

4.4 Older people

Healthy ageing was one of the primary themes identified by the National Strategy for an Ageing Australia as part of the work undertaken in Australia for the International Year of Older Persons (1999). Declining mortality rates and increased life expectancy have led to an extended period of life which is spent in 'old age', and a growing recognition of the many different activities, opportunities and contributions which can characterise this phase of the life cycle. The National Strategy for an Ageing Australia identified a number of key areas in promoting healthy ageing and preventing illness. These include maintaining physical and mental health, engaging in physical activity, preventing falls and injury, maintaining adequate nutrition, detecting sensory loss early, managing incontinence, and evaluating alcohol and other drug usage (Bishop 1999:23). Broader social factors are also an important contributor to good health in old age. A lifetime of higher education, higher income, supportive personal and social environments, good medical care and good superannuation entitlements all contribute to better life chances in old age, and thus to a higher likelihood of maintaining good health at advanced ages.

Life expectancy at age 65

Life expectancy has increased for both men and women. Whereas most of the gains earlier in the twentieth century resulted from a reduction in death rates at younger ages, the latter decades saw an increase in life expectancy at older ages. Life expectancy for men at age 65 increased by only a single year between 1911 and 1963, and for women by less than 3 years over the same period (CBCS 1965:147). Between 1977 and 1997, life expectancy for men at age 65 increased from 13 years to 16 years, and for women from 17 to 20 years. Just under half of the life years remaining after age 65 will be spent free of disability (41% for men and 45% for women).

Disability levels

The proportion of persons with a 'disability' is relatively high among the population aged 65 and over (Table 4.7). However, it is important to understand the meaning of disability as used in the 1998 Survey of Disability, Ageing and Carers. Disability is defined in this survey by the ABS as having one or more of 17 limitations, restrictions or impairments (see Box 2.7, page 49). These range from conditions such as 'loss of speech' to 'any...long-term condition that restricts everyday activity'. Having a 'disability' does not, therefore, imply a need for assistance. The proportion of the population with a profound or severe core activity restriction is a better indicator of need for assistance, as it includes those who sometimes or always require assistance with self-care, mobility or communication. These proportions are quite low in the aged population until age 75. For those aged 65-69 years, for example, only 7.8% of men and 9.2% of women have a profound or severe core activity restriction. The proportions rise quite markedly after age 75, so that by ages 75-79, 19% of men and 25% of women reported a profound or severe core activity restriction, and at ages 80-84 the proportions had risen to 24% and 36% respectively. By age 85 and over, more than half the population reported a severe or profound core activity restriction. At these advanced ages, the degree of difference between the sexes lessens somewhat, although the proportions for women are still substantially higher than those for men (69% for women and 56% for men).

Table 4.7: Persons aged 65 years and over: disability status, by sex and age group, 1998 (per cent)

Core activity restriction	Males					Females				
	65–69	70–74	75–79	80–84	85+	65–69	70–74	75–79	80–84	85+
Profound or severe	7.8	11.8	19.0	24.2	56.0	9.2	15.1	24.9	35.5	68.8
Moderate	10.8	10.3	15.3	*7.8	*10.4	8.9	10.4	10.2	6.9	6.9
Mild	16.0	21.6	20.3	24.8	16.9	14.8	16.5	18.3	22.6	7.5
All with specific restrictions	34.6	43.7	54.6	56.9	83.3	32.8	41.9	53.3	65.0	83.2
All with disability	43.4	51.1	60.9	63.4	84.3	37.6	47.3	56.6	66.8	84.2

* Subject to a relative standard error greater than 25%.

Source: ABS 1999c:15.

Main disabling condition

The main disabling conditions of those aged 65–79 and those aged 80 and over were related to physical conditions (80.1% and 67.7% respectively). Within this category, arthritis, problems relating to the circulatory system and other musculoskeletal conditions were the major problems. Sensory problems (diseases of the eye or ear) were the second most disabling set of conditions, affecting 14.2% of those aged 65–79 and 17.4% of those aged 80 and over. Mental and behavioural problems were the main cause of disability for only 5.8% of those aged 65–79, but 14.9% of those aged 80 and over. Dementia and Alzheimer’s disease were reported as the main disabling condition by 2.6% of those aged 65–79, and 12.0% of those aged 80 and over.

Main reasons for hospitalisation

There are many reasons patients are admitted to hospitals. The data presented in Tables 4.8 and 4.9 (page 202) report on the principal diagnosis and the main procedure performed on the patient while in hospital care. In 1997–98, the most common diagnosis for older Australians was dialysis (9.7% of separations), followed by cataract (5.4%). Diagnoses associated with heart disease totalled 8%. The most commonly reported procedures for older Australians during hospitalisation were other operations on vessels (including haemodialysis) (9.7%), followed by injection or infusion of other therapeutic or prophylactic substance (including chemotherapy) (5.4%) and extraction of eye lens (4.5%).

Main causes of death

The main causes of death for both men and women aged 65 and over were diseases of the circulatory system, malignant neoplasms and diseases of the respiratory system. Together, these three categories accounted for well over three-quarters of deaths among people aged 65 and over. The leading cause of death in 1998 among men aged 65–74 was malignant neoplasms (40% of all deaths) closely followed by diseases of the circulatory system (37%), and then diseases of the respiratory system (9%). Over the 1990s, age-specific death rates from circulatory diseases, previously the leading cause of death, fell markedly in this age group, whereas those for malignant neoplasms increased (Figure 4.16, page 203). Among men aged 75 and over, diseases of the circulatory system accounted for 43% of deaths, followed by malignant neoplasms

Table 4.8: Patients aged 65 and over: separations for the most frequently occurring principal diagnoses, 1997–98

Principal diagnosis	Separations	Per cent
Encounter for dialysis	166,822	9.7
Cataract	92,752	5.4
Other and unspecified procedures and aftercare	79,332	4.6
Care involving use of rehabilitation procedures	62,755	3.6
Heart failure	35,908	2.1
Other acute and subacute forms of ischaemic heart disease	34,530	2.0
Other malignant neoplasm of skin	34,150	2.0
Diseases of oesophagus	28,319	1.6
Osteoarthritis and allied disorders	27,978	1.6
Cardiac dysrhythmias	25,693	1.5
Follow-up examination	25,665	1.5
Pneumonia, organism unspecified	23,137	1.3
Angina pectoris	22,075	1.3

Source: Australian National Hospital Morbidity Database.

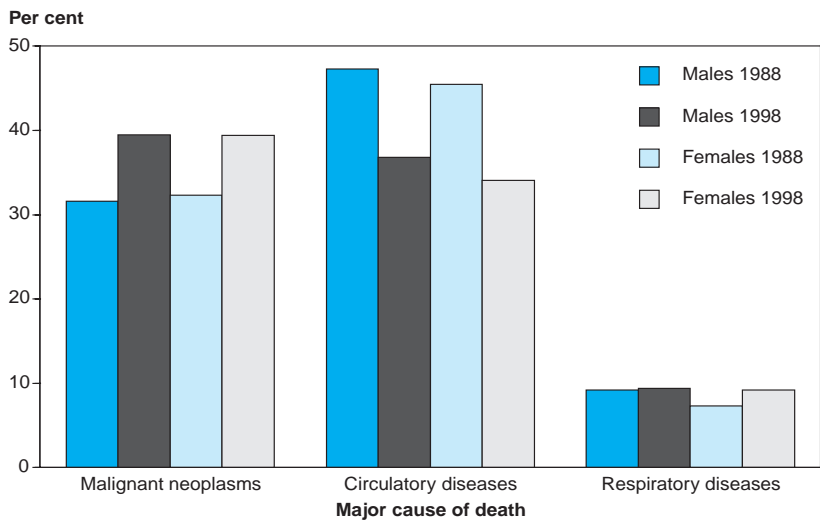
Table 4.9: Patients aged 65 and over: separations for the most frequently occurring principal procedures, 1997–98

Principal diagnosis	Separations	Per cent
Other operations on vessels	167,601	9.7
Injection or infusion of other therapeutic or prophylactic substance	92,759	5.4
Extracapsular extraction of lens by fragmentation & aspiration techniques	77,415	4.5
Diagnostic procedures on small intestine	74,203	4.3
Diagnostic procedures on large intestine	59,218	3.4
Diagnostic physical therapy	40,620	2.4
Transfusion of blood & blood components	33,754	2.0
Soft tissue X-ray of face, head and neck	32,072	1.9
Joint replacement of lower extremity	28,464	1.7

Source: Australian National Hospital Morbidity Database.

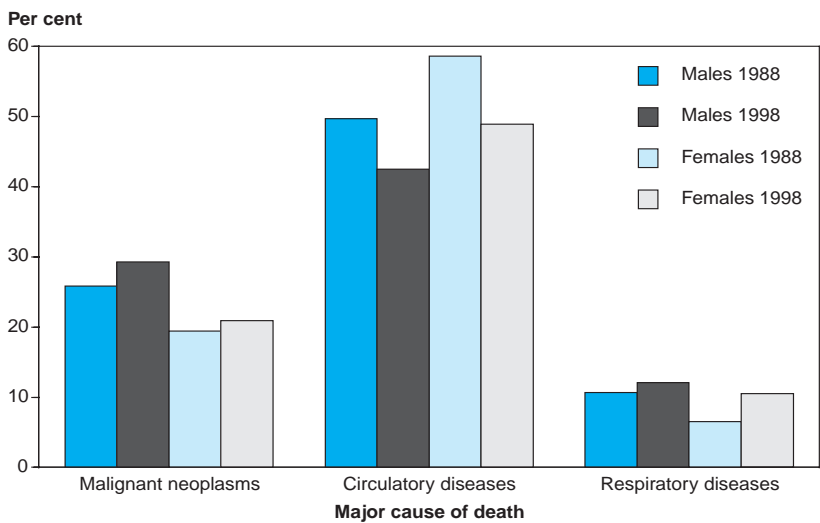
(29%) and diseases of the respiratory system (12%). Among these men, age-specific death rates for diseases of the circulatory system also fell substantially over the decade, whereas those for malignant neoplasms increased (Figure 4.17).

In 1998, for women aged 65–74, malignant neoplasms were the leading cause of death (39%), followed by diseases of the circulatory system (34%) and diseases of the respiratory system (9%) (Figure 4.16). This represents a change from the pattern a decade earlier, when circulatory diseases were the major cause of death. For women aged 75 and over, circulatory diseases continued to be the leading cause of death in 1998 (49%), although to a lesser extent than that reported a decade earlier (59%). Malignant neoplasms (21%) and diseases of the respiratory system (11%), were the next most common causes (Figure 4.17). For both age groups, the age-specific death rates for diseases of the circulatory system fell during the decade.



Source: ABS 1990, 1999b.

Figure 4.16: Deaths by major cause: men and women aged 65–74 years, 1988 and 1998 (per cent)



Source: ABS 1990, 1999b.

Figure 4.17: Deaths by major cause: men and women aged 75 years and over, 1988 and 1998 (per cent)