

8 Health of older Australians

Older Australians are an important and rapidly growing group, and there is a need to assess and monitor their health. This chapter gives an overview of the health status of Australians aged 65 years and over, and examines demographic trends, mortality, disability, risk factors, expenditure on the main health conditions and use of selected health services. Dementia, vision conditions and oral health are profiled in more detail.

People aged 65 and over comprise a very wide age span and a potential diversity of features. All too often, however, there is a risk of overlooking any diversity by analysing all data on older people as if they were a single group. This often results from a concern that subdividing will produce small numbers and make statistical estimates too uncertain. This chapter aims to overcome the problem of numbers by focussing only on major health conditions among broad age-groups, namely 65 to 74 years, 75 to 84, and 85 and over. Nevertheless, estimates for those aged over 84 years should be interpreted with caution because the numbers can still be small.

Broader health-related indicators in the areas of socioeconomic status, and government and non-government expenditure have been excluded from the scope of this chapter. Community services for older Australians are examined in detail in each biennial edition of *Australia's Welfare*, in *Older Australia at a Glance* and in other AIHW reports on ageing and aged care.

8.1 Introduction

The key demographic indicators in this chapter present a generally positive picture of an older Australia – many more Australians living to 75, 85 and 100 years old, increasing life expectancy at ages 65, 75 and 85 years, and falling death rates. In the 2001 National Health Survey by the Australian Bureau of Statistics (ABS), older Australians reported overwhelmingly that they had good, very good or excellent health. Hence many are continuing to actively contribute to the community through voluntary and paid employment, extended family support, and participation in community social, sporting and cultural activities. However, the process of ageing is often associated with the onset of disabilities which may restrict participation in a range of life areas.

These longevity and health gains for older Australians in the wider Australian community have not been shared by Aboriginal and Torres Strait Islander peoples, whose life expectancy remains 20 years shorter than for other Australians (ABS & AIHW 2003).

The onset of ill health is largely inevitable for many of those in old age. A major focus of this chapter is to measure not only the extent of this in each of the three age groups but, for the main health conditions, to document the level of disability associated with those conditions. People with severe or profound levels of disability are likely to be those in greatest need of support services. Also, delaying the onset of ill health and reducing levels of severe disability may be achievable through prevention strategies, screening and management of health risk factors, as well as through improvements in health service diagnosis, treatment and rehabilitation of illness and injury. Trends in a number of key risk factors are examined.

8.2 Demography

Australia's older population, aged 65 years and over, represented 12.7% of the total population in 2002. This was similar to the United States and Canada, but well below the 18.4% of Japan, the 17.3% of Sweden and the 15.9% of the United Kingdom.

Australians are increasingly living to old age. The ABS estimated that there were 3,800 Australian residents aged 100 years or more, and over 18,800 aged 95–99 years, at 30 June 2003. Just over 2.5 million were aged 65 years or more.

Table 8.1: Life expectancy and percentage of population, selected OECD countries, 2000–02

Country	Population		Life expectancy (years)			
	% age 65+	% age 80+	Age 65		Age 80	
			Males	Females	Males	Females
Australia	12.7	3.2	17.2	20.7	7.8	9.5
Canada	12.7	3.2	16.9	20.5	7.8	9.7
Denmark	14.8	4.0	15.2	18.3	6.8	8.8
Finland	15.1	3.5	15.5	19.3	6.6	8.1
Japan	18.4	4.0	17.5	22.4	8.1	10.6
Netherlands	13.6	3.3	15.3	19.2	6.4	8.3
New Zealand	11.9	2.9	16.4	19.8	7.4	9.2
Poland	12.0	2.1	13.6	17.3	6.5	7.4
Sweden	17.3	5.1	16.7	20.0	7.1	8.8
Switzerland	15.4	4.1	16.9	20.7	7.4	9.1
United Kingdom	15.9	4.2	15.6	18.9	6.9	8.6
United States	12.5	3.4	16.3	19.2	7.6	9.1

Note: Data availability by year varied between countries, but data were generally available for 2001 or 2002 for population and 2000 or 2001 for life expectancy.

Source: OECD Health Data 2003.

Table 8.2: Estimated resident population, Australia, 30 June 2003

Age group	Estimated resident population	% of population
65–69	720,072	3.62
70–74	629,877	3.17
75–79	537,980	2.71
80–84	368,189	1.85
85–89	190,953	0.96
90–94	75,981	0.38
95–99	18,823	0.09
100 & over	3,766	0.02
Total 65 & over	2,545,641	12.80
All ages	19,881,469	100.00

Source: ABS Cat. No. 3101.0 June Quarter 2003.

Trends

Between 1991 and 2001, the male population aged 65 years and over increased by 29%, from 836,300 to almost 1.1 million, and the female population by 22%, from 1.1 million to almost 1.4 million. However, the percentage increases for the 65–74 years populations (17% for males, 8% for females) were small in comparison to the growth of the 85 years and over populations (85% increase for males, 67% increase for females).

Table 8.3: Demographic trends, population aged 65 years and over

	Age group			Total 65+
	65–74	75–84	85+	
Population ('000)				
1991				
Males	548.6	243.4	44.2	836.3
Females	633.5	370.9	110.0	1,114.5
2001				
Males	639.1	355.6	81.9	1,076.7
Females	681.7	493.8	183.3	1,358.9
<i>Increase 1991 to 2001 (%)</i>				
Males	16.5	46.1	85.3	28.7
Females	7.6	33.1	66.6	21.9
2021 (ABS Series 8 projection)				
Males	1,213.2	661.2	246.9	2,121.3
Females	1,281.9	748.2	390.2	2,420.3
<i>Increase 2001 to 2021 (%)</i>				
Males	89.8	85.9	201.5	97.0
Females	88.0	51.5	112.9	78.1
Life expectancy (years)				
	At age 65	At age 75	At age 85	
1991				
Males	15.4	9.3	5.2	
Females	19.3	11.9	6.4	
2001				
Males	17.2	10.4	5.6	
Females	20.7	12.9	6.8	
<i>Increase 1991 to 2001 (%)</i>				
Males	11.7	11.8	7.7	
Females	7.3	8.4	6.2	

Note: The ABS Series 8 population projection includes fertility declining until 2011 then stabilising at 1.6, recent trends in declining mortality to continue, and continuing relatively high overseas immigration.

Source: ABS Catalogue Numbers 3101.0, 3222.0, 3302.0.

Contributing to this were the relative size of the birth cohorts that reached aged 65 during the period and the improvements in life expectancy of those aged 65 and above between 1991 and 2001. The birth cohorts that reached aged 65 between 1991 and 2001 were born between 1926 and 1936. While the size of these birth cohorts was affected by the relatively low fertility rate during the recession in the early 1930s, they were supplemented by immigration after the Second World War. The cohorts

that reached age 65 during 1991 and 2001 were considerably larger than the cohorts before them. The cohort that was born after the Second World War during the baby boom years will begin to reach age 65 from around 2010, and this is expected to accelerate the ageing of the population from then. Life expectancy between 1991 and 2001 increased significantly for those aged 65 and above—by 1 to 2 years at age 65 and at age 75 and by 0.4 years at age 85 for both males and females. In 2001 the remaining life expectancies for males and females were 17.2 years and 20.7 years respectively; and at age 85 years the remaining expectancies were 5.6 years for males and 6.8 years for females.

The ABS's projections of the Australian population to 2021 indicate a continuation of rapid growth in the population aged 65 years and over, which is projected to double over the 20-year period.

8.3 Mortality

One of the strongest indicators of the improving health of older Australians is falling death rates for people aged 65–74 years, 75–84 years and 85 years and over. During the decade 1993–2002 there were sharp falls in the age-specific death rates for these age groups. The percentage fall was greatest in the 65–74 year age group, by 25% for males, from 2,989 to 2,231 per 100,000 males, and by 21% for females, from 1,615 per 100,000 females to 1,282. There was almost as great a reduction for the 75–84 year age group. Among males aged 85 years or more the percentage reduction in the death rate was smaller at 8%, from 17,869 to 16,441 per 100,000 males, similar to the 7% decline for females, from 14,133 to 13,390 per 100,000 females.

Most of the overall reduction in age-specific death rates from 1993 to 2002 was due to large falls in the death rates for cardiovascular diseases, attributed mainly to changes in lifestyle risk factors and improvements in medical care. For males, the age-specific death rates for cardiovascular diseases have fallen by 44% for 65–74 year olds, 37% for 75–84 year olds and 17% for those aged 85 years or more. The reductions in the rates for females were very similar.

Age-specific death rates for cancer also declined from 1993–2002; however, the rate of decline was much greater for males than for females because of a major decline in the prevalence of tobacco smoking among males since the 1960s. For males, the age-specific death rates for cancers have fallen by 12%, 6%, and 9% for the age ranges of 65–74, 75–84 and 85 and over respectively. For females the falls were 7% for 65–74 year olds and 2% for women aged 85 years and over, contrasting with a 2% increase for women aged 75–84 years.

The death rates for respiratory diseases were much higher for males than for females in each of the older age groups. However, among 75–84 year olds and those aged 85 years or more, there was a sharp rise in the death rates for females between 1993 and 2002, by 19% and 31% respectively. Some of these increases are attributed to definitional changes occurring between revisions 9 and 10 of the *International Classification for Diseases and Related Health Problems*, and to the introduction of an automated coding system by the ABS for coding causes of death (ABS 2003a).

These definitional and coding system changes also contributed to the increase in death rates from nervous system diseases for 65–75 year olds and people aged 85 and over between 1993 and 2002. Musculoskeletal death rates, from falls in particular, were higher among women than men, and the rates were much higher for those aged 85 years and over.

Table 8.4: Age-specific deaths per 100,000 males and females for persons aged 65 years and over, all causes and selected conditions, 1993, 1998 and 2002

	Males				Females			
	1993	1998	2002	% inc. 1993–2002	1993	1998	2002	% inc. 1993–2002
All causes								
65–74 years	2,989	2,608	2,231	–25	1,615	1,416	1,282	–21
75–84 years	7,646	6,734	6,060	–21	4,769	4,261	3,946	–17
85 years & over	17,869	16,742	16,441	–8	14,133	13,547	13,390	–7
Cardiovascular diseases								
65–74 years	1,278	961	721	–44	629	483	357	–43
75–84 years	3,689	3,006	2,332	–37	2,604	2,074	1,670	–36
85 years & over	9,275	8,387	7,716	–17	8,867	7,943	7,283	–18
Cancers								
65–74 years	1,100	1,038	936	–12	588	560	561	–7
75–84 years	1,994	1,904	1,887	–6	978	987	1,003	2
85 years & over	3,050	2,969	2,941	–9	1,555	1,506	1,479	–2
Respiratory diseases								
65–74 years	272	227	199	–27	140	117	120	–14
75–84 years	796	665	659	–17	315	334	375	19
85 years & over	2,050	1,778	2,050	0	906	972	1,185	31
Nervous system diseases								
65–74 years	48	47	56	17	31	37	43	39
75–84 years	193	199	151	–22	122	146	117	–4
85 years & over	495	566	548	11	363	499	558	54
Musculoskeletal conditions								
65–74 years	11	11	11	0	15	15	13	–10
75–84 years	30	26	34	13	38	33	45	18
85 years & over	85	57	104	22	125	116	141	13

Source: AIHW National Mortality Database.

Trends in the leading cause of death

In 1993, cardiovascular disease was the leading cause of death for persons aged 65–74 years, accounting for 43% of male deaths and 39% of female deaths. By 2002 this percentage had fallen to 32% for males and 28% for females. Conversely, deaths from cancer in this age group accounted for 36% of deaths for males and 37% of deaths for females in 1993 and increased to 42% for males and 44% for females in 2002, thus making deaths from cancer the leading cause of death.

For persons in the 75–84 age range, deaths from cardiovascular diseases accounted for 48% and 55% of all deaths for males and females respectively in 1993, but declined to 39% for males and 42% for males in 2002, nevertheless remaining the leading cause of death.

Similarly, cardiovascular diseases remained the leading cause of deaths in 2002 for males and females aged 85 and over. There was very little change in the cancer death rate over the decade but the proportion of deaths from cardiovascular diseases fell by 5 percentage points for males and by 8 percentage points for females.

Table 8.5: Cardiovascular disease and cancer deaths as a percentage of all deaths, 1993, 1998 and 2002

	Males			Females		
	1993	1998	2002	1993	1998	2002
Circulatory diseases						
65–74 years	42.8	36.9	32.3	38.9	34.1	27.8
75–84 years	48.2	44.6	38.5	54.6	48.7	42.3
85 years & over	51.9	50.1	46.9	62.7	58.6	54.4
Cancers						
65–74 years	35.6	39.8	41.9	37.1	39.6	43.8
75–84 years	26.1	28.3	31.1	21.4	23.2	25.4
85 years & over	18.2	17.7	19.9	10.6	11.1	11.0

Source: AIHW National Mortality Database.

8.4 Wellbeing

As noted in Chapter 1, the World Health Organization has described health as ‘a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity’. In this section indicators of wellbeing show that most Australians aged 65 and over are still living in their own homes or with relatives and leading healthy lives in which they are actively participating in the community.

Self assessed health status

In the 2001 National Health Survey, older Australians living in private households reported overwhelmingly that they had good to excellent health. Even among those 85 years and over, 72% of males and 60% of females reported having good, very good or excellent health.

Table 8.6: Self assessed health status, persons aged 65 years and over in private households, 2001

Self assessed health status	Males			Females		
	65–74	75–84	85+	65–74	75–84	85+
Excellent	11.0	8.5	6.5	13.4	7.6	6.5
Very good	21.4	18.6	16.0	22.6	21.7	24.7
Good	36.3	33.4	49.7	35.6	31.6	28.5
Fair	19.7	29.0	23.3	20.7	26.9	22.7
Poor	11.7	10.4	4.4	7.7	12.2	17.6
Total	100.0	100.0	100.0	100.0	100.0	100.0

Source: ABS National Health Survey, 2001.

Living arrangements

At the 2001 Census of Population and Housing, the great majority of people aged 65 and over were living at home with a partner or other relatives, or were living alone. Even for people aged 95 and over, 68% of males and 41% of females were living in private dwellings. The use of cared accommodation in non-private dwellings rose sharply for people aged 85 and over – 18% of males aged 85–94 and 28% of those aged 95 and over, and 30% of females 85–94 and 56% of those aged 95 and over, were residing in cared accommodation at the census. This includes persons living in hospitals, nursing homes and other residential aged care accommodation, hostels for the disabled, childcare institutions, and other welfare institutions.

Because females tend to, on average, survive for several years longer than their spouses, 44% of males aged 85–94 were still living in their own homes with a partner. This contrasted with females in this age group – only 9% were still living at home with a partner, 41% were living alone and 16% were living with relatives other than a partner.

Table 8.7: Living arrangements, people aged 65 and over, 2001 (per cent)

Age group	In private dwellings			In non-private dwellings			Total
	With partner ^(a)	With other relatives	Lone person dwellings ^(b)	Total in private dwellings ^(b)	Resident of cared accommodation ^(c)	Total in non-private dwellings ^(d)	
Males							
65–74	74.8	3.8	14.8	98.1	1.3	1.9	100.0
75–84	66.5	4.9	19.5	94.7	4.6	5.3	100.0
85–94	43.9	8.6	25.5	81.0	17.6	19.0	100.0
95 and over	27.4	13.7	21.2	68.0	27.8	32.0	100.0
<i>Total 65 and over</i>	<i>69.5</i>	<i>4.6</i>	<i>17.2</i>	<i>95.6</i>	<i>3.7</i>	<i>4.4</i>	<i>100.0</i>
Females							
65–74	56.0	10.6	27.5	98.4	1.3	1.6	100.0
75–84	31.8	13.4	43.3	91.8	7.5	8.2	100.0
85–94	9.2	15.9	40.8	68.1	30.2	31.9	100.0
95 and over	6.0	15.4	18.0	41.3	56.1	58.7	100.0
<i>Total 65 and over</i>	<i>40.7</i>	<i>12.3</i>	<i>34.9</i>	<i>91.5</i>	<i>7.8</i>	<i>8.5</i>	<i>100.0</i>

(a) With or without other family members or non-related persons present.

(b) Includes persons in other private household arrangements, and persons living in 'not classifiable' households.

(c) Includes persons living in hospitals, residential aged care accommodation, hostels for the disabled, childcare institutions and other welfare institutions.

(d) Includes persons living in other types of non-private dwellings such as hotels/motels, boarding houses, refuges, hostels for the homeless, convents/monasteries, etc. Includes owners, proprietors, staff and family living in non-private dwellings.

Source: 2001 Census of Population and Housing, ABS Cat. No. 2048.0.

Participation in paid and voluntary work

In 2001, there were 181,000 people aged 65 and over who were in the labour force, that is either employed or unemployed. This represented 7.8% of this age group, a decline since 1971 when 11.8% of people aged 65 and over were either in paid employment or

unemployed (ABS 2003b). Much of this decline can be explained by the increased proportion of people aged 75 and over in the 65 and over age group. Labour force participation by people aged 75 and over in 2001 was much lower than by people aged 65–69 (20.5% of males and 9.6% of females) and by people aged 70–74 (10.4% of males and 4.4% of females).

In 2001, 20% of employed persons aged 65 and over were working in the agriculture, forestry and fishing industry, 12% in property and business services, 9.3% in retail trade, 8.7% in manufacturing, 8.1% in health and community services, 4.7% in wholesale trade and 4.6% in education.

Table 8.8: Labour force status, people aged 65 and over, 2001 (per cent)

Age group	In labour force				Not in labour force	Total
	Employed full-time	Employed part-time	Total employed ^(a)	Unemployed		
Males						
65–69	10.5	8.6	20.0	0.5	79.5	100.0
70–74	4.3	5.1	10.2	0.2	89.6	100.0
75–79	2.3	2.9	5.9	0.2	93.9	100.0
80–84	1.8	1.9	4.3	0.2	95.5	100.0
85 and over	2.6	1.6	4.9	0.4	94.7	100.0
Females						
65–69	3.0	5.8	9.4	0.2	90.4	100.0
70–74	1.2	2.5	4.3	0.1	95.6	100.0
75–79	0.6	1.2	2.3	0.1	97.6	100.0
80–84	0.5	0.8	1.8	0.1	98.1	100.0
85 and over	0.5	0.7	1.6	0.2	98.2	100.0

(a) Includes persons who did not state their hours worked.

Source: 2001 Census of Population and Housing, ABS Cat. No. 2048.0.

In the ABS survey of voluntary work in 2000, a volunteer was someone who, in the last 12 months, willingly gave unpaid help, in the form of time, service or skills, through an organisation or group. Around 30% of males and females aged 65–74 and 18% of those aged 75 years and over were volunteers in 2000, a total of 528,000 people aged 65 and over. Volunteer activity can also include providing informal assistance to family members, to friends and neighbours but this was not included in the survey.

Table 8.9: Volunteers aged 65 years and over, 2000

	Age group							
	65–74		75+		65–74		75+	
	Males		Females		Persons			
Number of volunteers	184,700	66,600	196,700	80,000	381,400	146,600		
% of population	31.1	18.8	29.5	17.1	30.3	17.8		

Source: 2000 survey of voluntary work, ABS Cat. No. 4441.0.

Both males and females aged 65 and over were most likely to volunteer to assist community or welfare and religious organisations. However, males were next most likely to assist a sport or recreation organisation (23% of male volunteers), in contrast to females who chose health organisations (16% of female volunteers).

The main reasons why people aged 65 years and over volunteered was to help others or the community (54% of volunteers), personal satisfaction (51%), to do something worthwhile (35%), social contact (28%), and to be active (19%). All of these reasons may have positive benefits for personal wellbeing.

Table 8.10: Volunteers aged 65 years and over: types of organisations and reasons for volunteering, 2000

	% of volunteers
Organisation	
	Males
Community/welfare	53.3
Religious	23.9
Sport/recreation	22.8
Education/training/youth development	10.2
Health	6.7
<i>Total^(a)</i>	<i>100.0</i>
	Females
Community/welfare	74.2
Religious	25.6
Health	15.8
Sport/recreation	8.5
Education/training/youth development	3.6
<i>Total^(a)</i>	<i>100.0</i>
Reasons for being a volunteer	Persons
Help others/community	54.2
Personal satisfaction	50.9
To do something worthwhile	35.1
Social contact	27.5
To be active	19.1
Religious beliefs	17.2
Personal/family involvement	13.7
Use skills/experience	9.8
To learn new skills	2.5
Other	8.8
<i>Total^(b)</i>	<i>100.0</i>

(a) Includes all other organisations. Individuals may work for more than one type of organisation; hence figures do not add to 100%.

(b) More than one reason may be given; hence figures do not add to 100%.

Source: 2000 survey of voluntary work, ABS Cat. No. 4441.0.

In addition to volunteer work through organisations or groups, considerable caring responsibilities are carried out by older Australians. For example, the 2002 ABS Child Care Survey found that over one million children used informal care either alone or in combination with formal care, of which about half was provided by grandparents (AIHW 2003, ABS 2003c). An analysis of the 1998 ABS Survey of Disability, Ageing and Carers found that around 8,000 co-resident principal carers of people with a severe and profound disability were parents aged 65 years and over (AIHW 2003). In addition, around 97,000 persons aged 65 and over (22% of all carers) were caring as an informal primary carer for another person, mainly spouses, partners or parents (AIHW 2003). Details of informal care provided by Australians including older Australians are presented in chapter 3 of *Australia's Welfare 2003* (AIHW 2003).

Attendance at cultural venues and events

The 2002 ABS General Social Survey found that most people aged 65 and over attended a cultural venue or event within the previous 12 months, with the most popular being cinemas, botanic gardens, libraries, zoological parks and aquariums, and various types of live theatrical or musical entertainment.

A 2001 ABS survey on environmental issues also found that 31% of people aged 65 and over had visited a World Heritage Area, National or State Park in the 12 months before March 2001 (ABS 2001).

Table 8.11: People aged 65 and over attending cultural venues and events in the 12 months before interview in 2002 (per cent)

Venue or event attended	Age group			
	65–74		75+	
	Males	Females	Males	Females
Art galleries	19.3	12.0	25.2	19.2
Museums	19.0	17.2	21.7	14.1
Zoological parks & aquariums	24.1	14.5	25.5	12.9
Botanic gardens	40.3	21.1	39.4	26.3
Libraries	36.8	31.9	37.8	34.9
Classical music concerts	9.2	5.2	12.8	9.8
Popular music concerts	12.1	7.4	11.8	9.0
Theatre performances	11.4	6.0	18.3	13.5
Dance performances	6.4	2.0	11.3	5.6
Musicals and operas	14.2	9.2	24.0	15.6
Other performing arts	14.3	9.6	14.7	11.5
Cinemas	41.5	25.3	46.8	35.2
At least one venue or event	73.1	59.8	78.9	65.5

Source: 2002 General Social Survey, ABS Cat. No. 4114.0.

Participation in sport and physical activity

People aged 65 and over have only a limited active participation in sport and physical activities. In the 12 months before 2002, 51% of males aged 65 and over and 41% of females participated in such physical activities. The most popular was walking for exercise, undertaken by 25%, followed by lawn bowls (6.2%), golf (6.0%) and aerobics and other fitness activities in gymnasias and exercise rooms (5.0%).

Table 8.12: People aged 65 and over participating in sport and physical activities in the 12 months prior to interview in 2002 (per cent)

Type of activity ^(a)	Males	Females	Persons
Organised only	11.6	11.8	11.7
Non-organised only	27.9	21.8	24.6
Both organised and non-organised	11.1	7.7	9.2
Total participation	50.6	41.3	45.6
Most popular activities			
Walking for exercise			25.2
Lawn bowls			6.2
Golf			6.0
Aerobics/fitness ^(b)			5.0
Swimming			3.9
Carpet bowls			2.8
Fishing			2.6
Tennis			1.6
Cycling			1.5
Dancing			1.4

(a) Selected activities.

(b) Includes callisthenics, gym, exercise bike and circuits.

Source: 2002 General Social Survey, ABS Cat. No. 4177.0.

Use of computers and the Internet

Computers, email and the Internet have become increasingly important and popular communication tools for people of all ages, including older Australians. These tools can assist in improving quality of life and social wellbeing (ABS 2003b). In 2001, 17% of males and 11% of females aged 65–74, and 8.3% of males and 3.0% of females aged 75 and over, were using a computer at home. At the same time, 12% of males and 6.2% of females aged 65–74, and 5.1% of males and 1.6% of females aged 75 and over, were accessing the Internet, either from home or another location.

Table 8.13: Home computer and Internet use by people aged 65 years and over, 2001

	Age group							
	65–74		75+		65–74		75+	
	Males		Females		Persons		Persons	
Using a computer at home	17.4	8.3	10.5	3.0	13.8	5.0		
Using the Internet	12.3	5.1	6.2	1.6	9.1	3.0		

Source: 2001 Census of Population and Housing, ABS Cat. No. 2056.0.

8.5 Disability

The onset of long-term medical conditions in older age may result in various levels of disability, from nil to profound. The source of data is the 1998 ABS Survey of Disability, Ageing and Carers. Definitions of disability and other aspects of the survey are discussed in Chapter 2. A major difference between this survey and the 2001 National Health Survey was that the Disability Survey included non-private dwellings such as hospitals, residential aged care and caravan parks within its sample, as well as the private dwellings surveyed in the National Health Survey. This is especially important for measuring conditions such as dementia, because the numbers of people living in private households who report that they have this disease are low.

Table 8.14: Proportion of the population aged 65 or over: disability status and level of disability by health conditions, 1998

Health conditions	Estimated number (’000)	Level of disability			No disability	Total
		Profound or severe	Moderate or mild	No core activity restriction		
				Per cent		
All health conditions^(a)						
Dementia, incl. Alzheimer’s	97.8	95.6	*2.8	**0.2	1.5	100.0
Other mental & behavioural	293.6	59.0	21.3	4.3	15.4	100.0
Stroke	192.7	55.8	24.6	*3.2	16.4	100.0
Other cardiovascular disease	390.8	35.6	35.8	4.9	23.6	100.0
Respiratory	244.3	30.0	39.8	7.9	22.3	100.0
Cancer	67.4	35.6	33.5	*6.4	24.5	100.0
Diabetes	200.2	32.5	29.5	4.3	33.7	100.0
Vision	227.3	57.2	34.6	5.1	*3.1	100.0
Hearing	663.9	30.9	46.6	7.1	15.4	100.0
Arthritis	801.0	28.4	38.8	6.2	26.6	100.0
Other musculoskeletal	499.7	32.2	43.4	6.8	17.5	100.0
Main health condition^(b)						
Dementia, incl. Alzheimer’s	64.1	98.1	**0.3	**0.1	**1.4	100.0
Other mental & behavioural	54.4	35.2	19.5	*5.6	39.7	100.0
Stroke	49.5	78.1	*14.2	**1.6	*6.0	100.0
Other cardiovascular disease	132.4	21.5	32.0	7.6	38.9	100.0
Respiratory	115.5	21.9	36.7	8.5	32.9	100.0
Cancer	24.8	*19.1	*30.0	**9.9	41.1	100.0
Diabetes	65.0	14.5	23.7	*4.5	57.3	100.0
Vision	76.9	42.8	42.0	*9.4	*5.7	100.0
Hearing	164.6	8.3	54.6	10.3	26.7	100.0
Arthritis	412.3	23.0	36.4	5.7	34.9	100.0
Other musculoskeletal	263.8	24.3	43.9	7.5	24.4	100.0

(a) All persons reporting the condition in the survey.

(b) Only persons reporting the condition in the survey as the main condition.

Note: Estimates marked with ** have an associated relative standard error (RSE) of 50% or more. Estimates marked with * have an associated RSE of between 25% and 50%. These estimates should be interpreted accordingly.

Source: AIHW analysis of ABS 1998 Survey of Disability, Ageing and Carers confidentialised unit record file.

Table 8.14 lists the main diseases among people aged 65 years or more in 1998, the numbers of people with those diseases and the level of disability associated with the disease. The disease which caused the highest levels of severe or profound disability was dementia (96% of persons with dementia suffer from a severe or profound disability). The next most disabling health condition was other mental and behavioural disorders (59% of people with these having a severe or profound disability), followed by eyesight diseases (57%) and stroke (56%).

Table 8.15 gives a summary of the main health conditions for those who have a disability. Among males aged 65 years or more, the main conditions associated with a disability were hearing loss (30% of males aged 65 or more in the population in 1998), arthritis (22%), stroke and other cardiovascular diseases (21%) and other musculoskeletal problems (17%). Among females aged 65 years or more, the main conditions associated with a disability were arthritis (29%), hearing loss (21%), stroke and other cardiovascular diseases (19%) and other musculoskeletal problems (19%). There is a sharp rise for most health conditions in the prevalence of associated disability in the 85 years and over age group.

Table 8.15: Proportion of the population with a disability, all levels of disability, by health condition, 1998 (per cent)

Selected health condition ^{(a)(b)}	Males				Females			
	65-74	75-84	85+	Total 65+	65-74	75-84	85+	Total 65+
Dementia incl. Alzheimer's	*1.4	4.1	16.4	3.3	*0.8	4.8	23.9	5.0
Other mental & behavioural	5.4	9.9	20.7	7.9	8.4	13.7	33.8	13.4
Stroke	4.7	10.5	17.4	7.4	3.4	9.7	14.2	6.9
Other cardiovascular disease	11.3	16.1	28.0	14.0	7.0	14.4	31.1	12.5
Respiratory	9.3	10.4	*11.2	9.8	7.2	7.3	7.4	7.3
Cancer	2.3	4.1	6.2	3.1	1.5	1.4	2.1	1.5
Diabetes	4.9	8.6	*8.9	6.3	4.3	6.4	8.0	5.5
Vision	4.4	11.7	26.3	8.2	5.1	13.6	27.7	10.9
Hearing	23.0	36.9	56.2	29.6	12.5	24.9	46.7	21.0
Arthritis	18.5	25.0	35.1	21.7	24.5	31.5	43.2	29.2
Other musculoskeletal	15.5	18.2	26.7	17.1	16.0	21.6	24.4	19.0

(a) Based on all reported health conditions, not just the main reported health condition.

(b) Selected health conditions are not mutually exclusive because of co-morbidity.

Notes

1. Percentages are of the Australian population of that age and sex.
2. Estimates marked with * have an associated relative standard error of between 25% and 50%. These estimates should be interpreted accordingly.

Source: AIHW analysis of ABS 1998 Survey of Disability, Ageing and Carers confidentialised unit record file.

Table 8.16 shows health conditions among older Australians with a severe or profound disability according to age groups. In the 65-74 year age group, the leading condition associated with severe or profound disability is arthritis, with 7.3% of women and 3.4% of men in the population having arthritis. In the 75-84 year age group, the percentages of men and women with a severe or profound disability were about double those for 65-74 year olds for each of the associated health conditions, with hearing loss for men (10% of the population) and arthritis for women (15%) the most common health conditions.

Among people aged 85 years or more, the proportion with a severe or profound disability rises sharply for most health conditions when compared with the 75–84 year age group. However, because so many people aged 85 years or more have multiple health conditions, it cannot be said to what extent particular health conditions may have contributed to the level of disability.

Table 8.16: Proportion with a severe or profound core activity restriction, by health condition, 1998

Selected health condition ^{(a) (b)}	Males				Females			
	65–74	75–84	85+	Total 65+	65–74	75–84	85+	Total 65+
Dementia, incl. Alzheimer's	*1.1	4.1	15.8	3.0	*0.8	4.7	23.8	5.0
Other mental & behavioural	2.1	7.7	18.9	5.0	4.4	9.8	32.4	9.7
Stroke	2.2	5.9	14.6	4.2	2.0	7.1	13.2	5.2
Other cardiovascular disease	2.6	5.6	17.3	4.6	2.9	7.6	26.0	7.4
Respiratory	2.4	4.2	*9.7	3.5	2.3	3.1	6.0	3.0
Cancer	*0.9	*1.2	*4.9	1.3	*0.8	*1.0	**1.1	0.9
Diabetes	1.5	3.7	*6.4	2.5	1.6	4.0	7.2	3.1
Vision	1.9	5.7	19.6	4.3	2.2	7.8	23.9	6.8
Hearing	3.8	10.2	34.6	7.9	2.9	10.6	38.2	9.9
Arthritis	3.4	7.1	22.4	5.9	7.3	14.9	34.0	13.2
Other musculoskeletal	3.3	5.6	16.4	4.9	4.5	11.7	19.3	8.8

(a) Based on all reported health conditions, not just the main reported health condition.

(b) Selected health conditions are not mutually exclusive because of co-morbidity.

Notes

1. Percentages are of the Australian population of that age and sex.

2. Estimates marked with ** have an associated relative standard error (RSE) of 50% or more. Estimates marked with * have an associated RSE of between 25% and 50%. These estimates should be interpreted accordingly.

Source: AIHW analysis of ABS 1998 Survey of Disability, Ageing and Carers confidentialised unit record file.

Overview of prevalence of disability

At a broad level, the 1998 ABS Survey of Disability, Ageing and Carers estimated that 1,222,600 people aged 65 or over (54% of Australians of that age) had a disability which had lasted, or was likely to last, for at least six months and which restricted everyday activities.

Among older people with a disability, 536,000 were males and 686,700 were females. Of these, 480,400 people, or 21% of the population aged 65 or more, reported a severe or profound core activity restriction, meaning that they sometimes or always needed personal assistance or supervision with activities in the areas of self-care, mobility and communication.

The rate of severe or profound restrictions increased with age. The rate was substantially higher for those aged 85 or more (65%) than for those aged 65–74 (11%) and those aged 75–84 (26%). Although the rates of disability for males and females aged 65 and over were both around 54%, the rate of severe or profound core activity restrictions for females (25%) was substantially higher than that for males (16%).

Table 8.17: Persons with a disability, by disability status and severity, 1998

Disability status	Age group (years)							
	Number ('000)				Per cent			
	65-74	75-84	85+	Total 65+	65-74	75-84	85+	Total 65+
Males								
Severe or profound	59.6	64.0	38.5	162.1	9.7	20.7	56.1	16.3
Non severe or profound	228.1	126.3	19.5	373.9	37.1	40.9	28.4	37.7
<i>Total disability</i>	<i>287.7</i>	<i>190.2</i>	<i>58.0</i>	<i>536.0</i>	<i>46.8</i>	<i>61.6</i>	<i>84.5</i>	<i>54.0</i>
No disability	326.7	118.4	10.7	455.8	53.2	38.4	15.5	46.0
<i>Total male population</i>	<i>614.4</i>	<i>308.7</i>	<i>68.7</i>	<i>991.8</i>				
Females								
Severe or profound	80.6	130.1	107.6	318.3	11.9	29.2	68.9	24.9
Non severe or profound	204.1	140.5	23.8	368.3	30.2	31.5	15.2	28.8
<i>Total disability</i>	<i>284.7</i>	<i>270.7</i>	<i>131.3</i>	<i>686.7</i>	<i>42.2</i>	<i>60.7</i>	<i>84.1</i>	<i>53.8</i>
No disability	390.1	175.3	24.7	590.1	57.8	39.3	15.9	46.2
<i>Total female population</i>	<i>674.8</i>	<i>446.0</i>	<i>156.1</i>	<i>1,276.8</i>				
Persons								
Severe or profound	140.2	194.1	146.1	480.4	10.9	25.7	65.0	21.2
Non severe or profound	432.2	266.8	43.3	742.2	33.5	35.4	19.2	32.7
Total disability	572.4	460.9	189.4	1,222.6	44.4	61.1	84.3	53.9
No disability	716.9	293.7	35.4	1,046.0	55.6	38.9	15.7	46.1
Total population	1,289.2	754.6	224.8	2,268.6				

Note: Percentages are of the Australian population of that age and sex.

Source: AIHW analysis of ABS 1998 Survey of Disability, Ageing and Carers confidentialised unit record file.

Main disability groups

The prevalence of disability groups can be estimated from the ABS disability surveys using information from a number of questions on impairments, activity limitations and participation restrictions. There are five broad disability groups used to describe prevalence: intellectual and learning disability, psychiatric disability, sensory and speech disability, acquired brain injury, and physical and diverse disability (AIHW 2003b).

Physical and diverse disabilities were the most frequently reported disabilities among older Australians. A physical or diverse disability is associated with the presence of an impairment which may have diverse effects within and among individuals, including effects on physical activities (AIHW 2003b). An estimated 1,124,600 (50%) Australians aged 65 or more reported one or more physical or diverse disabilities. Of these, 1,082,200 (48% of Australians of that age) also reported one or more activity limitation(s) or participation restriction(s); 458,300 (20%) had a severe or profound core activity restriction.

The second most commonly reported group was sensory or speech disabilities. One or more sensory or speech disabilities were reported by 718,900 people aged 65 or more, or 32% of Australians of that age. Of these, 689,000 people aged 65 or over (30% of Australians of that age) also reported one or more activity limitations or participation restrictions; 305,500 people (14%) had a severe or profound core activity restriction.

Psychiatric disability was reported by 264,800 people (12%), of whom 263,600 had activity limitations or participation restrictions, and 188,400 (8.3%) had a severe or profound core activity restriction.

Disability associated with an acquired brain injury was reported by 52,000 people (2.3% of Australians of that age), of whom 50,800 (2.2%) had activity limitations or participation restrictions; of these, 38,200 (1.7%) had a severe or profound core activity restriction.

The age patterns of prevalence show that considering all reported disabling conditions, intellectual disability mainly occurred among people aged 85 or over (24%), and was likely to be associated with dementia-related conditions (AIHW 2003b). Most people who had intellectual disability also reported a severe or profound core activity restriction (just under 24% of those aged 85 or more).

In contrast, sensory or speech disability and physical or diverse disability were quite commonly reported by people aged 65–74 and 75–84 years (22% and 41% respectively of 65–74 year olds), although the highest proportions were among those aged 85 or over (65% and 78% respectively). People aged 65–74 who reported these disabilities were less likely than other disability groups to have a severe or profound core activity restriction.

Disability trends among the older population

In Australia, there has been a consistent increase in the overall reported rate of disability for almost two decades. The ageing of the population aged 65 years and over has had a strong impact on disability prevalence among older Australians. Compared with the 1981 disability survey, the three later surveys (1988, 1993 and 1998) reported substantially higher rates of disability for the older population. The disability rates for people aged 65 and over increased from 43% in 1981 to over 50% in the later surveys. The rate of severe or profound restrictions for people aged 65 and over increased between 1993 and 1998, from 17% to 20%. The estimated number of people with a severe or profound restriction increased markedly among those aged 75 or over (AIHW 2003b).

It has been suggested that about half of the increase in the rate of severe or profound core activity restriction between 1993 and 1998 in the population aged 65 years and over is due to changes in survey methods and the other half is attributable to population ageing and probably an actual increase in the prevalence among the oldest age groups of the population (ABS: Davis et al. 2001; AIHW 2003b). Changes in the 1998 survey screening question on learning and understanding things may have increased the number of people reporting conditions associated with dementia. The separate identification of head injury, stroke and other brain damage may have led to increased reporting of stroke among the older population.

Recently reported declines in disability prevalence among the older population in some OECD countries such as the United States have been a subject of vigorous debate. Different trends (increases or decreases) in disability prevalence have been reported among the OECD countries (for example Robine et al. 1998; Jacobzone et al. 2000; Manton & Gu 2001; Schoeni et al. 2001; AIHW 2003b). A decline in reported disability prevalence occurred at the same time as an increase in the reported prevalence of chronic conditions in some OECD countries. Increases in chronic conditions were also reported in countries where no decline in disability overall was reported, such as Australia.

Table 8.18: Estimates of main disability groups among older Australians, 1998

Disability groups	Age group							
	Number ('000)				Per cent			
	65–74	75–84	85+	Total 65+	65–74	75–84	85+	Total 65+
All disabling conditions^(a)								
Intellectual	26.2	45.3	54.6	126.1	2.0	6.0	24.3	5.6
Psychiatric	92.6	97.5	74.7	264.8	7.2	12.9	33.3	11.7
Sensory/speech	278.3	295.4	145.2	718.9	21.6	39.1	64.6	31.7
Acquired brain injury	21.6	20.3	10.2	52.0	1.7	2.7	4.5	2.3
Physical/diverse	524.5	425.6	174.6	1,124.6	40.7	56.4	77.7	49.6
<i>All disabling conditions and activity limitations and participation restrictions</i>								
Intellectual	26.2	45.3	54.6	126.1	2.0	6.0	24.3	5.6
Psychiatric	91.4	97.5	74.7	263.6	7.1	12.9	33.3	11.6
Sensory/speech	256.0	287.8	145.2	689.0	19.9	38.1	64.6	30.4
Acquired brain injury	20.4	20.3	10.2	50.8	1.6	2.7	4.5	2.2
Physical/diverse	494.2	413.5	174.5	1,082.2	38.3	54.8	77.6	47.7
<i>All disabling conditions and severe or profound core activity restrictions</i>								
Intellectual	22.1	42.2	52.8	117.1	1.7	5.6	23.5	5.2
Psychiatric	44.4	73.1	70.8	188.4	3.4	9.7	31.5	8.3
Sensory/speech	71.0	122.1	112.4	305.5	5.5	16.2	50.0	13.5
Acquired brain injury	13.2	15.9	9.1	38.2	1.0	2.1	4.0	1.7
Physical/diverse	135.1	185.5	137.7	458.3	10.5	24.6	61.3	20.2
Main disabling condition^(b)								
Intellectual	**1.5	**1.8	**0.4	*3.7	**0.1	**0.2	**0.2	*0.2
Psychiatric	22.5	32.8	32.0	87.3	1.7	4.3	14.2	3.8
Sensory/speech	85.6	80.6	27.5	193.7	6.6	10.7	12.2	8.5
Acquired brain injury	**2.1	**1.4	**0.1	*3.5	**0.2	**0.2	**0.0	*0.2
Physical/diverse	460.7	344.3	129.4	934.4	35.7	45.6	57.6	41.2
<i>Main disabling condition and severe or profound core activity restrictions</i>								
Intellectual	**0.9	**0.3	**0.4	**1.6	**0.1	**0.0	**0.2	**0.1
Psychiatric	12.7	28.8	31.9	73.4	1.0	3.8	14.2	3.2
Sensory/speech	12.0	18.9	15.9	46.8	0.9	2.5	7.1	2.1
Acquired brain injury	**1.0	**1.1	**0.1	**2.1	**0.1	**0.1	**0.0	**0.1
Physical/diverse	113.7	144.9	97.9	356.5	8.8	19.2	43.6	15.7

(a) All persons reporting the disabling condition in the survey.

(b) Only persons reporting the disabling condition as the main condition in the survey.

Notes

1. Percentages are of the Australian population of that age and sex.

2. Estimates marked with ** have an associated relative standard error (RSE) of 50% or more. Estimates marked with * have an associated RSE of between 25% and 50%. These estimates should be interpreted accordingly.

Source: AIHW analysis of ABS 1998 Survey of Disability, Ageing and Carers confidentialised unit record file.

8.6 Health risk factors

The health of older Australians is affected by their risk factors throughout their lives, and the health effects are often cumulative. So, the onset of many diseases and injuries in older Australians is affected by risk factors present when they were younger. Ideally, analyses of the effects of health risk behaviour should take a longitudinal approach, so that the long-term effects of risk factors can be identified. However, a longitudinal analysis is beyond the scope of this report and only health risk factors at older ages are presented in this section.

The major preventable risk factors for onset of disease and injury in older Australians are:

- overweight and obesity;
- inadequate physical activity;
- smoking;
- consumption of alcohol at levels considered at risk for health;
- poor diet and nutrition; and
- falls.

In addition to these, high blood pressure and high blood cholesterol levels were major long-term problems of middle and older age reported in the 2001 National Health Survey. These are risk factors for a range of cardiovascular diseases, but they can be managed with appropriate medical treatment.

Socioeconomic disadvantage is also a significant risk factor for poor health among people aged 65 and over. Mathers (AIHW 1994) found that men aged 65 and over living in areas in Australia classified into the quintile of greatest socioeconomic disadvantage had death rates 14% higher than those living in areas in the quintile of least disadvantage. For women aged 65 and over, the differential was only slightly smaller (11%).

Prevalence of risk factors in the 65 years and over age group

Between the 1989–90 and 2001 ABS National Health surveys, changes have been observed in some of the major health risk factors for Australians aged 65 years and over.

Obesity

Between 1989–90 and 2001, there has been a substantial rise in the proportions of males and females who are obese. From self-reports in the National Health Survey, the percentage of males who were obese increased from 9% to 15% for 65–74 year olds and from 4% to 9% for those 75 years and over. The increases for females were from 11% to 20% for 65–74 year olds and from 7% to 11% for those 75 years and over. (For a fuller analysis of obesity trends among older Australians, see AIHW: Bennett et al. 2004.)

Exercise levels

A high proportion of men and women aged 65 and over are sedentary or exercise at low levels—63% and 74% respectively of men aged 65–74 and 75 and over, and 76% and 85% respectively of women in 2001. There was little change in these numbers from 1989–90.

Smoking

There was a welcome large decline in the prevalence of smoking among both men and women aged 65 years and over between 1989–90 and 2001. In the 65–74 year age

group, the percentage of male smokers dropped from 20% in 1989–90 to 12% in 2001, and the percentage for females fell from 14% to 9%. In the 75 years and over age group, the percentage of male smokers dropped from 11% in 1989–90 to 7% in 2001, and the percentage for females from 6% to 5%.

Consumption of alcohol at levels considered at risk for health

In 2001, 9% and 5% respectively of men aged 65–74 and 75 and over, and 7% and 5% respectively of women in these age groups, reported alcohol consumption at levels at risk to their health. For those aged 75 years and older this was a rise on the self-reported proportions in 1989–90 of 2.5% of males and 2.2% of females.

Table 8.19: Risk factors for persons aged 65–74 years and 75 and over, 1989–90, 1995 and 2001 (per cent)

Population characteristic	Year of survey	Age group			
		65–74		75+	
		Males	Females	Males	Females
Underweight	1989–90	1.6	4.6	5.3	9.0
	1995	1.1	3.0	3.2	7.0
	2001	0.6	1.6	2.1	5.8
Overweight	1989–90	40.6	27.9	27.5	20.6
	1995	39.7	31.4	26.4	20.6
	2001	44.8	35.3	32.0	23.9
Obese	1989–90	9.4	4.2	11.2	7.2
	1995	10.5	4.7	13.5	6.9
	2001	14.6	8.9	20.1	10.5
Exercise level: sedentary	1989–90	35.2	41.5	39.3	57.8
	1995	35.6	44.9	43.7	54.0
	2001	30.9	44.0	38.8	55.9
Exercise level: low	1989–90	26.9	28.5	34.7	29.1
	1995	28.8	28.7	32.0	28.4
	2001	31.9	30.4	36.9	29.1
Smoker	1989–90	19.7	11.1	13.8	6.3
	1995	17.5	10.3	11.3	6.9
	2001	12.4	7.4	9.4	4.8
Risky/high-risk alcohol consumption	1989–90	9.1	2.5	7.3	2.3
	1995	5.8	2.2	7.2	3.3
	2001	7.0	4.7	8.0	4.6

Source: ABS National Health Surveys, ABS Cat. No. 4364.0, 2001.

8.7 Use of selected services

General practitioner consultations

Information on consultation with general practitioners (GPs) is available from the BEACH survey, a continuous survey of general practice activities conducted by the AIHW General Practice Statistics and Classification Unit at the University of Sydney. Details of the BEACH survey are provided in Chapter 6. Results of the survey detail the nature and amount of services older Australians receive from their GPs.

Older Australians presented to GPs with higher rates of symptoms, medical conditions and chronic conditions than people less than 65 years of age. Consultation times were significantly longer, and the number of problems managed and prescriptions per 100 encounters were significantly higher. Consultations with patients aged 65 years and over were longer than with younger patients (averaging 15.4 minutes compared with 14.9 minutes). The longest consultations were with patients aged 75 years or more (an average of 15.6 minutes). Home visits and visits in hospital or residential aged care occurred significantly more often in the 75 years and over age group.

Problems were managed at a rate of 171.2 per 100 encounters and medications were prescribed, recommended or supplied at a rate of 131.6 per 100 encounters, equivalent to 76.9 medications per 100 problems managed. These rates for persons 65 years and over were much higher than the equivalent rates for all general practice encounters—143.4 problems managed, and 108.2 medications prescribed, recommended or supplied, per 100 patient encounters. For patients aged 65 years and over, medications for the cardiovascular system were the most commonly prescribed, at an average of 31.6 prescriptions per 100 encounters. Among these, antihypertensives (17.0 per 100 encounters) were the most frequently prescribed.

Table 8.20: Problems most commonly managed by GPs, persons aged 65 years and over, 2000–02

	65–74 years	75 years and over	Total 65 and over
Rate per 100 patient encounters			
Problem most commonly managed by ICPC-2 chapter			
Circulatory (cardiovascular)	36.1	40.5	38.4
Musculoskeletal	22.9	21.5	22.2
Respiratory	20.5	17.1	18.8
Skin	16.1	18.9	17.6
Endocrine & metabolic	19.2	12.5	15.7
General & unspecified	13.4	15.1	14.3
Psychological	9.6	12.5	11.1
Digestive	10.6	10.2	10.4
Urology	3.6	4.6	4.1
Ear	3.5	3.6	3.6
Individual problems most commonly managed			
Hypertension	20.7	19.2	19.9
Osteoarthritis	6.1	6.4	6.2
Immunisation/vaccination	6.9	5.5	6.2
Diabetes	7.0	4.9	5.9
Lipid disorder	6.7	3.1	4.8
Coronary heart disease	3.3	4.3	3.8
Prescription (all)	3.2	3.3	3.2
Sleep disturbance	2.4	3.5	3.0
Depression	2.9	2.7	2.8
Oesophageal disease	2.9	2.5	2.7
Heart failure	1.5	3.8	2.7

Note: ICPC = International Classification of Primary Care.

Source: O'Halloran et al. 2003.

The individual problems most commonly managed were hypertension (19.9 per 100 encounters), osteoarthritis (6.2 per 100), immunisation/vaccination (6.2 per 100), diabetes (5.9 per 100), lipid disorder (4.8 per 100) and coronary heart disease (3.8 per 100). Injuries, mainly due to falls, were managed at one in every 20 GP encounters for people aged 65 years and over.

The problems most commonly managed, by disease group, were cardiovascular system (38.4 per 100 encounters), musculoskeletal (22.2 per 100), respiratory (18.8 per 100), skin (17.6 per 100) and endocrine and metabolic problems (15.7 per 100).

At least one chronic condition was managed at 60.8% of encounters with patients aged 65 years and over, with 41.5% involving management of one chronic condition, 14.8% two chronic conditions, 3.8% three chronic conditions and 0.6% four chronic conditions. The chronic conditions most commonly managed were hypertension, osteoarthritis, diabetes, lipid disorder, coronary heart disease and depression.

Hospitalisation

In 2001–02 there were 2.1 million separations from Australian hospitals for persons aged 65 years and over. The separations per 1,000 population were high for people aged 65 years or more compared with the general population. In 2001–02, in the population of all ages, there were 307 separations per 1,000 population for males and 348 for females. For older Australians there were 742 hospital separations per 1,000 people aged 65–74 years, 1,012 per 1,000 people aged 75–84 and 1,014 per 1,000 people aged 85 years and over. For people 65 and over, separations per 1,000 population were 978 for males, 26% higher than the 778 per 1,000 population for females. However, women had much higher hospitalisation than men for falls, with 45,170 separations by females and 16,969 by males.

Public hospitals accounted for 62% of the separations and 69% of the patient days in 2001–02 for people aged 65 years and over, compared with 62% and 66%, respectively, for the population as a whole. The average stay in public hospitals for people aged 65 and over was 5.8 days, compared with 4.1 days for private hospitals.

Average length of stay in hospital increased with age in 2001–02. For males, average stay was 3.7 days for 65–74 year olds, 5.0 days for those 75–84 and 8.1 days for those 85 years and over. For females, average stay increased from 3.8 days for 65–74 year olds to 6.1 days for those 75–84 and to 9.7 days for those 85 years and over.

For males aged 65 years and over, the most common principal diagnoses in 2001–02 were neoplasms and chemotherapy for neoplasms (17% of separations), care involving dialysis (16%), stroke and other cardiovascular diseases (13%), and diseases of the digestive system (9%). These were also the most common conditions for females, with 13% of separations for neoplasms and chemotherapy for neoplasms, 12% for stroke and other cardiovascular diseases, 12% for care involving dialysis, and 10% for diseases of the digestive system.

There were significant differences in the conditions treated between public and private hospitals for people aged 65 and over. For example, most separations with a principal diagnosis of cancer were in public hospitals, but most separations for chemotherapy

treatment for cancer were in private hospitals. Most separations for musculoskeletal conditions and cataracts were in private hospitals, but public hospitals catered for the substantial majority of separations for diabetes, dementia, depression, cardiovascular diseases, and care involving dialysis or rehabilitation.

Table 8.21 : Separations, patient days and average length of stay by sex, age group, duration of stay and hospital sector, admitted patients aged 65 years and over, Australia, 2001–02

	Males			Females			Persons	
	65–74	75–84	85 & over	65–74	75–84	85 & over	65 & over	%
Separations								
Public hospitals								
Overnight	150,776	133,614	49,633	120,901	157,709	94,501	707,137	33.1
Same day	188,963	117,813	16,836	155,830	103,998	23,145	606,586	28.4
<i>Total</i>	<i>339,739</i>	<i>251,427</i>	<i>66,469</i>	<i>276,731</i>	<i>261,707</i>	<i>117,646</i>	<i>1,313,723</i>	<i>61.5</i>
Private hospitals								
Overnight	71,566	87,532	23,278	67,130	87,499	39,790	376,795	17.6
Same day	115,698	97,456	13,442	114,701	87,492	16,140	444,939	20.8
<i>Total</i>	<i>187,264</i>	<i>184,988</i>	<i>36,720</i>	<i>181,831</i>	<i>174,991</i>	<i>55,930</i>	<i>821,734</i>	<i>38.5</i>
Total	527,003	436,415	103,189	458,562	436,698	173,576	2,135,457	100.0
Patient days								
Public hospitals								
Overnight	1,215,367	1,301,240	590,312	1,018,514	1,711,118	1,201,571	7,038,128	63.7
Same day	188,963	117,813	16,836	155,830	103,998	23,145	606,586	5.5
<i>Total</i>	<i>1,404,330</i>	<i>1,419,053</i>	<i>607,148</i>	<i>1,174,344</i>	<i>1,815,116</i>	<i>1,224,716</i>	<i>7,644,714</i>	<i>69.2</i>
Private hospitals								
Overnight	413,682	678,807	220,111	446,633	755,953	440,212	2,955,398	26.8
Same day	115,698	97,456	13,442	114,701	87,492	16,140	444,939	4.0
<i>Total</i>	<i>529,380</i>	<i>776,263</i>	<i>233,553</i>	<i>561,334</i>	<i>843,445</i>	<i>456,352</i>	<i>3,400,337</i>	<i>30.8</i>
Total	1,933,710	2,195,316	840,701	1,735,678	2,658,561	1,681,068	11,045,051	100.0
Average length of stay (days)								
Public hospitals								
Overnight	8.1	9.7	11.9	8.4	10.8	12.7	10.0	
<i>Total</i>	<i>4.1</i>	<i>5.6</i>	<i>9.1</i>	<i>4.2</i>	<i>6.9</i>	<i>10.4</i>	<i>5.8</i>	
Private hospitals								
Overnight	5.8	7.8	9.5	6.7	8.6	11.1	7.8	
<i>Total</i>	<i>2.8</i>	<i>4.2</i>	<i>6.4</i>	<i>3.1</i>	<i>4.8</i>	<i>8.2</i>	<i>4.1</i>	
All hospitals								
Overnight	7.3	9.0	11.1	7.8	10.1	12.2	9.2	
Total	3.7	5.0	8.1	3.8	6.1	9.7	5.2	
Separations per 1,000 population								
All hospitals	819.5	1,202.0	1,215.2	669.3	873.3	923.4	866.6	

Source: AIHW National Hospital Morbidity Database.

Table 8.22: Separations by principal diagnosis and hospital type, admitted patients aged 65 years and over, Australia, 2001–02

Principal diagnosis	Public hospitals			Private hospitals			All hospitals	
	65–74	75–84	85+	65–74	75–84	85+	Total	%
Males								
Neoplasms	33,581	24,691	6,379	26,613	28,753	6,630	126,647	11.9
Chemotherapy for neoplasms	16,744	6,898	442	16,570	10,190	761	51,605	4.8
Diabetes	5,072	3,504	739	2,411	2,986	504	15,216	1.4
Dementia	716	1,695	1,006	71	352	186	4,026	0.4
Depression	1,079	2,114	396	815	688	71	5,163	0.5
Cataracts	5,466	5,713	1,379	9,953	16,358	3,406	42,275	4.0
Stroke	5,903	6,556	2,567	1,440	2,460	807	19,733	1.9
Other cardiovascular diseases	38,596	30,504	9,629	18,830	19,579	4,031	121,169	11.4
Diseases of the respiratory system	18,780	19,002	6,919	4,450	6,844	2,110	58,105	5.4
Diseases of the digestive system	27,578	18,194	5,044	26,756	19,779	3,260	100,611	9.4
Rheumatoid arthritis & osteoarthritis	3,443	1,752	292	5,410	3,684	389	14,970	1.4
Other musculoskeletal disorders	7,819	5,141	1,594	8,624	6,360	1,120	30,658	2.9
Injuries due to a fall	691	1,546	933	4,193	5,667	3,939	16,969	1.6
Care involving dialysis	85,378	49,690	2,029	13,648	13,807	915	165,467	15.5
Care involving rehabilitation	7,201	8,459	3,345	3,586	5,864	1,580	30,035	2.8
All other conditions	81,594	65,913	23,754	43,493	41,284	6,946	262,984	24.7
No recorded diagnosis	98	55	22	401	333	65	974	0.1
All separations	339,739	251,427	66,469	187,264	184,988	36,720	1,066,607	100.0
Females								
Neoplasms	22,667	20,044	7,212	19,981	18,877	6,055	94,836	8.9
Chemotherapy for neoplasms	12,787	5,340	412	14,613	7,424	581	41,157	3.9
Diabetes	3,651	3,955	1,203	1,861	2,554	714	13,938	1.3
Dementia	551	1,851	1,634	94	440	395	4,965	0.5
Depression	1,755	2,227	474	1,615	1,466	421	7,958	0.7
Cataracts	7,025	10,281	2,898	15,402	25,324	6,513	67,443	6.3
Stroke	4,030	7,372	4,955	848	2,171	1,467	20,843	2.0
Other cardiovascular diseases	24,937	32,546	17,705	11,876	15,273	6,314	108,651	10.2
Diseases of the respiratory system	13,878	15,235	8,185	3,931	5,098	2,640	48,967	4.6
Diseases of the digestive system	24,037	20,873	9,302	27,848	20,449	5,249	107,758	10.1
Rheumatoid arthritis & osteoarthritis	4,619	3,418	841	6,341	5,085	813	21,117	2.0
Other musculoskeletal disorders	9,394	8,803	4,010	10,837	9,032	2,736	44,812	4.2
Injuries due to a fall	1,635	4,054	3,632	6,812	14,920	14,117	45,170	4.2
Care involving dialysis	67,550	33,861	969	13,062	8,097	580	124,119	11.6
Care involving rehabilitation	7,170	13,480	8,758	4,779	8,564	3,862	46,613	4.4
All other conditions	70,974	78,222	45,412	41,330	29,776	3,339	269,053	25.2
No recorded diagnosis	71	145	44	601	441	134	1,436	0.1
All separations	276,731	261,707	117,646	181,831	174,991	55,930	1,068,836	100.0
Persons								
All separations	616,470	513,134	184,115	369,095	359,979	92,650	2,135,443	

Source: AIHW National Hospital Morbidity Database.

Medicare services

There are higher numbers of Medicare services per person for older Australians than for younger ages. Medicare services are those services provided by private medical practitioners, optometrists and some dental practitioners for which a contribution is paid by the Health Insurance Commission. In 2002–03, in the population of all ages, an average of 9.1 Medicare services were provided per person for males. This compares with 23.4 services per male among those aged 65–74 years and 21.9 for those aged 75 and over. Similarly, while females in the total population averaged 13.1 Medicare services per person in 2002–03, 65–74 year old females averaged 23.5 and those 75 and over 25.7.

This resulted in average Medicare benefits paid per person in 2002–03 for males aged 65–74 of \$920 and for those aged 75 and over of \$843, compared with the average for the male population of \$339. Similarly, average Medicare benefits paid per person for females aged 65–74 of \$882 and for those aged 75 and over of \$954 were much higher than the average for the female population of \$476.

Table 8.23: Average number of Medicare services per Australian resident, 2002–03

Age group	Males	Females
0–4	8.36	7.62
5–9	4.33	4.30
10–14	3.89	3.96
15–19	4.29	7.64
20–24	4.58	10.38
25–34	5.40	12.85
35–44	7.04	12.18
45–54	9.89	14.30
55–64	14.82	18.03
65–74	23.41	23.51
75 and over	21.92	25.73
All	9.11	13.14

Source: Department of Health and Ageing.

Table 8.24: Average Medicare benefits paid per person, age and sex, 2002–03

Age group	Males (\$)	Females (\$)
0–4	259.99	229.60
5–9	138.13	130.06
10–14	133.05	129.47
15–19	151.22	241.86
20–24	159.07	325.32
25–34	192.11	451.34
35–44	258.95	460.51
45–54	376.88	543.84
55–64	582.63	687.13
65–74	920.04	882.49
75 and over	842.69	954.06
All	338.66	475.68

Source: 2002–03 Health Insurance Commission Annual Report.

Support services for older Australians with health conditions

A number of support programs are available to older Australians who meet health criteria. The main ones include provision of residential aged care, Home and Community Care (HACC), and Community Aged Care Packages (CACPs), although actual provision does not include persons who qualify but have yet to be placed in care, and the usage levels are affected by the supply of services. To enter residential care, or to receive a CACP, people must have the appropriate recommendation from an Aged Care Assessment Team. The HACC program target group are those people aged 65 years or more with moderate, severe or profound disability, and their carers (AIHW 2003).

On 30 June 2002 there were 10 permanent aged care residents per 1,000 population in the 65–74 year age group, 55 per 1,000 population in the 75–84 year age group and 247 per 1,000 population in the 85 years and over age group. In addition, on 30 June 2002, there were 3 CACP recipients per 1,000 population aged 65–74, 11 per 1,000 population aged 75–84, and 30 per 1,000 population aged 85 years or more.

Provision of HACC assistance for those living in private households also increased rapidly with age. In 2001–02, there were 87 HACC clients per 1,000 population aged 65–74, 245 per 1,000 population aged 75–84 and 425 per 1,000 population aged 85 years or more (AIHW 2003).

8.8 Health expenditure on diseases of older Australians

Eighty six per cent of recurrent health expenditure in Australia in 2000–01 can be allocated to specific diseases. In that year, people aged 65 years and over, who represented 12.5% of the population, accounted for 38.0% of total allocatable health expenditure. People aged 65–74 years (6.8% of the population) accounted for 14.4% of health expenditure, people aged 75–84 years (4.3% of the population) 15.0%, and people aged 85 and over (1.3% of the population) 8.2%.

Table 8.25: Estimated resident population and allocatable health expenditure, 2000–01 (per cent)

Age group	% of population 30 December 2000	% of health expenditure 2000–01
0–64	87.5	62.0
65–74	6.8	14.7
75–84	4.3	15.0
85 and over	1.3	8.2
65 and over	12.5	38.0

Sources: ABS Cat. No. 3101.0; AIHW.

Average health expenditure per person rises sharply with advancing age in the older age groups. Average per person health expenditure in 2000–01 was \$5,509 for 65–74 year olds, \$8,895 for 75–84 year olds, and \$15,690 for people aged 85 and over, compared with \$1,807 for persons aged less than 65 years.

More than half of all health expenditure on the following diseases is spent on persons aged 65 years and over:

- Dementia, 98% of all expenditure
- Stroke, 83%
- Arthritis 69%, and
- Vision problems 61%.

Cardiovascular diseases had the highest per person expenditure, \$1,146, of any medical condition for persons aged 65 years and over in 2000–01, followed by dementia (\$901)

and cancer (\$586). However, among persons aged 85 years and over, highest levels of per person expenditure were for dementia (\$4,086), cardiovascular diseases (\$1,580) and arthritis (\$918).

Table 8.26: Proportion of total allocatable health expenditure: selected health conditions, 2000-01

Health condition	Males	Females	Persons	Persons		
	65+	65+	65+	65-74	75-84	85+
Per cent of allocatable health expenditure						
All conditions	36.4	39.3	38.0	14.7	15.0	8.2
Dementia, incl. Alzheimers	96.1	98.8	98.1	9.7	40.7	47.7
Other mental & behavioural	15.4	23.5	20.0	8.2	8.6	3.2
Stroke	77.5	87.5	82.8	23.0	36.8	23.0
Other cardiovascular diseases	40.5	39.8	40.2	17.8	16.4	5.9
Respiratory	24.8	23.7	24.3	10.7	9.5	4.1
Cancer	43.2	33.1	38.4	18.3	15.3	4.8
Diabetes	38.0	23.7	26.5	12.3	9.7	4.5
Vision disorders	57.7	62.6	60.6	21.7	28.2	10.7
Hearing disorders	20.8	27.3	23.3	12.8	6.4	4.2
Arthritis	62.2	72.7	69.1	25.3	26.9	17.0
Other musculoskeletal	18.2	24.6	22.0	9.0	8.8	4.2
Other conditions	35.9	38.1	37.1	16.0	14.0	7.1
Percent of Australian population of that age and sex at 30 June 2001						
	11.1	13.8	12.5	6.8	4.3	1.3

Source: AIHW.

Table 8.27: Total allocatable expenditure: selected health conditions by age group, 2000-01

Health condition	Average expenditure per person (\$)					Expenditure, all persons (\$m)
	Under 65	65-74	75-84	85+	65+	
Dementia, incl. Alzheimers	105	163	1,080	4,086	901	2,209
Other mental	162	214	351	421	283	3,410
Stroke	26	157	396	799	309	896
Other cardiovascular diseases	226	931	1,350	1,580	1,146	6,856
Respiratory	194	351	490	687	435	4,311
Cancer	134	511	676	680	586	3,672
Diabetes	118	254	317	469	299	2,707
Vision disorders	16	101	207	252	154	611
Hearing disorders	14	29	23	49	29	300
Arthritis	44	269	451	918	401	1,397
Other musculoskeletal	193	314	486	741	419	4,573
Other conditions	577	2,218	3,067	5,008	2,811	18,232
All conditions	1,807	5,509	8,895	15,690	7,773	49,174

Source: AIHW.

8.9 Selected conditions

Dementia

Dementia, including Alzheimer's disease, is a major cause of severe and profound disability, and the prevalence of disability from it increases rapidly with increasing age. With the expected ageing of the Australian population, the number and the proportion of the older population with dementia requiring health care and assistance are expected to increase.

Table 8.15, reporting from the ABS Survey of Disability, Ageing and Carers, shows that the prevalence of dementia among those aged 85 and over was 16.4% and 23.9% respectively for males and females compared with just under 5% for males and females aged 75–84 and about 1% for those aged 65–74. These prevalence rates estimated from the ABS survey are considerably lower than the rates for most OECD countries, especially for people aged less than 85 years (AIHW 2004). The main reason for this difference is that the ABS survey relied on self- or carer-reporting and that people with mild or even moderate dementia might have little contact with health or aged care services that would result in an identification of the condition (AIHW 2004).

Projections based on an average of prevalence rates in OECD countries (Jorm et al. 1987) indicate that the number of Australians affected by dementia is expected to increase by 50% in 18 years from 161,300 in 2002 to 242,700 in 2020. Reflecting the projected changes in the age structure, the largest numerical increase is expected to be among those aged 85 and above, although the largest percentage increase is expected to be in the 65–74 age group.

Table 8.28: Projected number of people with dementia, Australia, 2002 and 2020

Age	2002	2020	% increase
65–74 years	27,600	47,400	71
75–84 years	68,300	92,500	35
85 years & over	65,400	102,800	57
65 years & over	161,300	242,700	50

Source: AIHW 2002, AIHW 2004.

The increasing prevalence of dementia among older Australians is reflected in the health and aged care services provided. In general practice in 2001–02 dementia was managed at a rate of 0.50 per 100 GP-patient encounters, an increase of about 20% on the rate of 0.42 per 100 encounters in 1998–99. The percentage of Aged Care Assessment Team clients who had a primary diagnosis of dementia increased from 18% in 1994–95 to 21% in 2001–02. Similarly, dementia is affecting an increasing proportion of residents of residential aged care. In 1998, 65% of permanent residents of residential aged care were identified as being possibly or probably affected by dementia, whereas this proportion increased to 80% in 2002. Dementia sufferers also represent a relatively high proportion of persons receiving the Community Aged Care Package and assistance under the Extended Aged Care at Home program—18% and 32% respectively in 2002.

With the projected ageing of the population, including those aged 65 and over, it can be expected that the number and proportion of people affected by dementia and the demand for dementia-related services will increase. Details of the impact of dementia among older Australians are contained in the AIHW publication *The Impact of Dementia on the Health and Aged Care Systems* (AIHW 2004).

Vision conditions

In the 2001 ABS National Health Survey, 96–98% of men and women in each of the 65–74, 75–84 and 85 and over age groups reported that they were suffering from long-term diseases of the eye and adnexa. Table 8.14 revealed that in 1998 there were an estimated 227,300 Australians aged 65 and over with vision problems and, of the 76,900 whose main long-term health condition was a vision problem, 43% had a severe or profound level of disability and a further 42% a moderate or mild level of disability.

Complete or partial blindness

Among males in 2001, 1.9% of 65–74 year olds, 3.9% of 75–84 year olds and 5.8% of those aged 85 and over reported in the National Health Survey that they suffered from complete or partial blindness. For females the corresponding figures were 2.1%, 3.4% and 11%.

Cataracts

A cataract is the partial or complete clouding of the lens of an eye or its capsule. Cataracts are a serious problem for both men and women in older age. Among males in the ABS National Health Survey in 2001, 6.0% of 65–74 year olds, 12% of 75–84 year olds and 10% of those aged 85 and over reported cataracts as a long term medical condition. For females the proportions are much higher – 10% of 65–74 year olds, 22% of 75–84 year olds and 28% of those aged 85 and over.

Hospital separation rates for cataracts in 2001–02 reflect this high prevalence. Men aged 65–69 experienced 1,720 hospital separations per 100,000 population. This increased with age to peak at 6,982 separations per 100,000 population for 80–84 year olds. The rates for women were higher – 2,241 separations per 100,000 population for 65–69 year olds, peaking at 7,547 separations per 100,000 population for 80–84 year olds. In 2001–02, there were 120,333 cataract surgeries performed on people aged 65 years and over in Australian hospitals – 47,059 on males and 73,274 on females.

Glaucoma

Glaucoma is a group of eye disorders in which pressure within the eye is so high that it damages nerve fibres in the retina and optic nerve and may lead to blindness. In the ABS National Health Survey in 2001, around 4% of men aged 65–74 years and 6% of those aged 75–84 and 85 and over reported suffering from glaucoma. Around 5% of women aged 65–74 years, 6% of those aged 75–84 and 8% of those aged 85 and over also reported having glaucoma in 2001.

Hospital separation rates for glaucoma for men were 51 per 100,000 population for 65–69 year olds rising to 201 per 100,000 population for 80–84 year olds. For women there were 62 separations per 100,000 population for 65–69 year olds rising to 168 per 100,000 population for 80–84 year olds.

Diabetic retinopathy

In 2001, just under 11% of 65–74 and 75–84-year-old men and 6% of those 85 years or more reported having diabetes, with 12% of women aged 65–74, 10% of those aged 75–84 and 11% of those aged 85 years or more also reporting the disease. It is not known what proportion of these had diabetic retinopathy (damage to the retina) which can lead to blindness. In 2001–02, there were 150 hospital separations per 100,000 population among 65–69 year old males for diabetic retinopathy. The separation rate peaked at 167 per 100,000 population for 70–74 year olds and declined to 111 per 100,000 population for those 85 and over. The rates were lower for women – 93 per 100,000 separations for 65–69 year olds and a peak of 126 per 100,000 population for 80–84 year olds.

Table 8.29: Hospital separations per 100,000 population for eye conditions, 2001–02

Sex	Condition	Age group								
		45–49	50–54	55–59	60–64	65–69	70–74	75–79	80–84	85+
Males	Cataract	110.5	244.3	457.2	889.8	1,720.5	3,167.3	5,574.3	6,982.1	5,650.4
	Glaucoma	6.6	12.3	18.8	34.0	50.7	88.8	150.0	201.3	135.7
	Diabetic retinopathy	46.1	46.4	89.8	131.5	149.7	167.3	164.7	116.1	110.9
	AMD	1.2	2.1	4.9	13.6	21.5	35.3	36.5	40.0	23.6
	Blindness & low vision	0.3	1.4	1.3	1.2	3.2	2.0	7.4	9.0	13.0
Females	Cataract	99.8	238.0	476.8	1,105.2	2,241.0	4,377.2	6,846.3	7,547.2	5,019.7
	Glaucoma	6.5	10.8	14.7	32.1	61.9	108.3	144.4	168.2	106.6
	Diabetic retinopathy	22.2	50.4	40.5	67.2	92.7	121.9	110.3	125.6	82.1
	AMD	1.2	2.2	8.7	26.1	44.2	47.4	30.4	26.2	13.3
	Blindness & low vision	1.0	1.1	0.0	1.2	2.9	5.7	6.8	6.3	9.1

Note: AMD = age-related macular degeneration.

Source: AIHW analysis of the National Hospital Morbidity Database.

Oral health

The oral health of older Australians has improved considerably since the 1970s. National dental health telephone surveys conducted by AIHW's Dental Statistics and Research Unit (DSRU) from 1979 to 2002 showed that the proportion of the population aged 65 years and more with no natural teeth (that is, who are edentulous) fell from 66% in 1979 to 50% in 1987–88 to 40% in 1994 and then to 34% in 2002 (DSRU: various publications). Tooth loss represents a history of substantial oral disease, indicating not only a potential need for dental prostheses, but also the need to maintain existing restorations and the remaining natural teeth (AHMAC Steering Committee for National Planning for Oral Health 2001).

A result of this rapidly rising proportion of older Australians with natural teeth is that their dental needs are very different from those of older Australians in past years. The percentage of 65–74 year old respondents in private households who consulted a dentist in the two weeks before interview in the ABS National Health Survey increased from 4.6% in 1989–90 to 6.1% in 2001, while the percentage of those aged 75 years and over who consulted a dentist increased from 2.0% to 4.9% over the same period.

However, the oral health of residents of some aged care facilities and of health card holders in the general community has been found to be much poorer than for other older Australians. A survey of nursing home residents in South Australia in 1997 found that 67% were edentulous, compared with 38% of Australians aged 65 years or more in 1996 (Chalmers et al. 1999a & 1999b). Part of this difference is because the nursing home residents represented an older group. Of those in the nursing homes with teeth, there were an average number of 11.9 teeth present, of which an average of 1.1 were decayed teeth, 1.1 were retained tooth roots, and 3.8 were filled. Only 23% of the nursing home residents did not need assistance cleaning teeth; this reflects the high proportion of nursing home residents with dementia and other disability. Residents with dementia gave carers many complex problems in providing oral hygiene care. A one-year follow-up of the South Australian nursing home residents found that the oral health status of new residents was poor and oral diseases, especially coronal and root caries, progressed rapidly during the residents' stay (Chalmers et al. 2001).

In 2002, health card holders in the National Dental Telephone Interview Survey were found to be over five times as likely to have lost all their teeth as the general adult population. Health card holders with some natural teeth also had twice the level of tooth loss of the general population (Carter & Stewart 2003).

8.10 Summary

This chapter has presented a range of key statistics on the demography and health of Australians aged 65 years or more. It has found that many more Australians are living to old age and their life expectancy at ages 65, 75 and 85 has been increasing. There have been large falls in death rates over the last decade. A large proportion of Australians in the age groups 65–74 and 75–84 years in particular live a healthy life without diseases and disability. Most live in their own homes and actively participate in society. However, the prevalence of diseases and disability increases with age. The disease pattern of those suffering ill health is mainly that of chronic disease. As the population aged over 65 years of age is becoming older, the level of chronic conditions and disability will correspondingly increase and there will be a rising demand for support services, including palliative care.

A summary of the key findings in this chapter follows.

Demographic trends

- The population aged 65 years and over is growing relatively rapidly. Of the three age groups 65–74, 75–84 and 85 years and over, the largest percentage rises between 1991 and 2001 were in the 85 years and over age group, with an 85% increase in males and a 67% increase in females.
- The population aged 65 years and over is projected to nearly double over the next 20 years.
- Life expectancy at age 65 for males increased from 15.4 years (80.4) in 1991 to 17.2 years (82.2) in 2001, and from 19.3 years (84.3) to 20.7 years (to 85.7) for females over the same period.

Trends in mortality

- There were substantial declines in death rates for persons aged 65 years or more during the decade from 1993 to 2002, largely due to major declines in death rates for cardiovascular diseases for both men and women.

Wellbeing

- The great majority of people in the age groups 65–74, 75–84 and 85 years and over reported in 2001 that they had good to excellent health.
- In 2001 the great majority of older Australians were living at home.
- In 2001 there were 181,000 people aged 65 and over in the labour force, 7.8% of the age group. In 2000 a total of 528,000 people aged 65 and over had undertaken unpaid voluntary work during the previous 12 months.
- In 2002 three quarters of people aged 65–74 and more than 60% of those aged 75 and over had attended a cultural venue or event during the previous 12 months.
- In the 12 months before interview in 2002, 51% of males and 41% of females aged 65 and over had participated in selected sport and physical activities. The most popular activity by far was walking for exercise, undertaken by 25%.
- In 2001, 17% of males and 11% of females aged 65–74, and 8.3% of males and 3.0% of females aged 75 and over, were using a computer at home, with most computer users also accessing the Internet.

Health conditions and levels of disability

- The health condition of old age which has the highest level of severe to profound disability is dementia. In 1998, dementia, including Alzheimer's disease, was reported in 22% of people aged 85 years or more. Of the estimated 97,800 people aged 65 years or more with dementia in that year, 96% had severe or profound disability, and only 2.8% had moderate or mild disability.
- The next most disabling conditions after dementia were other mental health conditions, eyesight diseases and stroke.
- The most common health conditions among older people with disabilities in 1998 were arthritis (801,000 people) and hearing conditions (663,900 people).
- Overall, 54% of people aged 65 and over in 1998 had a long term disability which restricted everyday activities. Some 21% of the population aged 65 and over had a severe or profound disability. At age 85 and over, 65% had a severe or profound disability, compared with 11% of those aged 65–74 years.

Risk factors

- Most older Australians either do not exercise at all or have low levels of physical activity, and a high proportion of those in the 65–74 year age group are overweight or obese.
- In 2001, 9% and 5% respectively of men aged 65–74 and 75 and over, and 7% and 5% respectively of women in these age groups, reported alcohol consumption at levels at risk to their health.

- While the proportion of older Australians who are smoking has been declining, 12% of males and 9% of females aged 65–74, and 7% of males and 5% of females aged 75 years and over, were smokers in 2001.

Use of selected services

- Australians aged 65 years and over not only consulted GPs more frequently than younger people but also presented with higher rates of symptoms and more medical conditions. There was a high frequency of management of one or more chronic conditions—a rate of 61 per 100 general practice encounters for persons aged 65 years and over.
- Consultation times for patients aged 65 and over were longer and the number of prescriptions per 100 patient encounters was much higher than for the patient population as a whole.
- The most common problems of people aged 65 years and over managed in general practice, by disease group, were problems of the circulatory (cardiovascular) system (38.4 per 100 encounters), musculoskeletal system (22.2 per 100), respiratory system (18.8 per 100), skin (17.6 per 100), and endocrine and metabolic system (15.7 per 100).
- Hospitalisation rates are high for older Australians. In 2001–02, there were 742 hospital separations per 1,000 people aged 65–74 years, 1,012 per 1,000 people aged 75–84 and 1,014 per 1,000 people aged 85 years and over.
- In 2002–03, in the population at large, an average of 9.1 Medicare services were provided per person for males. This compares with 23.4 services per male among those aged 65–74 years and 21.9 for those aged 75 and over. Similarly, females in the total population averaged 13.1 Medicare services per person in 2002–03, but 65–74 year old females averaged 23.5 and those 75 and over 25.7.
- On 30 June 2002 there were 10 permanent nursing home and other aged care residents per 1,000 population in the 65–74 year age group, 55 per 1,000 population in the 75–84 year age group and 247 per 1,000 population in the 85 years and over age group. In addition, on 30 June 2002, there were 3 Community Aged Care Package recipients per 1,000 population aged 65–74, 11 per 1,000 population aged 75–84, and 30 per 1,000 population aged 85 years or more.
- In 2001–02, there were 87 Home and Community Care clients per 1,000 population aged 65–74, 245 per 1,000 population aged 75–84 and 425 per 1,000 population aged 85 years or more.

Health expenditure

- 86% of recurrent health expenditure in Australia in 2000–01 can be allocated to specific diseases. In that year, people aged 65 years and over, who represented 12.5% of the population, accounted for 38.0% of allocatable health expenditure.
- Average health expenditure per person rises sharply with advancing age in the older age groups. Average per person allocatable health expenditure in 2000–01 was \$5,509 for 65–74 year olds, \$8,895 for 75–84 year olds, and \$15,690 for people aged 85 and over, compared with \$1,807 for persons aged less than 65 years.

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