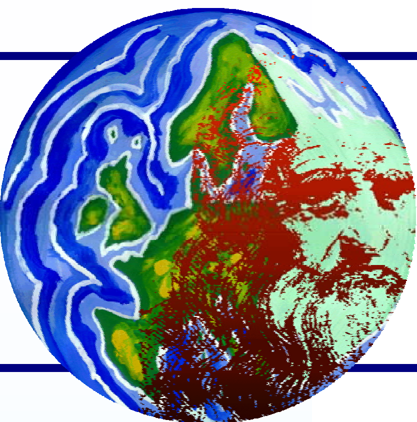



# EUROPEAN STUDY OF ADULT WELL-BEING

## PHYSICAL HEALTH AND FUNCTIONAL STATUS

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**The research project "Ageing Well: A European Study of Adult Well-Being" (ESAW) aims at building a European socio-cultural model able to identify which main factors, along with personal characteristics and culture, exert a direct causal contribution to the outcome variable *ageing well*. The components included in the study are the following five: physical health and functional status; self-resources; life activity; material security; and social support. The project has been carried out in 2002-2003 in 6 European countries (Austria, Italy, Luxembourg, The Netherlands, Sweden and the United Kingdom). It is based on individual interviews administered by means of a structured questionnaire to national samples of 1,800-2,000 non institutionalised subjects (e.g. not hospitalised nor in long term care facilities), aged 50-90, in each of the involved countries.**

The survival curve of people living in West European countries has dramatically changed. While at the beginning of the twentieth century about forty percent of the population in developed countries died before fifty years of age, at the end of the same century about 50 percent were alive at the age of 70 years. Life expectancy at birth in most western European countries exceeds 76-78 years of age. On the other hand, it is a well-known phenomenon that there is a significant drop in functional status as well as an increase in the prevalence of diseases particularly for those above 80 years. However, the decline is by no means inevitable, and elderly people over 80 years of age may be healthier than much younger individuals.

As health and functional status are regarded as one of the determinants for individual life satisfaction in old age these were represented in a core domain within ESAW. Aspects of individual health and functional status have been considered using self-reports from people aged 50-90 years.

**Key results:**
The results from ESAW highlight disease prevalence, medication use, functional status, the use of prosthetics, and health risk behaviours. A summary of national health profiles is presented.

**Disease prevalence** for those under 75 years was low in each national sample, but there was a pronounced increase in the number of self-reported diseases in the oldest age groups. Women in the older age groups reported more illnesses than men of a comparable age. High blood pressure, arthritis and rheumatism were the most frequently reported diseases in all six countries.

In each national sample **medication** use increased with age and women took more medicaments than men. *High blood pressure medication* and *prescribed painkillers* were the most often used medications in all six countries, followed by *arthritis medication* and *blood thinner medicine*. *Digitalis pills* for the heart and *hormones* were most frequently reported only in The Netherlands and Sweden.

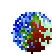
Functional status was measured by the self-reported competence to perform seven instrumental and physical activities of daily living. Instrumental activities encompassed those which would guarantee autonomous living (e.g. shopping and preparing meals), whereas physical activities described functioning and dependency (e.g. whether respondents needed help getting in or out of bed). In each country a majority of older people reported no problems with instrumental activities or physical activities. However the capability to perform instrumental and physical activities decreased with age and was more pronounced for female respondents aged 80 to 90.

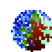
Apart from the use of glasses and hearing aids, respondents were asked about the use of eleven **aids and appliances**. The use of partial or complete false teeth was most frequently reported (42%); followed by a cane or walking stick (8%).

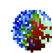
The frequency and quantity of alcohol consumption and smoking were inspected as **health risk behaviours**. The results showed a relatively high profile in overall alcohol consumption among older people across the six national samples. Sweden had the highest proportion of respondents consuming alcohol (80%) followed by comparable proportions (70%) in the Netherlands, Luxembourg, Austria, and the UK. The smallest proportion of alcohol consumption was observed in Italy (56%). With respect to the total quantities of alcohol consumption, Austria reported the highest level followed by Sweden. Lower levels were reported by The Netherlands and Luxembourg, with the lowest levels reported for Italy and the UK. For all countries alcohol consumption decreased with age (from 70 onwards) and women drank less than men.

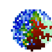
Around one-fifth (21%) of older people in the total sample smoked. For all participating countries there was a significant correlation between age and smoking showing that smoking decreased with age. Furthermore, in all countries men smoked more than women.

Cluster analysis (considering several of the aforementioned indicators) provided health profiles for each ESAW country.

 The Netherlands, and to some extent, the Swedish sample, showed the best ratings of health status compared to all other national samples.

 The UK sample was characterised by the lowest ratings of general health.

 Luxembourg and Italy showed more pronounced ratings of moderate and deteriorating health.

 The Austrian sample showed values in between.

**Policy implications:**
The results have shown that the prevalence of disease and functional impairment increase with age. This has direct implications for health policy. In particular, these findings emphasise the need for policies and programmes that address the risk factors for ill-health and promote healthy living. People need to be aware of risk factors not only at retirement, but also in middle adulthood. Preventive health care information and education commencing early in the ageing process will reduce the cost of health care by preventing or delaying the onset of, and reducing the impact of illness and disability.

Furthermore, there is evidence to suggest that the oldest old may benefit from preventative domiciliary programs. Rehabilitative programs should thus focus on increasing personal activity and autonomy for as long as possible into old age, without the older person have to leave the familiar surroundings of their home.

**Other documents in the European Study of Adult Well-Being Report Summary Series:**
No 1. Social Support Resources
No 2. Life Activities
No 4. Self-Resources in Advanced and Old Age
No 5. Material Security
No 6. European Model of Ageing Well

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