ELSA wave 2 Launch- Health

Elizabeth Breeze and Mary Pierce

Objective measures of physical health

- New outcomes in ELSA
- Differences by age
- Differences by total wealth
- Conclusion

What's new in wave 2

- Nurse visit
  - Anthropometry (height, weight, waist hip)
  - BP
  - Lung function (PF, FEV1 and FVC)
  - Blood samples for:
    - Lipids, inflammatory markers, fasting blood glucose and glycosylated haemoglobin
    - Haemoglobin and ferritin
    - DNA

What's new in wave 2(continued)

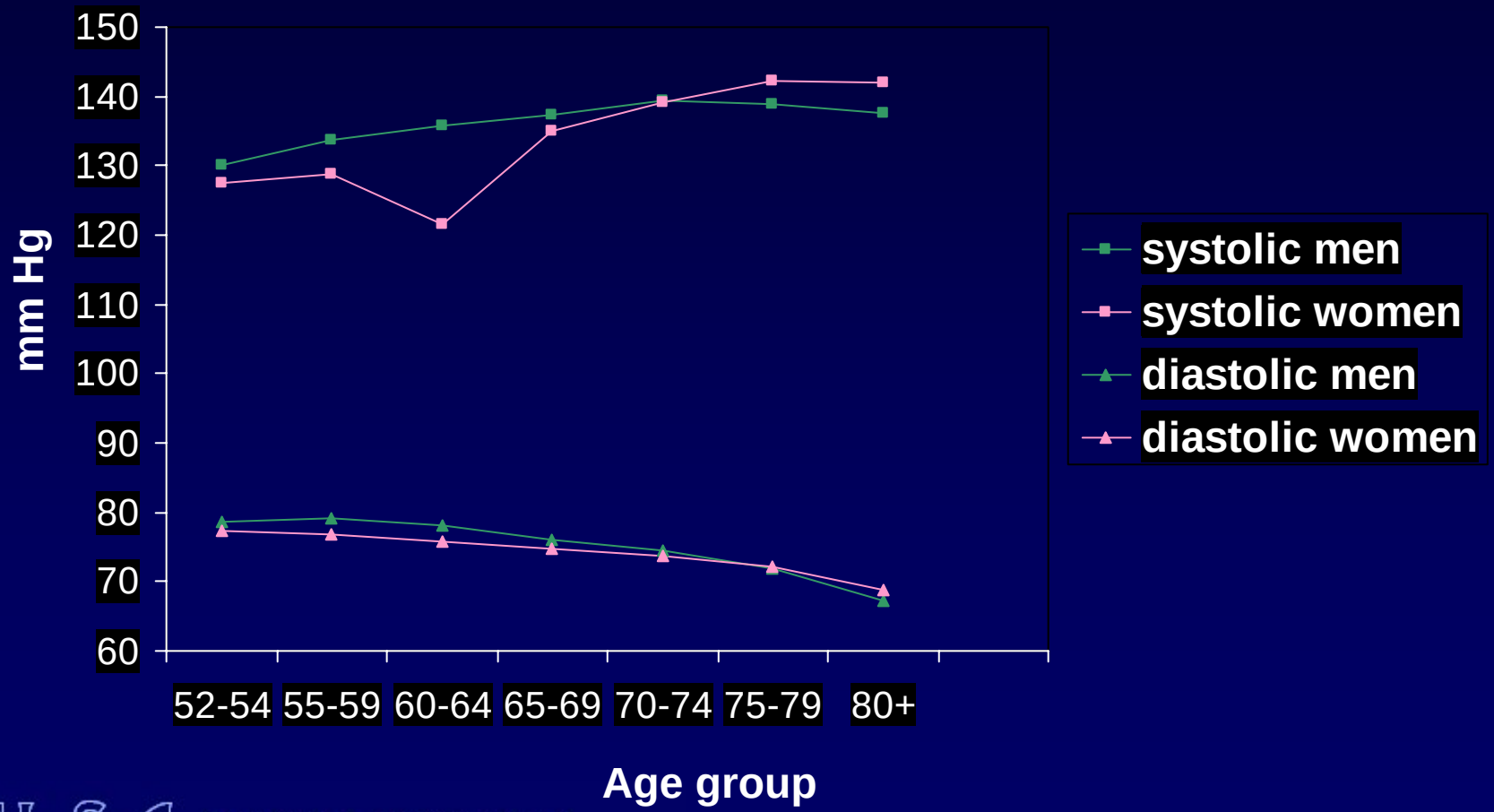
Physical performance tests:

-lower limb mobility (time for five chair rises,
5 progressively more difficult balance tests),
- a measure of muscle strength (grip strength)

Saliva samples (for cortisol)

Differences by age

Differences in blood pressure with age



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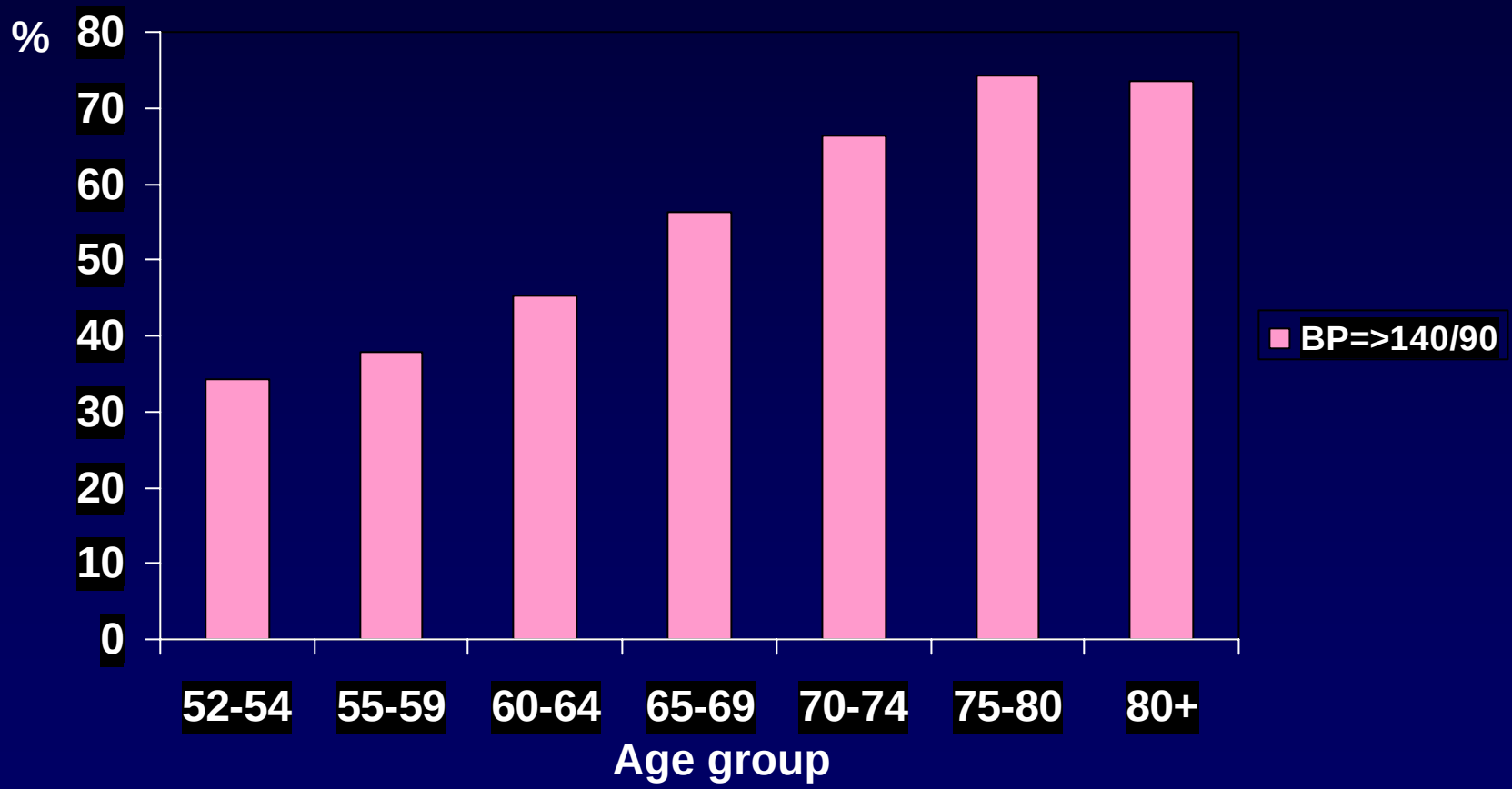
Percentage of women with hypertension by age group



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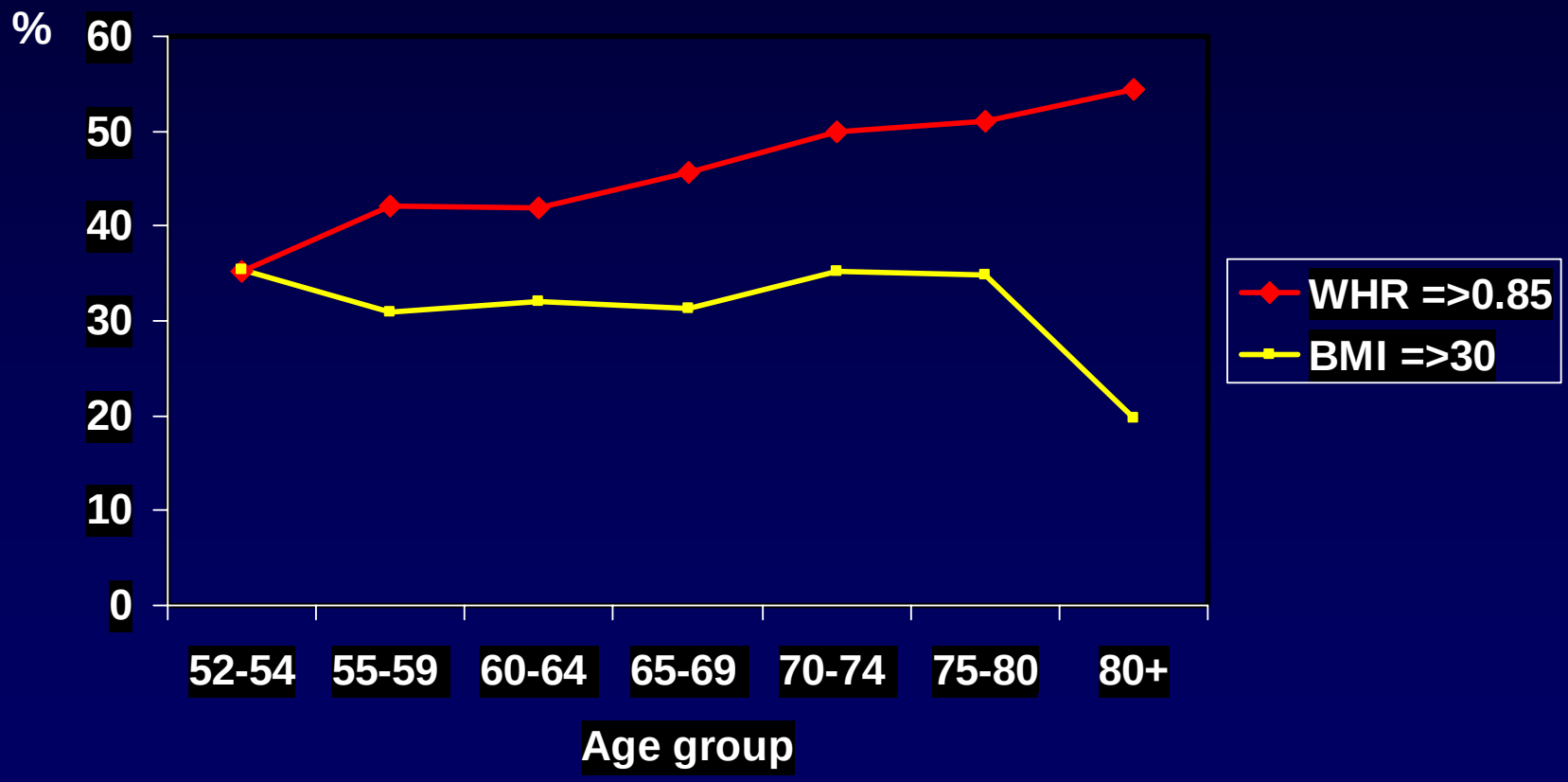
Women- % obese and % with raised waist:hip ratio (WHR) by age group



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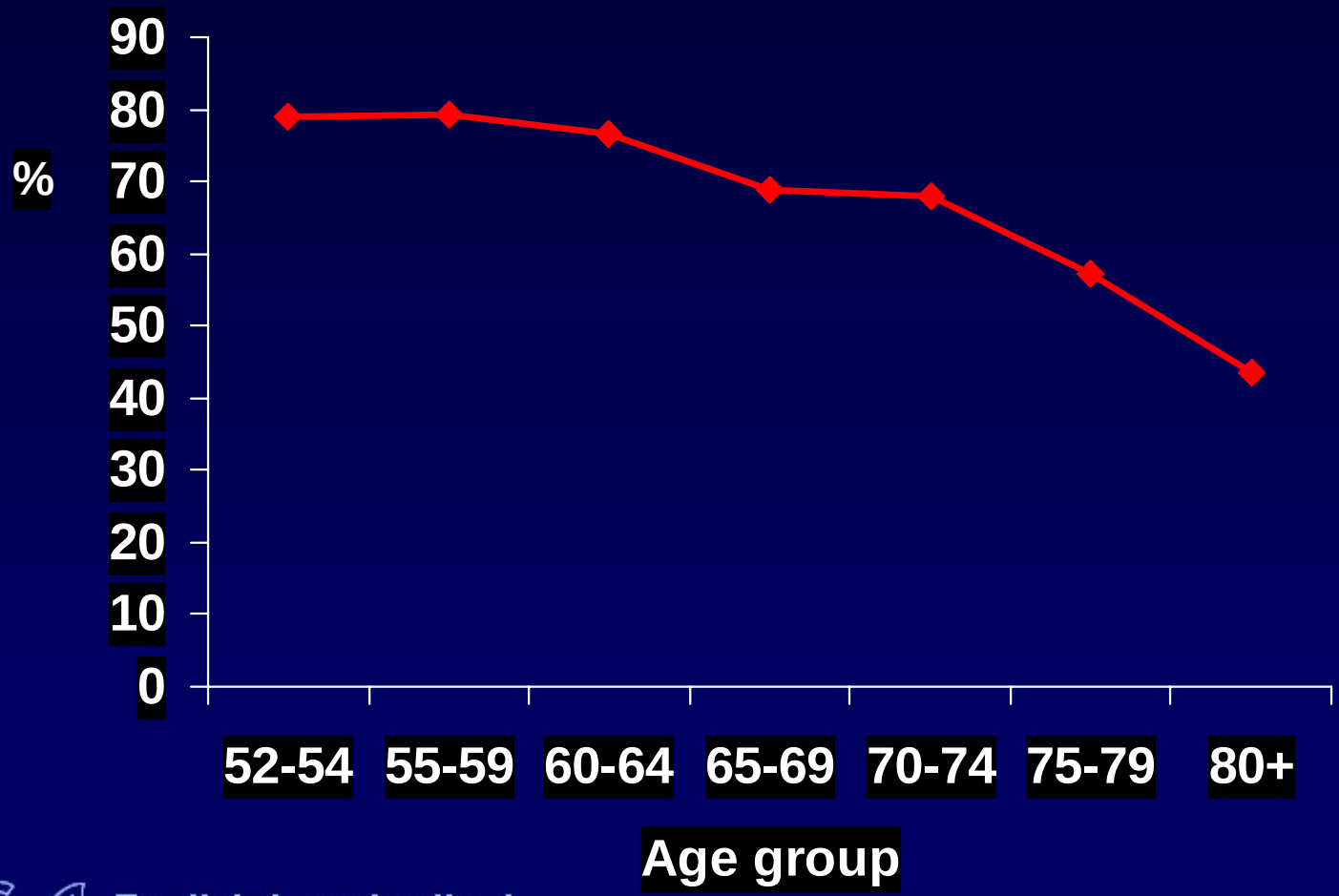
Percentage of men with raised total cholesterol (5mmol/l or more) by age



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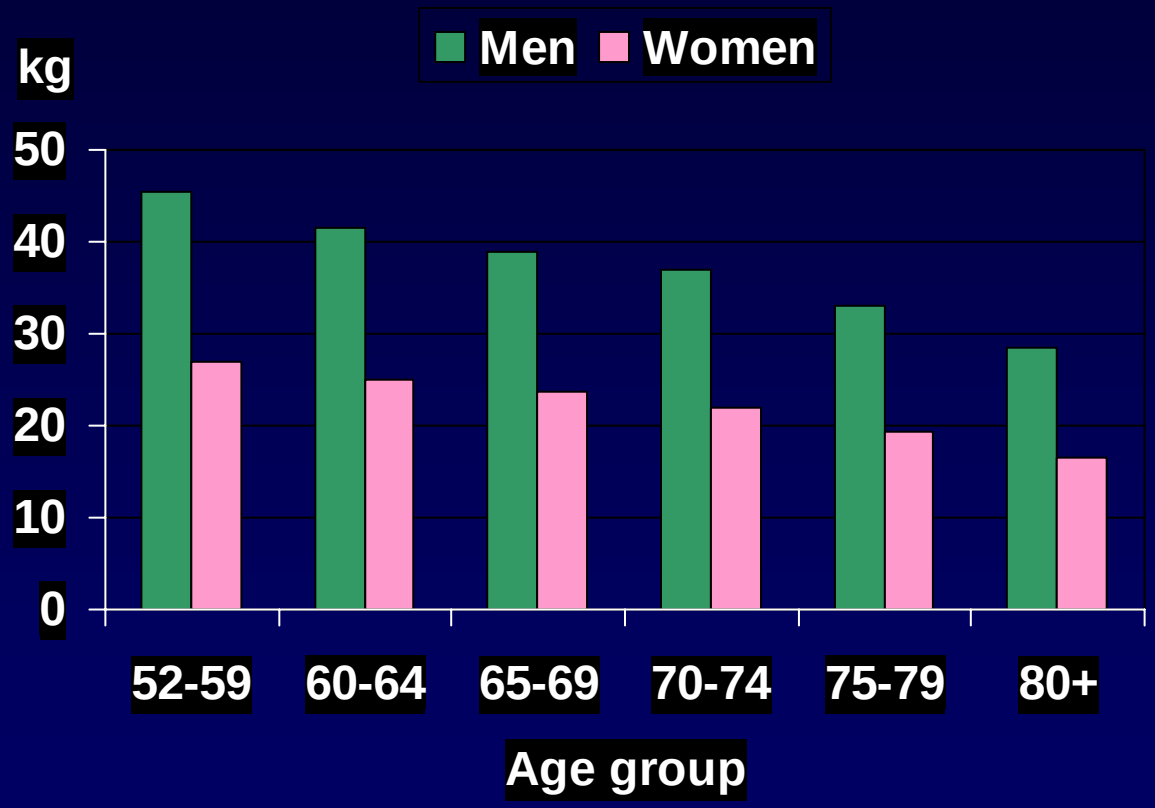
Grip strength by age



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Differences by wealth

Differences in the prevalence of diabetes by wealth

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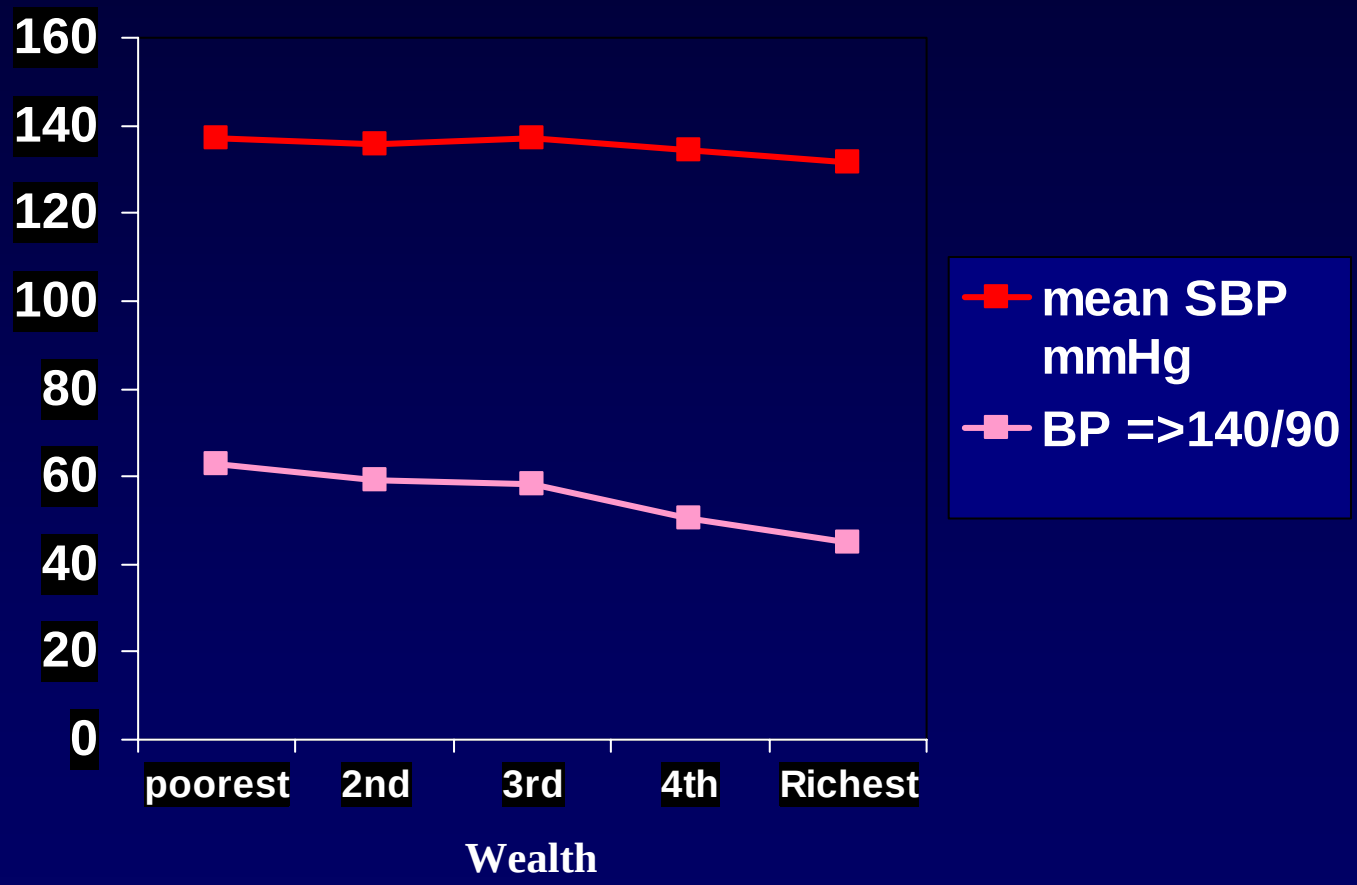
Women –systolic blood pressure hypertension and wealth



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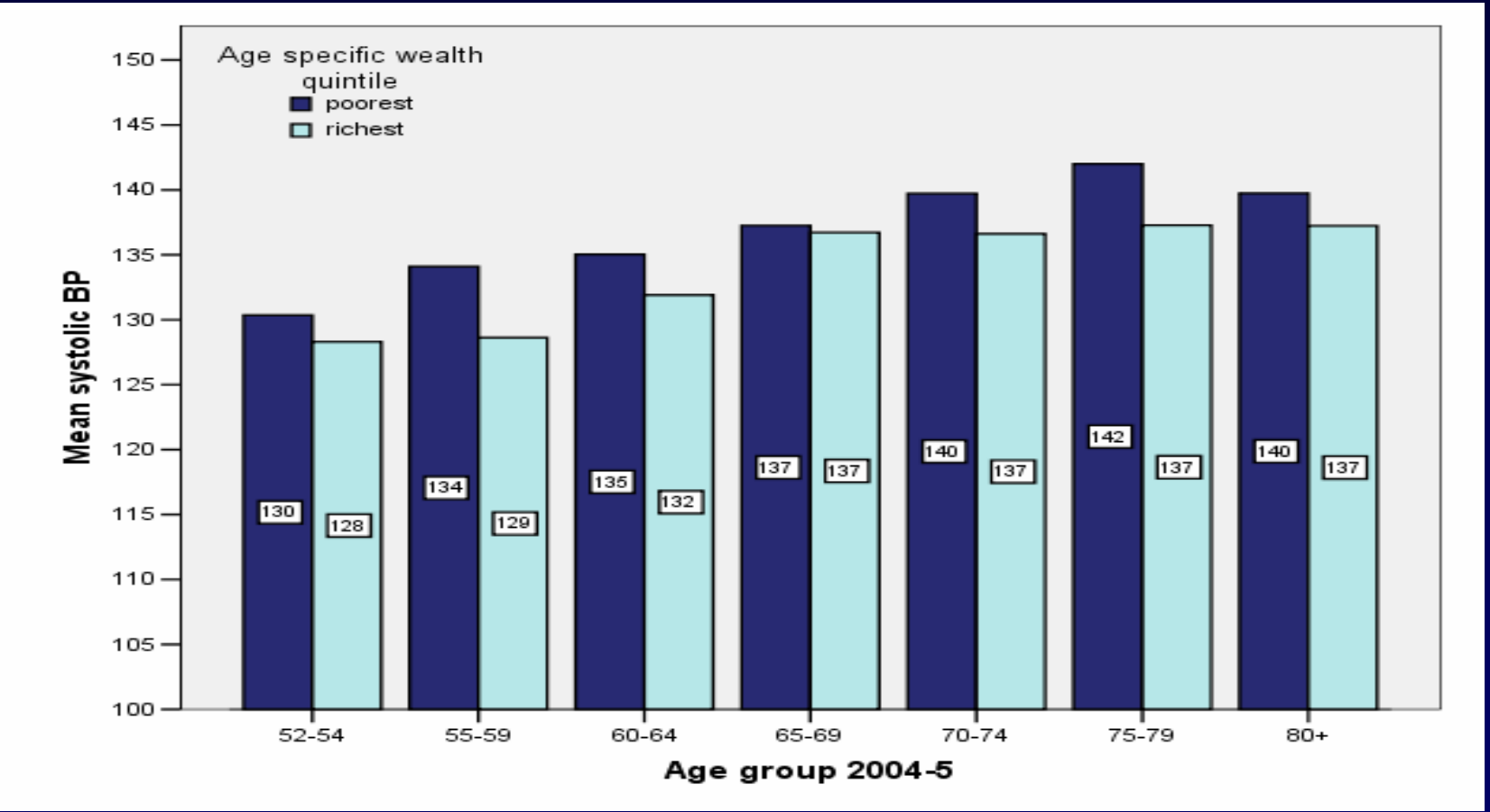
Systolic BP by wealth across age groups



ELSA English Longitudinal Study of Ageing

Percentage with raised total cholesterol (5mmol/l or more) by wealth

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Short Physical Performance Battery

Combined score (range 0-12) for:

- Gait speed
- Chair rises
- Balance tests

Impairment (score 8 or less) is predictive of future disability

Impairment on Short Physical Performance Battery, by wealth tertile and age

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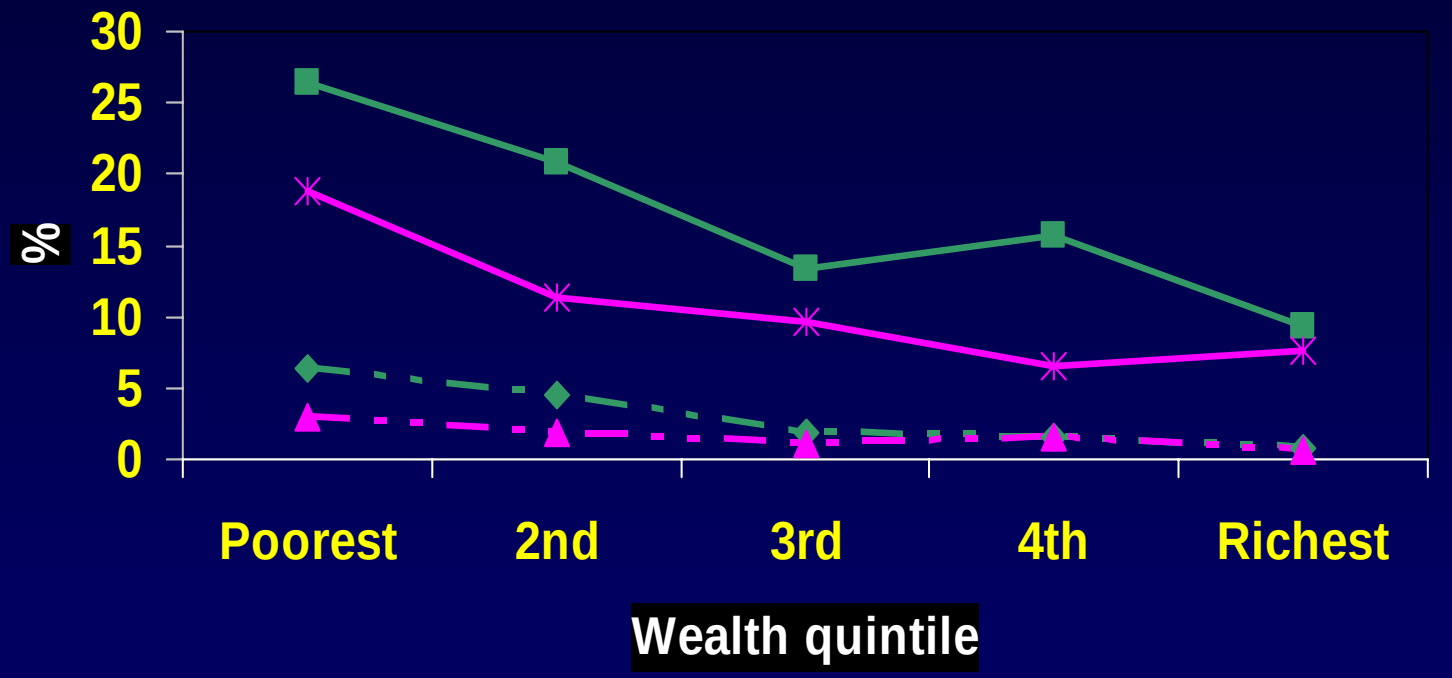
Summary

- Most of the biological measures deteriorate with age but there are exceptions.
- Many biological measures are better in the richer than poorer people, but there are exceptions.
- Differences by wealth are not always in the expected direction

Change in health between waves

Deaths between waves, by wealth



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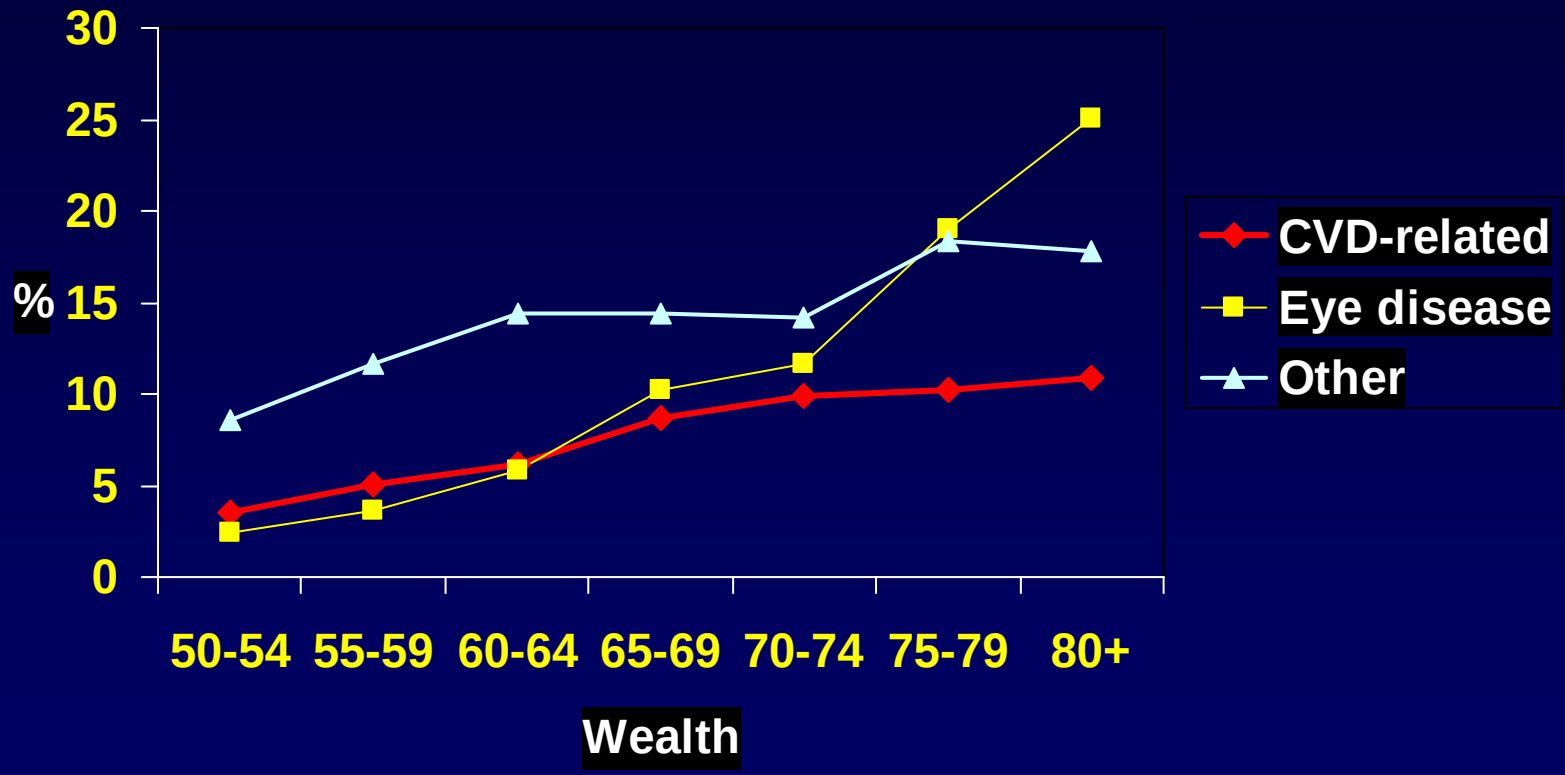
Diagnosed chronic disease

- Respondents asked if a doctor has ever diagnosed a disease
- Reported on 17 chronic physical diseases
  - 7 cardiovascular-related disease
  - 4 eye diseases
  - 6 others : 2 sets respiratory, 2 sets musculoskeletal, cancers, Parkinson's disease
  - All have potential to cause difficulties in daily living
- Confining results to ever diagnosed

Percentage reporting additional diagnosis at wave 2, by age in 2002-3



Base = those without diagnosis in 2002-3

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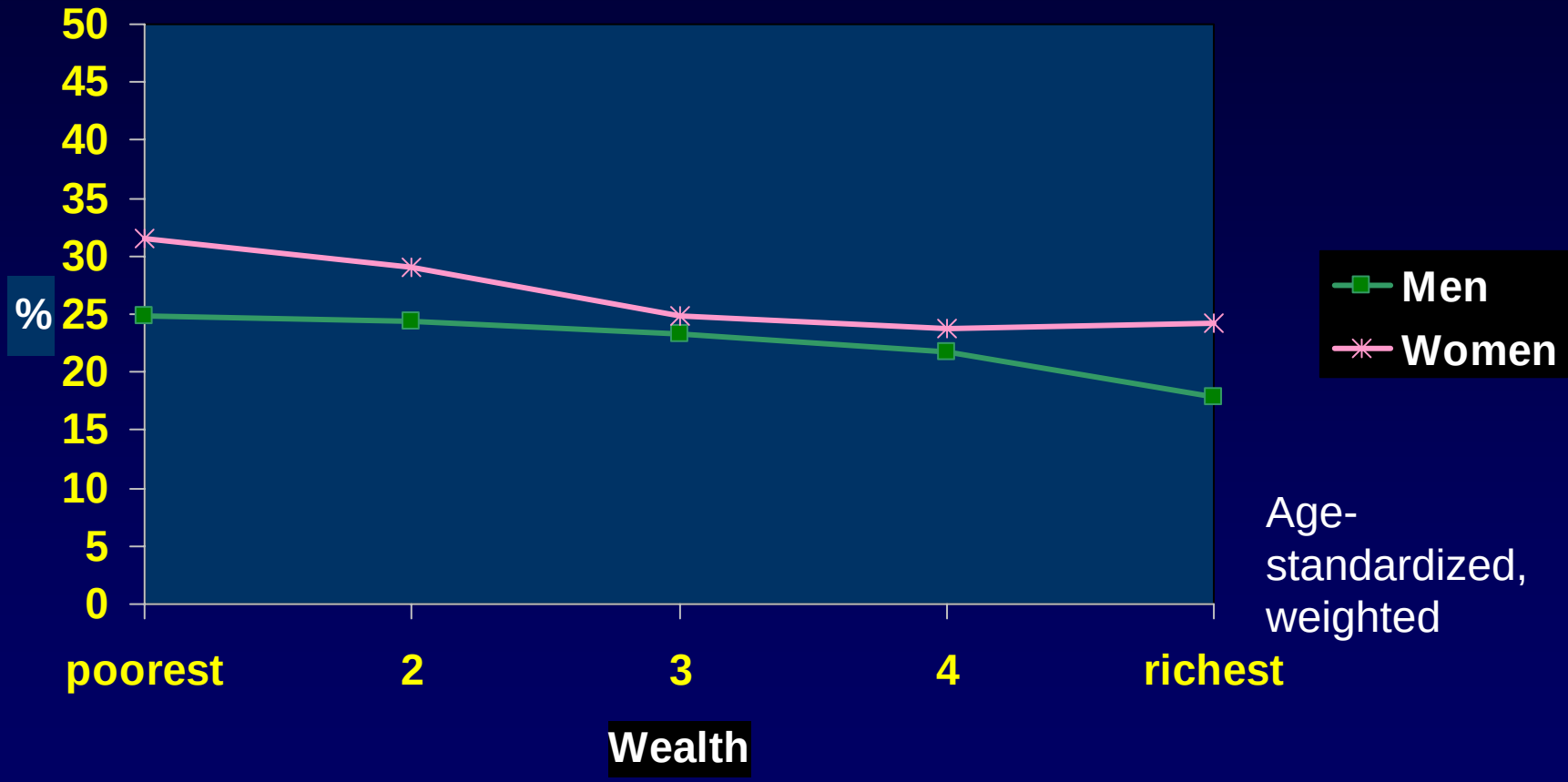
Percentage reporting one or more new diagnoses at wave 2, by sex & wealth



Age-standardized, weighted

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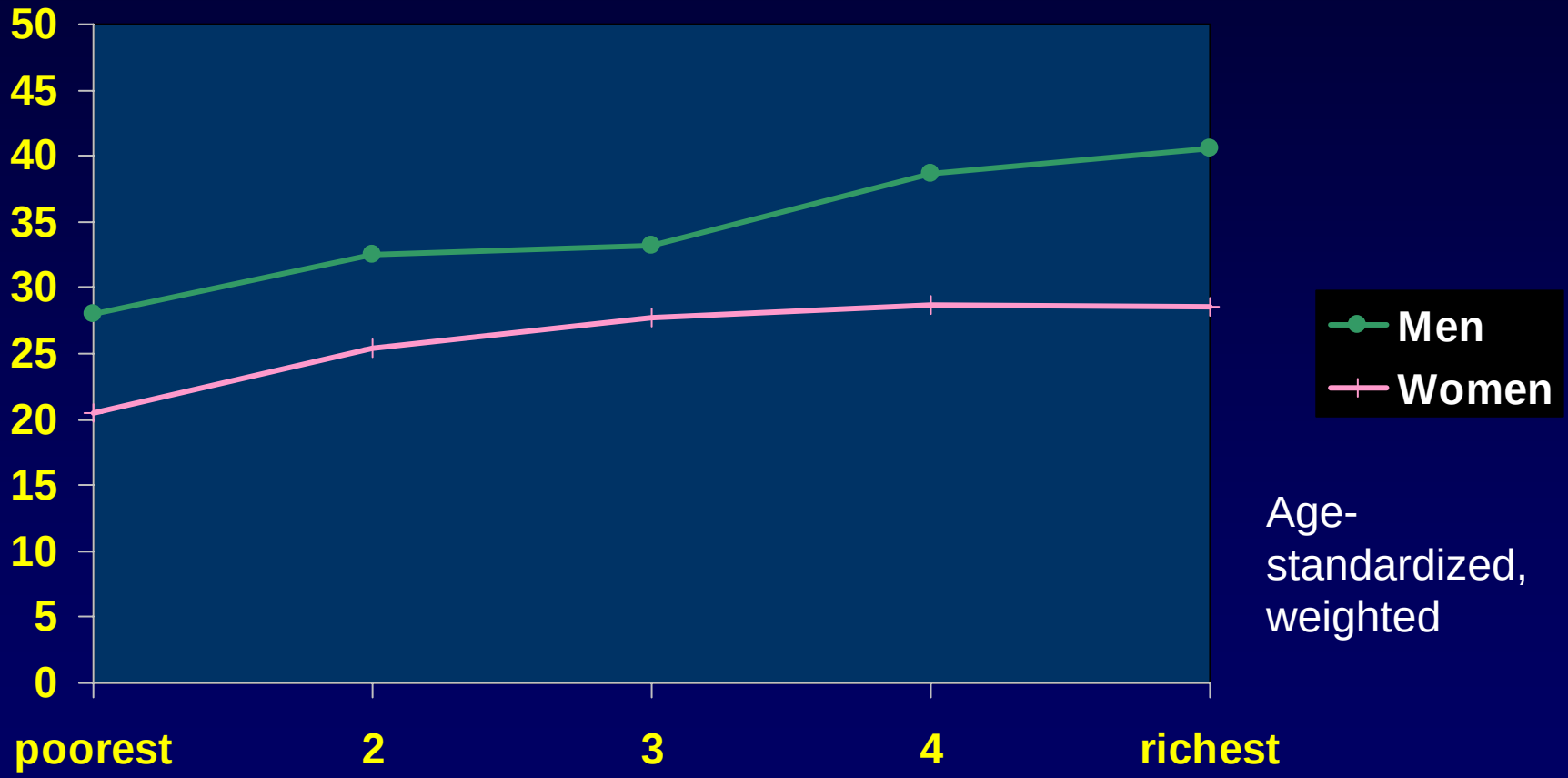
Covers 4 eye diseases, 7 CVD-related, 6 other physical diseases

Percentages without diagnoses of any of 17 chronic diseases by sex & wealth

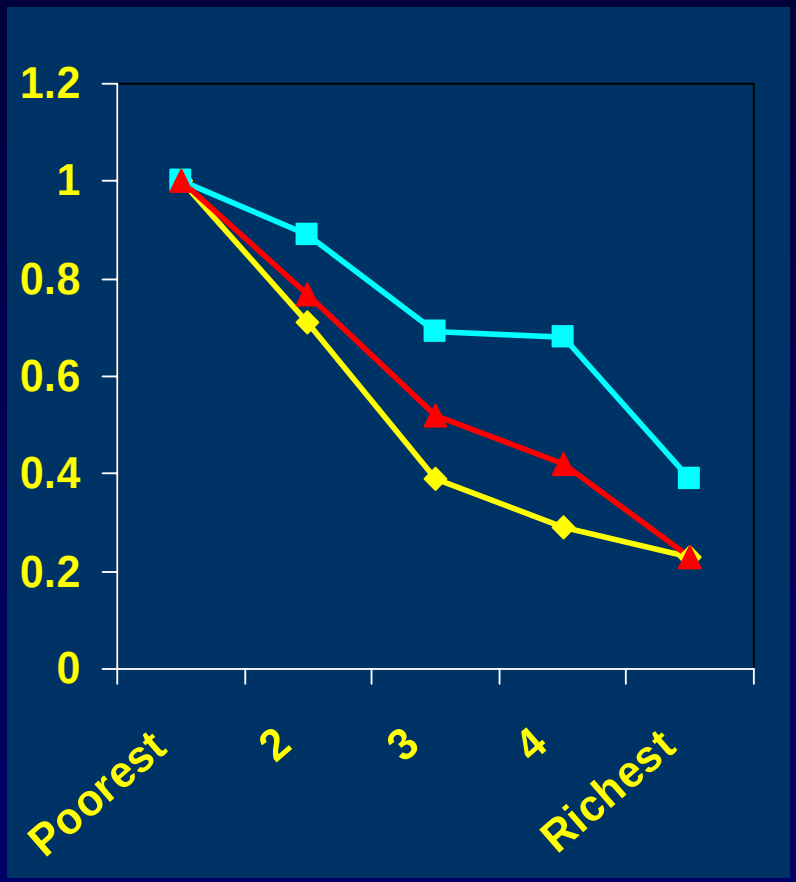


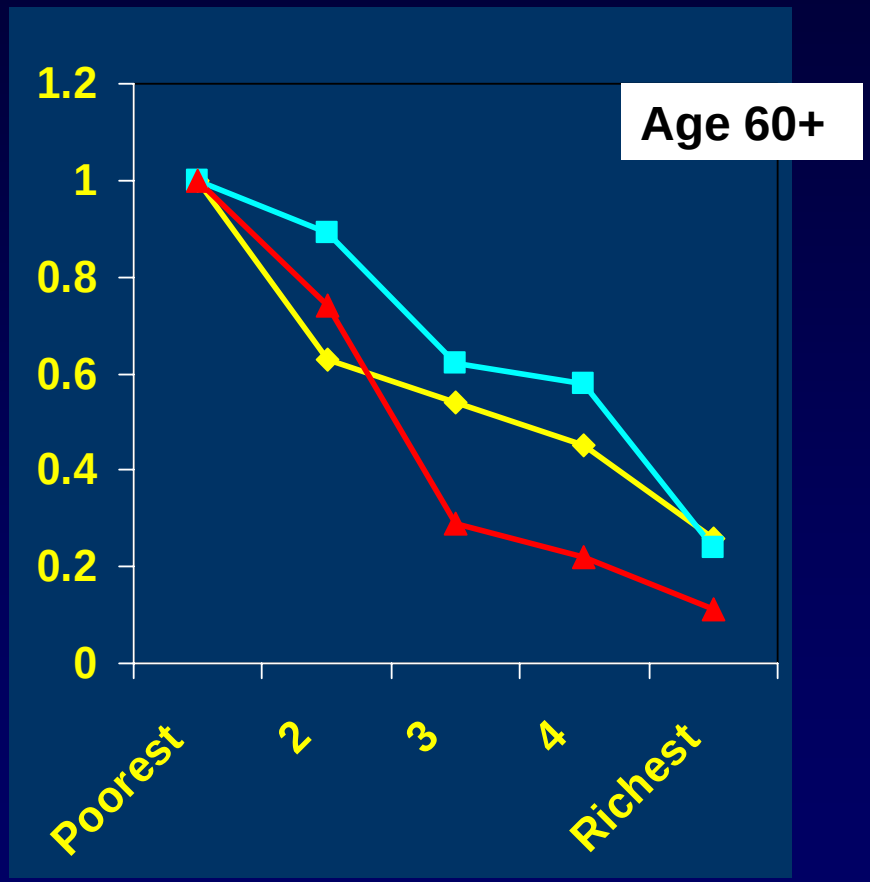
Age-standardized, weighted

ELSA English Longitudinal Study of Ageing

Covers 4 eye diseases, 7 CVD-related, 6 other physical diseases

Odds ratios for i) self-reported walking difficulty ii) poor gait speed, by wealth





W1 only, w2 only , both; ref=neither

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Change-conclusions

- 17 chronic conditions studied – all capable of contributing to disability
- Substantial percentages had additional diagnoses even in 2 years
- New diagnoses were more common among the poorer than the richer; stronger gradient at younger ages
- Self-reported and measured walking showed similar wealth patterns
  - Strong gradient for being seriously impaired both times
  - Richest 20% least likely to become seriously impaired in 2 year period

Symptoms

Pain as an example

- Measure

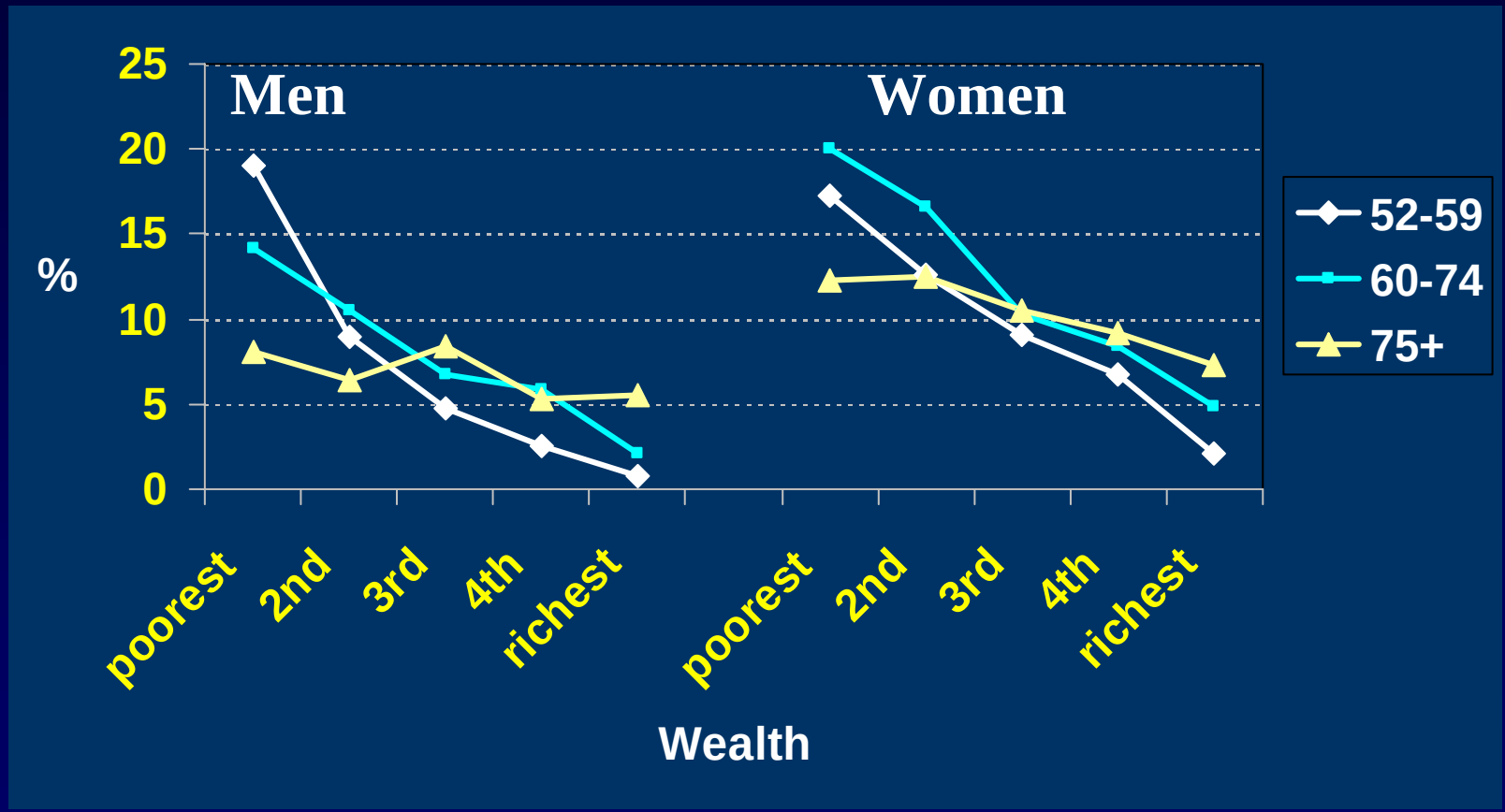
  Often troubled by pain

  AND rates pain when walking on a level surface as

  6+/10 at two or more of hip, knee, foot, back

- Likely to be handicapping in daily life.
- Notably worse quality of life compared to those who did not have severe pain at any of the four parts of the body

Percentage reporting severe pain at two or more of back, hip, knee, foot by wealth quintile



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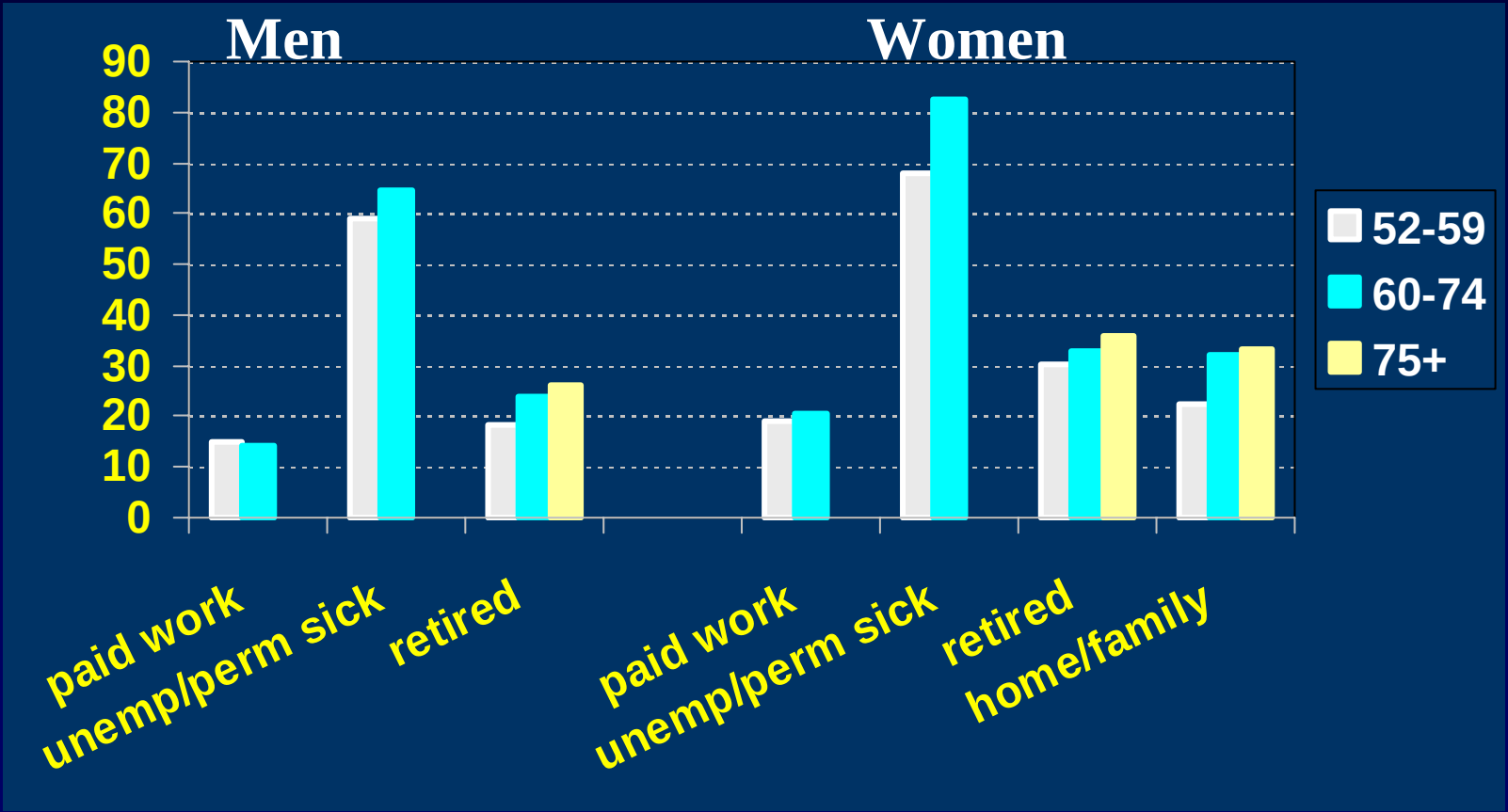
Percentage reporting severe pain at two or more of back, hip, knee, foot by work status in 2004-5



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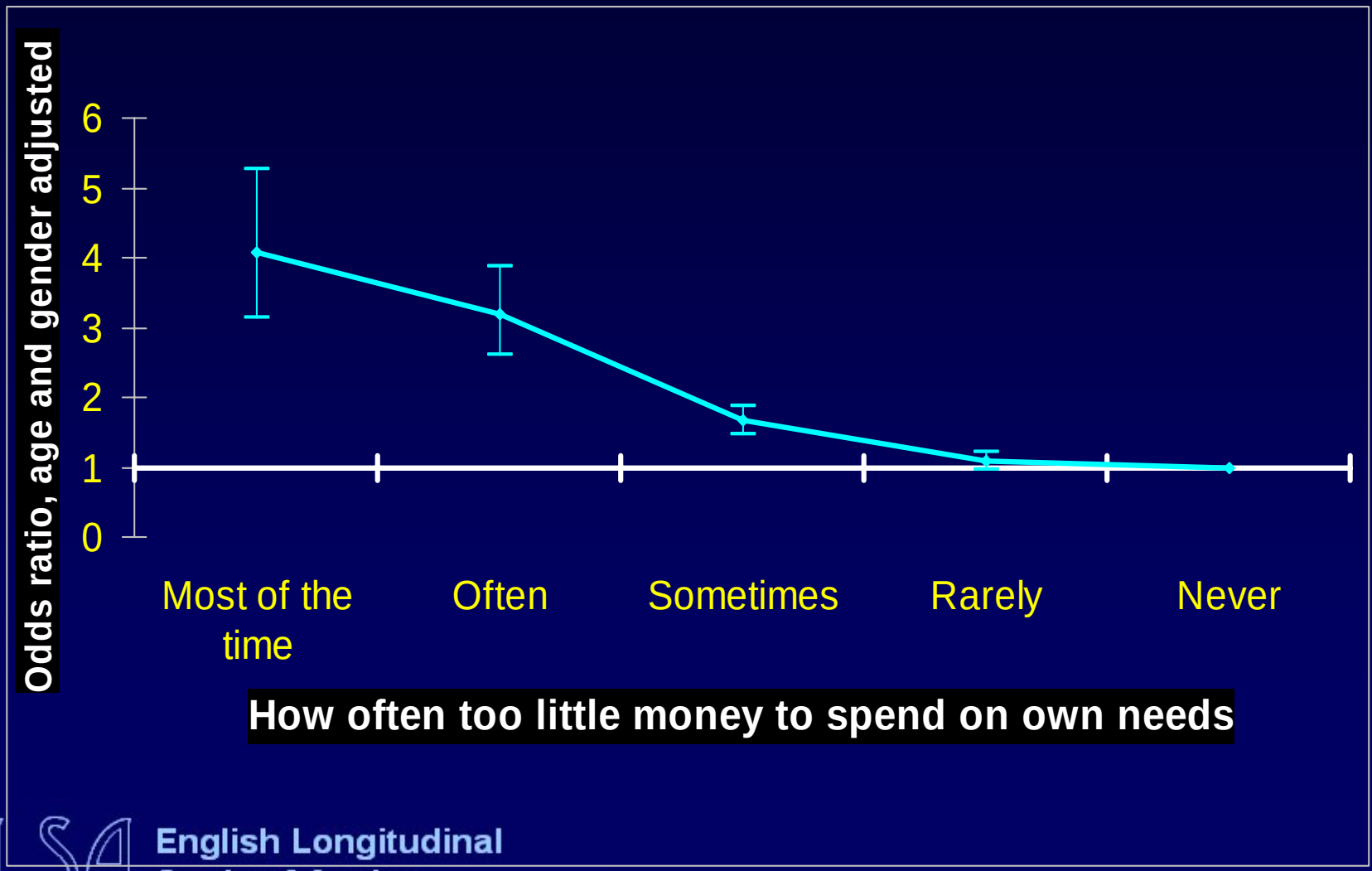
Self-perception of financial status

- How often have too little money to spend on needs
  - 5 point scale
  - LESS likely to be reported as a problem as grow older, especially if poor

- How well off feel compared with people nearby
  - 5 point scale
  - % saying “about the same” increases with age
  - Those in their 50s responded most favourably

Relative deprivation and fair/poor self reported health (1)



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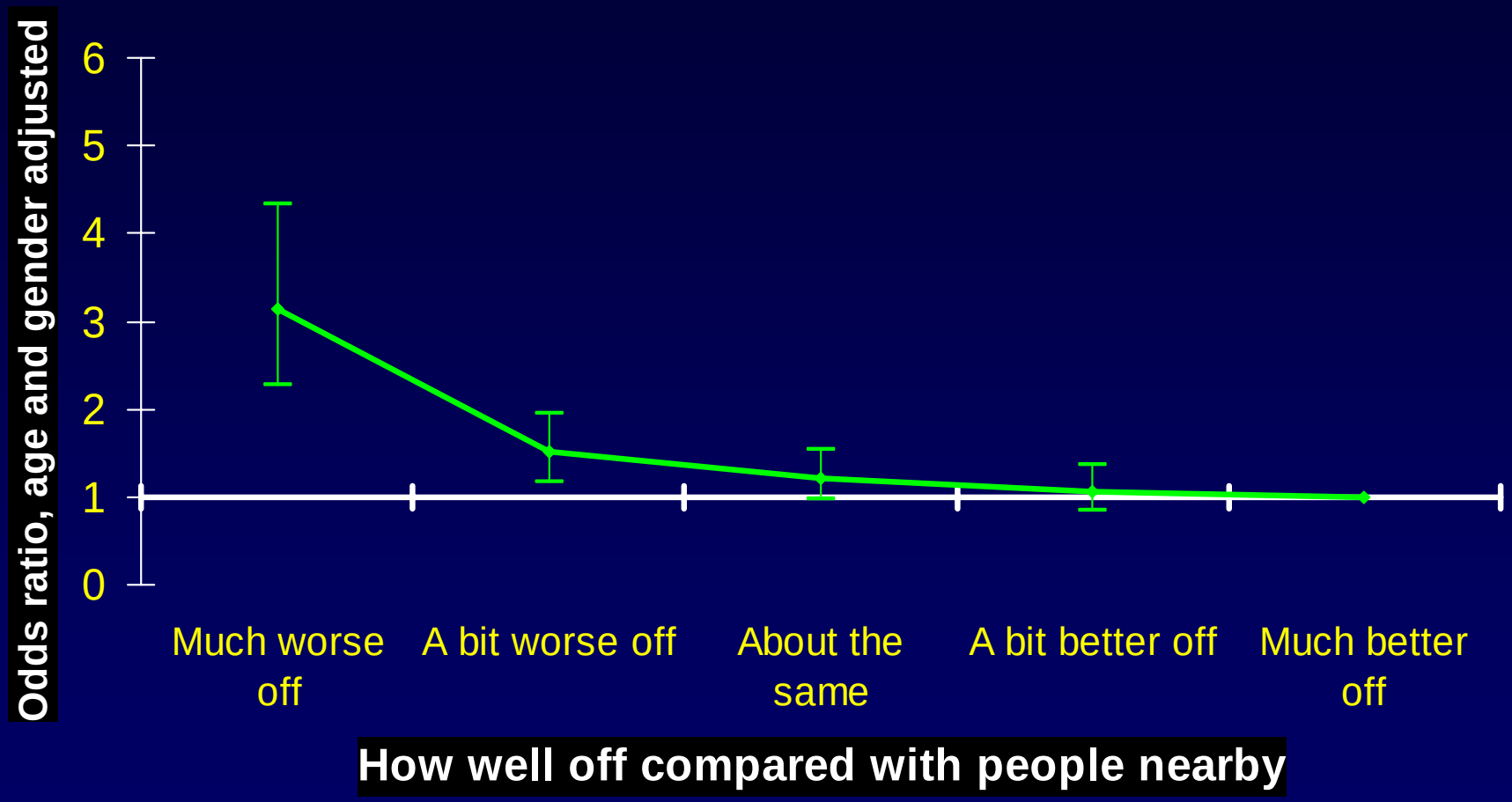
Relative deprivation and fair/poor self reported health (2)



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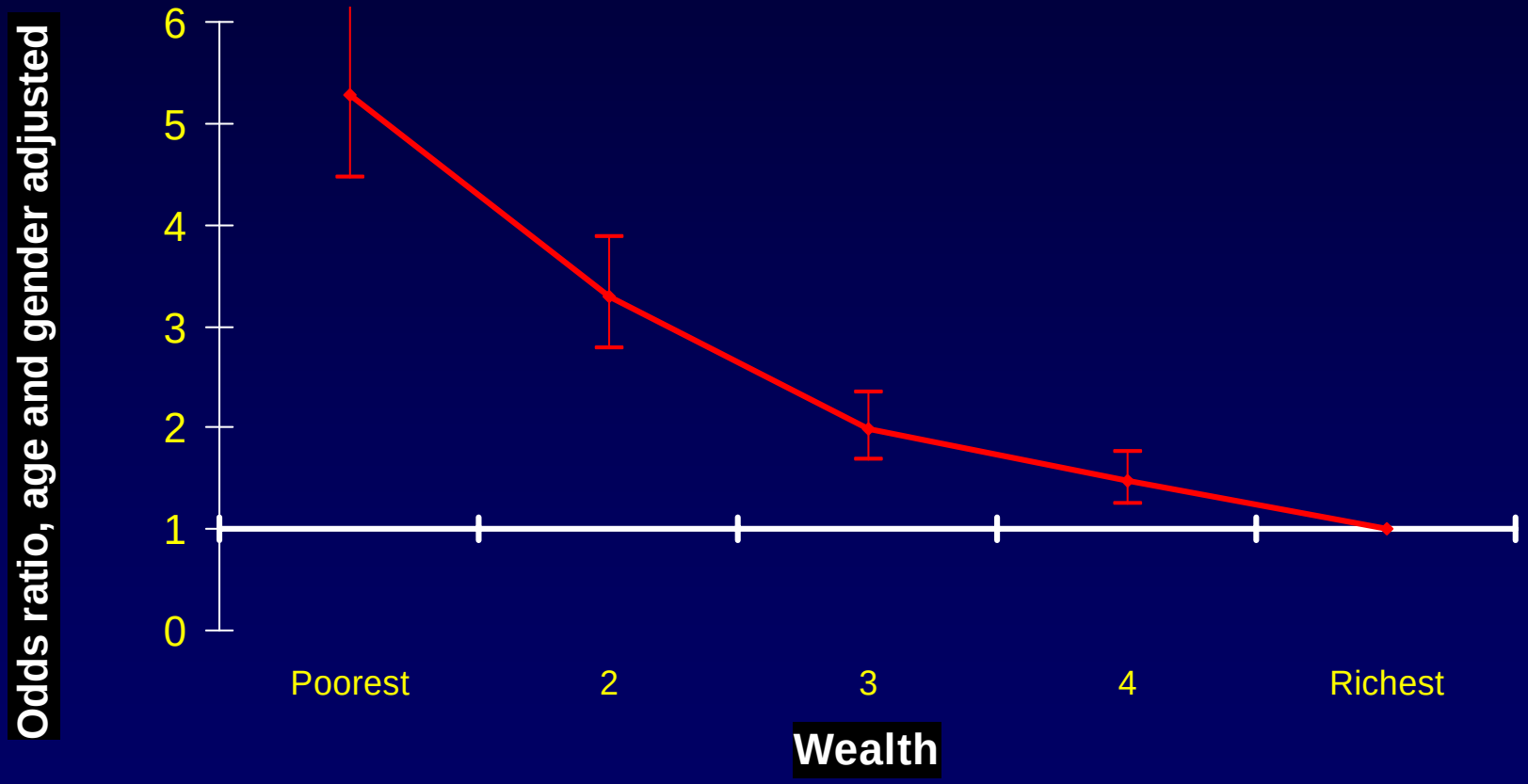
Wealth and fair/poor self reported health



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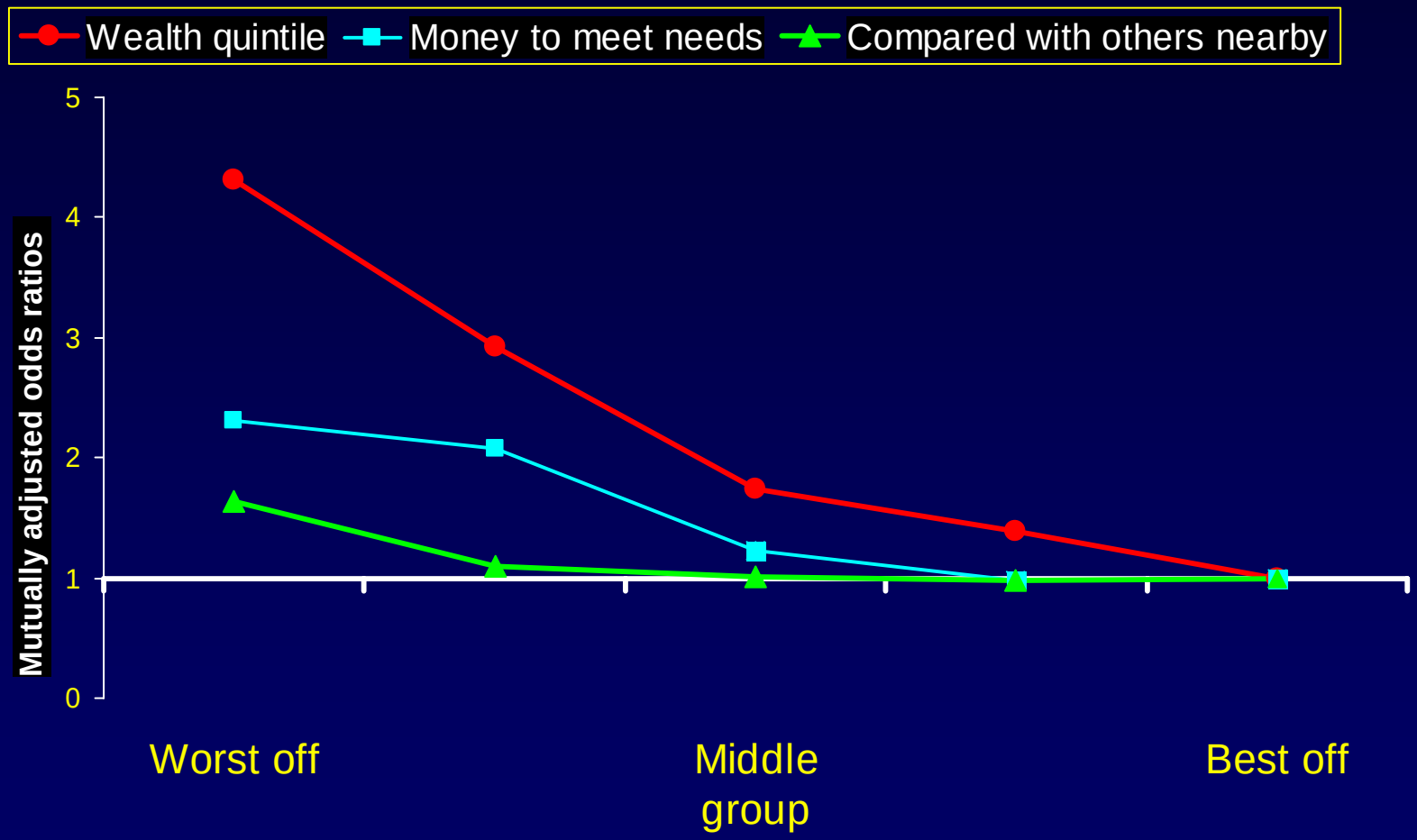
Relative deprivation, wealth and fair/poor self reported health



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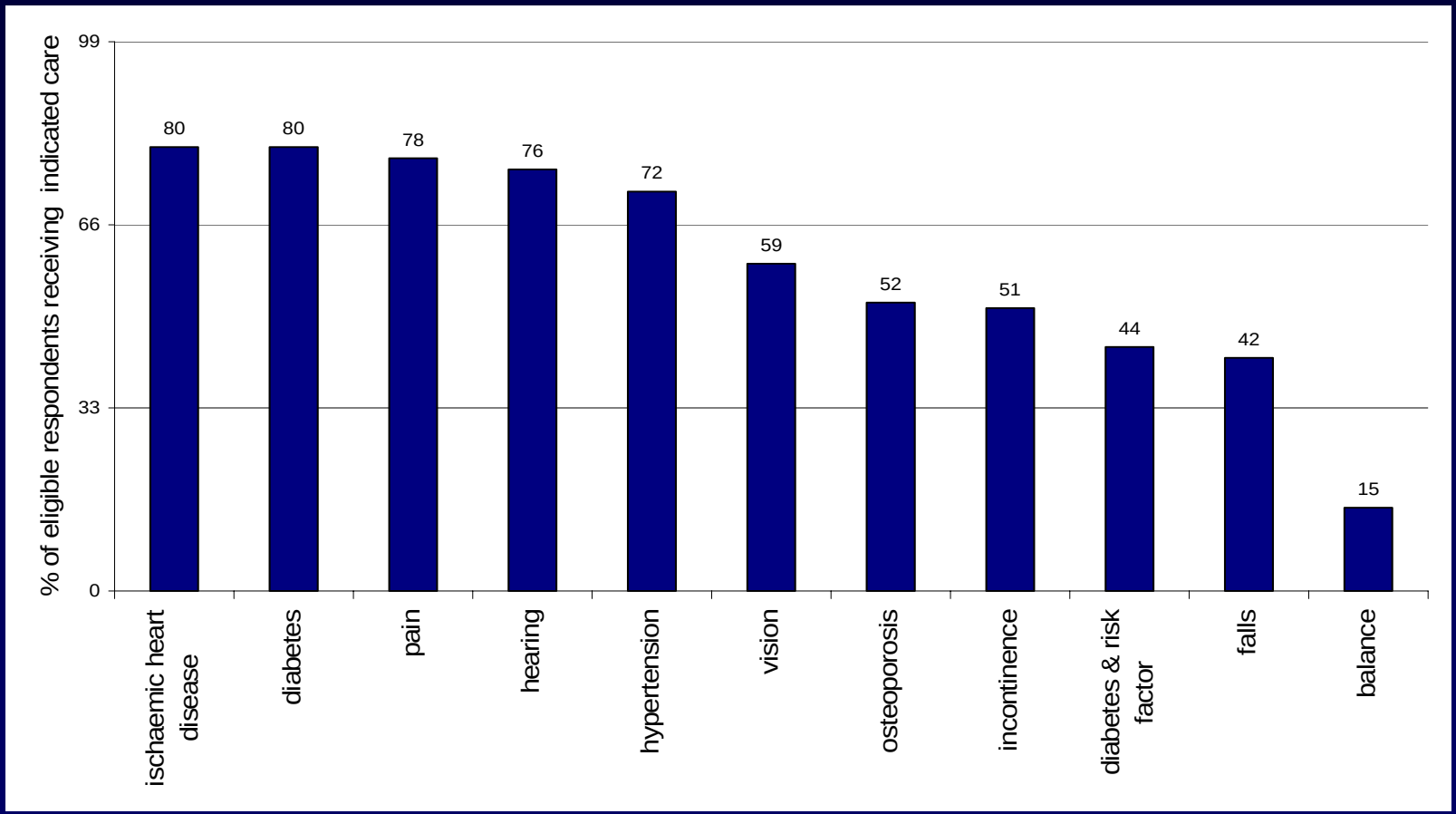
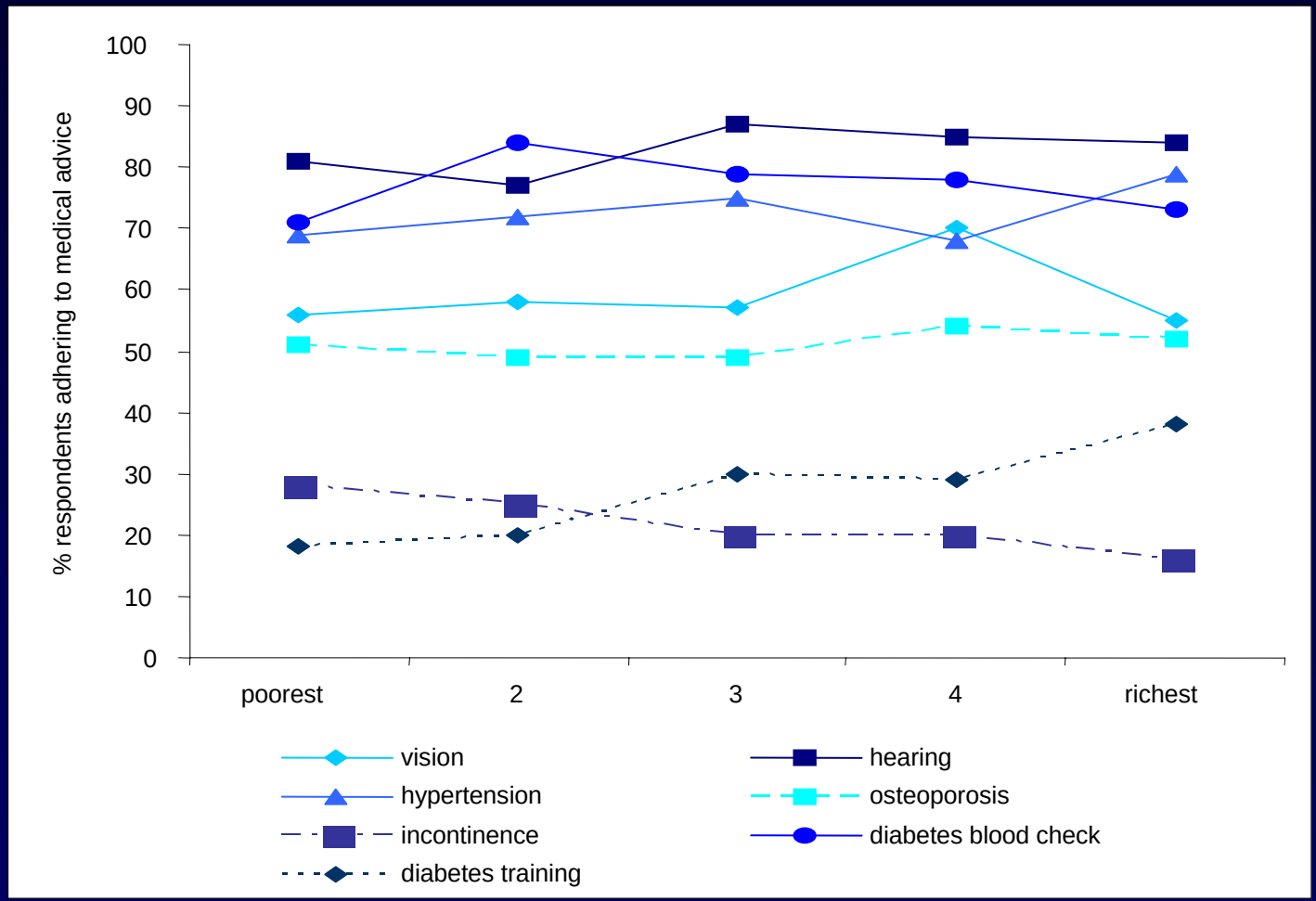
Quality of Care

- Applied to medical conditions that either common or important cause of disability
- Criteria applied to treatment received, not outcomes
- Selection based on evidence that these forms of treatment are effective
- Indicators developed from RAND “Assessing the care of vulnerable elders” (ACOVE)
- Adapted for ELSA questionnaire after assessment for relevance by panel of 10 clinical experts in England

Receipt of indicated care by health condition



Trends in quality of care, by wealth



Round up

Exciting new measures

The oldest groups in the community are not always the ones with the worst health indicators

While the richest have many health advantages over the poorest, there are exceptions

- **differences seem to moderate with age**
- **the picture is not always straightforward**

Self-report, symptom and objective measures all needed to understand the ageing trajectory

The English Longitudinal Study of Ageing

Research team

- International Institute for Society and Health, UCL
- Institute for Fiscal Studies
- National Centre for Social Research
- plus researchers from Cambridge, Exeter, University of East Anglia

Funding from NIA and UK government

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