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How the Caregiver Status Could Increase the Quality of Life Among Elderly with Lung Cancer and Dementia Status?

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Background

- The elderly are the most vulnerable group to lung cancer. The potential curative treatment is surgery, chemotherapy, radiation, targeted therapy, or combination treatment although the long-term survival is varied from below one year to five years or longer.
- Indonesia will become the second-largest Silver Economy in the world after China and the prevalence of Elderly with independence barriers reaches 3.7%.
- The elderly with post-treatment are very dependent on the presence of a caregiver to maintain their quality of life. However, the availability of certified informal caregivers is not available in Indonesia.

Method and Objectives

This study uses Indonesia Family Life Survey (IFLS) to explore the availability of caregivers in maintaining the quality of life of the Elderly post-treatment with Dementia.

Result (1/2)

- Indonesian elderly reach 10.8% of the total population and 48% of them have chronic diseases.
- 34.7% of elderly with post-treatment were identified as having dementia symptoms moderate to severe which were assessed using mini-cognitive test scoring.
- The elderly needing long-term care due to these health conditions reached 9.7% and 88% of them did not have a caregiver or took care of themselves.

Result (2/2)

- Only less than 1% of the elderly are cared for by paid caregivers and are concentrated in urban areas.
- 36% of post-treatment elderly with dementia are holders of government health assistance.
- Using the Geriatric Depression Scale (GDS) it was found that the percentage of elderly post-treatment with dementia who had a caregiver with mental health problems was lower than respondents who did not have a caregiver.

Conclusions

- Indonesia is an aging market that is pressed to meet the availability of certified informal caregivers.
- A comprehensive strategy is needed to improve the quality of life of the post-treatment elderly with dementia through the availability of certified caregivers and community services such as the realization of standardization policies for:
 1. Training institutions;
 2. Curriculum;
 3. Accreditation;
 4. Mechanisms, and
 5. Senior living.



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Thank You

