VUmc

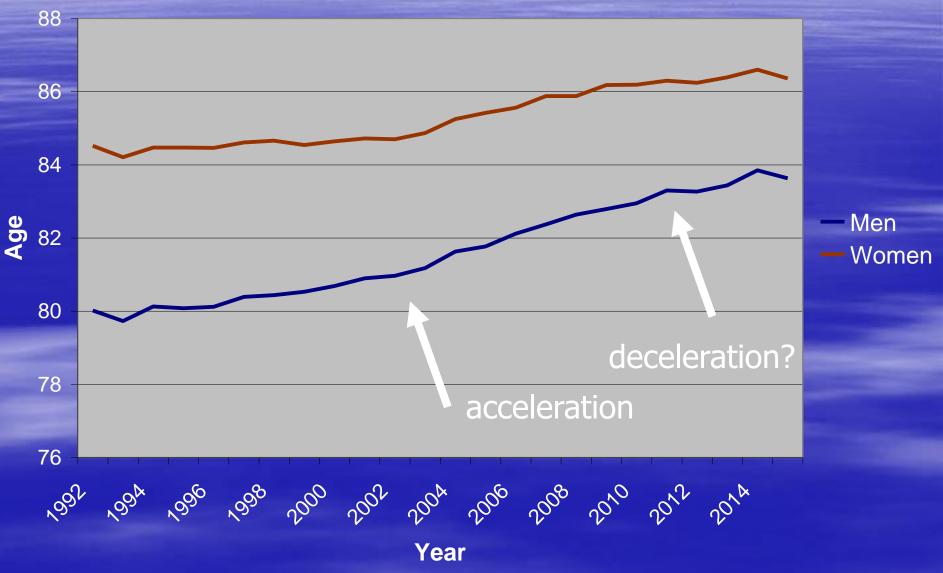
Mind over matter?

20-year trends in physically and cognitively healthy life years of 65-year-olds in the Netherlands

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# Life expectancy at age 65 in the Netherlands

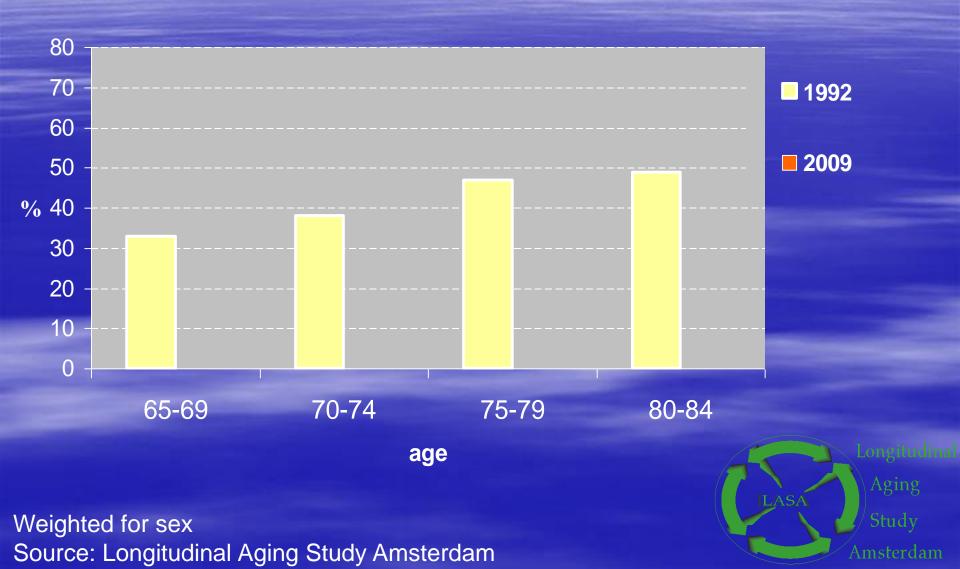


### The eternal questions...

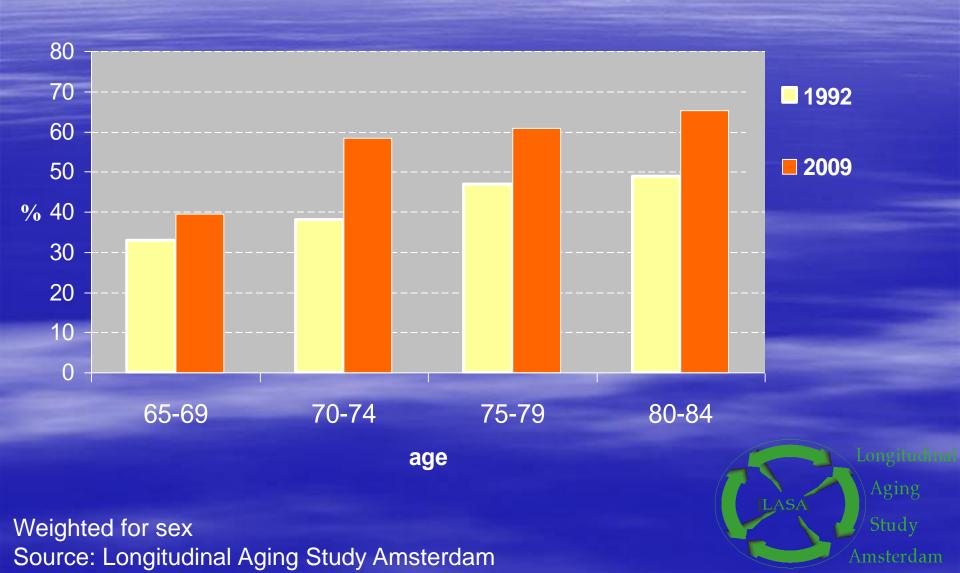
- 1. Are the additional years gained spent in good or poor health / no disability or disability?
- 2. Is the answer different when looking at mild or severe health conditions / disability?

**3.** (More recently) Is the answer different for physical and cognitive health?

### Prevalence of multimorbidity by age, 1993, the Netherlands



## Prevalence of multimorbidity by age, 1993 and 2009, the Netherlands



## Longitudinal

Aging

ILASA

Study

Amsterdam

### Measures of physical health

- Multimorbidity: >=2 of a list of chronic conditions with prevalence >=5%
- Mild disability: difficulty with >=1 of 6 activities
- Severe disability: needing help with >=1 of 6 activities
- Three health states:
- 1. Healthy = no multimorbidity + no mild disability
- 2. Mildly limited = multimorbidity and/or disability
- Severely limited = multimorbidity + severe disability

### Measures of cognitive health

- Mild cognitive impairment: MMSE <= 26 (Jagger et al, Lancet 2016)
- Numbers too small for study of severe cognitive impairment (MMSE <= 18)</li>
- Adjustment for education (Kittner et al 1986):
- in each 5-year age group, regress MMSE on education (in years)
  - adjusted MMSE is mean of age group plus residual
- education-correlation is 0, and age-correlation preserved

### Longitudinal Aging Study Amsterdam, Design (1)

Random sample across the Netherlands

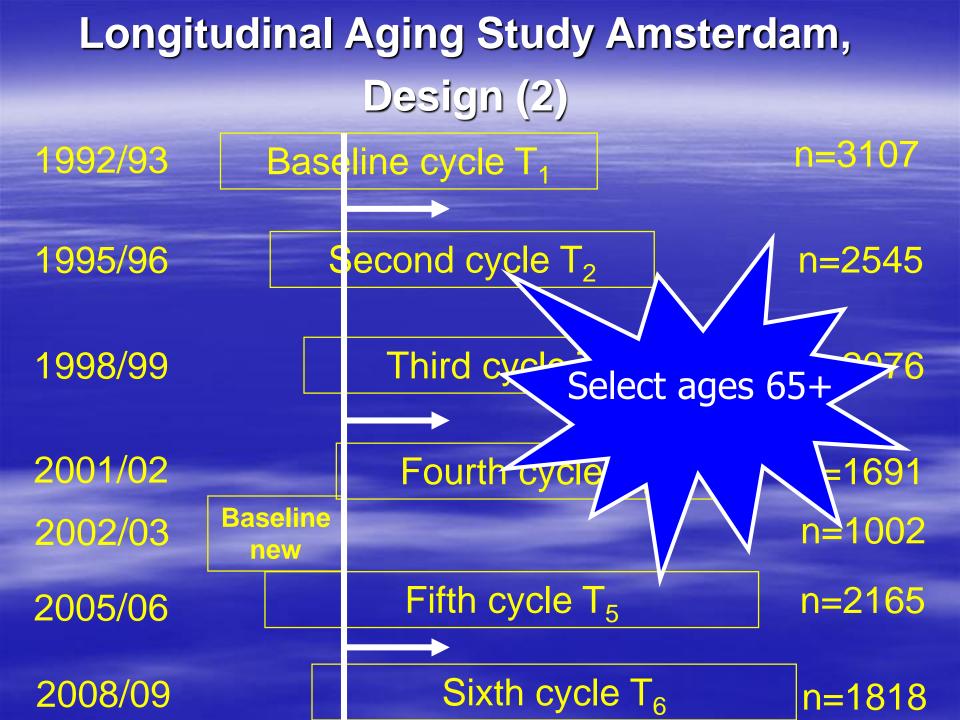
5600 men and women

**Initial ages 55-85** 

Start 1992, 2002, 2012

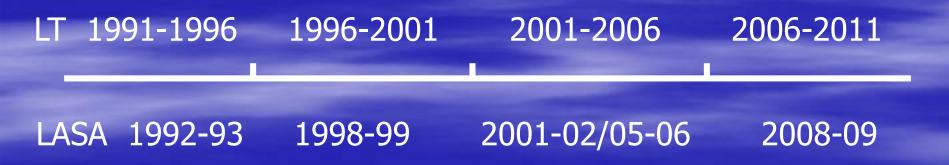
**3-year intervals** 





## Methods (1)

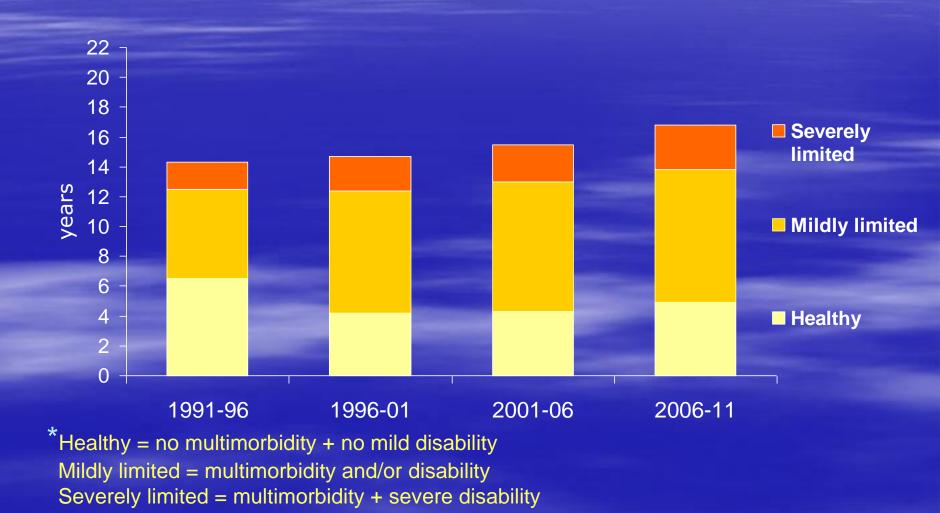
- Dutch single age-year life tables for 5-year periods: 1991-96, ..., 2006-11
- Select LASA-cycle closest to mid-year of 5year period, or middle across 2 cycles



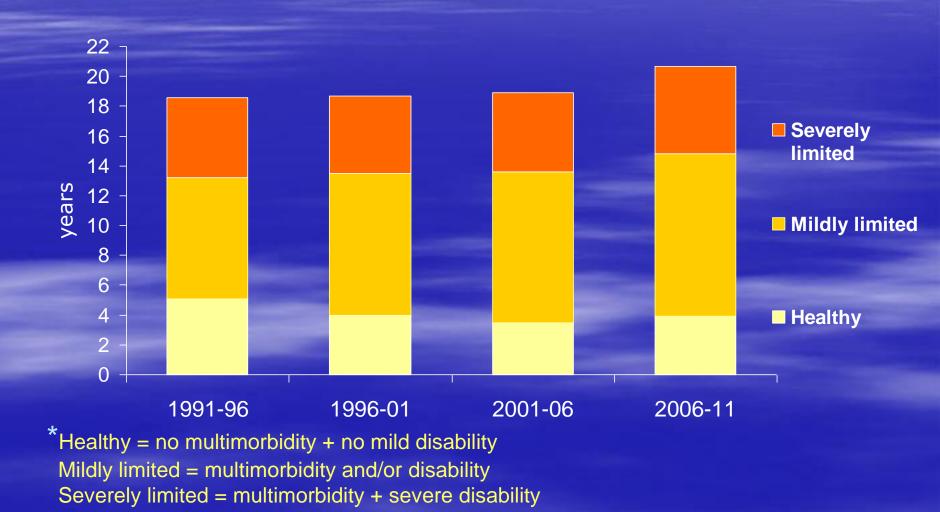
## Methods (2)

- Calculate age-sex-specific prevalences for each cycle
- Extrapolate prevalences for ages older than observed up to age 100 for each cycle
- Apply Sullivan method to calculate expected years without mild health condition, and expected years with severe condition

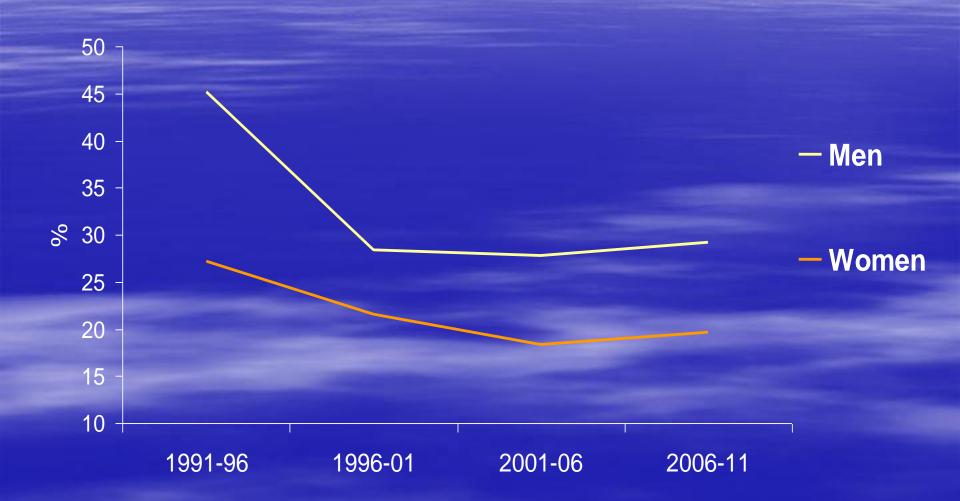
### Life expectancy from age 65: healthy, mildly, and severely limited\* years: men



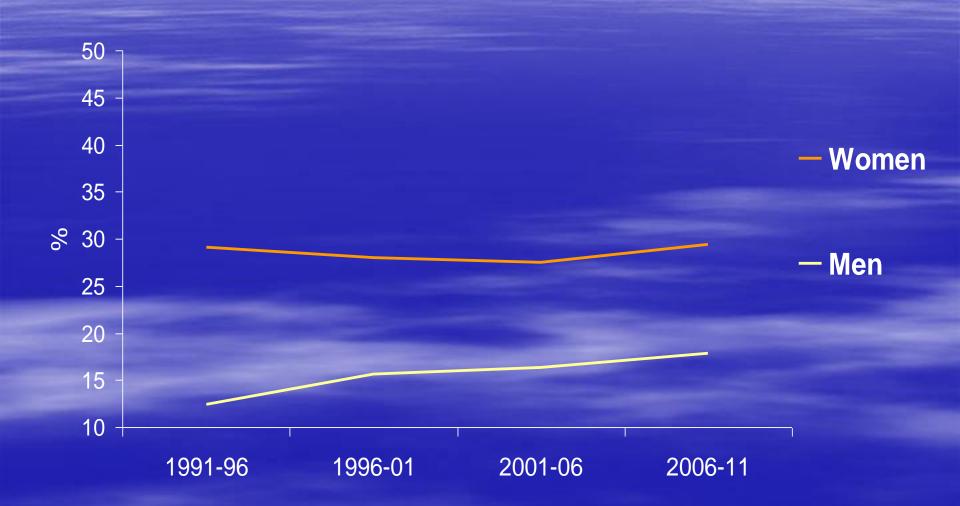
# Life expectancy from age 65: healthy, mildly, and severely limited\* years: women



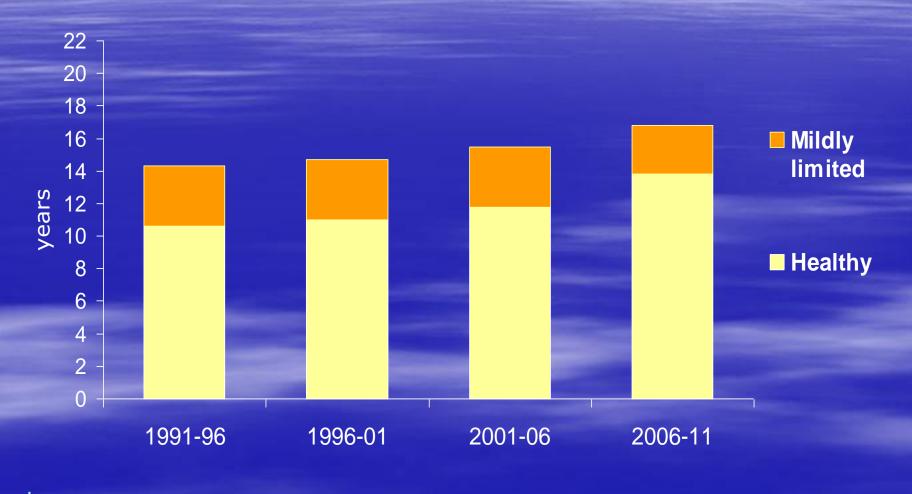
# Proportion of life expectancy from age 65 in good physical health: 1992-2009



# Proportion of life expectancy from age 65 in severely limited health: 1992-2009

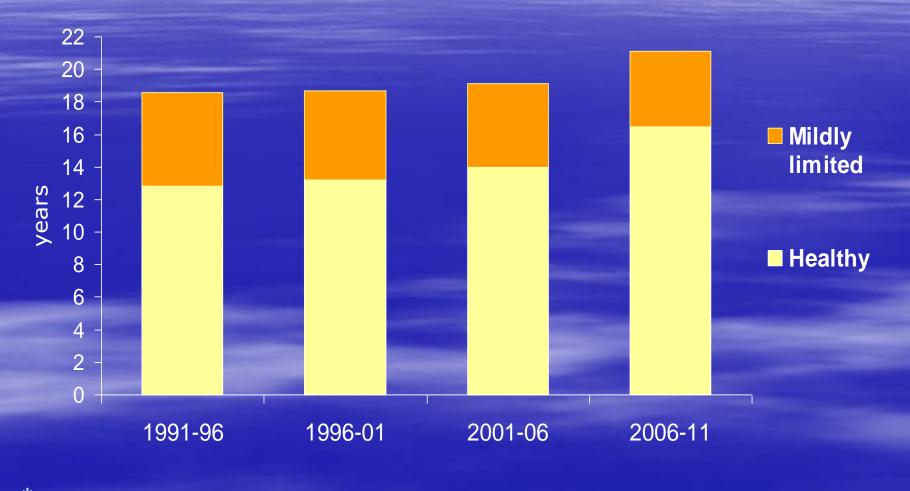


# Life expectancy from age 65: years in good cognitive health: men



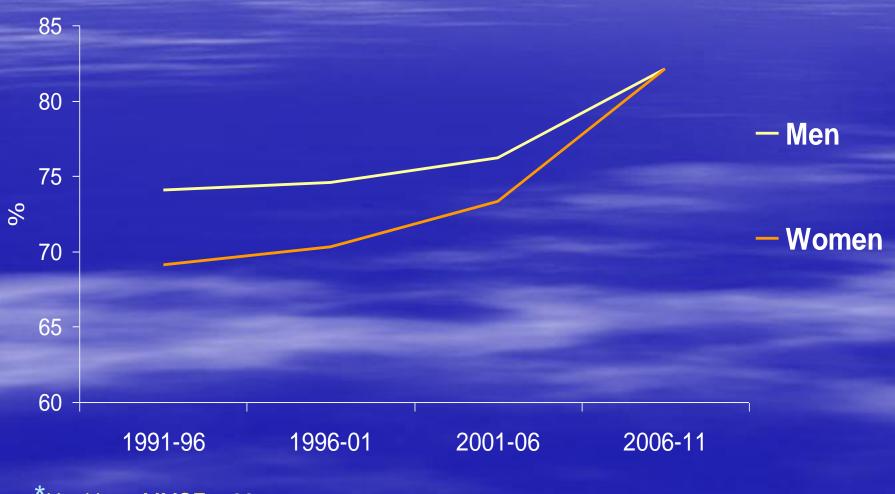
\*Healthy = MMSE > 26 Mildly limited = MMSE <= 26</p>

# Life expectancy from age 65: years in good cognitive health: women



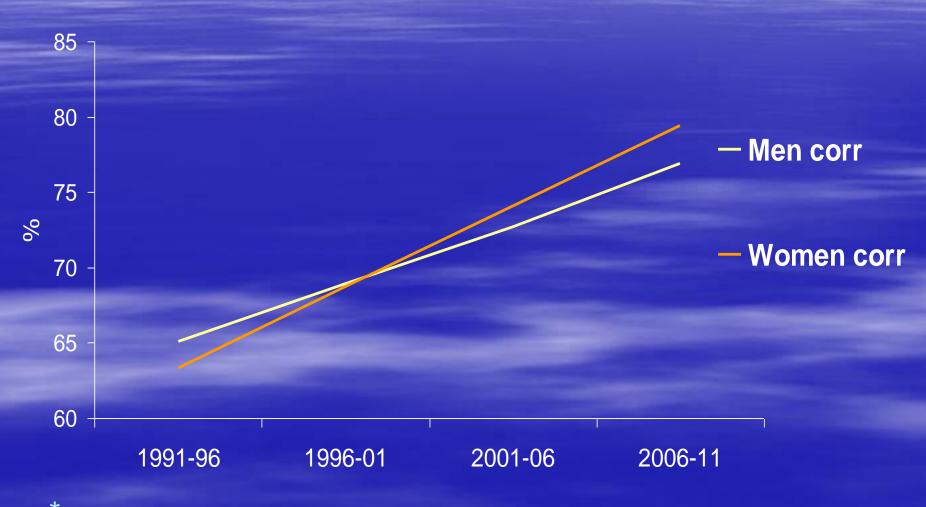
\*Healthy = MMSE > 26 Mildly limited = MMSE <= 26</p>

# Proportion of life expectancy from age 65 in good cognitive health: 1992-2009



<sup>\*</sup>Healthy = MMSE > 26

# Proportion of life expectancy from age 65 in good cognitive health: 1992-2009



\*Healthy = MMSE > 26, corrected for years of education

## Summary

#### Physical health:

- Years with at least mild limitations increased, especially in the 1990s  $\rightarrow$  'expansion'
- Years with severe limitations high in women, increased in men

#### Cognitive health:

- Years with mild limitations decreased, especially in the 2000s  $\rightarrow$  'compression'
- Even greater increase after correction for education

### Discussion

### Physical health:

Did the causes for accelerated increase in LE in the 2000s also stop the expansion of morbidity/disability? (Education, Health care?)

### Cognitive health:

Why did correction for education not flatten the increase in healthy cognitive years?

Other causes for longer cognitive health?

### We're not there yet

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Winslow Homer, 1892