

Utviklingstrender i helse og funksjon blant eldre i Norge

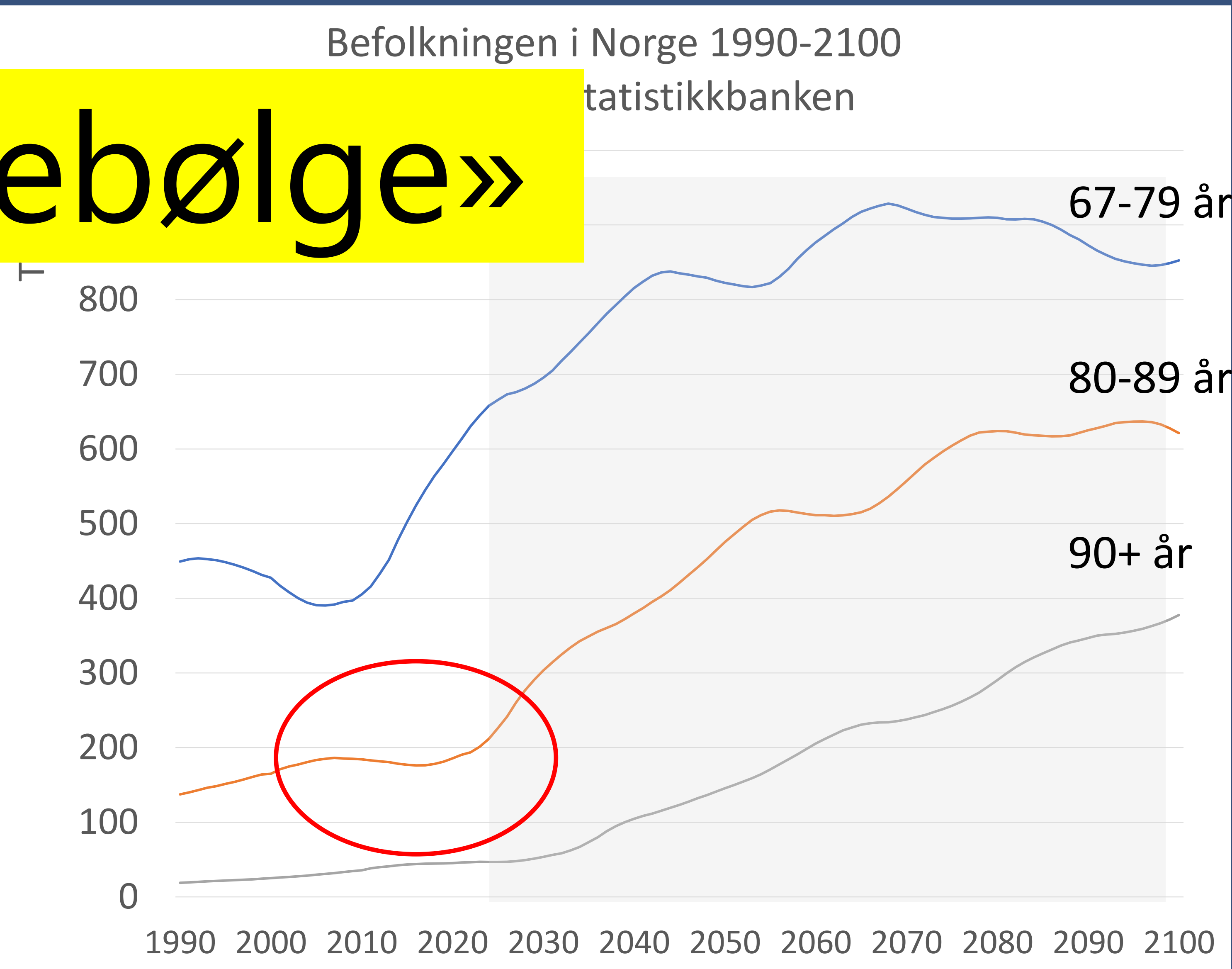
Heine Strand

28. November 2023, hdir

Agenda

- Yngrebølge
- Klarer seg lengre uten hjelp
- Flere år både med og uten sykdom
- Eldre er sprekere, sterkere, bedre kognisjon og bedre hørsel
- Demensrisiko går ned men antall går opp

«Yngrebølge»



Er elder sprekere
enn før?



Compression of morbidity?

130

THE NEW ENGLAND JOURNAL OF MEDICINE

July 17, 1980

SPECIAL ARTICLE

AGING, NATURAL DEATH, AND THE COMPRESSION OF MORBIDITY

JAMES F. FRIES, M.D.

Abstract The average length of life has risen from 47 to 73 years in this century, but the maximum life span has not increased. Therefore, survival curves have assumed an ever more rectangular form. Eighty per cent of the years of life lost to nontraumatic, premature death have been eliminated, and most premature deaths are now due to the chronic diseases of the later years. Present data allow calculation of the ideal average life span, approximately 85 years. Chronic illness may presumably be postponed by changes in life style,

and it has been shown that the physiologic and psychologic markers of aging may be modified. Thus, the average age at first infirmity can be raised, thereby making the morbidity curve more rectangular. Extension of adult vigor far into a fixed life span compresses the period of senescence near the end of life. Health-research strategies to improve the quality of life require careful study of the variability of the phenomena of aging and how they may be modified. (N Engl J Med. 1980; 303:130-5.)

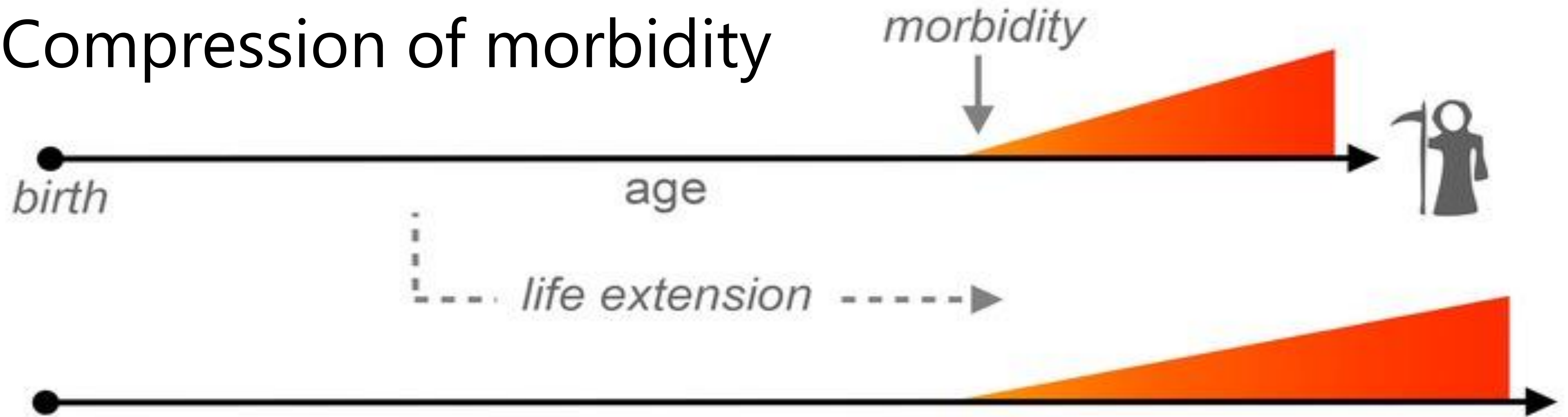
THIS article discusses a set of predictions that contradict the conventional anticipation of an ever older, ever more feeble, and ever more expensive-to-care-for populace. These predictions suggest that

despite a great change in average life expectancy, there has been no detectable change in the number of people living longer than 100 years or in the maximum age of persons dying in a given year.

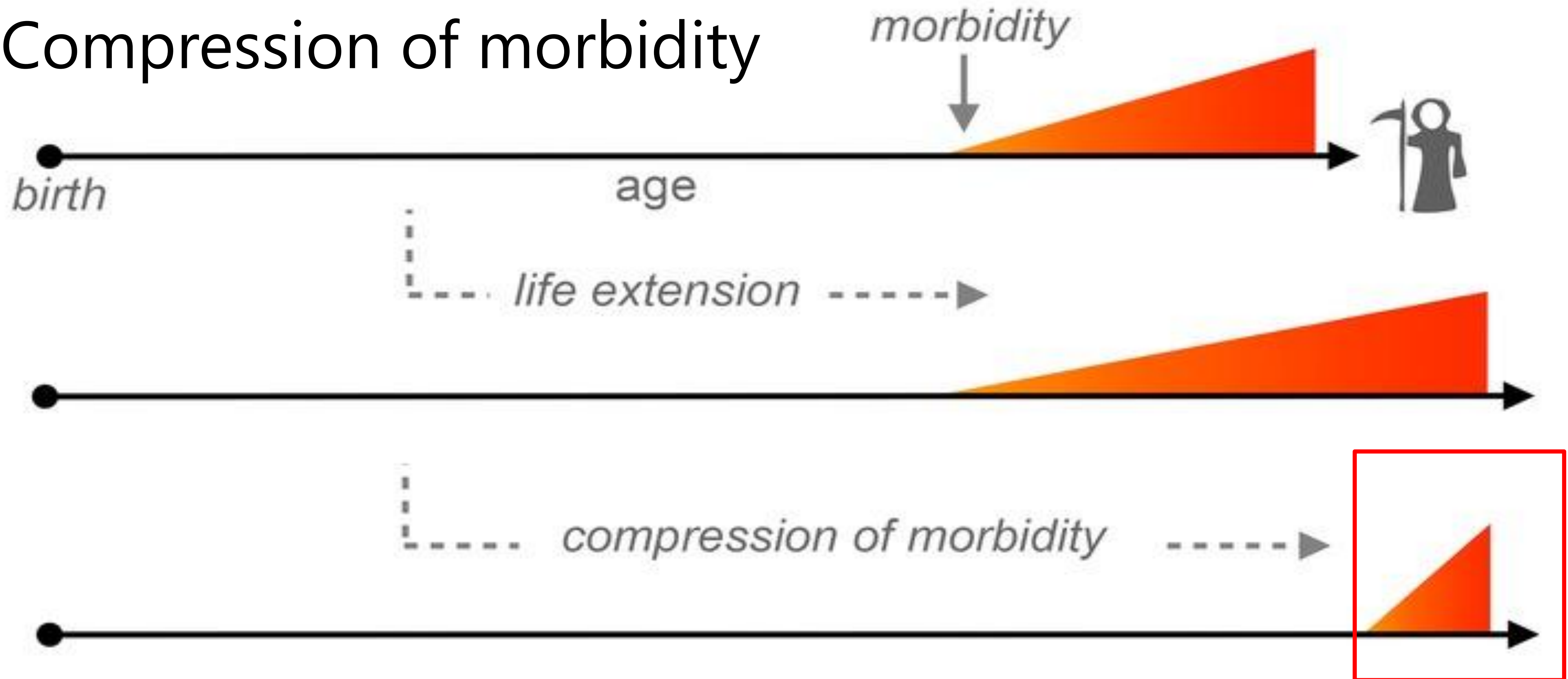
Compression of morbidity



Compression of morbidity



Compression of morbidity



Hva er egentlig «god helse»?

Fravær av sykdom?

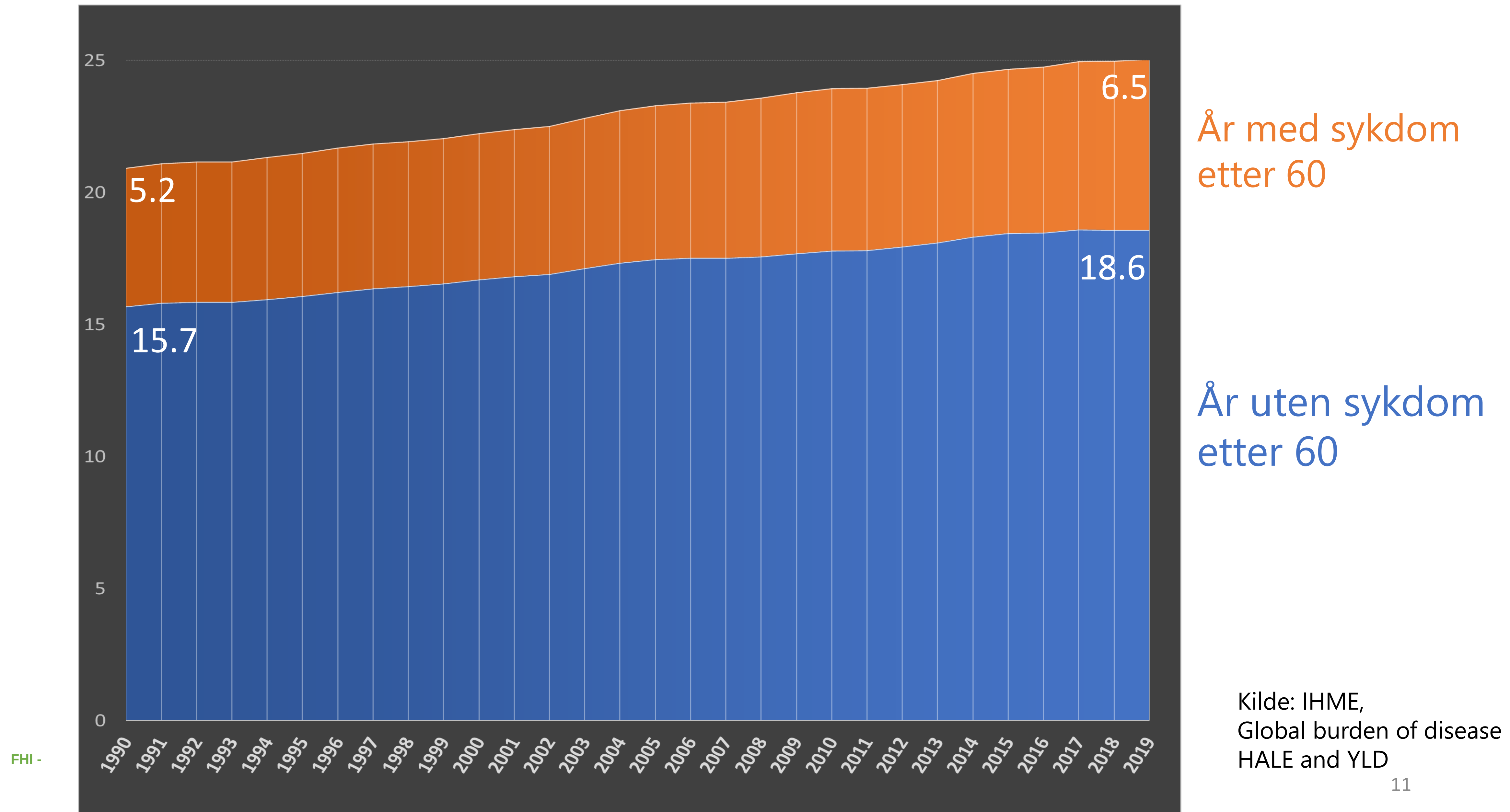
God selvopplevd helse?

Klarer deg i dagliglivet?

Objektivt sett sprekere?

Flere år med sykdom?

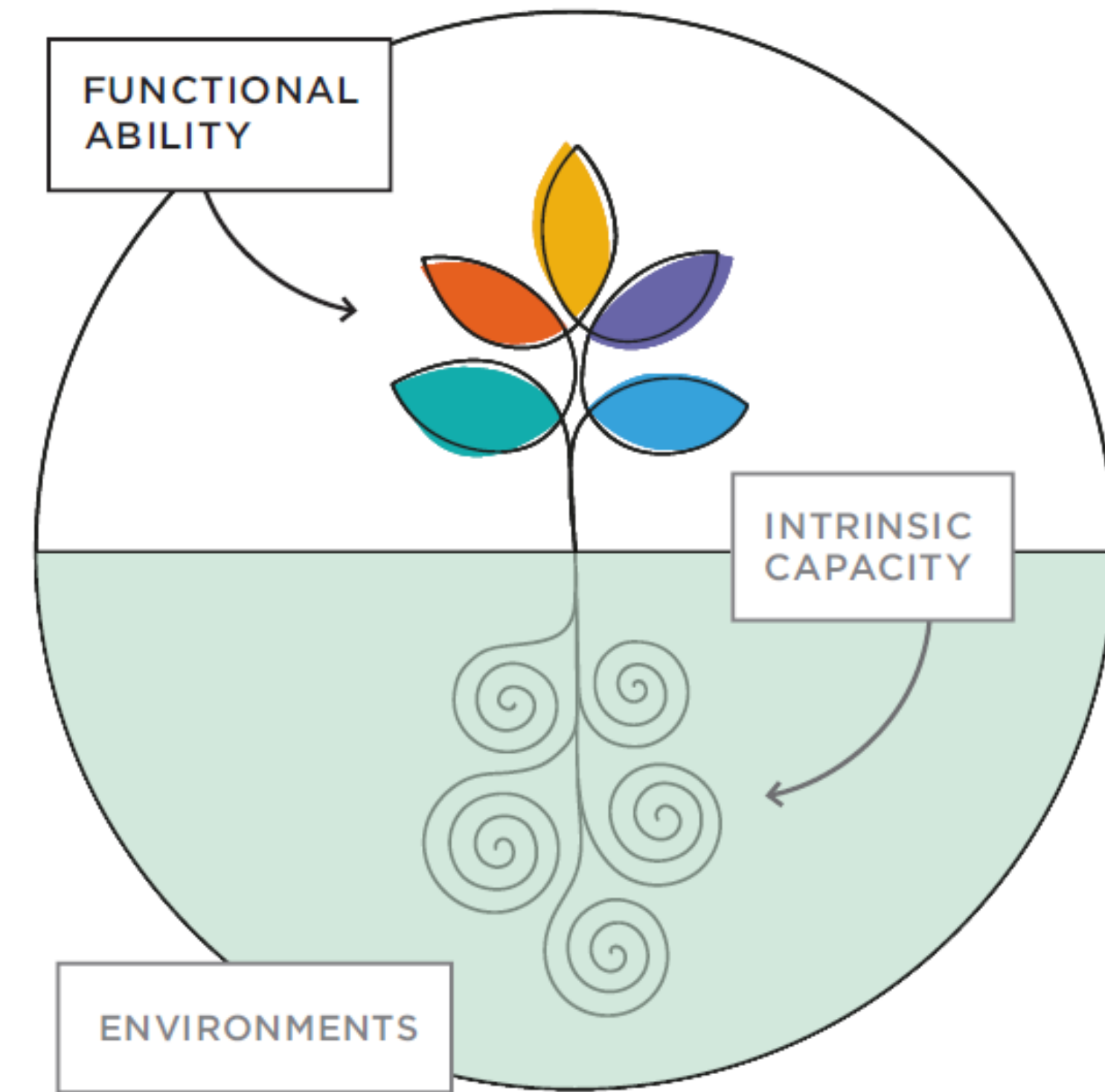
Forventet år uten og med sykdom ved alder 60, Norge



Skifte av fokus:

Sykdommer

Funksjon



**DECADE OF
HEALTHY AGEING
BASELINE REPORT**

Global Activity Limitation Index (GALI)

“De siste 6 måneder, har du vært begrenset i dine daglige aktiviteter på grunn av helseproblemer?”



The Global Activity Limitation Index measured function and disability similarly across European countries

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Accepted 2 November 2009

Abstract

Objective: This work aims to validate and increase understanding of the Global Activity Limitation Index (GALI), an activity limitation measure from which the new structural indicator Healthy Life Years is generated.

Study Design and Setting: Data from the Survey of Health and Retirement in Europe, covering 11 European countries and 27,340 individuals older than 50 years, was used to investigate how the GALI was associated with other existing measures of function and disability and whether the GALI was consistent or reflected different levels of health in different countries.

Results: The GALI was significantly associated with the two subjective measures of activities of daily living score and instrumental activities of daily living (IADL) score, and the two objective measures of maximum grip strength and walking speed ($P < 0.001$ in all cases). The GALI did not differ significantly between countries in terms of how it reflected three of the health measures, with the exception being IADL.

Conclusion: The GALI appears to satisfactorily reflect levels of function and disability as assessed by long-standing objective and subjective measures, both across Europe and in a similar way between countries. © 2010 Elsevier Inc. All rights reserved.

Keywords: Global Activity Limitation Index; Healthy Life Years; Disability-free life expectancy; Functional limitation; Disability; Aging

1. Introduction

Health expectancies, combining information on mortality and morbidity, have become essential indicators of the health of our aging populations, where the quality of remaining life is seen at least as important as the quantity. Europe is no exception and indeed has now introduced a disability-free life expectancy (DFLE), called the Healthy Life Year (HLY) as the first European structural indicator on health [1]. These indicators are to be monitored annually by the Spring Council meeting (European Commission 2003 and 2004).

A major purpose of monitoring health expectancies is to determine whether the year-on-year increases in life expectancy, still evident in most of the countries, are accompanied by decreases in unhealthy life years (known as the compression of morbidity hypothesis) [2–5] or by increases in unhealthy life years (expansion of morbidity) [2,4–6]. Despite the commonly held view that the endpoint of the epidemiological transition is the compression of morbidity, Robine and Michel [5] have suggested that further life expectancy increases, and the emergence of greater numbers of the oldest old might result in further expansion of disability. Analyzing three chronological series, they have demonstrated that the proportion of years lived in good health have decreased in Australia, remained constant in Great Britain, and increased in Austria, and that this was related to the initial level of life expectancy. They suggest that expansion of disability goes with the highest life expectancy and compression with the lowest [5].

Conflict of interest: There are no conflicts of interests.

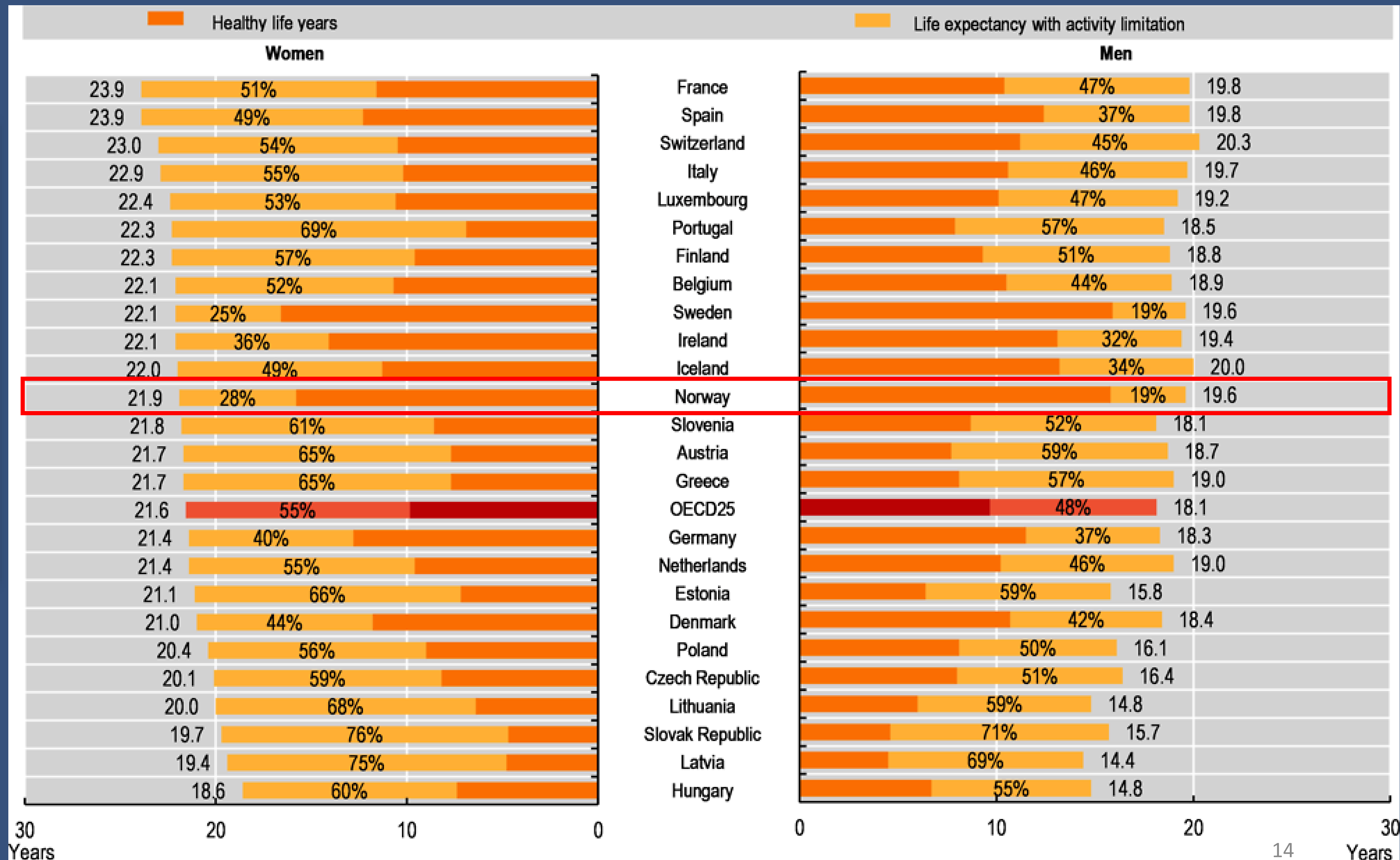
¹ <http://www.chemu.eu/index.php?option=aboutchemu#team>.

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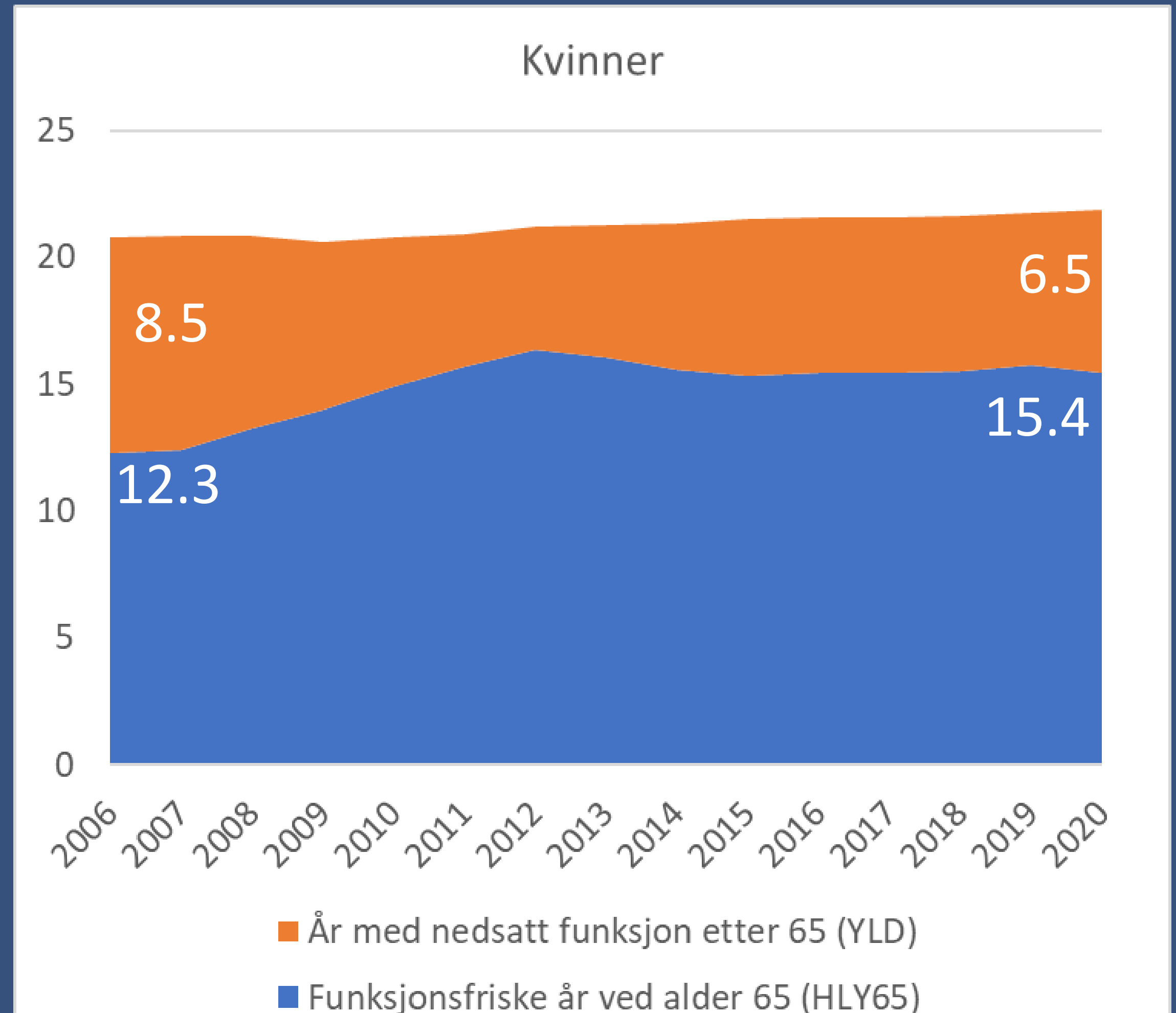
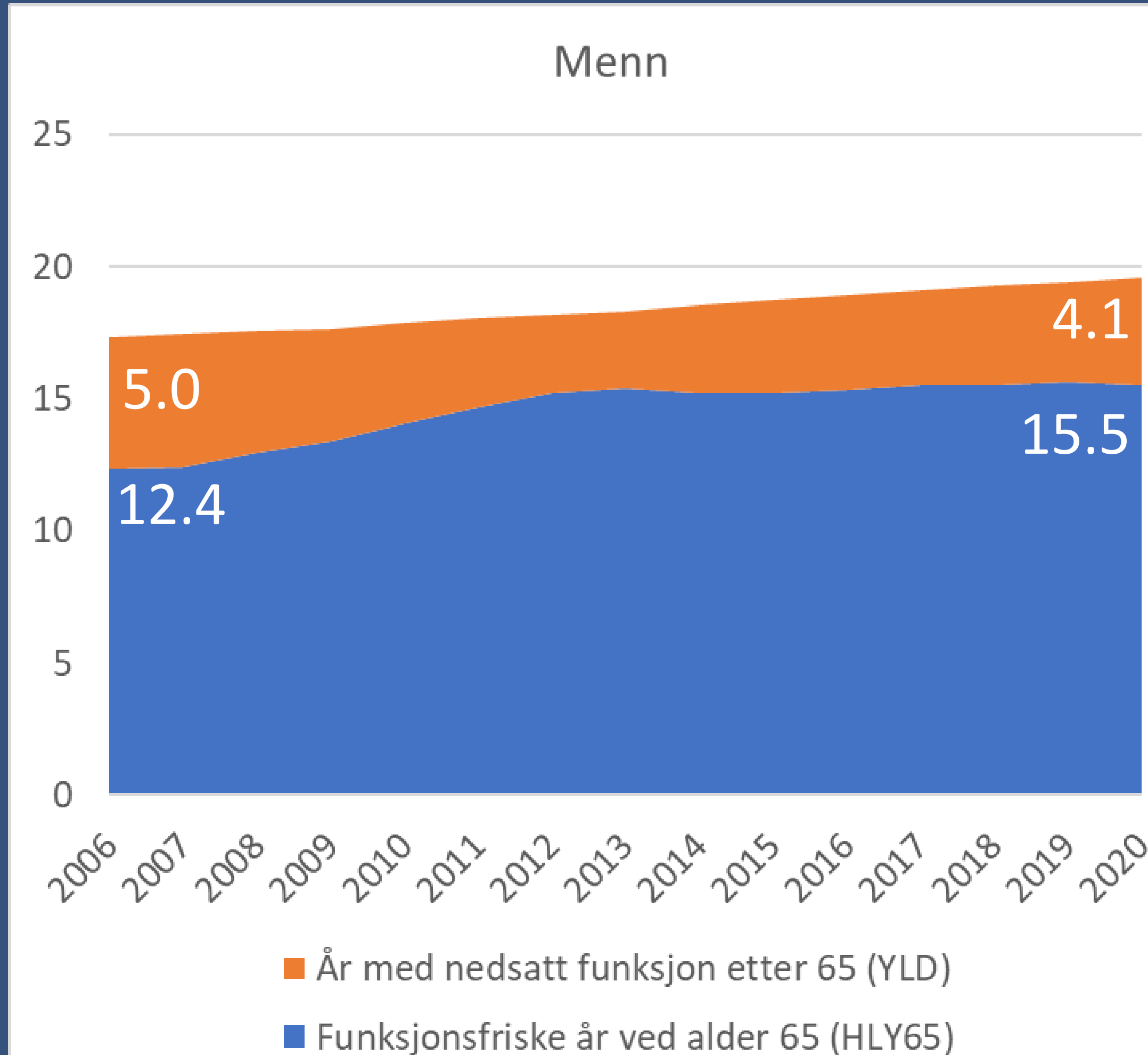
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OECD: Life expectancy and healthy life expectancy at age 65



Eurostat Healthy Life Years (HLY) at age 65years, data for Norway (SSB)



Kilde: Eurostat. (2022). Healthy life years by sex (from 2006 onwards). Hentet fra:
https://ec.europa.eu/eurostat/databrowser/view/hlth_hlye/default/table?lang=en
Tallene er beregnet som 3-års glidende gjennomsnitt for å glatte kurvene, gjort av Heine
Strand 19.09.2023

Hva med mer alvorlige funksjonsnedsettelse?

Klarer du selv, uten hjelp av andre, i det daglige å:

Basisfunksjoner (pADL):

- Gå innendørs i samme etasje
- Gå på toalettet
- Vaske deg på kroppen
- Bade eller dusje
- Kle av og på deg
- Legge deg og stå opp
- Spise selv

Avanserte funksjoner (iADL):

- Gjøre lett husarbeid (f.eks oppvask)
- Gjøre tyngre husarbeid (f.eks gulvvask)
- Gjøre innkjøp
- Betale regninger
- Ta medisiner
- Komme deg ut
- Ta bussen

Ikke behov
for hjelp
med noen
av disse
aktivitetene
i dagliglivet

Stort hjelpebehov
(Daglig/24t)

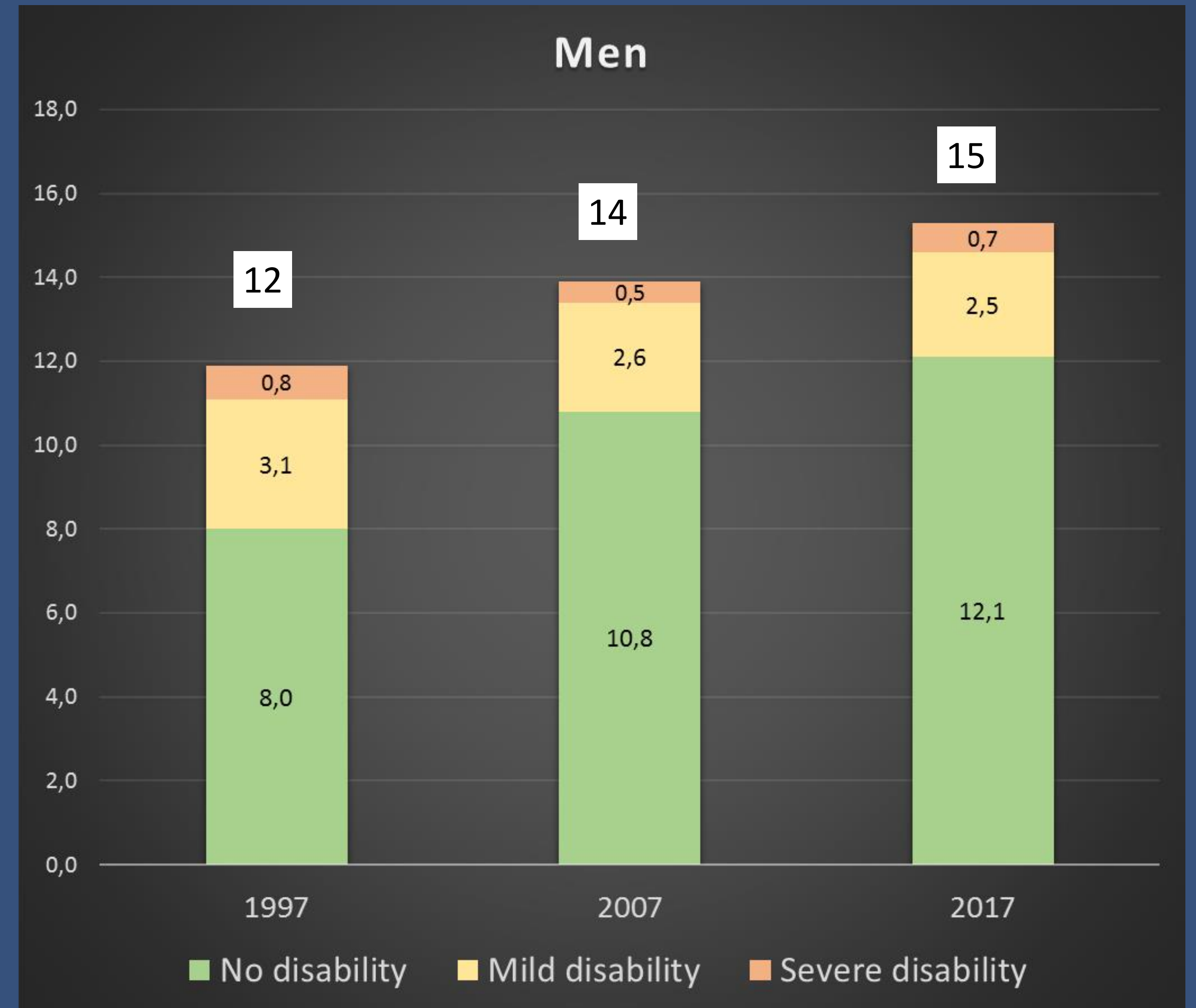
Moderat hjelpebehov
(Noen dager/Daglig)

Uten hjelpe-
behov

Forventet gjestående levealder ved 70

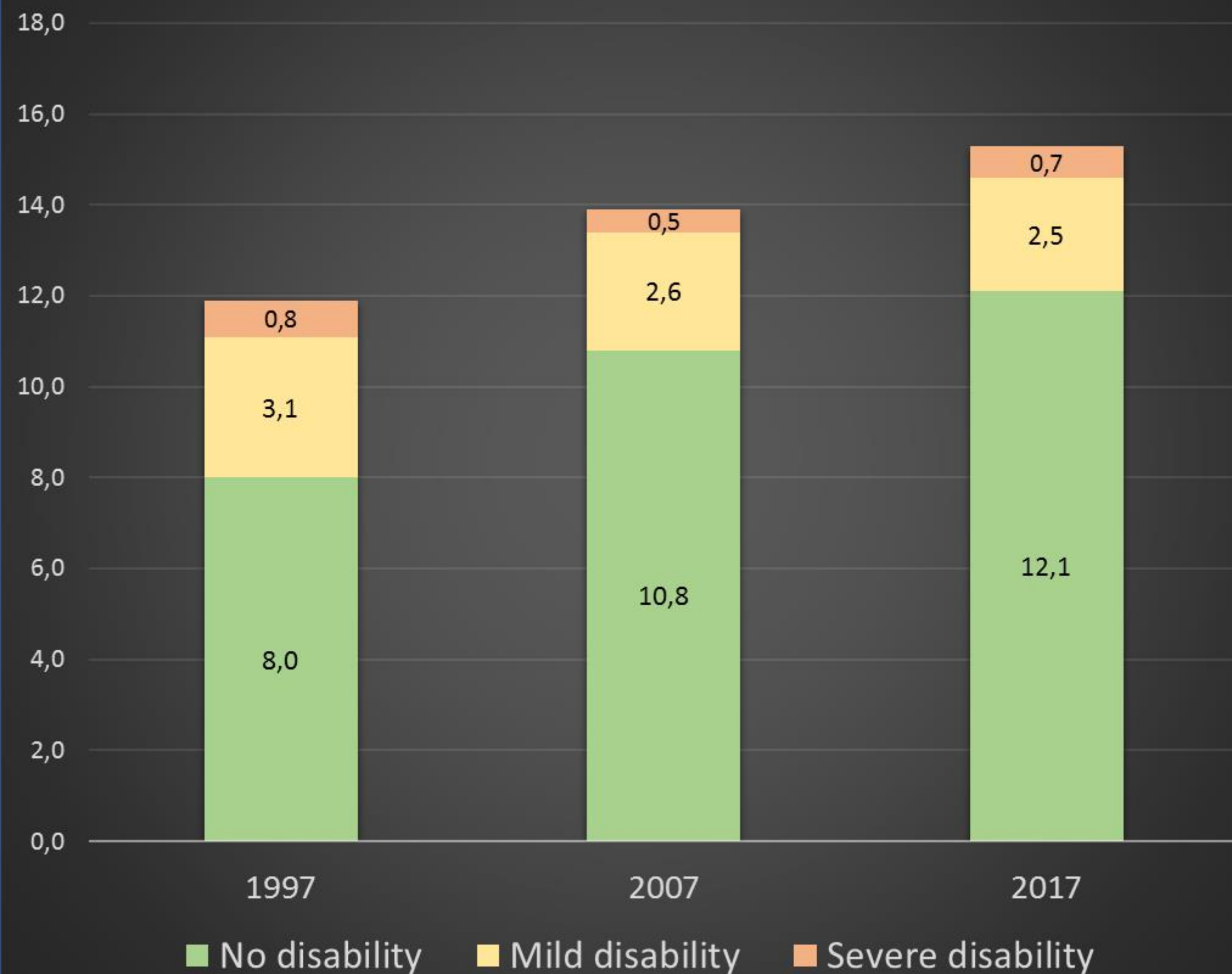


FHI -

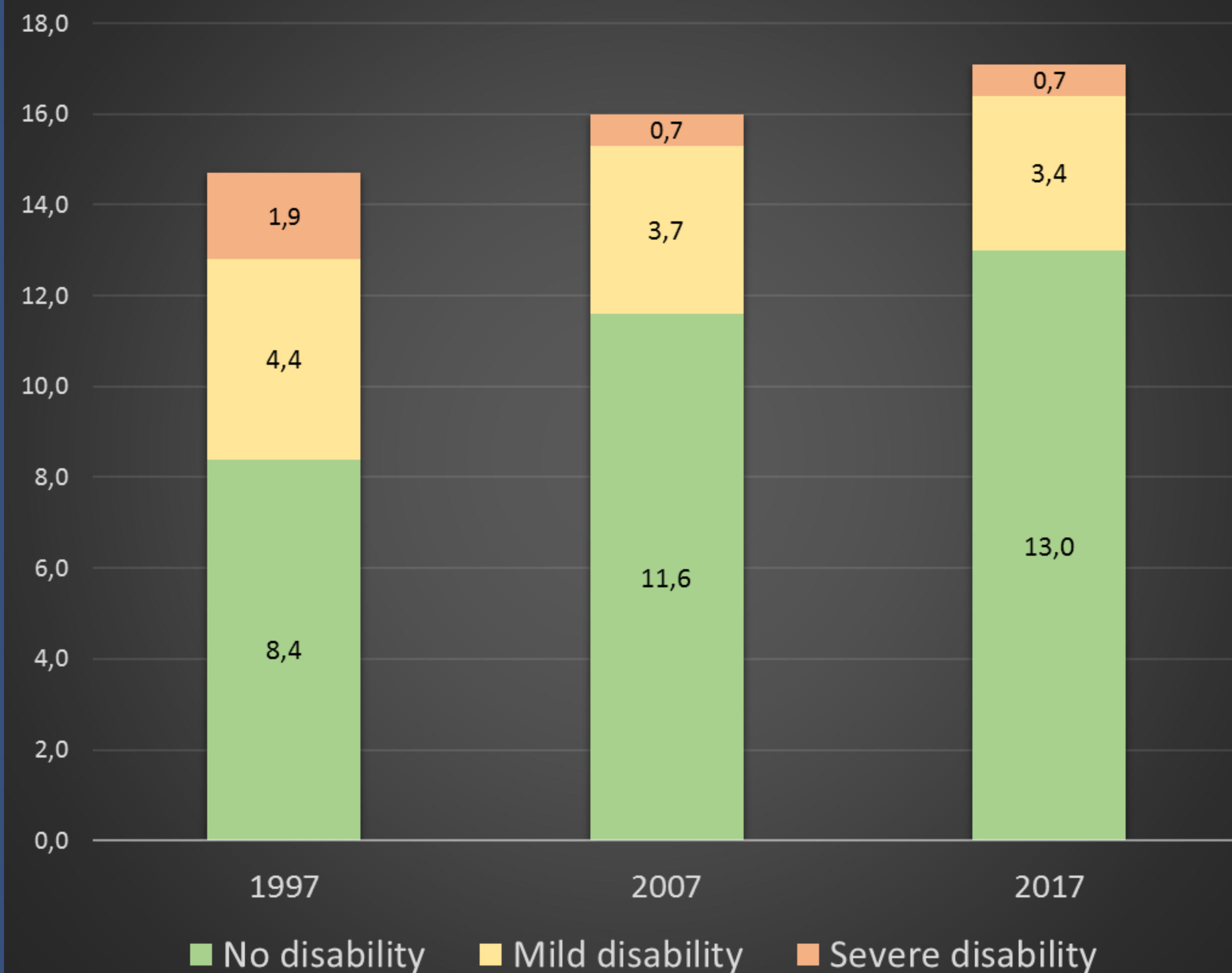


Funksjonsfriske leveår ved 70

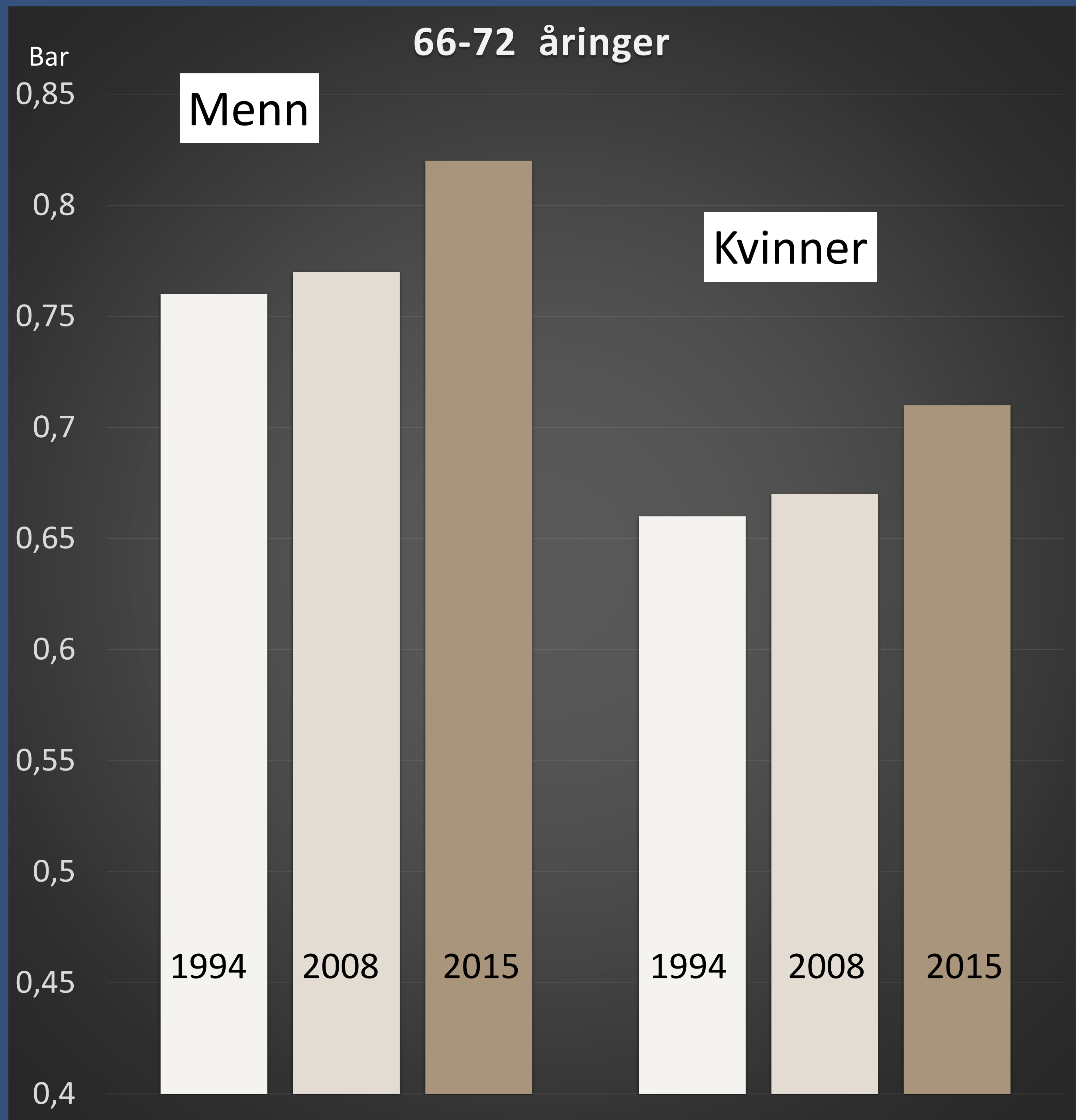
Men



Women



Hva med objektive funksjonsmål?



Kognitive tester

Ordtest 1

Barn	Flesk
Flaske	Stubbe
Penn	Elv
Storm	Hest
Nese	Olje
Fjell	Sykkel

Takk til Bente Johnsen
for lånet av slides!

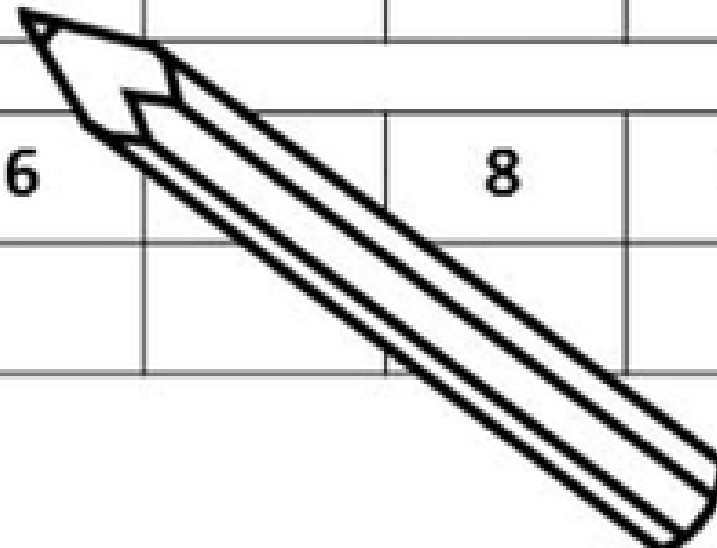
Kognitive tester

Digit symbol coding test

Digit:	1	2	3	4	5	6	7	8	9
Symbol:	—	⊥	⊏	└	┐	○	△	×	=

Samples					Test							
2	5	7	1	2	1	2	9	7	3	5	4	
⊥	┐	△	—	⊥								
1	4	3	5	9	6		8	1	2	4	2	

...



Takk til Bente Johnsen
for lånet av slides!

Kognitive tester

Finger tapping test



Takk til Bente Johnsen
for lånet av slides!

Improved Cognitive Function in the Tromsø Study in Norway From 2001 to 2016

Bente Johnsen, MD, Bjørn Heine Strand, PhD, Ieva Martinaityte, MD, PhD, Ellisiv B. Mathiesen, MD, PhD, and Henrik Schirmer, MD, PhD

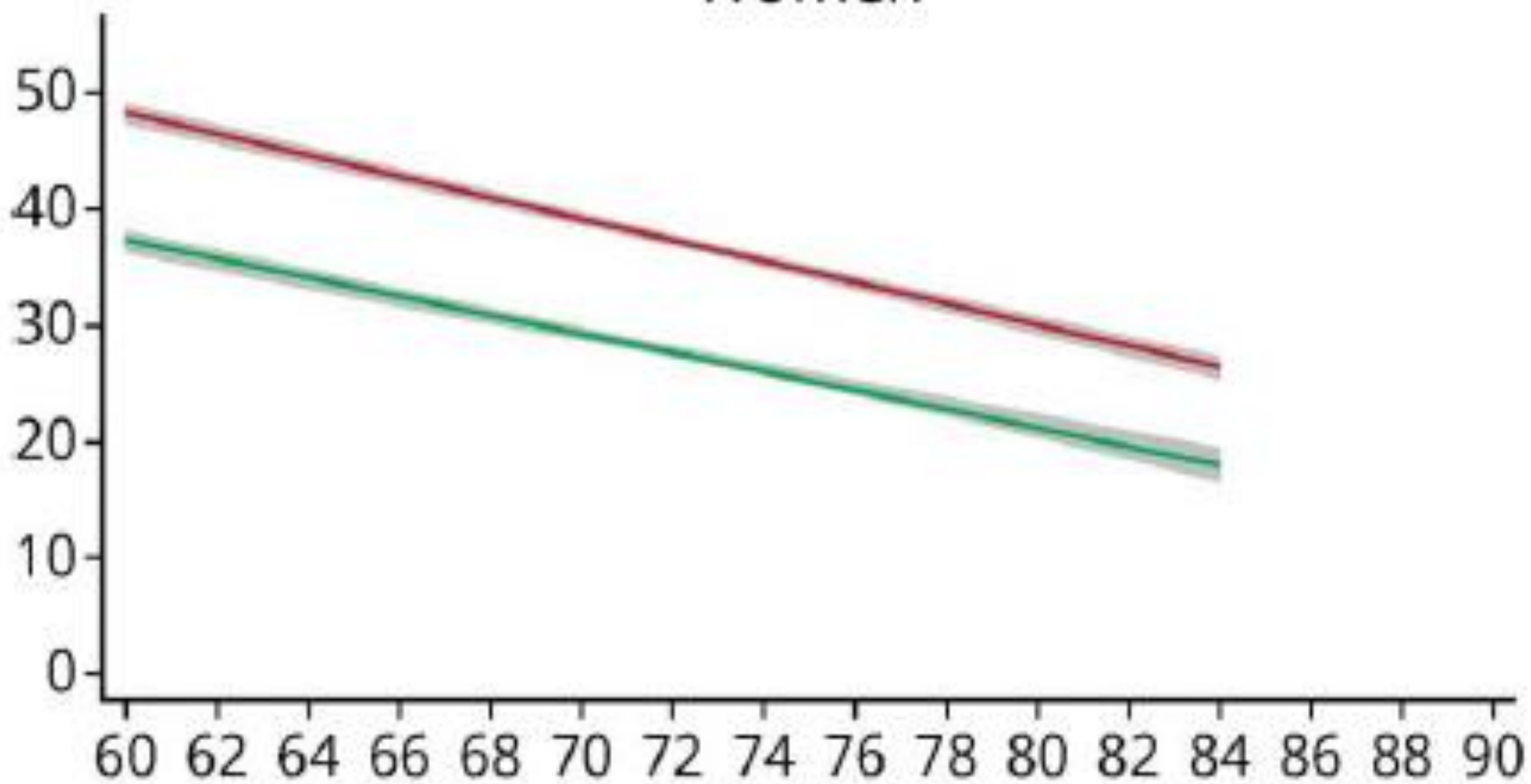
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Neurology: Clinical Practice December 2021 vol. 11 no. 6 e856-e866 doi:10.1212/CPJ.0000000000001115

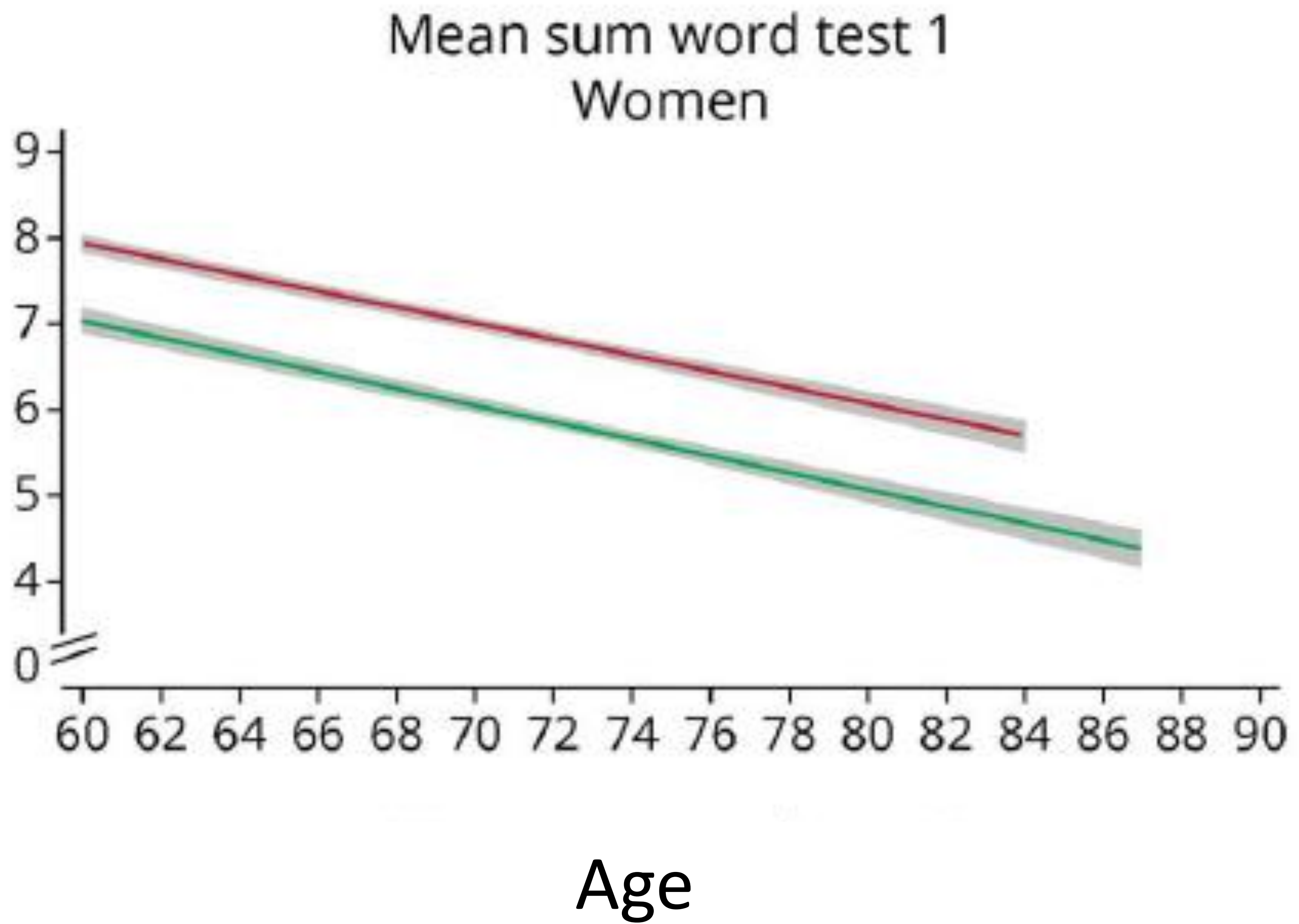


Foto: Yngve Olsen Sæbbe/Tromsøundersøkelsen

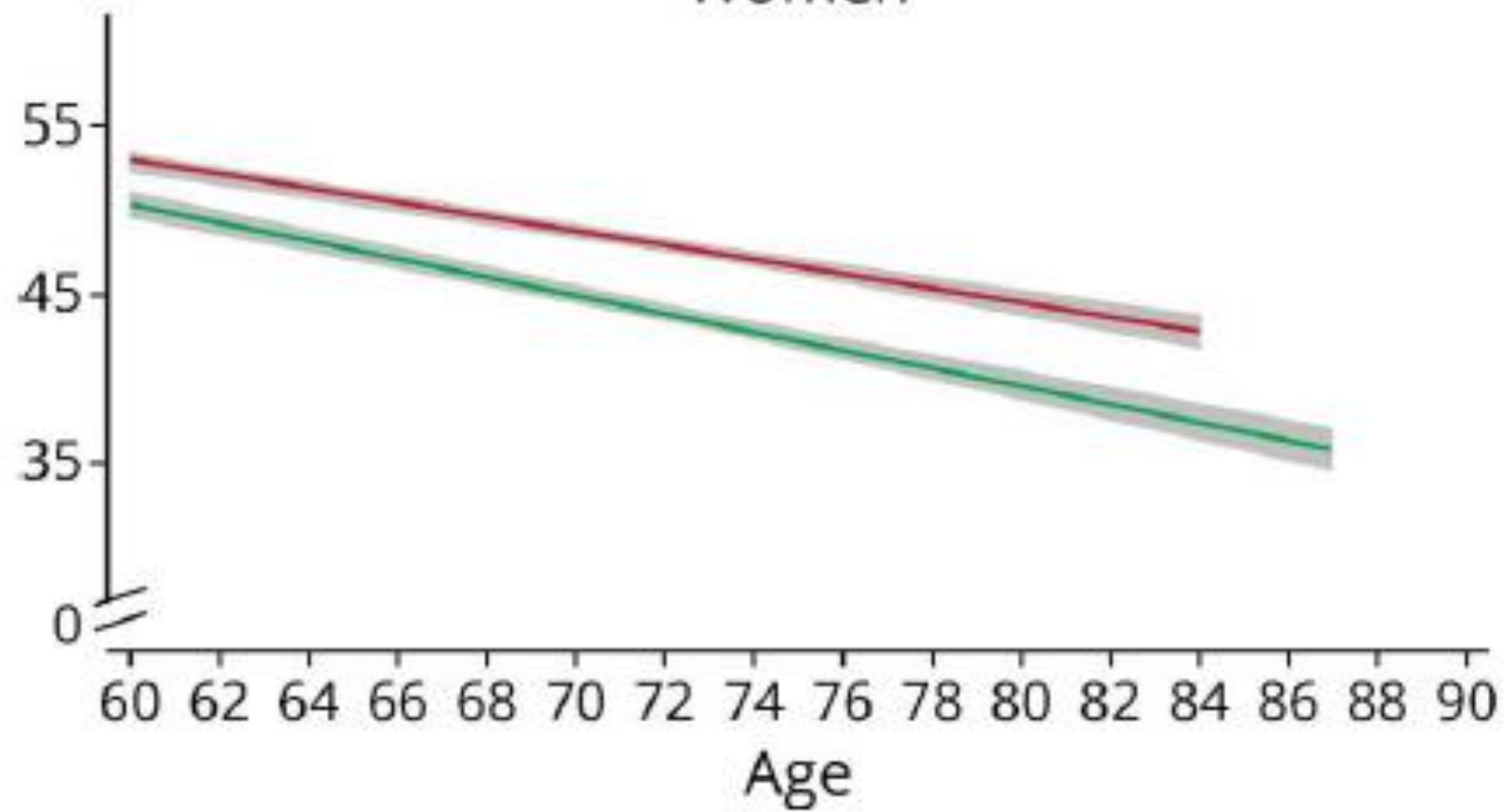
Mean sum symbol coding test Women



Age



Mean sum tapping test Women



Hva kan forklare bedringen i kognisjon?

- Utdanning
- Alkohol
- Fysisk aktivitet
- For menn: Røykeslutt og økt høyde



Foto: Yngve Olsen Sæbbe/Tromsøundersøkelsen



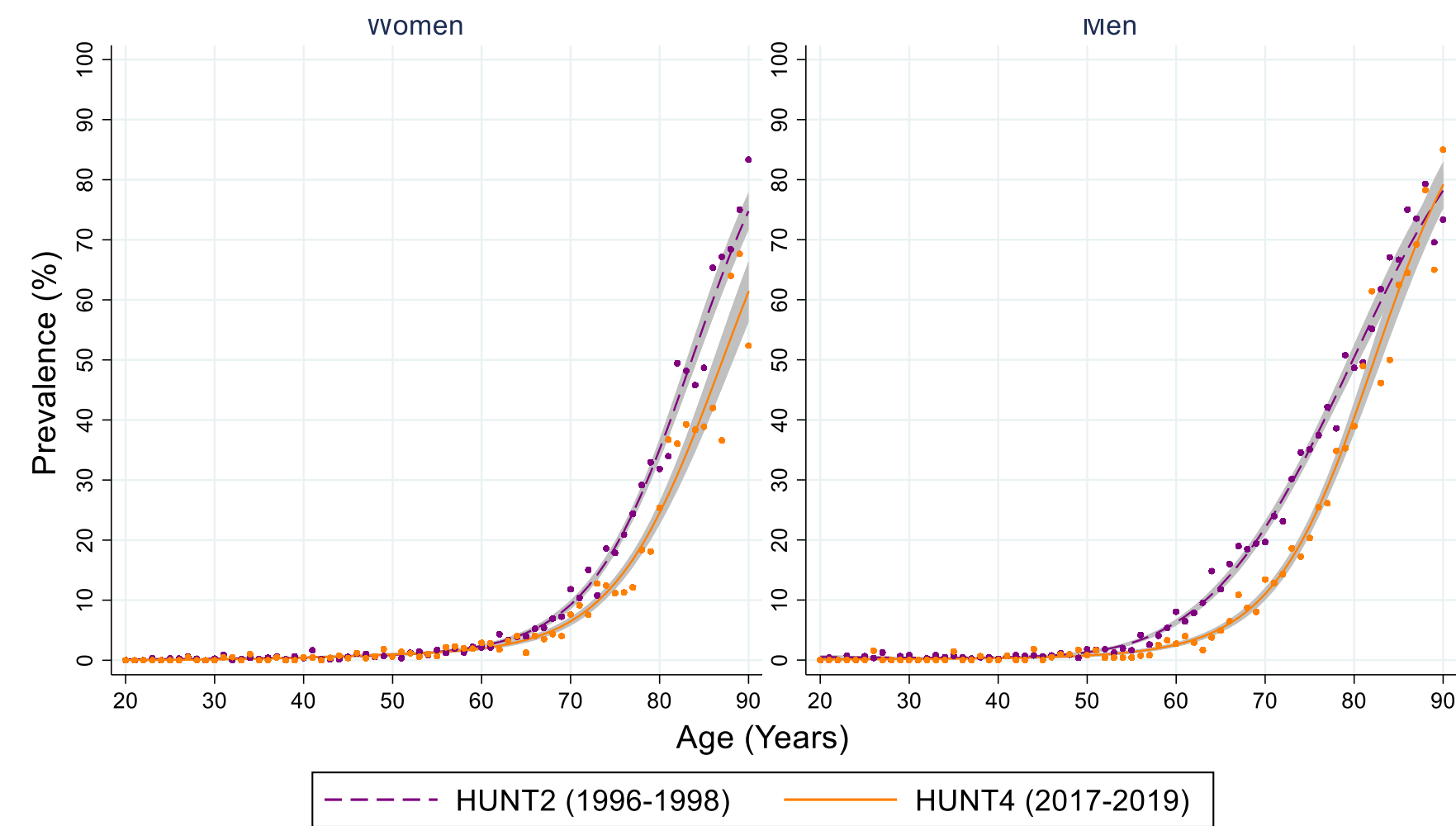
Tidstrender i hørsel



Bo Engdahl, Folkehelseinstituttet

24.10.2023

Forekomst av invaliderende hørselstap



Takk til Bo Engdahl
for lånet av slides!

Årsaker til bedre hørsel hos nyere generasjoner

RESEARCH ARTICLE

Open Access

Explaining better hearing in Norway: a comparison of two cohorts 20 years apart - the HUNT study

Bo Engdahl^{1*}, Hein Stigum¹ and Lisa Aarhus²



Yrkesstøy



Røyk



Ørebetennelser



Utdanning

Alle risikofaktorene forklarte («medierte») forbedringen fra 1997 til 2018 med ca. 28 %

Takk til Bo Engdahl
for lånet av slides!

Oppsummering

1. Flere eldre og større andel eldre
2. Vi lever lengre – og lengre med sykdom
3. I Norge: Vi får flere funksjonsfriske leveår (70 nye 60)
4. Bedret muskelstyrke, kognisjon og hørsel

Takk for meg!



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