



The contribution of single and multiple chronic conditions to the deteriorating time trends in later-life disability

Part 2: Single and multiple conditions

Holly Bennett, Fiona Matthews, Andrew Kingston,
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Executive Summary

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Context

Over recent decades, increases in life expectancy have left women living longer with mild disability¹, whilst most of men's extra years are spent independent. In this report we use unique data from the Cognitive Function and Ageing Studies (CFAS I and II) across two generations of older people, to address whether a range of long-term conditions (arthritis, coronary heart disease (CHD), cognitive impairment, diabetes, peripheral vascular disease (PVD), respiratory problems, stroke, hearing difficulties, vision impairment), singly and multiple long term conditions (two or more), have become more or less disabling or fatal.

Findings

Over the period between CFAS I and CFAS II (approximately 1991 to 2011) in women and men:

Prevalence of long-term conditions and their disabling effect at ages 65 years and over

- The odds of reporting diabetes and PVD more than doubled, CHD and hearing difficulties increased by 20%, and cognitive impairment reduced by 40%, even after allowing for differences in age and sex structure of the studies.
- The prevalence of multiple long term conditions (MLTC) conditions increased between CFAS I and CFAS II only in the youngest age group (age 65-74 years).
- Apart from cognitive impairment and stroke, the percentage of incident disability associated with each health condition singly (and MLTC) increased.

Life expectancy (LE) and disability-free life expectancy (DFLE) at age 65 with single conditions

- LE and DFLE at age 65 for men with each long-term condition increased between CFAS I and CFAS II, with gains in LE ranging from 3.5 to 6.0 years, and in DFLE from 1.8 to 4.9 years.
- Between CFAS I and II, gains in LE at age 65 for women with each condition were small, with, in some cases, a slight decrease, whilst gains in DFLE ranged from 0 to 3.5 years.
- For most long-term conditions, the years gained disability-free (DFLE) between CFAS I and CFAS II exceeded those gained with disability (DLE).
- For men with cognitive impairment, years gained between CFAS I and CFAS II in DFLE and DLE were equal, but all gains in women with cognitive impairment were years with disability.

¹ By disability we mean needing help with daily activities such as washing all over, preparing and cooking a hot meal, putting on shoes and socks, heavy housework, or shopping and carrying heavy bags.

Life expectancy (LE) and disability-free life expectancy (DFLE) at age 65 with MLTC

- LE and DFLE at age 65 for men with MLTC increased between CFAS I and CFAS II by 4.7 years and 3.4 years respectively; women with MLTC gained 0.7 years in LE, and 1.3 years in DFLE.

Conclusions

Over the period 1991-2011, men with most of the long-term conditions considered, and multiple conditions, still experienced increases in LE and DFLE at age 65. However, women with the same conditions saw little increase in LE and smaller increases in DFLE. For both sexes and most conditions, the majority of LE gained between CFAS I and CFAS II were years without disability than with disability. This was because the probability of developing disability, even in the presence of a long term condition, reduced over the period. The findings of this report suggest that disability-free years can increase even in the presence of morbidity, and interventions and treatments for conditions should focus on disability as an outcome, particularly for older women.

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Please contact the NIHR Older People and Frailty PRU for assistance.

Email: pru-manager@manchester.ac.uk

Telephone: 0161 306 7797