

## SOCIAL PROBLEMS OF THE ELDERLY AND THE IMPACT OF CHRONIC DISEASES: FROM DIALYSIS TO COMMUNITY INTEGRATION

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**ABSTRACT:** *Population ageing represents one of the most significant demographic transformations of the 21st century, with complex implications for both social and healthcare systems. In Romania, this process is intensified by the migration of the young population and the fragility of the social infrastructure, leading to increased vulnerability among older adults. This paper offers a theoretical review of the specialized literature on the interdependence between chronic diseases particularly renal failure and the social integration of the elderly. The analysis explores the medical, psychosocial, and community dimensions of ageing, emphasizing the need for an integrated socio-medical approach. The article highlights the importance of developing community services, psychological support programs, and public policies aimed at active and dignified ageing. This work provides a significant contribution by integrating the medical and social dimensions of ageing within an interdisciplinary conceptual framework. The narrative analysis offers an updated perspective on active ageing, using recent international research and focusing on the role of community support and psychosocial interventions in improving the quality of life among older adults. The results offer valuable insights into the formulation of public policies grounded in integrated care and social inclusion.*

**Keywords:** *ageing; chronic diseases; dialysis; community integration; social vulnerability; socio-medical services.*

### Introduction

Population ageing is a global phenomenon that generates profound changes in social structures and healthcare systems. According to data from the World Health Organization (WHO, 2023), by the year 2050, the number of people aged over 65 is expected to exceed 1.6 billion worldwide. In Romania, the ageing process is accelerated by declining birth rates, labor migration, and the pronounced ageing of the rural population. These demographic transformations are reflected in the growing incidence of chronic diseases, particularly cardiovascular, renal, and metabolic disorders which reduce functional autonomy and the quality of life among older adults (Barnett et al., 2012). At the same time, medical vulnerability is often compounded by social vulnerability: isolation, economic insecurity, and stigmatization contribute to the exclusion of older people from community life (Bara, 2022; Min et al., 2022).

The purpose of this paper is to theoretically analyze the interdependence between chronic illness and the social integration of elderly individuals in Romania, with an emphasis on the

socio-medical dimensions of renal failure and the need for an interdisciplinary approach to ageing. This phenomenon is clearly visible in Romania, where demographic changes are exacerbated by the migration of young people and the accelerated ageing of rural areas. The direct consequence is an increasing number of elderly people requiring adapted medical and social services.

One of the inevitable outcomes of population ageing is the high incidence of chronic diseases. Conditions such as diabetes mellitus, hypertension, chronic kidney disease, and cardiovascular disorders are far more frequent at advanced ages, affecting not only physical health but also the capacity for social participation (Barnett et al., 2012). Multiple chronic conditions (multimorbidity) reduce autonomy, increase dependence on treatments and medical services, and generate high costs for healthcare systems. For instance, patients with chronic kidney disease often depend on dialysis, a long-term treatment that restructures everyday life. Recent studies show that among diabetic dialysis patients, cardiovascular mortality is significantly higher, while arterial stiffness represents a major risk

factor for severe complications (Ghigolea et al., 2017; Furtés, 2025). Thus, the medical dimension of ageing cannot be separated from the social one: older adults face not only the disease itself but also its collateral effects, social isolation, income decline, and reduced community participation.

In recent years, the digitalization of health and social care services has become a key element of elderly care. Digital technologies including telemedicine, online support platforms, and health applications help maintain autonomy and reduce social isolation (Lee & Kim, 2023; Marston et al., 2024). However, the digital divide among older adults in Romania limits equitable access to such modern services.

According to Bara (2022), the social problems of older adults in Romania, financial precariousness, lack of institutional support, and social isolation are compounded by the impact of chronic illness, creating a vicious cycle of vulnerability. Moreover, the community integration of elderly people with mental or cognitive disabilities, as analyzed in previous research (Bara, 2020), shows that active and healthy ageing depends not only on the medical system but also on the existence of family and community support networks.

Beyond the medical dimension, dialysis generates a profound psychosocial impact, including anxiety, depression, a sense of dependency, and the loss of an active social role (Kacso et al., 2015; Bárány et al., 2020). Recent studies confirm a high rate of cardiovascular mortality among diabetic dialysis patients, with arterial stiffness as a key predictor of complications. For older adults, long-term treatments become a source of social vulnerability, especially when combined with low income and lack of family support. In the absence of supportive networks, patients experience isolation and reduced treatment adherence. Therefore, recent literature recommends integrated care programs that combine medical treatment with psychological counseling and community support.

Overall, the broader context of population ageing and the rising incidence of chronic diseases necessitate an integrated socio-medical approach that considers both the biological dimension of illness and its consequences for social participation and quality of life among the elderly.

## Methodology

### *Design*

This article is based on a narrative theoretical review constructed through the critical analysis of specialized literature published between 2012 and 2025. The documentation included international scientific papers indexed in databases such as PubMed, Scopus, and ScienceDirect, as well as recent contributions from Romanian academic sources. The selection of materials was guided by thematic relevance, focusing on studies exploring the relationship between ageing, chronic diseases, and the processes of social integration among older adults. Additionally, studies examining the psychological and community impact of chronic illness, along with reports from international organizations concerning contemporary policies on active ageing, were reviewed. Through this approach, the analysis sought to identify the core medical, psychosocial, and community dimensions of the phenomenon and to outline models of intervention adaptable to the Romanian context.

### *Selection and Exclusion Criteria*

Approximately 72 scientific papers published between 2012 and 2025 were analyzed, all selected from international databases (PubMed, Scopus, ScienceDirect). The review included peer-reviewed English-language articles addressing the relationship between ageing, chronic diseases, and the social integration of elderly individuals, as well as studies examining the psychological, community, and economic impacts of chronic conditions. Studies published before 2012, non-scientific materials, and purely clinical research lacking a social component were excluded. The final selection provided an interdisciplinary and contextually grounded basis for analyzing the ageing process and the vulnerabilities associated with chronic illness.

### *Eligibility Criteria*

Eligibility criteria focused on studies investigating the interconnection between ageing, chronic diseases, and social integration, particularly those analyzing the psychological, community, or economic dimensions of these phenomena. The exclusion of non-scientific and pre-2012 publications ensured a focus on recent, evidence-based studies. This selection enabled the construction of a comprehensive and interdisciplinary framework for understanding ageing-related vulnerabilities.

### *Methodological Limitations*

The methodological limitations of this narrative review stem primarily from its theoretical and descriptive nature, which does not allow for the generalization of conclusions based on empirical data. The restriction to English-language publications introduces potential linguistic bias and may exclude relevant local or regional contributions. Moreover, while major databases were used (PubMed, Scopus, ScienceDirect), the search process was non-systematic, relying on thematic relevance rather than quantitative inclusion criteria. Consequently, the results offer a comprehensive but interpretive synthesis, intended to shape conceptual directions rather than establish causal relationships between the variables studied.

### *Results*

The findings of this research highlight a strong interconnection between population ageing, chronic diseases, and social vulnerability. Conditions such as renal failure, diabetes, and cardiovascular disease significantly reduce functional autonomy, increase dependence on medical care, and amplify the risk of social isolation, particularly among older adults with multimorbidity. The accumulation of multiple chronic conditions affects not only physical health but also psychological well-being, leading to anxiety, depression, and diminished quality of life. Furthermore, the analysis emphasizes that medical and social issues are deeply intertwined. The lack of family support, financial hardship, and unequal access to services contribute to the marginalization of older adults. Dialysis patients experience a high psychosocial burden, which necessitates integrated interventions combining medical treatment with psychological and community support. Consequently, the study underlines the importance of developing interdisciplinary socio-medical approaches that promote active ageing and social inclusion for individuals with chronic illnesses.

### *Discussion*

The analysis of ageing-related issues in Romania reveals a profound interdependence between the medical and social dimensions of the ageing process. The rising incidence of chronic diseases exacerbates economic vulnerability and reduces social participation, while challenges related to income and limited access to services are even more severe among individuals with advanced conditions, such as chronic renal failure.

Dialysis patients face an increased risk of cardiovascular complications, particularly in the presence of diabetes (Ghigolea, 2017; Lu et al., 2024), which further intensifies their dependence on medical and community support.

At the international level, the phenomenon of multimorbidity calls for a reorganization of healthcare systems toward integrated care models that include psychological and social support (Barnett et al., 2012). In Romania, the absence of a coherent strategy and limited resources, reflected in the allocation of less than 1.2% of GDP for services dedicated to the elderly (Eurostat, 2024) maintain a high level of vulnerability compared with other European countries.

Community integration remains a fundamental direction for social inclusion among older adults. Bara (2020) notes that elderly individuals with mental or cognitive disabilities face persistent obstacles due to the lack of specialized services and negative community attitudes. The World Health Organization (2020) promotes the concept of active ageing as a key element of participation and well-being. Mental health issues such as depression and anxiety (Friedman et al., 2019) exacerbate emotional vulnerability and reduce treatment adherence. Overall, the Romanian context reproduces challenges found in other European countries but within a more fragile economic framework, making integrated socio-medical care essential for improving the quality of life among older adults.

### *Conclusions and Future Research Directions*

The analysis of the social and medical problems of elderly people in Romania reveals a complex reality in which the biological dimension of chronic diseases is closely linked to economic, social, and community challenges. Population ageing, combined with the high prevalence of chronic illnesses, increases the vulnerability of older adults. In the absence of coherent policies and integrated services, this group remains at high risk of marginalization and diminished quality of life.

The theoretical analysis demonstrates the deep interdependence between medical and social dimensions of ageing. Chronic diseases particularly renal failure significantly contributes to economic and social vulnerability, limiting the capacity for community integration and reducing life quality. This highlights the need for an integrated socio-medical approach that balances

medical interventions with social support measures. Strengthening community-based healthcare and social services, promoting active and intergenerational ageing programs, expanding psychological support for chronically ill patients, and developing informal volunteer networks can substantially reduce isolation and enhance community participation among the elderly.

Future research should further explore the subjective experiences of older adults living with chronic illnesses, focusing on their perceptions of community support, coping strategies, and the role of digital technologies in maintaining active and autonomous lifestyles. Such research would enable the development of more nuanced public policies and social interventions tailored to the actual needs of this population.

#### *Practical Implications*

The findings underline that population ageing, and the growing prevalence of chronic diseases, demand structural reforms in socio-medical services at both national and local levels. In Romania where the proportion of older adults continues to rise and regional inequalities persist there is an urgent need for an integrated approach to care and social inclusion. Expanding and strengthening networks of community-based socio-medical services, particularly in rural areas, should be a strategic priority, given older adults' limited access to chronic treatments, psychological assistance, and community support (European Commission, 2024; World Health Organization, 2020). The development of integrated community centers capable of providing home care, counseling, and remote medical monitoring could reduce institutional dependency and alleviate pressure on the public healthcare system.

Another key direction involves promoting intergenerational programs and community volunteering, which enhance social cohesion and a sense of belonging. Interactions between younger and older generations have proven beneficial for self-esteem, perceived self-worth, and mental health (Davenport & Price, 2023; Kivimäki, Batty & Gale, 2025). Successful European intergenerational mentoring models could be adapted to the Romanian socio-cultural context. In addition, digital literacy among older adults is becoming essential for social inclusion and equitable access to modern services. Promoting basic digital skills, familiarization with telemedicine platforms, and the development of user-friendly applications for seniors can help reduce the digital divide and enhance functional autonomy (Lee & Kim, 2023; Marston, Musselwhite & Morgan, 2024). Integrating digital technologies into public health policies has the potential to improve chronic disease management and reduce pressure on healthcare systems.

In the long term, a national strategy for active and healthy ageing, based on empirical data and intersectoral collaboration, could represent a decisive step toward a more inclusive and sustainable society. Such policies should combine medical, social, psychological, and educational interventions to ensure that older adults experience not only longevity but also dignified, active, and community-integrated lives. Overall, these directions support the transition from a reactive, disease-centered model to a preventive and participatory approach, grounded in intersectoral collaboration and social inclusion (World Health Organization, 2020; European Commission, 2024).

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