

Life expectancy has increased greatly in EU countries over the past few decades, but many years of life in old age are lived with some chronic diseases and disabilities (see the indicator Healthy life expectancy). The EU approach to addressing the challenge of chronic diseases involves an integrated response focusing on prevention across sectors, combined with efforts to strengthen health systems to improve the management of chronic conditions (EC, 2020).

Based on the latest wave of the Survey on Health, Ageing and Retirement in Europe (SHARE), about 37% of people aged 65 and over reported having at least two chronic diseases on average across EU countries in 2017 (Figure 3.23). Women report multiple chronic diseases more often than men (41% versus 32% on average). As expected, the prevalence of chronic diseases increases with age. Among people aged 80 and over, 56% of women and 47% of men report multiple chronic diseases on average across EU countries.

There are substantial disparities in the prevalence of chronic diseases by income group. On average across EU countries, 27% of people aged 65 and over in the highest income quintile reported at least two chronic diseases, compared with 46% for those in the lowest income quintile. This reflects to a large extent the cumulative effect of more difficult living and working conditions and greater exposure to various risk factors for chronic conditions earlier in life (OECD, 2017).

Living with chronic diseases does not necessarily hinder older people from carrying on their usual activities. Nonetheless, about 30% of people aged over 65 on average across EU countries reported having at least one limitation in activities of daily living (ADL, including basic activities such as eating or dressing) or instrumental activities of daily living (IADL, including activities such as cooking or doing the laundry) (Figure 3.24). Such limitations in ADLs and IADLs may require long-term care assistance.

Women report more often having at least one ADL or IADL limitation than men in all EU countries (34% of women and 24% of men on average across EU countries). This reflects mainly the fact that women report more chronic diseases with disabling effects, such as arthritis.

The prevalence of activity limitations increases greatly with age: about 45% of people aged 75 years and over report to be limited in their daily activities across EU countries. There are also large disparities in disability by income quintile: on average across EU countries, about 18% of people aged over 65 in the highest income quintile report such activity limitations compared with 43% among those in the lowest income quintile.

The provision of long-term care for people with limitations in ADL or IADL can be very costly. All EU countries have some type of social protection for people requiring long-term care, as most people would not be able to afford the full cost. In many EU countries, the access and level of support to long-term care

benefits depend on people's income and asset, and in some countries, on the availability of informal carers. Older people with the most severe needs and limited assistance from informal carers are the most likely to be pushed into poverty or to have to move to LTC facilities (Oliveira Hashiguchi and Llana-Nozal, 2020).

Definition and comparability

The question used in SHARE to measure the prevalence of any chronic disease is "Has a doctor ever told you that you had any of the conditions on this card?" Data reported here include people who report Alzheimer's disease, cancer, chronic kidney diseases, chronic lung diseases, diabetes, heart attack, hip fracture, Parkinson's disease, stroke, rheumatoid arthritis and osteoarthritis.

As for limitations in daily activities, the questions is: "Do you have any difficulty with these activities because of a physical, mental, emotional or memory problem?". Activities of daily living (ADL) or instrumental activities of daily living (IADL) included here relate to limitations in: dressing, walking across the room, bathing/showering, eating, getting in/out of bed, using the toilet, preparing a hot meal, doing the groceries, making telephone calls, taking medications, doing work around the house/garden, managing money, leaving the house independently and doing the laundry. Difficulties expected to last less than three months are excluded.

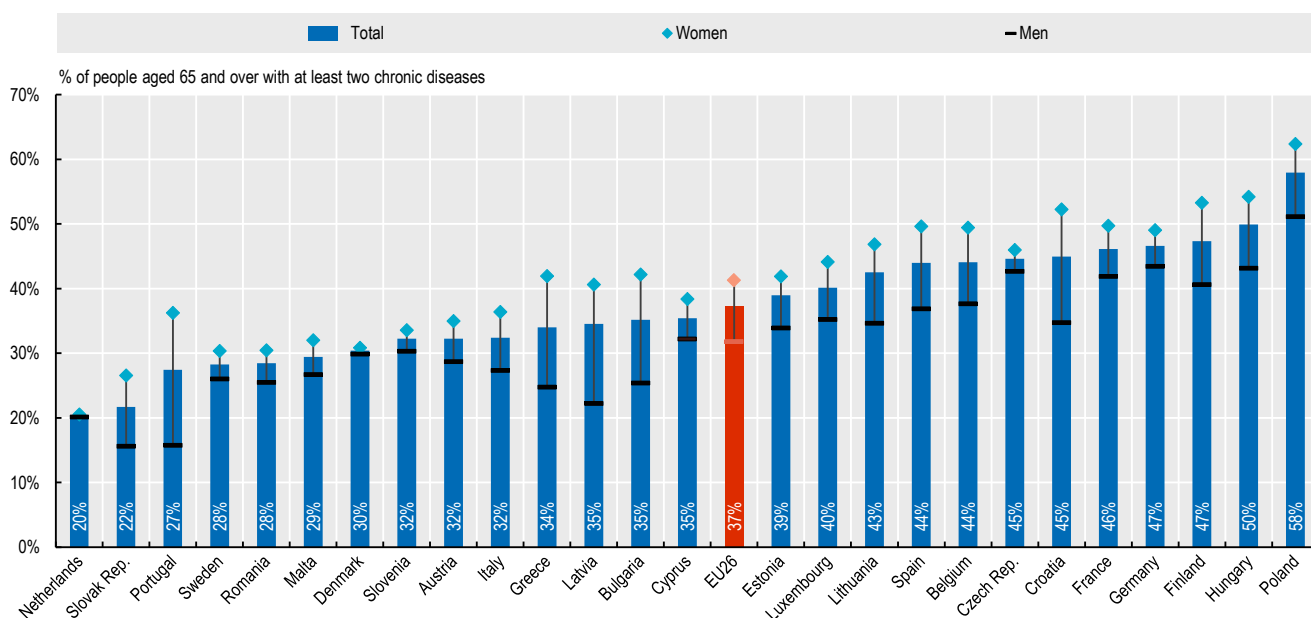
The prevalence of limitations in daily activities is adjusted by the OECD to correct for the underrepresentation of the population living in LTC facilities (except in Greece and in the Netherlands, resulting in an under-estimation), while the prevalence of chronic diseases excludes those who live permanently in LTC facilities and is not adjusted.

Data are weighted by population size in each country, except in the Netherlands.

References

- EC (2020), "EU integrated approach to non-communicable diseases", https://ec.europa.eu/health/non_communicable_diseases/overview_en.
- OECD (2017), *Preventing Ageing Unequally*, OECD Publishing, Paris, <https://doi.org/10.1787/9789264279087-en>.
- Oliveira Hashiguchi, T. and Llana-Nozal, A. (2020), "The effectiveness of social protection for long-term care in old age: Is social protection reducing the risk of poverty associated with care needs?", *OECD Health Working Papers*, No. 117, OECD Publishing, Paris, <https://doi.org/10.1787/2592f06e-en>.

Figure 3.23. Multiple chronic conditions among people aged 65 and over, by gender, 2017

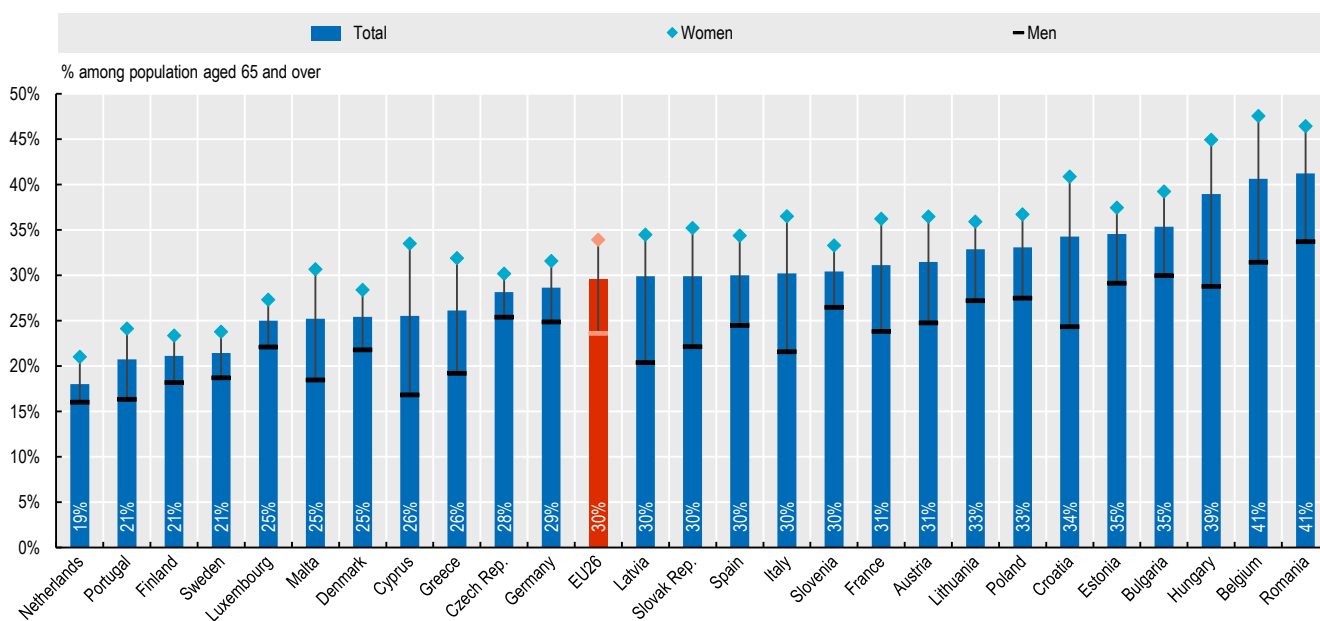


Note: The EU average is unweighted. Chronic diseases include Alzheimer's disease, cancer, chronic kidney diseases, chronic lung diseases, diabetes, heart attack, hip fracture, Parkinson's disease, stroke, rheumatoid arthritis and osteoarthritis.

Source: Survey of Health, Ageing and Retirement in Europe (wave 7).

StatLink <https://stat.link/s4o93q>

Figure 3.24. Limitations in daily activities among people aged 65 and over, by gender, 2017



Note: The EU average is unweighted. Prevalence is adjusted to correct for the underrepresentation of people in LTC facilities in SHARE, except in the Netherlands and Greece.

Source: Survey of Health, Ageing and Retirement in Europe (wave 7).

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