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the 1990s, the number of people in the United States who are obese has increased by 100% (Flegal et al. 2002). In the United Kingdom, the prevalence of obesity has increased from 10% in 1980 to 15% in 1997 (Wardle and Beal 1999). In the United States, the prevalence of obesity has increased from 15% in 1980 to 25% in 1994 (Flegal et al. 2002).

Obesity is a risk factor for a number of chronic diseases, including heart disease, stroke, diabetes, and certain types of cancer (Flegal et al. 2002). In the United States, obesity is the leading risk factor for heart disease and stroke (Flegal et al. 2002). In the United Kingdom, obesity is the leading risk factor for heart disease and stroke (Wardle and Beal 1999). In the United States, obesity is the leading risk factor for diabetes (Flegal et al. 2002). In the United Kingdom, obesity is the leading risk factor for diabetes (Wardle and Beal 1999).

Obesity is a risk factor for certain types of cancer, including breast cancer, colon cancer, and prostate cancer (Flegal et al. 2002). In the United States, obesity is the leading risk factor for breast cancer (Flegal et al. 2002). In the United Kingdom, obesity is the leading risk factor for breast cancer (Wardle and Beal 1999).

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the 1990s, the number of people in the UK who are aged 65 and over has increased by 1.5 million, and the number of people aged 75 and over has increased by 1 million (Office of National Statistics 1999). The number of people aged 85 and over has increased by 300,000 in the same period.

There is a growing awareness of the need to develop services to meet the needs of the ageing population. The Department of Health (1999) has published a strategy for ageing, which sets out the government's commitment to improve the lives of older people. The strategy is based on three main principles: (1) to ensure that older people are able to live independently for as long as possible; (2) to ensure that older people are able to participate in the life of the community; and (3) to ensure that older people are able to live in the place of their choice.

The strategy is based on the following assumptions: (1) that older people are a heterogeneous group with diverse needs; (2) that the needs of older people are changing over time; and (3) that the needs of older people are different from the needs of younger people. The strategy is based on the following objectives: (1) to improve the health and well-being of older people; (2) to improve the social and economic participation of older people; and (3) to improve the living conditions of older people.

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the 1990s, the number of people in the UK who are aged 65 and over has increased by 1.5 million, and the number of people aged 75 and over by 1.2 million (Office for National Statistics 1999). The number of people aged 65 and over is projected to increase to 6.5 million by 2020, and the number of people aged 75 and over to 4.5 million (Office for National Statistics 1999).

There is a growing awareness of the need to develop strategies to meet the needs of older people, and to ensure that they are able to live independently and actively in their own homes for as long as possible. This has led to a number of initiatives, including the development of new housing and care services, and the implementation of policies to support older people in their own homes. The aim of this paper is to review the current state of research on the needs of older people, and to discuss the implications for policy and practice.

The paper is organized as follows. In the first section, we discuss the demographic changes in the UK, and the implications for the needs of older people. In the second section, we review the current state of research on the needs of older people, and discuss the implications for policy and practice. In the third section, we discuss the implications for policy and practice, and in the fourth section, we conclude.

The demographic changes in the UK have led to a growing awareness of the need to develop strategies to meet the needs of older people, and to ensure that they are able to live independently and actively in their own homes for as long as possible. This has led to a number of initiatives, including the development of new housing and care services, and the implementation of policies to support older people in their own homes.

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the 1990s, the number of people in the UK who are employed in the public sector has increased by 1.5 million (from 2.5 million in 1980 to 4 million in 1999) and the number of people in the public sector who are employed in health care has increased by 1.2 million (from 1.3 million in 1980 to 2.5 million in 1999).

There is a growing emphasis on the need to improve the quality of health care and to ensure that the health care system is able to meet the needs of the population. This has led to a number of initiatives, including the establishment of the National Health Service (NHS) and the introduction of the Health Act 1999. The Health Act 1999 has a number of key provisions, including the requirement for the NHS to provide a high quality of care and to ensure that the health care system is able to meet the needs of the population.

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the 1990s, the number of people in the UK who are employed in the public sector has increased by 1.5 million, from 2.5 million in 1980 to 4 million in 1998. The public sector has become a major employer in the UK, and its growth has been a key factor in the overall growth of the economy.

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the 1990s, the incidence of *S. flexneri* has increased in the United Kingdom [10]. In the United States, *S. flexneri* has been reported as the most common serotype in children with acute bacterial dysentery [11].

There is a paucity of data on the epidemiology of *S. flexneri* in the United Kingdom. In the 1980s, *S. flexneri* was the most commonly isolated serotype from patients with acute bacterial dysentery in the United Kingdom [12]. In the 1990s, *S. flexneri* was the most commonly isolated serotype from patients with acute bacterial dysentery in the United Kingdom [13].

The aim of this study was to determine the prevalence of *S. flexneri* in the United Kingdom. The study was designed to determine the prevalence of *S. flexneri* in the United Kingdom. The study was designed to determine the prevalence of *S. flexneri* in the United Kingdom. The study was designed to determine the prevalence of *S. flexneri* in the United Kingdom.

Methods

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Results

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Discussion

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Conclusion

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