

Functional ability in the elderly Swedish population 1980 - 2005

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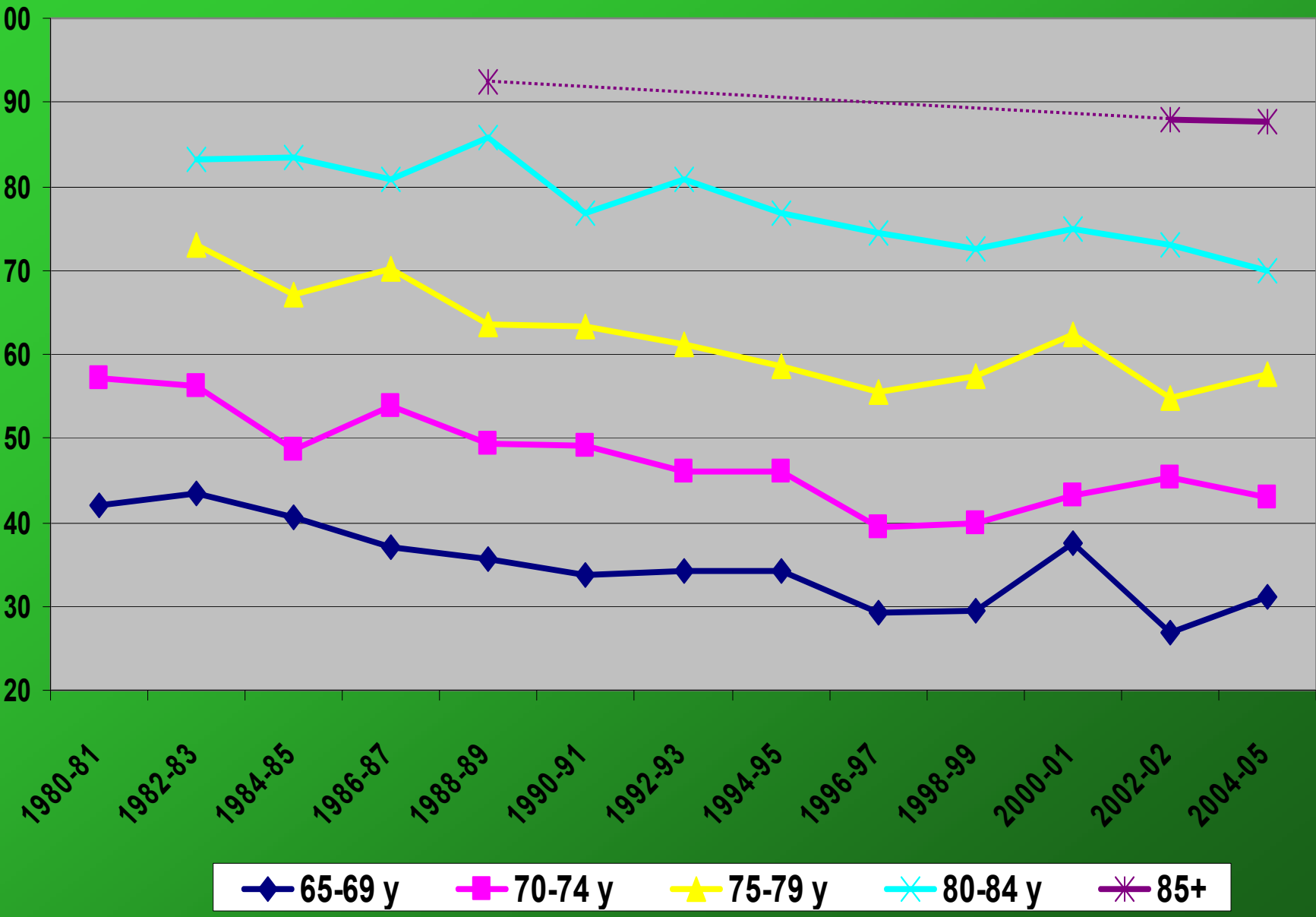
Questions

- Trends 1980 - 2005?
- Differences between health indicators?
- Age and sex group differences?

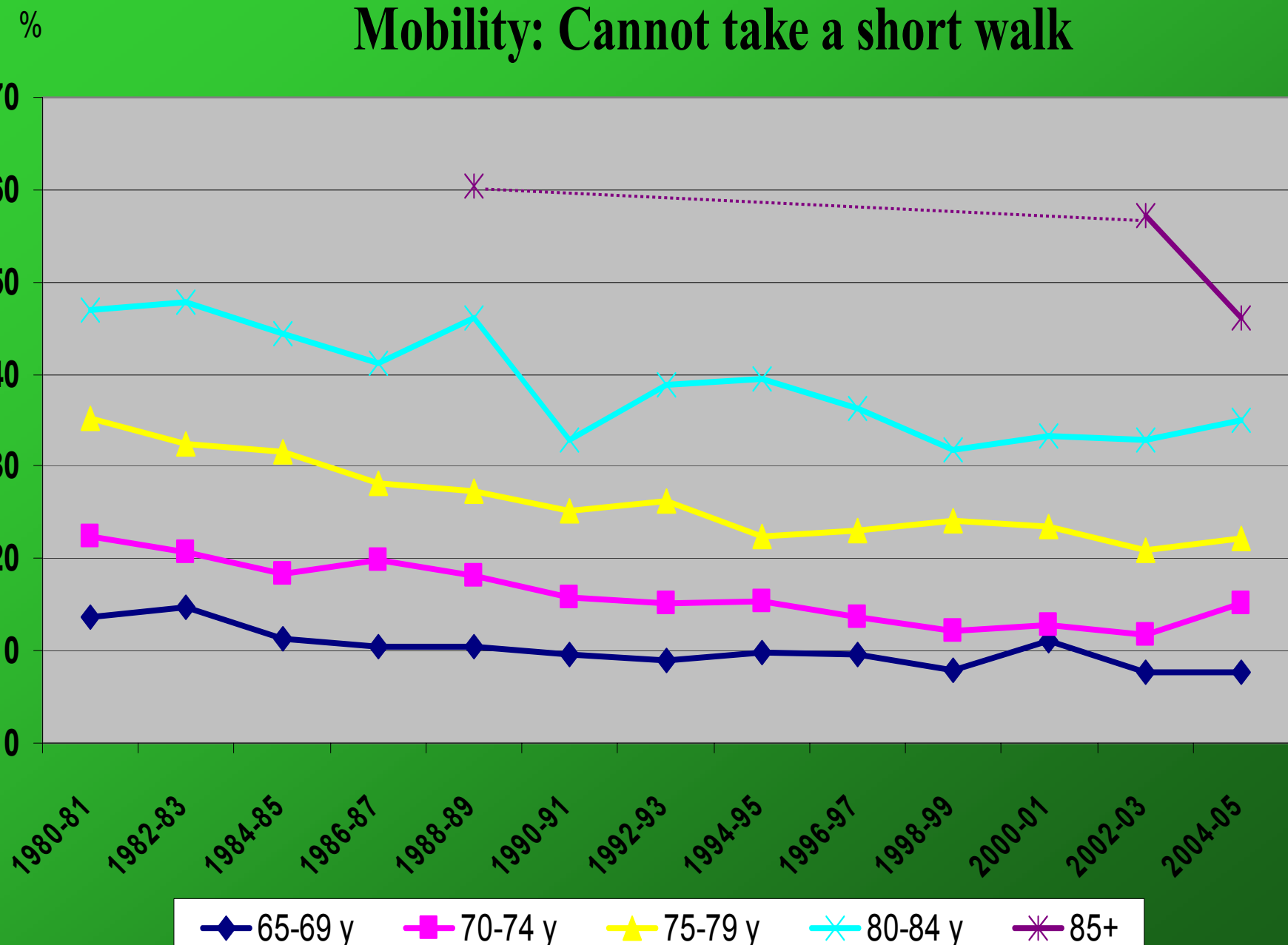
ULF: Living Conditions Survey

- Statistics Sweden annual interview survey
- Nationally representative
- $N \approx 3000$ >64 years
- Age ceiling 85 except 1988/89, 2002-05
- Self-reported health and function items

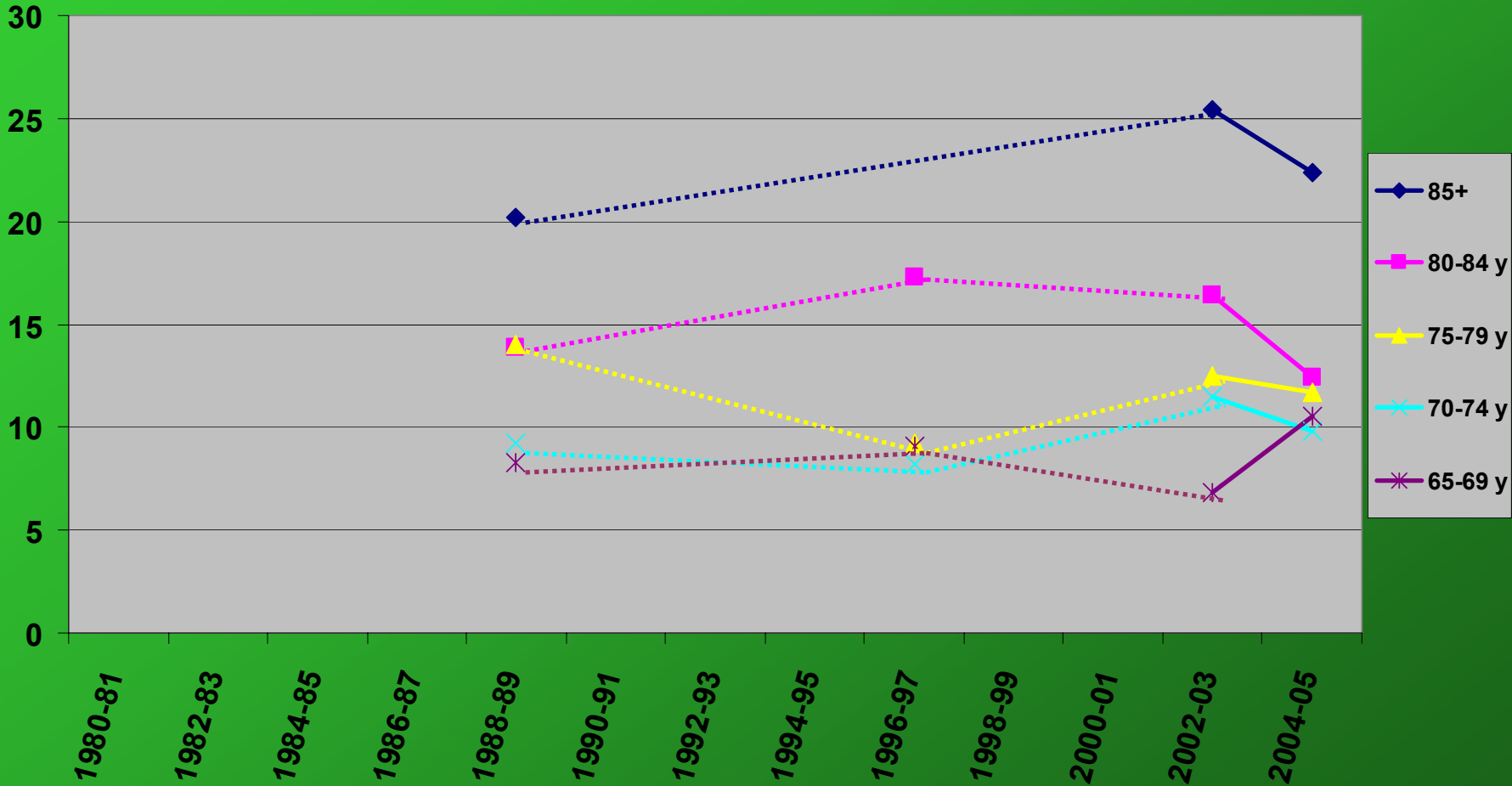
Mobility: Cannot run 100 m



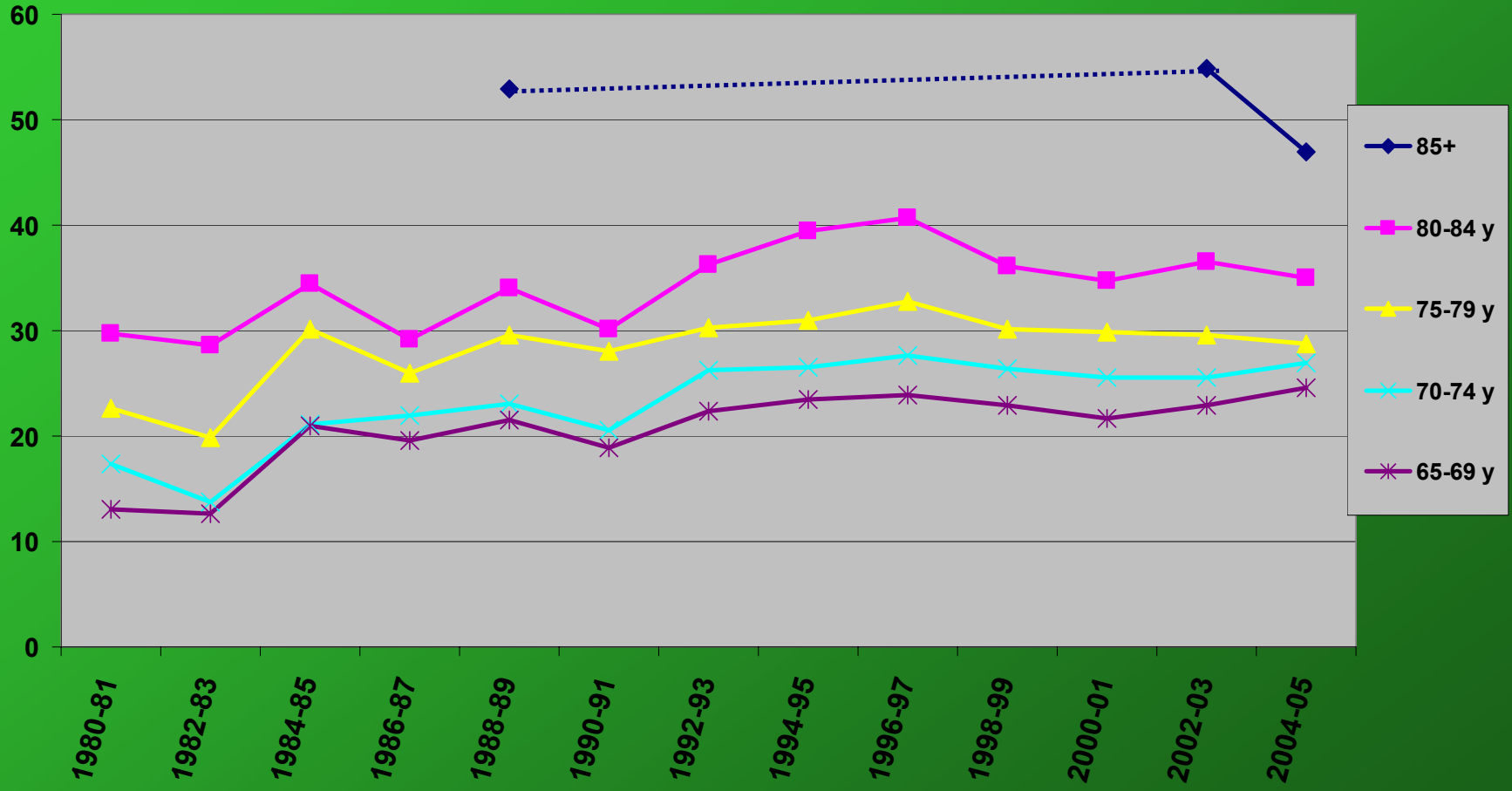
Mobility: Cannot take a short walk



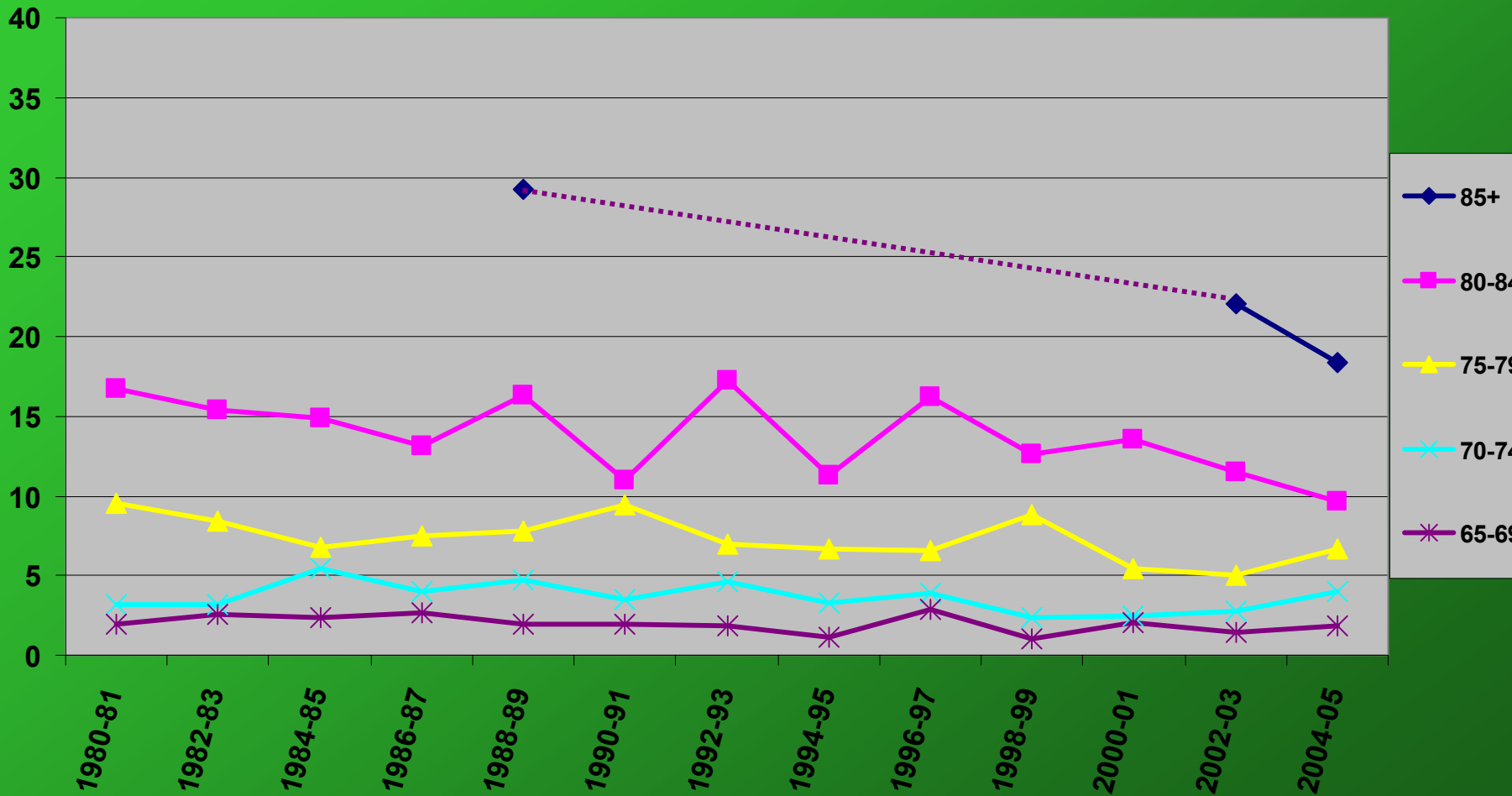
Problems to grasp, e.g., a faucet



Hearing: difficulty hearing a conversation between several people (with or without hearing aid)



Vision: problems seeing and reading newspaper print (with or without glasses)

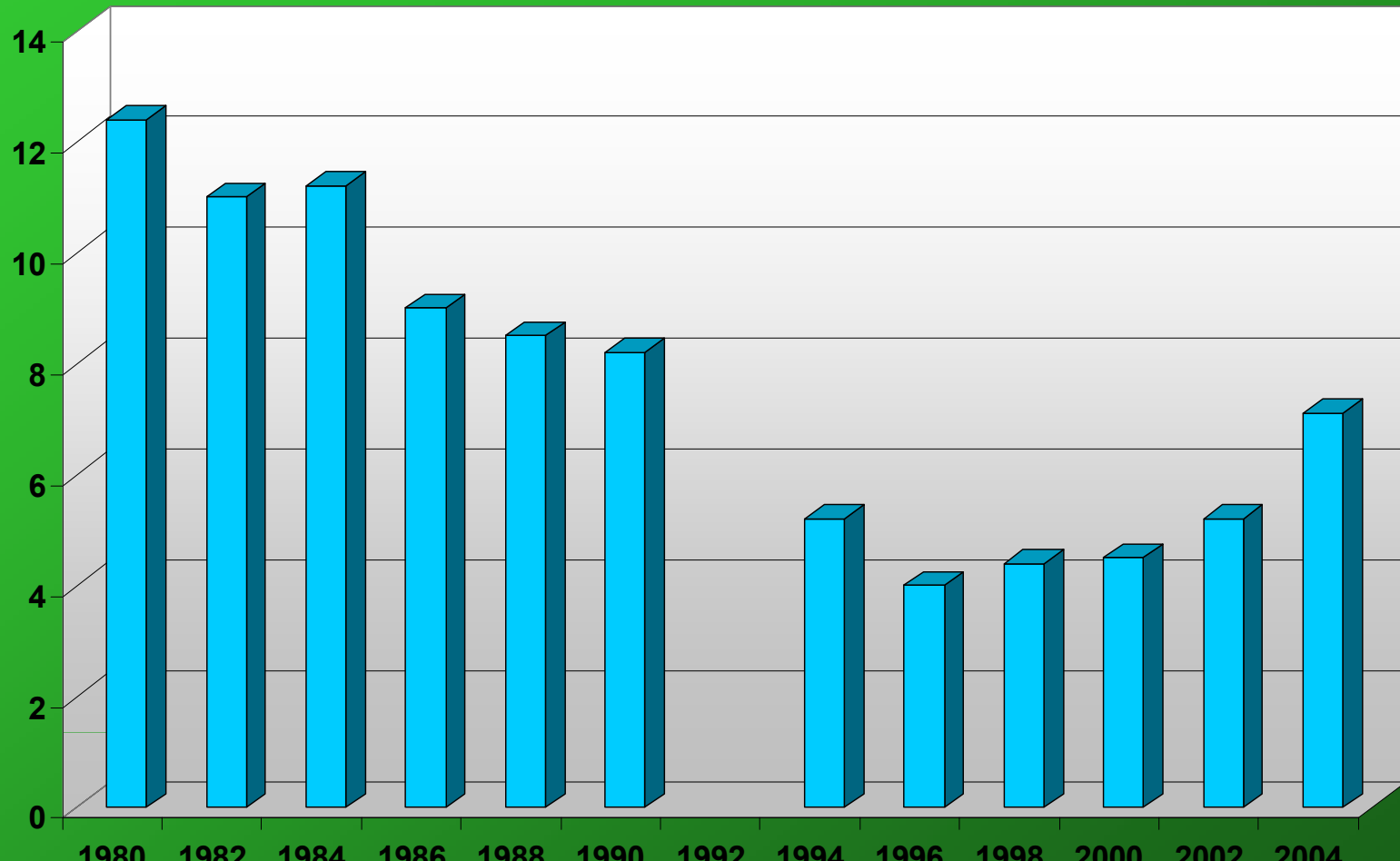


IADL: needing help with housecleaning

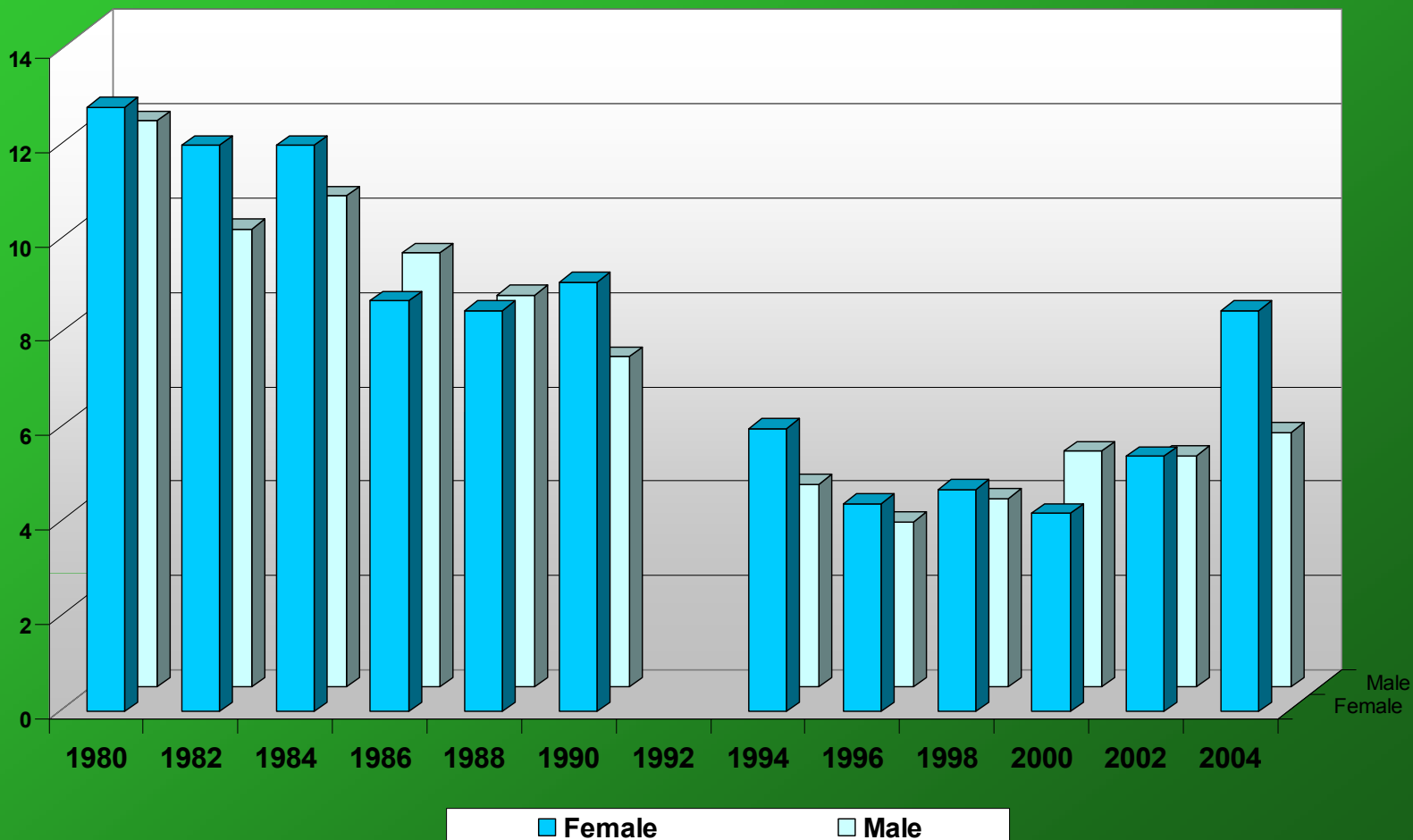


ADL: needing help with at least one limitation, (65-84, age-adjusted)

Source: OECD Health Working Papers No. 26, 2007



ADL: needing help with at least one limitation, (65-84, age-adjusted, by sex)



Trends by health indicators

- Mobility: improvement
- Grasp/carry: unclear trends
- Hearing: worsening
- Vision: improvement
- IADL: improvement
- ADL: unclear trends

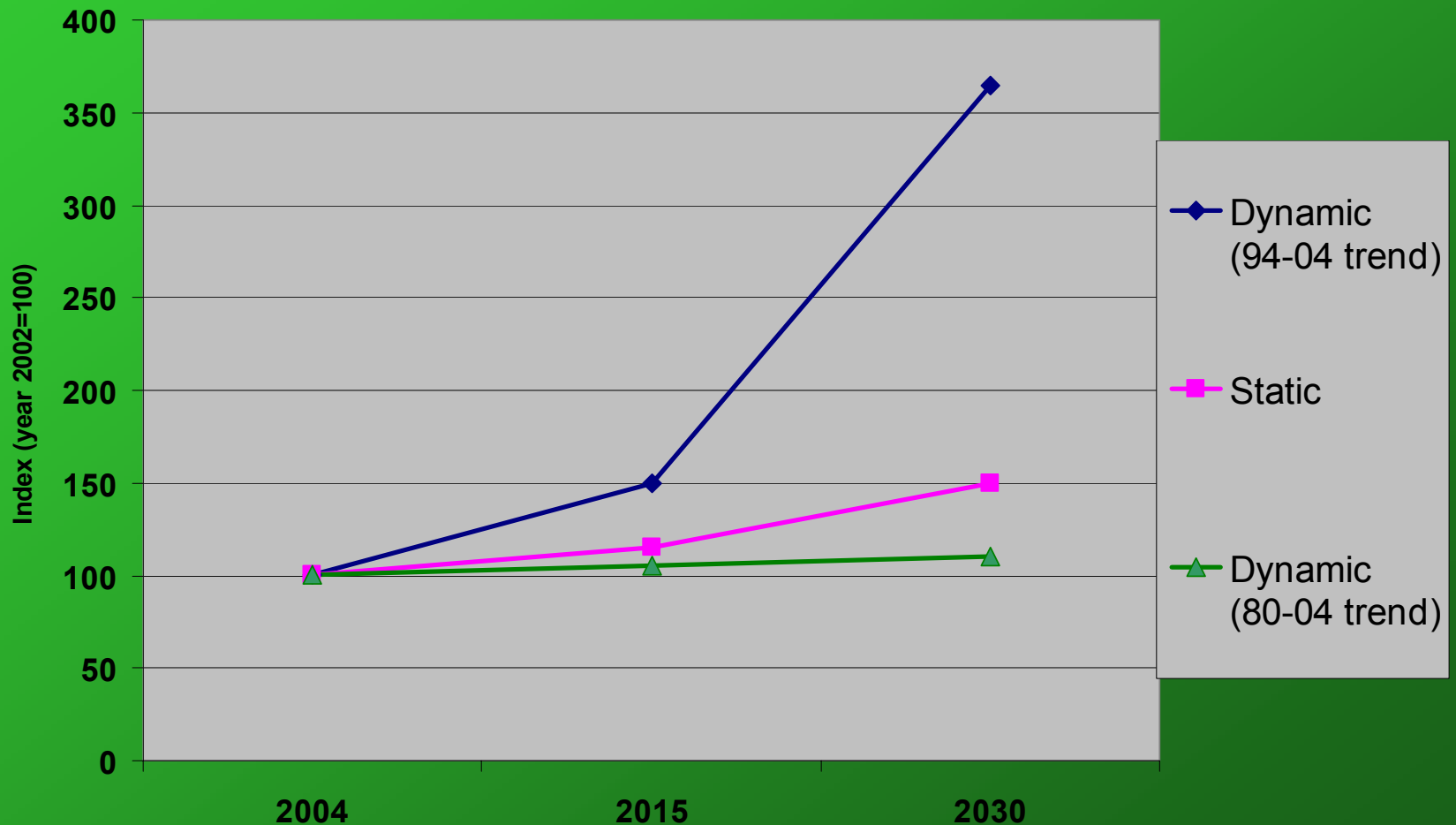
Trends by sex and age

- Mobility: *all age groups have improved, especially men*
- Grasp/carry: *unclear trends*
- Hearing: *all age groups worsened, especially women*
- Vision: *improvement, most clear among the oldest old, unclear sex differences*
- IADL: *improvement, especially among the oldest old and men*
- ADL: *unclear age differences, no clear sex differences*

Trends by time period

- Mobility: improvement primarily in the 1980s
- Grasp/carry: unclear
- Hearing: worsening primarily up to 1996/97
- Vision: unclear
- IADL: improvement primarily in the 1980s
- ADL: unclear

Different projections of disability (ADL) depending on time points used



Summary

- A positive development over the entire period, most improvement during the 1980s
- Signs that the 1990s deviates from this positive development
- Different trends for different indicators
- Differences by age group and sex

Further questions

- How are trends influenced by:
 - changes in medical care?
 - environmental change?
 - changes in social structure? E.g., labor market, education, civil status?

Conclusions for research

- Studies should include several health indicators
- Subjective and objective indicators are needed
- Indicators should reflect different kinds of need, e.g., medical care, home help
- Multiple waves are needed
- More research on the correlations and pathways between pathology and activity/participation limitations: how can this be influenced?

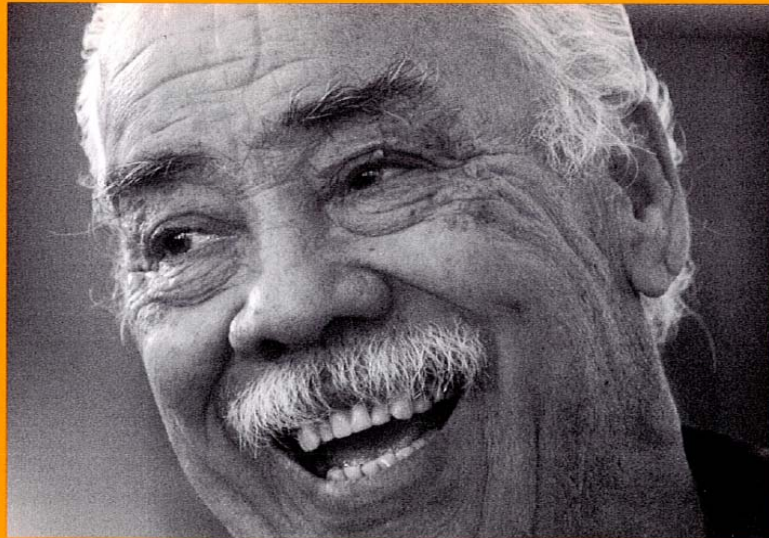
Thank you
for your attention

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IN THIS ISSUE:

- **The Forum: Health Trends in the Elderly Population**
- **Nursing Homes**
- **Minority Women**

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Health Trends in the Elderly Population: Getting Better and Getting Worse

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Health trends in the fastest growing sector of the population, the oldest old, have received much attention during the past decade because of the rising costs of medical and long-term care. Many studies have suggested a compression of morbidity in this sector, implying that the future care needs of elderly people will not follow the demographic prognoses. Most of these studies have used health indicators based on disability, a concept that is contextually embedded. We have taken a closer look at health-trend surveys with a focus on the health indicator used. Our findings reveal that although disability measures often

current positive trends in disability continue, future need for social services and long-term care may not parallel demographic projections. Trends in disease and functional limitations seem to have taken a different direction, suggesting a parallel or increased need for resources in medical care, rehabilitation, and compensatory interventions such as assistive technology.

Key Words: Compression of morbidity, Activities of daily living, Health indicators, Disability
