

National Council on Ageing and Older People



PHYSICAL HEALTH Ageing in Ireland Fact File No. 2

The life expectancy of older Irish people has been disappointing for most of this century. Life expectancy figures for 1994 show that the average Irish man at age 65 could expect to live for another 13.7 years, and the average Irish woman for another 17.4 years. These were the lowest life expectancies at age 65 for all EU countries over the period.¹

The life expectancy of older Irish men has shown very little improvement over the past forty years. Life expectancy for men at 65 years improved by only 1.6 years in the period 1950–52 to 1995. The life expectancy of Irish women at 65 years improved by 4.1 years over the same period.¹

More positively, there are signs that the life expectancy of older people will improve in coming years. Projections prepared for the Council assume that, by 2011, men at 60 years of age will be living an extra 2.1 years and females an extra 2.5 years compared to 1991.²

General Health

- A 2001 study of older people in the community found that older people's health was generally good.³ More than half the respondents reported no major illness and 67% considered their health to be good or very good.
- The study showed low levels of functional disability amongst older people in the community. A total of 77% of older people participating in the study felt they were self-sufficient in carrying out the activities of daily living. Of the remainder of the respondents who had some level of functional disability, 9% had minor difficulties, 6% had major difficulties and 8% reported being severely impaired in the activities of daily living.
- The same study reported that people aged 80+ had higher levels of difficulty carrying out the tasks associated with daily living. Some 78% of both men and women aged 65–69 reported having no functional disability; 68% of men and 54% of women aged between 70–79 stated that they had no functional disability, while 31% of men and 36% of women aged 80+ made the same claim.
- The report found that housework (11%), caring for feet and toenails (10%) and shopping (also 10%) were the activities for which the highest number of older people reported needing help.
- Overall women had significantly higher scores in assessing difficulty with individual tasks of daily living than men.

- Increasing difficulty with everyday activities also affects mental health as it leads to psychological distress. Extreme disruption to life from chronic illness was found to be strongly associated with depression and anxiety.
- Recent evidence shows that income levels and standards of living have an impact on older people’s health. Older people experiencing either basic deprivation (ie lack of food or clothing) or secondary deprivation (ie lifestyle items and consumption indicators) are at an increased risk of chronic illness.⁴ This was significant for women who were found to be at a greater material disadvantage when compared to men.
- As poverty, deprivation and suffering a chronic illness are often experienced in tandem, these factors together also strongly increase the risk of psychological distress.
- A total of 44% of people in this study reported receiving help from one of more carers, either spouse or partner, relative, neighbour or friend. On average 21% of the whole sample received a high level of assistance meaning they were being cared for either most of the day or continuously, including the night. Women received significantly more help.

Table1: Distribution of functional disability scores by gender and mean age

		Self-sufficient %	Mostly minor difficulties with ADL %	Major difficulties with ADL %	Severely impaired %
Male	%	85	7	4	4
	Total mean age	72	76	76	80
Female	%	71	11	7	11
	Total mean age	73	80	79	84
Total	%	77	9	6	8
	Total mean age	73	78	78	83

Note: ADL = activities of daily living
Source: HeSSOP Study (2001)

Main Types of Illness

- Information on the prevalence of particular illnesses in old age is poor in Ireland and no exact statistics are available. A survey of older people living in the community in 2001 sought to gain an understanding of the illness and medical conditions that affect their lives by asking if they had suffered any chronic illness or other health conditions in the past twelve months. This is not a complete picture of the prevalence of ill health among older people as those in acute and long-stay care settings are not included. It is also possible that those people who agreed to take part in the survey were healthier than those who declined to take part. The study tried to overcome this bias by having a proxy to represent those respondents that were either too ill or impaired to participate in the study.³

- The 2001 survey reported that 14% of the sample were free from any underlying illnesses or conditions in the past year. The most commonly reported conditions cited were bone or joint conditions (46%), hypertension (36%), eye or vision problems (22%), cardiac conditions (20%), memory or concentration (17%), and hearing or ear and sleep problems (17% each).
- A third of the respondents had experienced pain in the past week. Of these, 12% had experienced severe pain for at least four days.
- In 1999 the major causes of death in older people were circulatory disorders (45%), cancer (21%) and pneumonia (10%).⁵

Healthy Lifestyle

- The 2001 study found that almost a fifth (19%) of respondents reported smoking. Slightly more older men (22%) than older women (18%) smoked, and 72% of those who smoked indicated that they were not considering quitting at all. Of all those who previously had smoked, or currently did smoke, fewer women (53%) had given up the habit than men (68%). A Health Promotion survey carried out in 2000 also showed that while a substantial number of older people still smoke, it appears that people give up smoking as they grow older. Some 21% of the 65–75 year age group were current smokers with only 14% in the over-75s continuing to smoke.⁶
- A total of 77% of older people reported that they exercised enough in the 2000 community study. However, 33% of older people surveyed in the SLÁN study reported taking no exercise and for those aged over 75 years, this rose to 51%.⁶
- In a 1996 national survey of involvement in sport and physical activity, only 43% of people aged 65–74 had participated in any physical activity in the previous year, compared to 71% in the 45–54 age group and 60% in the 55–64 age group.⁷ In 1993 only 2.4% of older people listed playing sports as a means of maintaining their health. However, 25% indicated that they engaged in walking as a form of exercise, while 17% listed gardening.⁸
- In the 1993 study, 48% of all older people had acceptable body weight, but a substantial number were overweight (35%) or obese (6%). A total of 11% were categorised as underweight. Those aged over 75 were more likely to have acceptable body weights than the young elderly. Most of the respondents, including those who were overweight or obese, considered their weight to be ‘just about right’ and that their food intake was acceptable.⁸
- In 1993, 42% of older people were non-drinkers, with women more than twice as likely as men not to drink.⁸ Nearly 90% of the women, but less than half the men, were non-drinkers or social drinkers. Less than 5% took a drink virtually every day.
- Using medicines as a means of improving or maintaining their health was reported by 10% of older people.⁸

Health Service Use

- Older people are relatively heavy users of certain health services. In the 2001 study, nearly 72% of respondents said that they had visited their GP within the last twelve months. The

average number of visits reported by respondents was 5.3 visits. Almost all, 98%, of respondents reported having their 'own' GP and having a long association with that doctor.

- Older people also have high levels of hospital use, in which they are rivalled only by infants under one year.^{9 10} In the 2001 community study (HeSSOP), 24% of respondents reported having out-patient appointments. Other frequently used hospital services included in-patient admissions (16%) and accident and emergency (12%).
- In the 2001 survey a distinction was made between day services, which were viewed as more medical in nature, and those whose primary purpose was more social in nature. Some 5% of older people surveyed reported that they had utilised the more medical services (physiotherapy, chiropody etc) while 2% reported using the more social-based services (meals, baths etc) in the last twelve months.³
- A total of 5% of all respondents were on waiting lists for the following services: hospital in-patient, hospital out-patient, day hospital, day care unit, day centres or rehabilitation.

Table 2: Frequency of utilisation with other health and social service

	Used service %	Median number of times service used	Satisfied with service %
Home Services:			
Home help	5	2a	91
Meals-on-wheels	1	3a	91
Public health nurse	15	3	93
Personal care attendant	<1	2a	83
Paramedical:			
Physiotherapy	3	6	97
Occupational therapy	<1	1	100
Chiropody	16	3	96
Speech therapy	<.5	6	100
Psychology/ counselling	<.5	12	100
Social workers	1	2	67
Out-patient services:			
Dietician	2	2	100
Optician	16	1	96
Hearing services	4	1	88
Dental services	8	1	93
Others:			
Respite care	2	14b	100

a Use per week, otherwise assume yearly

b Number of days used respite care

Source HeSSOP Study (2001)

- Table 2 above shows the frequency of health and social services use. With regard to home services, the public health nurse was the service used most by the respondents in the previous twelve months (15%). The home help was the next most frequently used service (5%) while very few older people in the community reported using meals-on-wheels (1%) and personal care attendants (<1%). Few older people reported using the paramedical services, but those that did used them quite regularly. Chiropody stood out as the most frequently used of such services (16%). Out-patient services seem to have quite a high level of use by older people with the optician being used most frequently (16%). The other out-patient services were used once during the year. Finally 2% of respondents used the respite care service. Generally older people seem to be very satisfied with these services.
- The majority of people using home services, paramedical and out-patient services were satisfied with them, with the lowest satisfactory rating (83%) for personal care attendants.
- When asked about their unmet needs for services in the community, the HeSSOP study found that for seven out of the fifteen health and social services examined, there were more people who did not receive a service, but would have liked to, than people who did receive the service. Chiropody services stood out as the service indicated by the largest number of respondents as one they had not used but would have liked to.

Healthy Ageing

- The Department of Health's 1994 strategy document *Shaping a Healthier Future* outlines a target of maintaining at least 90% of people aged over 75 years in their own homes.
- The strategy, together with the Department's 1995 National Health Promotion Strategy, includes commitments to promoting healthy ageing in co-operation with the National Council and voluntary and statutory organisations.^{11,12}
- In 1998, *Adding Years to Life and Life to Years* was published jointly by the Health Promotion Unit, Department of Health and Children, and the National Council on Ageing and Older People.¹³ This strategy sets out the arguments for health promotion for older people as follows: a good quality of life will be maintained by well older people; the effects of illness and disability on older people will be lessened; the contribution of older people to society will be maximised; escalating healthcare costs associated with an ageing population will be partly offset.
- The strategic aims of the National Health Promotion Strategy 2000–2005 in relation to older people are to increase longevity and to enhance quality of life for older people.¹⁴

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