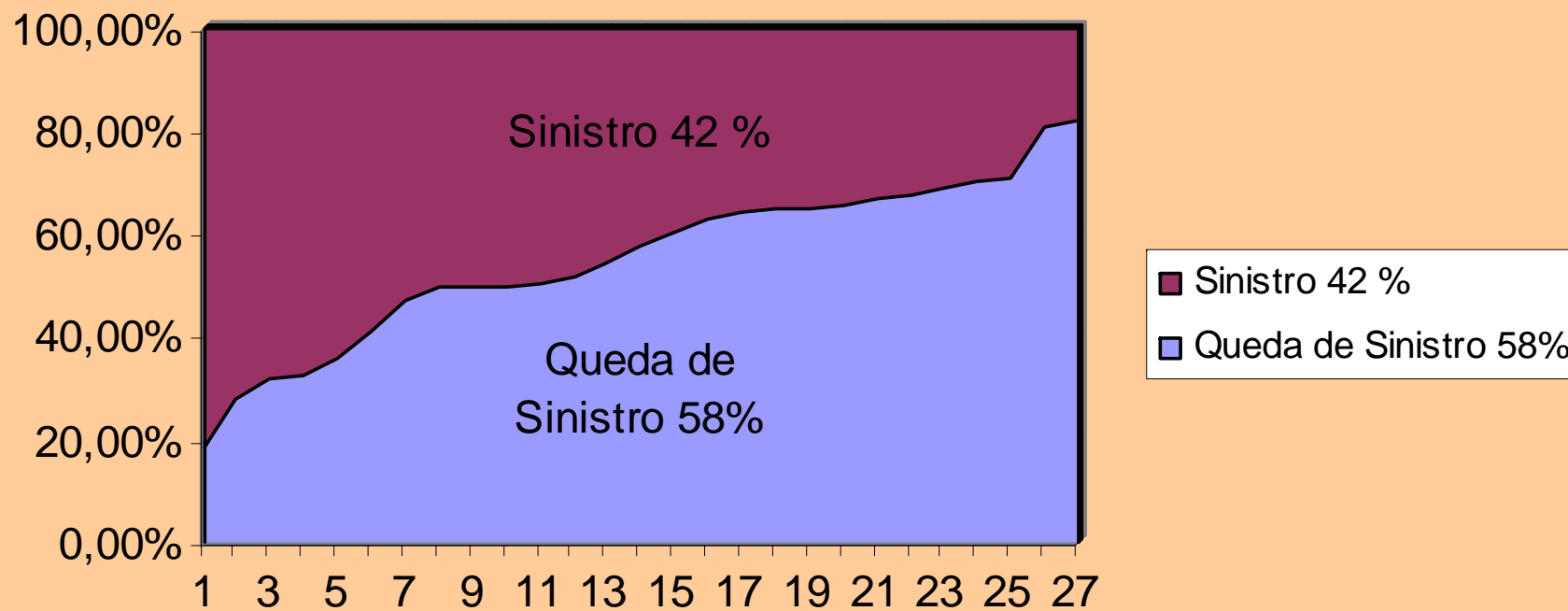


Comparação Sinistro Antes e Depois



Estimando o impacto da renda na saúde através de programas de transferência de renda aos idosos de baixa renda

Neri M C, Soares W L, FGV, 2007

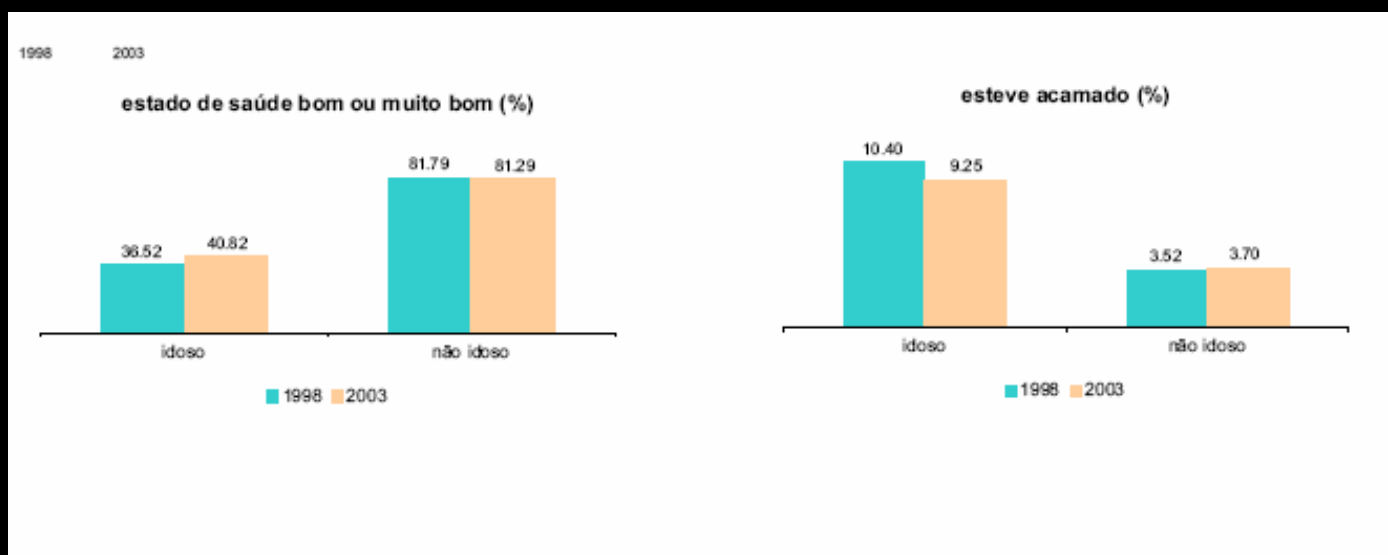


TABLE 1 MADRID INTERNATIONAL PLAN OF ACTION ON AGEING 2002	RESEARCH AGENDA ON AGEING		
	Major Research Priorities ¹	CRITICAL RESEARCH ARENAS	KEY METHODOLOGICAL ISSUES IMPLEMENTATION
Priority Direction I: Older Persons and Development	Priority 1. Relationships of Population Ageing and Socio-economic Development. Priority 2. Current Practices and Options for Maintaining Material Security into Older Age. Priority 3. Changing Family Structures, Intergenerational Transfer Systems and Emergent Patterns of Family and Institutional Dynamics.	1. Social Participation and Integration. 2. Economic Security. 3. Macro-Societal Change and Development.	
Priority Direction II: Advancing health and well-being into old age	Priority 4. Determinants of Healthy Ageing. Priority 5. Basic Biological Mechanisms and Age Associated Disease. Priority 6. Quality of Life and Ageing in Diverse Cultural, Socio-economic and Environmental Situations.	4. Healthy Ageing. 5. Biomedical. 6. Physical and Mental Functioning. 7. Quality of Life.	
Priority Direction III: Ensuring enabling and supportive environments	Priority 3. Changing Family Structures, Intergenerational Transfer Systems and Emergent Patterns of Family and Institutional Dynamics. Priority 6. Quality of Life and Ageing in Diverse Cultural, Socio-economic and Environmental Situations.	8. Care Systems. 9. Changing Structures and Functions of Families, Kin and Community.	
Implementation and follow-up		10. Policy Process and Evaluation.	

¹ Research Priorities 3 and 6 are listed twice, as they correspond to two different priority directions of the *Madrid International Plan of Action on Ageing 2002*.

SECTION 1: THE MAJOR PRIORITIES

The major priorities for research exploration specify the most challenging and at the same time most promising priorities for policy related research on ageing to promote the implementation of the *Madrid International Plan of Action on Ageing 2002*. The following list aims at assisting policy and research planners in directing limited resources to the areas of greatest needs and potentially most fruitful avenues.

Priority 1 Relationships of Population Ageing and Socio-economic Development.

The interrelationship of rapid population ageing and socio-economic development remains ill understood and is often overlooked in national development planning. For developing countries, in particular, this relationship will become increasingly critical. More research is needed to identify the contributions made by older persons to social, cultural, spiritual and economic 'capital' of all nations. The productive contribution of older persons to society should be better measured and monitored along with clearer definition of the complex reciprocal social and economic exchanges that occur in all societies.

Priority 2 Current Practices and Options for Maintaining Material Security into Older Age.

This research priority is highly relevant in the developed world where serious questions have emerged about the long-term sustainability of many national income security systems. It is also critical in the developing countries many of which have only the most rudimentary or even no systems in place or planned for the immediate future. Dynamics of labour force participation, household patterns of savings and expenditure, public sector schemes and other elements of wealth accumulation, savings, pensions and choices made need intensive and wide ranging investigation. Other aspects of monetary and non-monetary support and exchange are also important.

Priority 3 Changing Family Structures, Intergenerational Transfer Systems and Emergent Patterns of Family and Institutional Dynamics.

The changing nature of 'family' and traditional attitudes and behaviours between generations is widely claimed to be changing in most regions of the world. Studies are needed that can track these changes and identify the economic and social impacts on individuals, communities and society. In these investigations the role of older persons themselves in contributing to family and community life needs greater clarification.

Priority 4 Determinants of Healthy Ageing.

Health is a central issue associated with increase in longevity and population ageing. The maintenance of health status and functioning with age is a critical factor impacting upon many other aspects of the lives of older persons, their families and communities. The complex interrelations of individual behaviours, general social, economic, cultural and environmental conditions and the efficacy of preventive, curative and rehabilitative modes of intervention need to be better understood. More research is needed into basic aspects of measuring and monitoring physical and mental functioning and age associated disabilities and potential for preventing these.

Priority 5 Basic Biological Mechanisms and Age Associated Diseases.

The opportunities presented by recent developments in the understanding of basic biological genetic, molecular and cellular aspects of life processes present astounding potential for unravelling the complex relationships between the fundamental mechanisms of ageing and the emergence of age associated disease. The prospects are greatly increased for the identification of efficacious pharmacological and other interventions that may prevent, ameliorate or reverse a range of chronic diseases that are linked to ageing. Continued and significantly increased investment in research in the basic aspects of ageing and disease should be vigorously promoted.

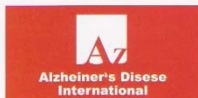

Priority 6 Quality of Life and Ageing in Diverse Cultural, Socio-economic and Environmental Situations.

Ideas of what constitutes 'well-being' and 'good quality of life' vis-a-vis ageing clearly vary according to the social, cultural, economic and traditional context in which it is examined. There is a need for better understanding of the fundamental variations in ageing and life experience and the determinants of quality of life in old age. Much could be learned from well-framed and sensitively undertaken comparative research in settings of various social and economic development and cultural diversity.

International Association of Gerontology and Geriatrics
 Alzheimer's Disease International
 American Geriatrics Society
 Argentinean Society of Gerontology and Geriatrics
 Brazilian Geriatrics and Gerontology Society
 British Geriatrics Society
 British Society for Research on Ageing
 Canadian Geriatrics Society
 Czech Society of Gerontology and Geriatrics
 Danish Gerontological Society
 European Region (IAGG)
 Federation of Korean Gerontological Societies
 Geriatrics Society-Turkey
 Gerontological Society of America
 Hellenic Association of Gerontology and Geriatrics
 Indonesian Society of Gerontology
 Irish Gerontological Society
 Italian Society of Gerontology and Geriatrics
 Latin America Committee (IAGG)
 Maltese Association of Gerontology and Geriatrics
 Mexican Association of Gerontology and Geriatrics
 New Zealand Association of Gerontology
 North American Region (IAGG)
 Paraguayan Society of Geriatrics and Gerontology
 Romanian Society of Gerontology and Geriatrics
 South African Geriatrics Society
 Spanish Society of Geriatrics and Gerontology
 Swedish Gerontological Society
 Swiss Society of Gerontology
 The Gerontological Society of Taiwan
 The Australian Association of Gerontology
 Ukrainian Gerontology and Geriatrics Society



International Association of Gerontology
and Geriatrics

100 Years of Alzheimer's Disease

November 3rd 2006 - Tübingen, Germany



Years of Alzheimer's Disease



Ageing is a worldwide achievement of humankind, and reflects major advances in the development of health, social, and economic structures;

Ageing increases the incidence and prevalence of chronic non-communicable diseases;

The prevalence of Alzheimer's Disease and related disorders increases from 5% for the population aged 65 and over to 40% in those over 80;



Years of Alzheimer's Disease



Worldwide, the old-old population of 80 years and over is the one that grows the most;

The impact of Alzheimer's disease and related disorders is not limited to the health and well-being of those who suffer it, but presents a major challenge to their families and to society as a whole;

In spite of the evidence collected over the 100 years since Alois Alzheimer first described the disease and of the developments of pharmacological and non-pharmacological strategies to manage the of patients and their families and caregivers;



Years of Alzheimer's Disease



Alzheimer's Disease and related disorders are to be considered a major multidisciplinary **public health problem**, which requires a strong commitment from governmental and non-governmental organizations, the private sector and society as a whole to ensure that research, education, training, health care and quality supportive actions are provided to patients and their families.



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