

Table 2.5 Textbook distinction between normal vs. pathological decrements in physiological performance in old age. Retabulated from ref. 38, p. 177.

Pathological process	'Normal' age-related decline
Diabetes	Impaired glucose tolerance
Insomnia due to nocturia, pain and depression	Altered sleep pattern
Accelerated osteoporosis	Bone loss
Cataracts and macular degeneration	Impaired sight
Effects of ototoxic drugs, diuretics or vascular disorders	Impaired hearing
White matter lesions due to hypertension and Alzheimer's disease	Declining intellectual function
Parkinson's, Alzheimer's, cerebrovascular disease, dementia, vestibular lesions, cervical spondylosis and visual problems	Minor gait slowing and balance impairment

Table 2.6 Textbook distinction between clinical diseases and geriatric syndromes. Retabulated from ref. 52, p. 99.

Clinical diseases	Geriatric syndromes
Hypertension	Disability
Arthritis	Hearing impairment
Heart disease	Urinary incontinence
Malignant neoplasm	Falls
Influenza	Visual impairment
Diabetes	Frailty
Alzheimer's disease	
Sinusitis	
Ulcers	
Stroke	
Asthma	
Emphysema	
Kidney disease	
Liver disease	

While no clear criteria are presented to distinguish normal senescent changes from pathological ones, there is some recognition that this binary distinction can be problematic. For example, according to *Davidson's*, “the physiological features of normal aging have been identified by examining disease-free populations of older people, to separate the effects of pathology from those due to time alone. However, the fraction of older people who age without disease ultimately declines to very low levels so that use of the term ‘normal’ becomes debatable” (p. 167). *Harrison's* notes that the separation occurs “somewhat artificially” (p. 94 e-1). This problem is further outlined in the *Textbook of Medicine*: “There has been a long-running debate on