



# Disability and its effects on quality of life among older people living in Antalya city center, Turkey

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## Abstract

The problems of older people become more prevalent with aging of the population. Occurrence of disability and its effects on living conditions are two of the major factors that determine the quality of life of elderly people. The aim of this study is to find out the frequency and severity level of disability for people aged 65 and older living in Antalya city center. We also aim to determine the effects of disability over living conditions and to detect the variables associated with disability. World Health Organization-Disability Assessment Schedule (WHO-DAS-II) was implemented to 840 people who were selected from the research population with cluster sampling method. Disability status of these 840 people was measured for six different fields of life (domains). The domains that disability was the most frequent were; “participation in society (86.7%)”, “getting around (70.2%)” and “life activities (68.8%)”. The fields that were found to contain the most severe disabilities were “life activities” ( $50.5 \pm 32.5$  points), “getting around” ( $40.6 \pm 27.0$  points) and “self care” ( $34.2 \pm 23.4$  points). It was found that disability frequency was positively associated with age, number of chronic diseases and number of acute complaints (odds ratios are 1.05, 1.31 and 1.43, respectively). Disability was also found to be 1.71 times more frequent for women, 2.54 times more frequent for people who live in separate houses and 4.50 times more frequent for illiterates. Disability affects the fields of lives of elderly people with rates of 90.4% for “self care”, 88.6% for “getting around” and 85.2% for “life activities”. For the elderly population participating in our study, disability is most frequently seen in “participation in society”, the most severe disability is seen in “life activities” and the most effected field is found to be “self care”. These findings must to be incorporated into planning procedures as expenditure is allocated in order to decrease disability.

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## 1. Introduction

As populations get older, priority of health issues in society changes and problems associated with increasing age start to gain more importance within the health systems (Macfayden, 1982; Vladeck and Firman, 1983; Koplan and Livengood, 1994; MMWR, 2003). For Turkey, the rate of people aged over 60 years old and over above the total population was 6.4% (3.2 million) in 1985 while the same rate was 7.1% (4.0 million) in 1990 and 8.4% (5.7 million) in 2000 (SIS, 2000). This rate is estimated to increase to approximately 9.5% (7.4 million) in year 2005. It is obvious that the services for older people will become increasingly more important within the near future.

One of the major criteria used for measuring health levels of older people is the status of disability (Guralnik et al., 1996). Occurrence of disability supplies clues about life quality of older people (Calmels et al., 2003; Peruzza et al., 2003) and it is also an important sign for mortality as it is accepted to be an indicator of death (Guralnik et al., 1991). Older people with disability also often have poor perceptions about their health levels (Johnson and Wolinsky, 1993) and they increasingly become more dependent on indoor life (Inoue and Matsumoto, 2001).

The studies about disability in older people are generally focused on activities of daily living. Such studies define a number of variables that are related to disability frequency. According to previous studies, disability is more frequently seen in higher ages (Ania Lafuente et al., 1997; Hoeymans and Feskens, 1997; Beland and Zunzunegui, 1999; Ostchega et al., 2000; Picavet and Hoeymans, 2002; Rosa et al., 2003), females (Arslan and Gokce-Kutsal, 1999; Beland and Zunzunegui, 1999; Ostchega et al., 2000; Picavet and Hoeymans, 2002), people with visual or hearing disorders (Ania Lafuente et al., 1997; Keller et al., 1999), people who have lower education level (Ania Lafuente et al., 1997; Beland and Zunzunegui, 1999; Picavet and Hoeymans, 2002; Rosa et al., 2003), retired persons and people who live in rented houses (Rosa et al., 2003). Although disability has been studied in previous research, these studies do not completely supply theories on the domains we most frequently see disability and the severity levels of disability in societies. For this reason, World Health Organization conducted a new schedule, with the help of previous studies, in order to truly detect disability in populations. This new schedule, called WHO-DAS-II (World Health Organization-Disability Assessment Schedule), makes it possible to evaluate the disability in six different domains and it is also used to detect the level of disability. Determining the domains that the older people most frequently experience disability will obviously be the key for the planners of health services. Also determining the level of disability and its effect on the life of individuals will be helpful for such planning processes (WHO, 1999a, 1999b).

In this study, WHO-DAS-II was used to determine the disability frequency, to find out the domains that the older people experience more severe disability and to detect the degree in which disability affects the life of people aged 60 and older living in Antalya city center. It was also tried to find out the factors that determine disability for these people.

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