Healthy Aging in Danish Centenarians

A 29-year follow-up of hospitalizations among 40,000 Danes born in 1905



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Background

• Centenarians surpass the current human life expectancy with about 20-25 years.



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- Have centenarians been blessed with a healthier life than contemporaries who died at much younger ages?
- Centenarians may have reached very advanced age due to a unique capability to postpone disease and disability into their later years of life.

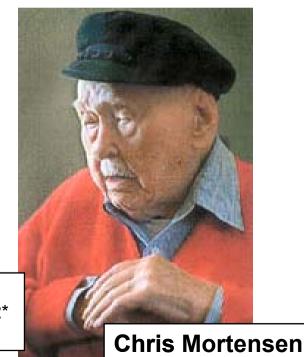


Are centenarians a good model for healthy aging?



Age: 122 years February 21, 1875 * August 4, 1997 †

> **Age: 115 years** August 16, 1882* April 25, 1998 †



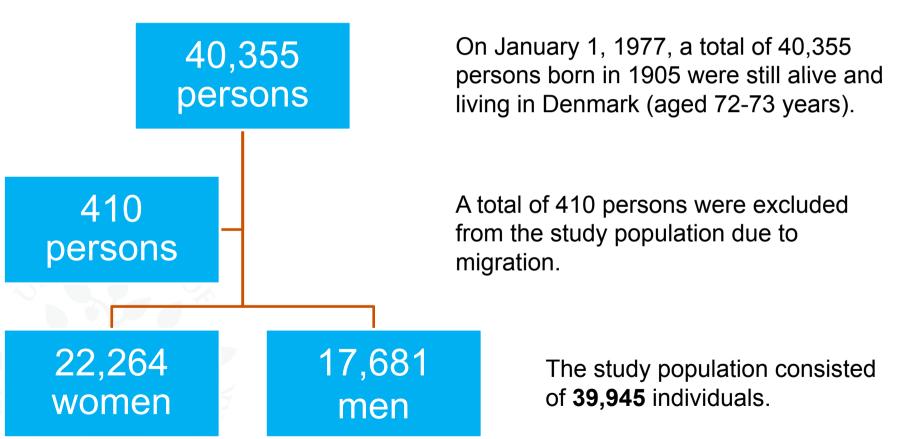
Studying healthy aging in centenarians:

- Control group? Centenarians should be compared with members of their own birth cohort.
- **Design?** Longitudinal design with prospectively collected information about relevant markers of health.
- Population? A well defined study population with careful ascertainment of each participant to minimize the risk of selection bias.

Methods

- The Danish Civil Registration System (CRS).
- The unique civil person registration number (CPR number).
- The CPR number serves as the key in all Danish registers and insures accurate linkage between different registers.
- The Danish National Patient Registry (LPR) was established in 1977. Since then, all hospital admissions have been recorded and linked to each individuals CPR number.

Study population



Follow-up

39,945 persons

- Hospitalizations
- Number of hospital days

January 1, 1977 ———— December 31, 2004

Date at death was available until December 2006.

Proportion of non-hospitalized individuals (%) by age period and age at death in the 1905 Cohort*

Age at death	
	N
71-74	5484
75-79	9012
80-84	9494
85-89	8506
90-94	5261
95-99	1829
100+	359

^{*} Individuals with a migration status were excluded from the study population, n = 410

Proportion of non-hospitalized individuals (%) by age period and age at death in the 1905 Cohort*

Age at death		71-74
	N	%
71-74	5484	19.1
75-79	9012	57.2
80-84	9494	68.4
85-89	8506	74.9
90-94	5261	79.3
95-99	1829	81.7
100+	359	80.5

^{*} Individuals with a migration status were excluded from the study population, n = 410

Proportion of non-hospitalized individuals (%) by age period and age at death in the 1905 Cohort*

			lot hospita	lized at
Age at death		71-74	75-79	
	N	%	%	_
71-74	5484	19.1		
75-79	9012	57.2	13.7	
80-84	9494	68.4	41.3	
85-89	8506	74.9	53.1	
90-94	5261	79.3	62.6	
95-99	1829	81.7	68.1	
100+	359	80.5	68.8	

^{*} Individuals with a migration status were excluded from the study population, n = 410

Proportion of non-hospitalized individuals (%) by age period and age at death in the 1905 Cohort*

			Not hospita	lized at age
Age at death		71-74	75-79	80-84
	N	%	%	%
71-74	5484	19.1		
75-79	9012	57.2	13.7	
80-84	9494	68.4	41.3	14.4
85-89	8506	74.9	53.1	35.7
90-94	5261	79.3	62.6	49.2
95-99	1829	81.7	68.1	57.5
100+	359	80.5	68.8	60.2

^{*} Individuals with a migration status were excluded from the study population, n = 410

Proportion of non-hospitalized individuals (%) by age period and age at death in the 1905 Cohort*

		N	Not hospita	ilized at age) :
Age at death		71-74	75-79	80-84	85-89
	N	%	%	%	%
71-74	5484	19.1			
75-79	9012	57.2	13.7		
80-84	9494	68.4	41.3	14.4	
85-89	8506	74.9	53.1	35.7	20.1
90-94	5261	79.3	62.6	49.2	34.0
95-99	1829	81.7	68.1	57.5	44.7
100+	359	80.5	68.8	60.2	52.4

^{*} Individuals with a migration status were excluded from the study population, n = 410

Proportion of non-hospitalized individuals (%) by age period and age at death in the 1905 Cohort*

		N	Not hospita	alized at age) :	
Age at death		71-74	75-79	80-84	85-89	90-94
	N	%	%	%	%	%
71-74	5484	19.1				
75-79	9012	57.2	13.7			
80-84	9494	68.4	41.3	14.4		
85-89	8506	74.9	53.1	35.7	20.1	
90-94	5261	79.3	62.6	49.2	34.0	30.2
95-99	1829	81.7	68.1	57.5	44.7	33.6
100+	359	80.5	68.8	60.2	52.4	45.4

^{*} Individuals with a migration status were excluded from the study population, n = 410

Proportion of non-hospitalized individuals (%) by age period and age at death in the 1905 Cohort*

		Not hospitalized at age:												
Age at death		71-74	75-79	80-84	85-89	90-94	95-99							
	N	%	%	%	%	%	%							
71-74	5484	19.1												
75-79	9012	57.2	13.7											
80-84	9494	68.4	41.3	14.4										
85-89	8506	74.9	53.1	35.7	20.1									
90-94	5261	79.3	62.6	49.2	34.0	30.2								
95-99	1829	81.7	68.1	57.5	44.7	33.6	38.9							
100+	359	80.5	68.8	60.2	52.4	45.4	43.5							

^{*} Individuals with a migration status were excluded from the study population, n = 410

Mean number of hospital days per individual per year by age at death (years) in the 1905 Cohort*

Age at death	
	<u> </u>
71-74	5484
75-79	9012
80-84	9494
85-89	8506
90-94	5261
95-99	1829
100+	359

^{*} Individuals with a migration status were excluded from the study population, n = 410

Mean number of hospital days per individual per year by age at death (years) in the 1905 Cohort*

Age at death		71-74
	N	Mean
71-74	5484	17.2
75-79	9012	5.5
80-84	9494	3.1
85-89	8506	2.0
90-94	5261	1.4
95-99	1829	1.3
100+	359	1.0

^{*} Individuals with a migration status were excluded from the study population, n = 410

Mean number of hospital days per individual per year by age at death (years) in the 1905 Cohort*

•				Hospit
Age at death		71-74		75-79
	N	Mean	SE	Mean
71-74	5484	17.2	0.3	
75-79	9012	5.5	0.1	15.1
80-84	9494	3.1	0.1	5.6
85-89	8506	2.0	0.1	3.2
90-94	5261	1.4	0.1	2.1
95-99	1829	1.3	0.1	1.3
100+	359	1.0	0.2	1.5

^{*} Individuals with a migration status were excluded from the study population, n = 410

Mean number of hospital days per individual per year by age at death (years) in the 1905 Cohort*

				Hospit	alized	at age:							
Age at death		71-74		75-79		80-84		85-89		90-94		95-99	
	N	Mean	SE	Mean	SE	Mean	SE	Mean	SE	Mean	SE	Mean	SE
71-74	5484	17.2	0.3										
75-79	9012	5.5	0.1	15.1	0.2								
80-84	9494	3.1	0.1	5.6	0.1	14.0	0.2						
85-89	8506	2.0	0.1	3.2	0.1	5.5	0.1	11.5	0.2				
90-94	5261	1.4	0.1	2.1	0.1	3.1	0.1	5.1	0.1	7.2	0.2		
95-99	1829	1.3	0.1	1.3	0.1	1.7	0.1	2.9	0.1	3.8	0.2	4.8	0.2
100+	359	1.0	0.2	1.5	0.2	1.4	0.2	1.6	0.2	2.7	0.3	2.8	0.3

^{*} Individuals with a migration status were excluded from the study population, n = 410

Conclusion

 An inverse relationship between age at death and being hospitalized and length of stay in hospital at earlier ages.



Conclusion

- An inverse relationship between age at death and being hospitalized and length of stay in hospital at earlier ages.
- Centenarians represent a useful model for healthy aging as measured using hospitalizations and length of stay in hospital.

Conclusion

- An inverse relationship between age at death and being hospitalized and length of stay in hospital at earlier ages.
- Centenarians represent a useful model for healthy aging as measured using hospitalizations and length of stay in hospital.
 - Fixed traits

Paper:

Centenarians - a useful model for healthy aging? A 29-year follow-up of hospitalizations among 40,000 Danes born in 1905. Aging Cell (forthcoming).

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