Agency for International Development (USAID). The contents are the sole responsibility of REACH and do not necessarily reflect the views of USAID or the United States Government.