

中老年人健康行為、健康狀況與罹患慢性疾病相關研究:歷史世代追蹤分析

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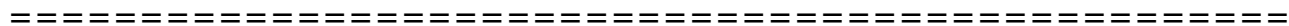
摘要

本研究目的在於探討老人健康危害行為對健康狀況前後的差異情形及長期影響。利用國民健康署中老年身心社會生活狀況長期調查資料，以 1989 年與 2007 年兩次研究調查，作次級資料研究之來源，對象為 60 歲以上同時有接受兩次調查之老人，其符合樣本數為 1268 人。本研究以兩次調查之問卷作為研究工具並分析比較其內容；擷取人口學變項(年齡、性別、婚姻狀況及教育程度)、健康狀況(包括 ADL、自評健康)、健康危害行為(抽菸、喝酒、吃檳榔)與慢性病(如罹病情形、用藥情形)等變項；並應用比率檢定、卡方檢定、單因子變異數分析進行縱斷性分析。

結果顯示兩次調查前後，老人的健康危害行為及健康狀況皆達統計上顯著差異，且 2007 年之比率顯著高於 1989 年，健康狀況中 ADL 狀況變差，完全做不到人數成長率最高為洗澡。自評目前的健康情形及自評一年前的健康情形均以變差者最多。慢性病中罹患兩種以上疾病的人數成長最高；糖尿病、白內障、高血壓增加最多。使用兩種藥物以上人數成長最高，以安眠與鎮定的藥成長率最高。在控制人口學變項下，老人健康危害行為與健康狀況前後差異有無相關之統計分析顯示，性別、教育程度、抽菸及喝酒會影響罹病情形。年齡、性別、教育程度、抽菸、喝酒及吃檳榔會影響用藥情形。年齡、性別、教育程度、抽菸及喝酒對 ADL 有影響。性別、教育程度、抽菸及喝酒會影響自評目前的健康；性別、教育程度及喝酒會影響自評一年前的健康。

本研究建議各衛生單位應督導民眾減少這些健康危害行為，以減輕社會在慢性病上的資源投入。除對老人提供長期照顧和醫療服務外，老人心理的感受，建議多鼓勵老人參加社會活動，並籌組病友團體、社區性成長團體，讓老人可以抒解情緒。

關鍵字：中年老人、慢性疾病、健康行為、健康狀況、歷史世代追蹤分析



**Health risk behaviors, health status and chronic diseases
of the elderly in Taiwan: Cohort study-differential
analysis between 1997 and 2007.**

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Abstract

Introduction:

According to the 1989 statistical report by the Adult and Elderly Health Division (AEHD) of the Bureau of Health Promotion (BHP), 24.1% of elderly people rated themselves as having poor health, with the percentage rising to 33.7% in 1996 and further to 38.9% in 2003 (BHP, 1989, 1993, 1996, 2003).

Those with difficulty in showering independently increased from 5.4% to 16.6%; those with difficulty in dressing increased from 3.8% to 13.4%, and those with difficulty in walking increased from 4.4% to 12.3%. The percentage of those with difficulty in at least one ADL increased from 2.1% in 2002 to 14.4% in 2005 and to 54.4% in 2007.

Purpose / Methods:

This study attempted to examine the effects of health risk behaviors of the elderly on general health status and chronic diseases. The secondary data for this study was obtained from the results of surveys investigation the quality of life of the elderly conducted by the AEHD of BHP in 1997 and 2007. The sample population, those aged 60 and above, who took part in both surveys, number 1268. Comparison and analysis of the results of both surveys was undertaken; variables including demographics (age, gender, marital status, education level), health risk behaviors (smoking, consumption of alcohol and betel nuts), health status (activities of daily living (ADLs),

self-appraisal of health), and chronic diseases (occurrence of disease, medication use) were extracted. Longitudinal analysis of the data was carried out using variance ratio and chi-square tests.

Results:

Results indicated statistically significant differences in health risk behaviors and health status between the two surveys, with statistically significant increases from 1989 to 2007. With respect to occurrence of disease, those with comorbidity showed the greatest increase in absolute number.

With respect to medication use, those using at least two medications showed the greatest increase in absolute number.

Regarding loss of ability to carry out ADLs, showering was the activity accounting for the greatest absolute increase in numbers. Most respondents rated their current health as well as their health a year ago as deteriorating, with increased depressive symptomatology. Controlling for demographic variables, correlation analysis between health risk behaviors and health status revealed that there is significant interrelationship between medication use, ADLs, self evaluation of current health and health one year ago, depressive symptomatology and satisfaction with life; however it has no significant relationship with the status/ frequency of having diseases.

Conclusions:

least differences were seen in those whose appraisal of current health changed from good to poor. In terms of appraisal of health one year ago.

Comments:

Recommendations from this study include ongoing public health efforts to decrease health risk behaviors with the goal of reducing the social economic burden of chronic illnesses.

Key word: the elderly, chronic disease, health risk behavior, cohort study