

REVES 17

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A multi-dimensional approach to
aging, disease and functionality
to estimate health life expectancies

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- Health status of the elderly is depicted by a complicated and interwoven set of physical, mental and functionality conditions
- Such description might be an understandable and useful picture for an individual
- The question is how to evaluate an aging population when demographic and health related characteristics are so complex and heterogeneous to be summarized in macro indicators

Crimmins, Mathers, Robine, , , ,

Indicators should be chosen in regard to:

- Identification of health issues
- Policy design and application
- Data availability (this is most frequently the decisive factor)

The Mexican Health and Aging Study (MHAS)

- The first panel survey on aging in México, 2001 and 2003
- Population 50 + ; 15,000 cases
- Data on health (self report, symptoms, functional capacity, health behaviors, health care services, depression, pain, cognitive impairment)
- Characteristics on family, households, economics, migration

Proposing two examples of multi-dimensional approach

- A typology of aging, functionality and health
- A classification of health through diseases, disabilities and impairments

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Objective factors

Chronic diseases

Hypertension, diabetes, cancer, respiratory, heart, stroke and arthritis.

Functional capacity

ADL

- Walking
- Bathing
- Eating
- Bedding
- Toilet use

IADL

- Fixing meals
- Shopping
- Taking medicines
- Handling money

Cognitive impairment

verbal memory, verbal recall, drawing and visual memory.

Subjective factors

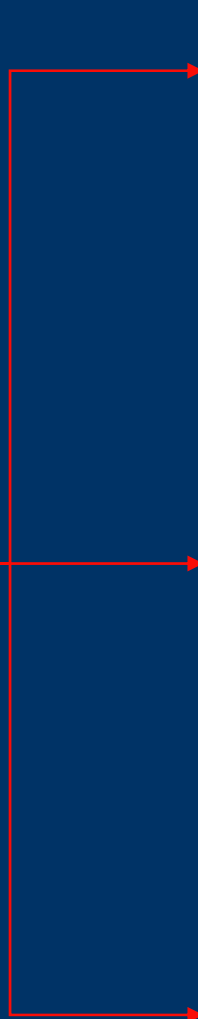
Self-reported health

Risk factors

Smoking

Drinking

**Lack of exercise
or physical work**



A typology of aging

**Health
status**

**Risk
factors**

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Ideal

Active

Less active

Pathological

Chronic diseases

None	(0)
One	(1)
Two or three	(2)
4 and over	(3)

Functional capacity

Able	(0)
Slightly unable	(1)
Moderately unable	(2)
Severely unable	(3)
Totally unable	(4)

Cognitive impairment

Without impairment	(0)
With impairment	(1)

Self reported health

Excellent	(1)
Very good	(2)
Good	(3)
Fair	(4)
Poor	(5)

Health status indicator

Sum

Health status

<3

Very good

Between 3 and 5

Good

From 6 to 9

Fair

≥10

Poor

Risk factors indicator

Risk

Combinations

Low

{0,4,8}

Medium

All other combinations

High

{0,7,9} {1,7,9}
{2,7,9} {3,4,9}
{3,5,9} {3,6,9}
{3,7,8} {3,7,9}

(0) None
(1) Low
(2) Moderate
(3) High

Smoking

(4) None
(5) Occasional
(6) Moderate
(7) High

Drinking

(8) Yes
(9) No

Exercise or physical work

Health status indicator

Aging type

Risk factors indicator

Health status

Code

Ideal

{1,1}

Code

Risk

Very good

1

Active

{1,2} {1,3} {2,1}
{2,2} {2,3}

1

Low

Good

2

Less active

{3,1} {3,2}

2

Medium

Fair

3

Pathological

{4,1} {4,2} {4,3}
{3,3}

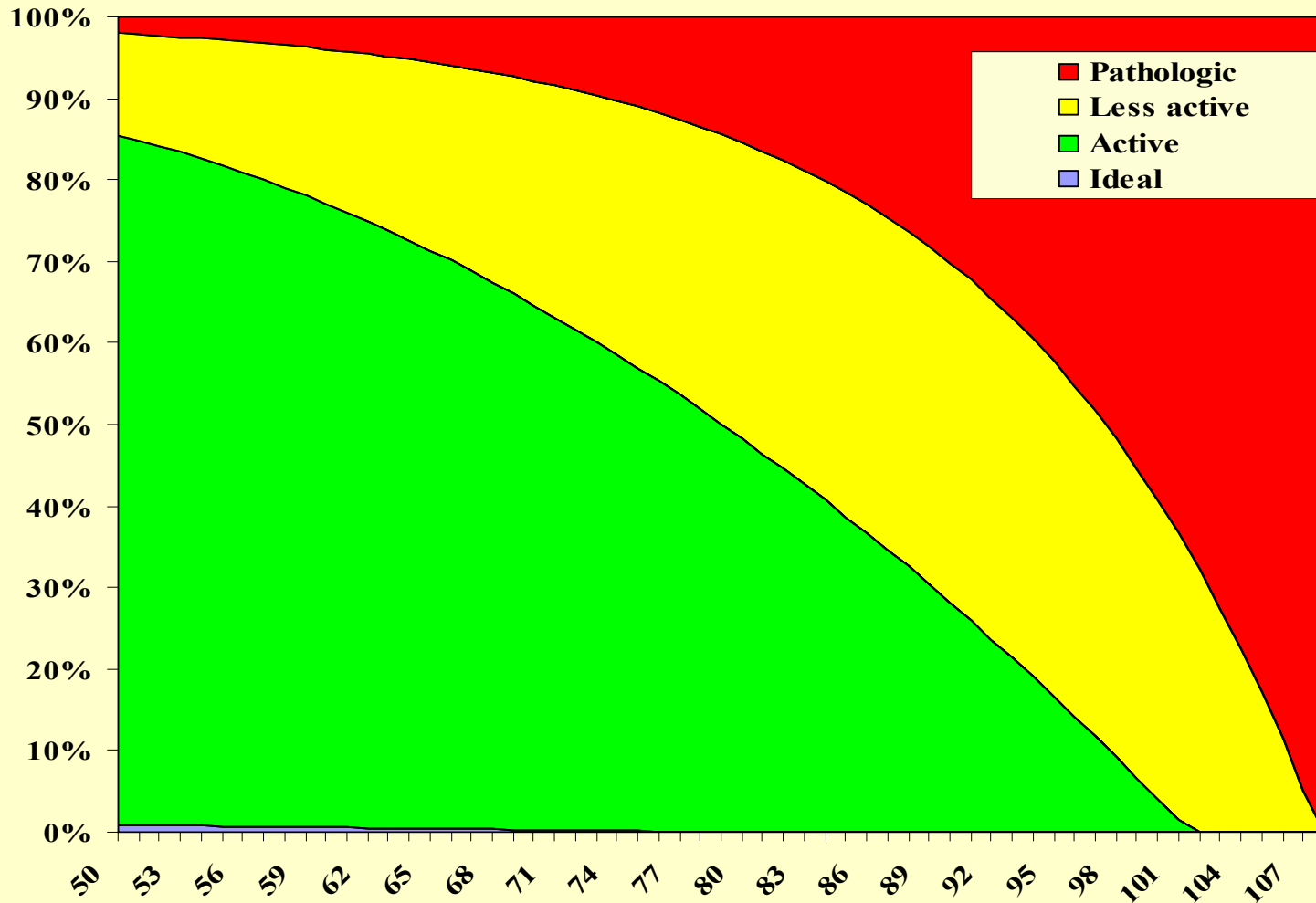
3

High

Poor

4

Prevalence of aging types



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Chronic diseases

Hypertension, diabetes, cancer, respiratory, heart, stroke and arthritis.

Functional capacity

ADL

Walking, bathing, eating, beding, using toilet

IADL

Fixing a meal, shopping, taking medicines, handling money

Cognitive impairment

Verbal memory, verbal recall, drawing and visual memory.

Depression

10 item questionnaire

Indicators

Categories

**Chronic
diseases**

None	(0)
One	(1)
Two or three	(2)
4 and over	(3)

**Functional
capacity**

Able	(0)
Slightly unable	(1)
Moderately unable	(2)
Severely unable	(3)
Totally unable	(4)

**Cognitive
impairment**

None	(0)
With cognitive impairment	(1)

Depression

None	(0)
Established	(1)

Health Status

Good

All indicators have 0 code.

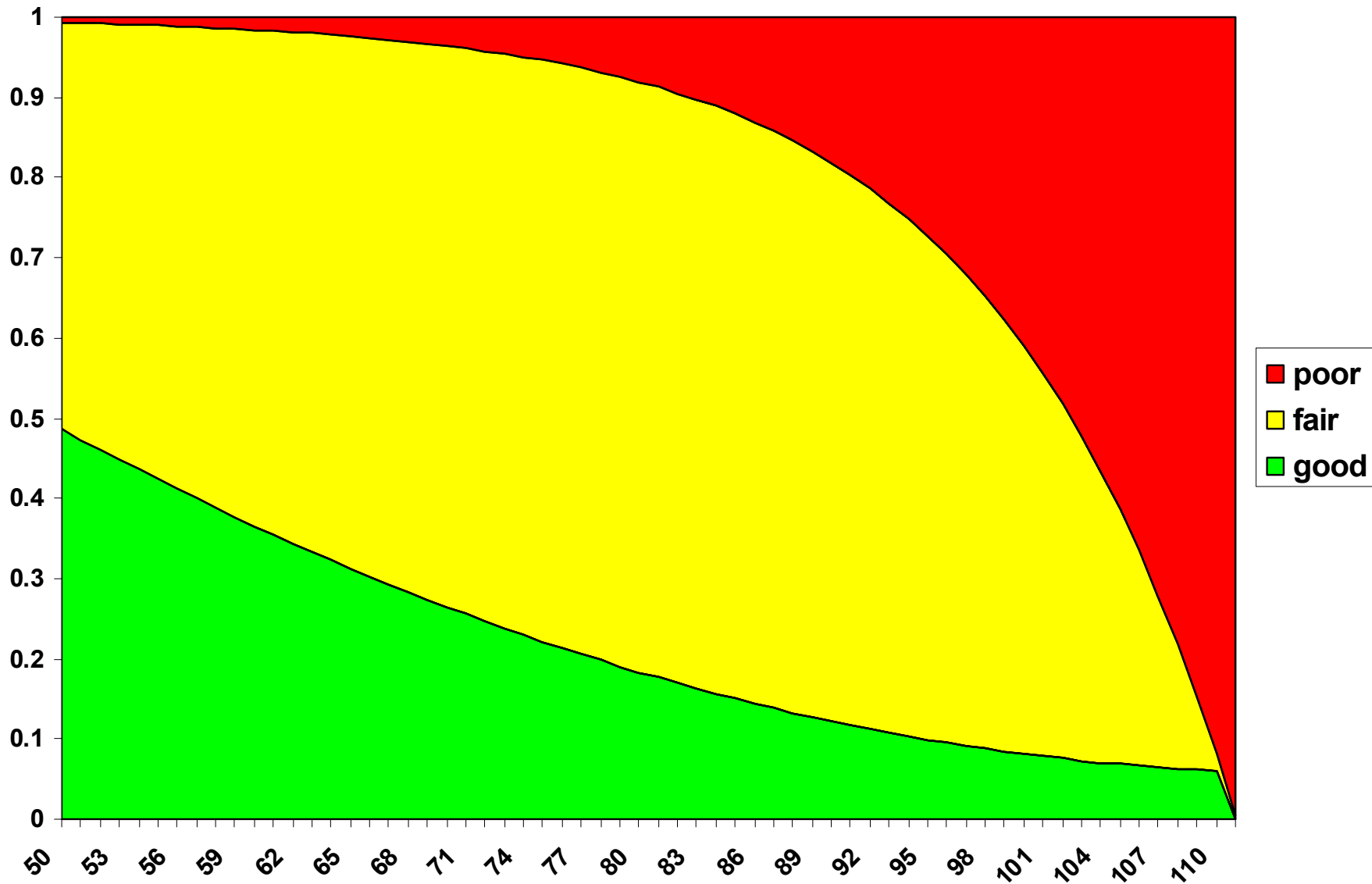
Fair

All other cases.

Poor

Severely or totally unable on functional capacity and/or at least 2 indicators in their highest code.

Prevalence of good, fair and poor aging status. Men, 2000



LE, GHLE, FHLE, PHLE

Age	E(x)	Good	Fair	Poor	%G	%F	%P
50	27.9	8.8	18.0	1.1	31.5	64.5	3.9
60	20.3	5.1	14.0	1.2	25.1	69.0	5.9
70	13.9	2.7	9.9	1.3	19.4	71.2	9.4
80	8.8	1.2	6.2	1.4	13.6	70.5	15.9
90	5.3	0.5	3.4	1.4	9.4	64.2	26.4

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谢谢