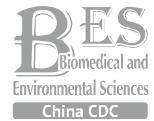


Original Article



The Status and Associated Factors of Successful Aging among Older Adults Residing in Longevity Areas in China*

SHI Wen Hui¹, ZHANG Hong Yan², ZHANG Juan¹, LYU Yue Bin¹, Melanie Sereny Brasher³,
YIN Zhao Xue¹, LUO Jie Si¹, HU Dong Sheng⁴, FEN Lei⁵, and SHI Xiao Ming^{6,#}

1. Division of NCD Control and Community Health, Chinese Center for Disease Control and Prevention, Beijing 102206, China; 2. Department of Epidemiology and Health Statistics, College of Public Health, Zhengzhou University, Zhengzhou 450001, Henan, China; 3. Department of Sociology and Anthropology, Department of Human Development and Family Studies, University of Rhode Island, Kingston, RI02881, USA; 4. Department of Preventive Medicine Shenzhen University School of Medicine, Shenzhen, Guangdong 518060, Guangzhou, China; 5. Department of Psychological Medicine, Yong Loo Lin School of Medicine, National University of Singapore 119077, Singapore; 6. Institute of Environment Health and Related Product Safety, Chinese Center for Disease Control and Prevention, Beijing 100020, China

Abstract

Objective This study aims to assess the status of successful aging (SA) in longevity areas in China and explore multiple factors associated with SA among the young-old and oldest-old.

Methods A total of 2296 elderly people aged 65 and older were interviewed in the longevity areas sub-sample of the Chinese Longitudinal Healthy Longevity Survey (CLHLS) in 2012. Baseline assessments included a researcher-administered questionnaire, physical examination, and laboratory testing. A logistic regression model was used to identify factors associated with SA.

Results The prevalence of SA was 38.81% in the CLHLS in 2012. There were significant differences between ages groups, with SA compromising 56.85% among ≥ 65 years group and 20.31% among ≥ 100 years group ($\chi^2_{\text{trend}}=126.73$, $P<0.01$). The prevalence of SA among females was 33.59%, which was significantly lower than that among males (45.58%) ($\chi^2_{\text{gender}}=33.65$, $P<0.05$). In the regression analysis, having anemia (OR=0.744, 95% CI: 0.609-0.910), poor lifestyle (OR=0.697, 95% CI: 0.568-0.854), poor sleep quality (OR=0.558, 95% CI: 0.456-0.682), and central obesity (OR=0.684, 95% CI: 0.556-0.841) were the main factors associated with SA. The promoting SA rate decreased as age increased, and the group of 65-79 years had higher odds than the other age group.

Conclusion Preventing central obesity, improving sleep quality and promoting healthy lifestyle may contribute to achieve SA among the elderly.

Key words: Successful aging; Older adults; Evaluation; Associated factors

Biomed Environ Sci, 2016; 29(5): 347-355

doi: 10.3967/bes2016.045

ISSN: 0895-3988

www.besjournal.com (full text)

CN: 11-2816/Q

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*This work was supported by National Natural Science Foundation of China [81273160, 71233001, 71110107025]; and United Nations Population Fund and the United States National Institutes of Health [R01AG23627].

#Correspondence should be addressed to SHI Xiao Ming, Professor, PhD, Tel 86-10-67791262, E-mail: shixm@chinaccdc.cn

Biographical note of the first author: SHI Wen Hui, female, born in 1971, MD, MSc, Associate Professor, majoring in chronic disease control and prevention.

INTRODUCTION

Since the 1980s, China has begun the process of population aging, and by 2030 15.7% of the total population will be elderly. Each person is now facing the menace of aging and related concerns and questions. Scholars and individuals have long been interested in successful aging (SA) what is the ideal physical, mental and social well-being state for older adults and how to achieve this? The concept of SA, as an objective measurable condition at a certain point in time, was proposed by the World Health Organization (WHO) in the 1960s, demonstrating the positive extreme of normal aging, mainly referring to freedom from chronic diseases and the ability to sustain effective physical and mental function in old age^[1]. Despite abundant studies of SA, the scientific community has yet to agree on a consensus definition^[2] and operational definitions of SA are inconsistent^[3]. In the meantime, the oldest-old (individuals over age 80) are a rapidly growing age group that is heterogeneous in terms of health and functioning: they have some health problems but many are independent in basic every day activities and meet the key biomedical criterion of SA. Are they aging successfully or not? Young et al.^[4] suggested that SA may coexist with diseases and functional limitations if compensatory psychological and social mechanisms are utilized. Models which emphasize the absence of disease and activity as criteria for SA may be not the most relevant for and applicable to the oldest-old^[5]. Models should place greater emphasis on autonomy, adaptation and sense of purpose.

China is currently facing challenges, such as a lack of specialist physicians and systems in place to care for the elderly, which will aggravate the negative effects of an aging population. To offset such negative effects, it is imperative to tackle the issue from different perspectives. With increasing life expectancy, the number of nonagenarians and centenarians has dramatically increased. Since 1982, the Chinese Medical Association on Gerontology Branch has formulated relevant content and dimensions of the Health Chinese Elderly and relative policies and programs on aging, yet ideas about advocating and promoting successful aging are limited. The increases in life expectancy make it important to remain healthy for as long as possible^[6]. The longevity phenomena has been studied extensively with a focus on various factors, including

nutrition and health status, such as the oldest-old having lower risk of chronic disease^[7]. Other research has found that anemia was a serious problem^[8] leading to a higher risk of mortality^[9]. Few studies, however, have focused on the relationship between SA and the longevity-phenomena in China. Contrary to common opinion^[10], some researchers thought SA was more critical than simply longevity. It is important to identify the specific factors that can promote longevity and SA at the individual level. In this study, survey data in longevity areas from the 2012 wave of the Chinese Longitudinal Healthy Longevity Survey (CLHLS) were utilized to examine factors associated with SA among the elderly.

METHODS

Subjects and Design

Data was collected in the Chinese Longitudinal health Longevity Survey (CLHLS) in 2012. The study design of CLHLS has been reported in elsewhere^[7,11-12]. The baseline survey of this current study was conducted in seven longevity areas of China in 2009, including Laizhou City in Shandong province, Xiayi County in Henan province, Zhongxiang City in Hubei province, Mayang County in Hunan province, Yongfu County in Guangxi province, Sanshui District in Guangdong province, and Chengmai County in Hainan province. A total of 2036 people aged 65 or older participated in the baseline survey. The follow-up survey was undertaken in the same seven longevity areas in August in 2012 and Rudong County in Jiangsu province was added. The survey included all centenarians in such areas and randomly paired with three persons at the age of 90-99 years-old, 80-89 years-old, and 65-79 years-old residing in the area. In 2012, 2352 subjects over 65 years old were surveyed, and 56 subjects were excluded because of missing data on key variables including cognitive function, and blood or urine samples. Finally, 2296 subjects were selected for this analysis. The study was endorsed by the Ethics Committee of Peking University and the Ethics Committee of the National University of Singapore. Written inform consent was received from all participants and/or their relatives.

Data Collection

The study included two components: an in-house face-to-face interview and physical examination. The interview was conducted by a

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