

# Trends in the self-rated health, chronic diseases and disability of Dutch 60-85-year-olds

#### The Longitudinal Aging Study Amsterdam, 1992-2009

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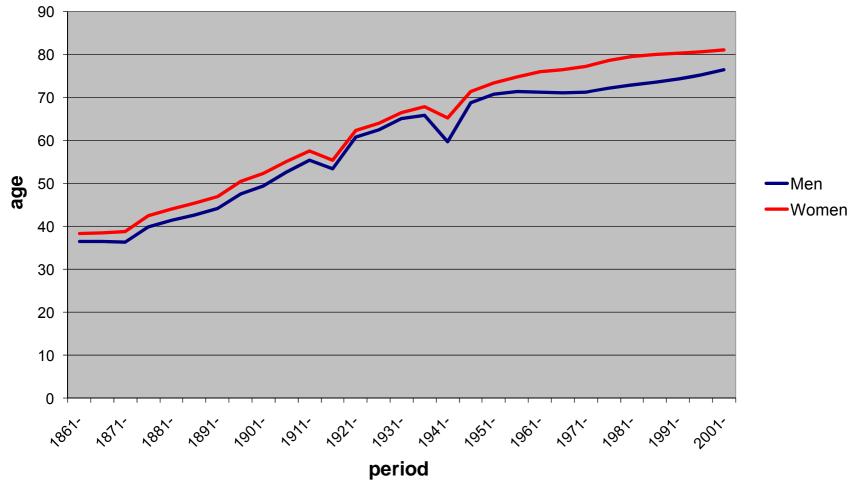


VU University Medical Center Amsterdam





#### Life expectancy in The Netherlands





### In this presentation:

- Is a better life expectancy associated with being in better health *or feeling healthier*?
- 1. Depends on definition of 'health'
- 2. Factors that influence how we feel about our health may change over time



# Self-rated health (SRH)

- 'How is your health in general?'
  - Predictor of morbidity, functional limitations, mortality
- Trends in self-rated health  $\uparrow\downarrow$ 
  - Salomon et al., 2009, Jang & Kim, 2010, Doblhammer & Kytir, 2001
- Context of trends in determinants of SRH:
  - Chronic diseases ↑
  - Disability  $\uparrow \downarrow$
  - (Crimmins & Béltran-Sánchez, 2011, Parker & Thorslund, 2007, Uijen & van de Lisdonk, 2008; Freedman et al., 2002; 2004)

# Changing associations?



#### **Methods**

- LASA
- 6 measurement waves
- N=4,109
- Aged 60-85 → N=4,009







## **Health indicators**

- Self-rated health
  - 'fair'; 'sometimes good, sometimes poor'; 'poor' → Poor SRH Vs.
  - 'Very good'; 'good'

→ Good SRH

- Chronic diseases
  - Lung disease, cardiac disease, peripheral atherosclerosis; diabetes; stroke; arthritis; cancer
  - Multimorbidity: ≥ 2 chronic diseases
- Disability
  - 6 daily activities
  - Mild: difficulty with ≥1 activity, but able to perform all activities independently
  - Severe: unable to perform ≥ 1 activity independently



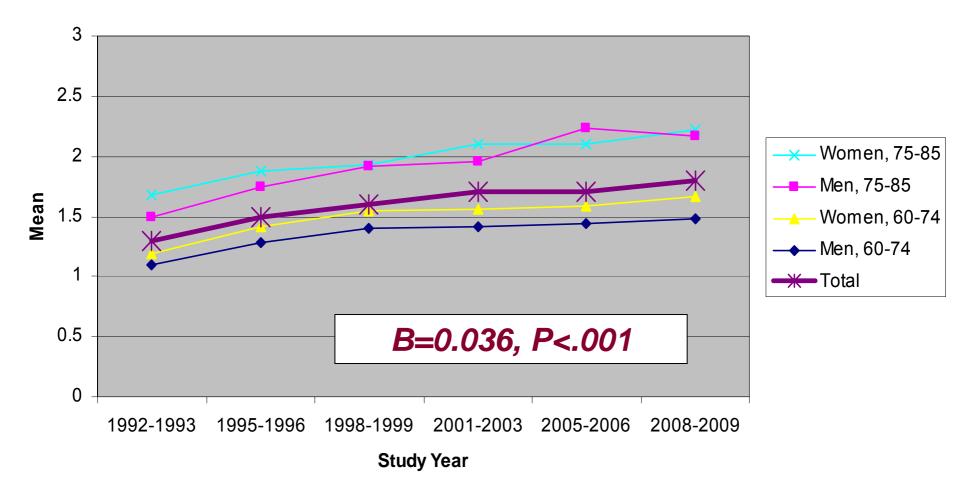
#### Analysis

#### 1. Prevalence

- Weighted by 5-year age groups and gender
- By age (75-85 vs. 60-74), gender, level of education (primary or less vs. secondary or higher)
- 2. Generalized Estimating Equations (GEE)
  - Effect time in years on diseases, disability and SRH
  - Effect time in years on associations (interactions)
    - Chronic diseases  $\rightarrow$  SRH
    - Disability  $\rightarrow$  SRH
    - Chronic diseases  $\rightarrow$  Disability
- 3. Population attributable risks to poor SRH
  - Combining the prevalence with the impact on poor SRH for each wave



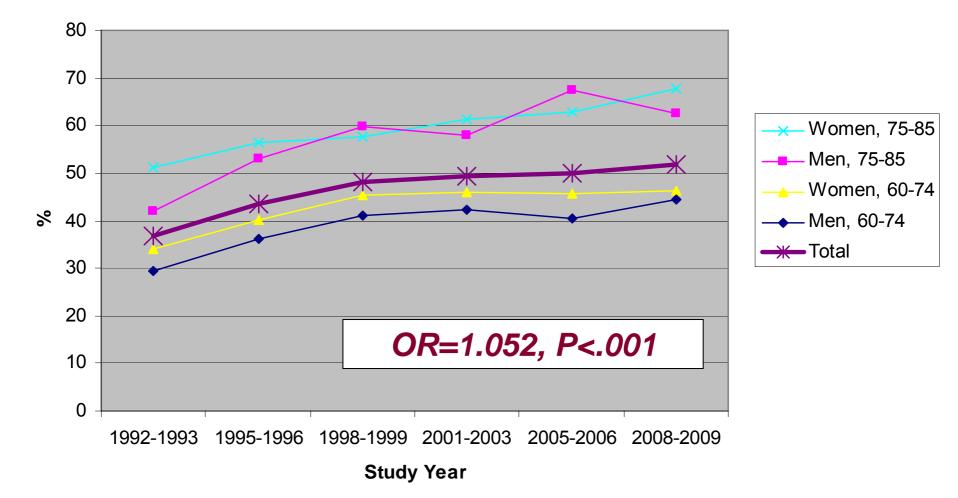
#### Trend in mean number of diseases



Age- and gender-weighted

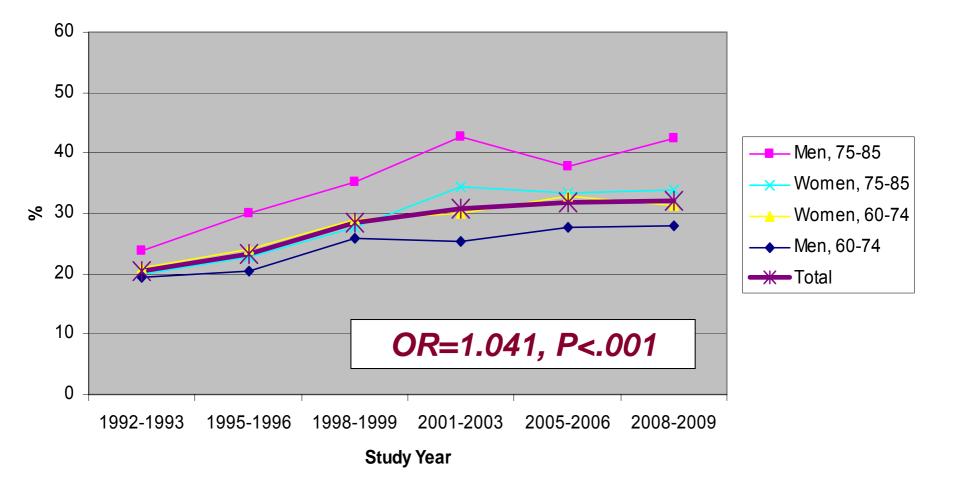


#### **Trend in % multimorbidity**



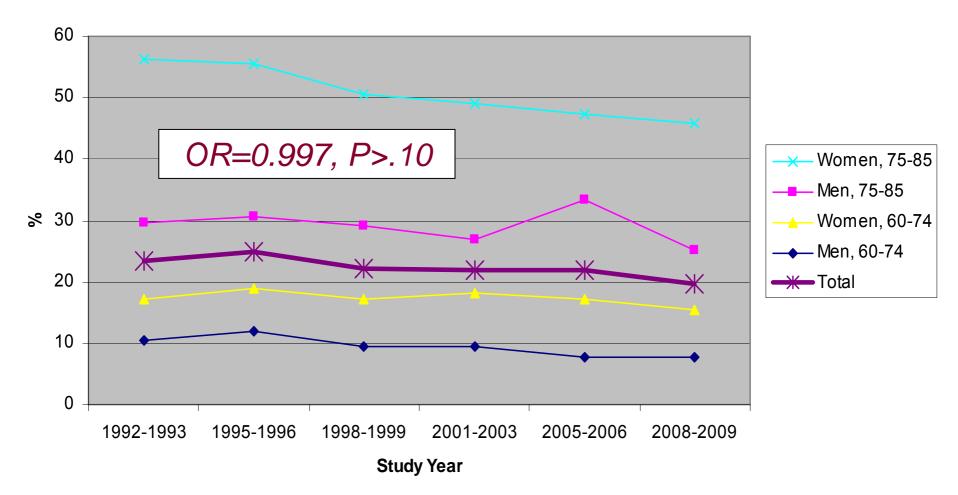


### Trend in % mild disability





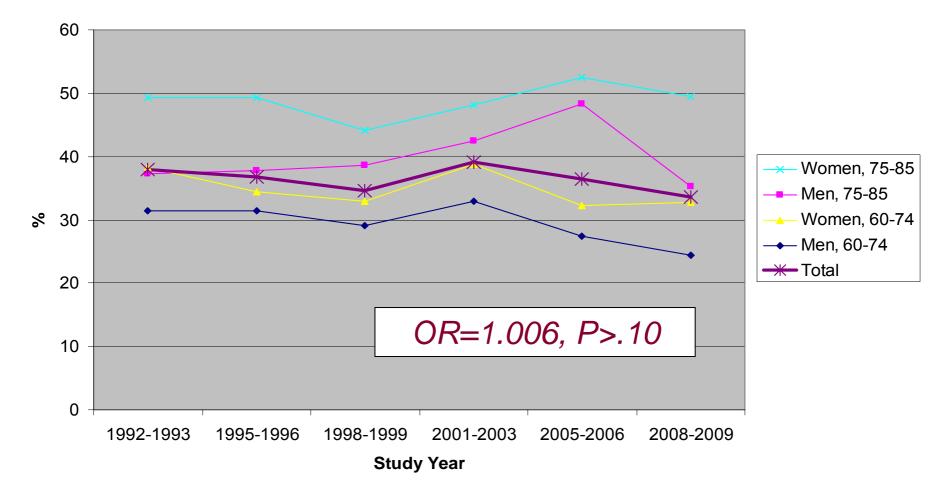
#### **Trend in % severe disability**



Age- and gender-weighted

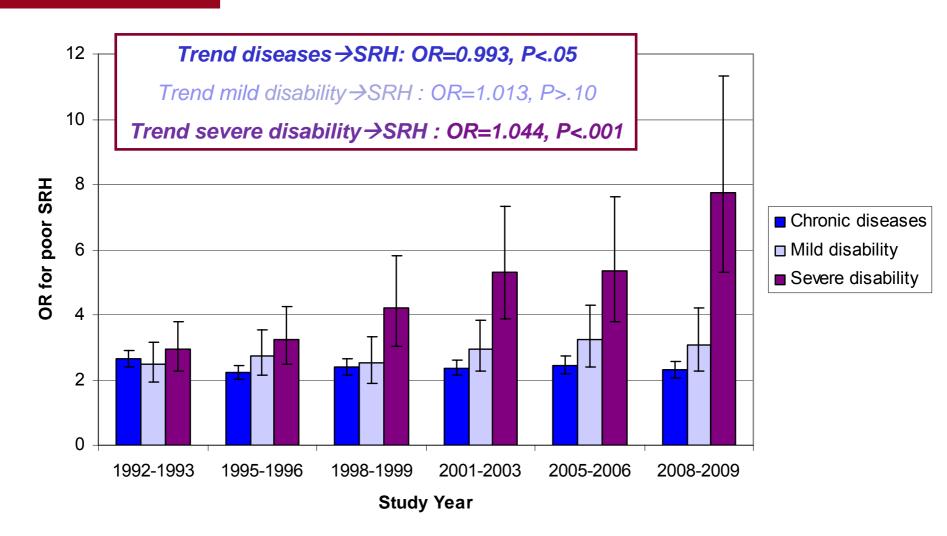


#### Trend in % poor SRH



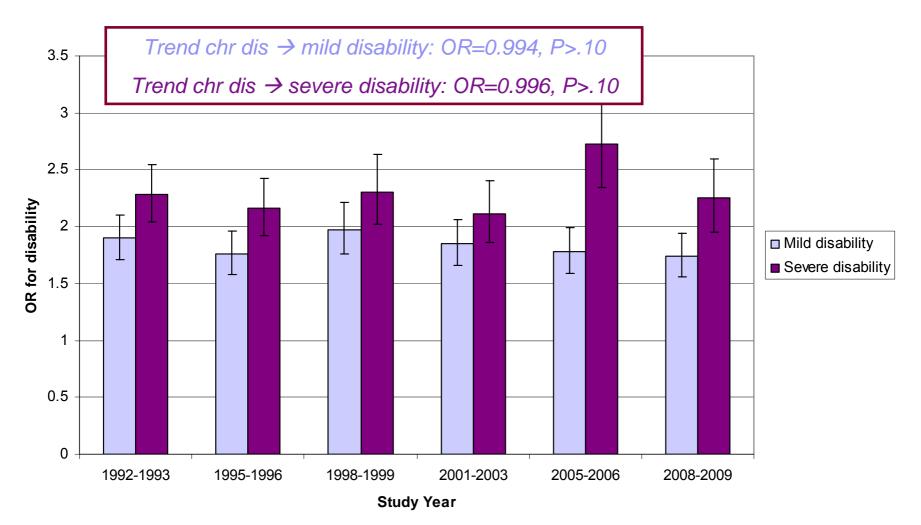


### **Trends in associations with SRH**



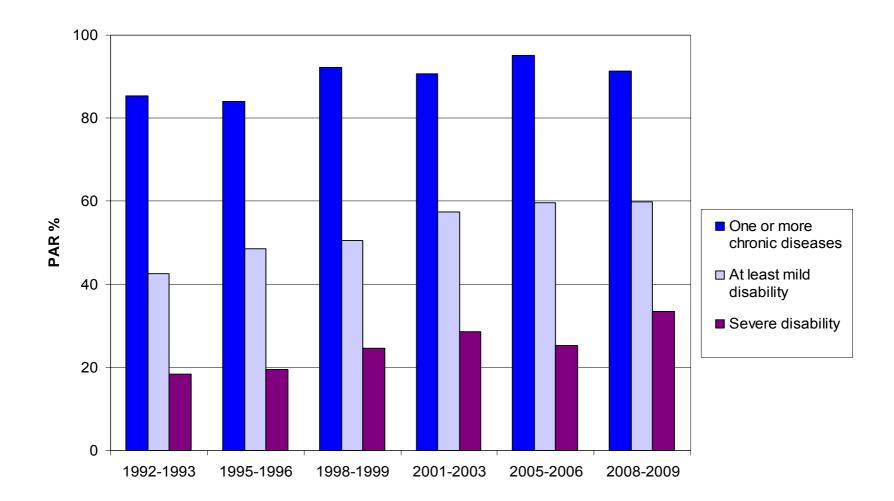


### **Chronic diseases and disability**





# Population Attributable Risk for poor SRH





## Socio-demographic subgroups

- 75-85 years (vs. 60-74)
  - Stronger increases in number of chronic diseases and poor SRH
- Men (vs. women)
  - Stronger increase in number of chronic diseases
- Low educated (vs. higher educated)
  - Stronger increases in number of chronic diseases and poor SRH



#### Summary

- Is a better life expectancy associated with being in better health or feeling healthier?
  - Chronic diseases: -
    - Less important for SRH
  - Prevalence mild disability: -
  - Prevalence severe disability: =
    - More important for SRH
  - Prevalence poor SRH: =
- Associations have changed



- · Health trend is dependent on indicator
- Number of chronic diseases
  - Improved diagnosis and screening
  - Improved survival
  - Multimorbidity
  - > Inequalities



#### Discussion

# Disability

- Distinction between mild and severe
  - Mild disability increased; severe disability remained unchanged
- Are diseases less disabling?
- Dynamic equilibrium (Manton, 1982)

# Stable trend in self-rated health

- Association with determinants
  - Adaptation to increased prevalence of chronic diseases
  - Decreased acceptance of severe disability?

Stability of self-rated health hides underlying changes in health



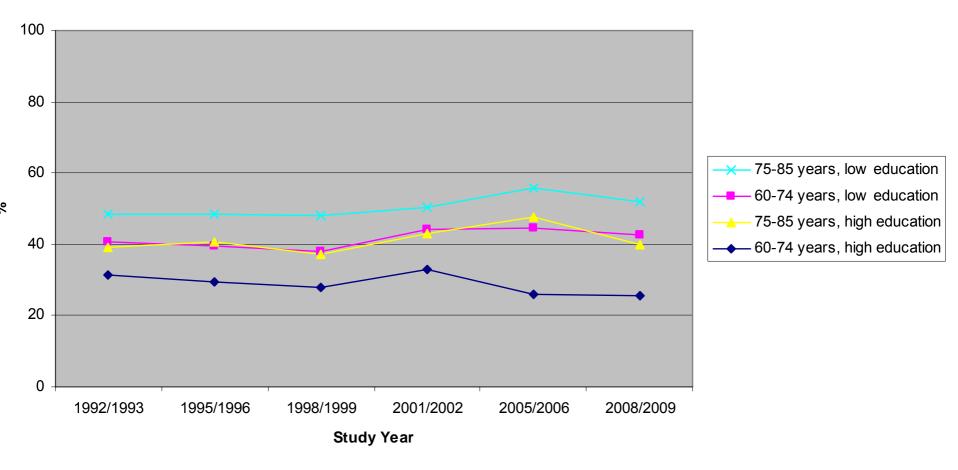
## **Questions?**

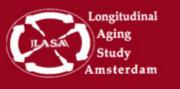
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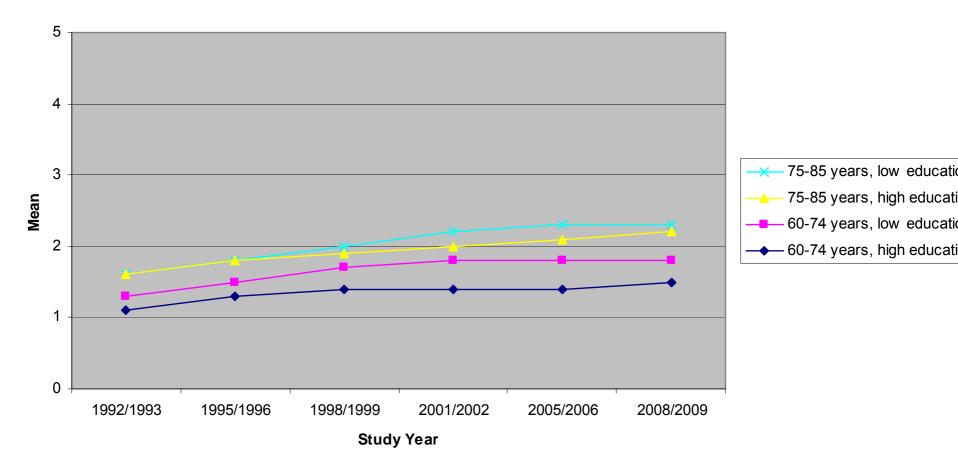


#### % with poor SRH





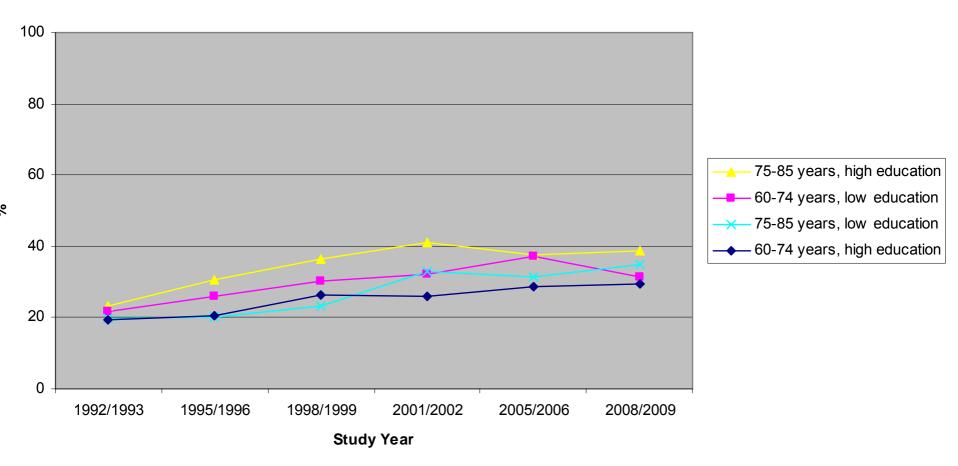
#### Number of diseases



Age- and gender-weighted

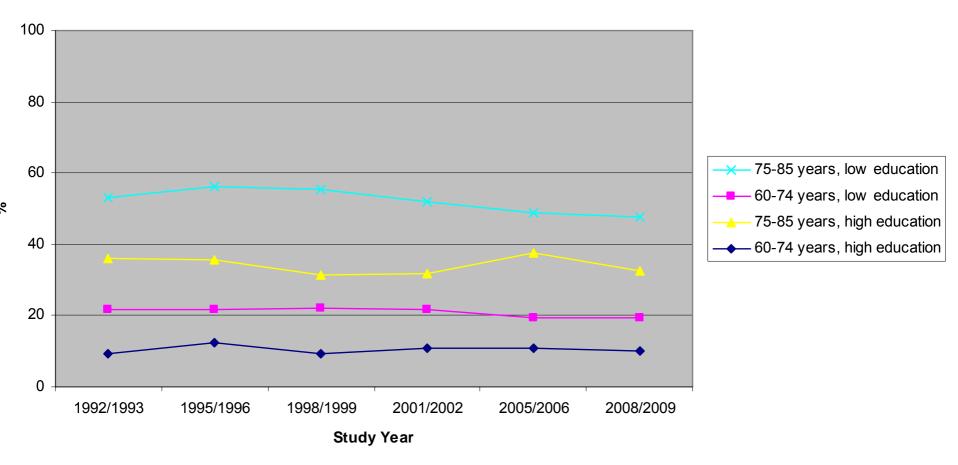


#### % with mild disability





#### % with severe disability





# Trends in gezondheid

- 3 theorieën:
  - Expansie van morbiditeit/ongezondheid
    - Gruenberg, 1977
  - Compressie van morbiditeit/ongezondheid
    - Fries, 1980
  - Dynamisch equilibrium
    - Manton, 1982