



# CHRONIC DISEASE AND HEALTHY LIFESTYLE TRANSITIONS (HLT<sub>s</sub>)

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*Chronic Disease and HLTs  
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# CHRONIC DISEASE AND LIFESTYLE TRANSITIONS

## Results from the Longitudinal Aging Study Amsterdam

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# ***Introduction***

- **Central premise**

**Healthy lifestyle transitions** (HLT's), eg. smoking cessation, alcohol consumption moderation, initiating physical activity, are associated with more favourable course of disease (eg. diabetes [Clark & Hampson, 2001], respiratory diseases [Eagen, Gulsvik et al., 2004], arthritis [Song, Lee et al., 2003]) compared to persistence in unhealthy lifestyles.

# ***Introduction***

- **Study objectives:**

1. Study lifestyles across prevalent chronic diseases

2. Study HLTs across prevalent & incident chronic diseases

3. Examine if changes in disease-related symptoms are associated with HLTs

# Methods

- **Longitudinal Aging Study Amsterdam (LASA):**
  - Population-based
  - Since 1992 (N=3,107)
  - Age 55-85 year old
  - Three-year intermittent
  - Main & medical interviews
  - Included baseline & 2<sup>nd</sup> follow-up (N= resp. 2,184 and 1,167), i.e. 6-year period

# Methods

- **Each cycle provided data on:**

- Self-reported chronic disease status

- \* *Lung disease, CVD, Diabetes, OA/RA (yes / no)*

- Disease-related symptoms

- \* *Disease-specific questions about symptoms*

- *Lung disease (e.g. freq. of coughing, wheezing, shortness of breath)*

- *CVD (e.g. freq. of chest pains, and how fast the pains disappears)*

- *Diabetes (e.g. freq. pain during walking)*

- *OA/RA (e.g. freq. of pain, stiffness, swelling of joints)*

# Methods

- **Each cycle provided data on:**

- Lifestyle

- \* *Smoking (yes ; no)*

- \* *Alcohol use (abstaining ; moderate [ $>0 - \leq 2$  glass/d] ; excessive [ $>2$  glass/d])*

- \* *Physical activity (sedentary [0 -  $<86$  min./d] ; active [ $>86$  min./d])*

- Sociodemographics, covariates

- \* *Age, gender, education, multimorbidity*

# Methods

- **Analyses:**

1. Study lifestyles across prevalent chronic diseases → multivariate logistic regression analyses

2. Study HLTs across prevalent & incident chronic diseases  
→ McNemar tests

3. Examine if changes in disease-related symptoms (cat) are associated with HLTs (cat) → Manova

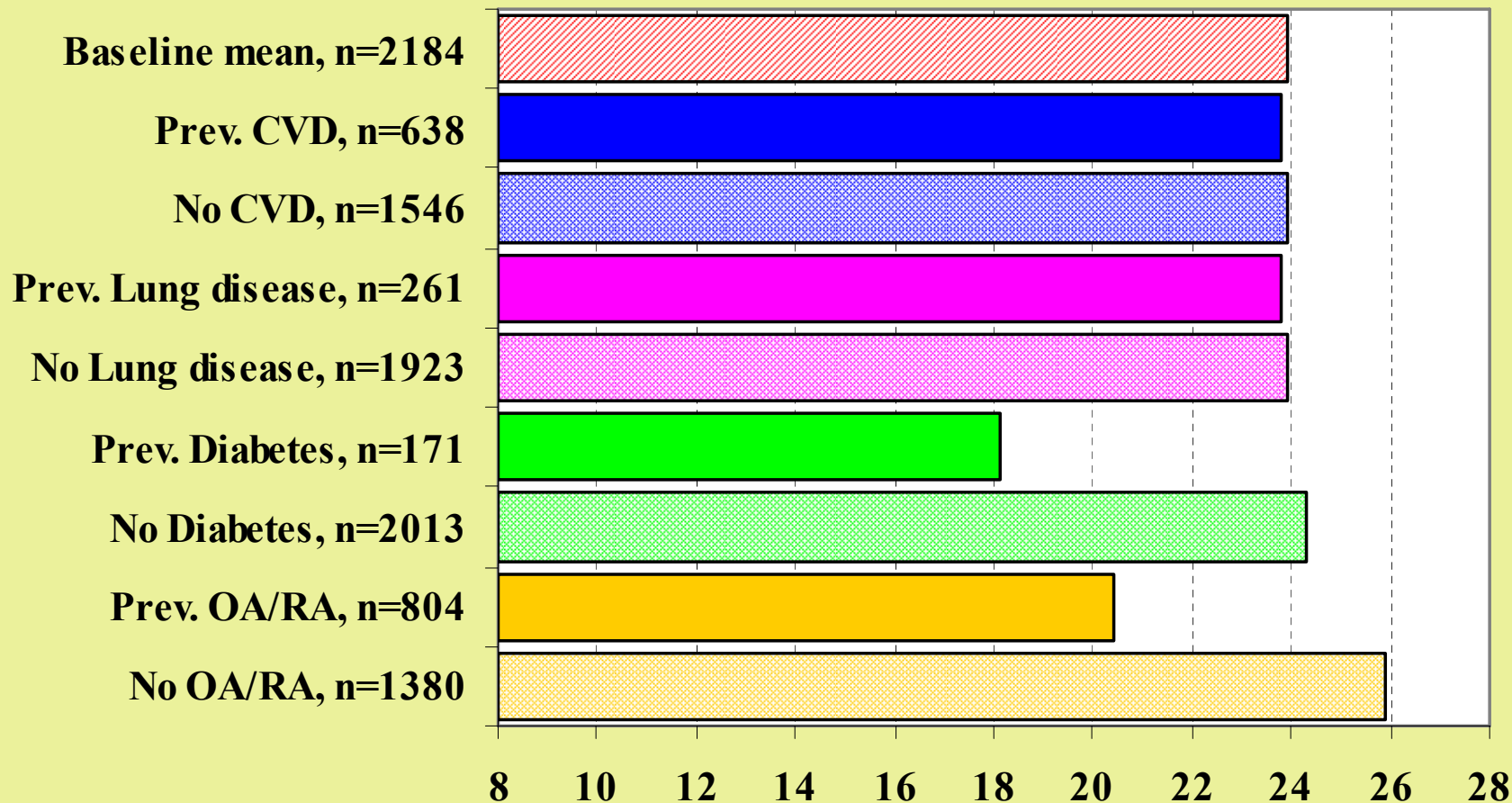
★ Marks statistical significance ( $p$  at least  $< .05$ )



# Results<sup>1</sup>

## Lifestyles in prevalent chronic diseases (1/3)

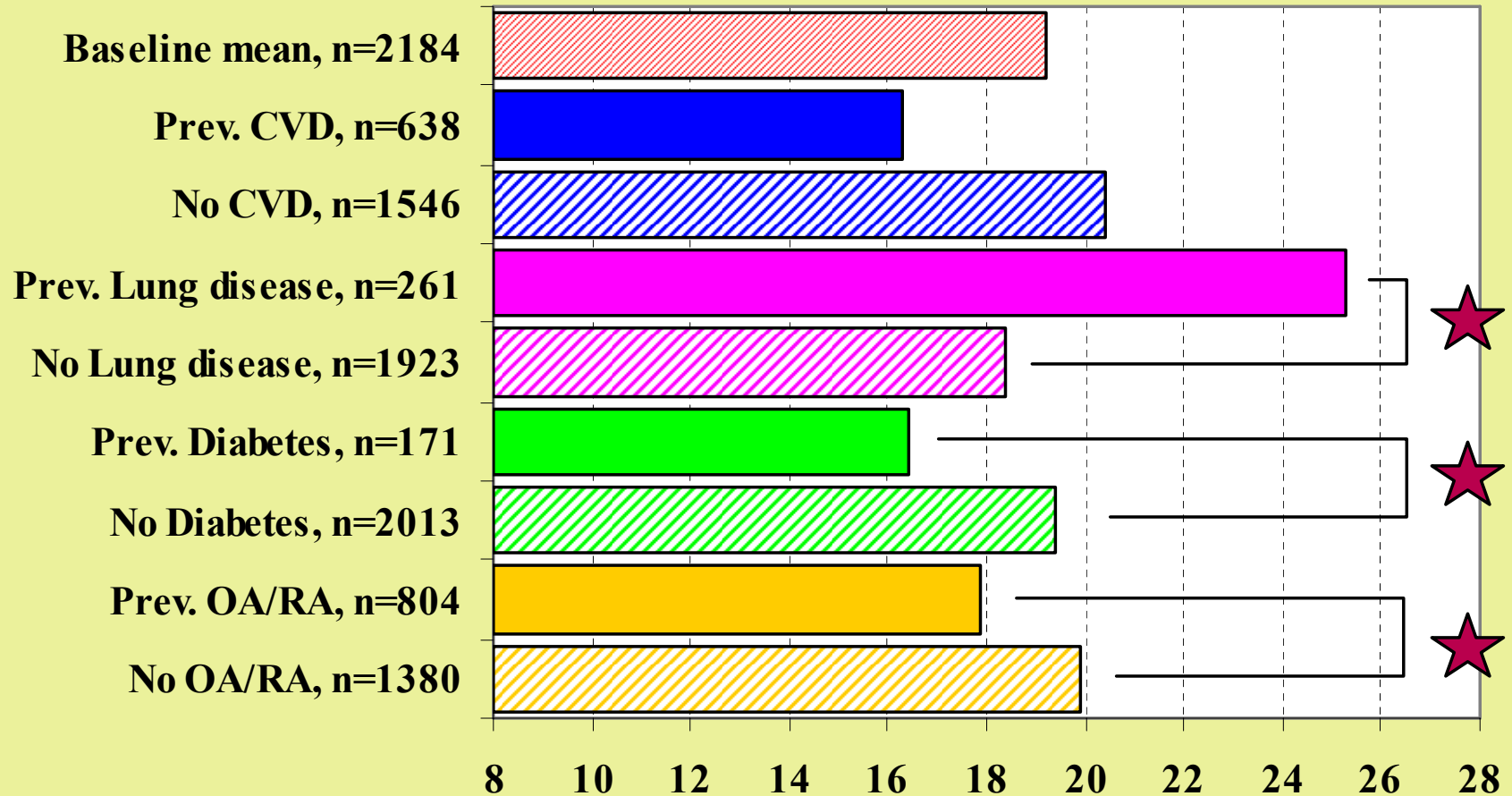
### Smoking (% yes)



# Results<sup>1</sup>

## Lifestyles in prevalent chronic diseases (2/3)

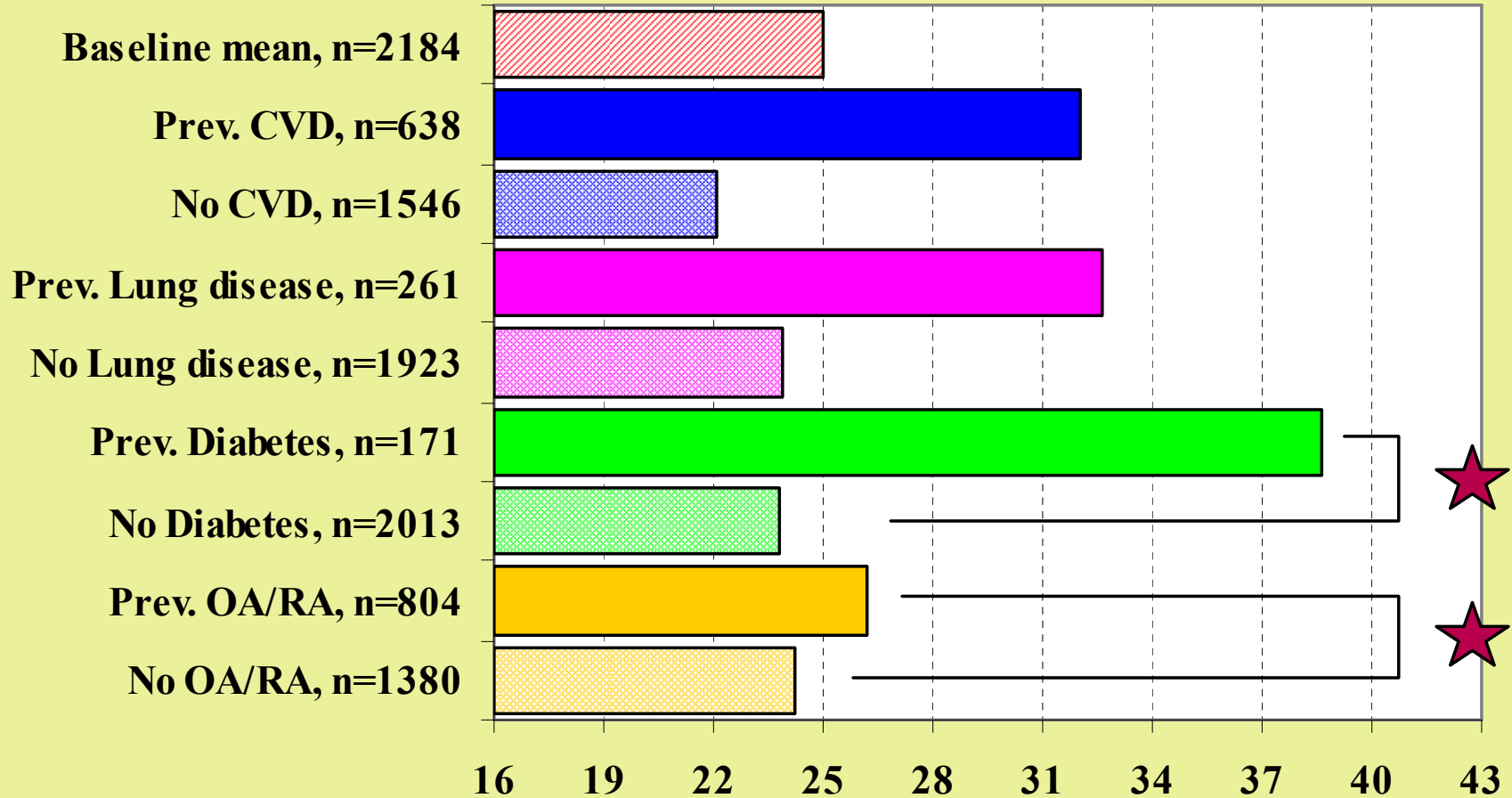
### Alcohol use (% excessive)



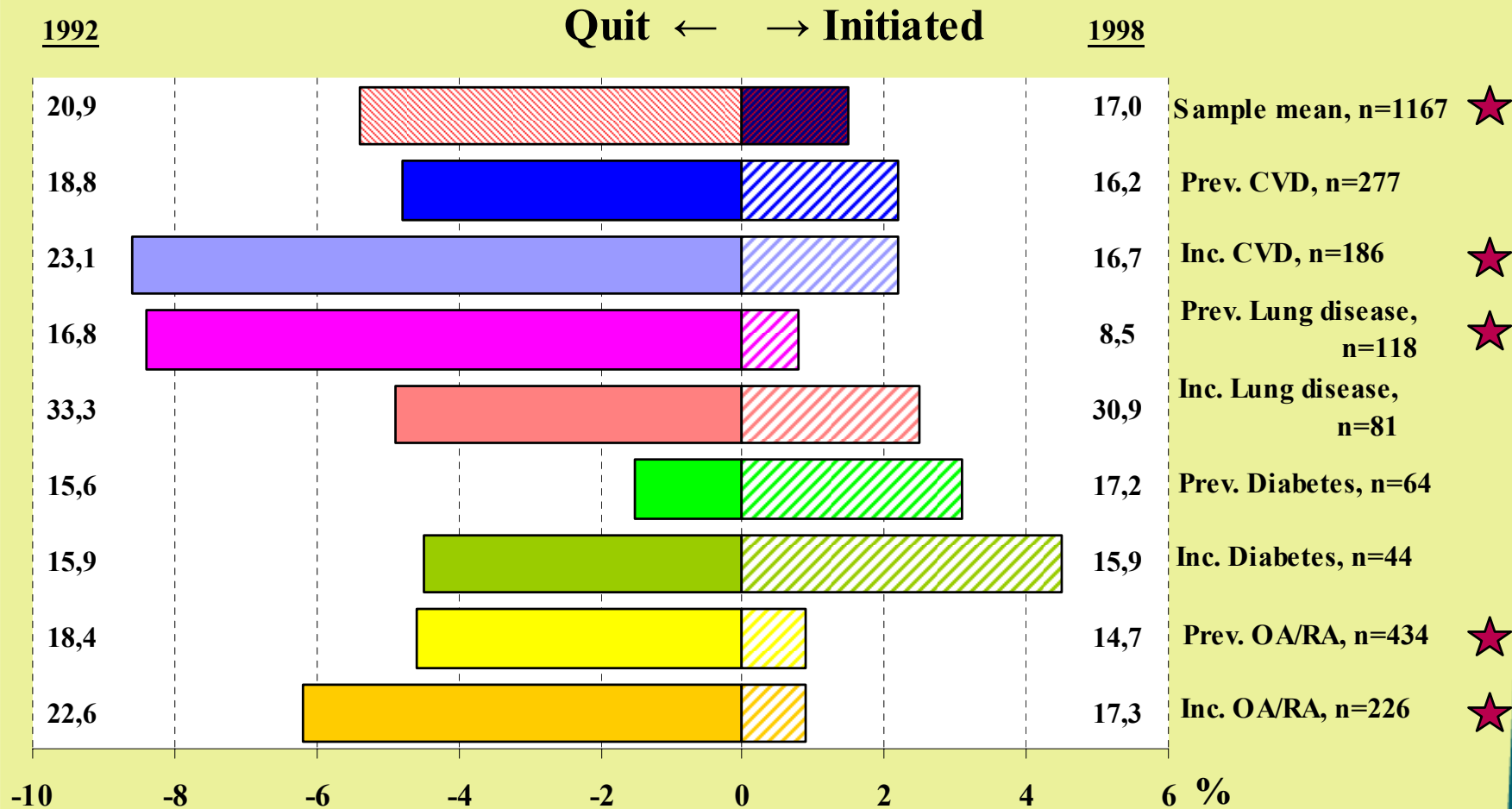
# Results<sup>1</sup>

## Lifestyles in prevalent chronic diseases (3/3)

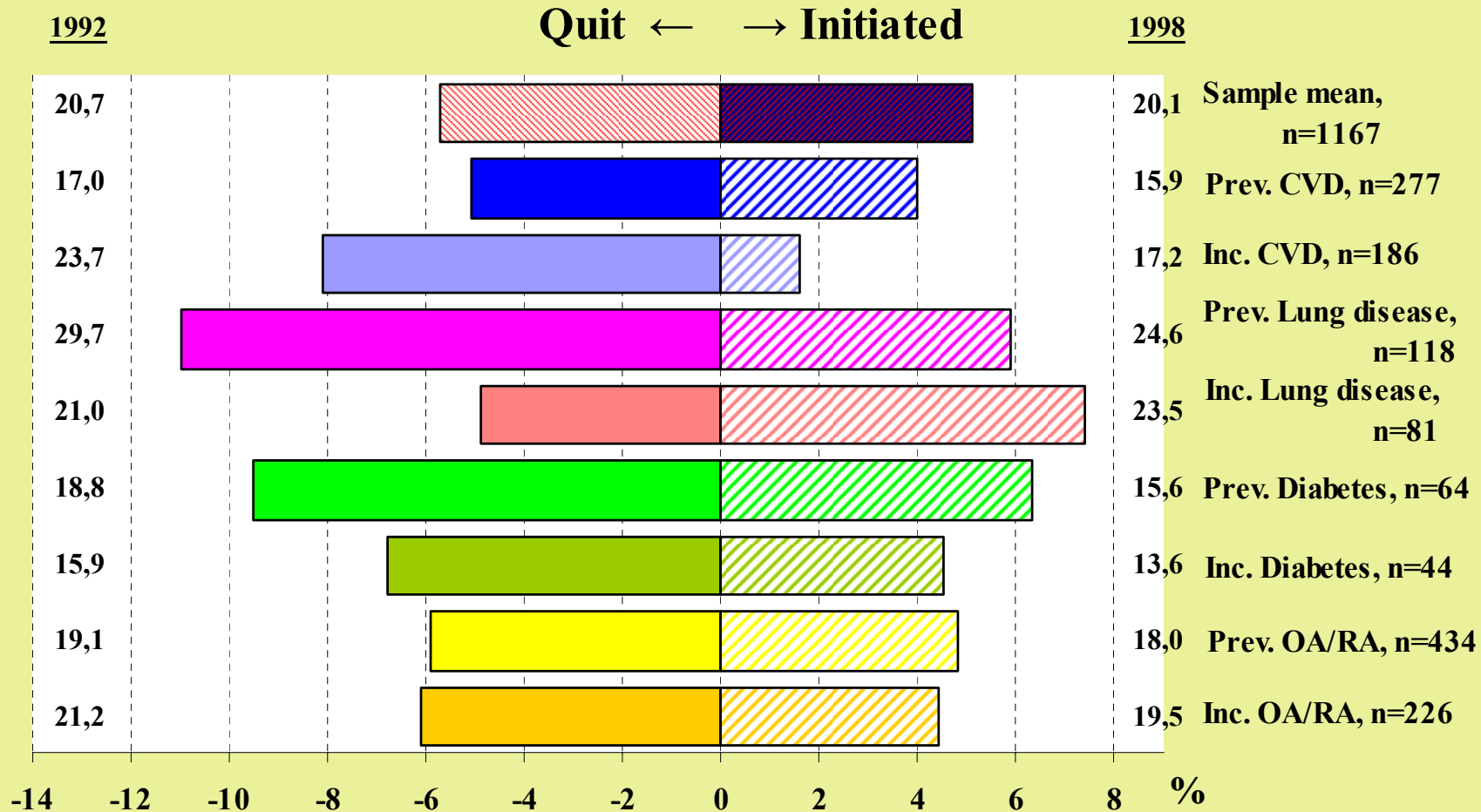
### Physical activity (% sedentary)



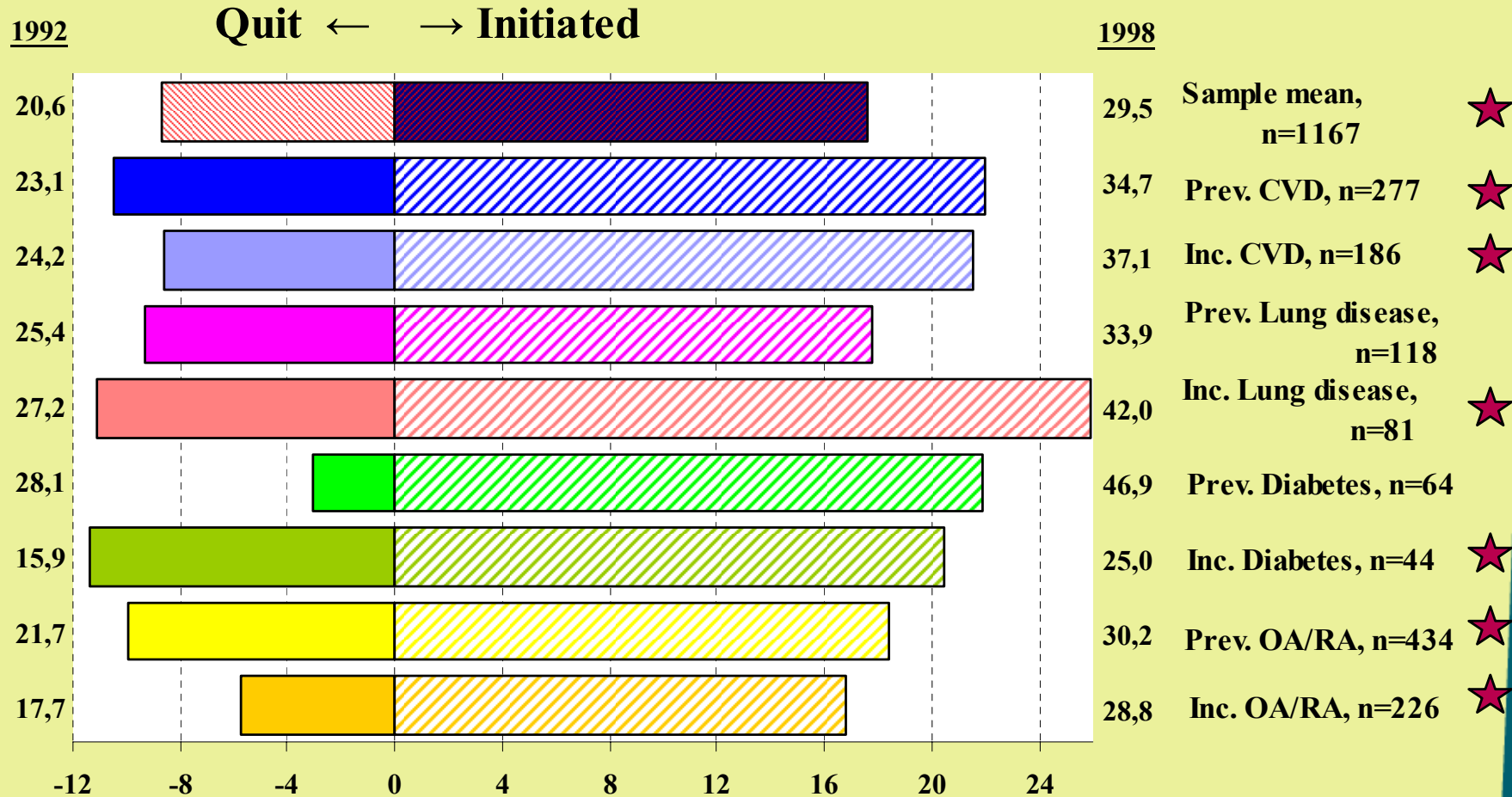
### 6-yr changes in smoking



### 6-yr changes in excessive alcohol use



## 6-yr changes in sedentary lifestyle



## **Results<sup>3</sup>** HLTs & change in disease-related symptoms

- Change in disease-related symptoms did not differ between Rs with HLT and those persisting in their unhealthy lifestyle in prevalent and incident chronic disease categories in which a significant lifestyle change took place between baseline and follow-up.

# Discussion

- More (excessive) alcohol use in prevalent lung disease, and less in other disease categories
- Rs with incident CVD more likely to quit smoking, cease excessive alcohol use, and less likely to become active → reactive to new diagnose?
- Change in disease severity does not play a role in HLTs
- Next step? Objective symptom measures (FEV<sub>1</sub>, HbA1c)?
- Targeted health promotion