

REVES 2010 Meeting – Havana - May 19 – May 21

Motivation and Background

- Increasing obesity trend accompanied by increasing prevalence of obesity-related comorbidities
- Evidence from Costa Rica of increased mortality rates among overweight and obese older adults aged less than 75 years (Rosero-Bixby et al., 2009)
- Evidence from Mexico of life expectancy losses among older adults due to excess body weight (Monteverde et al., 2010)

What we do Know about Individuals' Perceptions of Obesity-Related Health Risks?

- Low levels of knowledge (Swift et al., 2009)
- Males relate their BMI and their own health risk knowledge only when their BMI reaches higher obesity levels (Kan and Tsai, 2004)
- Subjective survival differences between normal weight individuals and individuals at higher levels of BMI substantially lower than differences obtained from survival curves estimates (Falba and Busch, 1983)

First Objective: Determinants of Subjective Survival Expectations



Second Objective: Subjective Survival Expectations and Mortality



Data

Costa Rican Study of Longevity and Healthy Aging

- 2004 2006 wave
- Individuals over 60 years (2827 individuals)
 246 deaths until June 2007
- N=1210 (60-90 years old 53.7% Females) 194 deaths

Classification according to BMI, Waist Circumference (WC), and Waist-Hip-Ratio (WHR)

	BMI	WC	WHR	
Group 1	Normal Weight	Not at Risk	Safe	Incr Heal
Group 2	Overweight	Action level 1	Unsafe	easin th-Ri
Group 3	Obese	Action level 2	Danger	↓ SK 00
Classification according to:	WHO (2000)	Han et al. (1995)	NIH (1998)	

Distribution by BMI, Waist Circumference (WC), and Waist-Hip-Ratio (WHR) Levels – Age 60-70



 Note : Normal Weight: 18.5≤BMI<25; Overweight: 25≤BMI<30; Obese: BMI≥30</th>

 Not at Risk: WC<94cm for males, <80cm for females; Level 1: 94cm≤WC<102cmj for males, 80cm≤WC<87cm for females; Level 2: WC≥102 for males, WC≥87 for females</td>

 Safe: WHR≤90 for males, ≤80 for females; Unsafe: 90<WHR<1 for males, 80<WHR<1 for females; Danger: WHR>1

Distribution by BMI, Waist Circumference (WC), and Waist-Hip-Ratio (WHR) Levels – Age 70-90



 Note : Normal Weight: 18.5≤BMI<25; Overweight: 25≤BMI<30; Obese: BMI≥30</th>

 Not at Risk: WC<94cm for males, <80cm for females; Level 1: 94cm≤WC<102cmj for males, 80cm≤WC<87cm for females; Level 2: WC≥102 for males, WC≥87 for females</td>

 Safe: WHR≤90 for males, ≤80 for females; Unsafe: 90<WHR<1 for males, 80<WHR<1 for females; Danger: WHR>1

Subjective Survival Question

"How likely do you think it is you will live until age ...

- 80 (if age is < 69 years)?
- 85 (if age is 70 74 years)?
- 90 (if age is 75 79 years)?
- 95 (if age is 80 84 years)?
- 100 (if age is 85 90 years)?"

Very Likely; 2: Likely;
 Unlikely; 4: Very Unlikely

Subjective Appraisal of Chances of Surviving 10-20 Years More by Self-Reported Health Status – Individuals Aged 60-90



Subjective Appraisal of Chances of Surviving 10-20 Years More by BMI Levels – Individuals Aged 60-90



Note : Normal Weight: 18.5≤BMI<25; Overweight: 25≤BMI<30; Obese: BMI≥30

First Objective: Methodology Ordered Logit Models - Dependent Variable: Subjective Survival Expectations

- M1: BMI categories versus Normal Weight
- M2: M1 + Socio-Demographic
- M3: M2 + Physical and Mental Health
- M4: M3 + Health-Related Behaviors
- M5: M4 + Death Experience (Mother)

















Last Objective: Methods

Parametric Survival Analysis (Gompertz)

- M1: Self-Rated Health (adjusted for Socio-Demographic, Physical/Mental Health, Health -Related Behaviors)
- M2: Subjective Survival (adjusted)
- M3: Self-Rated Health + Subjective Survival (adjusted)
- M1+B: M1 + Biomarkers (Body Functioning)
- M2+B: M2 + Biomarkers
- M3+B: M3 + Biomarkers

Males 60-69	M1	M2	M3
Subjective Survival	1.34†		1.27
Self-Reported Health		1.54†	1.45^{\dagger}
	M1+Bio	M2+Bio	M3+Bio
Subjective Survival	1.43*		1.37 [†]
Self-Reported Health		1.49†	1.39
Females 60-69	M1	M2	M3
Females 60-69 Subjective Survival	M1 1.06	M2	M3 1.10
Females 60-69 Subjective Survival Self-Reported Health	M1 1.06	M2 0.76	M3 1.10 0.74
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Conclusions

- In general, determinants of Subjective Survival behave as expected in the literature for developed countries.
- Survival Expectations are an important predictor of mortality, especially for men

Individuals at higher levels of body weight/risky fat distribution are surprisingly unaware of deleterious effects of obesity on future survival

THANK YOU GRACIAS





Ordered Logit - DV Subjective Survival Expectations – Predicted Probabilities



BMI	Normal Weight	Overweight	Obese
Obesity-Related Diseases	1.14	1.17	0.61*
Not Obesity Related Diseases	0.88	0.91	0.85
"Other" Diseases	0.85	1.02	0.65^{*}
Waist Circumference	Not at Risk	Level 1	Level 2
Obesity-Related Diseases	2.60**	0.71	0.93
Not Obesity Related Diseases	0.35^{\dagger}	0.46^{\dagger}	1.36
"Other" Diseases	0.84	1.55*	0.72**
Waist-Hip-Ratio	Safe	Unsafe	Danger
Obesity-Related Diseases	3.01	0.76^{\dagger}	1.97^{\dagger}
Not Obesity Related Diseases	1.36	0.90	2.03^{\dagger}
"Other" Diseases	2.12^{*}	0.81^{*}	1.15

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Ordered Logit - DV Subjective Survival Expectations - Percentage Change in Odds per SD Increase in IV - Costa Rica and the US - Age 60-69 -30 -20 -10 0 10 20 50 60 30 40 70 Age (-.***) Female (**,***) Married(-,*) Elementary/8 Years Ed (*,+) Self-Reported Health (***,***) Obesity-Related Diseases (-,***) Not Obesity-Rel (-,**) Hospital Stays (†,-) Prescription Med (*,-) Depression (***, ***) Smoker (-,***) Drinks(-,***) Exercise(-,**) Mother Alive (*,-) Costa Rica US

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Ordered Logit - DV Subjective Survival Expectations - Percentage Change in Odds per SD Increase in IV - Costa Rica and the US - Age 60-69



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Conclusions

- In general, determinants of Subjective Survival behave as expected in the literature for developed countries.
- Survival Expectations are an important predictor of mortality, especially for men
- Unexpected findings in Costa Rica may be revealing lack of health education/information and/or "defensive optimism"
- Individuals at higher levels of body weight/risky fat distribution are surprisingly unaware of deleterious effects of obesity on future survival