Research based abstract for poster presentation.

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Aging in Good Health: Changes in self-reported health trajectories with focus on aging.

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Background

Self-Reported Health (SRH) is a known predictor of future health outcomes, health service use and mortality even in populations without known disease burden (1,2). The Tromsø Study allows estimations of the impact of a broad range of factors, utilizing surveys and physical examinations in a large representative sample (3).

We aimed to describe factors that affect self-reported health over time and to explain differences in trajectories in an aging cohort according to comorbidity, mental health, body weight, socioeconomic status, and physical activity.

Methods

We included 16745 subjects who participated in at least two of the four surveys administered between 1986 and 2008. We used latent trajectory models to assess how SRH changes over time. The model explicitly model the shape of trajectories over time based on occasion- and subject-level covariates, which allows us to identify subgroups with different trajectories.

Results

The most important risk factors was mental health symptoms (28%), specific medical conditions (23%) and age (21%). The steepest decline of SRH was in midlife and when passing life expectancy. Men report higher SRH at a younger age, but women remain at good health longer. BMI >27kg/m2 was detrimental for SRH at all ages. Very lean subjects start out with the highest SRH but have a

significantly larger negative age-related effect than all others have. Intensive training was beneficial at younger ages, but moderate training was most beneficial from age 58 and above. Higher levels of education benefitted SRH.

We conclude that variations in SRH trajectories suggest that especially low BMI and exercise levels become increasingly important especially as the population ages. Comorbidity or mental health lowers SRH whenever in life it occurs.

Research, policy and praxis

- Knowledge of factors influencing SRH may guide measures to enhance public health and quality of health services.
- The statistical model allows us to analyze how risk factors change with increasing age.

References
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Comorbid disease

Self-reported health vs Age in years
- Not ill
- Mildly ill
- Moderately ill
- Severely ill

Mental health symptoms

Self-reported health vs Age in years
- No symptoms
- Some symptoms
- Sub-threshold symptoms
- Significant symptoms

Gender differences

Self-reported health vs Age in years
- Women
- Men

Physical activity levels

Self-reported health vs Age in years
- Intensiv
- Intermediate
- Moderate
- Sedately

Body mass index

Self-Reported health vs Age in years
- <18.5 kg/m2
- 18.5-23 kg/m2
- 23-25 kg/m2
- 25-27 kg/m2
- >27 kg/m2

Highest level of education

Self-reported health vs Age in years
- Primary/secondary
- Technical/vocational
- High-school diploma
- College/university <4 years
- College/university >4 years