



eUPREVENT | EMR

Healthy Ageing: A matter of chance or personal control?

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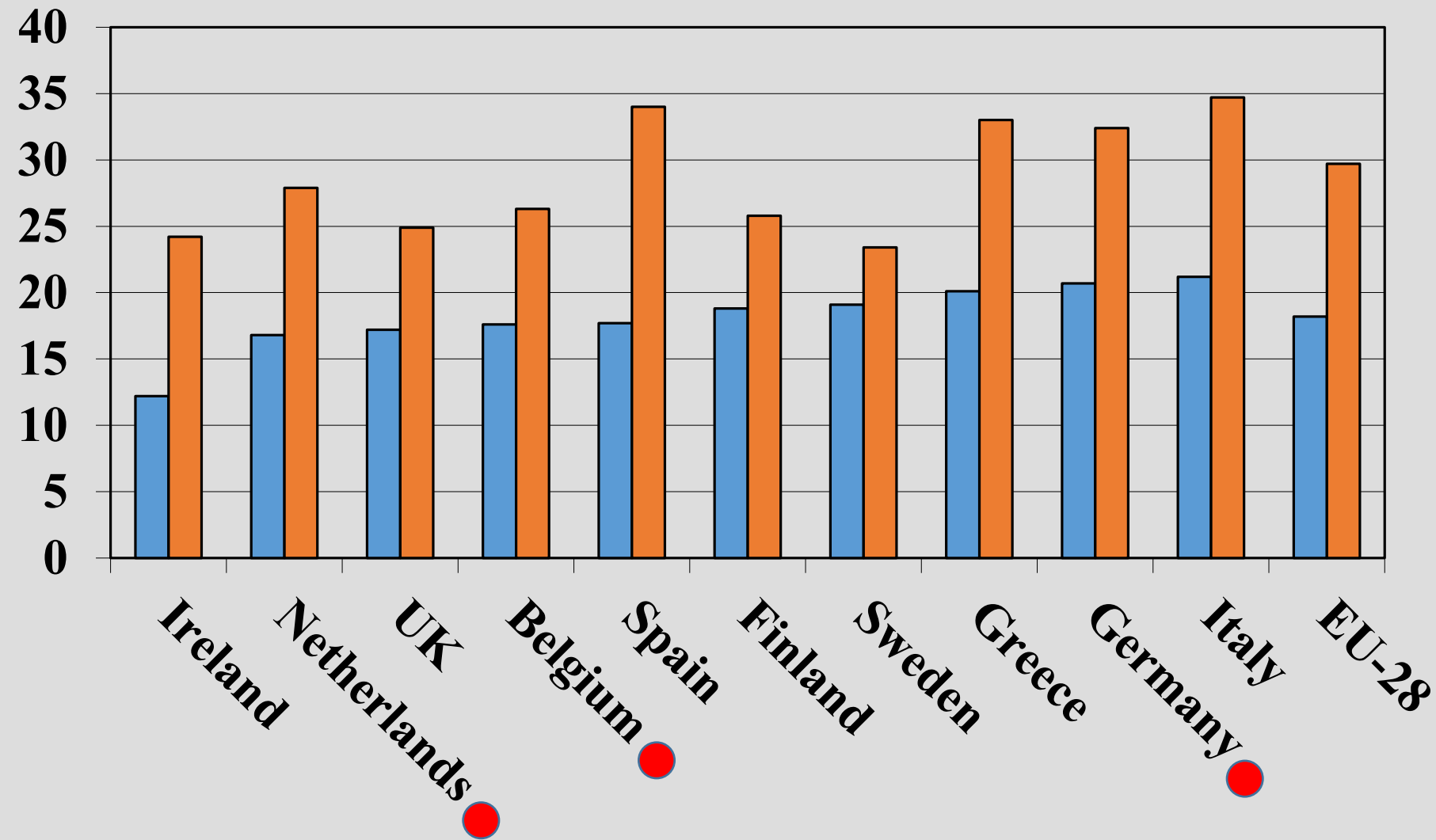


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Kick Off Meeting 31-1-2017

Crossing borders
in health

Percentage 65+ in 2013 and 2050



Bron: Vienna Institute of Demography, 2014

Demographics (Netherlands)

	1998	2012	2050
Population (in millions)	15,7	16,7	18,1*
Proportion 65+ (%)	13,5	16,8	26,2*
Life expectancy (years)			
male	75,1	79,4	85,6*
female	80,6	82,8	88,9*

Sources: CBS Statline, 2009/2014; *CBS Statline 2016

Life Expectancy (1)

- Female versus male +4
- Married/cohabitting versus living alone
 - Male +4
 - Female +2
- Grandparents
 - Two of 80+ +2
 - Four of 80+ +4
- Socio-economic status
 - Difference high-low +6

Life Expectancy (2)

- Smoking
 - Non-smoking men +2
 - Smoking men - 6
 - Non-smoking women +1
 - Smoking women - 5

- Obese
 - Male - 6
 - Female - 7

- Positive life attitude +7

(Healthy) Life Expectancy

	Male		Female	
	2012	1970-2012	2012	1970-2012
Life Expectancy	79,4	+ 8,3	82,8	+ 6,3
Each year		+ 10 weeks	+ 8 weeks	
Life Expectancy with good experienced health	64,7		62,6	
Difference (poor health)	14,7		20,2	

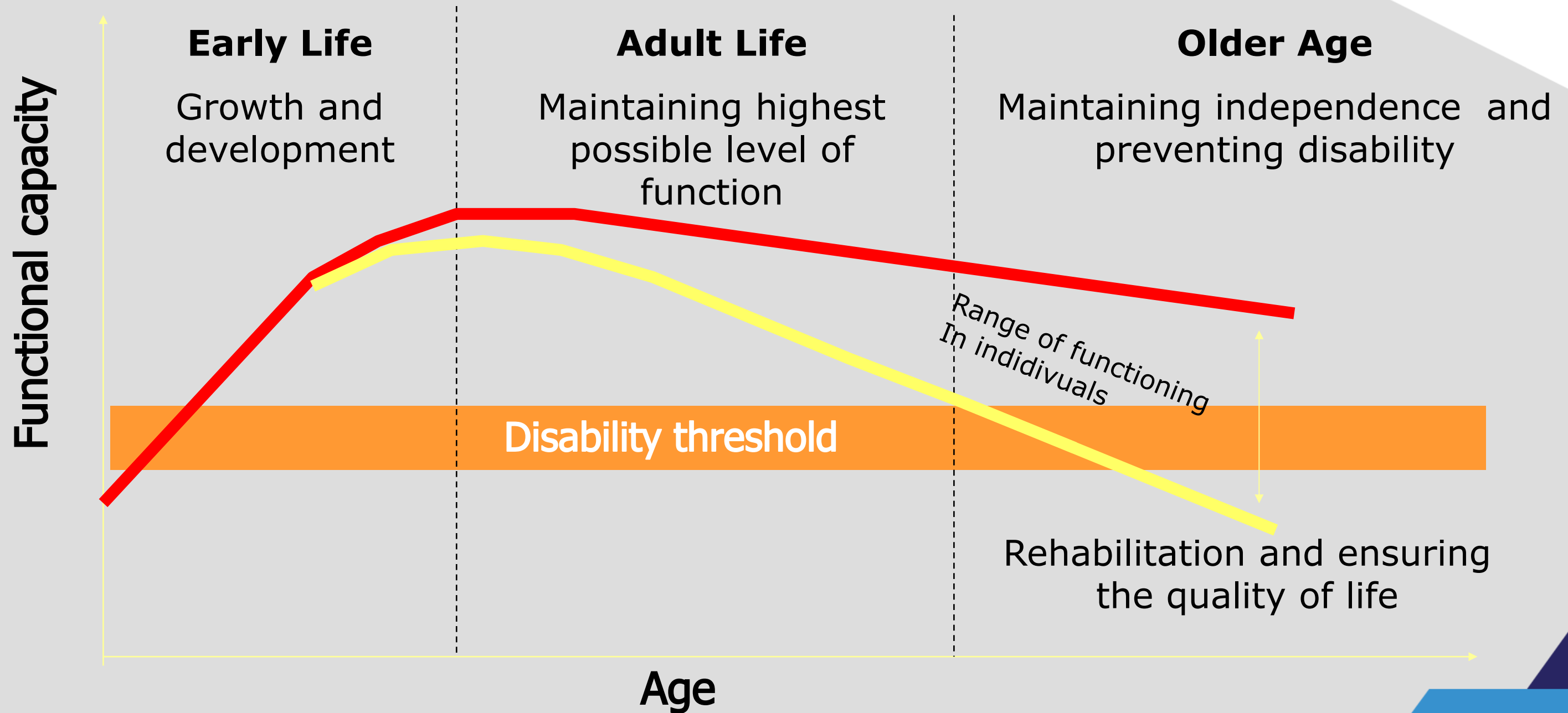


Question?

How can we explain that some older persons – despite the development of chronic conditions and diseases – function in daily life on a acceptable level while this does not hold for other ones ?



A Life Course Approach to Active Ageing



Disablement Process

Extra-individual factors

(a.o. medical treatment, rehabilitation, care, devices, physical environment)

Pathology → Impairments → Functional limitations → Disability

Risk factors

Intra-individual factors

(a.o. life style, psychosocial attributes as coping, **personal control**)

Personal control

- Definition: beliefs that important aspects of one's life are under one's control – and that outcomes (including health, disability) depend on one's own choices and actions

Measurement

- I have little control over the things that happen to me
- There is really no way I can solve some of the problems I have
- There is little I can do to change many of the important things in my life

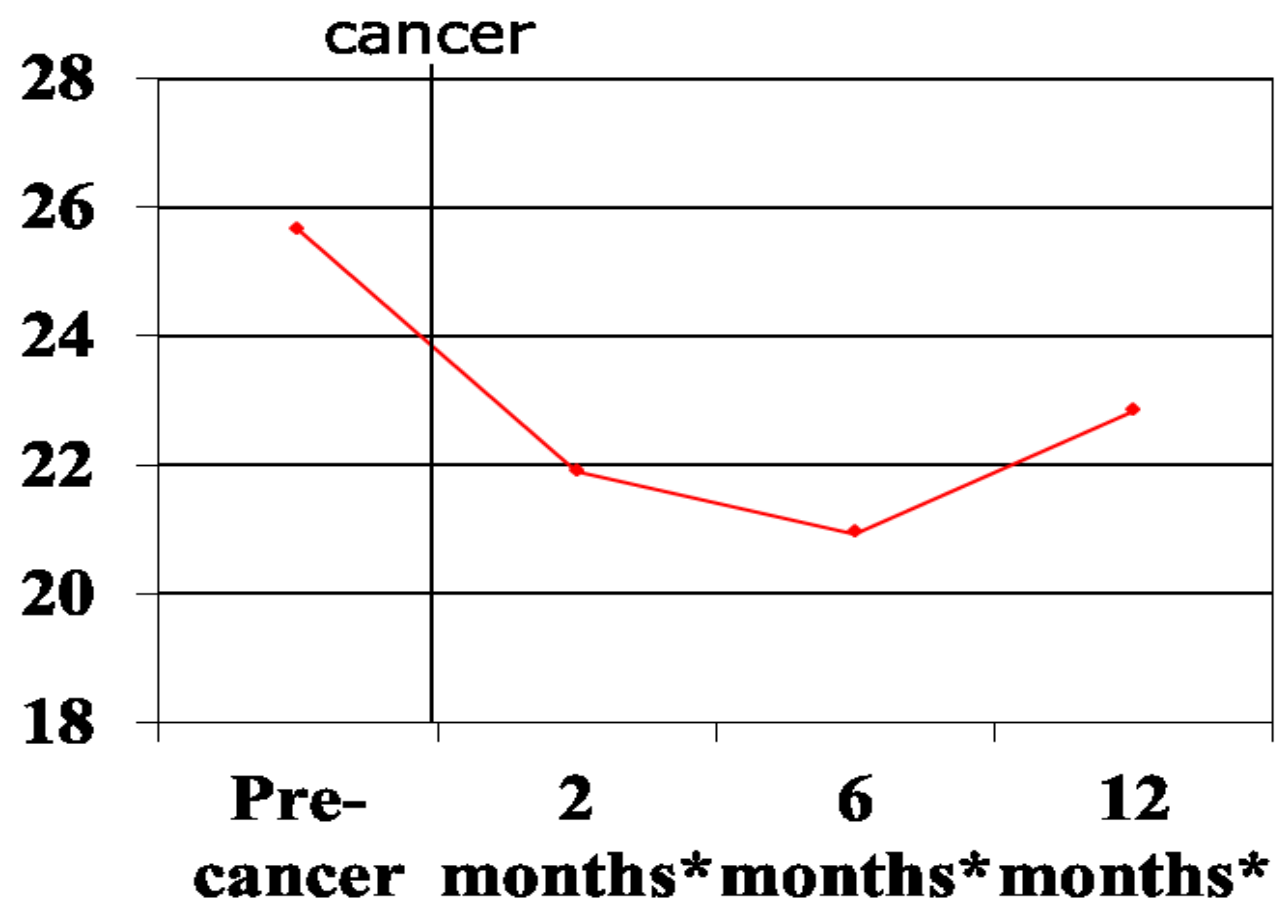
Three questions with respect to personal control

- Is it stable ('personality trait')?
- Does it affect health or functioning?
- Can it be changed?



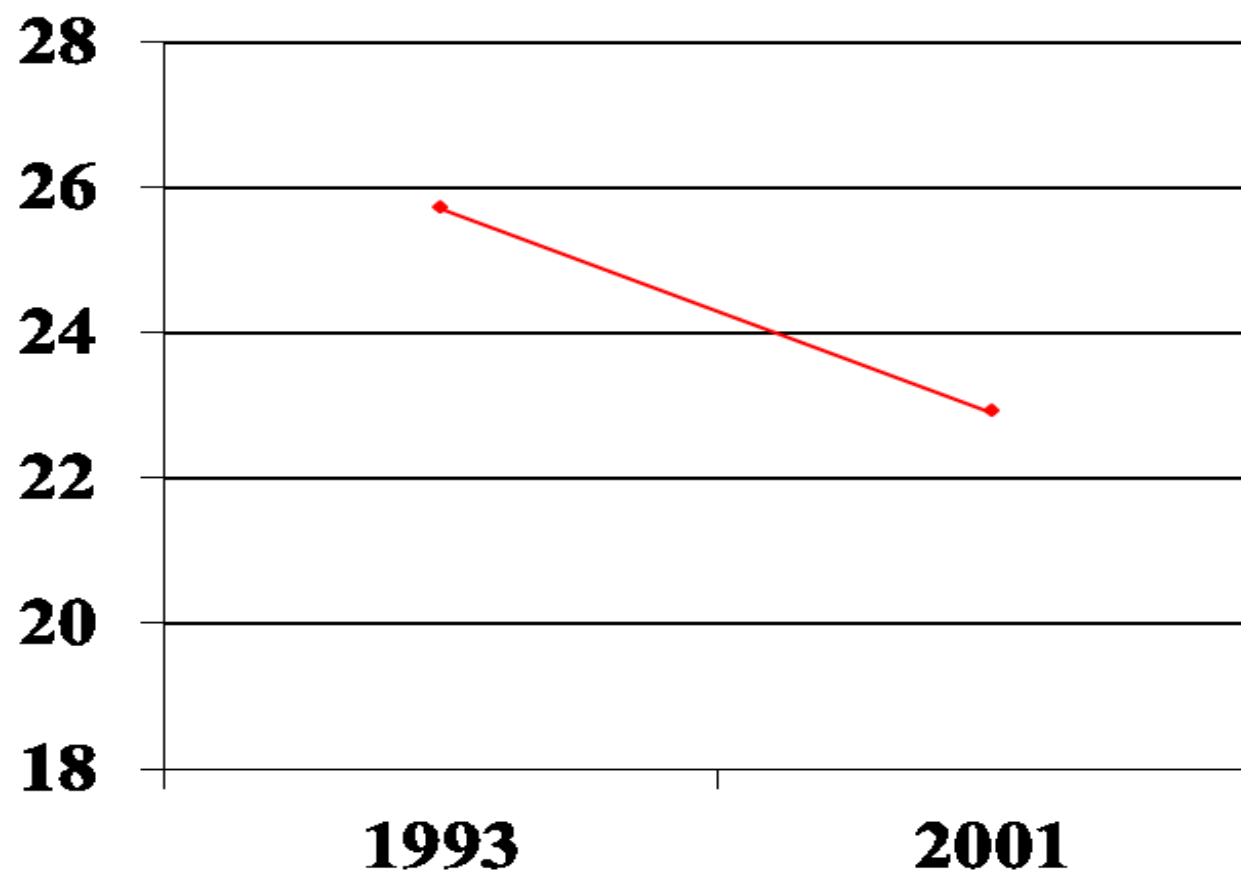
Is personal control stable?

Personal control before and after the diagnosis of cancer in older adults; a prospective study (N = 99)



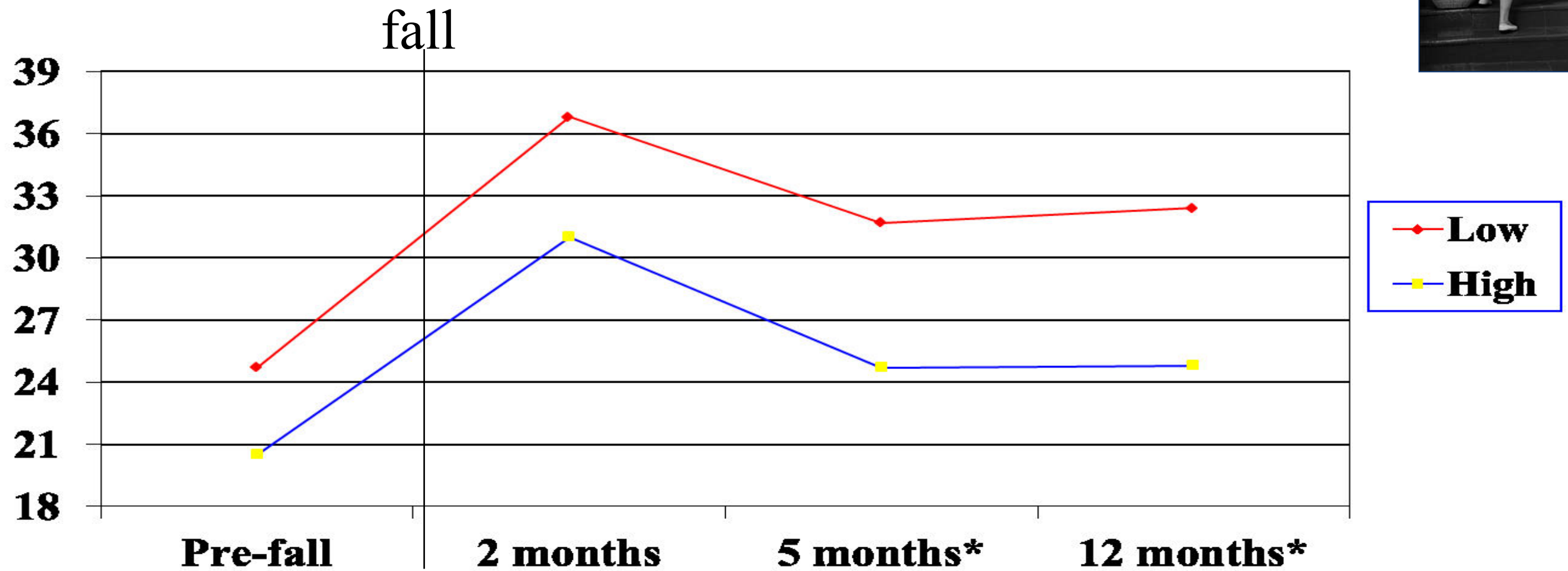
Ranchor et al Soc Sci Med 2010; 70: 1825-1831

Personal control in 1993 and 2001 in community-living older adults (N = 1541)



Kempen et al Psychol Health 2005; 20: 193-206

Functional disability after fall-related injuries according to two levels of personal control; a prospective study (N = 171)



Kempen et al 2003; J Gerontology 58b: P35-P41

Does personal control affect health and functioning?

TABLE III Regression analyses predicting post-fall anxiety and depression from demographic, health-related, and psychosocial factors (entered separately), controlling for pre-fall anxiety/depression and time to fall

	<i>Depressive symptoms</i>			<i>Anxiety scores</i>		
	<i>2 months post-fall</i>	<i>5 months post-fall</i>	<i>12 months post-fall</i>	<i>2 months post-fall</i>	<i>5 months post-fall</i>	<i>12 months post-fall</i>
Basic factors						
Depression/anxiety	0.59***	0.55***	0.49***	0.64***	0.55***	0.56***
Time to fall	-0.02	0.01	0.09	-0.03	0.04	0.09
R^2 (whole block)	0.35***	0.29***	0.24***	0.41***	0.29***	0.31***
Demographic factors						
Sex ^a	0.05	0.07	0.07	0.08	0.07	0.13*
Age	0.03	0.05	0.11	-0.04	-0.06	0.00
Educational level	-0.04	-0.08	-0.10	-0.08	-0.12	-0.13*
Occupational level	0.03	0.03	-0.06	-0.04	0.02	-0.00
R^2 -change (whole block) ^b	0.01	0.02	0.02	0.01	0.03	0.03
Health-related factors						
No. of chronic conditions	0.14*	0.23***	0.18**	0.10	0.19**	0.19**
Global cognitive status	-0.05	-0.12	-0.11	-0.02	-0.04	-0.01
Non-hip fractures ^a	0.00	0.03	-0.02	0.09	0.14	0.06
Non-fractures ^a	0.05	-0.03	-0.02	0.08	0.01	-0.00
R^2 -change (whole block) ^b	0.02	0.06**	0.04	0.01	0.05*	0.04
Psychosocial factors						
Social support	-0.04	-0.09	-0.13	-0.02	-0.10	-0.08
General self-efficacy	-0.08	-0.11	-0.18*	-0.10	-0.10	-0.12
Mastery	-0.19**	-0.18*	-0.24**	-0.13*	-0.17*	-0.15*
Neuroticism	0.22**	0.20**	0.21**	0.27***	0.32***	0.29***
R^2 -change (whole block) ^b	0.05**	0.05**	0.08**	0.06**	0.08***	0.06**

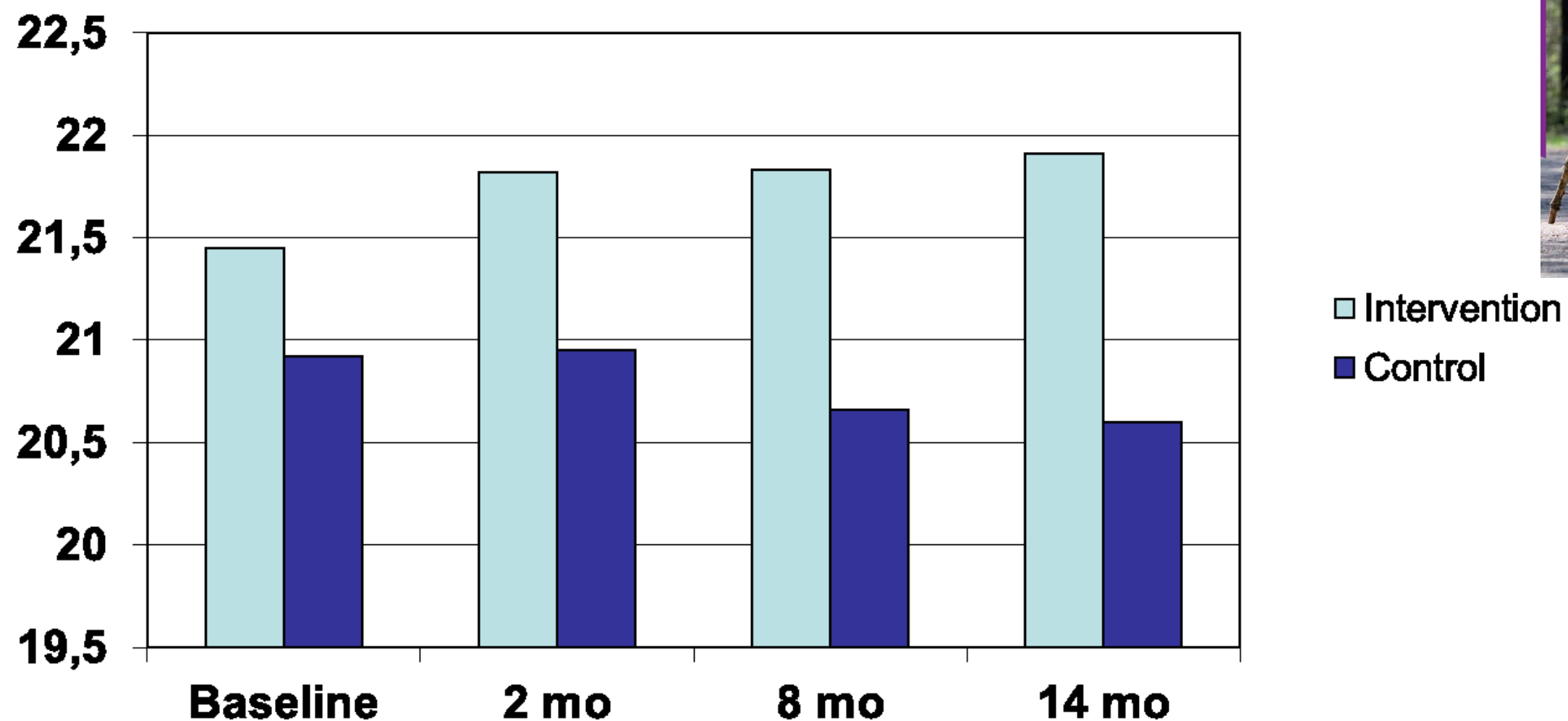
* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$; ^aThe coefficient of sex indicates the change in mental health of women compared with men; the coefficients of non-hip fractures and non-fractures indicate the change in mental health of persons with these injuries compared with persons with hip fractures; ^b R^2 -change was computed separately comparing the R^2 of the demographic, health-related and psychosocial group of predictors with the R^2 from the model with the basic factors only.

Can personal control be influenced?

Effect of cognitive behavioral group intervention to reduce fear of falling and activity avoidance on perceived control (N = 540)

Zicht op evenwicht

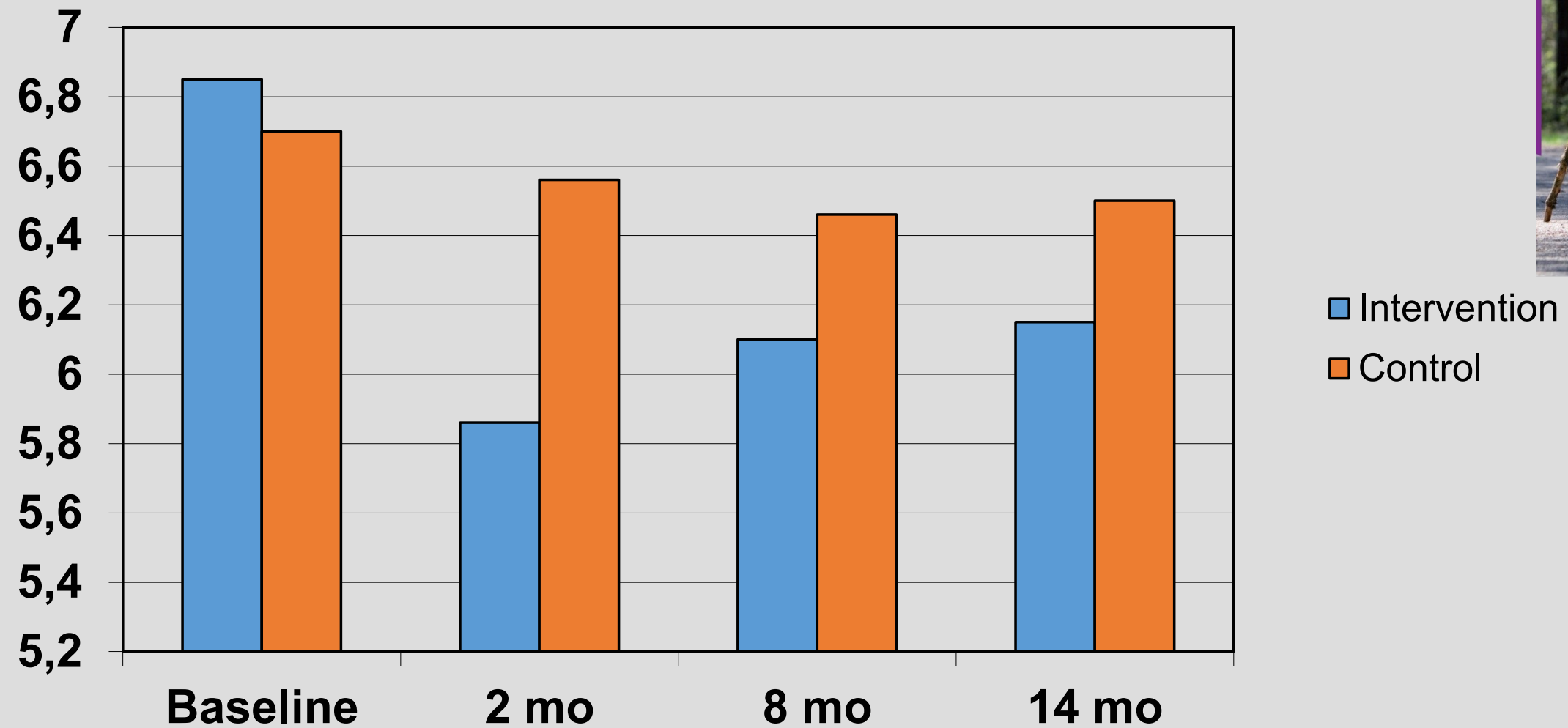
Een cursus voor wie onbezorgd actief wil zijn



Zijlstra et al Aging Mental Health 2011; 15: 68-77



Effect of cognitive behavioral group intervention to reduce fear of falling and activity avoidance on symptoms of depression (HADS) (N = 540)



Zijlstra R. PhD thesis Maastricht University 2008



Take home messages

Personal control ...

- ... not as stable over time as sometimes suggested
- ... has an impact on physical and mental functioning in old age
- ... can be influenced by intervention

So healthy ageing may be at least partly a matter of personal control

