

Health and Community Care

Characteristics of adults in Scotland with long-term health conditions

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In 2005-2006, 23.6% of adults (aged 16+) and 33.8% of households in Scotland reported some form of long-term health condition. This report presents a detailed profile of the characteristics, circumstances and support needs of adults in Scotland with long-term conditions. It is based on analysis of Scottish Household Surveys (1999-2006) and the Scottish Health Survey (2003).

Main Findings

In general, adults with long-term conditions (especially those with disabilities or limiting conditions):

- **were socially and economically disadvantaged across a range of indicators** (less likely than adults without long-term conditions to be employed; lower occupational status amongst those who were employed; fewer formal educational qualifications; less likely to own their own homes; lower household income; more likely to live in locations associated with deprivation; less likely to have savings)
- **had more negative perceptions about their neighbourhood** (less likely to rate their neighbourhood positively; more likely to feel unsafe in their neighbourhood or home)
- **experienced restricted physical and technical access to services** (difficulty accessing a range of day-to-day services, including public transport and medically-related services such as GP or chemist; less likely to have a car or to drive; less likely to have home internet access)
- **faced difficulty with a range of daily activities** (were most likely to be cared for by a relative and less likely since 1999-2000 to receive assistance from a home help)
- **had a poorer, health-related quality of life** (poorer physical and mental health; more likely to experience acute illness; more likely to attend GP or hospital; more likely to be taking medication)
- **reported less healthy lifestyles** (more likely to be current and heavier smokers; less likely to be physically active; more likely to be obese)

Introduction

This research was commissioned following the publication of *Delivering for Health* (2005) to provide a robust evidence base to underpin the Scottish Government's strategy on the management of long-term health conditions.

A detailed profile of the characteristics, circumstances and support needs of adults in Scotland with long-term health conditions was produced from analysis of the Scottish Household Surveys (SHS) (1999-2006) and the Scottish Health Survey (SHeS) (2003).

Methods

The SHS is a continuous survey based on a sample of the general population in private residences in Scotland. It was first conducted in 1999, and provides information on the composition, characteristics and behaviour of people within Scottish households. The SHeS is a large-scale household survey of the health, health-related behaviours and use of health services of people across Scotland. The most recent survey was conducted in 2003.

The main analysis consisted of cross tabulations to examine differences in biographic, socio-demographic, health and lifestyle between adults with long-term health conditions and adults without long-term conditions. The effects of known predictors of long-term conditions (e.g. age) were taken into account, and multivariate analysis were conducted where appropriate.

Prevalence of long-term conditions

According to SHS estimates, in 2005-2006, 23.6% of adults (aged 16+), and 33.8% of households, in Scotland reported some form of long-term condition. Although overall prevalence of long-term conditions amongst adults showed little change since 1999, the proportion of adults in the oldest age group (75+) reporting long-term health conditions rose. The number of households containing someone with a long-term condition also increased slightly, from 30.0% in 1999-2000 to 33.8% in 2005-2006.

SHeS estimates from 2003 showed that 26.5% of adults in Scotland reported a long-standing¹ illness, disability or infirmity which limited their activities in some way (limiting long-term conditions). This is comparable with the SHS figures. A further 14.7% reported long-term conditions that were not limiting.

As both surveys include only those living in private households, these estimates exclude all those with long-term conditions who live in specialist residential accommodation or are in hospitals.

Nature and type of long-term conditions

According to SHS, the most commonly reported impairments in 2005-2006 were related to heart, blood pressure or circulation problems (35.5% of all adults with a long-term condition) and to arthritis (31.6% of adults with a long-term condition). Analysis over time suggests that the incidence of heart problems and diabetes have increased since 2001-2002.

SHeS adopts a different classification system. Figures show that in 2003 53.2% of those with limiting long-standing conditions reported problems associated with musculoskeletal system, while 29.4% reported issues related to their heart or circulatory system.

Characteristics of those with long-term conditions (SHS)

Both SHS and SHeS surveys show that the incidence of long-term conditions increases with age.

Considering adults of working age only shows that in 2005-2006 adults with long-term conditions were less likely than those without illness/disability to be in employment. Analysis since 1999 suggested that there *may* be an increasing gap between the employment rates of adults with long-term conditions and those without.

¹ Long-standing is used in relation to the SHeS measures in the report. It is equivalent to 'long-term'.

Of those that were in employment, adults with long-term conditions were more likely to occupy 'lower-level' occupations and were less likely to hold any formal educational qualifications.

Households containing someone with a long-term condition were more likely to be 'older smaller' and 'single pensioner' types. This reflects the age profile of those with long-term conditions.

Across all age groups, households containing someone with a long-term condition were more likely to rent and less likely to own their homes.

Household income for most types of household (excluding single parent and single pensioner households) was lower for households containing someone with a long-term condition. Households containing anyone with a long-term condition were less likely to have a bank or building society account and less likely to have savings or investments. The lower likelihood of savings or investments was seen across all household types. Even among those who had savings or investments, the amounts were lower among households containing someone with a long-term condition.

Adults with long-term conditions were proportionately more likely to live in the West of Scotland (especially Glasgow, North Lanarkshire, Dunbartonshire and Ayrshire) and proportionately less likely to live in the East (especially Edinburgh and Grampian). These differences mirror the profile of areas of deprivation as defined by the Scottish Index of Multiple Deprivation 2006.

Quality of life (SHS)

Adults with long-term conditions were less likely to rate their neighbourhood positively, more likely to feel unsafe walking in their neighbourhood after dark, or to feel unsafe in their homes at night. They were twice as likely as those with no illness or disability to report that their lives were affected by fear of crime (12.7% as compared to 6.2%).

Adults with long-term conditions (especially those who were disabled) were less likely to find a range of services such as shops, banks, doctors etc convenient.

In the main, adults with long-term conditions were also less likely to use most of the services – with the exception of medical/health services. However, they were still likely to rate services that they used more frequently (chemists, hospital outpatients and doctors) as less convenient.

In addition, households containing anyone with a long-term condition, and adults who themselves were disabled or long-term ill, were less likely to have home internet access.

In terms of transport, adults with long-term conditions were less likely to hold a current driving licence and, even among licence holders, tended to drive less frequently. They were, however, more likely to use the bus. Households containing anyone with a long-term condition were less likely to have a car for their use – this difference was seen in both urban and rural locations.

In 2005-2006, 35% of adults with a long-term condition found no daily activities (such as walking, standing, using a bus, dressing, washing etc) difficult, while 17.2% found six or more activities difficult.

The percentage of adults with long-term conditions who had a home help to assist with daily activities decreased from 15.1% in 1999-2000 to 11.5% in 2005-2006. However, in 2005/06, one third of households containing at least one person with a long-term condition said that they needed regular help or care.

Most of the care was undertaken on an unpaid basis by relatives, from both within and outside the household. A fifth of adults with long-term conditions were themselves providing regular help or care for a sick, disabled or elderly person who was not living with them.

Health and healthcare needs (SHeS)

In 2003, adults with limiting long-standing conditions were markedly more likely to have been ill in the fortnight before the survey; they were more likely to report poorer mental health (as measured by the 12 item General Health Questionnaire (Goldberg 1972, 1978)²); and were more likely to assess their health over the past year as poor. They were

² Goldberg, D. (1972) *The Detection of Psychiatric Illness by Questionnaire*, Oxford University Press, Oxford.

Goldberg, D. (1978) *General Health Questionnaire (12-item)*. NFER-Nelson, Windsor.

also more likely to report lower quality of life across a range of physical and mental health indicators³. All these differences took into account other key correlates of health and illness (such as age, sex, socio-economic status, income, deprivation).

Adults with limiting long-standing conditions were also more likely to have consulted their GP in the fortnight prior to the survey, and to have made more visits in the previous year. This mirrors the finding from the SHS relating to higher frequency of GP visits on a monthly basis.

Adults with limiting long-standing conditions were most likely to have attended hospital either as an outpatient or inpatient in the last year. Adults with non-limiting health conditions were also more likely to have attended hospital as an outpatient or day patient compared to those without a long-standing condition.

84.3% of adults with a limiting long-standing condition were taking medication at the time of the survey, compared to 72.7% of those with a non-limiting condition and only 26.7% of those without a long-standing condition. All of these differences were maintained after controlling for key socio-demographic factors and for episodes of acute illness in the time preceding the survey.

Adults with a limiting long-standing condition were more likely to be current smokers and more likely to smoke heavily (20 or more cigarettes per day), even after controlling for key socio-demographic factors. There was some indication that men and women with limiting long-standing conditions were less likely to consume alcohol to excessive levels. However, there were no significant differences in consumption of fruit and vegetables between groups. Adults with limiting long-standing conditions were less likely than other adults to undertake physical activity or exercise.

Conclusions

In general, adults with long-term conditions (especially those with disabilities or limiting conditions):

- were socially and economically disadvantaged across a range of indicators
- had more negative perceptions about their neighbourhood
- experienced restricted physical and technical access to services
- faced difficulty with a range of daily activities
- had a poorer health-related quality of life
- reported less healthy lifestyles.

This profile has significant implications for the delivery of health-care services and longer-term management of illnesses/disabilities across Scotland.

Within the general profile, attention needs to be given to the variation in needs and circumstances of adults with long-term conditions. To this end, the findings highlight the importance of also considering the health-care requirements of people with *non-limiting* long-term conditions. They suggest the need for further investigation into the possible widening gap between employment rates of adults with long-term conditions and those without, and further investigation of the balance between paid and unpaid care. They also draw attention to the policy challenges of accommodating an ageing population *and* managing the nature and extent of long-term conditions.

Issues for further consideration arising from the research are contained within Chapter 6 of the full report.

³ As measured by the Medical Outcomes Study 12-item short form.

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The report, "Characteristics of adults in Scotland with long term health conditions", which is summarised in this research findings is a web only document and is available on the publications pages of the Scottish Government website at

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