Healthy Life Years After 65: Building on Portugal's Progress with Stronger Geriatric Medicine

Anos de Vida Saudável Após os 65: Consolidar os Progressos de Portugal com uma Medicina Geriátrica mais Forte

Keywords: Geriatricians/education; Geriatrics/education **Palavras-chave:** Geriatras/educação; Geriatria/educação

Recent demographic reports from Eurostat and the Portuguese Centre for Planning and Policy Evaluation (PLANAPP) highlight the growing relevance of population aging. 1,2 Portugal stands out among the three European countries with the largest increase in perceived healthy life years (HLY) at age 65 over the last decade, with a gain of 2.3 years.3

Data show that at age 65, HLY is approximately 7.3 years for women and 9.1 years for men. This is a positive indicator for the health of the Portuguese population. Nevertheless, two points merit attention. First, HLY after age 65 remains below the European average, especially for women (9.6 years for women and 9.2 years for men) and well below the 14 years of HLY observed in some Nordic countries. Second, this phenomenon occurs despite overall life expectancy in Portugal (82.5 years) being above the European average (81.4 years), including some of the Nordic countries. As a result, by age 74, the average older adult in Portugal is expected to live with functional limitations, which suggests that further improvements in HLY are still needed.

The gender gap in HLY is notable: women, despite living longer than men, spend a greater proportion of their later years with functional limitations. This discrepancy likely reflects a higher burden of chronic disease, lower education levels, differences in occupational history and variations in symptom reporting.¹

Portugal's gains in HLY at age 65 coincide with the development of the field of geriatric medicine,⁴ which remains essential to sustain and expand these improvements. The development of orthogeriatric and oncogeriatric units, outpatient clinics, and acute care units has promoted active aging and has been progressively implemented over the last 10 to 15 years.⁴ However, geriatrics is still not formally recognized as a specialty in Portugal, and only 113 physicians currently hold the official competency in geriatrics

awarded by the Portuguese Medical Association (0.16% of all specialists), underscoring the need for further investment in specialized training.¹

Moreover, population aging throughout the country is highly uneven, with sharper trends in inner regions and the autonomous regions, such as the Azores. This geographic variability calls for a strategic allocation of geriatric services to areas with the greatest aging pressures.¹

Geriatric medicine, centered on preserving functionality and autonomy, aligns with the World Health Organization's ICOPE (integrated care for older people) strategy to optimize intrinsic capacity. Its comprehensive approach – including multidimensional assessment, prevention of decline, frailty and fall management, and medication optimization – requires effective coordination across hospital, community, and post-discharge care.⁵

While the recent achievements are encouraging, sustaining progress in Portugal requires expanding programs promoting active aging and frailty prevention, improving health literacy, implementing the specialty of geriatrics and, investing in undergraduate and postgraduate training.

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AUTHOR CONTRIBUTIONS

CC: Data collection and analysis, critical review of the manuscript.

FFR, AMS, HF: Critical review of the manuscript.

MA: Study design, data analysis, writing and critical review of the manuscript.

All authors approved the final version to be published.

CONFLICTS OF INTEREST

The authors have no conflicts of interest to declare.

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