



DEMOGRAPHIC CHANGE IN EUROPE “A TICKING TIME-BOMB”

The continuing impact of demographic change on health and finance cannot be overestimated, experts told the European Health Forum Gastein. The ageing of the population meant a constant increase in cases of cancer and diabetes and of many other age-associated diseases. “This will result in major funding problems, which is likely to have a significant impact on healthcare delivery and the European economy as whole”, said Prof. Peter Boyle. “Tackling this challenge should be Europe’s top priority. Policy-makers should be aware of the opportunity costs following from doing too little to prevent ill health.”

Bad Hofgastein, October 6, 2011 – “Europe’s population is stagnating: in 13 EU Member States the death-rate is already higher than the birth-rate,” Prof Dr Peter Boyle, President of the International Prevention Research Institute in Lyon (F) told the European Health Forum Gastein today. But the proportion of elderly person was rising steeply and would continue to do so. This demographic change, promoted by the increased life expectancy of the birth-boom and the baby-bust generation, now of working age, would pose huge challenges for healthcare systems in the very near future. “The dramatic increase in the number of many chronic diseases calls for preventive measures as the top priority for healthcare in Europe and for finance policy.” The alternative was for Europeans to accept lower standards of healthcare than they had become used to.

Longevity and expectation of a healthy life – a tale of two Europes

“Over the past 200 years, life expectancy at birth has doubled in industrialised countries such as the United Kingdom from around 40 years to over 80 years today. In the EU, life expectancy in men is well over 70 years and approaching or surpassing 80 years in women“, said Prof. Boyle. “But not all life is lived in perfect health. In the EU expectancy of a healthy life at over 65 can be found in only a handful countries such as Sweden, Malta, and the UK. In several other countries, among them Estonia, Hungary, Latvia, and Lithuania, or Hungary, expectancy is not even 55. “

The rapid growth and ageing of the world’s population will profoundly affect the global burden of chronic diseases, a process already being observed in Europe, said Prof Boyle. Although the EU population would remain virtually stagnant between 2000 and 2015, by 2015 there would be a large change in the demographic balance, with a 22% increase in over-65s and a 50% increase in the over-80s. This had already resulted in a significant growth in cancer and diabetes cases, for example. “New cases of cancer alone in Europe between 2004 and 2006 rose by 300,000 from 2.9m in 2004 to 3.2m in 2006.

Between 2000 and 2015 the annual number of cancer deaths in the EU would have risen from 1.12 million to 1.41 million despite a reduction in the overall death rate. By the same token, the number of diabetes patients would increase from 55m in 2010 to an estimated 66m in 2030. “Similar growth rates are to be expected for many more age-related diseases including Alzheimer’s, arthritis, dementia, vascular disease, and benign prostatic hyperplasia.”

Dramatic impact on healthcare systems

These developments held the potential to shake the world’s healthcare systems to the core. “It’s impossible to over-estimate the impact of these demographic changes,” said Prof Boyle. “They will cause substantial funding problems and are likely to put in question the quality and quantity of healthcare delivery in the future, along with the important secondary effects of any loss in public health such as a changed pattern of resource allocation within the health-care system, and wider- ranging effects on consumption and production throughout the economy.”

To counteract what was otherwise a predictable financial collapse, Prof. Boyle called for a thorough shift of healthcare paradigms. “We need to switch our focus from the current emphasises on repair medicine to prevention.” This should be at all levels and at all ages, and involve a pro-active approach, wherever that was necessary, of health preservation. Policy-makers needed to be alerted to the opportunity cost of doing too little to prevent ill-health. This wasted limited resources needed for the diagnosis, treatment, and management of preventable illness and injuries. “If our present standards have any chance of staying in place, despite the increasing demographic challenge, prevention must become Europe’s top priority,” said Prof Boyle. “It is a matter not just of our physical but our financial health.”

The EHFG is the most important conference on health care policy in the EU. This year it attracted more than 600 decision-makers from 45 countries for discussions on the latest developments in health care policy.

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