Medical Xpress

Ageism linked to poorer health in older people in England

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Ageism may be linked with poorer health in older people in England, according to an observational study of over 7,500 people aged over 50 published in *The Lancet Public Health* journal. Despite the known prevalence of age discrimination and existing evidence that other forms of discrimination, like racism, are linked to poorer health, this is the first study to examine the association between ageism and health and wellbeing.

Considering the demographic changes underway in high-income countries and the steadily increasing population of older people in the UK, these findings highlight the vital need to tackle ageism to improve the health and wellbeing of people as they age.

1,943 of 7,731 (25%) over 50-year olds surveyed experienced age discrimination. Those who reported age discrimination were more likely to rate their health as fair or poor compared to those who had not reported it (29% versus 24%).

Certain serious health problems were also more common among those who reported age discrimination compared to those who had not—including heart disease (17% versus 13%), chronic lung conditions (7% versus 5%), limiting longstanding illnesses (39% versus 33%), and depressive symptoms (19% versus 12%).

In addition to worse reports of their existing health, participants who reported age discrimination were more likely to develop a serious health

problem during the study's six-year study period compared to those who did not report age discrimination—including higher rates of diabetes (6% versus 5%), heart disease (4% versus 3%), stroke (5% versus 3%), chronic lung disease (5% versus 3%), a limiting longstanding illness (26% versus 21%), or depressive symptoms (10% versus 7%).

The authors note that the follow-up data was only available for 5,595 of the 7,731 participants included in the original analyses. Participants who dropped out in the intervening six years tended to be older and less affluent, which may have led to conservative numbers of newly developed conditions.

Notably, 45% (883/1,943) of participants who reported age discrimination also reported discrimination based on other personal characteristics (eg. sex, physical disability) and the negative health effects were most pronounced in this group. The authors therefore stress that other factors, like socioeconomic status and disability, may intersect with and compound experiences of age discrimination.

Advocating for an approach that aims to tackle discriminatory behaviours in society and mitigate the effects of discrimination of older people, study author, Dr. Sarah Jackson from University College London, UK, says: "As a society, we need to increase public awareness of what constitutes ageism and how it can affect health and wellbeing so we can build collective movements, like those that brought about legislative and social change for other forms of discrimination. On a clinical level, raising the issue of age discrimination with older patients could help to identify those at risk of future health problems."

The research was conducted using data from the English Longitudinal Study of Ageing, a nationally representative sample of over 50-year olds. Participants reported experiences of age discrimination and rated their own health via self-completed questionnaires and face-to-face computer-

assisted personal interviews in 2010-11. Follow-up questionnaires and interviews collected data on participants' health after a six-year period to record any health conditions they had developed since.

There are some limitations to the study. Age discrimination was self-reported so is subject to recall bias and reflects the participants own perceptions, rather than the act of discrimination itself. To minimise bias, participants were asked about a range of types of discrimination (not only age discrimination). Health conditions were also self-reported.

The authors discuss several possible ways that ageism could negatively impact health. Firstly, previous studies have shown that exposure to age discrimination can provoke stress responses harmful to both mental wellbeing and physical health. Secondly, people may use unhealthy behaviours, like smoking, drinking, poor diet or physical inactivity, to cope with experiences of age discrimination.

Thirdly, they suggest that age discrimination in healthcare could mean that older patients are not receiving the same standard of care as their younger counterparts. 41% (804/1,943) of those who reported experiencing age discrimination specified has said that they "receive poorer service or treatment than other people from doctors or hospitals" and the authors point out that age-related biases in recommended treatments are common. For example, older patients with cancer are less likely to receive treatments that aim to cure the disease and older people are rarely included in clinical trials for drugs to treat heart disease.

Finally, the authors highlight the lack of existing research into ageism and health, despite an established body of evidence that examines other forms of discrimination as social determinants of health and wellbeing. In light of this, they call for more research into how ageism operates to inform interventions and policies to tackle it.

Writing in a linked Comment, Professor Martin Gulliford, King's College London, UK, says: "The public health community has been slow to acknowledge the central role of discrimination in health inequality... Although the interrelationships between age, socioeconomic status, health status and experienced discrimination are complex, these findings suggest that not only does age discrimination cause short-term psychological distress to older people, but could also have an important effect on their long-term mental and physical health."

More information: Sarah E Jackson et al. Associations between age discrimination and health and wellbeing: cross-sectional and prospective analysis of the English Longitudinal Study of Ageing, *The Lancet Public Health* (2019). DOI: 10.1016/S2468-2667(19)30035-0

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