

Discussion notes for the Population aging and pressure points in a life course framework
Roundtable

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These notes were discussed during a Roundtable titled: Population aging and pressure points in a life course framework. For the roundtable, discussants were asked to first speak on two important questions/areas that have been answered by recent empirical research, and in a second round, on two questions/areas that need further research.

The discussant has a background in demography and has been working for the past ten years on the development of chronic disease surveillance at the Institut national de santé publique du Québec.

1) First round : Two important questions/areas that have been answered by recent empirical research

One of the first areas or topics for which good research or analysis is done with regards to the measurement of health, particularly for the older population relates to mortality in general. For example:

- Many research and analysis is done on life expectancy and derived life (or health) expectancy indicators so that we know and understand how long and healthy people live. This area of analysis is very rich, well developed and innovative in Canada.
- Although the topic of multiple causes of death is fairly new, this appears to be an area for great research and analysis opportunity. The latest IUSSP conference in Marrakech had two presentations on this particular innovative analysis topic (Québec, France and Italy data were presented).
- End-of-life studies are numerous across the country, which shows the growing interest for the various aspects of this particular period of life.

A second area for which good analysis and research is done concerns the measurement of health status.

- In general, we seem to know a lot about the health status of the population.
- Many disease-specific measures are available or developed through survey and administrative data sources (Cancer, CVD, diabetes, arthritis, Alzheimer, etc.)
- The measurement of the health status of the population is also well differentiated by socioeconomic status.
- The determinants of health are also documented, although further studies could certainly improve specific knowledge by age groups.

2) Second round : Two questions/areas that need further research

In the dual context of chronic diseases surveillance and population aging, studies regarding multiple chronic conditions appear to be worth developing. Multiple chronic conditions are not specific to the elderly but are certainly prevalent in the older age groups.

Studies related to the measurement of chronic conditions are still mainly focusing on single diseases approaches. Although a single-disease approach is relevant, more and more persons are affected by multiple chronic conditions. Research teams could therefore show more interest in multiple chronic diseases studies in order to better understand the magnitude, complexity and outcomes of this phenomenon.

Many researches and studies have been focusing on comorbidities, which is a concept derived for a disease-based approach. Multimorbidity is a fairly newer and less known concept that is patient oriented. The most accepted definition of multimorbidity is the co-occurrence of medical chronic conditions (2 or more) within a person. There is an international research community on multimorbidity that is now focusing on definition and measurement. Multimorbidity appears to be a concept worth digging in because people who cumulate chronic conditions 1) use resources in a more intensive way and 2) represent more complex cases in a primary care setting.¹

In a chronic disease surveillance context, the first challenge is to figure out how to measure multiple chronic conditions:

- Do we look at specific combinations on diseases?
- Do we examine how diseases cluster within persons?
- Do we develop an index by weighting each disease to introduce a “degree of multimorbidity”?
- How do we investigate the links with the health care system utilization and outcome issues for multimorbid patients?

These are important questions but they do not cover the entire complexity of the health status of the older population. Other concepts should also be taken into account, such as: frailty, behaviours, pain, dependency or limitations of activity in order to influence and evaluate promotion, prevention and health care programs.

A second topic where further research could be developed involves the heterogeneity of the older population. In surveillance, and in research and analysis in general, it seems that we need to update and improve our indicators and measures related to the older population to take into account the heterogeneity of this population subgroup. Also, it appears important to further explore the specificities of the determinants of health status for the older population, keeping in mind that some of those determinants can also be disease-specific. Another aspect of this research area could focus on trying to better understand why people with similar characteristics and health status would cope differently than others.

¹ The author would like to recognize and acknowledge the work of Dr. Martin Fortin, of the Université de Sherbrooke. Dr Fortin is a leader in the domain of multimorbidity and his work has greatly influenced the ideas related in this section.