Healthy ageing in the UK and Europe: a perspective

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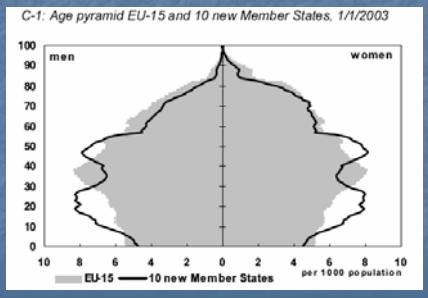
Life expectancy in the UK

	Men	Women
Life expectancy at birth	76.6	81.0
Life expectancy at 65	16.6	19.4

Source: Office for National Statistics, Interim life tables 2003-5

Common challenges, different populations: EU-15 and EU-10



A heterogeneous ageing population

- Any individual over 75 is unlikely to present as the 'average' 75-year old.
- Older people in lower socio-economic groups have a 30-65% higher risk of almost all chroinic diseases than wealthier older people.

We need data allowing for stratified analyses by age and socio-economic factors.

A diverse Europe

- Life expectancy (LE) at birth: ranges from 71 in Estonia to 80 in Italy.
- Gender gap in LE: 12 years in Estonia, 4 yrs in the UK.
- 10% of older Maltese report a disability, vs. 30% of Czechs or Poles, Finns and Hungarians.
- 6% of older Spaniards drink regularly, compared to 41% of older Danes.

Regional discrepancies

Male life expectancy at birth:

- Glasgow City: **69.9** years
- Kensington & Chelsea: **82.2** years

Gap of **12.3** years in men

Gap for women: **9.5** years.

Healthy ageing?

Active Ageing

- "Active ageing…allows people to realize their potential for physical, social and mental well being throughout the life course and to participate in society according to their needs, desires and capacities, while providing them with adequate protection, security and care when they require assistance."
- "The word 'active' refers to continuing participation in social, economic, cultural, spiritual and civic affairs, not just the ability to be physically active or to participate in the labour force."

World Health Organization, Active Ageing : A Policy Framework, 2002

Compression of morbidity?

- The proportion of older Europeans with disability is decreasing (Healthy Ageing -- Longitudinal Study Europe (HALE)
- Little correlation between overall health expenditure for older people and the proportion of the population over the age of 65 (OECD).
- **The fallacy of the expensive older patient**: High use of services occurs principally in the 12 or 18 months prior to an individual's death, regardless of age (Dixon et al, 2004; Brockmann, 2002)

Old and disabled?
Dispelling the myths

- Amongst English 80-year olds (ELSA)
  - 30% describe their health as good or excellent
  - 58% reported no difficulty with activities of daily living
  - 80% eat out of the house
  - 19% had taken a holiday overseas in the past 12 months
  - 8% use the internet.

(Marmot *et al*, 2003)

But...huge social inequalities

- People in routine or manual occupations reach a state of poor health and disability on average 15 years earlier than professionals or managers.
- The disability gap between social classes is equivalent to the gap between age groups 10 or more years apart.
- Socio-economic status is correlated with health status and health outcomes (ELSA)
- *Self-perceived* socioeconomic position shows strongest correlation with health (ELSA)

At risk of social exclusion

- Older women
  - 'Men die quicker but women are sicker'.
- The poor
- Rural communities
- Immigrants
- Ethnic and cultural minorities
- Disabled
- Older men.

Forgotten groups: older women

- Every fifth person in Europe is a woman over 50.
- 'Men die quicker but women are sicker'.
- Older women at greater risk of social isolation and lack of financial security.
- More multiple chronic conditions and disability.
- Greater tendency to neglect their own health needs, poor awareness (eg. CVD risk).

Age + gender: the double whammy of inequity

- **Cardiac symptoms** tend to be diagnosed later in older women, as they may be masked by co-morbidities
- **Cardiac rehabilitation**: uptake and adherence low in women, older people and socially deprived patients (Beswick et al, 2005).
- **Coronary revascularisation**: less often offered to women and older people (Shaw et al, 2004).

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Age equality

- 'Any discussion of age equality must have a dual emphasis. It must reveal and challenge the prejudicial nature of assumptions that old people have falling health and capability. But at the same time, those who do face ill health must be treated fairly and equitably.'

(S. Fredman, 2002).

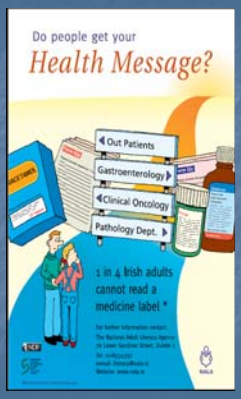
Informed? Engaged?

- The over 55s represented 34% of the eligible electorate in 2005 election, and 41% of voters.
- Social engagement increases with age.
- Deferential attitudes to public services
  - Age effect?
  - Generation effect?

Barriers to engagement
the example of health care

- Lower expectations of care
- Less engaged in decision-making
- Older people forgotten from health promotion
- Lack of information for older people compromises outcomes in:
  - HIV (Henderson et al, 2004)
  - surgery (Chew et al, 2004)
  - Cancer (Hofman et al, 2004)

Health literacy...a key component of life-long learning



One-third of Europeans will be over 60 by 2050

- Focus changes on the content, not the quantity of care
- 65-80% of older people are cared by their relatives
- Long-term care would need to grow by 315% by 2051 to accommodate demographic pressures (Wittenberg et al, 2004)

We need investment in skilled personnel to allow for community-based care to work.

Disability is as important as disease

- Multiple morbidity poses greatest threat to independence
- Limitations of self-reported measures
- Objective measures of disability (grip strength, walking speed) independent predictors of mortality (SHARE 2005)

We need better indicators of disability and health status.

The burden of late-life depression

- Affects 10-15% of people over 65.
- Older people with depression are:
  - 2-3 times more likely to have 2 or more chronic illnesses
  - 2-6 times more likely to have at least one limitation in activities of daily living.
- Suicide rates highest in +75s in several EU countries.

We need targeted efforts to overcome depression and prevent suicide in older populations, particularly in isolated communities

Facing dementia in our populations

- Societal view that dementia is an inevitable facet of old age and that nothing can be done to prevent it
- 1.5 years average delay from 1st symptoms to confirmed diagnosis.
- Lack of professional training -- 70% of primary care physicians and 35% of specialists find it difficult to detect early signs of disease (Facing Dementia Survey 2004).

We need to raise awareness of value of early detection of dementia

Conclusions

- 'Middle age is no paradise; old age is no hell'
- A heterogeneous older population
- Healthy ageing = active ageing
- Need for more research, better data and dedicated resources.