



Health, Well-being and Quality of life of ageing population in Europe: results from EU COURAGE in Europe project

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Abstract COURAGE in EUROPE project developed and validated ICF-based tools for population surveys to measure health and disability determinants, quality of life (QoL), and well-being (WB) in ageing populations. Project's results increase our understanding of the effects of ageing on well-being, showing also a relationship between health and socio-economic status, QoL and WB.

Introduction

There is a need for valid and reliable outcome measures for good statistics and innovative measurement instruments for cross-population comparative analyses that assess the relationships between a person's health state and his/her quality of life and well-being.

COURAGE in EUROPE project, supported by a 3-years Grant from EU, developed and validated an ICF-based survey protocol to measure health and disability, quality of life (QoL), and well-being (WB) in ageing populations and, thereby, **to find and empirically substantiate determinants of ageing across populations, looking also at the role of the built environment and social networks as health and disability determinants.**

Methods & Materials

COURAGE in Europe is an observational, cross-sectional study of general non-institutionalized adult population reached through household interviews. **The sample is representative of three European countries (Finland, Poland, and Spain) that were selected to give a broad representation across different European regions, taking into consideration their population and health characteristics.**

A multi-stage clustered design was used to obtain nationally representative samples. A probability proportion to size design was used to select clusters. Within each cluster an enumeration of existing households was done to obtain an accurate measurement of size.

COURAGE Survey Protocol is composed of instruments that allow the evaluation of health status, functioning and disability, quality of life, well-being, social networks and built environment of ageing population.

Acknowledgements

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Results

Sample size was composed of 10800 individuals: 1976 from Finland, 4071 from Poland, and 4753 from Spain. The individual response rate was 53.4% for Finland, 66.5% for Poland, and 69.9% for Spain.

A trend of increase in functioning difficulties with age and with levels of household wealth was observed for the whole sample, with older subjects and those with lower wealth reporting more difficulties in ADLs, IADLs and higher disability assessed with the WHODAS 2. An inverse relationship between health state and age was observed, with older subjects showing lower health. Differences among countries were also observed: respondents from Poland reported worse scores than those from Spain and Finland, which reported fewer difficulties in ADL and IADL and in disability scores. Regarding mobility functions, for Poland difficulties in walking 1 kilometre were much more common (56%) than in Finland (27%) and Spain (32%). Also, the prevalence of risk factors and their association with mobility limitations varied considerably between the three countries.

Quality of life, collected with WHOQoL-AGE, a COURAGE Project adaptation of WHOQoL for ageing studies, **was perceived better in Finland and in Spain, than in Poland** (Figure 1).

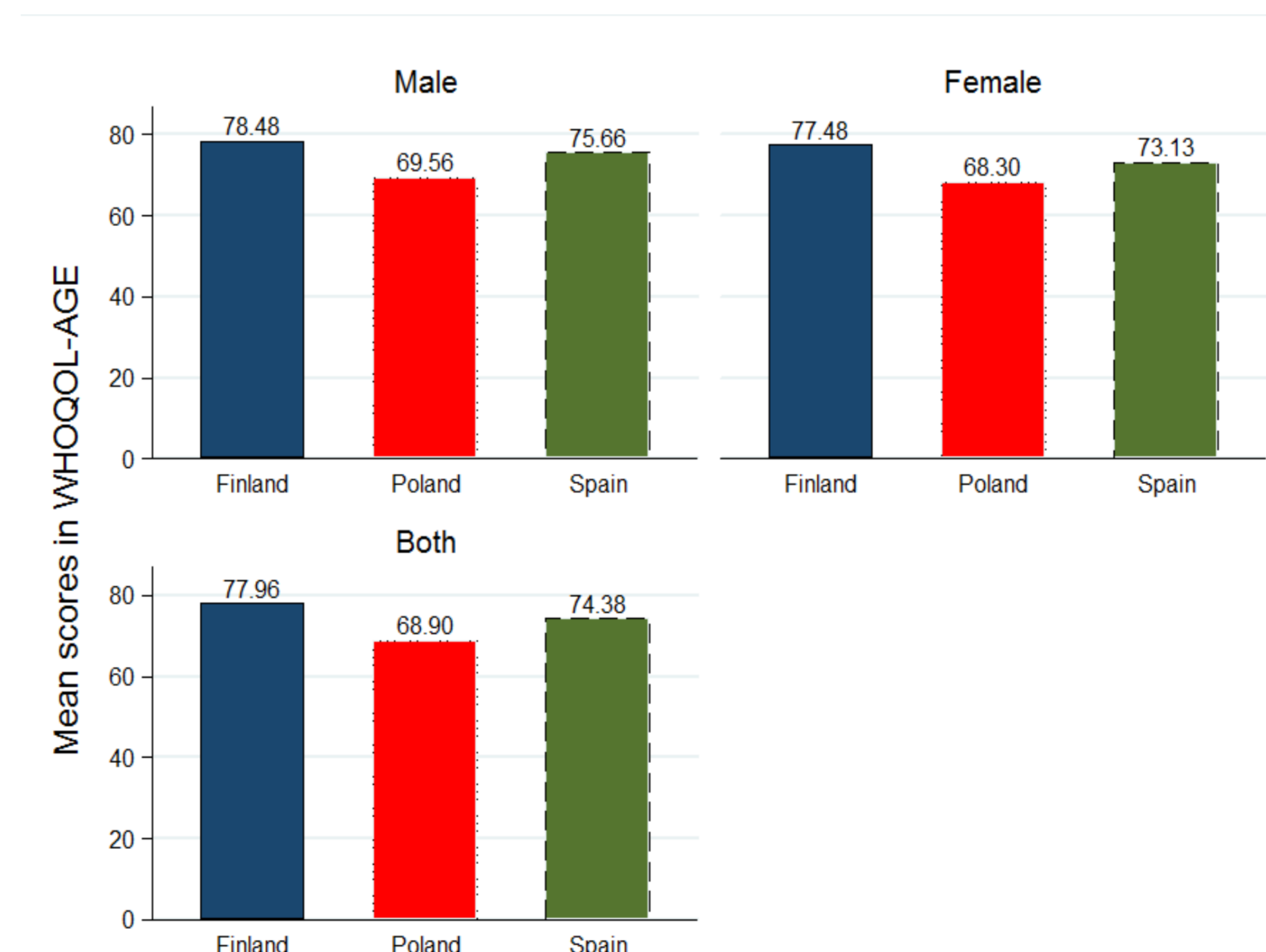


Figure 1. QoL in Finland, Poland and Spain

Regarding **Well-being**, people from Finland showed the highest well-being, and those from Poland the lowest, with Spain in the middle. Life evaluation worsened with age whereas the affect tended to improve: positive affect increased and negative affect decreased in Finland and Spain. In Poland negative affect increased with age (Figure 2).

	Life evaluation	Happiness	Positive affect	Negative affect	Net affect	U-index
Finland	7.60 (7.51, 7.68)	4.00 (3.97, 4.03)	4.63 (4.55, 4.71)	0.41 (0.37, 0.45)	4.22 (4.11, 4.33)	0.15 (0.13, 0.17)
Poland	6.07 (5.97, 6.16)	3.71 (3.67, 3.75)	4.34 (4.24, 4.44)	0.47 (0.43, 0.52)	3.87 (3.74, 3.99)	0.19 (0.17, 0.21)
Spain	6.77 (6.69, 6.84)	3.77 (3.74, 3.80)	4.86 (4.81, 4.91)	0.67 (0.63, 0.71)	4.19 (4.11, 4.27)	0.11 (0.10, 0.12)

Figure 2. Well-being in Finland, Poland and Spain

Conclusions

The project showed the relationship between health and socio-economic status, health and well-being, and increased our understanding of the effects of ageing on well-being. It provided measures of environmental determinants to explain variation between countries (and in particular the European North-South gradient).

The developed and validated COURAGE Protocol for Ageing Studies has proven to be a valid tool for collecting comparable data in ageing populations. It is therefore recommended that future studies exploring determinants of health and disability in ageing use the COURAGE derived methodology and protocol.

COURAGE in Europe results and methodology allowed the analysis of the effects of social and policy changes on ageing and can support European States in the reorganization of their health and welfare systems so as to further implement the principles of equity, solidarity and universality.

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