

Chronic activity limitation can be prevented

Written by Administrator
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A survey among 33 000 people in the Baltic Sea Region shows a great potential for preventing or delaying chronic activity limitations among elderly with health problems.

In 2006, the HEPRO project carried out a survey in 27 cities and municipalities in 6 countries around the Baltic Sea.

- **In all countries we can note that the level of chronic activity limitations because of disease increases with age.** The increase is less steep in Norway and Denmark than in Poland, Estonia, Lithuania and Latvia. As the level of limitations does not follow the same gradient with age as the level of diseases, it indicates a great potential for prevention of negative consequences of disease and poor health and barriers for participation or prevention of unhealthy aging, says researcher and the Project Manager in HEPROGRESS, Niels Kristian Rasmussen.

The finding is visible in the figures below:

Figure 1

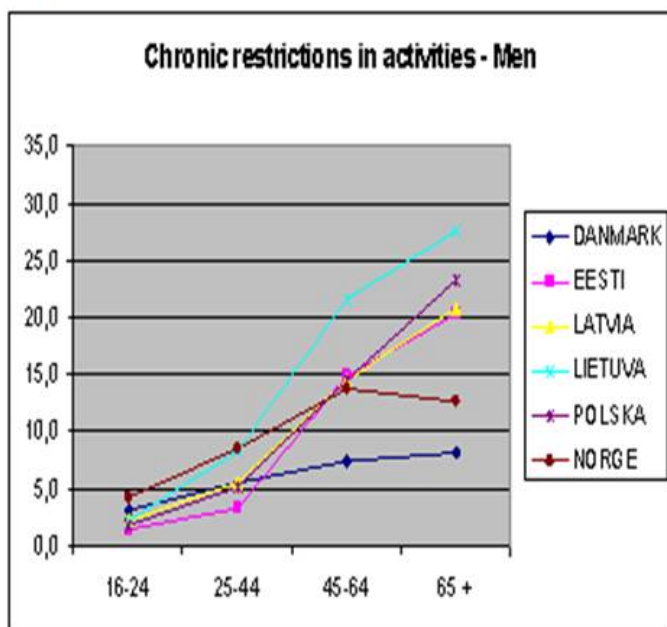
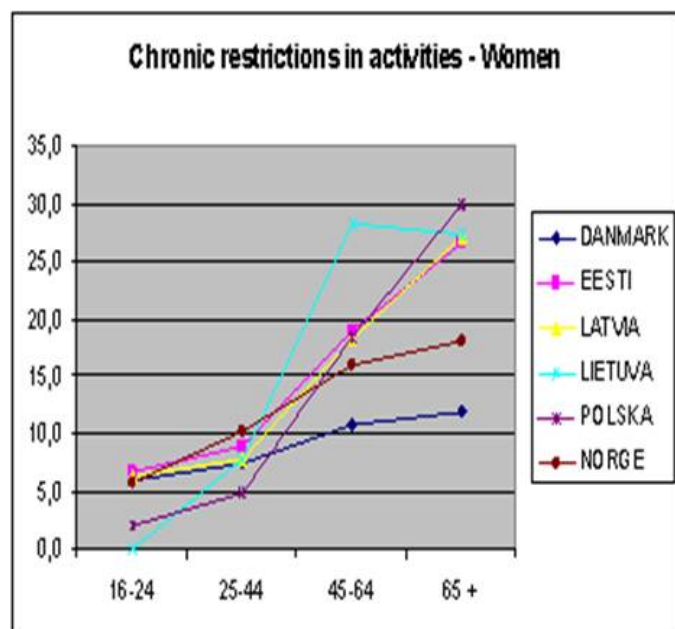


Figure 2



In another [working note](#) it was concluded that the level of diseases as such increases linearly

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with age in all countries.

A uniform inequality pattern between countries

Together with these overall differences between the countries, in depth analysis of the level of chronic activity limitations in educational or socioeconomic groups show a very uniform inequality pattern in the 6 countries.

- Increasingly in the modern competitive society good health and ill health constitute a crucial resource or lack of resource for individuals. This is for instance important in one's pursuing usual daily activities, fulfilment of social roles, and participation in social, political and civic activities and obligations. Individual, environmental and societal barriers tend to marginalise and isolate risk groups, says Rasmussen.

Among others, such barriers are being addressed in the HEPROGRESS project. At the end of 2012 the project hopes to have generated more knowledge about the challenges, as well as showed practical measures that had been taken to tackle the problems.

Disease patterns

More than 50% of the adult population in the 6 participating countries reported to have one or more specific diseases or conditions currently. Most often reported were: back problems (31%), high blood pressure (18%), severe headache/migraine (14%), allergies (14%), osteoarthritis (13%), tinnitus (11%), and chronic depression (5%). The frequency of the various diseases varied somewhat between the countries, but there was a striking similarity between the countries regarding the rank order of the frequency of the diseases ([see table 1](#)).

Consequences of diseases

- Not all diseases reduce quality of life or restrict social participation or other activities. In average 9,1% of men and 12,6% of women in the general population in studies countries report they were chronically limited by illness in carrying out usual daily activities. The level is of course higher when looking only among people suffering from diseases, says Rasmussen.

Table 2 displays the average percentage of population reporting chronic restrictions in daily activities among persons having various chronic diseases. The diseases have been ranked

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according to prevalence.

- For almost all diseases more women than men report on disease related restrictions in daily activities. For the most common diseases approximately one quarter reports about restrictions, whereas for the less prevalent diseases between thirty and fifty percent report about restrictions, he says.

Table 2

Percentage with chronic restrictions in daily activities because of disease among men and women and for specific diseases

| Rank disease | Average prevalence | Disease | With chronic restrictions | | |
|--------------|--------------------|---|---------------------------|-------|-------|
| | | | Men | Women | Total |
| 1 | 30.6 | Back problems | 22,1 | 27,7 | 25,3 |
| 2 | 18.2 | High blood pressure | 18,8 | 25,2 | 22,3 |
| 3 | 14.3 | Severe headache\ migraine | 23,8 | 23,7 | 23,7 |
| 4 | 13.5 | Allergy (not asthma) / | 12,9 | 18,7 | 16,3 |
| 5 | 13.3 | Osteoarthritis | 26,6 | 30,4 | 29,0 |
| 6 | 11.4 | Tinnitus | 20,1 | 30,7 | 24,8 |
| 7 | 4.6 | Chronic depression | 37,4 | 43,1 | 41,1 |
| 8 | 4.1 | Diabetes | 24,5 | 34,8 | 29,5 |
| 9 | 3.8 | Asthma | 21,2 | 27,2 | 24,5 |
| 10 | 3.7 | Osteoporosis | 37,7 | 36,7 | 36,9 |
| 11 | 3.4 | Chronic bronchitis, emphysema | 31,7 | 36,7 | 34,4 |
| 12 | 2.9 | Cataracts | 24,9 | 34,7 | 31,3 |
| 13 | 2.0 | Other mental illness | 39,1 | 44,8 | 42,3 |
| 14 | 2.0 | Myocardial infarction or angina pectoris (heart attack) | 37,6 | 46,0 | 42,1 |
| 15 | 1.0 | Cancer | 35,1 | 52,1 | 44,7 |
| 16 | 0.3 | Cerebral stroke | 58,0 | 54,3 | 56,3 |

Table 3 reveals the relation between financial problems and level of education on the chronic activity restriction.

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Table 3

Statistical analysis of effects of disease, financial problems, education, age, and gender on chronic activity restrictions. Odds Ratio

Effect of education and financial problems adjusted for all other variables.

Chronic activity restriction

| | Denmark | Estonia | Latvia | Lithuania | Poland | Norway |
|-----------------------|---------|---------|--------|-----------|--------|--------|
| Financial problems | 2,3 | 1,1 | 1,7 | 2,0 | 1,3 | 2,5 |
| No financial problems | 1 | 1 | 1 | 1 | 1 | 1 |
| Low education | 1,5 | 2,1 | 1,2 | 2,4 | 2,1 | 1,8 |
| Medium education | 1,1 | 1,6 | 1,3 | 1,7 | 1,6 | 1,5 |
| High education | 1 | 1 | 1 | 1 | 1 | 1 |

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