11 CARE FOR OLDER PEOPLE

The group of older people represents a large and growing part of the population. In 2022, 2.3 million persons in Belgium were aged 65 and older, representing 19.6% of the total population. According to demographic projections made by the Belgian Federal Planning Bureau, the share of people aged 65 years and over in the total population is expected to further rise to 25.1% in 2050.[124] In this period (2022-2050), the number of persons aged 65 years or over will increase by 39% and the number of persons aged 80 years or over will nearly double.

This population group also requires particular health services. Not only is there a strong correlation between older age and demand for acute medical and hospital services, but many of them also need ongoing, longer-term support to help them with their day-to-day activities.

Informal care, i.e. care provided by family and friends (mostly spouses and children) have traditionally been an important source of care for people with long-term care needs. If informal care is no longer sufficient, **formal care** by professionals is required. Formal care can in first instance be provided at home, thereby avoiding institutionalisation. For support in mainly instrumental activities of daily living, there are **home assistance services** (‘*thuishulp’-‘aide à domicile*’). When a person rather needs nursing, there is **home nursing care** (‘*thuisverpleging’-‘soins à domicile’*).

If it can no longer be avoided, the person has to move to a residential facility. There are two main types of residential facilities (**homes for older people**) in Belgium: **rest homes**, which provide nursing and personal care to older persons with mainly low to moderate limitations (categories O, A, B, C, Cd and D on the Katz scale), and **rest and nursing homes**, for persons strongly dependent on care though without need of permanent hospital treatment (categories B, C, Cd and D on the Katz scale). Besides homes for older people, there are (semi-residential) care settings, such as **short stay care centers** and **day care centers**.

Furthermore, there are **service flats**. In service flats, called ‘*assistentiewoningen-résidences-services’*, people can live independently in an adapted and safe building, with a common room for interaction with other residents and with support from care services (including shared meals) if needed.

In Belgium, governance of long-term care is fragmented between the federal level and the federated entities (regions and communities). The coordination between the different levels is to be managed by interministerial conferences and inter-administration coordination structures.[125]

The federated entities are responsible for the programming, recognition, subsidisation and supervision of home assistance services and services for home nursing care. However, for home nursing care there is reimbursement by RIZIV – INAMI (at the federal level).

Since the 6th State Reform of 2014, the federated entities are also responsible for the programming, supervision, recognition, financing/subsidisation and price regulation of homes for older people, short stay care centers and day care centers. There is no reimbursement by RIZIV-INAMI for the day price of stays in homes for older people, but there is reimbursement for interventions by healthcare professionals, such as physicians and nurses, and for medication in it.

Furthermore, the federated entities are responsible for the programming, supervision, and recognition of service flats.

Regulation of the medical professions providing healthcare (physicians, nurses), on the other hand, is the responsibility of the federal level (Federal Public Service Health, Environment and Safety of the Food Chain).

The fragmentation of the responsibilities also has an impact on data availabilities at national level, as we will further on see.

Accessibility of long-term care services (OLD-1 and -2)

In order to live a good life at older age, people require smooth access to long-term care services, either at home, in homes for older people or in semi-residential setting. The first indicators in this chapter focus on residential care (OLD-1), home nursing care (OLD-2) and informal care (OLD-3). These indicators are intertwined: the higher the availability of informal carers and of home nursing care services, the lower the need for residential care is expected to be. Although informal care is not always a substitute for formal care; it can be a complement, supporting and coming on top of formal care.

Since the transfer of (part of) long-term care from the federal to the federated level, centralisation of data on the population in institution (homes for older people) has been problematic for the years 2019-2020-2021, especially for

Brussels and resultantly also for the total Belgian data. Most recent available data from 2021 on the Flemish and Walloon region show that 5% of the population aged 65 years or over stayed in a home for older people (OLD-1). The proportion of the population in homes for older people increased by age and more women were in homes for older people than men. Based on data for 2018 we see that in the population of 85 years and over, 14.0% of men and 27.7% of women were in a home for older people.

More detailed data in the technical sheet furthermore show that the mean age of persons in homes for older people got slightly higher over the period 2008-2021. In that period the mean age increased from 86 to 87 years for women and from 82 to 84 years for men.

Data for home nursing care, on the other hand, are complete over the years. This sector was not transferred to the federated levels and RIZIV – INAMI remains the reimbursement institute for the whole country. Data show that in 2021, 7.6% of the Belgian population aged 65 years and over received home nursing care (OLD-2) (see also section 8.4 on the impact of the COVID-19 pandemic). Of note is that there was considerable geographical variation in use of home nursing care. The proportion of people aged 65 years and over receiving home nursing care was particularly higher in the provinces Limburg (11.7%), West-Flanders (9.9%) and Hainaut (9.8%) and particularly low in Brussels (4.2%), Walloon Brabant (4.2%) and Luxembourg (4.3%).

Due to different ways of provision of long-term care for older people, international comparison is difficult. Based on the available data from OECD, Belgium appeared to score relatively high compared to other European countries with regard to the population in homes for older people. On the other hand Belgium appeared to score relatively low with regard to home (nursing) care.

Informal care givers (OLD-3)

Informal caregivers have traditionally been important contributors to fill the long-term care needs in a country. The last SHARE (Survey of Health, Ageing and Retirement in Europe)[126] showed that Belgium scored well with 19% of the population aged over 50 years providing informal care on daily or weekly basis (OLD-3) (see also section 7.1 for differences by socioeconomic status). This was amongst the highest rates in the survey. However, it will be important to monitor the future evolution. Also in Belgium, it is expected that, due to declining family size, increased geographical mobility and rising participation rates of women in the labour market, the availability of informal carers will decline in the coming decades.

In Belgium, support for informal carers is spread over federal and federated authorities, provinces and municipalities.[127] In recent years an important step was taken at federal level. Since September 2020 persons in Belgium can request an official recognition as informal carer. The condition for this is that the person provides care at least 50 hours per month or 600 hours per year. This recognition entitles the person to take ‘informal care leave’ of 3 months full-time or up to 6 months when taken part-time (half-time or 1/5th).[128]

Bed capacity in homes for older people (OLD-4)

Since 2018, the total number of beds in homes for older people in Belgium increased from 144 399 to 148 455 in 2021/22. Still, the number of beds per 1 000 population aged 65 years and over decreased from 68 to 65, which means that the population aged 65 years and over grew proportionately more than the number of beds (OLD-4). Furthermore, whilst the number of beds in rest and nursing homes increased considerably, the number of beds in rest homes decreased, as part of the latter type of beds were requalified as beds in rest and nursing homes.
Compared to other European countries, Belgium ranks relatively high for bed capacity in homes for older people. Belgium was only preceded by Luxembourg and the Netherlands, which had the highest density of beds (86 and 85 beds per 1 000 population aged 65 years and over respectively). Still, there are growing concerns in Belgium about the fast growing population aged 65 and 85 years and over in the coming decades. Needless to say that this will lead to a drastic increase in care needs, in residential setting as well as at home.

Besides the expected shortage of beds in homes for older people in the coming years, there are also widespread concerns about:

- the availability of personnel to meet the increasing needs (both for care at home and for residential care). Already currently, the field suffers from shortage of personnel.[129]
- the affordability of residential care for the older people. For many persons, the pension is not sufficient to cover the bill of the home for older people.[130]
- the growing privatisation of residential care and the challenges that come with it.[131-133]

Care profile of persons in homes for older people (OLD-5)

In order to help tempering the increase in needed beds, it should be ensured that the available beds are in priority used for older persons needing more intensive care. Especially for independent persons (category O of the Katz scale) but also for persons with low care-dependency (category A) it can be questioned whether moving to a residential facility is the most appropriate option. Over the period 2011-2021, the proportion of patients in level O or A staying in residential facility steadily decreased, from 32% in 2011 to 20% in 2021 (OLD-5). These data show a positive evolution, yet differences amongst regions indicate further potential for improvement. In Brussels, still 29% of people living in a home for older people had certain autonomy. In Wallonia, this proportion was 27%. In Flanders, this proportion was reduced to 16%.

To avoid too early institutionalisation of independent or low care-dependent persons, besides home care services and alternatives like service flats, also other alternative care possibilities should be expanded, as it may e.g. concern persons in need of mental healthcare or social lodging who cannot find a place elsewhere and for whom the residential facility is currently a last resort solution.[134]

Availability of geriatricians (OLD-6)

The ageing of the population not only poses pressure on long-term care services for older persons but also on acute care services for them. This is where geriatricians and geriatric nurses play an important role. With indicator OLD-6, we monitor the evolution of the geriatric medical workforce. In 2021, there were 377 practising geriatricians in Belgium. In the previous four years there was an average increase of 17 practising geriatricians per year. This growth is too low compared to the recommendations of the Planning Commission – Medical Supply of the FPS Public Health.[135, 136] In previous years, a number of actions were taken to motivate more physician students to choose for geriatrics. Furthermore, more RIZIV – INAMI codes were created to increase the remuneration of geriatricians. Considering the limited growth of geriatricians in recent years, nevertheless, further actions may be required.

Safety in residential care (OLD-7 and OLD-8)

Fall incidents are a common cause of morbidity and mortality in older people. Recent data on fall incidents in older people are only available for the Flemish community, where they are measured in the context of the Flemish Indicator Project in the homes for older people. Data from this project reveal that in 2021 a median of 12.8% of residents in Flemish homes for older people had a fall incident in one month time (OLD-7). This high percentage illustrates the high care need of residents in homes for older people and the need for further actions to prevent fall injuries in this population.

The occurrence of **pressure ulcers**, also known as bedsores, in patients (either hospitalised, in residential care or at home) has a serious negative impact on their individual's health. Pressure ulcers can be prevented with good quality nursing care. The occurrence of pressure ulcers is one of the quality indicators measured in the Flemish project on quality indicators in homes for older people. These data show that on first June 2021, on average 2.9% of the residents had decubitus category 2 or more (OLD-8). However, only in 1.6% of the residents the decubitus developed in the home for older people. Over the years 2018-2021, we observe a small decrease in the median percentage of residents with decubitus. However, when only

considering decubitus that developed in the home for older people, the evolution over time appears more or less stable.

For fall incidents and pressure ulcers in homes for older persons, no recent international data are available for comparison. It is recommended that these quality indicators also be measured in the other Belgian regions, both to monitor the situation and to draw attention to the continued need for preventive efforts, to reduce the risk of pressure ulcers and to avoid them leading to severe and fatal conditions.

Appropriateness of care

Because of their side effects especially in older patients, **anticholinergic drugs** should be avoided as much as possible in this population. Yet data show that in 2021, 18.7% of the Belgian population aged 65 years and over got delivered a dosage over 80 DDD of anticholinergic drugs, which indicates chronic use of these drugs (OLD-10). Persons staying in homes for older people were more frequently prescribed anticholinergics than those living at home (45.5% of persons aged 75 years and over in homes for older people compared to 18.0% of persons aged 75 years and over at home). Historical data since 2011, show a slight positive evolution (from 23.1% of persons aged 65 years and over in 2011 to 18.7% of persons aged 65 years and over in 2021). Furthermore, there was considerable regional variation. There is further need for improvement and the prescribing behaviors by clinicians should be improved through education, training and increased adherence to guidelines.

Antipsychotics are often prescribed for problem behaviour in patients with dementia, however, given the associated risks of these drugs, non-pharmacologic interventions are the recommended first step. Data show that in 2021, 5.5% of the population aged 65 years and over was delivered antipsychotics (≥1 DDD). Belgium ranked close to average compared to other European countries. The problem appears particularly acute in homes for older people. Among people aged 65 years and over in homes for older people, 27.3% were delivered antipsychotics (OLD-11A), compared to only 4.4% in people aged 65 years and over outside home for older people (OLD-12A). Reducing the overuse of antipsychotics in homes for older people remains a working point for Belgium. Also the use of **antidepressants** was particularly high in homes for older people (OLD-11B). 48.3% of people aged 65 years and over in homes for older people used antidepressants (≥1 DDD), compared to 18.1% in people aged 65 years and over outside home for older people (OLD-12B).

Polypharmacy in older people

Many older people take a large number of different medicines, particularly when they suffer from chronic diseases. However, the more medicines one takes, the higher the risk of adverse effects, drug interactions, non-compliance, deterioration of functional status, and increased frailty in people of very old age. A sound balance must therefore be determined between taking a reasonable amount of medicines and polymedication. Although the use of multiple drugs is widely referred to as polypharmacy, no consensus exists on what number should define the term. In the literature, polypharmacy has often been defined as taking at least five medicines concurrently.

The percentage of the insured population aged 65 years and over that used in the past year 5 or more different drugs of >80 DDD was 42% in 2022. Polypharmacy was increasing with age until the age group 85 to 89 years (53%) and then decreasing. However, a potential for improvement was also seen in younger age groups from 65 years old as there were important variations between districts. Special attention should be paid to people from lower socio-economic groups as they were more at risk for polypharmacy (see also section 7.1). No impact of the COVID-19 crisis was observed on polypharmacy.

Table 24 – Indicators on care for older people

(ID) Indicator		Score	Belgium	Year	Flanders	Wallonia	Brussels	Source	EU-14	EU-27
Accessibility of long-term care services										
OLD-1	Long-term care in home for older people (% of population ≥65 years)	**C**		2021	5.0	5.0		IMA-AIM		
			5.7	2018			7.6	IMA-AIM		
				2020				OECD	3.2	3.0
OLD-2	Long-term home nursing care (% of population ≥ 65 years)	**C**	7.6	2021	8.3	6.8	**4.2**	IMA-AIM		
				2020				OECD	8.9	8.6
OLD-3	Informal carers (% of population ≥ 50 years)	**C**	16.6	2018	15.9	18.1	14.8	HIS		
			23.5	2019				OECD	14.4	12.8
OLD-4	Number of long-term care beds in homes for older people [a] (per 1 000 population ≥ 65 years)	**C**	65.4	2022	58.9	69.6 [b]	103.9	Regions		
				2019				OECD	49.4	44.5
OLD-5	Low care-dependent people in homes for older people (% of residents)	**C**	20.2	2021	15.9	**26.9**	**29.4**	IMA-AIM	-	-
Accessibility of acute care										
OLD-6	Practising geriatricians (per 10 000 population ≥ 65 years)	⊕	1.7	2021	**1.6**	**1.6**	2.6	RIZIV-INAMI	-	-
Safety in residential care										
OLD-7	Fall incident during the last month in homes for older people (% of residents)	●	-	2021	12.8	-	-	VIKZ	-	-
OLD-8	Prevalence of pressure ulcers (grade II-IV) in homes for older people (% of residents)	●	-	2021	2.9	-	-	VIKZ	-	-

(ID) Indicator		Score	Belgium	Year	Flanders	Wallonia	Brussels	Source	EU-14	EU-27
Appropriateness of care										
OLD-10	Prescription of anticholinergic drugs >80 DDD in older people (% of population ≥ 65 years)	⊕	18.7	2021	17.0	**22.0**	19.2	EPS (RIZIV-INAMI)	-	-
OLD-11 A	Use of antipsychotics ≥1 DDD in homes for older people (% of residents ≥ 65 years)	⊕	27.3	2021	**29.7**	**26.3**	21.6	IMA-AIM	-	-
OLD-11 B	Use of antidepressants ≥1 DDD in homes for older people (% of residents ≥ 65 years)	●	48.3	2021	39.5	**54.8**	**51.5**	IMA-AIM	-	-
OLD-12 A	Use of antipsychotics ≥1 DDD outside homes for older people (% of population ≥ 65 years)	→	4.4	2021	4.9	3.6	3.2	IMA-AIM; OECD	5.6 (>0 DDD)	5.3 (>0 DDD)
OLD-12 B	Use of antidepressants ≥1 DDD outside homes for older people (% of population ≥ 65 years)	→	18.1	2021	17.1	20.0	16.8	IMA-AIM		
OLD-13	Polypharmacy among older people (5 or more drugs of >80 DDD per year) (% of population ≥65 years)	ST	42	2022	41	**45**	37	Pharmanet	-	-

Good (●), average (●) or poor (●) results, globally stable (ST), improving (+) or trend not evaluated (empty).
For contextual indicators (no evaluation): upwards trend (↗), stable trend (→), downwards trend (↘), no trend (C).

HIS = Health Interview Survey; VIKZ = Vlaams Instituut voor Kwaliteit van Zorg; EPS = Echantillon Permanent(e) Steekproef

a Homes for older people: woonzorgcentra (WZC) - maison de repos pour personnes âgées (MRPA)/maison de repos et de soins (MRS)

b Wallonia: German-speaking Community included

Summary of indicators specifically on population aged 65+/75+

Table 25 summarises the indicators reported in previous sections on older people, comparing where possible the population living in home for older people with the population living at home (receiving home care or not).

Overall, receiving home care or staying in a home for older people was associated with a higher influenza vaccination rate (P-4), a higher continuity of care with a regular GP (QC-2) and a higher contact rate with GPs (QC-3). The occurrence of short antidepressant treatment episodes was lower (and thus better) in homes for older people than outside (MH-8).

Staying in a home for older people however was also associated with a lower contact rate with ophthalmologists in diabetic patients (QA-1 and QA-2).

Use of antibiotics in older people (75+) was higher than in the general population (QA-4 and QA-5).

Conclusion

Data on fall incidents and pressure ulcers are only available for homes for older people in Flanders. It is recommended that these quality indicators also be measured in the other regions, to monitor the situation and to continue drawing attention to the need for preventive efforts.

Too much anticholinergic drugs were prescribed in older people and too many antipsychotics and antidepressants were prescribed in homes for older people. Prescribing behaviors of clinicians should be improved through education, training and increased use of and adherence to guidelines. The number of polymedicated patients remained relatively high compared to other countries but had slightly decreased over time.

Table 25 – Indicators reported previously in other sections, specifically on population aged ≥65 years or ≥75 years

(ID)	Indicator	Year	Source	Belgium	No long-term care (65+)	Receiving home care (65+)	In home for older people (65+)
Prevention							
P-4	Influenza vaccination (% of pop ≥65 years)	2021	IMA – AIM	57.3	56.7	62.5	71.8*
Continuity of care							
QC-2	Usual Provider Continuity index ≥ 0.75 (% of pop ≥65 years)	2021		60.3	59.6	77.0	64.6
QC-3	GP encounter within 7 days after hospital discharge (% of pop ≥65 years)	2021	IMA – AIM	43.5	34.6	54.0	56.6
Appropriateness of care							
QA-1	Proportion of people ≥65 years living with diabetes with an appropriate follow-up (% of people ≥65 years under insulin)	2021	IMA – AIM	43.1	45.8	35.2	17.9
QA-2	Proportion of people ≥65 years living with diabetes with an appropriate follow-up (% of people ≥65 years receiving glucose-lowering drugs other than insulin)	2021	IMA – AIM	17.1	17.4	14.6	6.5
QA-4	Use of antibiotics (% of pop ≥75 years, at least once in the year)	2021	AIM – IMA	39.8			
QA-5	Use of antibiotics of second intention (% total DDD antibiotics in pop 76-85 years)	2021	RIZIV –INAMI	42.3			
Mental health							
MH-8	Use of short (<3 months) antidepressant treatment episodes (% of pop ≥65 years under antidepressant)	2020	Pharmanet – Farmanet	12.4	10.9	9.3	5.1

**Influenza results for population aged ≥65 years in home for older people cover Brussels and Wallonia only (results for Flanders are not available in IMA – AIM data). Moreover, if vaccines come from group purchases made by the federated entities, they are not included in the data. Data for people living in home for older people should therefore be used with caution.*