

Perception of QoL by Latvian seniors¹

Introduction

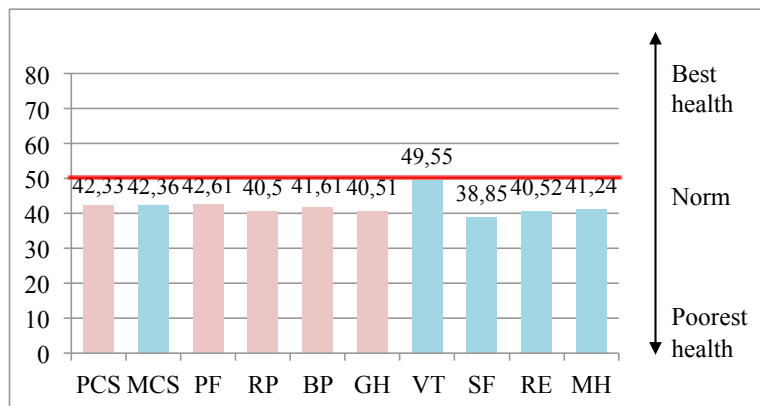
The study samples consisted of 359 respondents 60-75 years old. The mean age \pm SD of the participants was 67.3 ± 7.1 years. 228 were female (63.5%) and 131 male (36.5%), the proportion of genders and number of samples are representative for population of Latvia at this age group. The subjects were volunteers without mobility limitations who visited the Heart Health consulting rooms across 5 regions of Latvia to assess cardiovascular risks.

Health Related Quality of Life Assessment

The Medical Outcomes Study Short Form version 2 (SF-36v2) is widely used as an extensive health related quality of life measurement (Ware, Kosinski, & Dewey, 2000). The SF-36 contains 36 items measuring 8 dimensions of health and well-being. These attributes are combined using a regression equation and standardized to population norms to provide a physical component summary (PCS) and a mental component summary (MCS). PCS consists of subscales: physical functioning, role physical, bodily pain, general health. MCS consists of subscales: mental health, role emotional, social function and vitality. Although vitality and general health subscales has mutual correlation to PCS and MCS. The results of the SF-36v2 questionnaire summary components can be analysed by Norm-based scoring, where 50 is the mean for the general population and 10 is the standard deviation. It means that scores above 50 are better self-evaluation of health than the general population average, while scores below 50 are worse.

Results

Analysis of the health-related life quality questionnaire SF-36v2 components reveals that the population of Latvia in the age group 60-75 years has lower self-esteem regarding the quality of life than General Population Norm scoring in all components, except for vitality. The average index of respondents' physical component scale (PCS) is 42.33 points while for mental component scale (MCS) it is 42.36 points (Figure 1). The vitality factor, which is characterized by questions about the joy of living and fatigue, is close to the optimal level and reaches 49.55 points.



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PCS – Physical component summary

PF – Physical function
RP – Role physical
BP – Bodily pain
GH – General health

MCS- Mental components summary

VT - Vitality
SF – Social function
RE – Role emotional
MH – Mental health

Figure 1. Distribution of the health related quality of life components according SF36v2 questionnaire data

More than a half of all respondents (55 % in physical and 52 % in mental health component) demonstrated results that were below the average (**Error! No se encuentra el origen de la referencia.**). In particular, this was observed in the components “health in general” and “emotional role”. 68 % of respondents have self-evaluation below the average in the factor “health in general”, and only 9 % of the respondents assess their health above the average, which can be assessed as ‘good’. It means that people at this age mostly assess their state of health as poor and are aware of the health problems.

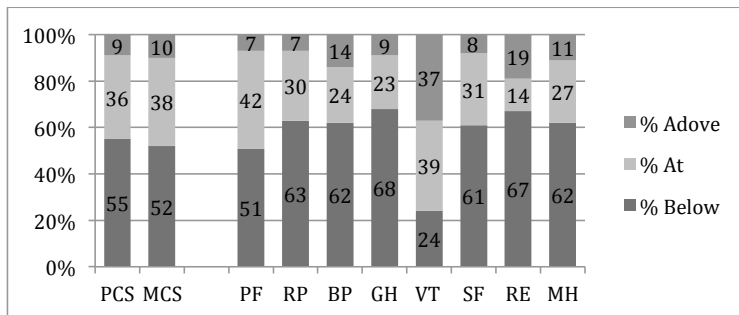


Figure 2. Percentage of sample whose scores are Above, At, or Below the General Population Norm

Conclusions

The results lead to the conclusion that there is a tendency that aging makes all health self-assessment components decline. It is observed that for women at the age of 64 to 69 these components have more rapid decline, while for men more rapid decline of health in general as well as social functioning is demonstrated after 69 years. Public health deterioration creates cause serious risks to both social and economic sphere.

Bibliography

Health related quality of life of latvian older adults. 2011.
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This text is part of the book “Education and quality of life of senior citizens”. See the full book in <http://www.edusenior.eu>

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