

Americans have higher rates of most chronic diseases than same-age counterparts in England

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Researchers announced today in the *American Journal of Epidemiology* that despite the high level of spending on healthcare in the United States compared to England, Americans experience higher rates of chronic disease and markers of disease than their English counterparts at all ages.. Why health status differs so dramatically in these two countries, which share much in terms of history and culture, is a mystery.

The study uses data from two nationally representative surveys (see info below) to compare the health of residents of the <u>United States</u> and England from 0 to 80 years, focusing on a number of chronic conditions and markers of disease. This research builds on previous studies by other scholars that focused primarily on older adults.

"A systematic assessment of cross-country differences in health by age group and type of condition provides necessary context for learning about why older residents of England suffer fewer chronic health conditions than their counterparts in the US," notes Melissa L. Martinson, Office of Population Research, Princeton University.

Health measures based on physical examinations and/or laboratory reports included the following risk factors or conditions: obesity, hypertension, diabetes, low high-density lipoprotein (HDL) cholesterol, high cholesterol ratio, and high C-reactive protein* in addition to self-reported health issues (see study for details). These are the same



measures that were used in other recent analyses that compared health of <u>older adults</u> in the two countries.

Differences between the two countries are statistically significant for every condition except hypertension. The results were not sensitive to alternative definitions of hypertension and are consistent with previous findings of lower rates of hypertension in the United States than in England. The disease prevalence for the self-reported conditions (i.e. asthma, heart attack, angina, and stroke) is largely consistent with country reports and other previous studies.

Comparisons by age group indicate that most cross-country differences in health conditions and markers of disease at young ages are as large as those at older ages. This is the case for obesity, low HDL cholesterol, high cholesterol ratio, high C-reactive protein, hypertension (for females), diabetes, asthma, heart attack or angina (for females), and stroke (for females). For males, heart attack or angina is higher in the United States only at younger ages, and hypertension is higher in England than in the United States at young ages.

Higher rates of screening for some conditions, the greater use of certain healthcare procedures, and higher survival rates for cerebrovascular disease in the United States may represent partial explanations. However, given that the United States has higher age-specific mortality for every age group (except for those 65 or older), these differences cannot fully account for the observed cross-country differences in health conditions and markers of disease.

The allocation of health care resources may play a role. Despite the greater use of health care technology in the United States, Americans receive less preventive health care than their English counterparts. They have fewer physician consultations per year. Acute hospital visits are also shorter in the United States, potentially resulting in missed



opportunities for follow-up. It is also possible that the cross-country differences in social or physical environmental conditions or lifestyle play a role.

More information: *Obesity was calculated for respondents between 4 and 80 years of age, C-reactive protein, an index of inflammation, was measured for respondents between 18 and 80 years of age, and the other conditions were measured for individuals at least 12 years of age.

About the studies used in the article: Data were from the 1999-2006 National Health and Nutrition Examination Surveys for the US (n=39,849) and the 2003-2006 Health Surveys for England (n=69,084).

Provided by Oxford University

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