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Physical And Behavioural Health Of Older Irish Adults

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Key findings:

- Both cardiovascular and non-cardiovascular diseases are common in older adults with the prevalence of most chronic conditions increasing with age.
- Hypertension, angina and stroke are more common in men; osteoporosis, arthritis and high cholesterol are more common in women.
- One in five older Irish adults is a current smoker, the highest rates of smoking are seen in the poorest and those with lowest education levels.
- Half of those aged 75 years and older report low levels of physical activity. Wealthier and better educated adults have the highest physical activity levels.
- Screening for cancer varies significantly by age, education and wealth. Older, poorer, less educated adults are less likely to screen for prostate or breast cancer.
- One in five older adults takes five or more medications (polypharmacy). This proportion rises to almost one in two for those aged 75 years and older. Polypharmacy is more than twice as likely in medical card holders compared with adults without cover or with medical insurance.
- Three-quarters of older Irish adults are objectively overweight or obese. Poorer individuals and those with lower levels of education have the highest levels of obesity.
- There is a significant discrepancy between self-reported disease and objective measure of disease; for example, 58% of men and 49% of women with objective evidence of hypertension are undiagnosed.

5.1 Introduction

Health, wellbeing and independent living are integrally linked to social and economic circumstances (1, 2), although the underlying causal mechanisms remain poorly understood. To date, mortality rates and hospital based records (HIPE) have been used to monitor the health of the population in Ireland. These systems do not represent a comprehensive overview of population health, in particular HIPE data is limited, since it does not represent the non-hospitalised population. TILDA health assessment addresses this shortfall.

The focus of TILDA's health research is on common conditions that have public health significance; that is on diseases that are most prevalent among older people and most likely to result in mortality, poor quality of life, disability and social isolation.

The primary areas of investigation are neuro-cardiovascular stability (cognition, mood, cardiac and autonomic function), locomotion (gait and balance) and sensory function (vision and hearing).

Longitudinal studies typically use subjective information to determine health and well being. Given the reported differences between self-reported and objective health (3), TILDA has collected objective measurements, in some cases using new technologies, which complement the subjective, self-rated information on health and well being from the CAPI and the self-completion questionnaire (SCQ).

TILDA also has information on health behaviours, such as smoking, drinking alcohol and taking exercise, all important determinants of health status in older persons (4). Smoking continues to be a major risk factor for death from cancer, coronary heart disease and stroke in older age, and smoking cessation confers benefits well into older age (5, 6). Consumption of alcohol increases the risk of falls (7) and has been linked to cognitive problems and dementia (8). Exercise has a major beneficial influence not just on locomotion and cardiovascular health, but also on mental health and cognitive well being.

This chapter presents the prevalence of chronic diseases in older Irish adults and variations in prevalence associated with age, education and wealth. The pattern of behavioural health and medication use in older adults is described and the relationships between objective and subjective measures of health are examined. Some of the important features of the methodologies employed in the assessments are highlighted in the chapter. For more detailed descriptions, the reader is referred to the design report at www.tilda.ie

5.2 Self-rated health

A person's own appraisal of his/her general health is a powerful independent predictor of future morbidity and mortality (9). TILDA respondents were asked to rate their own health directly using a global rating of health as excellent, very good, good, fair, or poor. For some analyses, these five options have been collapsed into two groups (1) good health (excellent, very good and good) and (2) poor health (fair or poor).

Figure 5.1 presents self-rated health by age, sex and education. Overall, 75% of older adults rate their health as excellent (14%), very good (28%) or good (33%) and 25% rate their health as fair (19%) or poor (6%). Self-rated health declines with age in both men and women; older adults are less likely to report health as excellent, very good or good (66% in those aged 75 and over versus 79% of those aged between 50-64; Table 5.A1). In all age groups, higher education is associated with better self-rated health. 83% of adults aged 75 years and over, with third level education rate their health as excellent, very good or good compared to 61% of those with primary or no education (Table 5.A2). For all ages, greater wealth is associated with better

self-rated health: 37% of older adults in the lowest wealth quartile report fair or poor self-rated health compared to 12% in the highest wealth quartile (Table 5.A3; Figure 5.2).

Figure 5.1: Self-rated health by age, sex and education

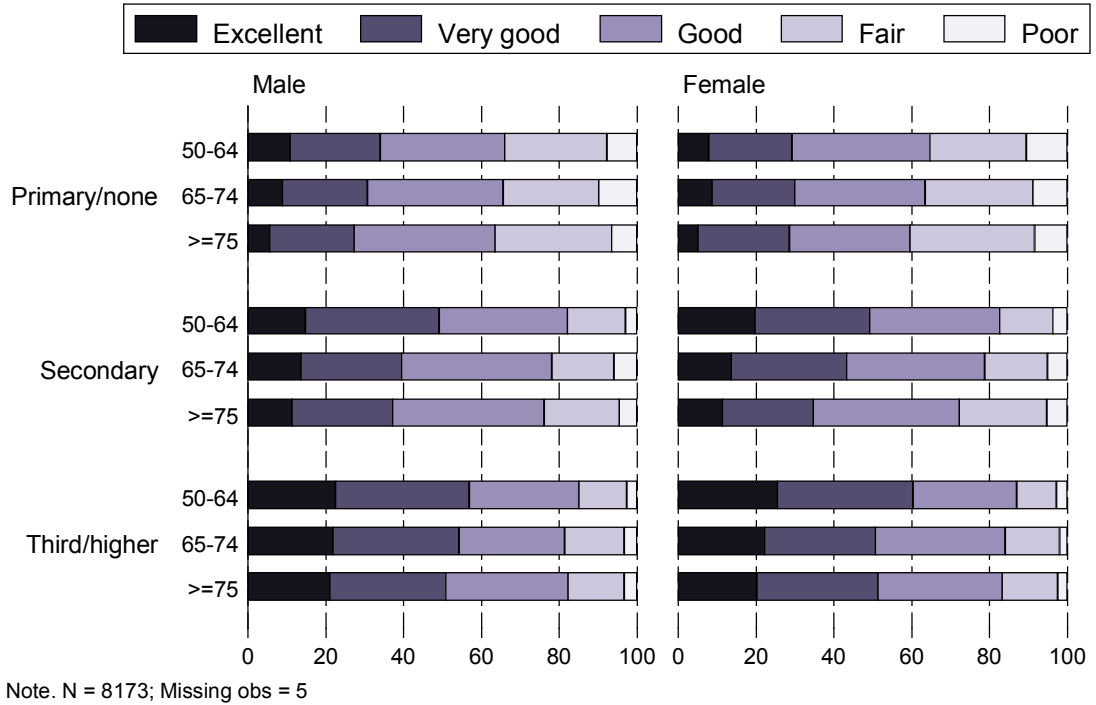
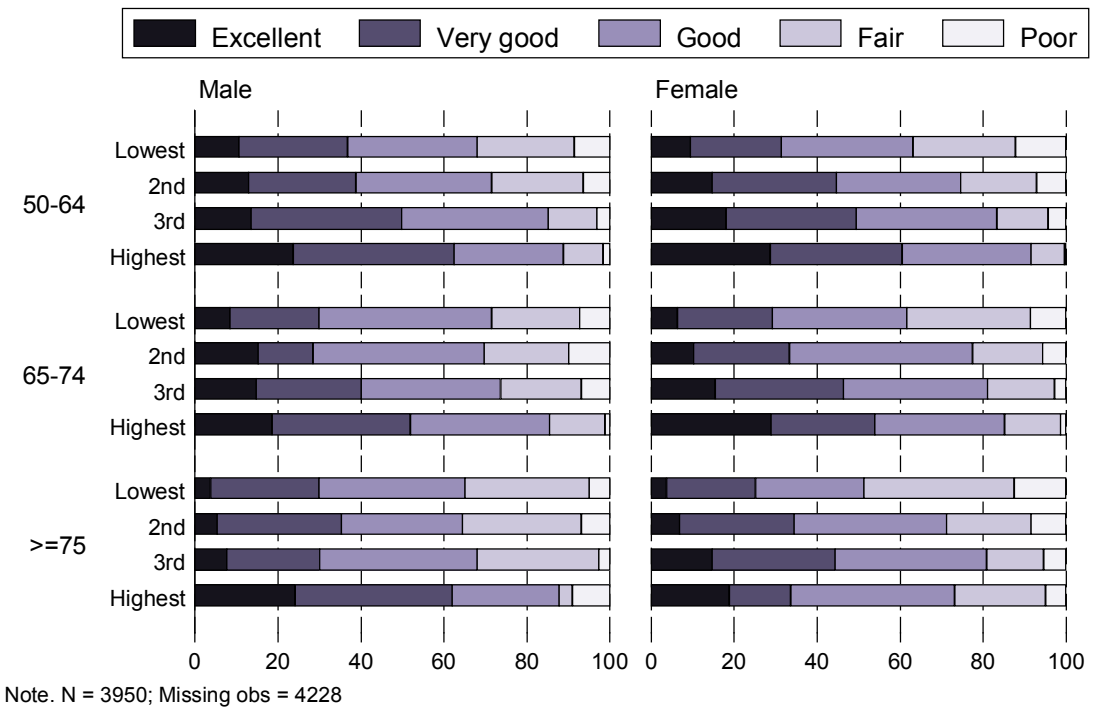


Figure 5.2: Self-rated health by age, sex and wealth



5.3 Prevalence of disease

5.3.1 Cardiovascular disease

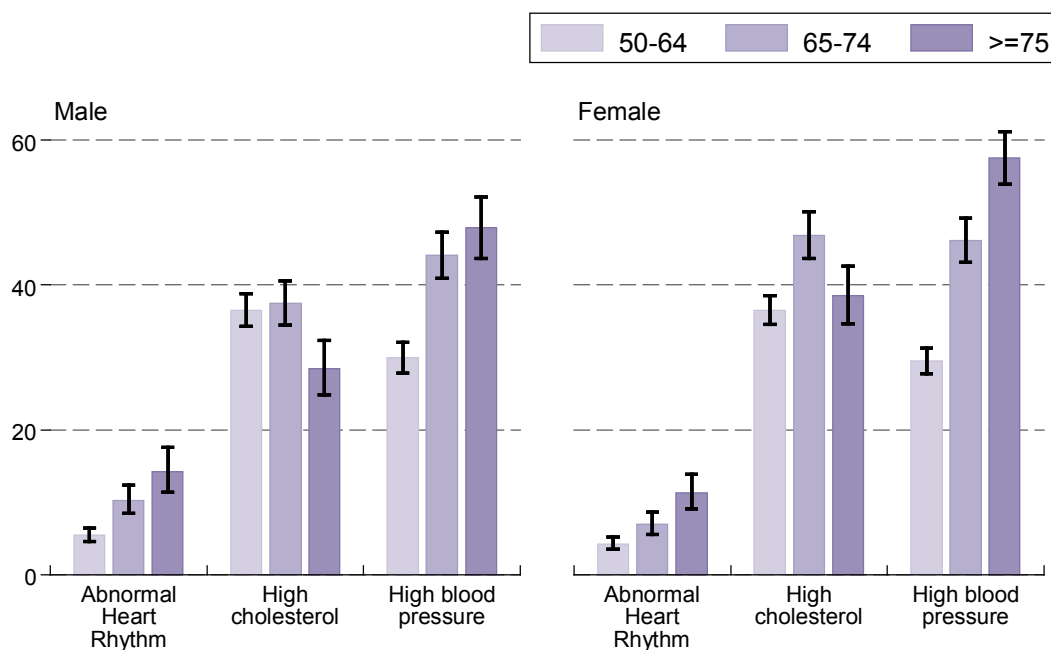
Cardiovascular disease remains the main cause of death in Ireland, accounting for 35% of all deaths (2.29 deaths per 1,000 of population per year)(10) and is a key focus of the TILDA physical health module. UK research suggests that, despite the success of public health campaigns in reduction of mortality in younger people, morbidity associated with cardiovascular disease in older age groups has not fallen (11). Elevated systolic (SBP) and diastolic (DBP) blood pressures are important risk factors for cardiovascular diseases such as angina, heart attack (myocardial infarction) and stroke (12). High blood pressure (hypertension) is recognised by the World Health Organisation (WHO) as one of the most important preventable causes of premature morbidity and mortality in developed and developing countries (13). Abnormal heart rhythm, in particular atrial fibrillation, is a modifiable cause of stroke and heart failure.

TILDA respondents were asked whether a doctor had ever told them that they suffered from any of the following conditions: high blood pressure, angina, a heart attack, congestive heart failure, an abnormal heart rhythm, diabetes or high blood sugar, a stroke, a mini-stroke or TIA (Transient Ischaemic Attack), high cholesterol or any other heart trouble.

5.3.1.1 High blood pressure, high cholesterol and abnormal heart rhythm

Figure 5.3 presents the prevalence of cardiovascular risk factors by age and sex. One in three older adults report a doctor diagnosis of high blood pressure with a similar proportion reporting high cholesterol. Fewer than one in ten older adults report an abnormal heart rhythm. The prevalence of high blood pressure increases stepwise with age from 29.7% in those aged 50-64 years to 53.7% in those aged 75 and over. Similarly, the prevalence of an abnormal heart rhythm increases with age, from 4.9% in those aged 50-64 to 12.4% in those aged 75 years and older. In contrast, the prevalence of high cholesterol peaks in Irish adults aged 65-74 years and subsequently declines with increasing age (Table 5.A4). Women report higher levels of high blood pressure and high cholesterol than men, with the opposite pattern seen for abnormal heart rhythm. Irish adults with primary education report higher rates of high blood pressure but lower rates of high cholesterol when compared to those with second or third level education (Table 5.A5). A similar association is seen with wealth, older adults in the lowest wealth quartile report higher rates of high blood pressure and lower rates of high cholesterol than those in the highest wealth quartile (Table 5.A6). The prevalence of abnormal heart rhythm does not vary by education or wealth.

Figure 5.3 Prevalence of cardiovascular risk factors by age and sex

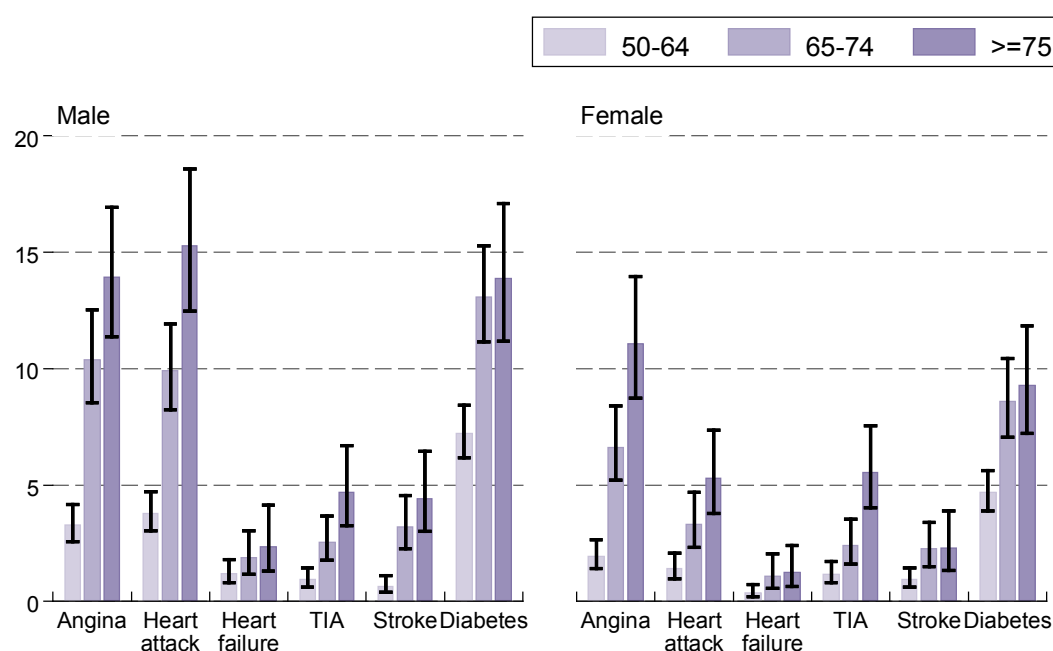


Note. N = 8178; Missing obs = 0; Error bars correspond to 95% confidence intervals

5.3.1.2 Angina, heart attack, heart failure

Figure 5.4 shows the prevalence of cardiovascular disease by age and sex. One in twenty older Irish adults report angina or a prior heart attack, 1.1% report heart failure. The prevalence of all three conditions increases with advancing age, for example 2.6% of adults aged 50-64 report angina; this rises to 8.5% in adults aged between 65 and 74 years and 12.2% in adults aged 75 and over. Likewise the prevalence of heart attack increases from 2.6% in those aged 50-64 years to almost 10% in those aged 75 and over. The prevalence of cardiovascular disease is higher in men than women; 15.3% of men aged 75 years and over have suffered a heart attack compared to 5.3% of women of the same age (Table 5.A7). The prevalence of angina, heart attack and heart failure is highest in those with low education; for example 8.6% of older adults with primary/no education report angina compared to 3.4% of those with third level education (Table 5.A8). A clear wealth gradient is observed with individuals in the lowest wealth quartile reporting twice as much angina, heart attacks and heart failure than those in the highest quartile (Table 5.A9).

Figure 5.4: Prevalence of cardiovascular disease by age and sex



Note. N = 8178; Missing obs = 0; Error bars correspond to 95% confidence intervals

5.3.1.3 Stroke, transient ischaemic attacks (TIA) and diabetes

Table 5.A7 also presents the prevalence of stroke, TIA and diabetes in older Irish adults. The overall prevalence of stroke is 1.7% and TIA is 2.1%. There is a strong age gradient with older adults three times more likely to report a stroke and five times more likely to report a TIA than younger adults. TIA and stroke are equally prevalent in men and women. Irish adults with a primary or no education report higher rates of stroke and TIA than those with a second or third level education (Table 5.A8). In addition older adults in the lowest two wealth quartiles report higher rates of stroke and TIA than those in the higher wealth quartiles (Table 5.A9).

One in twelve Irish adults report a doctor's diagnosis of diabetes. The prevalence of diabetes increases with age from 6% in adults aged 50-64 years to 11.1% in adults aged 75 years and older. Regardless of age, diabetes is more common in men than women. Older adults with primary/no education are twice as likely to report a diagnosis of diabetes as those with third level education (10.5% versus 5.7%, table 5.A8). A similar pattern is observed with wealth; 9.3% of older adults in the lowest wealth quartile have diabetes compared with just 4.6% in the highest wealth quartile (Table 5.A9).

5.3.2 Non-cardiovascular chronic conditions

5.3.2.1 Respiratory disease

Chronic respiratory disease is an important cause of morbidity and mortality in old age (10). In Ireland, diseases of the respiratory system account for 12% of all deaths, affecting in particular the older age-groups (10).

TILDA respondents were asked whether a doctor had ever told them that they suffered from a chronic lung disease such as chronic bronchitis or emphysema.

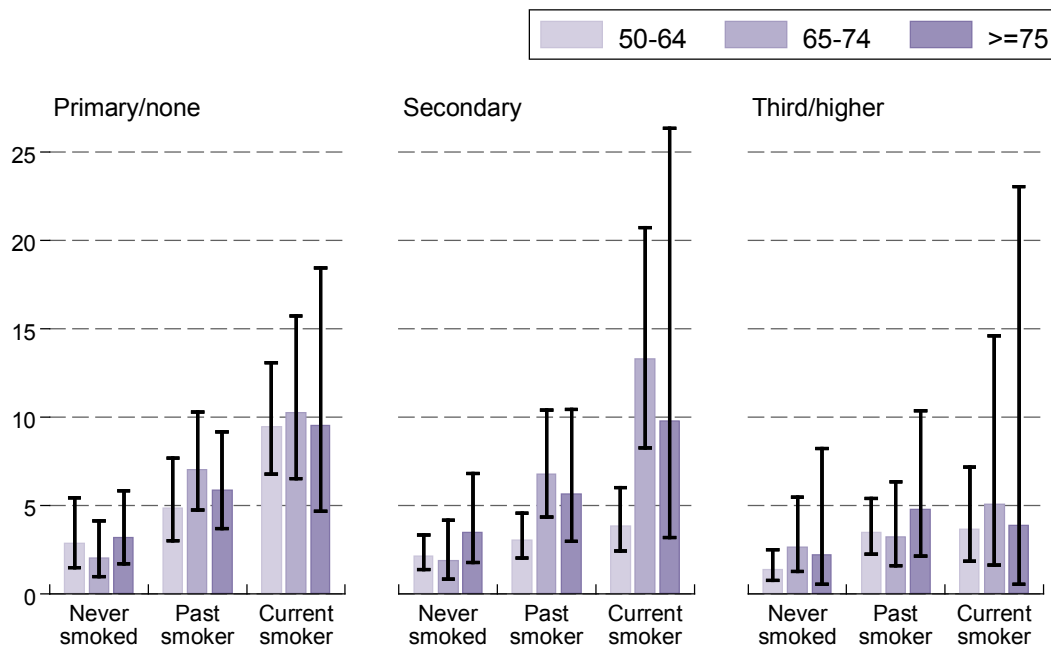
The prevalence of chronic lung disease in older adults is 4.2% (Table 5.A10). In men, the prevalence of chronic lung disease increases with age from 3.0% in those aged 50-64 years, to 5.1% in those aged 65-74 years and 5.6% in those aged 75 years and older, however this consistent increase with age is not seen in women. Smoking is a strong risk factor for lung disease. Figure 5.5 shows the prevalence of lung disease by age, smoking history and education. Older adults who currently smoke are more than twice as likely to report chronic lung disease compared with adults who never smoked but this effect appears to be moderated to some extent by higher levels of education. Table 5.A11 presents the prevalence of chronic respiratory disease by age and education. Individuals with primary or no education report substantially higher levels of chronic lung disease (5.5%) compared to individuals with second or third level education (3.6% and 2.7% respectively). There is also strong evidence of a wealth gradient with adults in the lowest wealth quartile twice as likely to report chronic lung disease than those in the wealthiest quartile (6.5% vs 2.7%; see table 5.A12).

5.3.2.2 Arthritis, osteoporosis & fractures

Arthritis is the most common joint disease, and osteoarthritis (OA) is the commonest form of arthritis (14). The incidence of arthritis rises with age; as a result, the prevalence and burden of this disorder is increasing rapidly (15). Arthritis is a common cause of disability. In Britain, more than 90% of patients with arthritis report functional limitations in activities of daily living (16).

The prevalence of osteoporosis is also known to increase with age (17) and it is estimated that 40% - 50% of women and 25% of men aged 50 years or older will suffer an osteoporosis-related fracture during their lifetime (18). Osteoporotic fractures, the clinical endpoint of osteoporosis, are associated with increased morbidity and mortality and high socioeconomic cost. In particular, hip fractures are associated with significant morbidity, loss of independence, diminished quality of life and high mortality rates.

Figure 5.5: Lung disease by age, education and smoking status



Note. N = 8173; Missing obs = 5; Error bars correspond to 95% confidence intervals

TILDA respondents were asked whether a doctor had ever told them that they suffered from any of the following conditions: arthritis, osteoporosis (or brittle bones), hip or wrist fracture. In addition, an objective measurement of bone density was taken in those who underwent a health centre assessment.

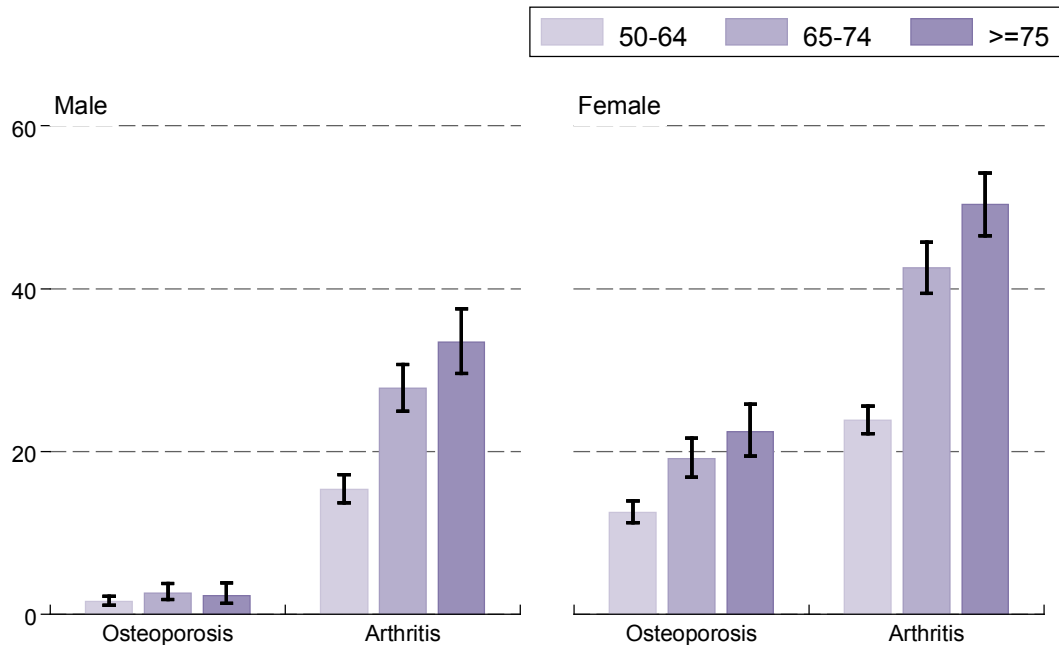
More than one in four (27.6%) adults aged 50 or over in Ireland has arthritis, with one in ten reporting a doctor's diagnosis of osteoporosis. A clear age gradient is observed. In women the prevalence of osteoporosis increases from 12.5% in those aged 50-64 years to 22.4% in those aged 75 years or older. Both conditions are more often diagnosed in women than men; for example 16.1% of women report osteoporosis compared to just 1.9% of men (Figure 5.6, Table 5.A10).

Overall 3.6% of older adults report a hip fracture and 11.7% report a wrist fracture. The prevalence of hip fractures increases with age from 2.8% in adults aged 50-64 years to 6.7% in adults aged 75 years and older. Men report higher levels of both hip and wrist fractures than women, however this pattern does not hold for all age groups. Younger men (those aged 50-64) are more likely to report a hip or wrist fracture than younger women, but this pattern reverses in older age groups (Table 5.A10).

Individuals with primary or no education have higher levels of arthritis, osteoporosis, hip and wrist fractures compared to individuals with third level education. This association is most marked for hip fracture with individuals with primary education

reporting a threefold higher rate of hip fracture than individuals with third level education (5.1% versus 1.7%; see Table 5.A11). Similarly, the highest prevalence of arthritis, osteoporosis, hip and wrist fractures is seen in the lowest wealth quartile (Table 5.A12).

Figure 5.6: Prevalence of arthritis and osteoporosis by age and sex



Note. N = 8178; Missing obs = 0; Error bars correspond to 95% confidence intervals

5.3.2.3 Eye disease and sensory impairment

Sensory decline is a common problem in older persons. It is associated with a variety of negative outcomes including reduced physical functioning, falls, increased dependency, withdrawal from social activities and diminished quality of life (19, 20).

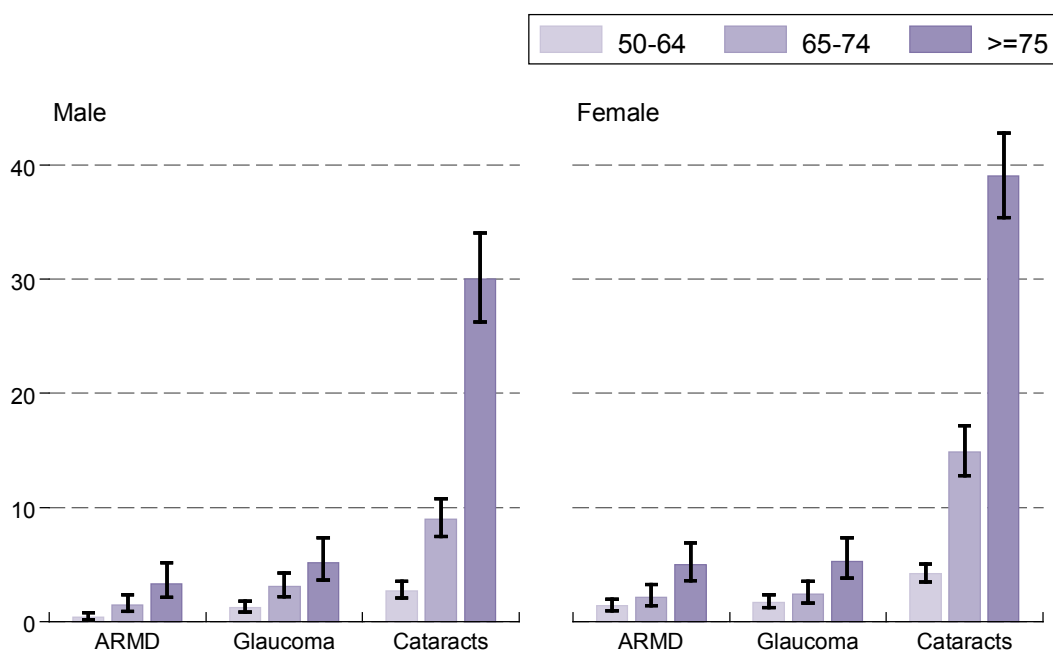
TILDA respondents were asked to appraise vision and hearing using the following five response options “excellent, very good, good, fair, or poor”. Respondents were also asked to report any doctor diagnosis of age-related macular degeneration (ARMD), cataracts and glaucoma. In addition, respondents were asked if they have any difficulty following conversations with one or more people.

Irish adults aged 75 years and older are twice as likely to rate their eyesight as poor when compared to those aged between 50 and 74 (Table 5.A13). The prevalence of cataracts and age-related macular degeneration increase with age and are higher in women than men (Figure 5.7). The prevalence of glaucoma also increases with age and is similar for men and women.

The association with age can also be seen for self-rated hearing, older adults are more than twice as likely to rate their hearing as poor when compared to younger adults (Table 5.A13). In addition, older persons report more difficulty following a conversation with one person - with or without a hearing aid (14% of those aged 75 years and over compared to 5% of those aged 50-64 years) (Table 5.A16).

Older adults with primary or no education are twice as likely to report poor vision and hearing, as well as a doctor's diagnosis of cataracts, glaucoma, and ARMD than adults with third level education (Table 5.A14). Similarly, there is evidence of a strong wealth gradient for all conditions except glaucoma (Table 5.A15).

Figure 5.7: Prevalence of eye disease by age and sex



Note. N = 8161; Missing obs = 17; Error bars correspond to 95% confidence intervals

5.3.2.4 Cancer

Cancer remains the second leading cause of death in older Irish adults (after cardiovascular disease), accounting for 28% of deaths annually (10). Data from the National Cancer Registry report that the commonest cancers (excluding non-melanoma skin cancers) in women are breast (30% of all cancers), bowel (12%) and lung (10%); in men, prostate (29%), bowel (15%) and lung (13%) are most common (21).

TILDA respondents were asked whether a doctor had ever told them that they have cancer or a malignant tumour and if so, what organ or part of the body was affected.

Overall 6.1% report a diagnosis of cancer (Table 5.A10). The highest prevalence of cancer is observed in adults aged between 65-74 years (8.8%) and cancer is more common in women than men (6.8% versus 5.3%; Table 5.A10). There is no evidence of an education or wealth gradient on the overall prevalence of cancer, although the effect on site specific cancer rates is yet to be examined (Table 5.A11-5.A12).

5.3.2.5 Falls

Falls are a common and often devastating problem for older people, leading to significant morbidity, mortality and increased use of health care services, in particular premature nursing home admissions (22). As the population ages, it is anticipated that the incidence of falls and consequent injuries will increase. Therefore, investigation of identifiable risk factors for falls and locomotion is a major research interest in TILDA.

Respondents were asked if they had fallen in the past year and if so, how many falls they had sustained.

Table 5.A17 presents the prevalence of falls by age and sex. Overall 19% of adults report falling in the previous year, with 7% reporting two or more falls (recurrent falls). The prevalence of falls increases with age in both men and women; 18% of adults aged between 50 and 64 years fell in the past year compared to 24% of adults aged 75 and older. There is some evidence of a socio-economic gradient in falls risk, although the effect of education and wealth on falls risk is not strong (table 5.A18-5.A19).

5.4 Behavioural health

Individual behaviours influence the prevalence of disease and ill health, or promote good health. The health behaviours recorded by TILDA and discussed here include smoking, alcohol consumption, physical activity, and participation in preventive health screenings.

5.4.1 Smoking

Cigarette smoking is one of the most important contributors to preventable morbidity and premature mortality worldwide. It is estimated that approximately 100 million deaths were caused by tobacco use in the 20th century. TILDA's measures on smoking allow a precise lifelong smoking history to be established. Data on smoking was collected using questions on smoking status (current, past, never), age at which the respondent started and stopped smoking and the average number of cigarettes, cigars or cigarillos or pipes smoked per day. In the current analyses individuals are classified as current smokers, previous smokers or having never smoked.

One in five older Irish adults currently smokes (Table 5.A20). Overall the prevalence of smoking is the same in both men and women (19%) but higher rates of smoking are reported in the younger old (50-64 years) and in adults with primary/no education (Table 5.A21). Women are more likely to have never smoked, whereas men are more likely to be ex-smokers. A clear association with wealth is observed, older adults in the lowest wealth quartile are almost three times as likely to report being current smokers as those in the highest wealth quartile (32% vs 12%; Table 5.A22).

5.4.2 Alcohol

Ireland has one of the highest levels of alcohol consumption in the European Union (23). While there are some reported benefits with light alcohol consumption, alcohol contributes to an array of personal and social difficulties, both acute and long-term. While regular consumption of even moderate amounts of alcohol may create a health risk, the pattern of binge drinking (substantial intake during a single episode of drinking interspersed with periods of low or no intake) carries with it a particularly high risk of behavioural and health difficulties.

TILDA respondents were asked about the frequency of their alcohol consumption as well as the quantity of alcohol consumed within the preceding six months. Respondents were also asked if a doctor had ever told them that they suffered from alcohol or substance abuse. In addition, respondents completed the CAGE (cut-annoyed-guilty-eye) questionnaire, which consists of 4 questions evaluating alcohol patterns and behaviour and is a valid screening assessment for alcoholism (24, 25).

Overall 1.8% of older Irish adults report a diagnosed history of alcohol or substance abuse (Table 5.A23). The rate is highest in men aged 65-74 years (3.9%). No association with education is observed (Table 5.A24). Individuals in the lowest wealth quartile are more likely to report a diagnosis of alcohol and substance abuse compared to those in the highest wealth quartile (Table 5.A25). When alcohol problems are assessed using the CAGE questionnaire, a different pattern emerges. The overall prevalence of "problem drinking" (defined as a CAGE score of 3 or more) is higher at 4.8% and no association with wealth or education is observed (Table 5.A24–5.A25).

5.4.3 Physical activity

Engaging in regular physical activity reduces the risk of cardiovascular disease, preserves functional ability and benefits psychological health in older people (26), yet people who have physical, psychological or mental health disorders are the group most likely to report inactivity (27).

Physical activity was assessed in TILDA using The International Physical Activity Questionnaire (IPAQ) (28). This is a standardised measure which estimates habitual practice of physical activities. The short form of the IPAQ, which consists of 8 items

estimating the time spent performing physical activities (from walking to moderate and vigorous exercise) and inactivity (time spent sitting) was used. The IPAQ classifies respondents as undertaking low, moderate or high levels of physical activity.

Overall, two thirds of older Irish adults report moderate (33%) or high (34%) levels of physical activity (Table 5.A26). Across all age groups, men are more active than women. For both men and women, the highest levels of physical activity are among adults aged 50 to 64 years, the lowest levels are reported in adults aged 75 and over. Regardless of age, individuals with higher education report higher levels of physical activity (Table 5.A27). An association between socio-economic status and exercise is observed; 40% of those in the lowest wealth quartile report low levels of physical activity compared to 25% in the wealthiest quartile (Table 5.A28).

5.4.4 Primary prevention and screening

Prevention and early treatment of many of the diseases and illnesses identified by screening can reduce morbidity and mortality. Identifying the factors which influence uptake of primary prevention and screening services will help to promote their use and may reduce health inequalities. TILDA respondents were asked if they had ever had a flu shot (influenza vaccination) or a blood test for cholesterol. Male respondents were asked if they had had a Prostate Specific Antigen (PSA) blood test for cancer. Female respondents were asked if they check their breasts regularly for lumps and if they had had a mammogram or x-ray of the breast to search for cancer.

5.4.4.1 Uptake of medical tests

Most (83%) adults aged 75 years and over have had a flu vaccination. Awareness for screening for elevated cholesterol levels is also high, with 87.3% having had a blood test to assess cholesterol levels. There is no sex difference in uptake of either test (Table 5.A29). Older adults with primary or no education are more likely to have had a flu injection than those with secondary or third level education (Table 5.A30). There is evidence of a wealth gradient for uptake of the flu injection; adults aged 50-74 years in the lowest wealth quartile report higher levels of uptake than age matched counterparts in the highest wealth quartile (Table 5.A31). This may be because of reimbursement of GPs for administration of flu vaccination to patients who have a medical card, but this association needs to be explored in greater depth.

5.4.4.2 Prostate cancer screening

Almost three quarters of older men have been screened for prostate cancer, with the highest rates seen in those aged 65-74 years (80%) (Table 5.A29). There is evidence of an educational gradient at all ages; men with primary or no education are less likely to screen for prostate cancer than men with second or third level education. For example, 71% of men aged 75 years and older with primary/no education have had a test for PSA levels compared to 83% of those with third level education (Table

5.A30). There is also evidence of a wealth gradient, men in the lowest wealth quartile report substantially lower rates of prostate cancer screening than those in the highest quartile (64% versus 81%; Table 5.A31). A possible explanation for this is that screening is not reimbursed or subsidised.

5.4.4.3 Breast cancer screening

Awareness and uptake of screening for breast cancer is high, 67% of women regularly check their breasts for lumps and 73% have had a mammogram. There is evidence of a strong age gradient with women aged 50-64 years three times more likely to have had a mammogram than women aged 75 years and older (86% versus 34%) (Table 5.A29). This is most likely attributable to the free State sponsored screening program for women aged between 50 and 65 years. An association with education is also observed; women with primary/no education are less likely to screen for breast cancer either by self-examination or mammogram than those with second/third level education. For example in women aged 75 years and older, only 29% of those with primary/no education had a mammogram in comparison with 54% of those with third level education (Table 5.A30). Women living in a rural area are more likely to check their breasts for lumps but less likely to have a mammogram compared to women from an urban area (Table 5.A32). This may be explained by geographic location of screening centres in urban areas. There is also evidence of a wealth gradient, women in the highest wealth quartile are more likely to have had a mammogram than women in the lowest quartile (89% versus 63%; Table 5.A31).

5.5 Chronic debilitating conditions

In older adults, early recognition of indicators of underlying health problems enable modification of risk factors and prevention of disability. In TILDA, these indicators are pain, incontinence and fear of falling.

5.5.1 Pain

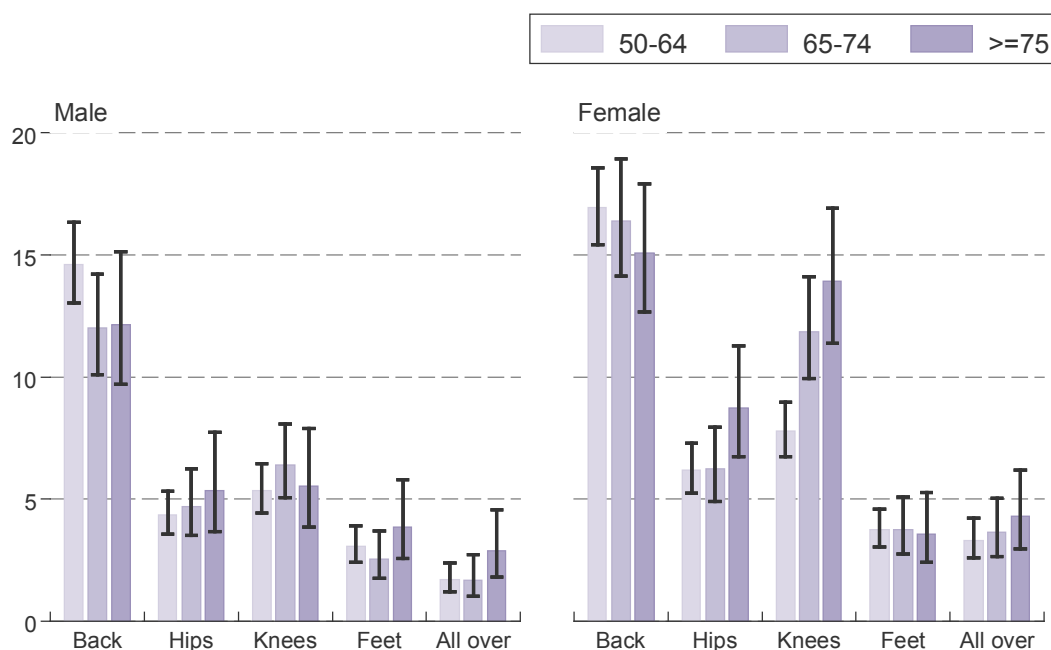
Older adults have higher rates of chronic illness and disability (11). Pain is often a central component of chronic conditions and is associated with adverse health consequences and diminished quality of life.

TILDA respondents were asked if they are often troubled with pain, the severity of pain experienced, the treatment, control and location of pain as well as the impact of pain on daily functioning (household chores or work).

Overall 36% of older Irish adults are 'often troubled with pain' with the majority of these individuals reporting their pain as "moderate" or "severe" (Table 5.A33). Across all age categories, pain is more common in women than men. Back pain is the most common overall, affecting almost 15% of older Irish adults, with the highest

rates evident in those aged 50-64 years (Figure 5.8). The prevalence of knee pain increases with age in women but peaks in men aged 65-74 years. Adults with primary or no education are more likely to report pain than those with a second or third level education (40%; 34% and 31% respectively) (Table 5.A34). There is also clear evidence of a wealth gradient with adults in the lowest wealth quartile more likely to report pain than those in the wealthiest quartile (41% vs 30%; Table 5.A35).

Figure 5.8: Prevalence of pain by site, age and sex



Note. N = 8178; Missing obs = 0; Error bars correspond to 95% confidence intervals

One in five adults aged between 50-64 years and one in four aged 75 years and older report that pain limits daily functioning (Table 5.A42). Women are more likely to report activity restriction than men. Older adults with primary or no education are almost twice as likely to report activity restriction as those with third level education (27.4% versus 16.3%; Table 5.A43). Similarly, individuals in the lowest wealth quartile are more likely to be limited by pain than those in the highest wealth quartile (28.3% versus 13.9%; Table 5.A44).

5.5.2 Urinary incontinence

Urinary incontinence is problematic for an individual and can also lead to many other problems and complications, particularly among older people. Incontinence causes people to avoid activities and interactions with others and can lead to isolation and depression (29). In addition, incontinence can increase the risk of falls when people attempt to reach the toilet before voiding (30). Despite affecting millions of older people, public awareness about incontinence is minimal, probably due to the nature of the condition and the 'taboo' surrounding it.

TILDA respondents were asked questions relating to the prevalence and frequency of urinary incontinence as well as consequent activity restriction.

One in eight older Irish adults report urinary incontinence with three quarters of these adults reporting frequent urinary incontinence (more than once during the previous month) (Table 5.A36). The prevalence increases with age from 9% in those aged 50-64 years, to 19% in those aged 75 years and older. At all ages, the prevalence is higher in women than men with very little evidence of either an educational or wealth gradient (Table 5.A37–5.A38).

Overall 3.2% of the population report being limited in daily activities by urinary incontinence with women more than twice as likely to be limited as men (4.2% versus 1.9%) (Table 5.A42). While there does not appear to be an educational effect, there is a clear association with wealth, adults in the lowest wealth quartile report four times higher rates of activity limitation than those in the highest quartile (5.7% versus 1.4%) (Table 5.A43–5.A44).

5.5.3 Fear of Falling

Fear of falling (FOF) is a well recognised risk factor for falls. In an attempt to avoid fall-related morbidity and social embarrassment, many fearful older persons resort to activity restriction (31). Although in the short term curtailment of activities or avoidance may protect against falls, in the long term, activity restriction can diminish the physical and mental health of an older person and may further increase risk of future falls.

Fear of falling was measured in TILDA by asking respondents whether they are afraid of falling (yes or no), if so to what degree (somewhat afraid or very much afraid) and whether they limit their activities as a consequence of this fear.

One in four older Irish adults reports a fear of falling. The prevalence increases with age from 17% in those aged 50-64 years up to 40% in those aged 75 years and older (Table 5.A39). At all ages, fear of falling is twice as common in women as men; for example 50% of women aged 75 years and older report a fear of falling compared to 27% of men of the same age. Thirty per cent adults with primary or no education report a fear of falling versus only 18% of those with third level education (Table 5.A40). There is also evidence of a wealth gradient with individuals in the lowest wealth quartile twice as likely to report a fear of falling as those in the highest quartile (Table 5.A41).

Overall 9.1% of older adults report that fear of falling limits daily activity. This rate is highest in those aged 75 years and older, where one in six restricts activity as a direct consequence of fear of falling. Women are twice as likely to restrict activity, as are those with primary or no education and those in the lowest wealth quartile (Table 5.A42–5.A44).

5.6 Medication Use and Polypharmacy

Medication use in older adults requires particular attention both because of increasing numbers of medications and age-related physiological changes which predispose to side effects. The term 'polypharmacy' generally refers to the use of multiple medications (prescription and non-prescription) by a patient. Polypharmacy is widespread but is most common in the older population (32). Polypharmacy is associated with an increased risk of falls and fall-related injuries (33), delirium, decline in Activities of Daily Living (ADL's) and Instrumental Activities of Daily Living (IADL's) as well as increased mortality (34). A better understanding of medication use in older adults will inform future policy decisions on prescribing practices.

TILDA respondents were asked about all medication (prescription and non prescription) that they take on a regular basis (every day or every week). An in-home inventory of medication obtained by direct observation, was used as it is more reliable than self-report recall methods (35). We define 'polypharmacy' as the use of five or more medications.

Polypharmacy increases exponentially with age; from 12% in adults aged 50-64 years to 41% in adults aged 75 years and older (Figure 5.9; Table 5.A45); rates are similar for men and women. Levels of polypharmacy are highest (30%) in those with primary or no education, compared to those with third level education (15%; Table 5.A46). Similarly, individuals in the lowest wealth quartile are more than twice as likely to report polypharmacy than individuals in the highest wealth quartile (31% versus 14%; Table 5.A47).

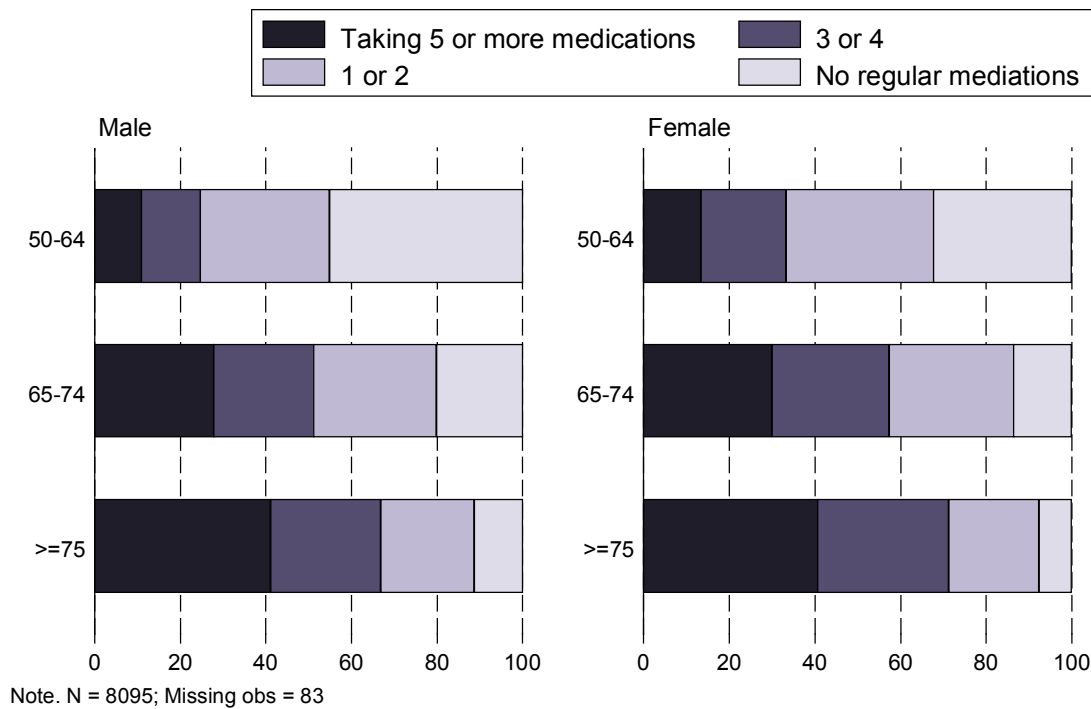
Older adults with medical cards are more than three times as likely to be taking more than five medications compared to adults without medical cover or with medical insurance (32% versus 9%; Table 5.A48). Although it is likely that some of this difference is caused by poorer health in those eligible for medical cards, preliminary analyses have shown that this association remains even after controlling for age and number of chronic illnesses (data not shown).

The risk of falls increases with increasing numbers of medications, from 15% in older adults not taking medications, up to 27% in those taking five or more medications (Table 5.A49). Education does not influence the association between polypharmacy and falls (Table 5.A50).

5.7 Objective Measures of physical health

Dedicated clinical research nurses conduct the objective health assessments in TILDA. The response rate to the health assessment is over 80% and all assessments will be completed by June 2011. For the purpose of this report, analyses are presented for the first 4572 cases.

Figure 5.9: Number of medications taken by age and sex



5.7.1 Anthropometric measures and body mass index

Obesity is a global health problem, affecting people of all ages (36). Obese people have increased mortality, although the relative risk of death associated with increasing body mass index (BMI) decreases with age (37). Obesity is associated with a number of conditions that interfere with health and well-being. These include the metabolic syndrome (obesity, insulin resistance, hypertension, gout, dislipidemia), diabetes, arthritis, pulmonary abnormalities, urinary incontinence, cataracts and cancers. Obesity exacerbates the age-related decline in physical function and impairs quality of life (36, 38). In contrast, being underweight is associated with a higher risk of anaemia and osteoporosis (39).

In TILDA, weight was measured using a SECA electronic floor scales. Height was measured using a SECA 240 wall mounted measuring rod. The respondent was asked to remove footwear, any heavy outer clothing and any head gear prior to the measurements. Body mass index (BMI) is calculated as the respondent's weight in kilograms divided by the square of their height in metres (kg/m^2). The WHO classification system is used to categorise respondents as underweight (BMI < 18.5 kg/m^2), Normal (BMI 18.5 – 24.99 kg/m^2), Overweight (BMI 25 – 29.99 kg/m^2) or Obese ($\geq 30 \text{ kg}/\text{m}^2$) (40).

Three quarters of older Irish adults are overweight (44%) or obese (34%) with higher rates seen in men (Table 5.A51). Education is associated with BMI; 39% of older adults with primary or no education are obese compared to 29% with third level education (Table 5.A52). The association with wealth is similar, obesity rates are high in the lowest wealth quartile; for example 38% of adults aged 75 years and older in the lowest wealth quartile are obese compared to 17% of the same aged adults in the highest wealth quartile (Table 5.A53).

5.7.2 Blood pressure

Blood pressure was measured using the OMRON™ digital automatic blood pressure monitor with arm cuff (Model M10-IT). Three separate readings were taken one minute apart; the first two with the respondent seated and the third immediately after the respondent stood up. A mean value for seated blood pressure is created by averaging the first and second blood pressure readings. Blood pressure is categorised using the European Society of Cardiology (ESC) 2007 Guidelines for Cardiovascular Disease Prevention (41). Normal is categorised as systolic blood pressure (SBP) <140mmHg and/or diastolic blood pressure (DBP) <90mmHg. High blood pressure (hypertension) is defined as SBP ≥140mmHg or DBP ≥90mmHg.

Nearly 1 in 4 older Irish adults (24%) has objective evidence of hypertension according to the ESC guidelines. Rates are higher in men (25%) than women (22%). The highest rate of hypertension is in men aged 50-64 years at 29% (Table 5.A54a). The association between education and objectively measured blood pressure is different for men and women. In women, third level education appears to be protective with lower levels of hypertension reported in this group (26% primary or no education; 22% second level education; 16% third level education). The opposite is seen in men for whom the highest prevalence of hypertension is in older adults with third level education (23% primary/no education; 26% second level; 27% third level; Table 5.A54b). For both men and women the highest prevalence of hypertension is in adults belonging to the lowest wealth quartile (Table 5.A54c).

5.7.2.1 Self report versus objective measurement

Table 5.A55 presents the association between self-rated hypertension and objectively measured hypertension in older adults. Only 42% of older men who satisfied the ESC criteria for hypertension¹ report a doctor's diagnosis of hypertension; 58% are therefore undiagnosed. A similar pattern is seen in women with hypertension in whom 49% of cases are undiagnosed.

1 The ESC criteria for hypertension recommend that blood pressure is measured during two or three separate visits separated by at least days or weeks. Blood pressure of TILDA respondents was measured three times but all three measurements were taken during a single health assessment, in common with similar epidemiological studies.

5.7.3 Osteoporosis

In TILDA, the bone mass of a respondent's non-dominant foot was measured using quantitative ultrasound (Achilles Heel Ultrasound, Lunar, Madison, USA). The Achilles apparatus for heel evaluation measures both the broadband ultrasound attenuation (BUA) and the speed of sound (SOS), both of which provide an index of bone stiffness (SI). This parameter is a significantly better predictor of fracture than the BUA or the SOS alone (42). Osteoporosis is defined here by the 'Stiffness Index (SI)'. A respondent is considered to have osteoporosis if the SI is $\leq 65\%$, osteopenia if the SI is between 65% and 86% and normal bone density if the SI is $>86\%$ (43).

Overall 3% of men and 13% of women have objective evidence of osteoporosis. The prevalence increases with age from 8% in women aged 50-64 years, to 34% in those aged 75 years and older (Table 5.A56a). An association with education is observed; 20% of women with primary/no education have objective evidence of osteoporosis compared to 11% of women with third level education (Table 5.A56b).

5.7.3.1 Self report versus objective measurement

Table 5.A57 presents the differences between self-rated osteoporosis and objectively measured osteoporosis in older adults. Only 34% of older women who have objective evidence of osteoporosis report a doctor's diagnosis of osteoporosis, 66% are therefore undiagnosed. The rate of under-diagnosis is even more striking in men; 100% of men with objective evidence of osteoporosis do not report a doctor's diagnosis of the condition.

5.8 Conclusion

This chapter has described the cross-sectional variations in disease prevalence and health behaviours, including differences between age groups, sex differences and the effect of education and wealth on observations. It has provided preliminary analyses of medication use and of some of the consequences of polypharmacy. As TILDA has both self-reported 'doctor diagnosed disease' and actual measurements of these diseases, we also presented preliminary comparisons of subjective and objective measures and evidence for underdiagnosis of some common conditions.

There is an age gradient for most cardiovascular and other disorders. Notable exceptions are lung disease, high cholesterol and cancer, which are most prevalent in adults aged between 65 and 74 years. Given that these are cross-sectional analyses, the distributions of diseases observed in the different age groups may be influenced by both cohort and survival effects. People born at different times may experience different environmental exposures which alter disease distributions. Longitudinal analysis will inform the relationship between age and disease prevalence in older adults.

Some diseases vary in prevalence between men and women. For example hypertension, angina, and stroke are more common in men while osteoporosis, arthritis and high cholesterol are more common in women. Although women report far greater 'fear of falling', no difference in falls prevalence is observed between older men and women. In general, low levels of education are associated with higher disease prevalence except for urinary incontinence and cancer where no association is observed. Higher education is associated with better health screening, with the exception of the flu vaccination for which uptake is highest in individuals with primary or no education. This may be explained by reimbursement of GPs for vaccination of medical card holders. Breast screening is State funded for women aged between 50 and 64 years, this may explain the higher uptake in women in these age groups and in urban areas.

Some conditions are differently distributed by wealth, whereas others are not. The observed patterns by wealth may be influenced by cohort effects. Cardiovascular diseases in particular show linear trends, people in richer groups have less disease. There is no effect of wealth on cancer diagnosis or falls prevalence. Women in the richest group are far more likely to report a mammogram. Activity limitation associated with chronic conditions is more prevalent in individuals belonging to the poorest group.

Despite public information campaigns and efforts to increase awareness about the role of lifestyle factors in health, smoking and excessive alcohol consumption are common among older adults in Ireland, as are low levels of physical activity. Of particular concern is the high prevalence of several of these health-risk behaviours among those who are financially and educationally worse off.

TILDA uses directly observed information from individuals in their homes to establish estimates of medication use. The vast majority of older adults in Ireland use medications regularly and rates of polypharmacy are high. Overall 1 in 5 older adults takes five or more medications. This proportion rises to almost one in two of those aged 75 years and older. The risk of drug-drug interaction is therefore high. Future research will attempt to uncover the factors that contribute to polypharmacy and the risks associated with high medication use. Already our cross sectional analyses is yielding important information for policy makers and practitioners, by highlighting that older adults with medical cards are more than twice as likely to be taking polypharmacy as adults without cover or with medical insurance, thus possibly informing viable opportunities for improvement in drug safety among older adults.

The differences in self-reported hypertension and osteoporosis and measurements of same provides worrying evidence that under-diagnosis of these conditions is common and confirms the value of objective measurements in these types of studies. Although this lack of awareness is a significant concern, it is an opportunity both to influence policy and to evaluate the impact of policy changes in subsequent waves of TILDA.

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Appendix 5A: Tables on physical and behavioural health of older Irish adults

Table 5.A1: Self-rated health by age and sex

	Excellent		Very good		Good		Fair		Poor		Total	Number in sample
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI		
Male												
50-64	15	(14-17)	31	(29-34)	32	(29-34)	17	(16-19)	4	(3-5)	100	2080
65-74	12	(10-14)	25	(22-28)	35	(32-38)	20	(18-23)	8	(6-9)	100	1070
>=75	9	(7-11)	24	(20-27)	36	(32-41)	26	(22-30)	6	(4-8)	100	598
<i>Total</i>	<i>14</i>	<i>(12-15)</i>	<i>29</i>	<i>(27-30)</i>	<i>33</i>	<i>(31-35)</i>	<i>19</i>	<i>(18-21)</i>	<i>5</i>	<i>(5-6)</i>	<i>100</i>	<i>3748</i>
Female												
50-64	18	(17-20)	29	(27-31)	32	(30-34)	15	(14-17)	5	(4-6)	100	2587
65-74	13	(11-15)	26	(23-28)	34	(31-37)	21	(19-24)	6	(5-8)	100	1093
>=75	8	(6-10)	24	(21-27)	33	(29-37)	28	(25-32)	7	(5-9)	100	749
<i>Total</i>	<i>15</i>	<i>(14-16)</i>	<i>27</i>	<i>(26-29)</i>	<i>33</i>	<i>(31-34)</i>	<i>19</i>	<i>(18-21)</i>	<i>6</i>	<i>(5-7)</i>	<i>100</i>	<i>4429</i>
Total												
50-64	17	(16-18)	30	(29-32)	32	(30-33)	16	(15-18)	5	(4-5)	100	4667
65-74	12	(11-14)	25	(23-27)	35	(33-37)	21	(19-23)	7	(6-8)	100	2163
>=75	8	(7-10)	24	(21-26)	34	(32-37)	27	(25-30)	7	(5-8)	100	1347
<i>Total</i>	<i>14</i>	<i>(13-15)</i>	<i>28</i>	<i>(27-29)</i>	<i>33</i>	<i>(32-34)</i>	<i>19</i>	<i>(18-20)</i>	<i>6</i>	<i>(5-6)</i>	<i>100</i>	<i>8177</i>

Note. CI = confidence interval; Missing observations = 0.01%

Table 5.A2: Self-rated health by age and education

	Excellent		Very good		Good		Fair		Poor		Total	Number in sample
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI		
Primary/none												
50-64	9	(8-12)	22	(20-25)	34	(30-37)	26	(23-29)	9	(7-11)	100	956
65-74	9	(7-11)	22	(19-25)	34	(31-38)	26	(23-29)	9	(7-12)	100	865
>=75	5	(4-7)	23	(20-26)	33	(30-37)	31	(28-35)	8	(6-10)	100	684
<i>Total</i>	8	(7-9)	22	(21-24)	34	(32-36)	28	(26-29)	9	(8-10)	100	2505
Secondary												
50-64	17	(15-19)	32	(30-34)	33	(31-35)	14	(13-16)	3	(3-4)	100	2119
65-74	14	(11-16)	28	(25-31)	37	(33-41)	16	(14-19)	5	(4-7)	100	728
>=75	11	(8-15)	24	(21-28)	38	(34-43)	21	(18-25)	5	(3-8)	100	417
<i>Total</i>	16	(14-17)	30	(29-32)	34	(33-36)	15	(14-17)	4	(3-5)	100	3264
Third/higher												
50-64	24	(22-26)	35	(32-37)	27	(25-30)	11	(10-13)	3	(2-4)	100	1592
65-74	22	(19-26)	30	(27-34)	30	(27-34)	15	(12-18)	3	(2-4)	100	569
>=75	21	(16-26)	30	(25-37)	32	(26-38)	14	(10-20)	3	(1-6)	100	243
<i>Total</i>	23	(21-25)	34	(32-36)	28	(26-30)	12	(11-14)	3	(2-3)	100	2404
Total												
50-64	17	(16-18)	30	(29-32)	32	(30-33)	16	(15-18)	5	(4-5)	100	4667
65-74	12	(11-14)	25	(23-27)	35	(33-37)	21	(19-23)	7	(6-8)	100	2163
>=75	8	(7-10)	24	(21-26)	34	(32-37)	27	(25-30)	7	(5-8)	100	1347
<i>Total</i>	14	(13-15)	28	(27-29)	33	(32-34)	19	(18-20)	6	(5-6)	100	8177

Note. CI = confidence interval; Missing observations = 0.01%

Table 5.A3: Self-rated health by age and wealth

	Excellent		Very good		Good		Fair		Poor		Total	Number in sample
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI		
Lowest												
50-64	10	(8-13)	24	(20-28)	31	(28-36)	24	(20-28)	11	(8-14)	100	567
65-74	7	(5-11)	22	(17-29)	37	(31-44)	25	(20-31)	8	(5-12)	100	243
>=75	4	(2-7)	23	(17-31)	29	(22-37)	34	(27-42)	10	(6-16)	100	178
<i>Total</i>	<i>8</i>	<i>(6-10)</i>	<i>23</i>	<i>(20-27)</i>	<i>32</i>	<i>(29-36)</i>	<i>27</i>	<i>(24-30)</i>	<i>10</i>	<i>(8-12)</i>	<i>100</i>	<i>988</i>
2nd												
50-64	14	(11-17)	28	(24-32)	31	(27-35)	20	(17-24)	7	(5-10)	100	586
65-74	13	(9-17)	19	(14-24)	43	(37-49)	19	(14-24)	8	(5-12)	100	268
>=75	6	(3-12)	29	(20-38)	34	(25-44)	23	(17-31)	8	(4-15)	100	145
<i>Total</i>	<i>12</i>	<i>(10-14)</i>	<i>26</i>	<i>(23-29)</i>	<i>34</i>	<i>(31-38)</i>	<i>20</i>	<i>(18-23)</i>	<i>7</i>	<i>(6-9)</i>	<i>100</i>	<i>999</i>
3rd												
50-64	16	(13-19)	34	(30-38)	35	(30-39)	12	(9-15)	4	(2-6)	100	590
65-74	15	(11-21)	28	(23-34)	34	(28-41)	18	(13-24)	5	(3-9)	100	262
>=75	11	(5-23)	26	(17-37)	37	(28-48)	21	(15-30)	4	(1-11)	100	123
<i>Total</i>	<i>15</i>	<i>(12-18)</i>	<i>31</i>	<i>(28-35)</i>	<i>35</i>	<i>(32-38)</i>	<i>15</i>	<i>(13-18)</i>	<i>4</i>	<i>(3-6)</i>	<i>100</i>	<i>975</i>
Highest												
50-64	26	(22-30)	35	(31-40)	29	(25-33)	9	(7-12)	1	(0-2)	100	634
65-74	23	(18-30)	29	(24-36)	32	(26-39)	13	(9-19)	1	(0-4)	100	258
>=75	21	(14-32)	26	(18-36)	33	(23-44)	13	(4-33)	7	(4-13)	100	95
<i>Total</i>	<i>25</i>	<i>(22-29)</i>	<i>33</i>	<i>(30-37)</i>	<i>30</i>	<i>(27-33)</i>	<i>10</i>	<i>(8-13)</i>	<i>2</i>	<i>(1-3)</i>	<i>100</i>	<i>987</i>
Total												
50-64	17	(15-18)	30	(29-32)	32	(30-33)	16	(15-18)	5	(4-5)	100	4667
65-74	12	(11-14)	26	(24-28)	34	(32-36)	21	(19-23)	7	(6-9)	100	2163
>=75	8	(7-10)	24	(22-27)	34	(31-37)	28	(25-31)	6	(5-8)	100	1347
<i>Total</i>	<i>14</i>	<i>(13-15)</i>	<i>28</i>	<i>(27-29)</i>	<i>33</i>	<i>(32-34)</i>	<i>20</i>	<i>(19-21)</i>	<i>6</i>	<i>(5-6)</i>	<i>100</i>	<i>8177</i>

Note. CI = confidence interval; Missing observations = 0.01%

Table 5.A4: Cardiovascular risk factors by age and sex

	High blood pressure - self report		Abnormal Heart Rhythm		High cholesterol	
	%	(95% CI)	%	(95% CI)	%	(95% CI)
Male						
50-64	29.9	(27.9-32.1)	5.4	(4.5-6.5)	36.5	(34.3-38.8)
65-74	44.1	(40.9-47.3)	10.2	(8.5-12.4)	37.5	(34.4-40.6)
>=75	47.9	(43.7-52.1)	14.2	(11.4-17.6)	28.5	(24.9-32.4)
<i>Total</i>	<i>36.0</i>	<i>(34.4-37.7)</i>	<i>7.9</i>	<i>(7.0-8.9)</i>	<i>35.5</i>	<i>(33.8-37.3)</i>
Female						
50-64	29.5	(27.7-31.3)	4.3	(3.5-5.2)	36.5	(34.6-38.5)
65-74	46.2	(43.1-49.3)	7.0	(5.6-8.7)	46.9	(43.6-50.1)
>=75	57.5	(53.9-61.1)	11.3	(9.1-13.9)	38.5	(34.6-42.6)
<i>Total</i>	<i>39.2</i>	<i>(37.7-40.8)</i>	<i>6.4</i>	<i>(5.6-7.2)</i>	<i>39.3</i>	<i>(37.7-41.0)</i>
Total						
50-64	29.7	(28.4-31.1)	4.9	(4.2-5.5)	36.5	(35.0-38.1)
65-74	45.2	(42.9-47.4)	8.6	(7.4-9.9)	42.3	(39.8-44.7)
>=75	53.7	(50.7-56.6)	12.4	(10.7-14.4)	34.5	(31.6-37.5)
<i>Total</i>	<i>37.7</i>	<i>(36.6-38.9)</i>	<i>7.1</i>	<i>(6.5-7.7)</i>	<i>37.5</i>	<i>(36.2-38.8)</i>

Table 5.A5: Cardiovascular risk factors by age and education

	High blood pressure - self report		Abnormal Heart Rhythm		High cholesterol	
	%	(95% CI)	%	(95% CI)	%	(95% CI)
Primary/none						
50-64	34.6	(31.6-37.7)	4.9	(3.7-6.5)	35.7	(32.5-39.1)
65-74	49.0	(45.7-52.4)	7.7	(6.1-9.8)	39.6	(36.0-43.2)
>=75	55.0	(51.0-58.9)	11.8	(9.6-14.5)	33.4	(29.6-37.4)
<i>Total</i>	<i>45.4</i>	<i>(43.3-47.4)</i>	<i>7.9</i>	<i>(6.9-9.1)</i>	<i>36.1</i>	<i>(33.9-38.4)</i>
Secondary						
50-64	28.4	(26.5-30.4)	4.9	(4.0-6.0)	35.8	(33.6-38.0)
65-74	41.7	(38.0-45.6)	9.3	(7.4-11.7)	44.8	(41.1-48.7)
>=75	50.5	(45.5-55.4)	12.5	(9.7-16.0)	33.9	(29.4-38.7)
<i>Total</i>	<i>33.3</i>	<i>(31.7-35.0)</i>	<i>6.6</i>	<i>(5.7-7.5)</i>	<i>37.3</i>	<i>(35.6-39.1)</i>
Third/higher						
50-64	27.4	(25.3-29.6)	4.6	(3.7-5.8)	39.2	(36.7-41.7)
65-74	40.6	(36.5-44.9)	9.3	(7.2-12.1)	45.2	(41.0-49.4)
>=75	52.7	(46.4-58.9)	16.8	(12.6-22.2)	45.2	(39.0-51.6)
<i>Total</i>	<i>32.1</i>	<i>(30.3-34.0)</i>	<i>6.6</i>	<i>(5.7-7.7)</i>	<i>40.8</i>	<i>(38.8-42.9)</i>
Total						
50-64	29.7	(28.4-31.1)	4.9	(4.2-5.5)	36.5	(35.0-38.1)
65-74	45.2	(42.9-47.4)	8.6	(7.4-9.9)	42.3	(39.8-44.7)
>=75	53.7	(50.7-56.6)	12.4	(10.7-14.4)	34.5	(31.6-37.5)
<i>Total</i>	<i>37.7</i>	<i>(36.6-38.9)</i>	<i>7.1</i>	<i>(6.5-7.7)</i>	<i>37.5</i>	<i>(36.2-38.8)</i>

Table 5.A6: Cardiovascular risk factors by age and wealth

	High blood pressure - self report		Abnormal Heart Rhythm		High cholesterol	
	%	(95% CI)	%	(95% CI)	%	(95% CI)
Lowest						
50-64	31.5	(27.5-35.7)	3.3	(1.9-5.4)	29.3	(25.3-33.7)
65-74	48.2	(41.2-55.3)	8.4	(5.3-13.0)	36.4	(29.5-43.9)
>=75	51.9	(44.1-59.6)	11.0	(7.0-16.9)	25.8	(19.1-34.0)
<i>Total</i>	<i>40.5</i>	<i>(37.0-44.1)</i>	<i>6.4</i>	<i>(4.9-8.4)</i>	<i>30.0</i>	<i>(26.7-33.5)</i>
2nd						
50-64	32.9	(28.8-37.3)	5.0	(3.4-7.3)	37.8	(33.7-42.2)
65-74	50.1	(43.5-56.6)	10.1	(6.7-15.0)	41.8	(35.3-48.6)
>=75	53.4	(43.8-62.8)	19.1	(12.1-28.9)	41.9	(32.0-52.6)
<i>Total</i>	<i>41.1</i>	<i>(37.5-44.7)</i>	<i>9.1</i>	<i>(7.0-11.6)</i>	<i>39.6</i>	<i>(36.0-43.4)</i>
3rd						
50-64	29.6	(25.7-33.9)	5.4	(3.7-7.7)	39.1	(34.5-43.8)
65-74	38.3	(31.9-45.0)	10.5	(6.9-15.5)	46.1	(38.8-53.5)
>=75	56.4	(46.1-66.2)	16.4	(10.7-24.4)	34.6	(24.6-46.1)
<i>Total</i>	<i>36.0</i>	<i>(32.4-39.9)</i>	<i>8.4</i>	<i>(6.7-10.5)</i>	<i>40.1</i>	<i>(36.5-43.8)</i>
Highest						
50-64	27.2	(23.6-31.2)	4.9	(3.4-7.0)	42.2	(38.2-46.4)
65-74	39.4	(32.5-46.7)	6.7	(4.1-10.7)	51.4	(43.9-58.7)
>=75	48.2	(36.4-60.2)	18.5	(10.6-30.4)	38.4	(27.1-51.1)
<i>Total</i>	<i>32.2</i>	<i>(28.9-35.6)</i>	<i>6.7</i>	<i>(5.0-8.8)</i>	<i>43.9</i>	<i>(40.4-47.6)</i>
Total						
50-64	29.7	(28.3-31.2)	5.0	(4.3-5.7)	36.8	(35.2-38.4)
65-74	45.0	(42.6-47.4)	8.7	(7.5-10.2)	42.7	(40.2-45.3)
>=75	54.4	(51.1-57.6)	11.8	(10.0-13.9)	34.6	(31.4-38.0)
<i>Total</i>	<i>38.9</i>	<i>(37.7-40.2)</i>	<i>7.4</i>	<i>(6.8-8.1)</i>	<i>37.7</i>	<i>(36.2-39.1)</i>

Table 5.A7: Prevalence of cardiovascular disease by age and sex

	Angina		Heart attack		Heart failure		TIA		Diabetes		Stroke	
	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)
Male												
50-64	3.3	(2.6-4.2)	3.8	(3.0-4.7)	1.2	(0.8-1.8)	0.9	(0.6-1.5)	7.2	(6.2-8.4)	0.7	(0.4-1.1)
65-74	10.4	(8.5-12.5)	9.9	(8.2-11.9)	1.9	(1.2-3.0)	2.5	(1.8-3.7)	13.1	(11.2-15.3)	3.2	(2.3-4.6)
>=75	13.9	(11.4-16.9)	15.3	(12.5-18.6)	2.3	(1.3-4.2)	4.7	(3.2-6.7)	13.9	(11.2-17.1)	4.4	(3.0-6.5)
<i>Total</i>	<i>6.6</i>	<i>(5.8-7.4)</i>	<i>7.0</i>	<i>(6.2-7.9)</i>	<i>1.5</i>	<i>(1.2-2.0)</i>	<i>1.9</i>	<i>(1.5-2.4)</i>	<i>9.6</i>	<i>(8.7-10.6)</i>	<i>1.8</i>	<i>(1.4-2.3)</i>
Female												
50-64	1.9	(1.4-2.7)	1.4	(1.0-2.1)	0.4	(0.2-0.7)	1.2	(0.8-1.7)	4.7	(3.9-5.6)	0.9	(0.6-1.4)
65-74	6.6	(5.2-8.4)	3.3	(2.3-4.7)	1.1	(0.6-2.1)	2.4	(1.6-3.5)	8.6	(7.0-10.5)	2.3	(1.5-3.4)
>=75	11.1	(8.7-14.0)	5.3	(3.8-7.4)	1.3	(0.6-2.4)	5.5	(4.0-7.5)	9.3	(7.2-11.9)	2.3	(1.3-3.9)
<i>Total</i>	<i>4.9</i>	<i>(4.2-5.8)</i>	<i>2.7</i>	<i>(2.2-3.3)</i>	<i>0.7</i>	<i>(0.5-1.1)</i>	<i>2.4</i>	<i>(1.9-2.9)</i>	<i>6.5</i>	<i>(5.8-7.4)</i>	<i>1.5</i>	<i>(1.2-2.0)</i>
Total												
50-64	2.6	(2.2-3.2)	2.6	(2.1-3.2)	0.8	(0.6-1.1)	1.1	(0.8-1.4)	6.0	(5.3-6.7)	0.8	(0.6-1.1)
65-74	8.5	(7.2-9.9)	6.5	(5.5-7.7)	1.5	(1.0-2.2)	2.5	(1.9-3.2)	10.8	(9.5-12.2)	2.7	(2.1-3.5)
>=75	12.2	(10.4-14.3)	9.3	(7.8-11.0)	1.7	(1.1-2.6)	5.2	(4.1-6.6)	11.1	(9.4-13.1)	3.1	(2.3-4.3)
<i>Total</i>	<i>5.7</i>	<i>(5.2-6.3)</i>	<i>4.7</i>	<i>(4.3-5.3)</i>	<i>1.1</i>	<i>(0.9-1.4)</i>	<i>2.1</i>	<i>(1.8-2.5)</i>	<i>8.0</i>	<i>(7.5-8.6)</i>	<i>1.7</i>	<i>(1.4-2.0)</i>

Table 5.A8: Prevalence of cardiovascular disease by age and education

	Angina		Heart attack		Heart failure		TIA		Diabetes		Stroke	
	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)
Primary/none												
50-64	4.7	(3.5-6.2)	4.7	(3.5-6.3)	1.6	(1.0-2.7)	1.1	(0.6-2.0)	8.4	(6.8-10.3)	1.1	(0.6-1.9)
65-74	9.6	(7.7-11.8)	7.0	(5.5-9.0)	1.5	(0.9-2.5)	2.8	(1.9-4.1)	11.8	(9.8-14.2)	3.1	(2.1-4.5)
>=75	12.4	(10.0-15.3)	9.3	(7.3-11.8)	1.7	(0.9-3.0)	5.1	(3.7-7.0)	11.8	(9.5-14.5)	3.5	(2.4-5.2)
<i>Total</i>	<i>8.6</i>	<i>(7.5-9.8)</i>	<i>6.9</i>	<i>(5.9-8.0)</i>	<i>1.6</i>	<i>(1.2-2.2)</i>	<i>2.9</i>	<i>(2.3-3.6)</i>	<i>10.5</i>	<i>(9.3-11.7)</i>	<i>2.5</i>	<i>(1.9-3.2)</i>
Secondary												
50-64	2.0	(1.5-2.7)	1.7	(1.2-2.4)	0.4	(0.2-0.8)	1.0	(0.7-1.6)	5.4	(4.5-6.4)	0.8	(0.5-1.3)
65-74	7.8	(5.9-10.1)	6.2	(4.7-8.3)	1.6	(0.9-2.8)	1.7	(1.0-3.0)	10.2	(8.2-12.6)	2.6	(1.7-4.0)
>=75	12.5	(9.5-16.3)	10.0	(7.5-13.3)	1.9	(1.0-3.8)	5.3	(3.5-7.8)	10.9	(8.3-14.3)	2.4	(1.3-4.7)
<i>Total</i>	<i>4.2</i>	<i>(3.6-5.0)</i>	<i>3.5</i>	<i>(2.9-4.1)</i>	<i>0.8</i>	<i>(0.6-1.2)</i>	<i>1.6</i>	<i>(1.2-2.1)</i>	<i>6.9</i>	<i>(6.1-7.7)</i>	<i>1.3</i>	<i>(1.0-1.7)</i>
Third/higher												
50-64	1.8	(1.2-2.6)	2.4	(1.6-3.4)	0.6	(0.3-1.2)	1.1	(0.6-1.8)	4.7	(3.7-5.9)	0.6	(0.3-1.2)
65-74	6.3	(4.6-8.7)	5.6	(4.0-7.9)	1.1	(0.4-2.6)	3.2	(2.0-4.9)	9.0	(6.9-11.5)	1.8	(1.0-3.2)
>=75	10.1	(6.8-14.8)	7.1	(4.6-10.9)	1.3	(0.4-3.8)	5.7	(3.3-9.5)	7.2	(4.5-11.4)	2.4	(1.1-5.2)
<i>Total</i>	<i>3.4</i>	<i>(2.7-4.2)</i>	<i>3.4</i>	<i>(2.7-4.3)</i>	<i>0.8</i>	<i>(0.5-1.3)</i>	<i>1.9</i>	<i>(1.4-2.5)</i>	<i>5.7</i>	<i>(4.8-6.7)</i>	<i>1.0</i>	<i>(0.7-1.4)</i>
Total												
50-64	2.6	(2.2-3.2)	2.6	(2.1-3.2)	0.8	(0.6-1.1)	1.1	(0.8-1.4)	6.0	(5.3-6.7)	0.8	(0.6-1.1)
65-74	8.5	(7.2-9.9)	6.5	(5.5-7.7)	1.5	(1.0-2.2)	2.5	(1.9-3.2)	10.8	(9.5-12.2)	2.7	(2.1-3.5)
>=75	12.2	(10.4-14.3)	9.3	(7.8-11.0)	1.7	(1.1-2.6)	5.2	(4.1-6.6)	11.1	(9.4-13.1)	3.1	(2.3-4.3)
<i>Total</i>	<i>5.7</i>	<i>(5.2-6.3)</i>	<i>4.7</i>	<i>(4.3-5.3)</i>	<i>1.1</i>	<i>(0.9-1.4)</i>	<i>2.1</i>	<i>(1.8-2.5)</i>	<i>8.0</i>	<i>(7.5-8.6)</i>	<i>1.7</i>	<i>(1.4-2.0)</i>

Table 5.A9: Prevalence of cardiovascular disease by age and wealth

	Angina		Heart attack		Heart failure		TIA		Diabetes		Stroke	
	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)
Lowest												
50-64	4.3	(2.8-6.5)	3.0	(1.8-5.1)	1.2	(0.5-2.8)	1.3	(0.6-2.5)	7.5	(5.4-10.2)	1.6	(0.8-3.1)
65-74	9.5	(6.2-14.3)	7.4	(4.8-11.3)	2.2	(0.9-5.4)	3.3	(1.7-6.4)	11.0	(7.5-15.8)	2.5	(1.2-5.2)
>=75	15.1	(10.4-21.6)	9.8	(6.2-15.2)	3.8	(1.8-7.9)	4.1	(1.9-8.5)	11.4	(7.2-17.5)	2.9	(1.1-7.7)
<i>Total</i>	<i>8.2</i>	<i>(6.5-10.4)</i>	<i>5.8</i>	<i>(4.3-7.6)</i>	<i>2.1</i>	<i>(1.3-3.3)</i>	<i>2.4</i>	<i>(1.6-3.7)</i>	<i>9.3</i>	<i>(7.5-11.4)</i>	<i>2.1</i>	<i>(1.3-3.4)</i>
2nd												
50-64	3.8	(2.3-6.0)	4.1	(2.7-6.2)	1.2	(0.5-2.9)	1.5	(0.8-2.8)	5.6	(4.0-7.8)	1.1	(0.4-3.2)
65-74	11.3	(7.6-16.6)	8.2	(5.4-12.3)	0.6	(0.1-2.9)	2.7	(1.3-5.7)	9.0	(5.5-14.4)	2.6	(1.2-5.4)
>=75	10.6	(6.3-17.3)	10.3	(5.5-18.5)	0.3	(0.0-2.6)	7.2	(2.8-17.3)	10.5	(6.0-17.8)	7.8	(3.4-17.0)
<i>Total</i>	<i>6.9</i>	<i>(5.3-9.0)</i>	<i>6.3</i>	<i>(4.7-8.4)</i>	<i>0.9</i>	<i>(0.4-1.9)</i>	<i>2.9</i>	<i>(1.7-5.0)</i>	<i>7.4</i>	<i>(5.8-9.4)</i>	<i>2.8</i>	<i>(1.6-4.8)</i>
3rd												
50-64	1.2	(0.6-2.5)	2.3	(1.2-4.3)	0.9	(0.3-2.1)	1.5	(0.7-3.4)	3.7	(2.3-5.8)	0.9	(0.4-2.1)
65-74	6.9	(4.5-10.6)	3.3	(1.7-6.1)	0.8	(0.2-3.1)	1.2	(0.4-3.8)	11.7	(8.2-16.4)	2.9	(1.4-5.9)
>=75	12.9	(7.0-22.5)	7.5	(3.9-14.0)	2.3	(0.5-10.5)	4.4	(1.9-9.7)	18.4	(10.9-29.3)	1.7	(0.5-5.2)
<i>Total</i>	<i>4.5</i>	<i>(3.2-6.4)</i>	<i>3.4</i>	<i>(2.3-5.0)</i>	<i>1.1</i>	<i>(0.4-2.5)</i>	<i>1.9</i>	<i>(1.1-3.2)</i>	<i>8.0</i>	<i>(6.1-10.4)</i>	<i>1.5</i>	<i>(1.0-2.5)</i>
Highest												
50-64	0.7	(0.3-1.6)	2.0	(1.1-3.5)	0.0	-	0.7	(0.3-2.0)	3.5	(2.3-5.3)	0.1	(0.0-0.7)
65-74	6.5	(4.0-10.4)	5.0	(2.9-8.6)	0.2	(0.0-1.4)	2.3	(1.1-5.1)	7.0	(4.4-11.1)	3.3	(1.5-7.0)
>=75	9.4	(4.1-20.0)	6.5	(3.1-13.0)	0.0	-	5.8	(2.3-13.8)	6.1	(2.8-12.8)	6.6	(2.9-14.1)
<i>Total</i>	<i>2.9</i>	<i>(1.9-4.3)</i>	<i>3.1</i>	<i>(2.2-4.4)</i>	<i>0.0</i>	<i>(0.0-0.3)</i>	<i>1.6</i>	<i>(0.9-2.8)</i>	<i>4.6</i>	<i>(3.4-6.1)</i>	<i>1.5</i>	<i>(0.9-2.6)</i>
Total												
50-64	2.6	(2.1-3.1)	2.5	(2.1-3.1)	0.8	(0.6-1.2)	1.1	(0.8-1.4)	5.9	(5.2-6.6)	0.9	(0.6-1.3)
65-74	8.3	(7.1-9.8)	6.1	(5.1-7.3)	1.4	(0.9-2.1)	2.4	(1.8-3.2)	10.7	(9.4-12.2)	2.6	(2.0-3.4)
>=75	11.4	(9.6-13.6)	8.5	(7.0-10.4)	1.5	(0.9-2.3)	5.4	(4.1-7.0)	10.3	(8.5-12.4)	3.3	(2.3-4.8)
<i>Total</i>	<i>5.9</i>	<i>(5.3-6.6)</i>	<i>4.7</i>	<i>(4.2-5.3)</i>	<i>1.1</i>	<i>(0.9-1.4)</i>	<i>2.3</i>	<i>(2.0-2.8)</i>	<i>8.0</i>	<i>(7.4-8.7)</i>	<i>1.8</i>	<i>(1.5-2.3)</i>

Table 5.A10: Non-cardiovascular chronic conditions by age and sex

	Lung disease	Cancer	Arthritis	Osteoporosis	Hip fracture	Wrist fracture
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Male						
50-64	3.0 (2.3-3.9)	3.5 (2.8-4.4)	15.3 (13.7-17.1)	1.5 (1.1-2.2)	3.4 (2.7-4.3)	13.4 (11.9-15.0)
65-74	5.1 (3.8-6.7)	7.3 (5.9-9.1)	27.7 (24.9-30.7)	2.6 (1.8-3.7)	4.3 (3.1-5.8)	10.6 (8.8-12.7)
>=75	5.6 (3.9-7.9)	8.9(6.8-11.6)	33.4 (29.5-37.5)	2.3 (1.3-3.9)	5.5 (3.8-7.8)	8.4 (6.4-11.0)
<i>Total</i>	<i>3.9 (3.3-4.6)</i>	<i>5.3 (4.6-6.0)</i>	<i>21.0 (19.7-22.5)</i>	<i>1.9 (1.5-2.4)</i>	<i>3.9 (3.3-4.7)</i>	<i>12.0 (10.9-13.2)</i>
Female						
50-64	4.0 (3.3-4.9)	5.8 (4.9-6.9)	23.8 (22.2-25.5)	12.5 (11.2-13.9)	2.1 (1.5-2.9)	8.5 (7.5-9.7)
65-74	5.6 (4.3-7.3)	10.1(8.4-12.1)	42.6 (39.4-45.7)	19.1 (16.8-21.6)	2.6 (1.8-3.8)	13.5 (11.5-15.9)
>=75	4.4 (3.1-6.3)	6.1 (4.5-8.1)	50.4 (46.5-54.2)	22.4 (19.4-25.8)	7.5 (5.7-9.9)	17.2 (14.6-20.1)
<i>Total</i>	<i>4.5 (3.8-5.2)</i>	<i>6.8 (6.1-7.7)</i>	<i>33.7 (32.2-35.3)</i>	<i>16.1 (15.0-17.3)</i>	<i>3.4 (2.8-4.1)</i>	<i>11.5 (10.5-12.6)</i>
Total						
50-64	3.5 (3.0-4.1)	4.7 (4.1-5.3)	19.6 (18.4-20.8)	7.0 (6.3-7.8)	2.8 (2.2-3.4)	11.0 (10.1-12.0)
65-74	5.3 (4.4-6.5)	8.8(7.6-10.1)	35.3 (33.1-37.6)	11.0 (9.7-12.5)	3.4 (2.7-4.4)	12.1 (10.6-13.7)
>=75	4.9 (3.8-6.3)	7.2 (5.9-8.8)	43.6 (40.7-46.5)	14.4 (12.5-16.5)	6.7 (5.3-8.4)	13.7 (11.9-15.7)
<i>Total</i>	<i>4.2 (3.7-4.7)</i>	<i>6.1 (5.6-6.7)</i>	<i>27.6 (26.5-28.8)</i>	<i>9.3 (8.7-10.0)</i>	<i>3.6 (3.1-4.2)</i>	<i>11.7 (11.0-12.5)</i>

Table 5.A11: Prevalence of non-cardiovascular chronic conditions by age and education

	Lung disease		Cancer		Arthritis		Osteoporosis		Hip fracture		Wrist fracture	
	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)
Primary/none												
50-64	5.7	(4.4-7.4)	4.4	(3.4-5.9)	23.3	(20.6-26.1)	6.9	(5.5-8.5)	3.7	(2.6-5.1)	11.4	(9.5-13.7)
65-74	5.7	(4.3-7.5)	9.1	(7.3-11.4)	36.7	(33.4-40.2)	9.4	(7.6-11.7)	4.6	(3.4-6.3)	10.8	(8.6-13.3)
>=75	5.1	(3.7-7.1)	6.5	(4.9-8.6)	44.0	(40.1-48.0)	13.6	(11.2-16.4)	7.4	(5.5-9.9)	14.0	(11.6-16.7)
Total	5.5	(4.7-6.5)	6.5	(5.6-7.6)	33.8	(31.9-35.8)	9.7	(8.6-11.0)	5.1	(4.2-6.2)	12.0	(10.7-13.5)
Secondary												
50-64	2.8	(2.2-3.7)	4.7	(3.9-5.7)	17.9	(16.3-19.6)	7.3	(6.2-8.5)	2.9	(2.3-3.8)	11.6	(10.4-13.0)
65-74	5.7	(4.2-7.6)	8.7	(6.9-10.9)	34.5	(31.0-38.1)	11.7	(9.4-14.3)	2.3	(1.4-3.8)	13.2	(10.9-15.9)
>=75	4.8	(3.1-7.2)	8.5	(6.1-11.8)	43.4	(38.7-48.4)	16.2	(13.0-20.0)	5.9	(4.0-8.6)	13.3	(10.3-17.0)
Total	3.6	(3.0-4.3)	5.9	(5.2-6.7)	23.8	(22.3-25.4)	9.1	(8.1-10.1)	3.1	(2.6-3.8)	12.1	(11.0-13.3)
Third/higher												
50-64	2.5	(1.8-3.4)	4.7	(3.8-5.9)	19.2	(17.3-21.2)	6.6	(5.6-7.9)	1.4	(0.9-2.1)	9.0	(7.7-10.6)
65-74	3.2	(2.0-5.0)	7.6	(5.6-10.0)	32.8	(29.0-36.9)	14.9	(12.2-18.0)	2.1	(1.2-3.8)	13.5	(11.0-16.5)
>=75	3.7	(1.9-6.9)	9.0	(6.0-13.2)	42.1	(35.9-48.5)	14.8	(10.8-20.0)	3.8	(2.0-7.1)	13.2	(9.5-18.1)
Total	2.7	(2.1-3.5)	5.6	(4.8-6.6)	23.8	(22.1-25.6)	8.9	(7.9-10.1)	1.7	(1.2-2.4)	10.2	(9.1-11.5)
Total												
50-64	3.5	(3.0-4.1)	4.7	(4.1-5.3)	19.6	(18.4-20.8)	7.0	(6.3-7.8)	2.8	(2.2-3.4)	11.0	(10.1-12.0)
65-74	5.3	(4.4-6.5)	8.8	(7.6-10.1)	35.3	(33.1-37.6)	11.0	(9.7-12.5)	3.4	(2.7-4.4)	12.1	(10.6-13.7)
>=75	4.9	(3.8-6.3)	7.2	(5.9-8.8)	43.6	(40.7-46.5)	14.4	(12.5-16.5)	6.7	(5.3-8.4)	13.7	(11.9-15.7)
Total	4.2	(3.7-4.7)	6.1	(5.6-6.7)	27.6	(26.5-28.8)	9.3	(8.7-10.0)	3.6	(3.1-4.2)	11.7	(11.0-12.5)

Table 5.A12: Prevalence of non-cardiovascular chronic conditions by age and wealth

	Lung disease		Cancer		Arthritis		Osteoporosis		Hip fracture		Wrist fracture	
	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)
Lowest												
50-64	6.2	(4.4-8.7)	4.3	(2.8-6.4)	19.9	(16.3-24.0)	6.6	(4.8-9.2)	3.4	(2.1-5.7)	14.3	(11.4-17.7)
65-74	7.7	(4.5-12.7)	8.8	(5.5-13.8)	40.0	(33.4-47.0)	11.1	(7.2-16.8)	1.9	(0.7-5.1)	10.8	(7.0-16.3)
>=75	6.3	(3.0-12.7)	7.3	(3.9-13.3)	48.4	(40.7-56.1)	16.8	(11.3-24.2)	7.6	(4.4-12.7)	17.5	(11.6-25.5)
<i>Total</i>	<i>6.5</i>	<i>(4.9-8.6)</i>	<i>6.0</i>	<i>(4.5-8.1)</i>	<i>31.6</i>	<i>(28.5-34.9)</i>	<i>10.2</i>	<i>(8.2-12.7)</i>	<i>4.2</i>	<i>(3.0-5.9)</i>	<i>14.4</i>	<i>(11.8-17.4)</i>
2nd												
50-64	4.6	(3.1-6.8)	4.0	(2.5-6.1)	23.9	(20.3-27.9)	7.2	(5.2-9.7)	2.4	(1.3-4.2)	10.5	(8.2-13.3)
65-74	6.6	(3.7-11.5)	9.5	(6.3-14.1)	38.2	(32.1-44.6)	9.9	(6.4-15.1)	3.0	(1.5-6.0)	9.4	(6.4-13.4)
>=75	7.0	(3.3-14.2)	5.3	(2.5-11.0)	43.8	(34.5-53.6)	13.5	(8.1-21.7)	5.6	(2.7-11.3)	13.0	(8.0-20.5)
<i>Total</i>	<i>5.6</i>	<i>(4.1-7.6)</i>	<i>5.5</i>	<i>(4.2-7.2)</i>	<i>31.5</i>	<i>(28.2-35.0)</i>	<i>9.2</i>	<i>(7.2-11.5)</i>	<i>3.2</i>	<i>(2.2-4.7)</i>	<i>10.8</i>	<i>(8.8-13.2)</i>
3rd												
50-64	1.7	(0.9-3.2)	5.6	(4.0-7.8)	19.3	(16.1-22.9)	7.8	(5.8-10.3)	3.3	(1.9-5.5)	7.8	(5.8-10.4)
65-74	4.9	(2.7-8.7)	5.4	(3.1-9.0)	34.0	(28.3-40.2)	13.0	(8.8-18.8)	1.9	(0.8-4.6)	10.0	(6.8-14.5)
>=75	5.2	(2.1-12.2)	12.2	(7.2-19.9)	40.8	(31.6-50.8)	13.4	(7.8-21.9)	4.6	(2.0-10.3)	17.3	(10.2-27.8)
<i>Total</i>	<i>3.0</i>	<i>(2.0-4.5)</i>	<i>6.6</i>	<i>(5.0-8.6)</i>	<i>26.2</i>	<i>(23.3-29.3)</i>	<i>9.9</i>	<i>(8.0-12.2)</i>	<i>3.2</i>	<i>(2.0-4.9)</i>	<i>9.8</i>	<i>(7.9-12.1)</i>
Highest												
50-64	2.2	(1.2-3.9)	4.2	(2.8-6.3)	20.0	(16.8-23.6)	5.0	(3.4-7.2)	1.9	(1.0-3.7)	8.4	(6.4-11.0)
65-74	3.7	(1.8-7.6)	9.2	(5.8-14.3)	24.3	(18.6-31.1)	9.3	(6.1-13.9)	4.0	(1.8-8.8)	11.1	(7.6-16.1)
>=75	3.5	(1.2-9.8)	5.9	(3.0-11.1)	35.4	(24.5-48.1)	15.8	(9.6-25.0)	0.0	-	15.9	(6.8-32.8)
<i>Total</i>	<i>2.7</i>	<i>(1.7-4.0)</i>	<i>5.5</i>	<i>(4.2-7.3)</i>	<i>22.5</i>	<i>(19.7-25.6)</i>	<i>7.0</i>	<i>(5.6-8.9)</i>	<i>2.2</i>	<i>(1.3-3.6)</i>	<i>9.8</i>	<i>(7.8-12.2)</i>
Total												
50-64	3.7	(3.1-4.4)	4.9	(4.3-5.6)	19.8	(18.6-21.2)	7.2	(6.5-8.0)	3.1	(2.4-3.9)	10.8	(9.9-11.9)
65-74	5.6	(4.5-6.8)	8.4	(7.2-9.8)	36.3	(33.8-38.8)	11.3	(9.9-12.9)	3.7	(2.8-5.0)	12.1	(10.5-13.9)
>=75	4.7	(3.6-6.2)	6.6	(5.2-8.2)	44.2	(40.9-47.6)	14.1	(12.0-16.5)	7.2	(5.5-9.3)	15.0	(12.7-17.5)
<i>Total</i>	<i>4.4</i>	<i>(3.8-4.9)</i>	<i>6.1</i>	<i>(5.5-6.7)</i>	<i>29.4</i>	<i>(28.1-30.8)</i>	<i>9.8</i>	<i>(9.0-10.6)</i>	<i>4.2</i>	<i>(3.6-4.9)</i>	<i>12.1</i>	<i>(11.2-13.1)</i>

Table 5.A13: Prevalence of sensory impairment and eye disease by age and sex

	Self-reported poor vision		Self-reported poor hearing		ARMD		Cataracts		Glaucoma	
	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)
Male										
50-64	9.6	(8.3-11.0)	15.2	(13.7-16.9)	0.4	(0.2-0.8)	2.7	(2.1-3.5)	1.2	(0.8-1.8)
65-74	8.8	(7.0-10.8)	19.1	(16.5-22.0)	1.4	(0.9-2.3)	9.0	(7.5-10.8)	3.1	(2.2-4.3)
>=75	17.3	(14.2-21.0)	30.6	(26.7-34.8)	3.3	(2.1-5.1)	30.0	(26.2-34.1)	5.2	(3.6-7.3)
<i>Total</i>	<i>10.6</i>	<i>(9.5-11.7)</i>	<i>18.5</i>	<i>(17.1-20.0)</i>	<i>1.1</i>	<i>(0.8-1.4)</i>	<i>8.3</i>	<i>(7.5-9.3)</i>	<i>2.3</i>	<i>(1.8-2.8)</i>
Female										
50-64	8.4	(7.2-9.8)	6.7	(5.8-7.8)	1.4	(1.0-1.9)	4.2	(3.5-5.0)	1.7	(1.2-2.3)
65-74	10.8	(9.0-12.9)	14.6	(12.5-17.1)	2.1	(1.4-3.2)	14.8	(12.8-17.2)	2.4	(1.6-3.5)
>=75	20.4	(17.4-23.8)	23.6	(20.5-27.0)	5.0	(3.6-6.9)	39.0	(35.4-42.8)	5.3	(3.8-7.3)
<i>Total</i>	<i>11.5</i>	<i>(10.4-12.7)</i>	<i>12.1</i>	<i>(11.0-13.2)</i>	<i>2.3</i>	<i>(1.9-2.9)</i>	<i>14.0</i>	<i>(12.9-15.1)</i>	<i>2.6</i>	<i>(2.1-3.2)</i>
Total										
50-64	9.0	(8.1-10.0)	11.0	(10.0-12.0)	0.9	(0.6-1.2)	3.4	(2.9-4.0)	1.5	(1.1-1.9)
65-74	9.8	(8.5-11.3)	16.8	(15.1-18.7)	1.8	(1.3-2.5)	12.0	(10.6-13.5)	2.7	(2.1-3.5)
>=75	19.2	(16.9-21.7)	26.4	(23.9-29.1)	4.3	(3.3-5.7)	35.4	(32.7-38.2)	5.2	(4.1-6.6)
<i>Total</i>	<i>11.0</i>	<i>(10.2-11.9)</i>	<i>15.2</i>	<i>(14.2-16.1)</i>	<i>1.7</i>	<i>(1.4-2.1)</i>	<i>11.3</i>	<i>(10.5-12.1)</i>	<i>2.4</i>	<i>(2.1-2.8)</i>

Table 5.A14: Prevalence of sensory impairment and eye disease by age and education

	Self-reported poor vision		Self-reported poor hearing		ARMD		Cataracts		Glaucoma	
	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)
Primary/none										
50-64	15.6	(13.3-18.1)	15.6	(13.4-18.0)	1.1	(0.6-1.9)	4.2	(3.1-5.6)	1.8	(1.1-3.0)
65-74	13.4	(11.4-15.8)	18.9	(16.3-22.0)	1.3	(0.7-2.3)	11.1	(9.1-13.3)	2.3	(1.5-3.5)
>=75	23.7	(20.6-27.2)	29.8	(26.3-33.5)	4.0	(2.7-5.9)	38.0	(34.6-41.6)	5.7	(4.2-7.7)
<i>Total</i>	<i>17.5</i>	<i>(16.0-19.1)</i>	<i>21.0</i>	<i>(19.3-22.9)</i>	<i>2.0</i>	<i>(1.5-2.7)</i>	<i>16.9</i>	<i>(15.4-18.5)</i>	<i>3.2</i>	<i>(2.6-4.0)</i>
Secondary										
50-64	7.6	(6.5-8.8)	10.0	(8.8-11.3)	0.9	(0.6-1.4)	3.0	(2.3-3.8)	1.4	(0.9-2.0)
65-74	6.4	(4.8-8.5)	15.3	(12.8-18.2)	2.2	(1.4-3.6)	11.5	(9.5-13.9)	3.1	(2.1-4.5)
>=75	11.5	(8.7-15.0)	21.5	(17.7-25.9)	4.6	(2.9-7.0)	30.7	(26.2-35.6)	4.9	(3.1-7.5)
<i>Total</i>	<i>7.7</i>	<i>(6.8-8.8)</i>	<i>12.2</i>	<i>(11.1-13.4)</i>	<i>1.6</i>	<i>(1.2-2.0)</i>	<i>7.5</i>	<i>(6.7-8.5)</i>	<i>2.1</i>	<i>(1.6-2.6)</i>
Third/higher										
50-64	5.1	(4.1-6.4)	8.2	(6.9-9.8)	0.5	(0.3-1.0)	3.6	(2.8-4.7)	1.2	(0.8-1.9)
65-74	6.0	(4.2-8.4)	13.5	(10.9-16.7)	2.5	(1.5-4.1)	16.3	(13.4-19.8)	3.2	(2.0-4.9)
>=75	7.8	(4.9-12.2)	15.2	(11.2-20.3)	6.3	(3.6-10.6)	30.4	(24.5-37.0)	3.3	(1.7-6.4)
<i>Total</i>	<i>5.5</i>	<i>(4.6-6.6)</i>	<i>9.8</i>	<i>(8.7-11.1)</i>	<i>1.4</i>	<i>(1.0-1.9)</i>	<i>8.4</i>	<i>(7.3-9.7)</i>	<i>1.8</i>	<i>(1.3-2.4)</i>
Total										
50-64	9.0	(8.1-10.0)	11.0	(10.0-12.0)	0.9	(0.6-1.2)	3.4	(2.9-4.0)	1.5	(1.1-1.9)
65-74	9.8	(8.5-11.3)	16.8	(15.1-18.7)	1.8	(1.3-2.5)	12.0	(10.6-13.5)	2.7	(2.1-3.5)
>=75	19.2	(16.9-21.7)	26.4	(23.9-29.1)	4.3	(3.3-5.7)	35.4	(32.7-38.2)	5.2	(4.1-6.6)
<i>Total</i>	<i>11.0</i>	<i>(10.2-11.9)</i>	<i>15.2</i>	<i>(14.2-16.1)</i>	<i>1.7</i>	<i>(1.4-2.1)</i>	<i>11.3</i>	<i>(10.5-12.1)</i>	<i>2.4</i>	<i>(2.1-2.8)</i>

Table 5.A15: Prevalence of sensory impairment and eye disease by age and wealth

	Self-reported poor vision		Self-reported poor hearing		ARMD		Cataracts		Glaucoma	
	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)
Lowest										
50-64	15.7	(12.4-19.6)	12.5	(9.8-16.0)	1.3	(0.6-2.6)	3.2	(2.0-4.9)	2.1	(1.2-3.7)
65-74	11.3	(7.2-17.3)	16.4	(11.7-22.6)	5.2	(2.9-9.2)	14.9	(11.2-19.7)	2.8	(1.3-6.1)
>=75	27.1	(20.6-34.8)	30.3	(23.5-38.0)	7.6	(4.1-13.5)	39.9	(31.8-48.5)	6.2	(3.3-11.3)
<i>Total</i>	<i>17.7</i>	<i>(14.6-21.2)</i>	<i>18.0</i>	<i>(15.0-21.4)</i>	<i>3.8</i>	<i>(2.5-5.6)</i>	<i>15.3</i>	<i>(12.8-18.1)</i>	<i>3.3</i>	<i>(2.3-4.8)</i>
2nd										
50-64	10.4	(8.1-13.4)	13.4	(10.7-16.6)	1.7	(0.9-3.4)	3.9	(2.5-6.0)	1.3	(0.6-2.9)
65-74	10.2	(6.8-15.0)	20.4	(15.4-26.5)	0.5	(0.1-3.5)	14.0	(10.1-18.9)	2.3	(1.1-4.8)
>=75	21.8	(14.3-31.8)	31.3	(22.0-42.3)	3.1	(0.6-14.5)	33.9	(24.8-44.4)	7.0	(3.7-12.6)
<i>Total</i>	<i>12.7</i>	<i>(10.3-15.6)</i>	<i>18.7</i>	<i>(15.6-22.1)</i>	<i>1.7</i>	<i>(0.8-3.5)</i>	<i>12.3</i>	<i>(9.7-15.5)</i>	<i>2.7</i>	<i>(1.8-4.1)</i>
3rd										
50-64	8.3	(6.2-10.9)	9.9	(7.6-12.7)	0.5	(0.2-1.5)	3.8	(2.3-6.1)	1.7	(0.9-3.4)
65-74	4.6	(2.6-8.0)	16.8	(12.5-22.2)	1.9	(0.8-4.4)	8.3	(5.2-12.8)	4.2	(2.3-7.6)
>=75	14.9	(8.8-24.1)	21.0	(14.1-30.1)	5.9	(2.6-12.7)	37.8	(27.5-49.4)	8.9	(4.6-16.5)
<i>Total</i>	<i>8.4</i>	<i>(6.6-10.6)</i>	<i>13.4</i>	<i>(11.1-15.9)</i>	<i>1.7</i>	<i>(1.0-3.0)</i>	<i>10.3</i>	<i>(7.9-13.3)</i>	<i>3.5</i>	<i>(2.4-5.1)</i>
Highest										
50-64	5.0	(3.3-7.4)	8.8	(6.7-11.7)	0.7	(0.2-1.9)	2.9	(1.7-4.9)	1.4	(0.7-2.8)
65-74	6.6	(3.5-12.1)	11.7	(8.1-16.5)	1.3	(0.5-3.3)	8.6	(5.8-12.7)	3.2	(1.7-6.2)
>=75	7.9	(3.2-18.5)	13.7	(7.5-23.7)	6.7	(2.4-17.3)	24.5	(16.0-35.7)	3.6	(1.5-8.4)
<i>Total</i>	<i>5.6</i>	<i>(4.1-7.7)</i>	<i>10.0</i>	<i>(8.1-12.3)</i>	<i>1.5</i>	<i>(0.8-2.7)</i>	<i>6.4</i>	<i>(4.9-8.4)</i>	<i>2.1</i>	<i>(1.4-3.1)</i>
Total										
50-64	8.8	(7.8-9.8)	10.7	(9.8-11.8)	0.8	(0.6-1.1)	3.5	(3.0-4.1)	1.5	(1.1-1.9)
65-74	10.2	(8.7-11.9)	17.0	(15.2-19.0)	1.8	(1.3-2.6)	12.4	(10.9-14.1)	2.6	(2.1-3.4)
>=75	20.2	(17.6-23.0)	27.0	(24.0-30.2)	4.4	(3.3-6.0)	35.3	(32.4-38.4)	5.0	(3.9-6.5)
<i>Total</i>	<i>11.7</i>	<i>(10.8-12.7)</i>	<i>15.9</i>	<i>(14.8-17.0)</i>	<i>1.9</i>	<i>(1.5-2.3)</i>	<i>12.9</i>	<i>(12.0-13.8)</i>	<i>2.6</i>	<i>(2.2-3.0)</i>

Table 5.A16: Difficulty following a conversation with 1 person by age and sex

	None		Some		Much / impossible		Total	Number in sample
	%	95% CI	%	95% CI	%	95% CI		
Male								
50-64	95	(94-96)	5	(4-6)	1	(0-1)	100	2081
65-74	90	(88-92)	9	(7-11)	1	(0-2)	100	1070
>=75	81	(77-84)	18	(14-22)	1	(1-3)	100	598
<i>Total</i>	<i>91</i>	<i>(90-92)</i>	<i>8</i>	<i>(7-9)</i>	<i>1</i>	<i>(1-1)</i>	<i>100</i>	<i>3749</i>
Female								
50-64	97	(96-98)	3	(2-3)	1	(0-1)	100	2587
65-74	94	(92-95)	5	(4-7)	1	(0-2)	100	1093
>=75	88	(85-91)	9	(7-12)	3	(2-4)	100	749
<i>Total</i>	<i>94</i>	<i>(93-95)</i>	<i>5</i>	<i>(4-6)</i>	<i>1</i>	<i>(1-2)</i>	<i>100</i>	<i>4429</i>
Total								
50-64	96	(95-97)	4	(3-4)	1	(0-1)	100	4668
65-74	92	(91-94)	7	(6-8)	1	(1-1)	100	2163
>=75	86	(83-88)	12	(10-15)	2	(1-3)	100	1347
<i>Total</i>	<i>93</i>	<i>(92-93)</i>	<i>6</i>	<i>(6-7)</i>	<i>1</i>	<i>(1-1)</i>	<i>100</i>	<i>8178</i>

Note. CI = confidence interval; Missing observations = 0.00%

Table 5.A17: Number of falls in the last year by age and sex

	None		One		Two or more		Total	Number in sample
	%	95% CI	%	95% CI	%	95% CI		
Male								
50-64	83	(81-84)	10	(9-12)	7	(6-8)	100	2080
65-74	83	(80-85)	10	(8-13)	7	(6-9)	100	1069
>=75	77	(73-80)	16	(13-19)	7	(5-10)	100	598
<i>Total</i>	<i>82</i>	<i>(80-83)</i>	<i>11</i>	<i>(10-12)</i>	<i>7</i>	<i>(6-8)</i>	<i>100</i>	<i>3747</i>
Female								
50-64	82	(81-84)	11	(10-13)	6	(5-7)	100	2587
65-74	78	(76-81)	14	(12-16)	8	(6-9)	100	1093
>=75	74	(71-78)	15	(12-18)	11	(8-13)	100	749
<i>Total</i>	<i>80</i>	<i>(79-81)</i>	<i>13</i>	<i>(12-14)</i>	<i>7</i>	<i>(7-8)</i>	<i>100</i>	<i>4429</i>
Total								
50-64	83	(81-84)	11	(10-12)	7	(6-8)	100	4667
65-74	81	(79-82)	12	(11-14)	7	(6-8)	100	2162
>=75	75	(73-78)	15	(13-17)	9	(8-11)	100	1347
<i>Total</i>	<i>81</i>	<i>(80-82)</i>	<i>12</i>	<i>(11-13)</i>	<i>7</i>	<i>(7-8)</i>	<i>100</i>	<i>8176</i>

Note. CI = confidence interval; Missing observations = 0.02%

Table 5.A18: Number of falls in the last year by age and education

	None		One		Two or more		Total	Number in sample
	%	95% CI	%	95% CI	%	95% CI		
Primary/none								
50-64	80	(78-83)	11	(9-13)	9	(7-11)	100	957
65-74	81	(78-83)	12	(10-14)	8	(6-10)	100	865
>=75	77	(73-80)	14	(11-17)	9	(7-12)	100	684
<i>Total</i>	<i>79</i>	<i>(78-81)</i>	<i>12</i>	<i>(11-13)</i>	<i>9</i>	<i>(8-10)</i>	<i>100</i>	<i>2506</i>
Secondary								
50-64	84	(82-85)	10	(9-11)	6	(5-7)	100	2118
65-74	82	(79-85)	12	(10-15)	6	(5-8)	100	728
>=75	71	(67-76)	18	(14-22)	11	(8-14)	100	417
<i>Total</i>	<i>82</i>	<i>(81-83)</i>	<i>11</i>	<i>(10-12)</i>	<i>7</i>	<i>(6-8)</i>	<i>100</i>	<i>3263</i>
Third/higher								
50-64	82	(80-84)	12	(11-14)	6	(5-7)	100	1592
65-74	77	(73-80)	14	(12-17)	9	(7-11)	100	568
>=75	77	(72-82)	18	(14-24)	5	(3-8)	100	243
<i>Total</i>	<i>81</i>	<i>(79-82)</i>	<i>13</i>	<i>(12-14)</i>	<i>6</i>	<i>(5-7)</i>	<i>100</i>	<i>2403</i>
Total								
50-64	83	(81-84)	11	(10-12)	7	(6-8)	100	4667
65-74	81	(79-82)	12	(11-14)	7	(6-8)	100	2162
>=75	75	(73-78)	15	(13-17)	9	(8-11)	100	1347
<i>Total</i>	<i>81</i>	<i>(80-82)</i>	<i>12</i>	<i>(11-13)</i>	<i>7</i>	<i>(7-8)</i>	<i>100</i>	<i>8176</i>

Note. CI = confidence interval; Missing observations = 0.02%

Table 5.A19: Number of falls in the past year by age and wealth

	None		One		Two or more		Total	Number in sample
	%	95% CI	%	95% CI	%	95% CI		
Lowest								
50-64	79	(75-83)	10	(7-13)	11	(9-14)	100	567
65-74	80	(74-86)	13	(9-18)	7	(4-11)	100	243
>=75	75	(68-82)	14	(9-21)	11	(7-16)	100	178
<i>Total</i>	<i>78</i>	<i>(75-81)</i>	<i>11</i>	<i>(9-14)</i>	<i>10</i>	<i>(8-13)</i>	<i>100</i>	<i>988</i>
2nd								
50-64	86	(83-89)	7	(6-10)	6	(4-9)	100	586
65-74	82	(77-87)	10	(7-15)	7	(5-11)	100	268
>=75	77	(68-84)	16	(10-25)	7	(4-12)	100	145
<i>Total</i>	<i>83</i>	<i>(80-86)</i>	<i>10</i>	<i>(8-12)</i>	<i>7</i>	<i>(5-9)</i>	<i>100</i>	<i>999</i>
3rd								
50-64	83	(80-86)	10	(8-13)	7	(5-10)	100	590
65-74	84	(79-88)	9	(6-13)	7	(5-11)	100	262
>=75	69	(57-78)	20	(12-33)	11	(6-19)	100	123
<i>Total</i>	<i>81</i>	<i>(78-84)</i>	<i>11</i>	<i>(9-14)</i>	<i>8</i>	<i>(6-10)</i>	<i>100</i>	<i>975</i>
Highest								
50-64	81	(77-84)	13	(10-16)	6	(4-9)	100	634
65-74	78	(71-83)	16	(12-22)	6	(4-10)	100	258
>=75	69	(58-79)	20	(13-30)	11	(5-20)	100	95
<i>Total</i>	<i>79</i>	<i>(76-82)</i>	<i>14</i>	<i>(12-17)</i>	<i>7</i>	<i>(5-9)</i>	<i>100</i>	<i>987</i>
Total								
50-64	83	(82-84)	10	(9-11)	7	(6-7)	100	4667
65-74	81	(79-82)	12	(11-14)	7	(6-9)	100	2162
>=75	76	(73-79)	15	(13-17)	9	(8-11)	100	1347
<i>Total</i>	<i>81</i>	<i>(80-82)</i>	<i>12</i>	<i>(11-13)</i>	<i>7</i>	<i>(7-8)</i>	<i>100</i>	<i>8176</i>

Note. CI = confidence interval; Missing observations = 0.02%

Table 5.A20: Smoking history by age and sex

	Never		Past		Current		Total	Number in sample
	%	95% CI	%	95% CI	%	95% CI		
Male								
50-64	38	(36-40)	40	(37-42)	22	(20-24)	100	2080
65-74	31	(28-34)	53	(50-57)	16	(14-18)	100	1070
>=75	31	(27-36)	55	(50-59)	14	(11-17)	100	598
<i>Total</i>	35	(34-37)	45	(43-47)	19	(18-21)	100	3748
Female								
50-64	46	(44-48)	31	(29-33)	24	(22-26)	100	2587
65-74	53	(50-56)	30	(27-32)	17	(15-20)	100	1093
>=75	57	(53-61)	33	(29-37)	10	(7-12)	100	749
<i>Total</i>	50	(48-52)	31	(29-32)	19	(18-21)	100	4429
Total								
50-64	42	(40-44)	35	(34-37)	23	(22-24)	100	4667
65-74	42	(40-44)	41	(39-43)	17	(15-18)	100	2163
>=75	47	(44-50)	42	(39-45)	11	(10-13)	100	1347
<i>Total</i>	43	(42-44)	38	(36-39)	19	(18-20)	100	8177

Note. CI = confidence interval; Missing observations = 0.01%

Table 5.A21: Smoking history by age and education

	Never		Past		Current		Total	Number in sample
	%	95% CI	%	95% CI	%	95% CI		
Primary/none								
50-64	32	(28-35)	36	(32-39)	33	(29-36)	100	956
65-74	40	(37-43)	41	(38-44)	19	(17-22)	100	865
>=75	45	(41-50)	42	(38-46)	13	(11-16)	100	684
<i>Total</i>	<i>38</i>	<i>(36-41)</i>	<i>39</i>	<i>(37-41)</i>	<i>22</i>	<i>(20-24)</i>	<i>100</i>	<i>2505</i>
Secondary								
50-64	44	(42-46)	34	(31-36)	22	(21-24)	100	2119
65-74	44	(40-47)	41	(37-44)	15	(13-18)	100	728
>=75	54	(49-59)	38	(33-43)	8	(5-11)	100	417
<i>Total</i>	<i>45</i>	<i>(43-47)</i>	<i>35</i>	<i>(34-37)</i>	<i>20</i>	<i>(18-21)</i>	<i>100</i>	<i>3264</i>
Third/higher								
50-64	49	(46-51)	38	(35-40)	14	(12-15)	100	1592
65-74	46	(42-50)	43	(39-48)	10	(8-13)	100	569
>=75	40	(34-46)	50	(44-56)	10	(7-15)	100	243
<i>Total</i>	<i>47</i>	<i>(45-49)</i>	<i>40</i>	<i>(38-42)</i>	<i>13</i>	<i>(11-14)</i>	<i>100</i>	<i>2404</i>
Total								
50-64	42	(40-44)	35	(34-37)	23	(22-24)	100	4667
65-74	42	(40-44)	41	(39-43)	17	(15-18)	100	2163
>=75	47	(44-50)	42	(39-45)	11	(10-13)	100	1347
<i>Total</i>	<i>43</i>	<i>(42-44)</i>	<i>38</i>	<i>(36-39)</i>	<i>19</i>	<i>(18-20)</i>	<i>100</i>	<i>8177</i>

Note. CI = confidence interval; Missing observations = 0.01%

Table 5.A22: Smoking history by age and wealth

	Never		Past		Current		Total	Number in sample
	%	95% CI	%	95% CI	%	95% CI		
Lowest								
50-64	28	(24-32)	27	(23-32)	45	(40-50)	100	567
65-74	36	(30-42)	43	(37-49)	22	(17-28)	100	243
>=75	42	(35-50)	42	(35-50)	16	(11-22)	100	178
<i>Total</i>	<i>33</i>	<i>(30-37)</i>	<i>35</i>	<i>(31-38)</i>	<i>32</i>	<i>(28-36)</i>	<i>100</i>	<i>988</i>
2nd								
50-64	36	(32-41)	37	(33-42)	26	(23-30)	100	586
65-74	43	(37-50)	42	(35-48)	15	(11-21)	100	268
>=75	47	(38-57)	42	(32-51)	11	(7-18)	100	145
<i>Total</i>	<i>40</i>	<i>(36-44)</i>	<i>39</i>	<i>(35-43)</i>	<i>21</i>	<i>(18-24)</i>	<i>100</i>	<i>999</i>
3rd								
50-64	43	(39-48)	42	(38-47)	15	(12-18)	100	590
65-74	43	(36-51)	44	(37-51)	13	(9-18)	100	262
>=75	47	(36-58)	42	(32-53)	11	(6-21)	100	123
<i>Total</i>	<i>44</i>	<i>(40-48)</i>	<i>42</i>	<i>(39-46)</i>	<i>14</i>	<i>(11-16)</i>	<i>100</i>	<i>975</i>
Highest								
50-64	50	(46-54)	37	(33-41)	13	(10-17)	100	634
65-74	51	(44-58)	41	(34-48)	8	(5-12)	100	258
>=75	43	(31-56)	41	(30-54)	15	(6-34)	100	95
<i>Total</i>	<i>50</i>	<i>(46-53)</i>	<i>38</i>	<i>(35-42)</i>	<i>12</i>	<i>(10-15)</i>	<i>100</i>	<i>987</i>
Total								
50-64	43	(41-45)	35	(33-36)	22	(21-24)	100	4667
65-74	43	(41-46)	41	(39-43)	16	(14-18)	100	2163
>=75	48	(45-51)	41	(38-44)	11	(9-13)	100	1347
<i>Total</i>	<i>44</i>	<i>(43-46)</i>	<i>38</i>	<i>(36-39)</i>	<i>18</i>	<i>(17-19)</i>	<i>100</i>	<i>8177</i>

Note. CI = confidence interval; Missing observations = 0.01%

Table 5.A23: Problematic alcohol use and diagnosed substance abuse by age and sex

	Alcohol Problem - Objective		Diagnosed Alcohol or Substance Abuse	
	%	(95% CI)	%	(95% CI)
Male				
50-64	8.6	(7.3-10.2)	3.2	(2.4-4.2)
65-74	6.0	(4.5-8.0)	3.9	(2.9-5.4)
>=75	2.4	(1.2-4.5)	0.7	(0.3-1.8)
<i>Total</i>	<i>7.0</i>	<i>(6.1-8.2)</i>	<i>3.0</i>	<i>(2.4-3.7)</i>
Female				
50-64	4.0	(3.2-5.1)	1.0	(0.7-1.6)
65-74	1.5	(0.8-2.8)	0.5	(0.2-1.3)
>=75	0.6	(0.2-2.1)	0.1	(0.0-0.6)
<i>Total</i>	<i>2.7</i>	<i>(2.2-3.4)</i>	<i>0.7</i>	<i>(0.5-1.0)</i>
Total				
50-64	6.3	(5.5-7.2)	2.1	(1.6-2.7)
65-74	3.7	(2.8-4.8)	2.2	(1.6-3.0)
>=75	1.3	(0.7-2.3)	0.3	(0.1-0.8)
<i>Total</i>	<i>4.8</i>	<i>(4.2-5.4)</i>	<i>1.8</i>	<i>(1.5-2.2)</i>

Table 5.A24: Problematic alcohol use and diagnosed substance abuse by age and education

	Alcohol Problem - Objective		Diagnosed Alcohol or Substance Abuse	
	%	(95% CI)	%	(95% CI)
Primary/none				
50-64	5.5	(3.9-7.7)	3.3	(2.2-5.0)
65-74	4.4	(3.0-6.5)	2.6	(1.7-4.0)
>=75	1.4	(0.6-2.9)	0.2	(0.1-1.0)
<i>Total</i>	3.9	(3.0-5.0)	2.1	(1.6-2.8)
Secondary				
50-64	7.1	(6.0-8.5)	1.6	(1.2-2.3)
65-74	2.7	(1.7-4.4)	1.6	(0.9-2.7)
>=75	1.1	(0.3-3.3)	0.3	(0.0-1.8)
<i>Total</i>	5.7	(4.8-6.7)	1.5	(1.1-2.0)
Third/higher				
50-64	5.3	(4.1-6.8)	1.5	(1.0-2.4)
65-74	3.7	(2.3-5.9)	2.0	(1.1-3.6)
>=75	1.5	(0.5-4.6)	1.5	(0.6-3.9)
<i>Total</i>	4.7	(3.7-5.8)	1.6	(1.1-2.3)
Total				
50-64	6.3	(5.5-7.2)	2.1	(1.6-2.7)
65-74	3.7	(2.8-4.8)	2.2	(1.6-3.0)
>=75	1.3	(0.7-2.3)	0.3	(0.1-0.8)
<i>Total</i>	4.8	(4.2-5.4)	1.8	(1.5-2.2)

Table 5.A25: Problematic alcohol use and diagnosed substance abuse by age and wealth

	Alcohol Problem - Objective		Diagnosed Alcohol or Substance Abuse	
	%	(95% CI)	%	(95% CI)
Lowest				
50-64	7.8	(5.2-11.5)	4.5	(2.9-7.0)
65-74	5.5	(2.9-10.3)	1.9	(0.8-4.4)
>=75	1.9	(0.6-6.0)	0.4	(0.1-2.9)
<i>Total</i>	<i>5.8</i>	<i>(4.1-8.1)</i>	<i>2.9</i>	<i>(2.0-4.3)</i>
2nd				
50-64	7.2	(5.0-10.4)	3.0	(1.8-5.0)
65-74	2.3	(1.0-5.2)	2.7	(1.3-5.6)
>=75	2.7	(0.7-10.2)	0.4	(0.1-1.5)
<i>Total</i>	<i>5.2</i>	<i>(3.8-7.2)</i>	<i>2.4</i>	<i>(1.6-3.6)</i>
3rd				
50-64	5.2	(3.4-7.8)	0.8	(0.3-2.2)
65-74	2.9	(1.2-6.8)	1.0	(0.3-3.3)
>=75	0.9	(0.1-6.0)	0.6	(0.1-4.2)
<i>Total</i>	<i>4.0</i>	<i>(2.7-5.8)</i>	<i>0.8</i>	<i>(0.4-1.7)</i>
Highest				
50-64	6.6	(4.8-9.2)	0.9	(0.3-2.1)
65-74	2.5	(1.1-5.4)	1.9	(0.7-5.2)
>=75	0.0	-	0.0	-
<i>Total</i>	<i>5.0</i>	<i>(3.7-6.8)</i>	<i>1.0</i>	<i>(0.5-1.9)</i>
Total				
50-64	5.8	(5.0-6.7)	1.9	(1.5-2.4)
65-74	3.2	(2.4-4.2)	2.0	(1.5-2.8)
>=75	1.2	(0.6-2.3)	0.2	(0.1-0.5)
<i>Total</i>	<i>4.2</i>	<i>(3.7-4.8)</i>	<i>1.5</i>	<i>(1.2-1.9)</i>

Table 5.A26: Physical activity by age and sex

	Low exercise		Moderate		High exercise		Total	Number in sample
	%	95% CI	%	95% CI	%	95% CI		
Male								
50-64	23	(21-25)	29	(27-31)	48	(45-50)	100	2059
65-74	25	(22-28)	37	(34-41)	38	(34-41)	100	1060
>=75	42	(37-46)	31	(27-35)	28	(24-32)	100	592
<i>Total</i>	26	(25-28)	31	(30-33)	42	(40-45)	100	3711
Female								
50-64	32	(30-34)	36	(34-38)	32	(29-34)	100	2556
65-74	40	(36-43)	35	(32-38)	26	(23-29)	100	1092
>=75	59	(55-63)	30	(27-34)	11	(9-14)	100	742
<i>Total</i>	39	(38-41)	35	(33-36)	26	(24-28)	100	4390
Total								
50-64	28	(26-29)	33	(31-34)	40	(38-42)	100	4615
65-74	32	(30-35)	36	(34-39)	31	(29-34)	100	2152
>=75	52	(49-55)	30	(28-33)	18	(15-20)	100	1334
<i>Total</i>	33	(32-35)	33	(32-34)	34	(32-36)	100	8101

Note. CI = confidence interval; Missing observations = 0.94%

Table 5.A27: Physical activity by age and education

	Low exercise		Moderate		High exercise		Total	Number in sample
	%	95% CI	%	95% CI	%	95% CI		
Primary/none								
50-64	30	(27-33)	33	(30-36)	38	(34-41)	100	947
65-74	34	(31-38)	36	(32-40)	30	(27-34)	100	859
>=75	55	(51-59)	29	(25-32)	16	(13-20)	100	678
<i>Total</i>	<i>39</i>	<i>(37-41)</i>	<i>32</i>	<i>(30-34)</i>	<i>29</i>	<i>(26-31)</i>	<i>100</i>	<i>2484</i>
Secondary								
50-64	28	(26-30)	31	(29-33)	41	(38-44)	100	2091
65-74	33	(29-37)	36	(33-40)	31	(27-35)	100	724
>=75	50	(45-55)	32	(28-37)	18	(14-22)	100	412
<i>Total</i>	<i>31</i>	<i>(29-33)</i>	<i>32</i>	<i>(30-34)</i>	<i>37</i>	<i>(34-39)</i>	<i>100</i>	<i>3227</i>
Third/higher								
50-64	24	(22-27)	36	(34-39)	39	(36-42)	100	1577
65-74	25	(21-29)	36	(33-41)	39	(34-43)	100	568
>=75	36	(31-42)	36	(31-43)	27	(22-33)	100	241
<i>Total</i>	<i>26</i>	<i>(24-28)</i>	<i>36</i>	<i>(34-38)</i>	<i>38</i>	<i>(36-40)</i>	<i>100</i>	<i>2386</i>
Total								
50-64	28	(26-29)	33	(31-34)	40	(38-42)	100	4615
65-74	32	(30-35)	36	(34-39)	31	(29-34)	100	2152
>=75	52	(49-55)	30	(28-33)	18	(15-20)	100	1334
<i>Total</i>	<i>33</i>	<i>(32-35)</i>	<i>33</i>	<i>(32-34)</i>	<i>34</i>	<i>(32-36)</i>	<i>100</i>	<i>8101</i>

Note. CI = confidence interval; Missing observations = 0.94%

Table 5.A28: Physical activity by age and wealth

	Low exercise		Moderate		High exercise		Total	Number in sample
	%	95% CI	%	95% CI	%	95% CI		
Lowest								
50-64	31	(27-35)	37	(32-42)	33	(28-38)	100	562
65-74	39	(32-45)	43	(36-51)	18	(13-25)	100	242
>=75	60	(52-68)	28	(21-36)	12	(8-19)	100	178
<i>Total</i>	<i>40</i>	<i>(36-44)</i>	<i>36</i>	<i>(31-41)</i>	<i>24</i>	<i>(20-28)</i>	<i>100</i>	<i>982</i>
2nd								
50-64	30	(26-34)	34	(30-38)	36	(32-41)	100	583
65-74	38	(32-44)	36	(31-42)	26	(21-32)	100	268
>=75	59	(48-68)	30	(21-40)	11	(7-17)	100	145
<i>Total</i>	<i>37</i>	<i>(34-42)</i>	<i>34</i>	<i>(31-37)</i>	<i>29</i>	<i>(25-32)</i>	<i>100</i>	<i>996</i>
3rd								
50-64	29	(25-34)	32	(28-36)	39	(34-44)	100	585
65-74	30	(25-37)	34	(27-40)	36	(29-44)	100	262
>=75	46	(34-58)	34	(25-45)	20	(12-31)	100	123
<i>Total</i>	<i>32</i>	<i>(28-36)</i>	<i>33</i>	<i>(29-36)</i>	<i>35</i>	<i>(31-39)</i>	<i>100</i>	<i>970</i>
Highest								
50-64	23	(20-28)	34	(30-39)	42	(37-47)	100	633
65-74	23	(17-30)	39	(32-46)	38	(31-46)	100	257
>=75	37	(24-51)	31	(21-42)	33	(23-45)	100	95
<i>Total</i>	<i>25</i>	<i>(21-28)</i>	<i>35</i>	<i>(32-39)</i>	<i>40</i>	<i>(36-44)</i>	<i>100</i>	<i>985</i>
Total								
50-64	28	(26-30)	33	(31-34)	39	(37-42)	100	4615
65-74	34	(32-36)	35	(32-37)	31	(29-34)	100	2152
>=75	54	(50-57)	30	(27-33)	17	(15-20)	100	1334
<i>Total</i>	<i>35</i>	<i>(34-37)</i>	<i>32</i>	<i>(31-34)</i>	<i>32</i>	<i>(31-34)</i>	<i>100</i>	<i>8101</i>

Note. CI = confidence interval; Missing observations = 0.94%

Table 5.A29: Flu vaccination and medical screening by age and sex

	Flu jab		Cholesterol test		Prostate cancer test		Checks breast for lumps		Mammogram	
	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)
Male										
50-64	31	(29-33)	85	(84-87)	69	(67-71)				
65-74	67	(64-70)	92	(90-94)	80	(77-83)				
>=75	84	(81-87)	90	(87-92)	76	(72-79)				
<i>Total</i>	<i>48</i>	<i>(46-50)</i>	<i>88</i>	<i>(86-89)</i>	<i>73</i>	<i>(71-75)</i>				
Female										
50-64	34	(32-36)	85	(83-86)			73	(71-75)	86	(85-88)
65-74	67	(64-70)	91	(89-93)			67	(64-70)	77	(74-79)
>=75	83	(80-86)	88	(85-90)			50	(46-54)	34	(31-38)
<i>Total</i>	<i>52</i>	<i>(50-54)</i>	<i>87</i>	<i>(86-88)</i>			<i>67</i>	<i>(65-68)</i>	<i>73</i>	<i>(71-75)</i>
Total										
50-64	33	(31-34)	85	(84-86)						
65-74	67	(65-69)	92	(90-93)						
>=75	83	(81-85)	89	(87-91)						
<i>Total</i>	<i>50</i>	<i>(49-51)</i>	<i>87</i>	<i>(86-88)</i>						

Table 5.A30: Flu vaccination and medical screening by age and education

	Flu jab		Cholesterol test		Checks breast for lumps (female only)		Mammogram (female only)		Prostate cancer test (male only)	
	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)
Primary/none										
50-64	40	(36-43)	84	(81-86)	74	(70-78)	83	(79-86)	64	(59-69)
65-74	70	(67-74)	91	(89-93)	66	(61-70)	73	(68-77)	77	(72-81)
>=75	82	(79-85)	87	(84-90)	50	(45-55)	29	(25-34)	71	(66-76)
<i>Total</i>	<i>62</i>	<i>(60-64)</i>	<i>87</i>	<i>(85-88)</i>	<i>63</i>	<i>(60-65)</i>	<i>60</i>	<i>(57-63)</i>	<i>70</i>	<i>(67-73)</i>
Secondary										
50-64	28	(26-30)	85	(83-86)	73	(70-76)	87	(84-89)	69	(66-72)
65-74	64	(60-67)	92	(90-94)	70	(65-74)	78	(74-82)	83	(78-87)
>=75	86	(82-89)	92	(90-95)	51	(45-57)	41	(36-47)	85	(78-90)
<i>Total</i>	<i>41</i>	<i>(40-43)</i>	<i>87</i>	<i>(85-88)</i>	<i>70</i>	<i>(68-72)</i>	<i>79</i>	<i>(77-81)</i>	<i>73</i>	<i>(70-75)</i>
Third/higher										
50-64	35	(32-37)	88	(87-90)	72	(69-75)	89	(87-91)	75	(72-79)
65-74	65	(61-69)	93	(90-95)	67	(61-72)	83	(78-87)	88	(83-91)
>=75	85	(80-89)	91	(87-94)	50	(41-58)	54	(44-63)	83	(75-89)
<i>Total</i>	<i>45</i>	<i>(43-47)</i>	<i>89</i>	<i>(88-91)</i>	<i>69</i>	<i>(66-71)</i>	<i>84</i>	<i>(82-86)</i>	<i>78</i>	<i>(75-81)</i>
Total										
50-64	33	(31-34)	85	(84-86)	73	(71-75)	86	(85-88)	69	(67-71)
65-74	67	(65-69)	92	(90-93)	67	(64-70)	77	(74-79)	80	(77-83)
>=75	83	(81-85)	89	(87-91)	50	(46-54)	34	(31-38)	76	(72-79)
<i>Total</i>	<i>50</i>	<i>(49-51)</i>	<i>87</i>	<i>(86-88)</i>	<i>67</i>	<i>(65-68)</i>	<i>73</i>	<i>(71-75)</i>	<i>73</i>	<i>(71-75)</i>

Table 5.A31: Flu vaccination and medical screening by age and wealth

	Flu jab		Cholesterol test		Checks breast for lumps (female only)		Mammogram (female only)		Prostate cancer test (male only)	
	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)
Lowest										
50-64	37	(33-41)	78	(73-82)	70	(63-76)	77	(71-81)	52	(45-59)
65-74	72	(64-79)	91	(86-94)	72	(62-80)	69	(58-79)	77	(66-85)
>=75	87	(79-91)	87	(80-91)	58	(48-69)	36	(27-47)	84	(72-91)
<i>Total</i>	57	(53-61)	83	(79-86)	67	(61-72)	63	(57-68)	64	(58-69)
2nd										
50-64	33	(29-37)	85	(81-87)	71	(65-77)	84	(78-88)	67	(61-72)
65-74	71	(65-77)	91	(87-94)	65	(56-73)	70	(60-79)	80	(72-86)
>=75	75	(64-83)	94	(88-97)	41	(29-55)	26	(18-38)	70	(56-81)
<i>Total</i>	51	(47-54)	88	(86-90)	62	(57-67)	66	(61-71)	70	(65-74)
3rd										
50-64	33	(29-38)	90	(87-93)	74	(69-79)	91	(87-94)	71	(65-77)
65-74	66	(58-73)	89	(84-93)	64	(54-73)	82	(73-89)	81	(72-87)
>=75	86	(78-92)	98	(94-99)	42	(27-60)	47	(31-63)	79	(66-87)
<i>Total</i>	50	(46-54)	91	(89-93)	66	(61-71)	82	(76-87)	74	(70-79)
Highest										
50-64	29	(25-33)	88	(85-91)	77	(71-81)	91	(87-94)	78	(73-83)
65-74	56	(49-64)	95	(91-98)	70	(58-79)	92	(84-96)	87	(79-92)
>=75	80	(68-89)	89	(79-95)	42	(25-61)	64	(46-79)	82	(65-92)
<i>Total</i>	40	(37-44)	90	(88-92)	72	(66-76)	89	(85-92)	81	(76-84)
Total										
50-64	33	(31-34)	85	(84-86)	73	(71-75)	86	(84-87)	69	(66-71)
65-74	67	(65-69)	91	(90-93)	68	(65-71)	75	(71-78)	80	(76-83)
>=75	83	(81-85)	88	(86-90)	49	(45-53)	30	(27-34)	74	(70-78)
<i>Total</i>	53	(51-54)	87	(86-88)	65	(64-67)	68	(66-70)	72	(70-74)

Table 5.A32: Breast cancer screening behaviour by age and area of residence

	Checks breast for lumps		Mammogram	
	%	(95% CI)	%	(95% CI)
Dublin city or county				
50-64	70	(66-73)	89	(86-91)
65-74	60	(54-66)	91	(86-94)
>=75	39	(32-47)	48	(40-56)
<i>Total</i>	<i>61</i>	<i>(58-64)</i>	<i>81</i>	<i>(78-84)</i>
Another town or city				
50-64	71	(67-75)	87	(84-90)
65-74	65	(60-71)	77	(72-82)
>=75	52	(45-59)	33	(27-40)
<i>Total</i>	<i>66</i>	<i>(63-69)</i>	<i>74</i>	<i>(71-77)</i>
A rural area				
50-64	76	(73-78)	85	(82-87)
65-74	73	(68-77)	69	(64-73)
>=75	54	(48-59)	29	(24-34)
<i>Total</i>	<i>70</i>	<i>(68-72)</i>	<i>69</i>	<i>(66-71)</i>
Total				
50-64	73	(71-75)	86	(85-88)
65-74	67	(64-70)	77	(74-79)
>=75	50	(46-54)	34	(31-38)
<i>Total</i>	<i>67</i>	<i>(65-68)</i>	<i>73</i>	<i>(71-75)</i>

Table 5.A33: Prevalence and severity of pain by age and sex

	No pain		Mild		Moderate		Severe		Total	Number in sample
	%	95% CI	%	95% CI	%	95% CI	%	95% CI		
Male										
50-64	68	(65-70)	11	(9-12)	14	(13-16)	7	(6-8)	100	2079
65-74	71	(68-74)	10	(8-12)	12	(10-14)	7	(6-9)	100	1069
>=75	68	(64-72)	9	(7-13)	15	(12-18)	7	(5-10)	100	596
<i>Total</i>	<i>69</i>	<i>(67-70)</i>	<i>10</i>	<i>(9-11)</i>	<i>14</i>	<i>(13-15)</i>	<i>7</i>	<i>(6-8)</i>	<i>100</i>	<i>3744</i>
Female										
50-64	61	(59-63)	11	(9-12)	18	(17-20)	10	(9-11)	100	2585
65-74	58	(54-61)	9	(7-11)	21	(19-24)	12	(10-15)	100	1092
>=75	57	(53-60)	10	(8-12)	19	(17-22)	14	(12-17)	100	748
<i>Total</i>	<i>59</i>	<i>(58-61)</i>	<i>10</i>	<i>(9-11)</i>	<i>19</i>	<i>(18-20)</i>	<i>11</i>	<i>(10-13)</i>	<i>100</i>	<i>4425</i>
Total										
50-64	64	(63-66)	11	(10-12)	16	(15-18)	9	(8-10)	100	4664
65-74	64	(62-67)	9	(8-11)	16	(15-18)	10	(8-12)	100	2161
>=75	61	(58-64)	10	(8-12)	18	(16-20)	11	(10-14)	100	1344
<i>Total</i>	<i>64</i>	<i>(62-65)</i>	<i>10</i>	<i>(9-11)</i>	<i>17</i>	<i>(16-18)</i>	<i>9</i>	<i>(9-10)</i>	<i>100</i>	<i>8169</i>

Note. CI = confidence interval; Missing observations = 0.11%

Table 5.A34: Prevalence and severity of pain by age and education

	No pain		Mild		Moderate		Severe		Total	Number in sample
	%	95% CI	%	95% CI	%	95% CI	%	95% CI		
Primary/none										
50-64	58	(55-62)	10	(8-12)	18	(16-21)	14	(11-16)	100	956
65-74	59	(56-63)	10	(8-12)	18	(15-20)	13	(10-15)	100	864
>=75	60	(56-64)	10	(8-12)	16	(13-19)	14	(12-17)	100	683
<i>Total</i>	<i>59</i>	<i>(57-61)</i>	<i>10</i>	<i>(9-11)</i>	<i>17</i>	<i>(16-19)</i>	<i>13</i>	<i>(12-15)</i>	<i>100</i>	<i>2503</i>
Secondary										
50-64	65	(62-67)	11	(10-12)	17	(15-19)	7	(6-9)	100	2118
65-74	69	(66-73)	8	(6-10)	15	(13-18)	8	(6-10)	100	727
>=75	62	(56-67)	9	(7-12)	22	(19-27)	7	(5-10)	100	417
<i>Total</i>	<i>65</i>	<i>(63-67)</i>	<i>10</i>	<i>(9-11)</i>	<i>17</i>	<i>(16-19)</i>	<i>7</i>	<i>(6-8)</i>	<i>100</i>	<i>3262</i>
Third/higher										
50-64	70	(68-72)	11	(9-13)	13	(12-15)	6	(5-7)	100	1590
65-74	68	(65-72)	10	(8-13)	16	(14-20)	5	(4-8)	100	569
>=75	67	(61-73)	11	(8-16)	16	(12-22)	5	(3-9)	100	241
<i>Total</i>	<i>70</i>	<i>(67-72)</i>	<i>11</i>	<i>(9-12)</i>	<i>14</i>	<i>(13-16)</i>	<i>6</i>	<i>(5-7)</i>	<i>100</i>	<i>2400</i>
Total										
50-64	64	(63-66)	11	(10-12)	16	(15-18)	9	(8-10)	100	4664
65-74	64	(62-67)	9	(8-11)	16	(15-18)	10	(8-12)	100	2161
>=75	61	(58-64)	10	(8-12)	18	(16-20)	11	(10-14)	100	1344
<i>Total</i>	<i>64</i>	<i>(62-65)</i>	<i>10</i>	<i>(9-11)</i>	<i>17</i>	<i>(16-18)</i>	<i>9</i>	<i>(9-10)</i>	<i>100</i>	<i>8169</i>

Note. CI = confidence interval; Missing observations = 0.11%

Table 5.A35: Prevalence and severity of pain by age and wealth

	No pain		Mild		Moderate		Severe		Total	Number in sample
	%	95% CI	%	95% CI	%	95% CI	%	95% CI		
Lowest										
50-64	56	(50-61)	10	(8-14)	19	(16-23)	15	(12-18)	100	567
65-74	65	(59-71)	5	(3-10)	19	(14-24)	11	(7-16)	100	243
>=75	59	(51-66)	7	(4-12)	15	(11-21)	19	(12-28)	100	178
<i>Total</i>	<i>59</i>	<i>(54-63)</i>	<i>8</i>	<i>(6-11)</i>	<i>18</i>	<i>(16-21)</i>	<i>15</i>	<i>(12-18)</i>	<i>100</i>	<i>988</i>
2nd										
50-64	61	(57-65)	10	(8-13)	19	(15-22)	10	(8-13)	100	586
65-74	61	(55-68)	8	(5-13)	19	(15-24)	11	(8-17)	100	268
>=75	62	(51-71)	11	(5-23)	15	(10-23)	12	(7-19)	100	145
<i>Total</i>	<i>61</i>	<i>(58-65)</i>	<i>10</i>	<i>(8-13)</i>	<i>18</i>	<i>(16-21)</i>	<i>11</i>	<i>(9-13)</i>	<i>100</i>	<i>999</i>
3rd										
50-64	66	(62-70)	11	(9-14)	17	(14-21)	6	(5-9)	100	590
65-74	65	(59-71)	10	(7-16)	17	(13-22)	8	(5-12)	100	262
>=75	63	(53-72)	11	(6-18)	17	(11-26)	9	(4-18)	100	122
<i>Total</i>	<i>65</i>	<i>(62-68)</i>	<i>11</i>	<i>(9-13)</i>	<i>17</i>	<i>(14-20)</i>	<i>7</i>	<i>(6-9)</i>	<i>100</i>	<i>974</i>
Highest										
50-64	69	(65-73)	14	(11-17)	13	(10-16)	4	(3-6)	100	634
65-74	77	(69-83)	7	(4-12)	11	(8-16)	5	(2-11)	100	258
>=75	63	(49-76)	9	(4-18)	18	(11-29)	10	(3-33)	100	95
<i>Total</i>	<i>70</i>	<i>(67-74)</i>	<i>12</i>	<i>(10-14)</i>	<i>13</i>	<i>(11-16)</i>	<i>5</i>	<i>(3-7)</i>	<i>100</i>	<i>987</i>
Total										
50-64	64	(63-66)	10	(9-12)	17	(15-18)	9	(8-10)	100	4664
65-74	64	(62-67)	10	(8-11)	16	(14-18)	10	(9-12)	100	2161
>=75	61	(58-64)	10	(8-12)	18	(16-21)	11	(9-14)	100	1344
<i>Total</i>	<i>64</i>	<i>(62-65)</i>	<i>10</i>	<i>(9-11)</i>	<i>17</i>	<i>(16-18)</i>	<i>10</i>	<i>(9-10)</i>	<i>100</i>	<i>8169</i>

Note. CI = confidence interval; Missing observations = 0.11%

Table 5.A36: Prevalence of urinary incontinence by age and sex

	No		No more than once in the past month		More than once in the past month		Total	Number in sample
	%	95% CI	%	95% CI	%	95% CI		
Male								
50-64	96	(95-97)	1	(1-1)	3	(2-4)	100	2080
65-74	92	(91-94)	2	(1-3)	5	(4-7)	100	1068
>=75	87	(84-90)	4	(3-7)	8	(6-11)	100	595
<i>Total</i>	<i>94</i>	<i>(93-95)</i>	<i>2</i>	<i>(1-2)</i>	<i>4</i>	<i>(4-5)</i>	<i>100</i>	<i>3743</i>
Female								
50-64	84	(83-86)	4	(3-5)	12	(11-13)	100	2578
65-74	81	(78-83)	6	(4-7)	14	(12-16)	100	1087
>=75	78	(75-81)	3	(2-5)	19	(16-22)	100	746
<i>Total</i>	<i>82</i>	<i>(81-83)</i>	<i>4</i>	<i>(3-5)</i>	<i>14</i>	<i>(13-15)</i>	<i>100</i>	<i>4411</i>
Total								
50-64	90	(89-91)	2	(2-3)	7	(7-8)	100	4658
65-74	86	(85-88)	4	(3-5)	10	(8-11)	100	2155
>=75	82	(79-84)	4	(3-5)	15	(13-17)	100	1341
<i>Total</i>	<i>88</i>	<i>(87-89)</i>	<i>3</i>	<i>(3-3)</i>	<i>9</i>	<i>(9-10)</i>	<i>100</i>	<i>8154</i>

Note. CI = confidence interval; Missing observations = 0.29%

Table 5.A37: Prevalence of urinary incontinence by age and education

	No		No more than once in the past month		More than once in the past month		Total	Number in sample
	%	95% CI	%	95% CI	%	95% CI		
Primary/none								
50-64	88	(86-90)	2	(1-3)	10	(8-12)	100	952
65-74	86	(84-89)	4	(3-5)	10	(8-12)	100	860
>=75	82	(79-85)	4	(2-6)	14	(12-17)	100	678
<i>Total</i>	<i>86</i>	<i>(84-87)</i>	<i>3</i>	<i>(3-4)</i>	<i>11</i>	<i>(10-13)</i>	<i>100</i>	<i>2490</i>
Secondary								
50-64	91	(90-92)	2	(1-3)	7	(6-8)	100	2116
65-74	87	(84-89)	4	(3-6)	9	(7-12)	100	725
>=75	81	(77-85)	4	(2-6)	15	(12-19)	100	417
<i>Total</i>	<i>89</i>	<i>(88-90)</i>	<i>3</i>	<i>(2-3)</i>	<i>8</i>	<i>(7-9)</i>	<i>100</i>	<i>3258</i>
Third/higher								
50-64	90	(88-91)	3	(3-4)	7	(6-8)	100	1590
65-74	86	(83-89)	4	(2-6)	10	(8-13)	100	569
>=75	82	(76-86)	4	(2-8)	14	(10-19)	100	243
<i>Total</i>	<i>88</i>	<i>(87-90)</i>	<i>4</i>	<i>(3-4)</i>	<i>8</i>	<i>(7-9)</i>	<i>100</i>	<i>2402</i>
Total								
50-64	90	(89-91)	2	(2-3)	7	(7-8)	100	4658
65-74	86	(85-88)	4	(3-5)	10	(8-11)	100	2155
>=75	82	(79-84)	4	(3-5)	15	(13-17)	100	1341
<i>Total</i>	<i>88</i>	<i>(87-89)</i>	<i>3</i>	<i>(3-3)</i>	<i>9</i>	<i>(9-10)</i>	<i>100</i>	<i>8154</i>

Note. CI = confidence interval; Missing observations = 0.29%

Table 5.A38: Prevalence of urinary incontinence by age and wealth

	No		No more than once in the past month		More than once in the past month		Total	Number in sample
	%	95% CI	%	95% CI	%	95% CI		
Lowest								
50-64	89	(86-92)	2	(1-4)	9	(7-12)	100	567
65-74	87	(82-92)	4	(2-7)	9	(5-14)	100	243
>=75	77	(68-84)	4	(2-9)	19	(13-27)	100	177
<i>Total</i>	86	(82-88)	3	(2-4)	11	(9-15)	100	987
2nd								
50-64	90	(88-93)	3	(2-4)	7	(5-10)	100	585
65-74	86	(82-90)	5	(3-8)	9	(6-13)	100	268
>=75	78	(67-85)	4	(1-11)	19	(12-29)	100	145
<i>Total</i>	87	(84-89)	3	(2-5)	10	(8-13)	100	998
3rd								
50-64	89	(86-91)	2	(1-3)	9	(7-12)	100	589
65-74	85	(79-89)	4	(2-7)	11	(8-16)	100	262
>=75	85	(76-91)	5	(2-11)	10	(5-18)	100	123
<i>Total</i>	87	(85-89)	3	(2-4)	10	(8-12)	100	974
Highest								
50-64	89	(86-92)	3	(2-5)	7	(5-10)	100	634
65-74	90	(85-93)	2	(1-6)	8	(5-12)	100	258
>=75	82	(72-89)	3	(1-9)	15	(8-25)	100	95
<i>Total</i>	89	(86-91)	3	(2-4)	8	(6-11)	100	987
Total								
50-64	90	(89-91)	2	(2-3)	8	(7-9)	100	4658
65-74	86	(84-88)	4	(3-5)	10	(9-12)	100	2155
>=75	81	(78-83)	3	(2-5)	16	(13-19)	100	1341
<i>Total</i>	87	(86-88)	3	(3-3)	10	(9-11)	100	8154

Note. CI = confidence interval; Missing observations = 0.29%

Table 5.A39: Prevalence of fear of falling by age and sex

	Not afraid		Somewhat afraid		Very afraid		Total	Number in sample
	%	95% CI	%	95% CI	%	95% CI		
Male								
50-64	90	[89-92]	7	[6-9]	2	[2-3]	100	2081
65-74	85	[82-87]	12	[10-14]	4	[3-5]	100	1069
>=75	74	[70-77]	20	[17-23]	7	[5-9]	100	597
<i>Total</i>	<i>86</i>	<i>[85-88]</i>	<i>10</i>	<i>[9-11]</i>	<i>3</i>	<i>[3-4]</i>	<i>100</i>	<i>3747</i>
Female								
50-64	75	[73-77]	19	[17-21]	6	[5-7]	100	2587
65-74	63	[60-66]	27	[24-30]	10	[8-12]	100	1092
>=75	50	[47-54]	34	[30-37]	16	[13-19]	100	749
<i>Total</i>	<i>67</i>	<i>[65-69]</i>	<i>24</i>	<i>[23-25]</i>	<i>9</i>	<i>[8-10]</i>	<i>100</i>	<i>4428</i>
Total								
50-64	83	[81-84]	13	[12-14]	4	[4-5]	100	4668
65-74	74	[71-76]	20	[18-22]	7	[6-8]	100	2161
>=75	60	[57-63]	28	[26-31]	12	[10-14]	100	1346
<i>Total</i>	<i>76</i>	<i>[75-77]</i>	<i>17</i>	<i>[16-18]</i>	<i>6</i>	<i>[6-7]</i>	<i>100</i>	<i>8175</i>

Note. CI = confidence interval; Missing observations = 0.04%

Table 5.A40: Prevalence of fear of falling by age and education

	Not afraid		Somewhat afraid		Very afraid		Total	Number in sample
	%	95% CI	%	95% CI	%	95% CI		
Primary/none								
50-64	77	[74-80]	15	[13-18]	7	[6-9]	100	957
65-74	72	[69-75]	20	[17-23]	8	[6-10]	100	864
>=75	59	[55-63]	28	[25-31]	13	[11-16]	100	684
<i>Total</i>	<i>70</i>	<i>[68-72]</i>	<i>21</i>	<i>[19-22]</i>	<i>9</i>	<i>[8-11]</i>	<i>100</i>	<i>2505</i>
Secondary								
50-64	84	[82-85]	13	[11-14]	3	[3-4]	100	2119
65-74	75	[71-78]	19	[17-23]	6	[4-8]	100	728
>=75	59	[54-64]	30	[26-35]	11	[8-14]	100	416
<i>Total</i>	<i>79</i>	<i>[78-81]</i>	<i>16</i>	<i>[15-17]</i>	<i>5</i>	<i>[4-6]</i>	<i>100</i>	<i>3263</i>
Third/higher								
50-64	86	[84-87]	12	[10-13]	3	[2-3]	100	1592
65-74	76	[72-79]	20	[17-24]	4	[3-6]	100	568
>=75	68	[61-74]	25	[20-31]	7	[4-11]	100	243
<i>Total</i>	<i>82</i>	<i>[81-84]</i>	<i>15</i>	<i>[13-16]</i>	<i>3</i>	<i>[3-4]</i>	<i>100</i>	<i>2403</i>
Total								
50-64	83	[81-84]	13	[12-14]	4	[4-5]	100	4668
65-74	74	[71-76]	20	[18-22]	7	[6-8]	100	2161
>=75	60	[57-63]	28	[26-31]	12	[10-14]	100	1346
<i>Total</i>	<i>76</i>	<i>[75-77]</i>	<i>17</i>	<i>[16-18]</i>	<i>6</i>	<i>[6-7]</i>	<i>100</i>	<i>8175</i>

Note. CI = confidence interval; Missing observations = 0.04%

Table 5.A41: Prevalence of fear of falling by age and wealth

	Not afraid		Somewhat afraid		Very afraid		Total	Number in sample
	%	95% CI	%	95% CI	%	95% CI		
Lowest								
50-64	76	(72-80)	14	(11-18)	10	(7-13)	100	567
65-74	78	(70-84)	15	(10-22)	7	(4-12)	100	243
>=75	54	(45-63)	27	(20-34)	19	(13-28)	100	178
<i>Total</i>	<i>71</i>	<i>(66-75)</i>	<i>18</i>	<i>(15-21)</i>	<i>12</i>	<i>(9-15)</i>	<i>100</i>	<i>988</i>
2nd								
50-64	80	(76-83)	16	(13-19)	5	(3-7)	100	586
65-74	74	(68-79)	21	(17-27)	5	(3-8)	100	268
>=75	62	(53-71)	27	(20-36)	10	(6-17)	100	145
<i>Total</i>	<i>75</i>	<i>(71-78)</i>	<i>19</i>	<i>(17-22)</i>	<i>6</i>	<i>(4-8)</i>	<i>100</i>	<i>999</i>
3rd								
50-64	85	(81-88)	11	(8-14)	4	(3-7)	100	590
65-74	79	(73-84)	16	(12-22)	5	(3-9)	100	262
>=75	68	(59-76)	26	(19-36)	6	(3-11)	100	123
<i>Total</i>	<i>81</i>	<i>(78-83)</i>	<i>15</i>	<i>(12-17)</i>	<i>5</i>	<i>(3-6)</i>	<i>100</i>	<i>975</i>
Highest								
50-64	88	(85-90)	11	(8-14)	2	(1-3)	100	634
65-74	80	(73-86)	17	(12-23)	3	(1-9)	100	258
>=75	58	(44-70)	36	(24-50)	6	(2-14)	100	95
<i>Total</i>	<i>83</i>	<i>(80-86)</i>	<i>15</i>	<i>(12-18)</i>	<i>2</i>	<i>(1-4)</i>	<i>100</i>	<i>987</i>
Total								
50-64	82	(81-83)	14	(12-15)	4	(4-5)	100	4668
65-74	72	(69-74)	21	(19-23)	8	(6-9)	100	2161
>=75	58	(55-62)	29	(26-32)	13	(11-15)	100	1346
<i>Total</i>	<i>74</i>	<i>(73-76)</i>	<i>19</i>	<i>(18-20)</i>	<i>7</i>	<i>(6-8)</i>	<i>100</i>	<i>8175</i>

Note. CI = confidence interval; Missing observations = 0.04%

Table 5.A42: Activity limitation due to incontinence, pain and fear of falling by age and sex

	Limited by incontinence		Limited by pain		Limited by fear of falling	
	%	(95% CI)	%	(95% CI)	%	(95% CI)
Male						
50-64	1.3	(0.9-2.0)	18.9	(17.0-20.9)	3.7	(2.9-4.6)
65-74	1.9	(1.3-3.0)	16.2	(13.8-18.9)	5.5	(4.2-7.2)
>=75	3.7	(2.3-5.8)	21.7	(17.8-26.2)	11.9	(8.9-15.7)
<i>Total</i>	<i>1.9</i>	<i>(1.5-2.5)</i>	<i>18.8</i>	<i>(17.3-20.4)</i>	<i>5.7</i>	<i>(4.8-6.7)</i>
Female						
50-64	3.5	(2.8-4.3)	22.2	(20.4-24.1)	7.3	(6.3-8.6)
65-74	4.7	(3.5-6.3)	24.9	(22.1-27.8)	12.4	(10.2-15.0)
>=75	5.3	(3.8-7.4)	28.2	(24.5-32.2)	19.9	(16.9-23.3)
<i>Total</i>	<i>4.2</i>	<i>(3.6-5.0)</i>	<i>24.4</i>	<i>(22.9-25.9)</i>	<i>11.8</i>	<i>(10.6-13.0)</i>
Total						
50-64	2.5	(2.0-3.0)	20.7	(19.3-22.1)	5.6	(4.9-6.5)
65-74	3.5	(2.7-4.4)	20.9	(19.0-23.0)	9.3	(7.8-11.0)
>=75	4.7	(3.6-6.2)	25.9	(23.1-28.9)	17.1	(14.8-19.6)
<i>Total</i>	<i>3.2</i>	<i>(2.8-3.7)</i>	<i>21.9</i>	<i>(20.8-23.1)</i>	<i>9.1</i>	<i>(8.3-10.0)</i>

Table 5.A43: Activity limitation due to incontinence, pain and fear of falling by age and education

	Limited by incontinence		Limited by pain		Limited by fear of falling	
	%	(95% CI)	%	(95% CI)	%	(95% CI)
Primary/none						
50-64	3.6	(2.5-5.1)	28.8	(25.8-32.0)	8.3	(6.6-10.4)
65-74	3.6	(2.5-5.1)	24.2	(21.1-27.7)	10.1	(7.9-12.9)
>=75	4.5	(3.1-6.5)	28.6	(24.9-32.6)	17.3	(14.3-20.8)
<i>Total</i>	4.0	(3.2-4.9)	27.4	(25.4-29.6)	12.3	(10.7-14.0)
Secondary						
50-64	2.1	(1.6-2.8)	18.9	(17.1-20.9)	5.0	(4.1-6.1)
65-74	3.1	(2.0-4.8)	17.8	(15.0-21.0)	9.3	(7.2-11.8)
>=75	5.2	(3.1-8.4)	22.3	(18.2-26.9)	17.8	(14.0-22.4)
<i>Total</i>	2.7	(2.2-3.4)	19.1	(17.6-20.7)	7.5	(6.6-8.6)
Third/higher						
50-64	2.2	(1.6-3.0)	15.8	(13.9-18.0)	4.2	(3.3-5.5)
65-74	4.2	(2.7-6.4)	18.1	(15.1-21.6)	6.6	(4.7-9.2)
>=75	5.1	(2.6-9.7)	15.6	(11.0-21.5)	13.3	(8.8-19.6)
<i>Total</i>	2.9	(2.3-3.7)	16.3	(14.7-18.0)	5.8	(4.7-7.0)
Total						
50-64	2.5	(2.0-3.0)	20.7	(19.3-22.1)	5.6	(4.9-6.5)
65-74	3.5	(2.7-4.4)	20.9	(19.0-23.0)	9.3	(7.8-11.0)
>=75	4.7	(3.6-6.2)	25.9	(23.1-28.9)	17.1	(14.8-19.6)
<i>Total</i>	3.2	(2.8-3.7)	21.9	(20.8-23.1)	9.1	(8.3-10.0)

Table 5.A44: Activity limitation due to incontinence, pain and fear of falling by age and wealth

	Limited by incontinence		Limited by pain		Limited by fear of falling	
	%	(95% CI)	%	(95% CI)	%	(95% CI)
Lowest						
50-64	4.6	(3.0-6.9)	28.8	(24.3-33.8)	9.7	(7.3-12.9)
65-74	6.1	(3.4-10.8)	22.7	(17.2-29.3)	9.0	(5.5-14.4)
>=75	7.5	(4.1-13.2)	31.9	(25.3-39.4)	23.0	(16.5-31.1)
<i>Total</i>	5.7	(4.2-7.7)	28.3	(24.7-32.1)	13.0	(10.3-16.2)
2nd						
50-64	2.3	(1.3-4.1)	26.7	(23.0-30.8)	6.3	(4.6-8.7)
65-74	3.5	(1.8-6.8)	23.1	(17.9-29.2)	6.4	(3.6-10.9)
>=75	5.7	(2.3-13.6)	26.0	(18.5-35.3)	16.7	(10.8-25.0)
<i>Total</i>	3.3	(2.1-5.0)	25.7	(22.7-29.1)	8.5	(6.6-10.7)
3rd						
50-64	3.1	(2.0-4.9)	18.3	(15.0-22.2)	4.1	(2.6-6.3)
65-74	2.1	(1.0-4.6)	14.0	(10.2-18.9)	5.9	(3.5-9.9)
>=75	1.5	(0.3-6.4)	25.9	(17.8-36.0)	9.5	(5.7-15.7)
<i>Total</i>	2.6	(1.8-3.8)	18.5	(15.9-21.4)	5.4	(4.0-7.1)
Highest						
50-64	1.0	(0.4-2.3)	13.8	(10.8-17.5)	3.1	(2.0-4.8)
65-74	1.9	(0.7-5.2)	11.4	(7.3-17.3)	6.9	(3.7-12.6)
>=75	2.9	(0.8-9.5)	19.7	(9.4-36.8)	8.7	(4.0-18.0)
<i>Total</i>	1.4	(0.8-2.5)	13.9	(11.2-17.1)	4.6	(3.3-6.4)
Total						
50-64	2.5	(2.0-3.0)	20.7	(19.3-22.1)	5.6	(4.9-6.5)
65-74	3.5	(2.7-4.4)	20.9	(19.0-23.0)	9.3	(7.8-11.0)
>=75	4.7	(3.6-6.2)	25.9	(23.1-28.9)	17.1	(14.8-19.6)
<i>Total</i>	3.2	(2.8-3.7)	21.9	(20.8-23.1)	9.1	(8.3-10.0)

Table 5.A45: Number of regular medications used by age and sex

	No regular medications		1-2		3-4		5 or more medications		Total	Number in sample
	%	95% CI	%	95% CI	%	95% CI	%	95% CI		
Male										
50-64	45	(43-47)	30	(28-32)	14	(12-15)	11	(10-12)	100	2067
65-74	20	(18-23)	29	(26-32)	23	(21-26)	28	(25-31)	100	1056
>=75	11	(9-14)	22	(19-26)	26	(22-29)	41	(37-45)	100	591
<i>Total</i>	<i>34</i>	<i>(32-36)</i>	<i>29</i>	<i>(27-30)</i>	<i>18</i>	<i>(17-19)</i>	<i>19</i>	<i>(18-21)</i>	<i>100</i>	<i>3714</i>
Female										
50-64	32	(30-34)	34	(32-36)	20	(18-22)	13	(12-15)	100	2572
65-74	14	(12-16)	29	(26-32)	27	(25-30)	30	(27-33)	100	1085
>=75	8	(6-10)	21	(18-24)	31	(27-34)	41	(37-45)	100	724
<i>Total</i>	<i>23</i>	<i>(22-24)</i>	<i>30</i>	<i>(29-32)</i>	<i>24</i>	<i>(23-25)</i>	<i>23</i>	<i>(21-24)</i>	<i>100</i>	<i>4381</i>
Total										
50-64	39	(37-40)	32	(31-34)	17	(16-18)	12	(11-13)	100	4639
65-74	17	(15-19)	29	(27-31)	25	(23-27)	29	(27-31)	100	2141
>=75	9	(8-11)	21	(19-24)	29	(26-31)	41	(38-44)	100	1315
<i>Total</i>	<i>28</i>	<i>(27-29)</i>	<i>30</i>	<i>(29-31)</i>	<i>21</i>	<i>(20-22)</i>	<i>21</i>	<i>(20-22)</i>	<i>100</i>	<i>8095</i>

Note. CI = confidence interval; Missing observations = 1.01%

Table 5.A46: Number of regular medications used by age and education

	No regular medications		1-2		3-4		5 or more medications		Total	Number in sample
	%	95% CI	%	95% CI	%	95% CI	%	95% CI		
Primary/none										
50-64	32	(29-35)	31	(28-34)	19	(17-22)	18	(16-21)	100	943
65-74	14	(12-17)	28	(25-31)	26	(23-29)	32	(29-36)	100	854
>=75	9	(7-11)	21	(18-24)	29	(26-33)	41	(37-46)	100	663
<i>Total</i>	<i>19</i>	<i>(18-21)</i>	<i>27</i>	<i>(25-29)</i>	<i>24</i>	<i>(23-26)</i>	<i>30</i>	<i>(28-32)</i>	<i>100</i>	<i>2460</i>
Secondary										
50-64	41	(39-43)	32	(30-34)	17	(15-19)	10	(9-12)	100	2111
65-74	20	(17-23)	29	(26-33)	24	(21-27)	27	(24-31)	100	719
>=75	9	(7-13)	22	(18-26)	28	(24-32)	41	(36-45)	100	409
<i>Total</i>	<i>34</i>	<i>(32-36)</i>	<i>30</i>	<i>(29-32)</i>	<i>19</i>	<i>(18-21)</i>	<i>17</i>	<i>(15-18)</i>	<i>100</i>	<i>3239</i>
Third/higher										
50-64	41	(38-43)	35	(32-37)	15	(13-17)	10	(8-11)	100	1585
65-74	19	(15-22)	32	(28-36)	28	(24-31)	22	(19-26)	100	567
>=75	12	(8-16)	24	(19-29)	27	(21-32)	38	(32-45)	100	241
<i>Total</i>	<i>34</i>	<i>(32-36)</i>	<i>33</i>	<i>(31-35)</i>	<i>18</i>	<i>(17-20)</i>	<i>15</i>	<i>(13-16)</i>	<i>100</i>	<i>2393</i>
Total										
50-64	39	(37-40)	32	(31-34)	17	(16-18)	12	(11-13)	100	4639
65-74	17	(15-19)	29	(27-31)	25	(23-27)	29	(27-31)	100	2141
>=75	9	(8-11)	21	(19-24)	29	(26-31)	41	(38-44)	100	1315
<i>Total</i>	<i>28</i>	<i>(27-29)</i>	<i>30</i>	<i>(29-31)</i>	<i>21</i>	<i>(20-22)</i>	<i>21</i>	<i>(20-22)</i>	<i>100</i>	<i>8095</i>

Note. CI = confidence interval; Missing observations = 1.01%

Table 5.A47: Number of regular medications used by age and wealth

	No regular medications		1-2		3-4		5 or more medications		Total	Number in sample
	%	95% CI	%	95% CI	%	95% CI	%	95% CI		
Lowest										
50-64	35	(30-39)	30	(26-34)	17	(14-21)	18	(15-22)	100	566
65-74	15	(12-20)	25	(20-31)	24	(18-30)	36	(30-42)	100	240
>=75	7	(4-11)	16	(10-24)	26	(20-34)	51	(41-60)	100	176
<i>Total</i>	<i>23</i>	<i>(20-26)</i>	<i>25</i>	<i>(23-28)</i>	<i>21</i>	<i>(18-24)</i>	<i>31</i>	<i>(27-34)</i>	<i>100</i>	<i>982</i>
2nd										
50-64	35	(31-40)	29	(25-33)	21	(17-25)	15	(12-19)	100	585
65-74	12	(8-16)	28	(22-34)	29	(23-36)	31	(25-38)	100	267
>=75	8	(4-14)	21	(13-32)	27	(20-37)	43	(34-54)	100	143
<i>Total</i>	<i>24</i>	<i>(21-28)</i>	<i>27</i>	<i>(24-30)</i>	<i>24</i>	<i>(21-27)</i>	<i>25</i>	<i>(21-28)</i>	<i>100</i>	<i>995</i>
3rd										
50-64	35	(31-40)	33	(29-37)	20	(17-24)	12	(9-15)	100	587
65-74	19	(15-25)	31	(24-38)	22	(17-28)	28	(23-35)	100	260
>=75	4	(2-8)	26	(18-35)	26	(17-38)	45	(35-56)	100	121
<i>Total</i>	<i>26</i>	<i>(23-30)</i>	<i>31</i>	<i>(28-35)</i>	<i>21</i>	<i>(19-24)</i>	<i>21</i>	<i>(18-24)</i>	<i>100</i>	<i>968</i>
Highest										
50-64	41	(37-46)	34	(30-39)	17	(13-20)	8	(6-11)	100	632
65-74	20	(15-26)	36	(30-43)	23	(18-29)	21	(16-27)	100	257
>=75	10	(5-18)	31	(19-46)	21	(14-32)	39	(28-50)	100	95
<i>Total</i>	<i>33</i>	<i>(30-37)</i>	<i>34</i>	<i>(31-38)</i>	<i>18</i>	<i>(16-21)</i>	<i>14</i>	<i>(12-17)</i>	<i>100</i>	<i>984</i>
Total										
50-64	38	(37-40)	32	(31-34)	17	(16-18)	12	(11-13)	100	4639
65-74	16	(15-18)	29	(27-32)	25	(23-27)	29	(27-31)	100	2141
>=75	9	(7-10)	22	(19-25)	29	(27-32)	40	(37-44)	100	1315
<i>Total</i>	<i>27</i>	<i>(25-28)</i>	<i>29</i>	<i>(28-30)</i>	<i>22</i>	<i>(21-23)</i>	<i>22</i>	<i>(21-24)</i>	<i>100</i>	<i>8095</i>

Note. CI = confidence interval; Missing observations = 1.01%

Table 5.A48: Number of regular medications used by age and medical insurance cover

	No regular medications		1-2		3-4		5 or more medications		Total	Number in sample
	%	95% CI	%	95% CI	%	95% CI	%	95% CI		
Not covered										
50-64	51	(47-55)	28	(25-31)	13	(11-16)	8	(6-10)	100	702
65-74	30	(22-38)	34	(26-44)	19	(13-27)	17	(11-25)	100	123
>=75	51	(20-81)	30	(8-69)	0	-	19	(4-54)	100	8
<i>Total</i>	<i>48</i>	<i>(45-52)</i>	<i>29</i>	<i>(26-32)</i>	<i>14</i>	<i>(12-16)</i>	<i>9</i>	<i>(7-11)</i>	<i>100</i>	<i>833</i>
Medical insurance only										
50-64	42	(40-45)	35	(33-37)	15	(14-17)	7	(6-8)	100	2521
65-74	22	(19-26)	35	(31-39)	23	(20-27)	20	(17-23)	100	663
>=75	6	(3-14)	23	(16-33)	33	(24-43)	38	(28-48)	100	88
<i>Total</i>	<i>38</i>	<i>(36-40)</i>	<i>35</i>	<i>(33-37)</i>	<i>17</i>	<i>(16-19)</i>	<i>10</i>	<i>(9-11)</i>	<i>100</i>	<i>3272</i>
Medical card only										
50-64	28	(25-31)	29	(26-32)	21	(18-23)	22	(20-25)	100	1118
65-74	14	(12-17)	24	(21-27)	25	(22-29)	36	(33-40)	100	764
>=75	8	(6-11)	22	(19-26)	28	(25-32)	41	(37-45)	100	701
<i>Total</i>	<i>18</i>	<i>(17-20)</i>	<i>26</i>	<i>(24-27)</i>	<i>24</i>	<i>(23-26)</i>	<i>32</i>	<i>(30-34)</i>	<i>100</i>	<i>2583</i>
Dual cover										
50-64	22	(17-28)	33	(28-39)	24	(20-30)	21	(16-26)	100	294
65-74	12	(10-15)	29	(25-33)	28	(25-32)	30	(27-34)	100	590
>=75	10	(7-13)	19	(16-23)	29	(25-33)	42	(37-47)	100	517
<i>Total</i>	<i>14</i>	<i>(12-16)</i>	<i>26</i>	<i>(24-29)</i>	<i>28</i>	<i>(25-30)</i>	<i>32</i>	<i>(30-35)</i>	<i>100</i>	<i>1401</i>
Total										
50-64	39	(37-40)	32	(31-34)	17	(16-18)	12	(11-13)	100	4639
65-74	17	(15-19)	29	(27-31)	25	(23-27)	29	(27-31)	100	2141
>=75	9	(8-11)	21	(19-24)	29	(26-31)	41	(38-44)	100	1315
<i>Total</i>	<i>28</i>	<i>(27-29)</i>	<i>30</i>	<i>(29-31)</i>	<i>21</i>	<i>(20-22)</i>	<i>21</i>	<i>(20-22)</i>	<i>100</i>	<i>8095</i>

Note. CI = confidence interval; Missing observations = 1.01%

Table 5.A49: Number of falls in the last year by medication use and age

	Two or more falls in past year		One		None		Total	Number in sample
	%	95% CI	%	95% CI	%	95% CI		
50-64								
0 medications	5	(4-6)	10	(9-12)	85	(83-87)	100	1787
1-2 medications	6	(5-7)	11	(10-13)	83	(81-85)	100	1523
3-4 medications	8	(6-10)	12	(10-15)	80	(77-83)	100	783
>=5 medications	13	(10-16)	9	(7-12)	78	(74-81)	100	545
<i>Total</i>	7	(6-8)	11	(10-12)	83	(81-84)	100	4638
65-74								
0 medications	5	(3-8)	10	(7-14)	85	(81-88)	100	369
1-2 medications	5	(3-7)	12	(10-15)	83	(80-86)	100	626
3-4 medications	7	(5-10)	11	(8-14)	82	(79-85)	100	548
>=5 medications	11	(9-14)	15	(12-19)	73	(70-77)	100	597
<i>Total</i>	7	(6-9)	12	(11-14)	80	(78-82)	100	2140
>=75								
0 medications	4	(2-11)	10	(6-17)	85	(77-91)	100	127
1-2 medications	5	(3-8)	15	(11-20)	81	(75-85)	100	287
3-4 medications	8	(6-12)	16	(13-21)	75	(70-80)	100	368
>=5 medications	13	(10-17)	17	(13-20)	70	(66-74)	100	533
<i>Total</i>	9	(8-11)	16	(13-18)	75	(73-78)	100	1315
Total								
0 medications	5	(4-6)	10	(9-11)	85	(83-87)	100	2283
1-2 medications	5	(5-6)	12	(11-13)	83	(81-84)	100	2436
3-4 medications	8	(6-9)	13	(11-15)	79	(77-81)	100	1699
>=5 medications	13	(11-14)	14	(12-16)	74	(71-76)	100	1675
<i>Total</i>	7	(7-8)	12	(11-13)	81	(80-82)	100	8093

Note. CI = confidence interval; Missing observations = 0.02%

Table 5.A50: Number of falls in the last year by medication use and education

	Two or more falls in past year		One		None		Total	Number in sample
	%	95% CI	%	95% CI	%	95% CI		
Primary/none								
0 medications	5	(3-7)	11	(8-14)	84	(81-88)	100	472
1-2 medications	5	(4-7)	11	(9-14)	84	(80-86)	100	673
3-4 medications	9	(7-11)	12	(10-16)	79	(75-82)	100	593
>=5 medications	14	(11-16)	14	(12-17)	72	(69-76)	100	722
<i>Total</i>	<i>9</i>	<i>(7-10)</i>	<i>12</i>	<i>(11-14)</i>	<i>79</i>	<i>(77-81)</i>	<i>100</i>	<i>2460</i>
Secondary								
0 medications	5	(4-6)	9	(8-11)	86	(84-88)	100	1042
1-2 medications	6	(5-8)	12	(10-14)	82	(80-85)	100	971
3-4 medications	7	(6-10)	12	(10-15)	81	(77-84)	100	644
>=5 medications	11	(9-14)	13	(11-16)	76	(72-79)	100	581
<i>Total</i>	<i>7</i>	<i>(6-8)</i>	<i>11</i>	<i>(10-12)</i>	<i>82</i>	<i>(81-83)</i>	<i>100</i>	<i>3238</i>
Third/higher								
0 medications	5	(4-7)	11	(9-13)	84	(81-86)	100	769
1-2 medications	4	(3-6)	14	(11-16)	82	(79-85)	100	790
3-4 medications	6	(4-9)	16	(13-20)	78	(74-81)	100	461
>=5 medications	12	(9-16)	13	(10-17)	75	(70-79)	100	372
<i>Total</i>	<i>6</i>	<i>(5-7)</i>	<i>13</i>	<i>(12-15)</i>	<i>81</i>	<i>(79-82)</i>	<i>100</i>	<i>2392</i>
Total								
0 medications	5	(4-6)	10	(9-11)	85	(83-87)	100	2283
1-2 medications	5	(5-6)	12	(11-13)	83	(81-84)	100	2436
3-4 medications	8	(6-9)	13	(11-15)	79	(77-81)	100	1699
>=5 medications	13	(11-14)	14	(12-16)	74	(71-76)	100	1675
<i>Total</i>	<i>7</i>	<i>(7-8)</i>	<i>12</i>	<i>(11-13)</i>	<i>81</i>	<i>(80-82)</i>	<i>100</i>	<i>8093</i>

Note. CI = confidence interval; Missing observations = 0.02%

Table 5.A51: Distribution of BMI by age and sex

	Underweight		Normal		Overweight		Obese		Total	Number in sample
	%	95% CI	%	95% CI	%	95% CI	%	95% CI		
Male										
50-64	0	(0-1)	16	(13-18)	48	(45-51)	36	(34-39)	100	1169
65-74	1	(0-2)	14	(11-17)	47	(43-51)	39	(35-43)	100	591
>=75	0	(0-3)	17	(13-23)	46	(39-52)	37	(31-43)	100	262
<i>Total</i>	<i>0</i>	<i>(0-1)</i>	<i>15</i>	<i>(14-17)</i>	<i>47</i>	<i>(45-50)</i>	<i>37</i>	<i>(35-39)</i>	<i>100</i>	<i>2022</i>
Female										
50-64	1	(0-1)	28	(26-31)	40	(38-43)	31	(28-34)	100	1439
65-74	1	(0-2)	26	(22-29)	40	(35-44)	34	(30-38)	100	592
>=75	1	(0-3)	29	(24-35)	42	(36-48)	28	(23-34)	100	295
<i>Total</i>	<i>1</i>	<i>(0-1)</i>	<i>28</i>	<i>(26-30)</i>	<i>40</i>	<i>(38-43)</i>	<i>31</i>	<i>(29-33)</i>	<i>100</i>	<i>2326</i>
Total										
50-64	0	(0-1)	22	(20-24)	44	(42-46)	34	(32-36)	100	2608
65-74	1	(0-1)	20	(18-22)	43	(40-46)	36	(33-39)	100	1183
>=75	1	(0-2)	24	(20-28)	43	(39-48)	32	(28-36)	100	557
<i>Total</i>	<i>0</i>	<i>(0-1)</i>	<i>22</i>	<i>(20-23)</i>	<i>44</i>	<i>(42-45)</i>	<i>34</i>	<i>(33-36)</i>	<i>100</i>	<i>4348</i>

Note. CI = confidence interval; Missing observations = 46.83%

Table 5.A52: Distribution of BMI by age and education

	Underweight		Normal		Overweight		Obese		Total	Number in sample
	%	95% CI	%	95% CI	%	95% CI	%	95% CI		
Primary/none										
50-64	1	(0-2)	19	(15-24)	39	(34-44)	41	(37-46)	100	451
65-74	0	(0-2)	17	(14-21)	41	(36-46)	42	(37-47)	100	410
>=75	1	(0-3)	21	(16-27)	47	(40-53)	32	(26-38)	100	242
Total	1	(0-1)	19	(16-21)	42	(38-45)	39	(36-42)	100	1103
Secondary										
50-64	0	(0-1)	21	(19-24)	46	(43-49)	33	(30-35)	100	1187
65-74	1	(0-3)	21	(18-26)	44	(39-48)	34	(29-38)	100	410
>=75	1	(0-4)	27	(21-33)	39	(32-45)	34	(28-41)	100	193
Total	1	(0-1)	22	(20-24)	45	(43-47)	33	(31-35)	100	1790
Third/higher										
50-64	0	(0-1)	25	(23-28)	45	(42-48)	30	(27-33)	100	970
65-74	1	(0-2)	24	(20-29)	48	(42-53)	28	(23-32)	100	363
>=75	0	(.-)	36	(28-45)	38	(30-46)	26	(20-35)	100	121
Total	0	(0-1)	26	(24-28)	45	(42-47)	29	(27-32)	100	1454
Total										
50-64	0	(0-1)	22	(20-24)	44	(42-46)	34	(32-36)	100	2608
65-74	1	(0-1)	20	(18-22)	43	(40-46)	36	(33-39)	100	1183
>=75	1	(0-2)	24	(20-28)	43	(39-48)	32	(28-36)	100	557
Total	0	(0-1)	22	(20-23)	44	(42-45)	34	(33-36)	100	4348

Note. CI = confidence interval; Missing observations = 46.83%

Table 5.A53: Distribution of BMI by age and wealth

	Underweight		Normal		Overweight		Obese		Total	Number in sample
	%	95% CI	%	95% CI	%	95% CI	%	95% CI		
50-64										
Lowest	0	(0-3)	25	(19-31)	41	(35-48)	34	(27-41)	100	242
2nd	0	(0-2)	17	(13-21)	42	(36-47)	41	(36-47)	100	338
3rd	0	-	18	(15-23)	47	(42-52)	35	(30-41)	100	358
Highest	0	-	25	(20-29)	49	(43-54)	27	(22-32)	100	432
<i>Total</i>	<i>0</i>	<i>(0-1)</i>	<i>21</i>	<i>(19-23)</i>	<i>45</i>	<i>(42-48)</i>	<i>34</i>	<i>(31-37)</i>	<i>100</i>	<i>1370</i>
65-74										
Lowest	3	(1-10)	21	(14-28)	41	(32-51)	35	(26-45)	100	108
2nd	0	(0-3)	25	(17-35)	33	(26-42)	41	(32-51)	100	128
3rd	1	(0-5)	22	(15-30)	45	(38-53)	32	(25-40)	100	172
Highest	0	-	25	(18-33)	46	(38-54)	30	(22-39)	100	162
<i>Total</i>	<i>1</i>	<i>(0-3)</i>	<i>23</i>	<i>(19-27)</i>	<i>42</i>	<i>(38-46)</i>	<i>34</i>	<i>(30-39)</i>	<i>100</i>	<i>570</i>
>=75										
Lowest	0	-	17	(10-28)	45	(31-60)	38	(23-55)	100	58
2nd	2	(0-14)	29	(17-45)	43	(29-59)	26	(15-40)	100	68
3rd	0	-	26	(14-43)	45	(32-59)	29	(19-41)	100	75
Highest	0	-	58	(41-73)	26	(15-40)	17	(8-33)	100	46
<i>Total</i>	<i>1</i>	<i>(0-5)</i>	<i>28</i>	<i>(22-36)</i>	<i>42</i>	<i>(34-51)</i>	<i>29</i>	<i>(22-37)</i>	<i>100</i>	<i>247</i>
Total										
Lowest	1	(0-3)	22	(18-27)	42	(37-47)	35	(30-41)	100	408
2nd	1	(0-2)	21	(17-25)	40	(36-45)	38	(34-43)	100	534
3rd	0	(0-1)	20	(17-25)	46	(42-50)	33	(29-37)	100	605
Highest	0	-	27	(23-31)	46	(42-51)	27	(23-31)	100	640
<i>Total</i>	<i>0</i>	<i>(0-1)</i>	<i>22</i>	<i>(21-24)</i>	<i>44</i>	<i>(41-46)</i>	<i>33</i>	<i>(31-36)</i>	<i>100</i>	<i>2187</i>

Note. CI = confidence interval; Missing observations = 46.83%

Table 5.A54a: Prevalence of objectively measured hypertension by age and sex

	Male		Female		Total	
	%	(95% CI)	%	(95% CI)	%	(95% CI)
Age group						
50-64	29	(26-32)	23	(20-25)	26	(24-28)
65-74	21	(17-25)	23	(20-27)	22	(19-25)
>=75	17	(12-23)	21	(16-27)	19	(16-24)
<i>Total</i>	25	(23-27)	22	(21-24)	24	(22-25)

Table 5.A54b: Prevalence of objectively measured hypertension by education and sex

	Male		Female		Total	
	%	(95% CI)	%	(95% CI)	%	(95% CI)
Education						
Primary/none	23	(20-27)	26	(23-31)	25	(22-28)
Secondary	26	(23-29)	22	(19-25)	24	(22-26)
Third/higher	27	(23-31)	16	(14-19)	22	(19-24)
<i>Total</i>	25	(23-27)	22	(21-24)	24	(22-25)

Table 5.A54c: Prevalence of objectively measured hypertension by wealth and sex

	Male		Female		Total	
	%	(95% CI)	%	(95% CI)	%	(95% CI)
Wealth quartile						
Lowest	34	(28-41)	25	(19-32)	30	(25-35)
2nd	20	(15-26)	25	(20-32)	23	(19-27)
3rd	24	(19-29)	22	(17-27)	23	(19-27)
Highest	25	(21-31)	23	(18-28)	24	(21-28)
<i>Total</i>	25	(23-27)	22	(21-24)	24	(22-25)

Table 5.A55: Proportion of the population with a diagnosis of hypertension by objective measure of blood pressure in men and women aged 50 and over

	Not diagnosed		Diagnosed		Total	Number in sample
	%	95% CI	%	95% CI		
Male						
Not hypertensive	67	(64-70)	33	(30-36)	100	1513
Hypertensive	58	(53-62)	42	(38-47)	100	510
<i>Total</i>	<i>65</i>	<i>(62-67)</i>	<i>35</i>	<i>(33-38)</i>	<i>100</i>	<i>2023</i>
Female						
Not hypertensive	64	(62-67)	36	(33-38)	100	1838
Hypertensive	49	(45-54)	51	(46-55)	100	488
<i>Total</i>	<i>61</i>	<i>(59-63)</i>	<i>39</i>	<i>(37-41)</i>	<i>100</i>	<i>2326</i>
Total						
Not hypertensive	66	(64-67)	34	(33-36)	100	3351
Hypertensive	54	(51-57)	46	(43-49)	100	998
<i>Total</i>	<i>63</i>	<i>(61-64)</i>	<i>37</i>	<i>(36-39)</i>	<i>100</i>	<i>4349</i>

Note. CI = confidence interval; Missing observations = 0.00%

Table 5.A56a: Prevalence of objectively measured osteoporosis by age and sex

	Men		Female		Total	
	%	(95% CI)	%	(95% CI)	%	(95% CI)
Age group						
50-64	2	(1-3)	8	(6-9)	5	(4-6)
65-74	5	(4-8)	18	(15-21)	12	(10-14)
>=75	3	(1-7)	34	(27-42)	21	(16-26)
<i>Total</i>	<i>3</i>	<i>(2-4)</i>	<i>13</i>	<i>(11-15)</i>	<i>8</i>	<i>(6-9)</i>

Table 5.A56b: Prevalence of objectively measured osteoporosis by education and sex

	Men		Female		Total	
	%	(95% CI)	%	(95% CI)	%	(95% CI)
Education						
Primary/none	4	(2-6)	20	(16-24)	11	(9-14)
Secondary	3	(2-4)	11	(9-13)	7	(6-8)
Third/higher	2	(1-3)	11	(9-13)	6	(5-8)
<i>Total</i>	<i>3</i>	<i>(2-4)</i>	<i>13</i>	<i>(11-15)</i>	<i>8</i>	<i>(6-9)</i>

Table 5.A56c: Prevalence of objectively measured osteoporosis by wealth quartile and sex

	Men		Female		Total	
	%	(95% CI)	%	(95% CI)	%	(95% CI)
Wealth quartile						
Lowest	4	(2-9)	13	(9-20)	9	(6-13)
2nd	3	(2-6)	15	(10-21)	9	(6-12)
3rd	2	(1-5)	11	(8-16)	7	(5-9)
Highest	2	(1-5)	11	(8-16)	6	(5-8)
<i>Total</i>	<i>3</i>	<i>(2-4)</i>	<i>13</i>	<i>(11-15)</i>	<i>8</i>	<i>(6-9)</i>

Table 5.A57: Proportion of the population with a diagnosis of osteoporosis by objective measure of bone density in men and women aged 50 and over

	Not diagnosed		Diagnosed		Total	Number in sample
	%	95% CI	%	95% CI		
Male						
Normal bone stiffness	98	(97-99)	2	(1-3)	100	1231
Osteopenia	97	(95-99)	3	(1-5)	100	504
Osteoporosis	100	-	0	-	100	49
<i>Total</i>	<i>98</i>	<i>(97-99)</i>	<i>2</i>	<i>(1-3)</i>	<i>100</i>	<i>1784</i>
Female						
Normal bone stiffness	91	(88-93)	9	(7-12)	100	744
Osteopenia	80	(78-83)	20	(17-22)	100	1084
Osteoporosis	66	(59-72)	34	(28-41)	100	255
<i>Total</i>	<i>82</i>	<i>(80-84)</i>	<i>18</i>	<i>(16-20)</i>	<i>100</i>	<i>2083</i>
Total						
Normal bone stiffness	96	(95-97)	4	(3-5)	100	1975
Osteopenia	86	(84-88)	14	(12-16)	100	1588
Osteoporosis	72	(66-77)	28	(23-34)	100	304
<i>Total</i>	<i>90</i>	<i>(89-91)</i>	<i>10</i>	<i>(9-11)</i>	<i>100</i>	<i>3867</i>

Note. CI = confidence interval; Missing observations = 0.00%