General Session 4: Compression of Morbidity
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Is the Compression of Morbidity a Universal Phenomenon?
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We are grateful to our four authors for gathering current information examining the relationship between disability and mortality. This is a very complicated question. The health dimensions are much more difficult to define and quantify than mortality. Conflicting trends in the relationship between mortality and morbidity in different countries makes a clear-cut conclusion difficult. The topic is of immense interest and deserves continuing review.

A couple of comments may suggest future areas of study.

The changes in trends in disability cited in the paper are related to changes in reported activities of daily living (ADLs) and/or instrumental activities of daily living (IADLs). Data in the paper indicated the initial rates of disability for persons aged 65 and over varied widely between countries, from 7.1 percent to 18 percent. This suggests the measure of disability may not be the same in different countries and may help explain why the trends in different countries are not consistent.

Differences of reported disability in different countries seem to be related to the cultural milieu; that is, some peoples expect to assist the elderly regardless of physical requirements as a sign of respect and habit. In measuring disability across different cultures, it is important to control for this. Presumably ADLs and IADLs would be the same in all countries, but that might bear further investigation.

It would be helpful to include tables on a country by country basis showing disability rates, preferably in age bands, say 65-74, 75-84 and 85 and over.

Albert, Bragg and Brooks' paper discussed work on health expectancy as related to total life expectancy. Our methods assume that a person's mortality at each age is related to his morbid conditions. Different morbid conditions have different mortality ratios. Each of these morbid conditions, however, is not necessarily manifested in physical limitations.

We found the ratio of healthy life expectancy to total life expectancy is between 60 and 70 percent at ages 75 and older and seems to have remained about the same since 1967. This finding is related to our methodology.

Improvement in life expectancy over the 40 years between 1967 and 2002 for older ages is very impressive: for women over 50 percent at ages 75-85, 48 percent at age 90 and 60 percent at age 95; for men more than 60 percent at all older ages and just over 70 percent at ages 75 and 80. With such improvement trends in mortality, we can expect more need for assisted living and skilled nursing even if there is morbidity compression.