

Socio-medical characteristics of the dependent older people living in six European countries

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„Family Support for Dependent Older People in Europe“

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Background

- The “*demographic transition*” , as a shift from high fertility and high mortality, to low fertility and low mortality, results in **increasing life expectancy**.
- The “*epidemiological transition*” shows the change from a predominance of infectious diseases, with high maternal and child mortality, to a **predominance of chronic disease in old age**.
- An effect of chronic disorders causes a limitation in functional abilities. Inability to perform ADL leads to “**dependency**” - the need for human help (or care), coming mainly from family members - caregivers



Prerequisites:

- Situation of family carers can be classified on domains relating to (1) **cared-for persons**; (2) carers' own conditions or characteristics; as well as (3) to surroundings or external conditions (*i.e. infrastructure of supporting services*);
- Socio-medical differences between the compared disabled and dependent older people in each country may influence or explain the differences in results from those countries;
- Common methodological approach applied in the EUROFAMCARE study should enable reading the results as **representative** for each of the six core countries involved (*to some extent for Europe?*), as well as allowing **comparisons between countries**



Aims of the presentation:

- **Who are the dependent older people in six European countries?**
- **How do they differ between themselves in relation to:**
 - age structure, gender, civil status;
 - living conditions;
 - domains of required help or support,
 - cognitive or behavioural disorders,
 - level of dependency in term of **I-ADL, mobility and P-ADL**
- **Do these differences influence the family caregivers' situation? [for further analysis]**



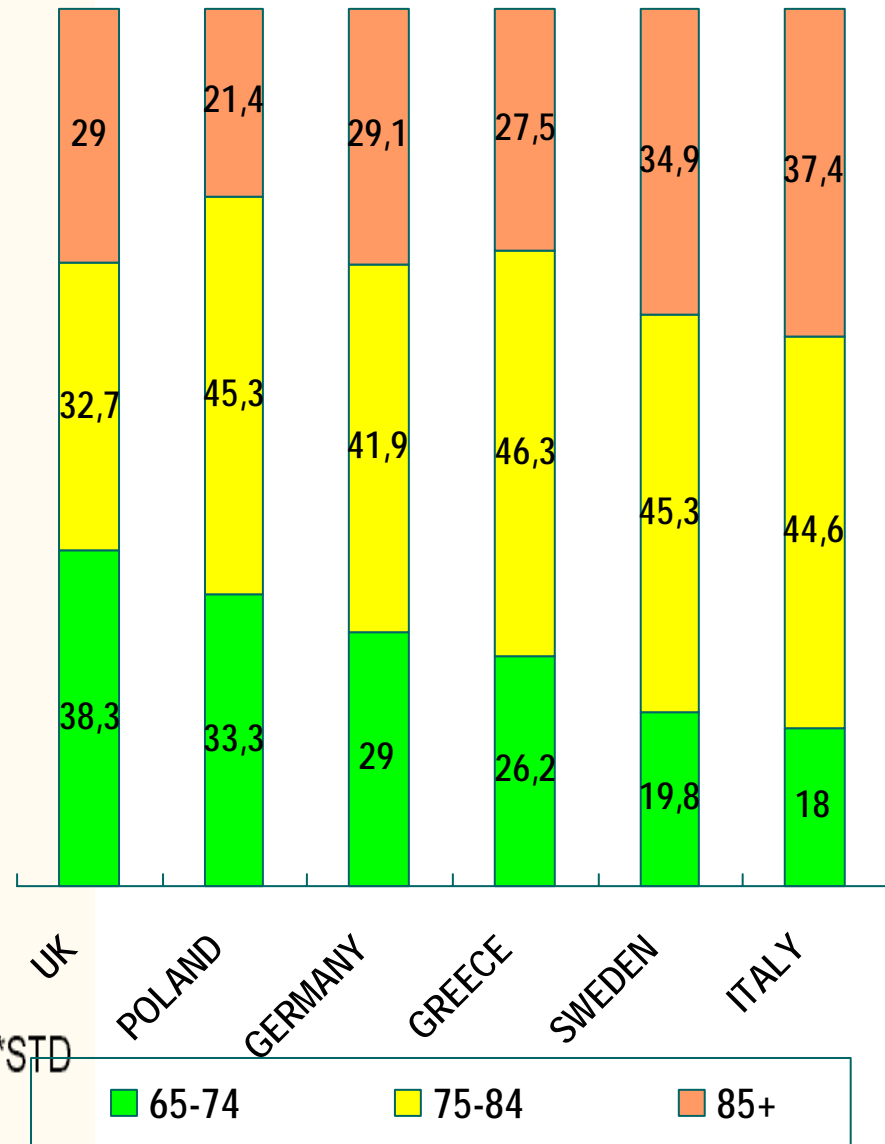
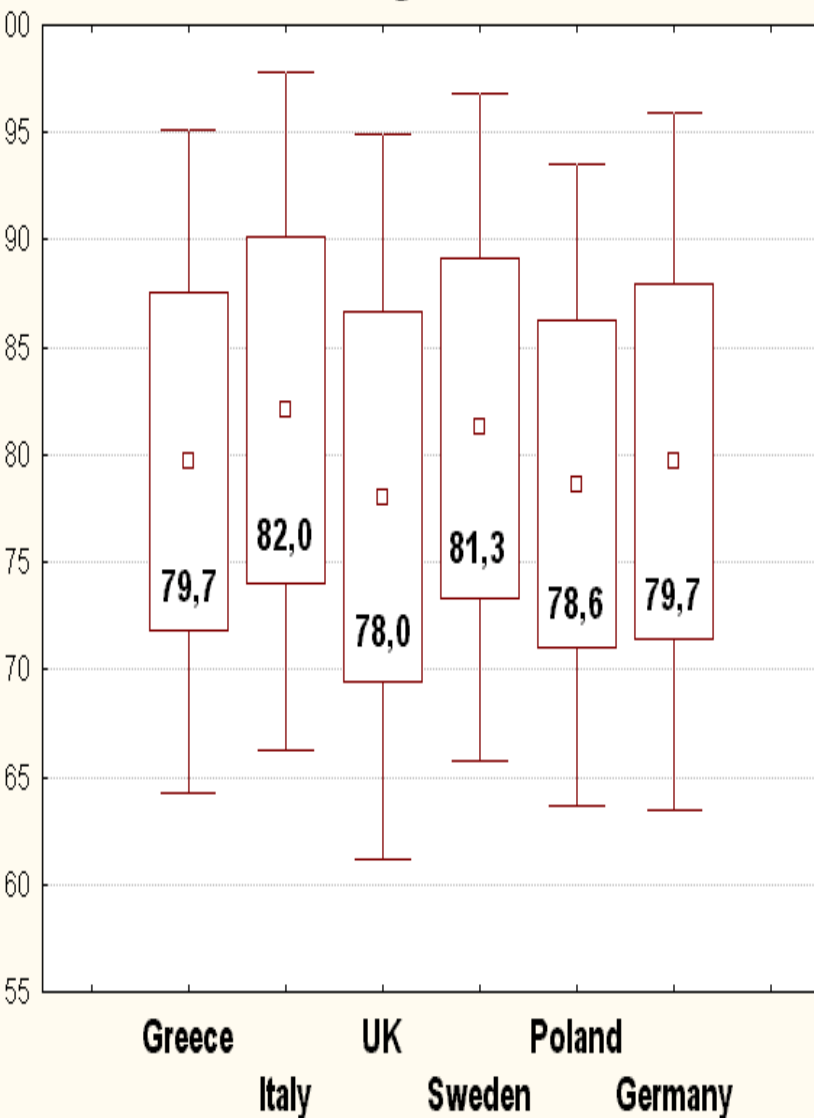
Definition of Dependency, Study design & Methodology

- **Proxy information about disabled >65 year old persons** were collected from “**family member providing more than four hours of care/support a week**”;
- **Representativeness for countries** (through the recruitment of the family carers - living in *a priori* chosen and defined urban and rural areas/sites of each country - carried out with **saturation method**);
- **Comparability between six European countries** (common: mode of carers’ recruitment, numbers of national samples, protocol of study, tool applied)

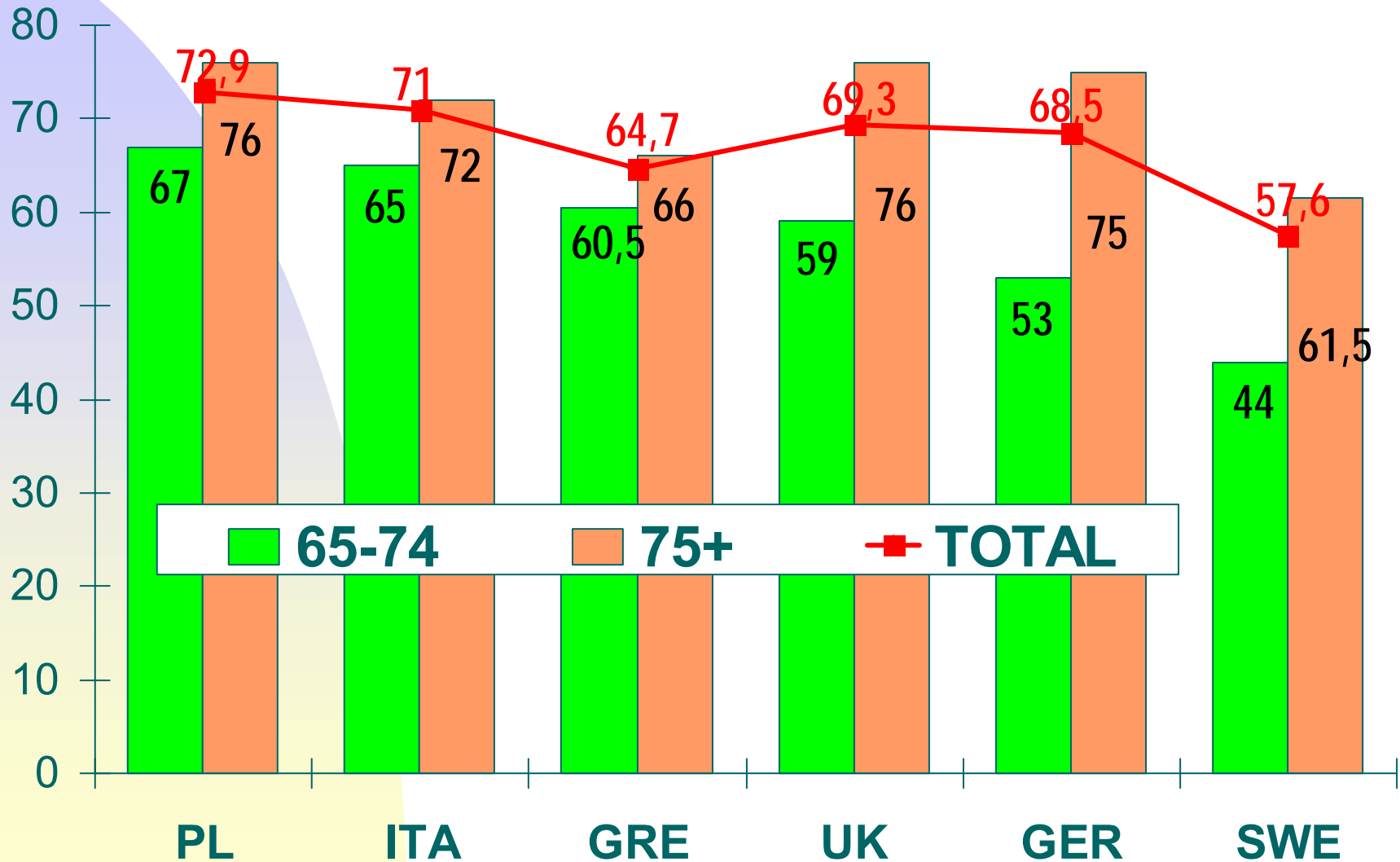


Age Structure of ELDERS (in%)

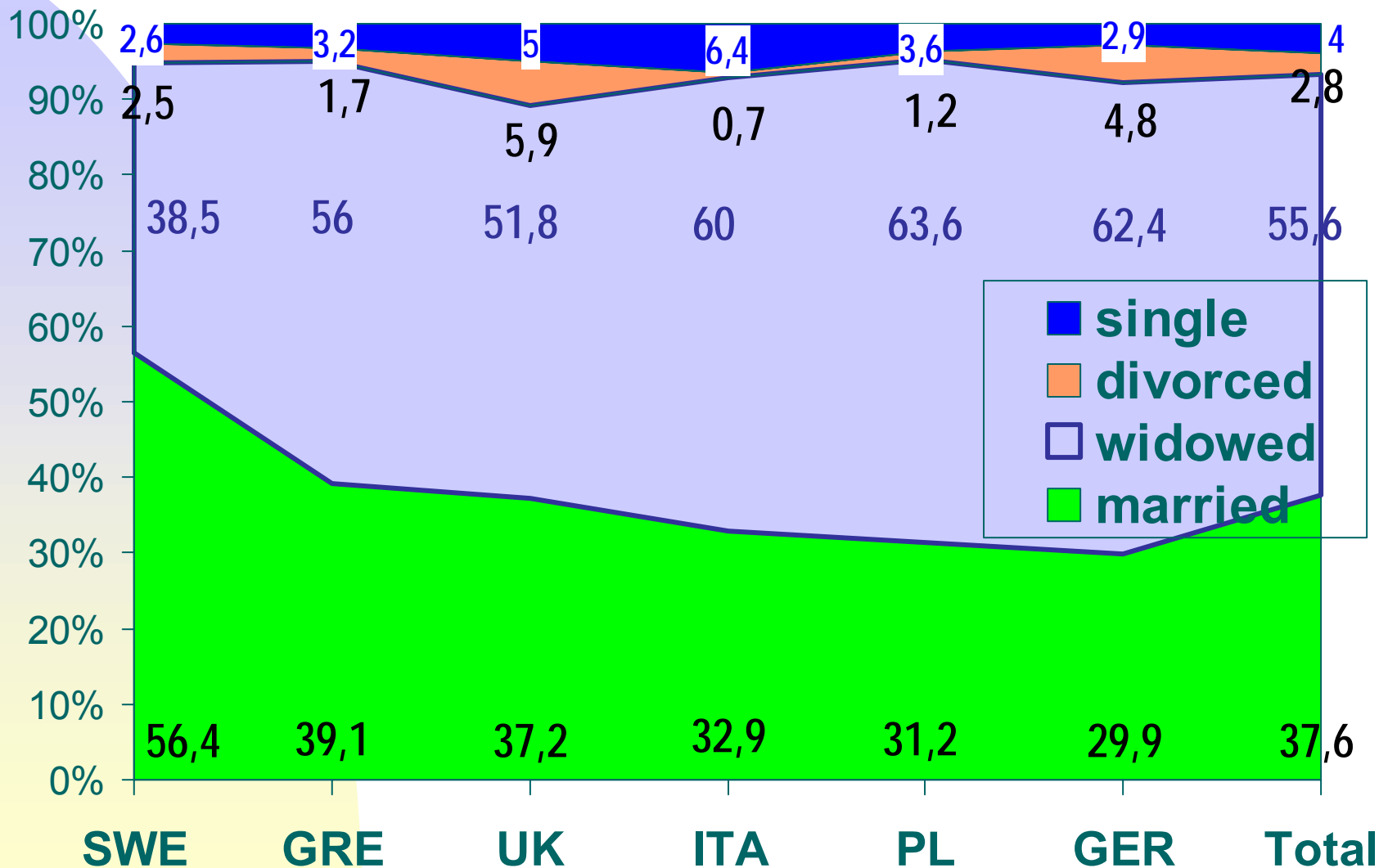
Average AGE



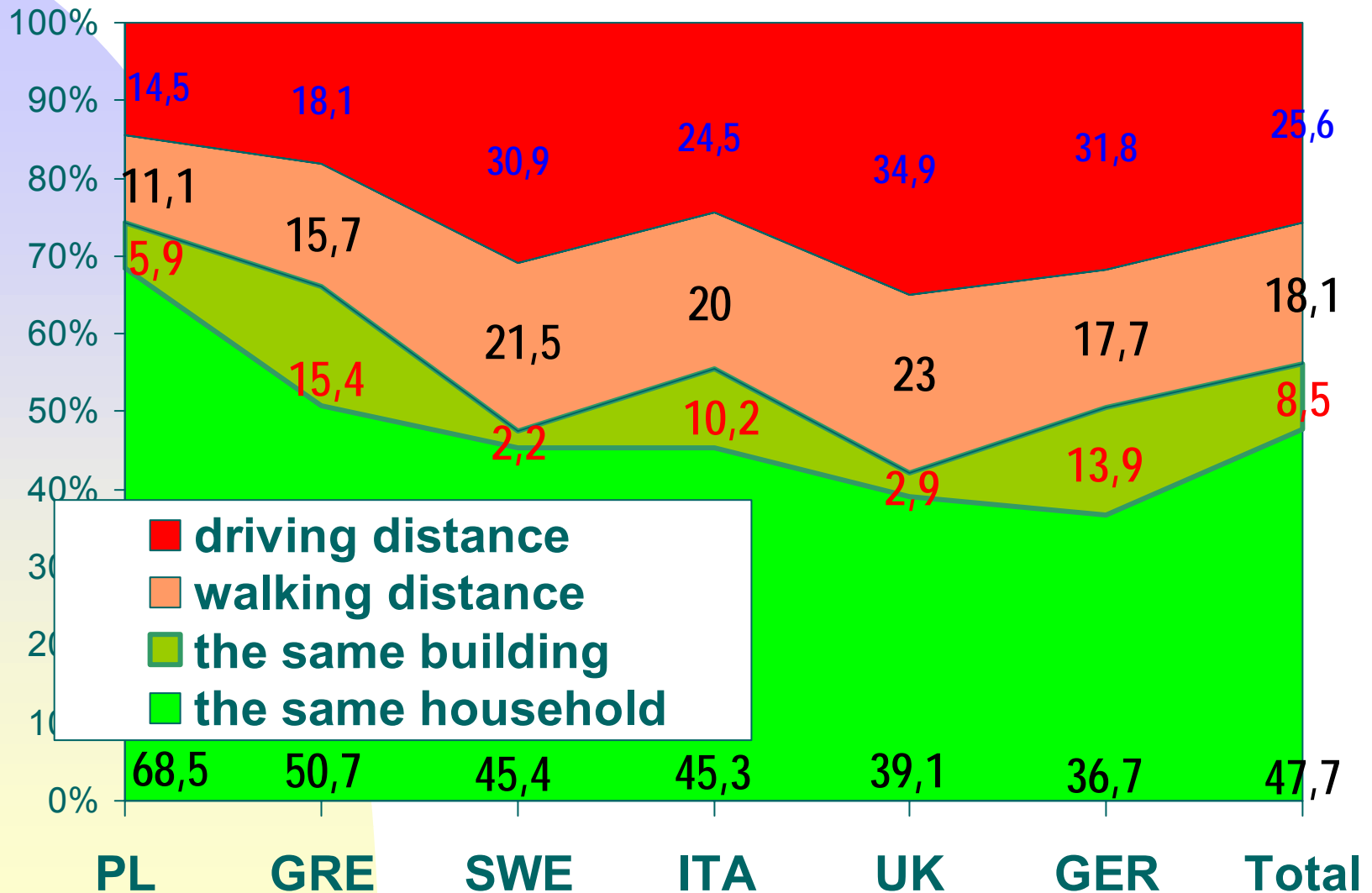
Cared for sample: women by age group & Total (in%)



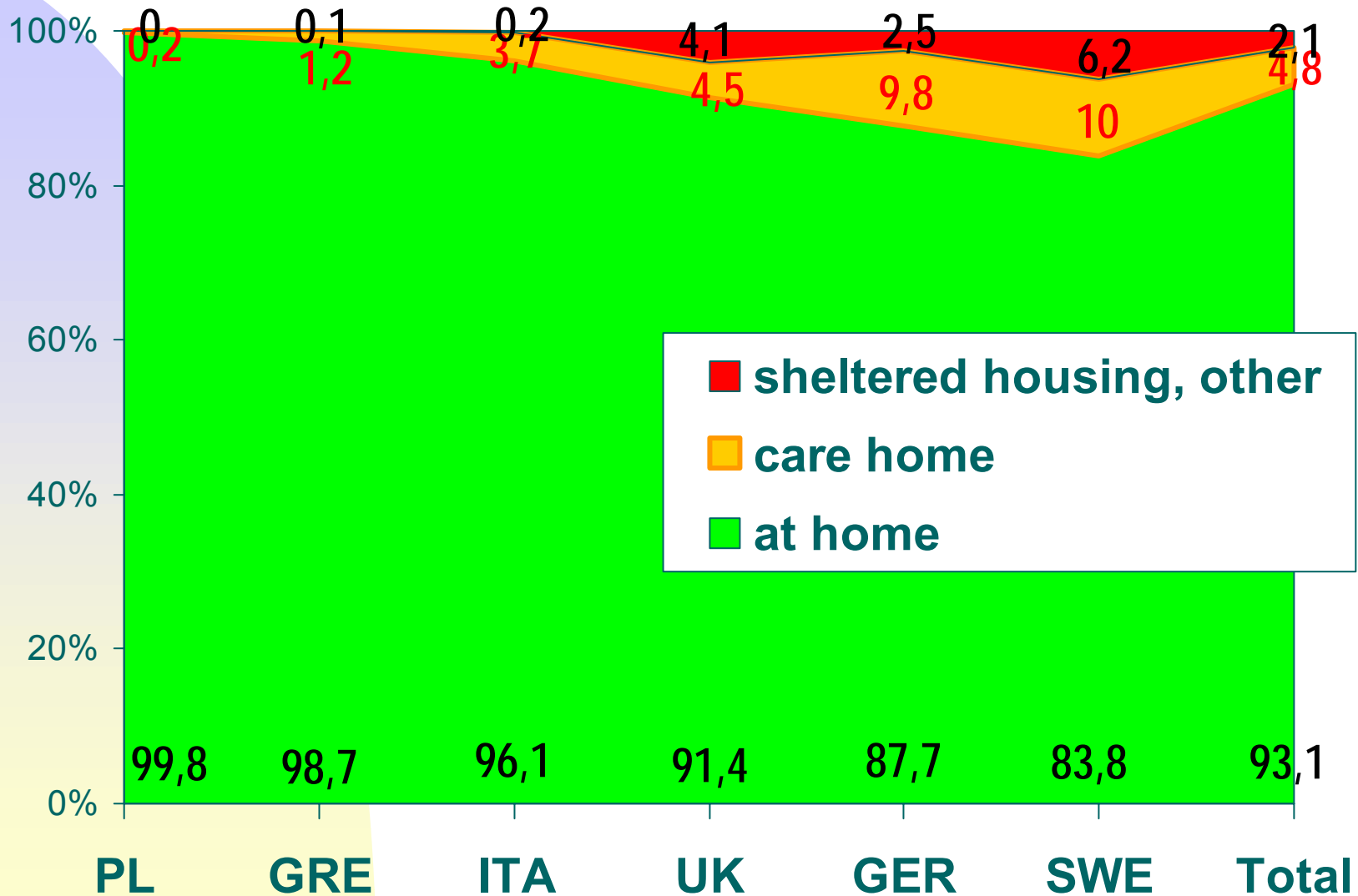
Civil Status of ELDERS (in%)



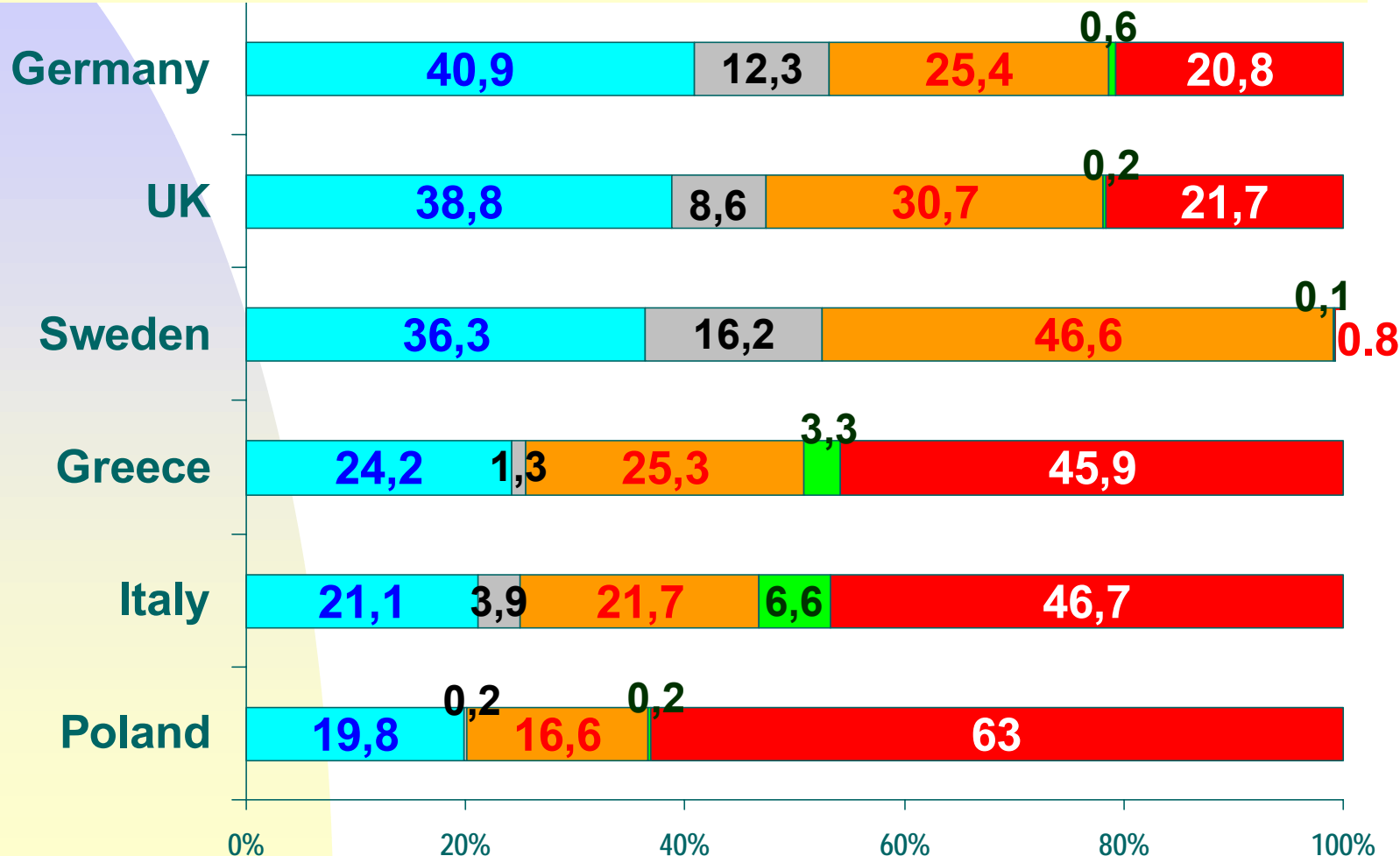
ELDERS' place of residence in relation to F.Carer (in%)



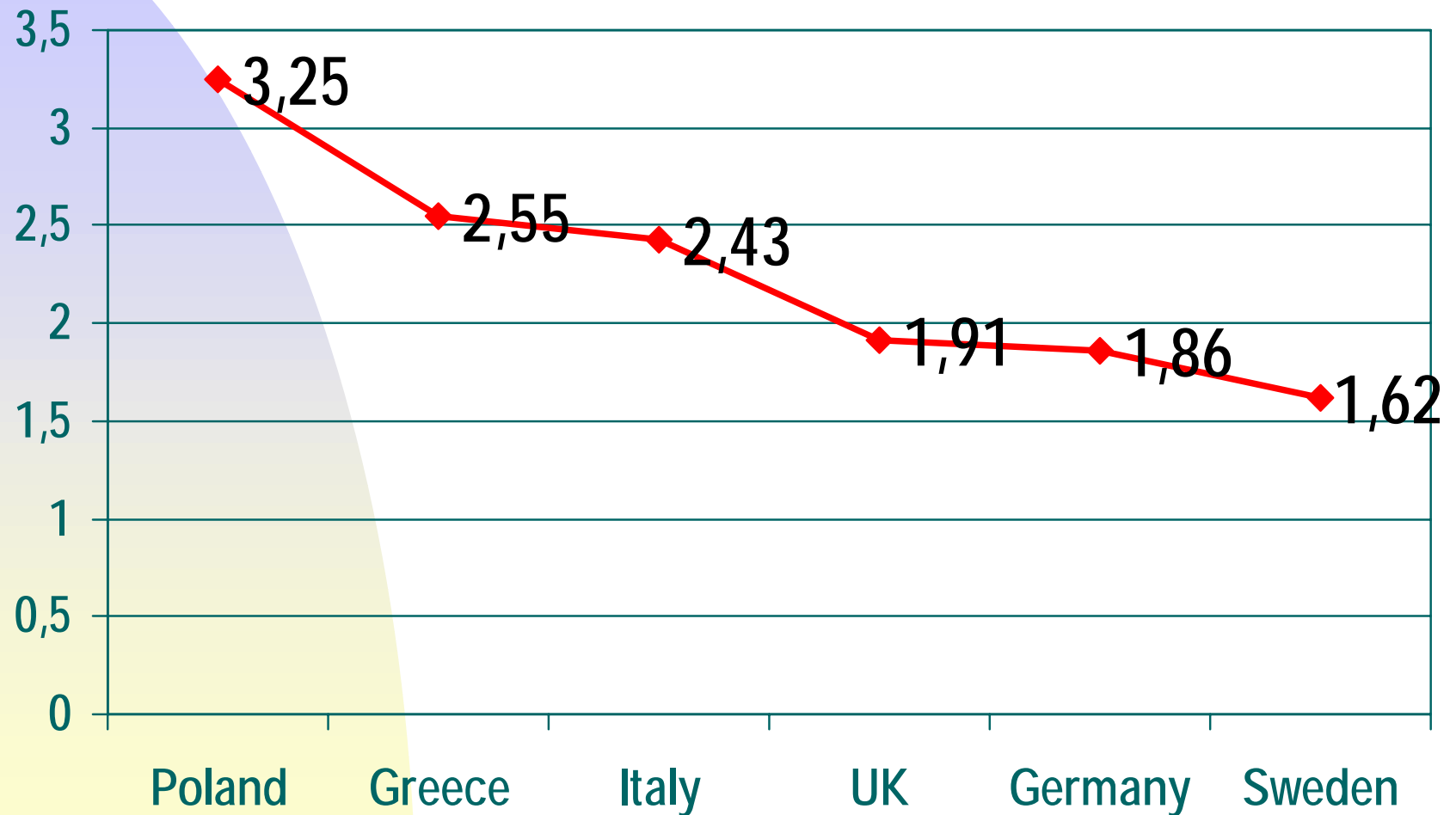
Place where Elders usually live (in%)



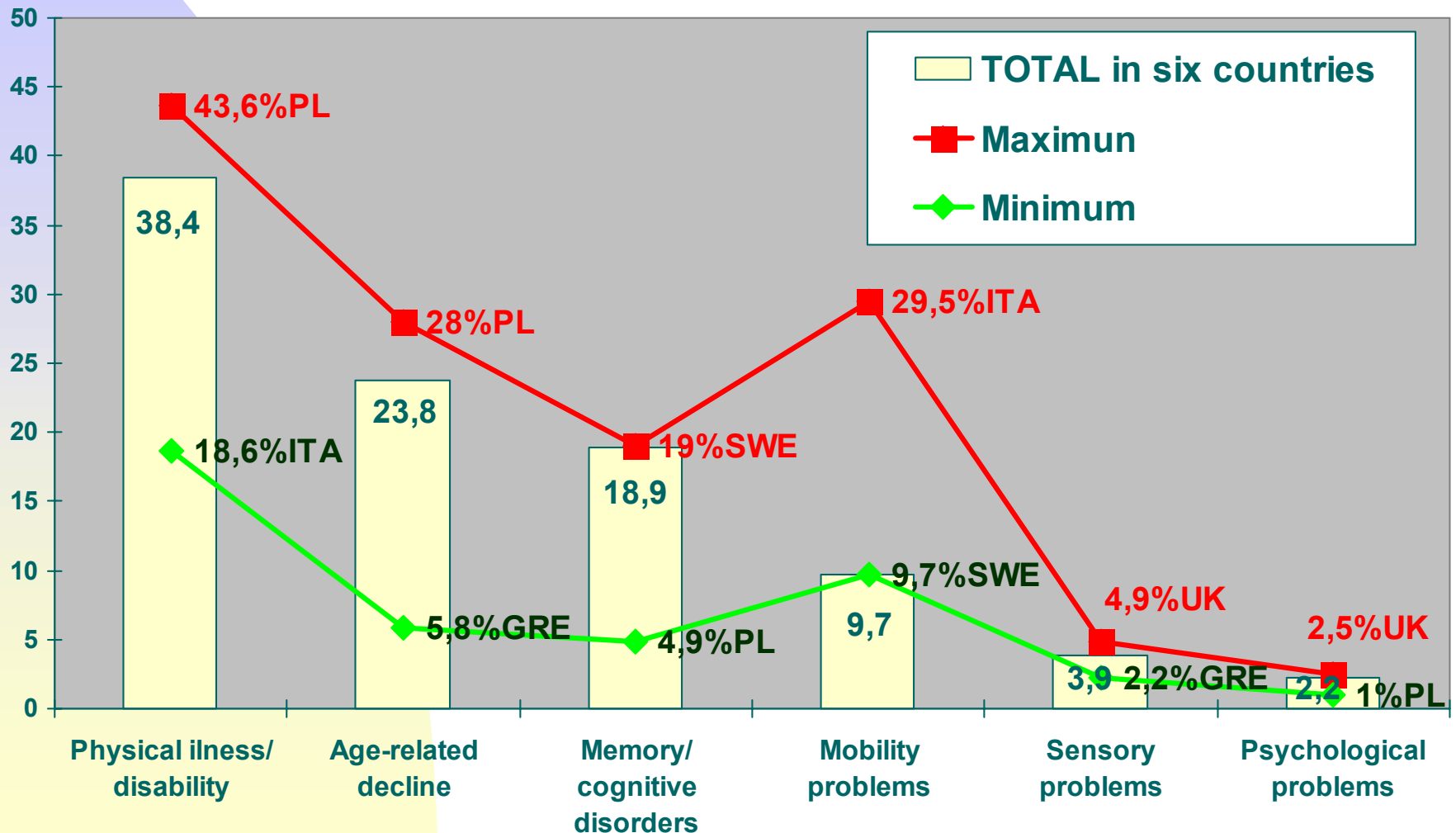
Who do the cared for persons live with?



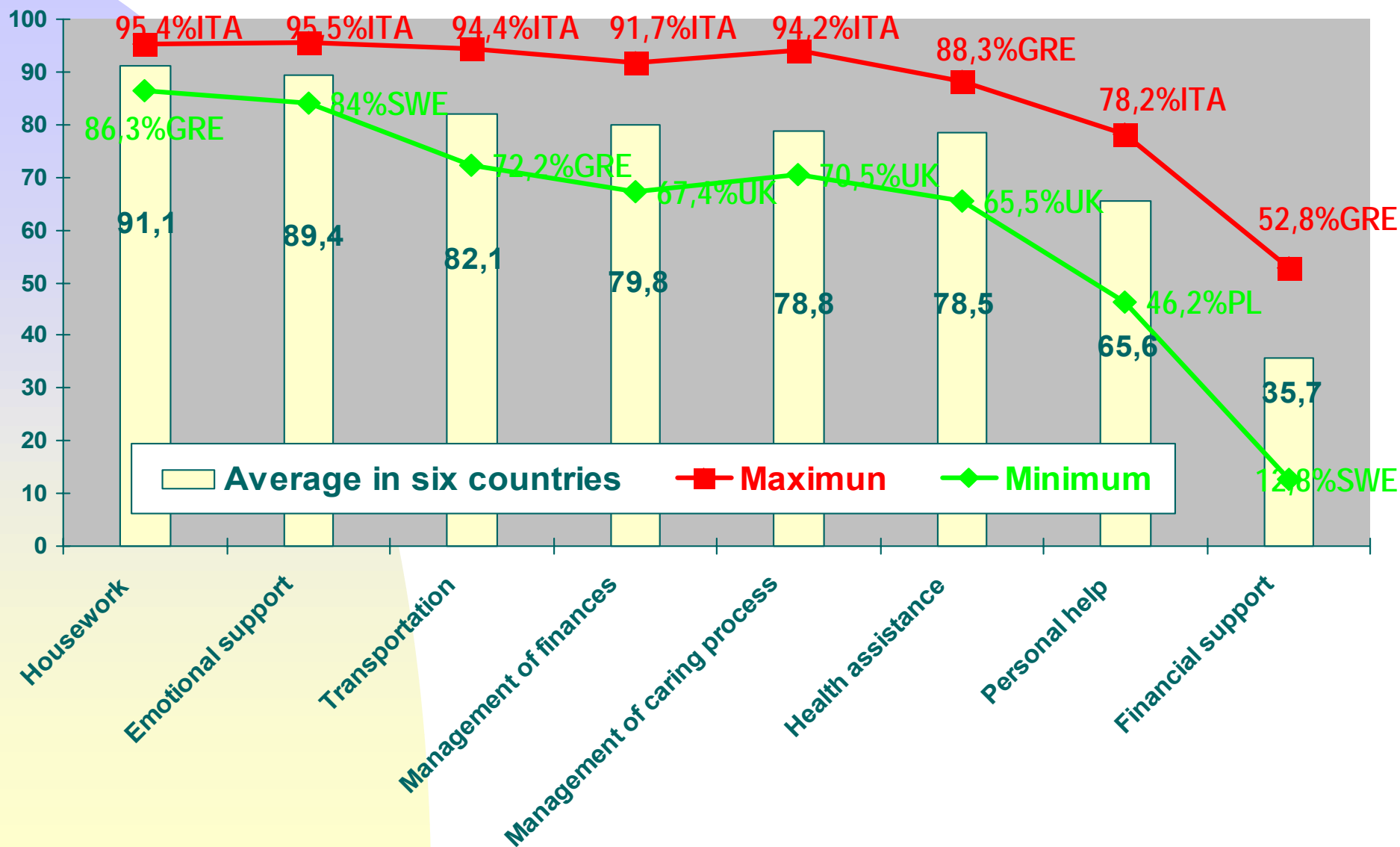
Mean number of people living with cared for person:



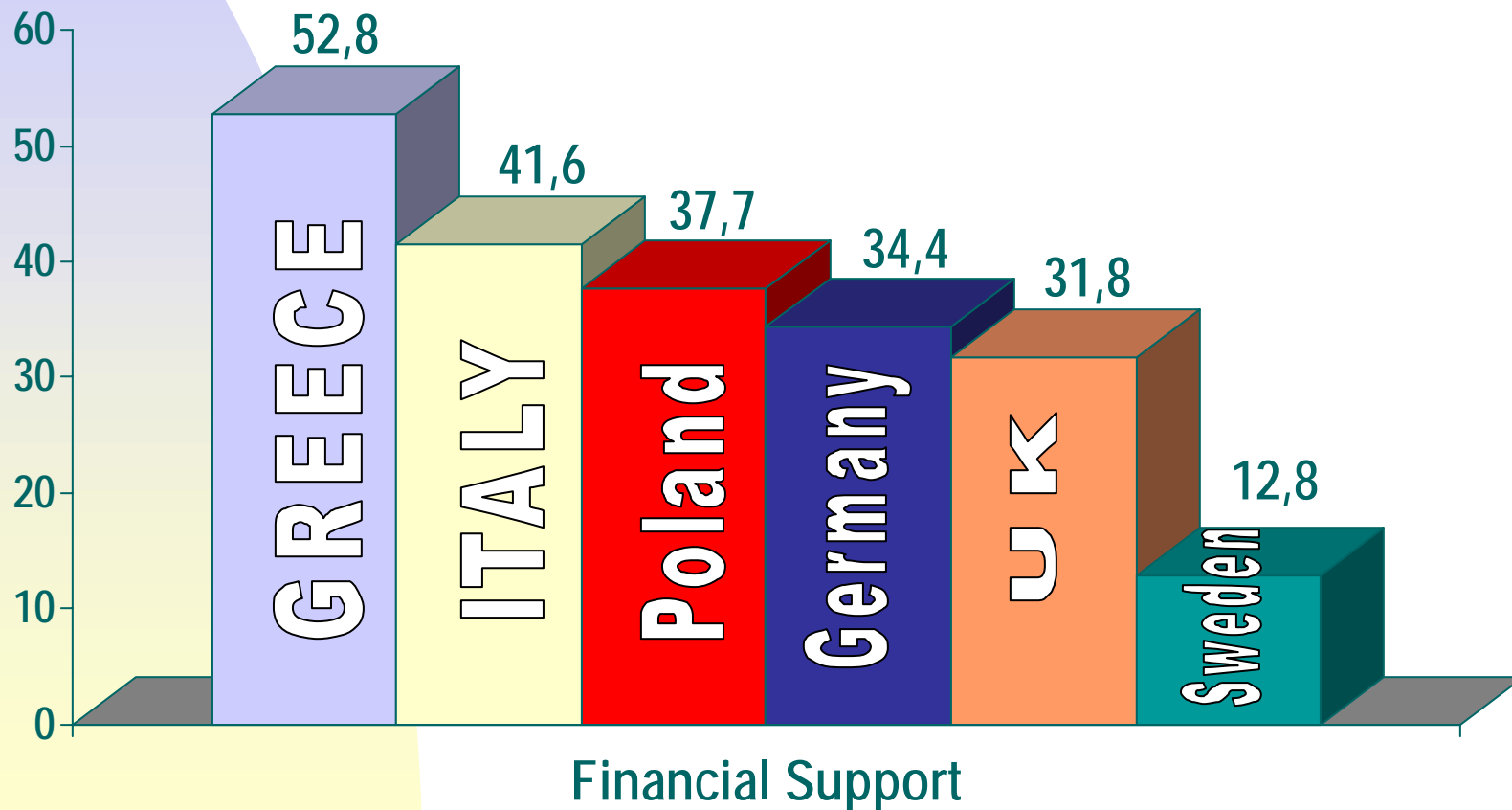
Main reasons for care in six EU Countries (in % of prevalence, and Max. Min.)



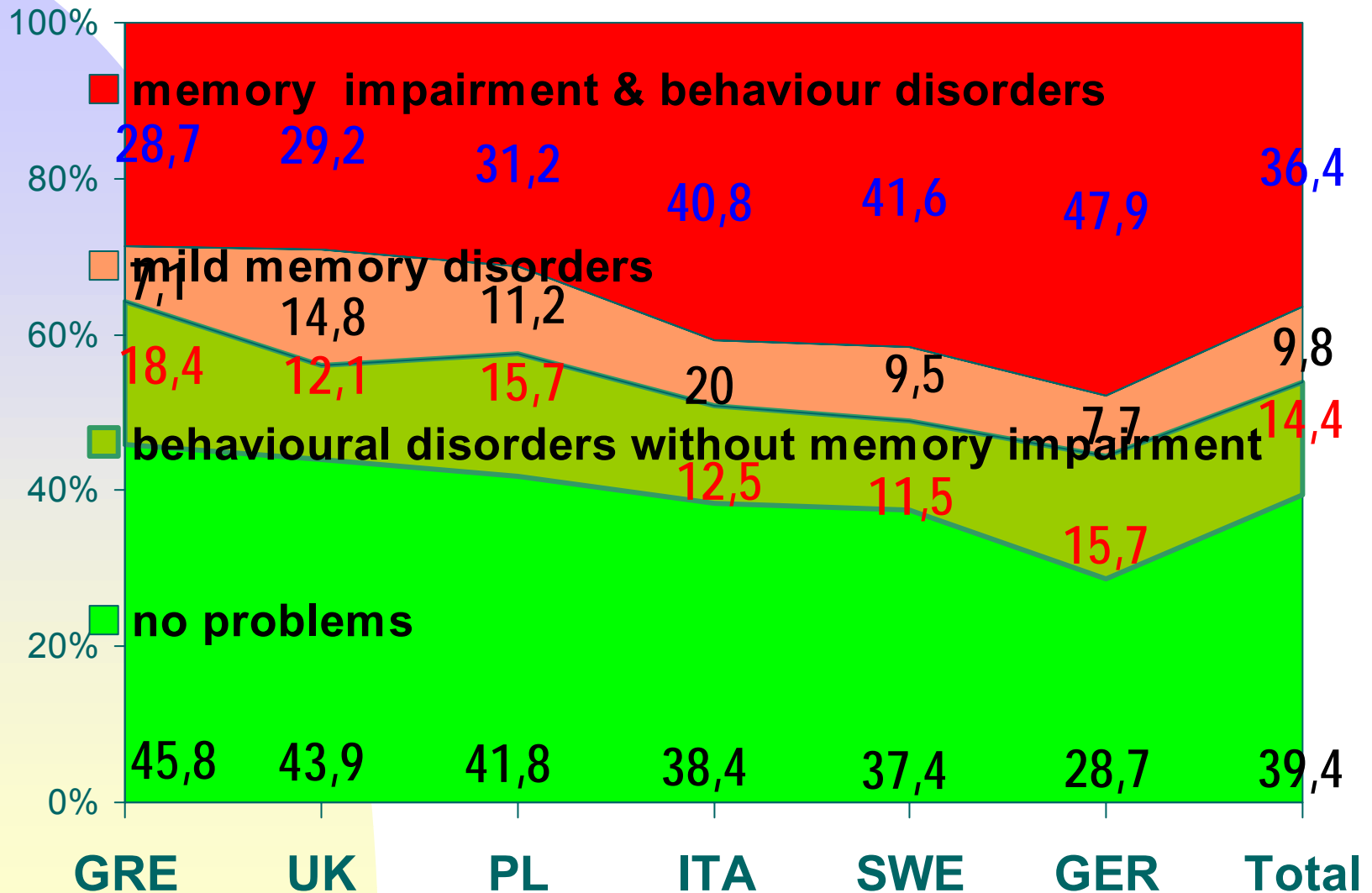
Requirement for help in various tasks (in % of prevalence, and Max. Min.)



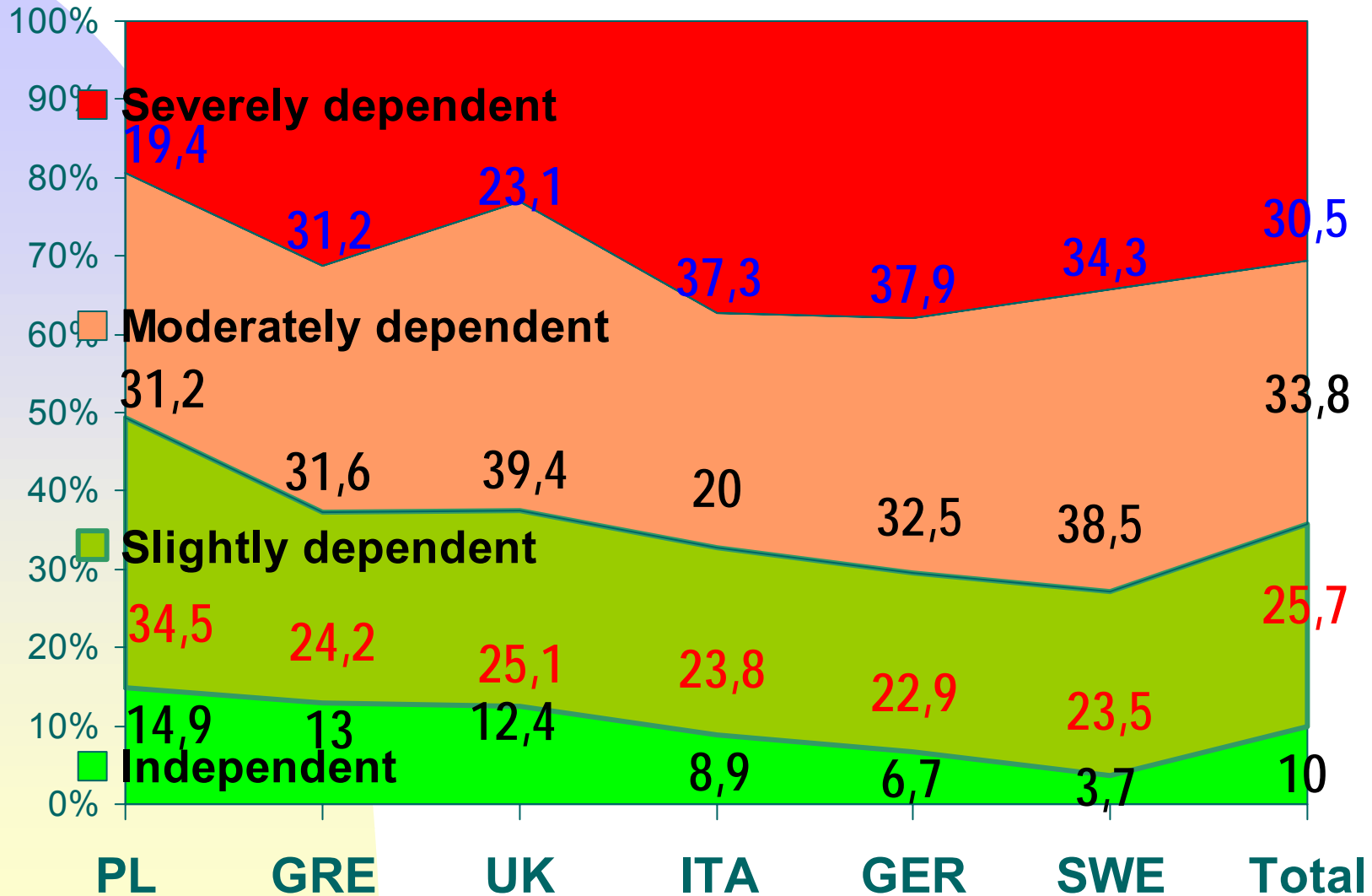
Needs for Financial support by cared for persons [in %]



Cognitive disorders (in%)

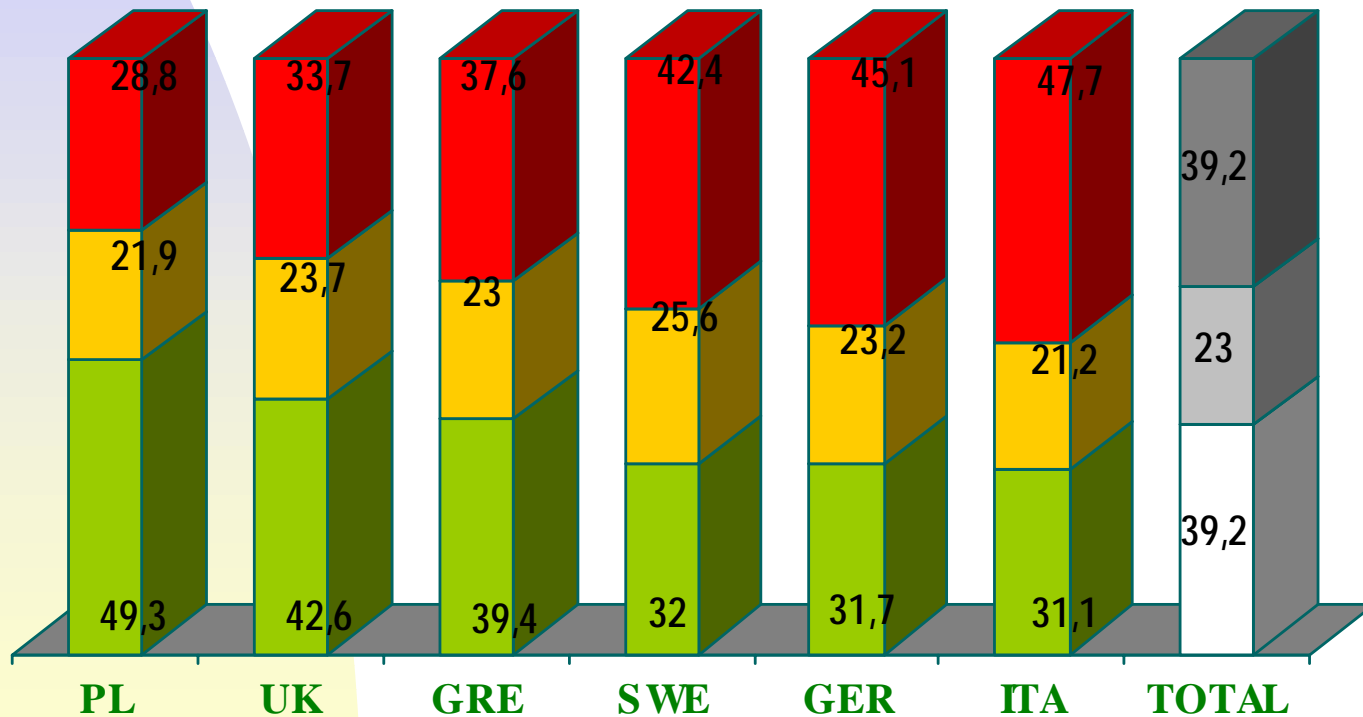


Dependency of the cared for persons (Carer's subjective perception) [in%]

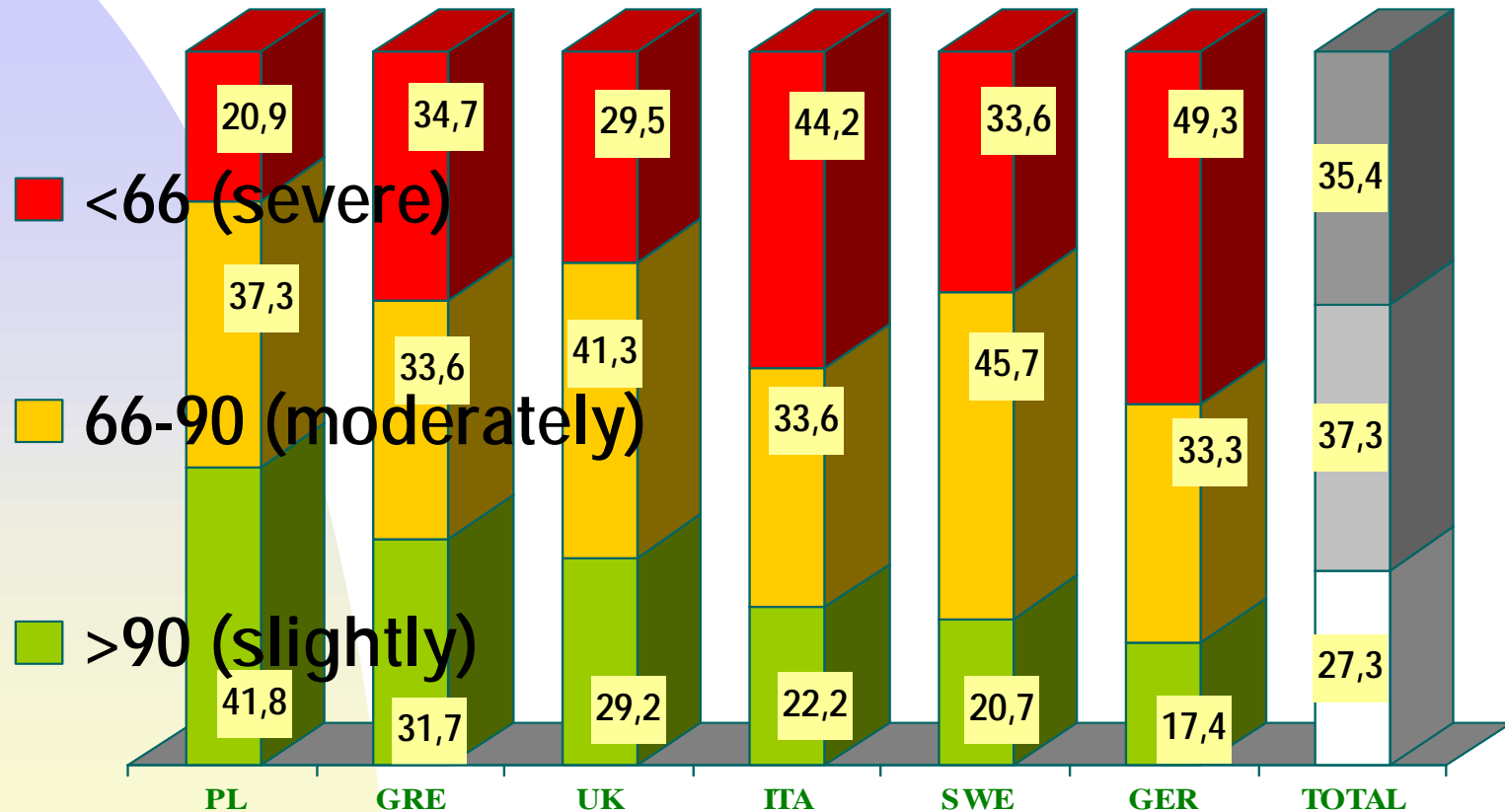


I-ADL score (min 0; max 12) & percentile distribution (n=5893)

- ≤3 (severe)
- 4-6 (moderately)
- ≥7 (slightly)



P-ADL: Barthel score (min 0;max100) & percentile distribution (N=5707;in%)



Summary of early findings (1):

- In general, the cared-for older people in Europe show similarity in terms of age structure, gender, civil status, cohabitation model and level of disability; however significant differences between countries are observed.
- In all of the countries studied (to a lesser extent in Sweden) the majority of the cared-for persons were women, persons in advanced old age, widowed and living at home.
- The most significant socio-demographic features differentiating the compared communities were:
 - 1) the cared for persons' cohabitation (with or apart from family)
 - 2) the number of persons living in the same household. Living together with numerous family is most typical in Poland and to a less extent in Greece while living apart from family predominates in other compared countries.



Summary of early findings (2):

- The physical illness or disability, age-related decline, memory/cognitive disorders or mobility problems were the main reasons for care in subjective caregivers' opinion.
- The cared-for older people show numerous and complex requirements for help and support. Amongst different kinds of need the requirement for help in terms of domestic work, emotional/social support, transportation, management of Elders' finances, management of caring process and assistance with medication or treatment were most prevalent.
- Memory and cognitive disorders were present in one third of cared-for persons in the whole sample; less often in Greece, UK and Poland and more often in Germany, Sweden and Italy.
- Health status and level of disability both in subjective caregivers' opinion as well as based on objective ADL-scales showed better indices in Poland, Greece and UK and worse in Italy, Sweden and Germany. The explanation for these differences requires further in-depth analysis.

