

Stringhini S, Carmeli C, Jokela M, Avendaño M, McCrory C, d'Errico A, Bochud M, Barros H, Costa G, Chadeau-Hyam M, Delpierre C, Gandini M, Fraga S, Goldberg M, Giles GG, Lassale C, Kenny RA, Kelly-Irving M, Paccaud F, Layte R, Muennig P, Marmot MG, Ribeiro AI, Severi G, Steptoe A, Shipley MJ, Zins M, Mackenbach JP, Vineis P, Kivimäki M; LIFEPAATH Consortium

Socioeconomic status, non-communicable disease risk factors, and walking speed in older adults: multi-cohort population based study

BMJ. 2018 Mar, 360:k1046. doi: 10.1136/bmj.k1046.

ABSTRACT

OBJECTIVE - To assess the association of low socioeconomic status and risk factors for non-communicable diseases (diabetes, high alcohol intake, high blood pressure, obesity, physical inactivity, smoking) with loss of physical functioning at older ages. **DESIGN** - Multi-cohort population based study. **SETTING** - 37 cohort studies from 24 countries in Europe, the United States, Latin America, Africa, and Asia, 1990-2017. **PARTICIPANTS** - 109 107 men and women aged 45-90 years. **MAIN OUTCOME MEASURE** - Physical functioning assessed using the walking speed test, a valid index of overall functional capacity. Years of functioning lost was computed as a metric to quantify the difference in walking speed between those exposed and unexposed to low socioeconomic status and risk factors. **RESULTS** - According to mixed model estimations, men aged 60 and of low socioeconomic status had the same walking speed as men aged 66.6 of high socioeconomic status (years of functioning lost 6.6 years, 95% confidence interval 5.0 to 9.4). The years of functioning lost for women were 4.6 (3.6 to 6.2). In men and women, respectively, 5.7 (4.4 to 8.1) and 5.4 (4.3 to 7.3) years of functioning were lost by age 60 due to insufficient physical activity, 5.1 (3.9 to 7.0) and 7.5 (6.1 to 9.5) due to obesity, 2.3 (1.6 to 3.4) and 3.0 (2.3 to 4.0) due to hypertension, 5.6 (4.2 to 8.0) and 6.3 (4.9 to 8.4) due to diabetes, and 3.0 (2.2 to 4.3) and 0.7 (0.1 to 1.5) due to tobacco use. In analyses restricted to high income countries, the number of years of functioning lost attributable to low socioeconomic status by age 60 was 8.0 (5.7 to 13.1) for men and 5.4 (4.0 to 8.0) for women, whereas in low and middle income countries it was 2.6 (0.2 to 6.8) for men and 2.7 (1.0 to 5.5) for women. Within high income countries, the number of years of functioning lost attributable to low socioeconomic status by age 60 was greater in the United States than in Europe. Physical functioning continued to decline as a function of unfavourable risk factors between ages 60 and 85. Years of functioning lost were greater than years of life lost due to low socioeconomic status and non-communicable disease risk factors. **CONCLUSIONS** - The independent association between socioeconomic status and physical functioning in old age is comparable in strength and consistency with those for established non-communicable disease risk factors. The results of this study suggest that tackling all these risk factors might substantially increase life years spent in good physical functioning.

KEYWORDS: -

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