The Meaning of Life Expectancy

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Content

• Life expectancy
• Frailty and resilience
• Reflections on the end of life: personal growth in the face of decline
Life expectancy at birth
Life expectancy at 65
Increase in age at death (males)
What do people want?

• To live longer, even if you need to support yourself financially? 79%
• If you aged normally during the extension? 48%
• If you had a chronic illness during the extension? 27%
Changes in good and bad health

- Females: 2014-16
  - 63.7 years in 'Good' health
  - 19.2 years in 'Not good' health
  - Proportion of life spent in 'Good' health: 76.9%

- Males: 2014-16
  - 63.1 years in 'Good' health
  - 16.2 years in 'Not good' health
  - Proportion of life spent in 'Good' health: 79.6%

- Females: 2009-11
  - 63.9 years in 'Good' health
  - 18.6 years in 'Not good' health
  - Proportion of life spent in 'Good' health: 77.4%

- Males: 2009-11
  - 62.7 years in 'Good' health
  - 15.8 years in 'Not good' health
  - Proportion of life spent in 'Good' health: 79.9%
Question

• How can life expectancy be increased WITHOUT increasing the amount or proportion of life spent in poor health? “Compression of morbidity”

• It is not inevitable that prolonged life means prolonged healthy life

• What are the differential factors affecting age-associated ill health, and age-associated death? The ageing process vs the disabling process
Geographic inequalities in healthy life expectancy vs life expectancy

Figure 10: Relationship between health state life expectancies at age 65 in the UK, men, 2014 to 2016

Source: Annual Population Survey. Office for National Statistics
Answer

• Lifestyle, life course:
  - smoking
  - alcohol
  - exercise
  - education
  - obesity
  - wealth

• Public health
So ...what do we do about morbidity?

• We want to live longer
• But we don’t want the morbidity that accompanies it
Frailty

Minor illness (e.g., urinary tract infection)

Functional abilities

Independent

Dependent
What is frailty the reverse of?
Resilience – resisting challenge and bouncing back

Areas of resilience in later life

- Psychological resilience
- Mobility resilience
- Financial resilience
- Environmental resilience
- Physical resilience
- Social resilience
- Cultural resilience
Comprehensive geriatric assessment

CGA

Physical
Mental
Functional
Social
Environmental
I fear uncompressed morbidity

- Young = 0-30
  Middle age = 30-60
  Old = 60-90+
- I was not lucky enough to die young and, probably, middle age
- So I will shortly be old
- And even if I do all the healthy things
- I am likely to experience a period of poor health before I die
- And I do not look forward to it
- Even if my doctors practice CGA on me
Happiness (the U-bend of life)

Stone A. 2010 A snapshot of the age distribution of happiness in the US. https://doi.org/10.1073/pnas.1003744107
Understanding the phenomenon of ageing

• The experience of ageing is multidimensional
• But also multidirectional:
  - physical decline
  - social loss
  - personal growth
Personal growth in the experience of ageing

• Independent of the negatives (physical decline, social loss)
• Society: women may grow more than men in old age
• Economics: West Germans showed personal growth more than East Germans
• Life-course factors: income, education
• Culture:
  - US elders: autonomy and achievement
  - Japanese elders: relationships
• Having children – probably not
• Generativity: the concern to nurture, guide and ensure the wellbeing of future generations and, ultimately, to leave a lasting legacy (Erikson)
Personal growth factors in older age

• Personal growth is:
  - negatively linked to loneliness
  - positively associated with sadness
  - positively associated with learning & new experience

• Selection of goals, compromises
How can personal growth be encouraged?

• Examine the stereotypes / models or views of old age we hold and reveal through our practice:  
  - lack of appreciation of personal growth is a form of ageism

• Explore giving and helping:  
  - volunteering, PPI and PPE

• History taking and life review:  
  - “what have you done that you are proud of?” vs “what can’t you do any more?”  
  - listening to and validating the life story being told

• Goal setting:  
  - what’s important?  
  - social network and seeking solutions through it

• Tailored information:  
  - self management: diabetes, hypertension, heart failure, sick day rules  
  - advance care planning

• Autonomy & control:  
  - how are you going to deal with that?  
  - do you want this test / treatment?  
  - try something

• Cure and improvement vs “live with it, get used to it”
Summary

• Increased life expectancy => experience disability later
• Prevention and reduction of inequalities, through lifestyle factors
• Our response to frailty => CGA & the promotion of resilience
• But also support to personal growth