

THE 2012 PFIZER HEALTH INDEX



Working together for a healthier world™

INTRODUCTION

Welcome to the 2012 Pfizer Health Index, now in its seventh year. This study details the findings of a nationally representative quantitative research survey of the health and well-being of the Irish population.

The European Commission designated 2012 to be "European Year for Active Ageing and Solidarity between Generations" and as a result we have analysed the health and well-being of over 65 year olds in Ireland in the 2012 Index. The Index this year has been expanded to include specific questions about ageing and how people feel about getting older.

While currently just over 500,000 people in Ireland are aged 65 or over, by 2021 the number of older people living in the State is expected to be in the region of 775,000, a rise of 55% in just 11 years^[1]. As result it is important that we acknowledge the contribution older people make to society and enable active ageing, so that people in Ireland can grow old in good health and continue to act as full members of society and be involved as citizens.

The 2012 focus on older people reveals a highly encouraging perspective. Older people have a much more positive outlook than one perhaps might have imagined, and this echoes many other similar studies undertaken worldwide. We re-evaluate our lives and priorities as we age and seem much more content with aspects of life than younger adults might have predicted. Some older adults worry about becoming a burden on others. Most are keen to retain their independence and to devote time to hobbies, grandchildren and other aspects that start to become more important with age.

In conclusion, older people are a significant asset and society is becoming increasingly aware of the contribution they can make. They have knowledge, experience and wisdom and their value will increase over the coming years. We must encourage people to get as much as they can out of life as they grow older, whether at work, at home or in the community.

Yours sincerely,



David Gallagher
Managing Director
Pfizer Healthcare Ireland



¹www.dohc.ie/issues/national_positive_ageing/

HOW THE RESEARCH WAS UNDERTAKEN

This report details the findings from the 2012 Pfizer Health Index. This is the seventh edition in this annual research series, which has charted the health perceptions, attitudes and behaviours of Irish adults, taking a slightly different focus each year to pay particular attention to a specific demographic or health issues. Previous years have studied the health issues and implications of the recession, of social exclusion, amongst men, amongst women and of non-national communities living in Ireland.

(A) FOCUS

This current 2012 Health Index has taken a particular focus on the health of over 65 year olds. There are more than half a million over 65 year old adults in Ireland, but they will double in size as a group by 2020, as Ireland starts to approach the norms of the rest of Western Europe.

(B) SAMPLE

The basic sample for this survey is 1,000 adults aged 16+, but the 2012 sample was boosted with an additional 132 interviews among over 65 year olds. This 'booster' element was down-weighted to their correct proportion at the data analysis stage. However, this process ensured that there are adequate numbers for more detailed and robust analysis of the health perceptions and attitudes of over 65 year olds. 258 of the 1,118 respondents ultimately interviewed are aged 65 and over, but their views and attitudes were down weighted from 23% to 15%.

(C) SCOPE

The focus of the survey has been expanded in 2012 to include specific questions about ageing and people's attitudes to it, and also asking about health in old age, and the concerns and misgivings that respondents may have in this regard.

The survey looks at perceptions of personal health and also asks about healthcare interactions over the past 12 months. Illness experience is also explored and ten significant conditions are monitored and measured. The data for these conditions has been cumulated across six years, providing a very stable and large sample for analysis, of more than 6,000 respondents. This enables us to have greater confidence about the data in relation to smaller conditions, and to focus in much greater depth on areas such as diabetes, depression, chronic pain and indeed cancer.

EXECUTIVE SUMMARY

OLDER PEOPLE

The majority of older people feel well prepared about getting old, and indeed are optimistic rather than pessimistic. This ties in with research undertaken in many other countries and particularly that by the Centre for Longevity Studies in the United States.

Key facets that older people emphasise about ageing are the importance of maintaining independence, but equally that one would continue to feel valued by family and society, rather than being marginalised or ignored. More than 3 in 4 stress that they feel growing old is on balance more a happy than a sad experience, with the level of strong agreement in this regard standing at 39%.

Particular worries that older people harbour in respect of ageing are uncertainty to do with technology, worries about having sufficient money, and concerns about becoming a burden on others as they age. About a quarter of older people indicate that they don't have enough money to do the things they want to do, but the majority are reasonably positive in this regard.

One of the most polarising attitudes to ageing relates to becoming a burden on other people. Roughly half of older people suggest that they are worried about becoming a burden, whereas 37% disagree and say they aren't worried in this regard.

About three quarters of older people are grandparents and this tends to be one of the most positive elements of their lives. The vast majority of grandparents are very happy to mind their grandchildren, although about 15% are not.

A majority of older people tend to suffer from one of the significant conditions studied in the Pfizer Index. More than 4 in 5 over 65s experiences one of these conditions with arthritis, blood pressure and cholesterol the most pervasive.

Despite this, the average older person gives their own health a very generous score of 7.3 out of 10, a particularly high figure by international standards. Even among the group of older people who suffer from one of these conditions, the average health perception is 7.03 out of 10, a notably high level.

The Index also illustrates that the personal health assessment of over 65 year olds is almost identical to those volunteered by 50 to 64 year olds. This is the same for both the healthy and the unhealthy groups, suggesting that age isn't necessarily the primary determinant of health status, and indeed that the health perceptions of those who are unwell don't notably deteriorate over the age of 65.

Older people have many more medical interactions than others and the vast majority are very positive about their relationships with their doctors. About a quarter of older people feel they have become over dependent on medicine as they age although the majority disagree.

Many older people are fearful of living in a nursing home and less than 1 in 5 older adults are positive about the prospect of living in a retirement home.

GENERAL HEALTH

The 2012 Index sees a significant increase in general health perceptions with two thirds of adults scoring their own health as 8 out of 10 or better. This represents a substantial increase in the 7.6 score seen in 2011. This positivity is particularly driven by younger adults, those from middle class backgrounds and slightly more so from those living in urban rather than in rural areas.

Roughly 40% of adults suffer from a significant medical condition and these tend to feel less healthy than those who are ostensibly well.

The Index illustrates that the gap in health perception is widest among those from socially disadvantaged backgrounds, and indeed those from rural rather than urban areas. In other words, people who are not well and live in working class or rural environments have a notably poorer perception of their own health than their contemporaries and neighbours who are classified as healthy.

The Index also illustrates a substantial fall in the proportion of people with private medical insurance, which now stands at 35% of the population, having been 44% two years ago. What is notable in the current year is the decline in insurance cover among the better off groups, with the previous year's fall

having been principally apparent among those from more constrained backgrounds. The number with a medical card in Ireland now stands at 44% of population.

It is apparent that the numbers going to the GP are continuing to reduce. Additionally the number of adults indicating that they have taken part in a medical screening programme has significantly reduced in the current survey.

Those that suffer with one of the significant medical conditions tend to be older and are notably more likely to be from less rather than more affluent backgrounds. A number of conditions such as chronic pain, cancer, arthritis and heart disease have a major implication for sufferers, but increasingly we see that large numbers with conditions such as high cholesterol, blood pressure, asthma or diabetes don't regard the life impact of these conditions as so significant.

FOCUS ON OLDER PEOPLE

OLD AGE IN NUMBERS

The number of people aged 65 and over in Ireland currently stands at roughly 527,000 adults. It is interesting to note that slightly more than a third (35%) of those over 65 year olds are widowed. In most regards however, the survey suggests that the health status of those who are widowed does not materially differ.

45% of older adults live with a spouse or partner whereas 41% indicate that they live on their own. Women are much more likely to be living on their own, whereas men tend to live with their spouse or partner more often. This relates directly to the greater life expectancy of women to men.

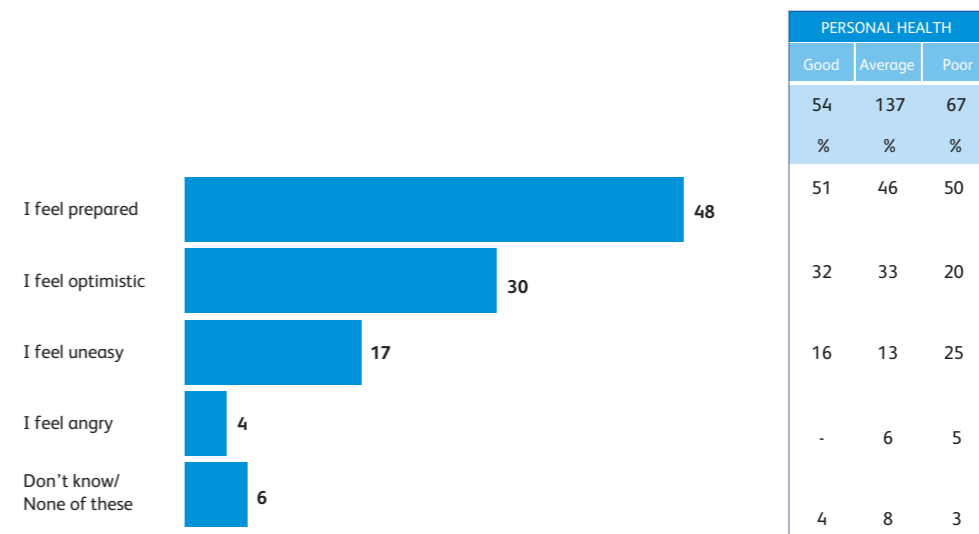
Three quarters of over 65 year olds indicate that they are grandparents whereas the balance is not. Older women are much more likely to be grandparents than older men.

When asked to describe how they feel about getting old almost 48% of over 65 year olds suggest that they feel 'well prepared' and the next highest group (30%) suggest that they are optimistic about it. Just one in six indicate that they feel uneasy about ageing, whereas a small proportion (4%) are angry about ageing.

Thus, the vast majority are broadly positive about ageing, rather than negative, with misgivings expressed by just slightly more than one in five.

Those that tend to be more uneasy or angry about ageing are somewhat more likely to be in average or poor health, whereas those most positively disposed to ageing are in better general health overall.

Feeling about getting old
Base: All Aged 65+, 258/527,000



Misgivings about ageing are limited. Half say that they feel prepared but only 1 in 6 say that they are uneasy and largely this appears driven by health.

Key facets that older people stress about ageing is the importance of maintaining ones independence, but equally that one continues to feel valued by family and society, without any substantial diminution in this feeling with the progress of time.

More than 3 in 4 stress that they feel that growing old is on balance more a happy than a sad experience, with the level of strong agreement in this regard standing at 39%.

INTERESTS

Older people particularly enjoy travelling and visiting places and indeed 70% are positive in this regard whereas just 18% are more negative about travel. Likewise, 75% of older people said they have maintained lots of hobbies and interests, whereas just 15% of older adults are not involved in activities.

That old age gives one more time and opportunity to spend on hobbies and pastimes is a positive aspect of ageing for 76%. In this regard, almost 7 out of 8 older people suggest that they like reading and staying up to date with current affairs, and more than 3 in 4 claim that they are happy to be retired (or are looking forward to retiring).

CONCERNS

Aspects of ageing which are more divisive relate to attitudes to technology, having enough money and worrying about becoming a burden on others.

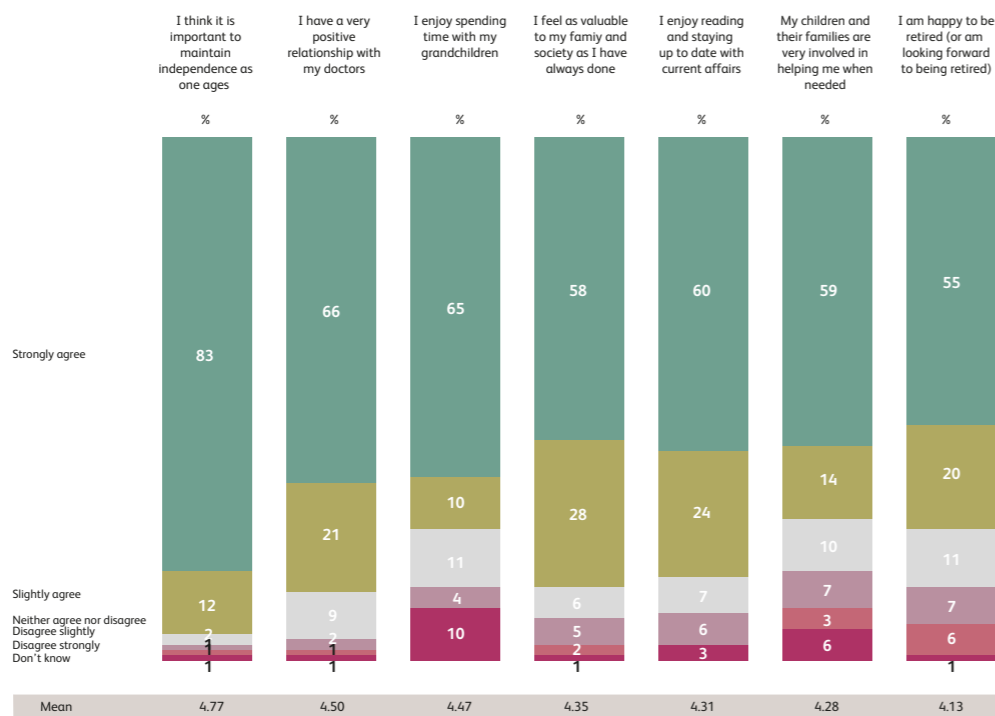
Almost 6 in 10 older people feel that computers and modern technology have left them behind to some extent, although a quarter disagree in this regard.

Personal finance is important and slightly more than a quarter indicate that they don't have enough money to do all the things that they want to do, whereas 62% say that they largely have enough money.

Possibly the most polarised area relates to becoming a burden on other people. About 50% of older people suggest that they are worried about becoming a burden as they age whereas 37% disagree and feel that they aren't worried in this regard.

Nonetheless, this is an area in which views are the most polarised.

Attitudes to Age
Base: All Aged 65+ 258 / 527,000



At an overall level a very positive attitudinal picture emerges



BEING A GRANDPARENT

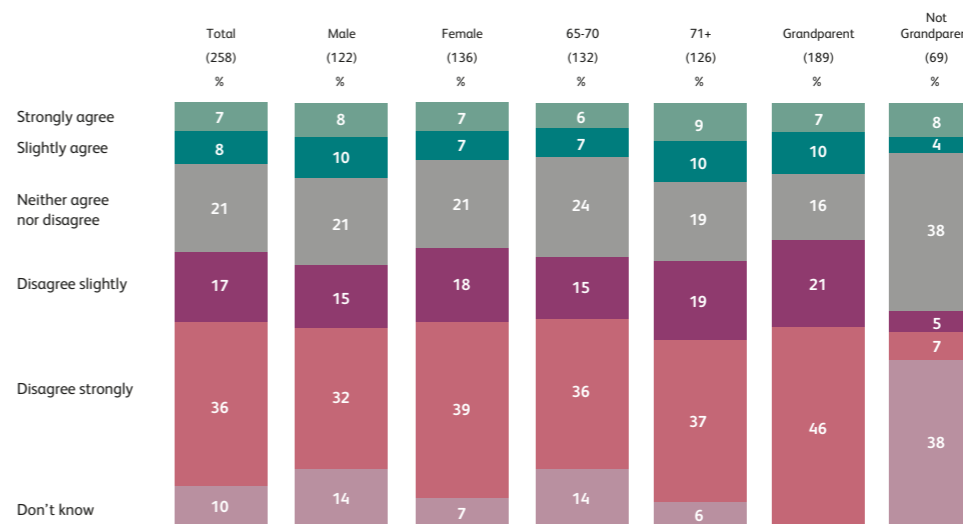
As reported above, almost three quarters of older people are grandparents and this tends to be a very positive part of many older people's lives.

Nonetheless, 17% of older people who are grandparents indicate that they would prefer not to have to mind grandchildren. Such views are more often expressed by those over the age of 71 and indeed by men more so than women.

It appears to be important to older people that they retain a sense of value and respect from both their family and from society. The vast majority indicate that there is no decrease in this as they have aged, and it could be argued that minding grandchildren provides a sense of value and achievement.

I prefer not to have to mind grandchildren

Base: 258 over 65s / 527,000



A very small proportion don't want to mind grandchildren. Just 1 in 6 grandparents would prefer not to mind them.

HEALTH AND OLD AGE

HEALTH ASSESSMENT

The majority of older people tend to suffer from a listed condition. More than 4 in 5 people over the age of 65 suffer from one of a range of listed conditions, with 37% of over 65's experiencing arthritis, 34% blood pressure, 23% high cholesterol, 16% heart disease and 13% diabetes. Levels of osteoporosis experienced in older age are considerably higher too, with 10% suffering this condition, double the level in any other age category.

In essence, older people are much more likely to experience ill health in some regard, although this clearly does not prevent many of them enjoying otherwise satisfactory and fulfilling lives.

The average older person gives their own health a score of 7.3 out of 10, a figure which is very high by international standards. Comparing the figures for personal health perception amongst 'healthy' and those with a listed condition, and bearing in mind the vast majority of over 65's are classified as having a listed condition, we see that the average rating, amongst those with a listed condition is 7.03, whereas the average 'healthy' rating is 8.42.

Health Perceptions of 'Healthy' & 'Unhealthy' Groups Compared Own Health Marked Out Of 10

Roughly 40% of the sample is unhealthy, or suffers from one or a number of listed conditions.

	'Unhealthy' Group	'Healthy' Group	GAP
Total	6.99	8.66	1.67
Men	6.93	8.63	1.70
Women	7.03	8.69	1.66
U25*	7.28	8.85	1.57
25-34	7.16	8.90	1.74
35-49	6.80	8.40	1.60
50-64	7.02	8.48	1.46
65+	7.03	8.42	1.39
ABC1	7.12	8.75	1.63
C2	7.27	8.53	1.26
DE	6.79	8.57	1.78
F	6.59	8.92	2.33
Urban	7.18	8.62	1.44
Rural	6.65	8.72	2.07

Health perceptions don't differ very widely between those who are 'healthy' and 'unhealthy'. The gap for DEs, farmers and those in rural areas is the widest (hinting towards a greater impact of ill health in more marginalised communities).

What is interesting in this regard is that the health perception figure volunteered by a 'healthy' over 65 year old is almost identical to that of a 'healthy' 50 – 64 year old. Likewise the health perception figure volunteered by those over 65 years with a listed condition is again identical to that volunteered by a 50 – 64 year old with a listed condition. Thus, it is apparent that the advancement of old age doesn't necessarily make older people feel any worse, but rather that their underlying health status is the more fundamental component of their health perception than their age.

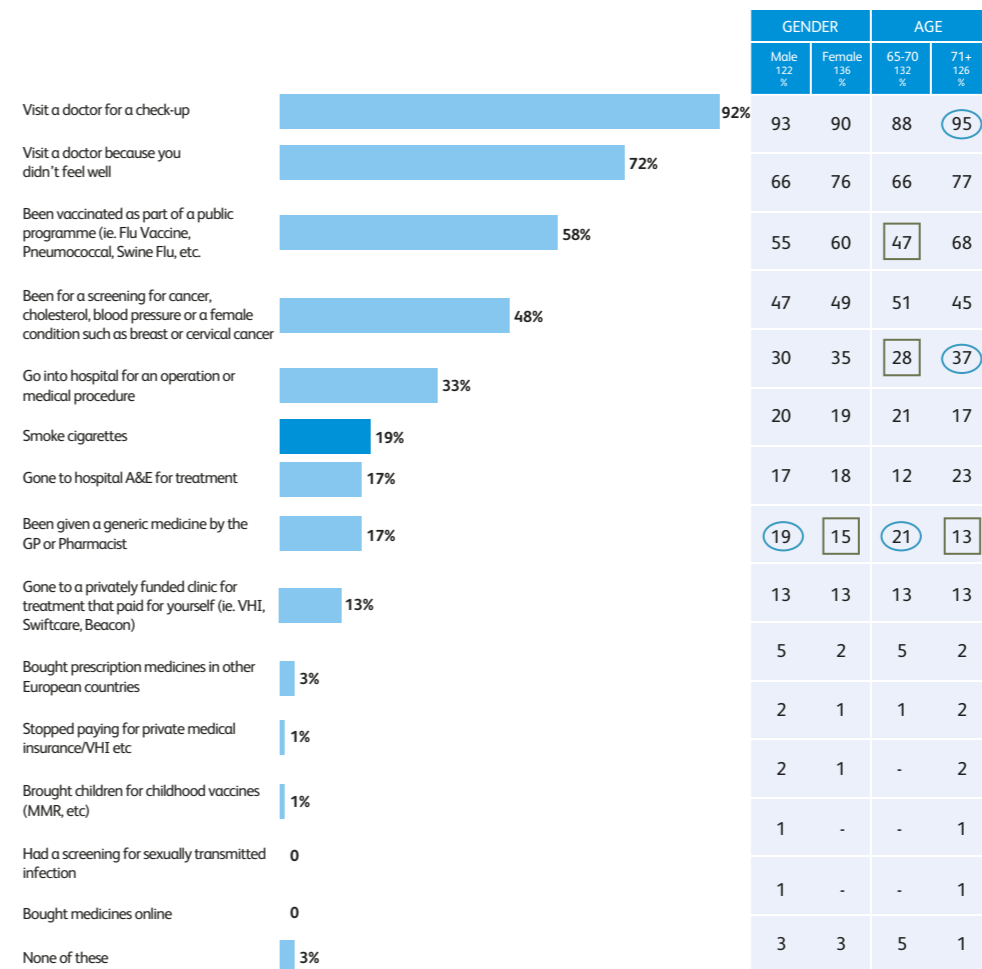
MEDICAL INTERACTION

Older people have significantly more medical interactions than younger adults, with more than 90% of older adults having been to the doctor for a check-up in the past year and just under three quarters having attended the GP because they didn't feel well.

They are considerably more likely than all other groups to have been vaccinated, and indeed many have participated in screenings for cancer and cholesterol, although they fall behind middle aged adults in this regard.

Medical Interactions in past year

Base: 258 over 65s / 527



A third of older adults have been in hospital for an operation or medical procedure in the past 12 months. As many as 1 in 6 have been to A&E for some form of treatment and about 1 in 8 have attended a private facility for self-funded medical treatment.

Older people are much less likely to have bought prescription medicines overseas and indeed almost none have bought medication online. They tend not to cut out their private medical cover and indeed it is interesting to note that as many as 37% of over 65's continue to hold private medical cover, although many of them will also hold a medical card. There is evidently some reassurance from holding private cover for older people.

There is a substantial correlation between participation in a variety of different medical procedures and older people's health status. Older adults who are unwell are considerably more likely to have been to the doctor, to have been screened and indeed to have undergone a medical procedure in hospital.

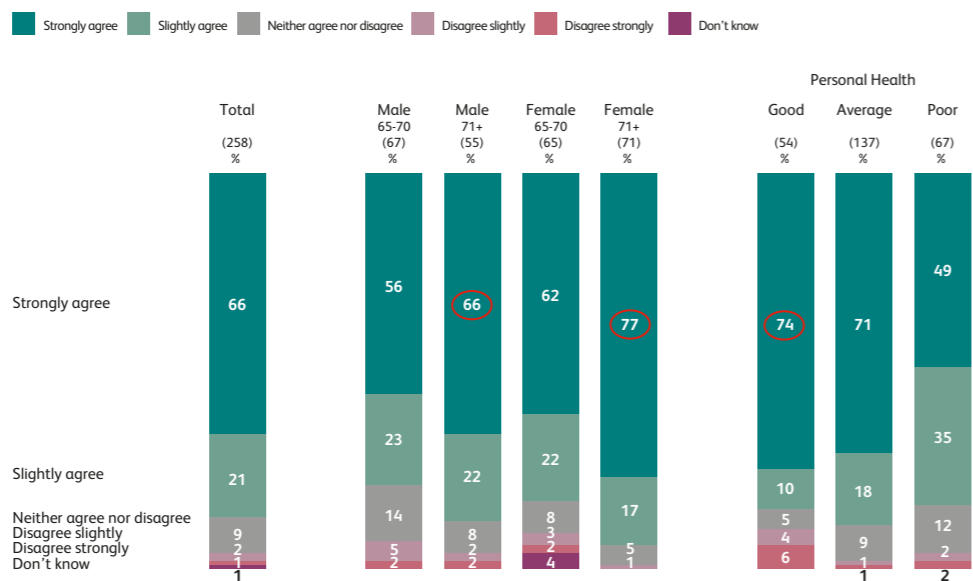
Among older adults who are in good health, there is a much lower experience of medical intervention, although a high proportion will see their doctor regularly for a check-up.

ATTITUDES TO MEDICINE AND DOCTORS

Attitudes to doctors among older people are invariably very positive. Two thirds strongly agree that they have a very positive relationship with their doctors, while broad agreement is indicated by as many as 87% of older adults.

Even among those who are in marginally poorer health, there is a general view that their relationship with their doctors is good.

I have a very positive relationship with my doctors
Base: 258 over 65s / 527,000



Relationships with doctors are very positive in old age, even for those who are unwell. The relationship is even more positive as people get older.

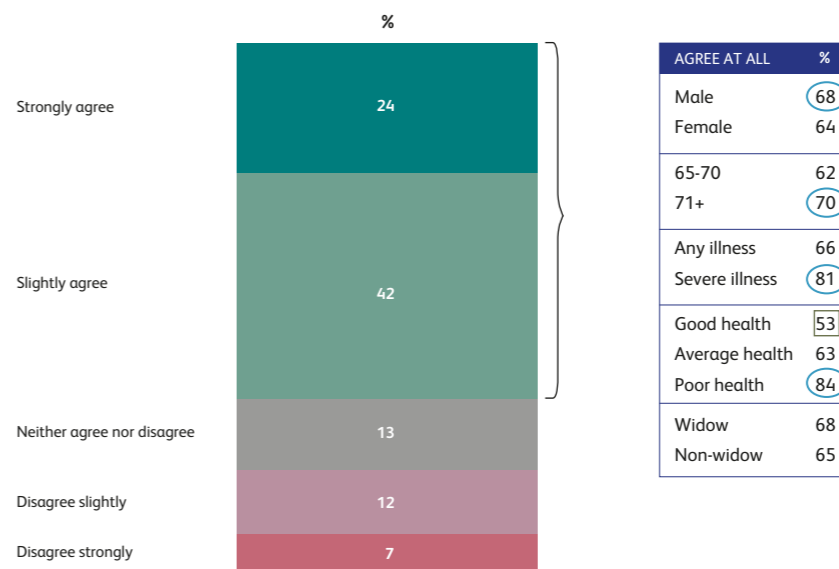
THE NEED FOR SELF SUFFICIENCY

Two thirds of older adults worry that it is difficult to look after themselves properly as they age.

This is slightly more the case for men, for those over the age of 71, and is much more commonly expressed by those who suffer from some form of ill health and particularly, those who are severely afflicted by a medical condition.

Encouragingly, there is no difference in the levels volunteered by those who are widowed or non-widowed.

It can become difficult to look after oneself properly as one ages
Base: 257 over 65 year olds/527,000

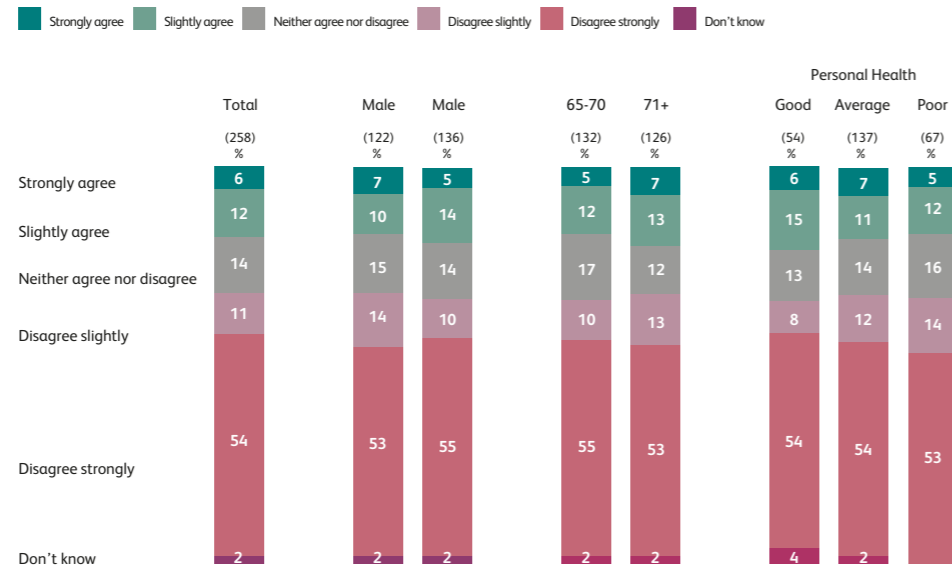


Those who worry the most tend to be unwell in some regard; those classifying themselves as being in good health don't worry as significantly about taking care of themselves. Still even half of this group agree.

There is a high level of anxiety or discomfort expressed in relation to the prospect of having to live in a nursing home. This is not surprising in light of older people's primary need for independence. Less than one in five are comfortable about the idea of having to live in a nursing home at some stage, whereas almost two thirds express discomfort and the majority at quite a significant level.

Both men and women are equally uncomfortable with the prospect of living in a nursing home and indeed attitudes don't differ markedly by age or indeed by health status.

I would feel comfortable about having to live in a nursing home at some stage
Base: 258 over 65s / 527,000



Less than 1 in 5 would be comfortable with the prospect of living in a nursing home.

THE GENERAL POPULATION

SELF PERCEPTION OF HEALTH

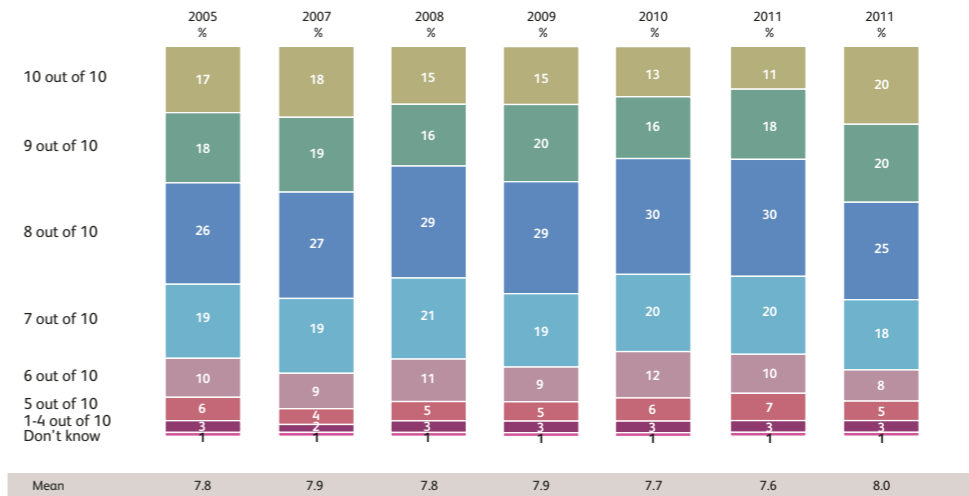
A key recognised aspect of the health of nations is the extent to which people consider themselves to be in good health or otherwise. Most European countries introduced a health self-perception measure in the recent census of population. Indeed, this was included in the 2011 Irish Census and the data closely mirrors that seen here and in previous Pfizer Index reports.

When asked to assess their own health on a ten point scale, where 10 is excellent and 1 is very poor, the average score volunteered in Ireland is now almost exactly 8 out of 10. This represents a substantial increase from the 7.6 seen in 2011 and indeed is the strongest figure to date since the Pfizer Index started in 2005.

As many as a fifth of the population give their own health 10 out of 10, while a further fifth give it 9 out of 10 and a quarter 8 out of 10. In total therefore, 2 out of 3 adults give themselves an 8 out of 10 or higher. Very few in Ireland give themselves a low score out of 10.

Personal Health Assessment
Base: All Adults Aged 16+, 1,118 / 3,591,000

Q. If you were to assess your own personal health out of 10, where 10 is excellent health and 1 is very poor health, how would you rate yourself?



Average health perceptions in 2012 are significantly higher than before, with almost 2 in 3 giving themselves an 8 out of 10 or higher.

Focussing on how health measures differ by demographic category, we see that positive health scores are particularly driven by younger adults. In particular, under the age of 35, the vast majority give themselves a score of 8 out of 10 or higher and indeed the proportion so doing has notably increased over the past year. The best health scores are from younger adults, those from higher socio economic brackets and on average are marginally stronger in urban rather than rural areas.

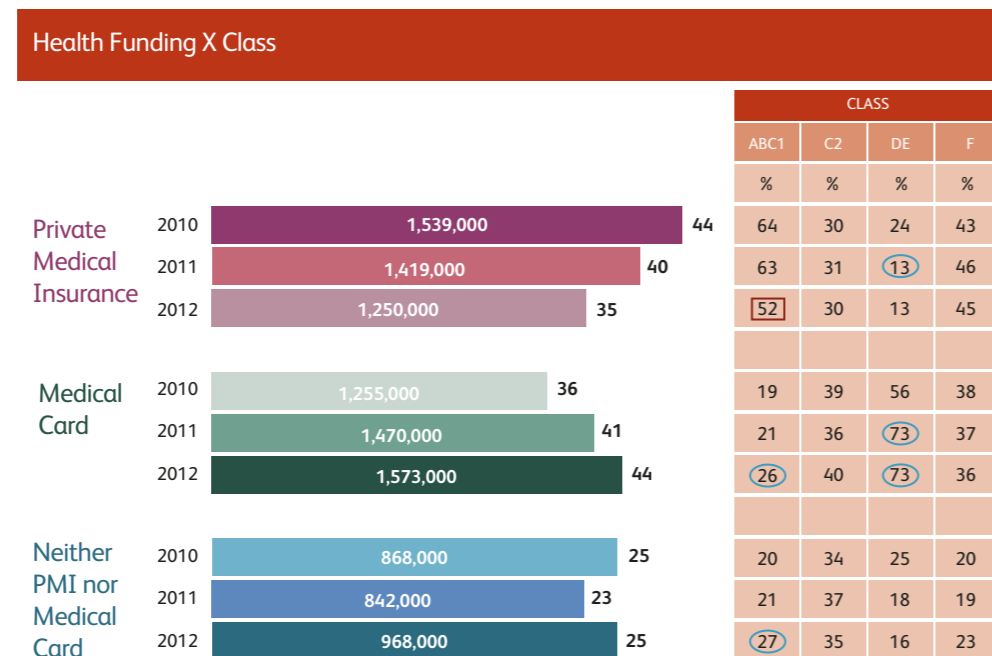
HEALTH IMPROVEMENTS

A proportion of the sample is classified as 'those with a listed condition', whereas the balance does not suffer from any of the significant listed conditions studied, and is thus regarded as 'healthy'. Roughly 40% of the sample are categorised as 'those with a listed condition'. The Index has illustrated over the years that there is a notable gap in the health perception scores of 'those with a listed condition' when compared with those who are 'healthy'.

These gaps are at their widest in the context of those from more socially disadvantaged backgrounds and indeed among those from rural rather than urban areas. In other words, people who are not well and live in lower socio-economic or rural environments have a notably poorer perception of their own health than their contemporaries and neighbours who are regarded as 'healthy'.

THE FUNDING OF HEALTHCARE

In recent years the Pfizer Index has asked participants how they fund their medical care. In other words, whether they have health insurance or whether they have a medical card. At present, 35% of the adult population claim to have private medical insurance, whereas 44% indicate to have a medical card. This reflects a profound reversal of patterns of cover over a two year period: previously the numbers with private insurance substantially surpassed the numbers holding medical cards, but very major changes have occurred since 2010.



A big reduction in middle class health insurance cover over the 2011/2012 period. The number of DEs with cover halved in 2010/2011 but has remained static since that. A quarter of middle class adults now lack private cover.

Over two years the numbers with health insurance has dropped by 9 percentage points, or almost 290,000 people. Over the same time period there has been an 8% growth in those with a medical card, with almost 320,000 more having them when compared with the 2010 level.

Roughly 970,000, or a quarter of the adult population, have neither medical insurance nor a medical card. The research has illustrated in the past, and highlights again in 2012, that this group can often be quite profoundly disadvantaged from a healthcare standpoint, being much less likely to visit doctors, avail of screening or undergo medical procedures.

The data illustrates that while there has been a general reduction in the numbers with private medical insurance, there has been a change in the pattern of fall-off of this cover over the past 2 years. Between 2010 and 2011 the number of people from a lower socioeconomic background with private medical cover has halved. Now just 13% of adults from DE backgrounds have private cover. While the proportion

of middle class respondents with private medical insurance remained constant between 2010 and 2011, there was a marked drop between 2011 and 2012. The proportion of ABC1's with cover fell from 63% to 52%, a rate of decline of about a sixth over a year.

The growth of those with medical cards is notable across the board, and they are now held by almost three in four people from a lower socio-economic background or unemployed adults, 40% of skilled working class adults, slightly more than a third of adults from farming backgrounds and just over a quarter of adults from ABC1 backgrounds.

The group most likely to have neither private medical insurance nor a medical card continues to be those from C2 or skilled working backgrounds. It was this group that had particularly prospered during the Celtic Tiger era, numbering among its ranks the many tradesmen and skilled workers who were so centrally involved in the construction boom. It is probable that this group is particularly disadvantaged at present, in that their sector has yet to return to any kind of stability.

It is notable that the proportion with medical cards in the Dublin region is significantly lower than in all other parts of the country. Just 38% have a medical card in Dublin, in comparison with 46% in rest of Leinster, 44% in Munster and 48% in Connaught and Ulster.

At a later stage in the survey adults were asked whether they had cut down or stopped paying for private medical insurance over the past 12 months. Just 2% said that they had done so, a figure which corresponds with roughly 70,000 adults.

However, we are aware from comparing the proportion holding medical insurance this year, when compared with the previous level, that the number reducing or eliminating cover is more than double this level, at 5% (or more than 170,000 adults).

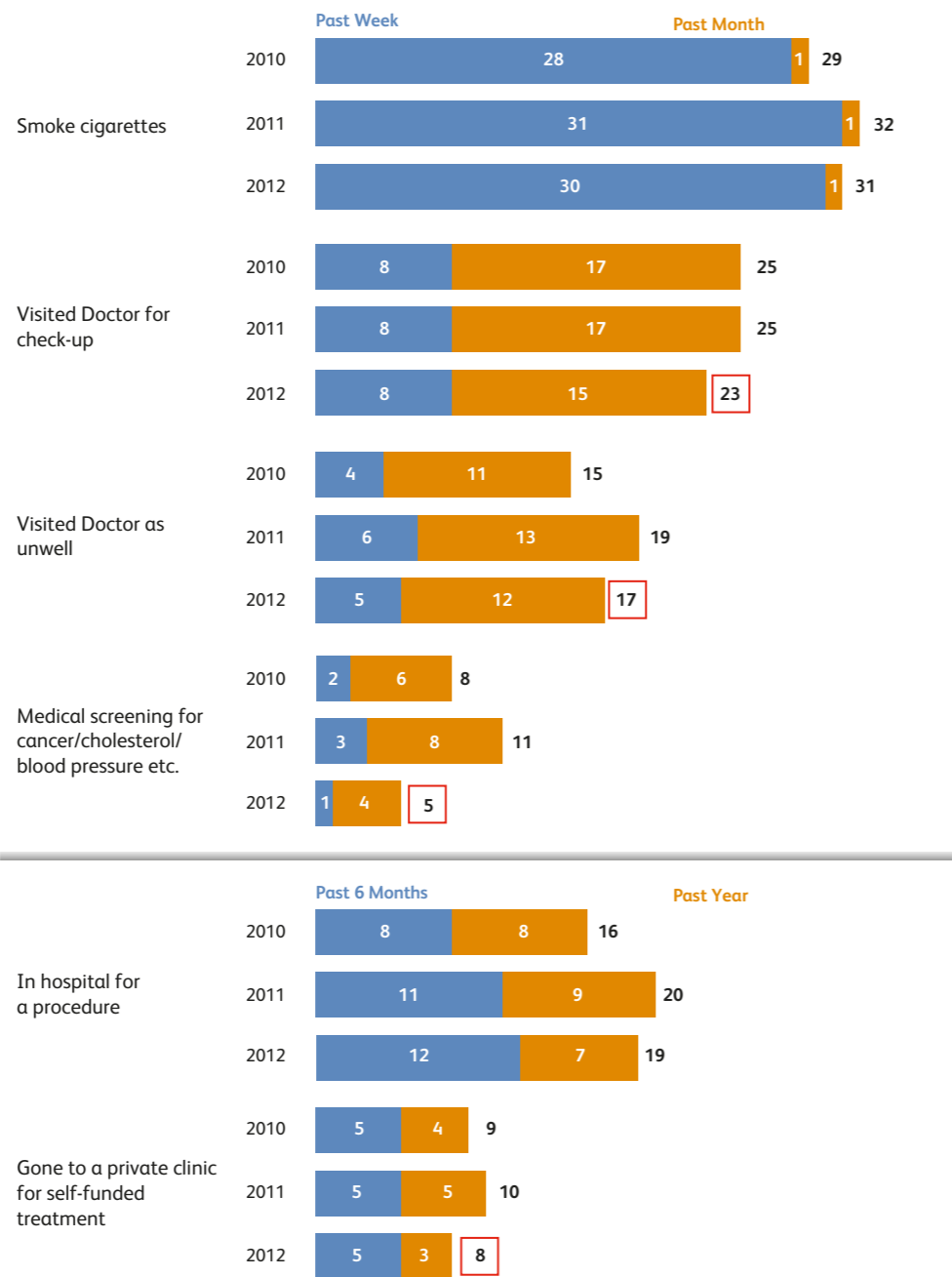
MEDICAL INTERACTION

In light of the current economic climate it should not be too surprising that there would be a decline in footfall to doctor's surgeries and that private medical facilities or hospitals may also see a reduction in footfall.

Equally, there appears to be a profound drop in the numbers participating in medical screening for cancer, cholesterol, blood pressure or female medical conditions. Almost 11% indicated that they had participated in some form of screening in the previous month in 2011, but the proportion so doing in 2012 has halved to 5%.

Attendance at hospital seems unchanged with about a fifth of adults having been in hospital for a procedure in the past year and a slight increase to 12% having been in hospital for some form of procedure in the past six months. Against this, there is a reduction in the proportion attending at private clinics for self-funded treatment.

Healthcare Activities and Vices in Context
Base: 1,118 Adults Aged 16+, 3,591,000



No reduction in smoking but more are staying away from the doctor now. Hospitals are as busy but private hospitals footfall and screening rates is down.

In 2008 roughly 26% of the adult population had been to the GP for a check-up in the previous month, the level now stands at 23%. Again, in 2008 we saw that 20% of the population had been to the doctor because they were unwell in their previous month, but the proportion so qualifying in the current year is just 17%.

The overall numbers not attending the GP, or not attending on an annual basis has grown sizeably since 2008.

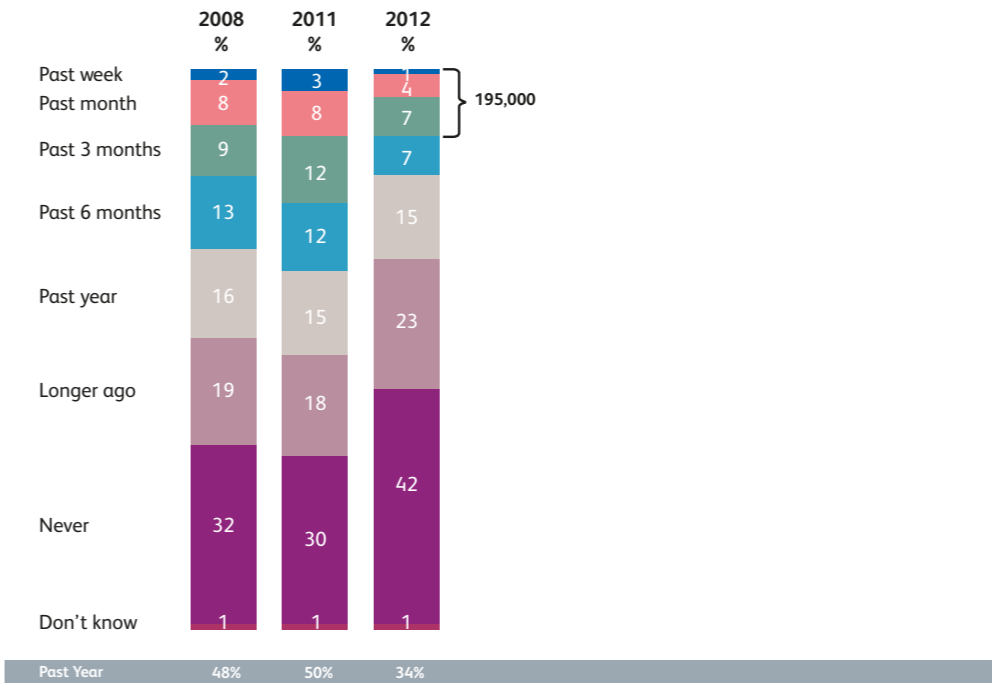
MEDICAL SCREENING

The survey asked about participation in medical screening to check for cancer, high cholesterol or high/low blood pressure, and in 2012 female medical checks (such as breast or cervical cancer) were added to the same question.

Despite broadening the definition, the numbers indicating that they had participated in such screening in the past year dropped from 50% in 2011 to just 34% in 2012. This constitutes quite a substantial and profound falloff in screening rates.

Screening Incidence
Base: 1,118 Adults Aged 16+, 3,591,000

Gone for medical screening to check for cancer, cholesterol or high/low blood pressure (*or a female check such as breast or cervical cancer)



*Added 2012

Despite expanding the definition in 2012 the numbers indicating that they had participated in public screening programmes has reduced.

There are notable differences in medical participation related principally to age. Significantly, the proportion attending a GP (whether for a check-up or because unwell) grows substantially with age. Likewise, the numbers availing of medical screening rises substantially at 35 but indeed tails off slightly above that age.

MEDICAL PARTICIPATION

Participation in public vaccination programmes rises notably at 50 and is particularly high in the older age groups.

Age Differences in Medical Participation
Base: All Adults Aged 16+, 1,118/3,591,000



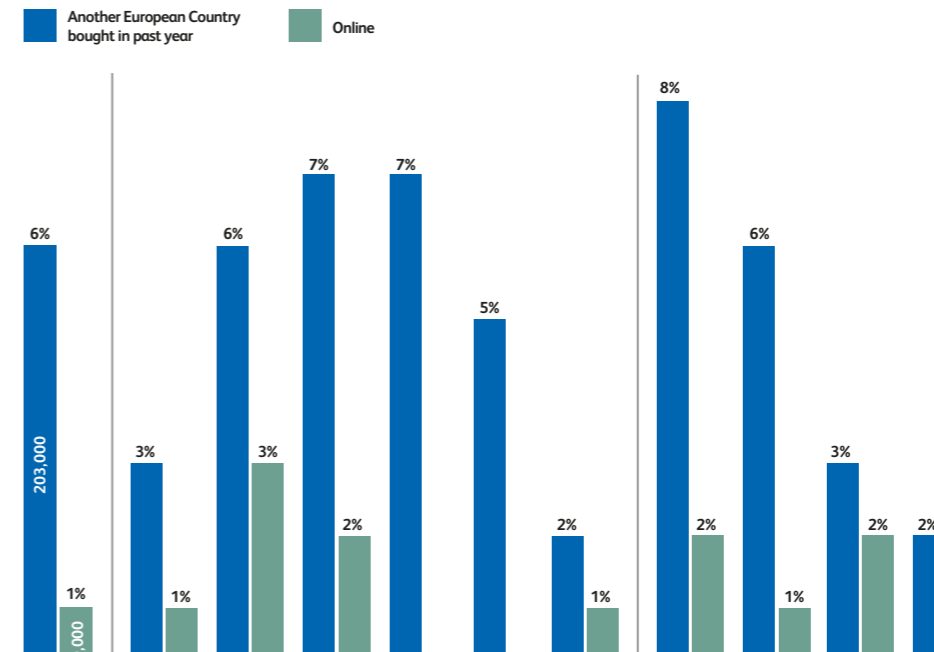
Older adults dominate GP footfall and are particularly likely to have undergone vaccination, but seem less likely to recall having been screened or, particularly, to have accepted generic medication.

Interestingly, when asked about the use of generic medicines it is notable that this peaks between the ages of 50 and 70, at a level of about 21% of the respective population groups. Use of generic medicine trails off substantially over the age of 70, falling to a level of about 13%, although we know the proportions attending the GP over 70 are highest.

PURCHASE OF PRESCRIPTION MEDICATION

At a later stage in the survey respondents were asked whether they had bought prescription medication from a different or non-traditional source in the last year. We see that 6% of the adult population indicate that they have bought prescription medications overseas in another European country, and an additional 1% has bought prescription medications online.

Alternative Sources of Prescription Medication
Base: All Adults Aged 16+, 1,118/3,591,000



Thus, the numbers doing so seems negligible, but there is evidently a threat from the growth in filling prescriptions while on European holidays. This activity particularly peaks in the 35 – 64 age groups and amongst those from more affluent (ABC1) backgrounds. Nonetheless, just 203,000 people claim to have bought a prescription overseas in the past year, so the numbers currently involved are comparatively small.

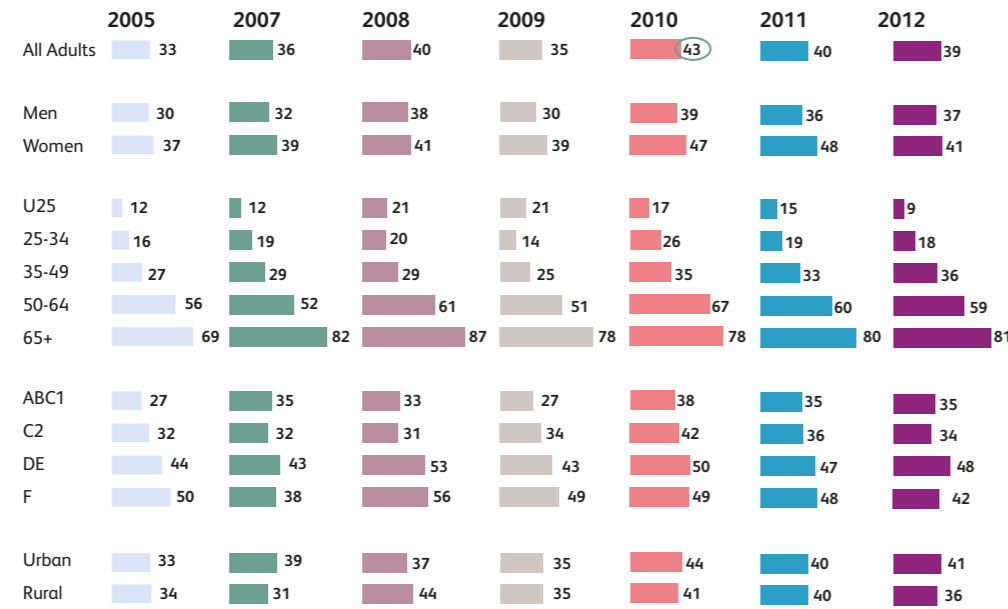
ILLNESS EXPERIENCE AND IMPLICATIONS

INCIDENCE

The survey measures the incidence of a variety of medical conditions, ranging from high or low blood pressure, to arthritis, cholesterol, asthma, infections and heart disease. Taking these conditions together, we see that roughly 40% of the adult population experiences one of these conditions. In other words, about 1.4 million adults experience one of these medical conditions in Ireland.

To provide greater stability to this data, and indeed to boost the numbers experiencing individual conditions for more detailed study, the data from six separate years has been cumulated together, facilitating analysis of almost 6,200 people's medical conditions.

Incidence of Any Listed Condition: 2005 - 2012



Just under 4 in 10 suffers with one of the serious listed conditions. Illness rates largely rise with age.

Those suffering from any of these conditions are much more likely to be older, with as many as 81% over the age of 65 suffering from one of these conditions. There is a slight tendency for those with a medical condition to be female rather than male (although this is gradually reducing) and to be from a more socially disadvantaged background (members of the DE social group).

It is worth stressing that 31% of those who have a listed medical condition are over the age of 65 while a further 30% are aged 50 – 64. Thus, the vast majority of those suffering are in their 50's or older. Those from a lower socio-economic background are over-represented while middle class people (ABC1) are under-represented.

The most common medical condition in Ireland is (high or low) blood pressure, experienced by 12% of the adult population or roughly 420,000 people. This is followed closely by arthritis, experienced by 11% or 390,000 people. High cholesterol afflicts 9% or 320,000 people. Whereas each of these conditions is more common in older age, the next most common condition, asthma, is experienced by 6% of people, but it is as widely experienced younger as it is older.

Conditions Experienced X Demographics

Base: All Respondents Combined 6 yrs: 6,167 / 3, 591,000

6 years consolidated data

	TOTAL	SEX		AGE					SOCIAL CLASS			
	2012	Male	Female	-25	25-34	35-49	50-64	65+	ABC1	C2	DE	F
Base:	6167	3030	3137	996	1244	1547	1292	1088	2542	1408	1641	576
	%	%	%	%	%	%	%	%	%	%	%	%
- Suffer from ANY	40	36	43	16	20	32	59	81	35	35	48	48
High/Low Blood Pressure	12	11	13	1	2	6	21	34	10	9	15	18
Arthritis	11	9	13	1	2	5	18	37	8	8	15	20
High Cholesterol	9	8	10	0	1	6	18	23	8	8	11	11
Asthma	6	5	7	9	6	6	5	4	6	6	7	4
Infections (chest, urinary, ear, throat)	5	3	6	3	4	5	5	4	4	4	6	5
Heart Disease	4	6	3	0	1	2	6	16	3	4	6	6
Chronic Pain (i.e. head/back)	4	4	5	1	2	4	7	7	4	3	5	4
Diabetes	4	4	4	0	1	3	5	13	3	3	5	5
Depression	4	3	4	1	3	5	4	3	2	4	5	3
Osteoporosis	3	1	4	0	0	1	5	10	2	1	4	4
Cancer	2	2	2	0	0	2	3	5	2	2	2	3
Other mental illness	1	1	0	0	1	1	1	-	0	1	1	-
Obesity	1	1	2	0	1	1	2	1	1	1	1	1
Alzheimer's	0	0	0	-	-	-	-	0	-	-	0	0
Multiple Sclerosis	0	0	0	-	0	0	0	0	0	0	0	-
COPD	0	0	0	-	-	0	0	1	0	0	0	-
Substance/Drug Abuse	0	0	0	0	0	0	0	-	0	-	0	-
Other addiction issues	0	0	0	0	0	1	0	0	0	0	0	0
Other	2	2	3	1	1	2	3	4	2	2	3	3
None	60	64	57	84	80	68	41	19	65	65	52	52

Most incidences are heavily age and class driven, with female reporting consistently higher too. Asthma and infections are more evenly distributed, while depression is more concentrated in middle age.

Roughly 4% experience depression, which peaks in middle age rather than older age, being most concentrated between the age of 35 and 49.

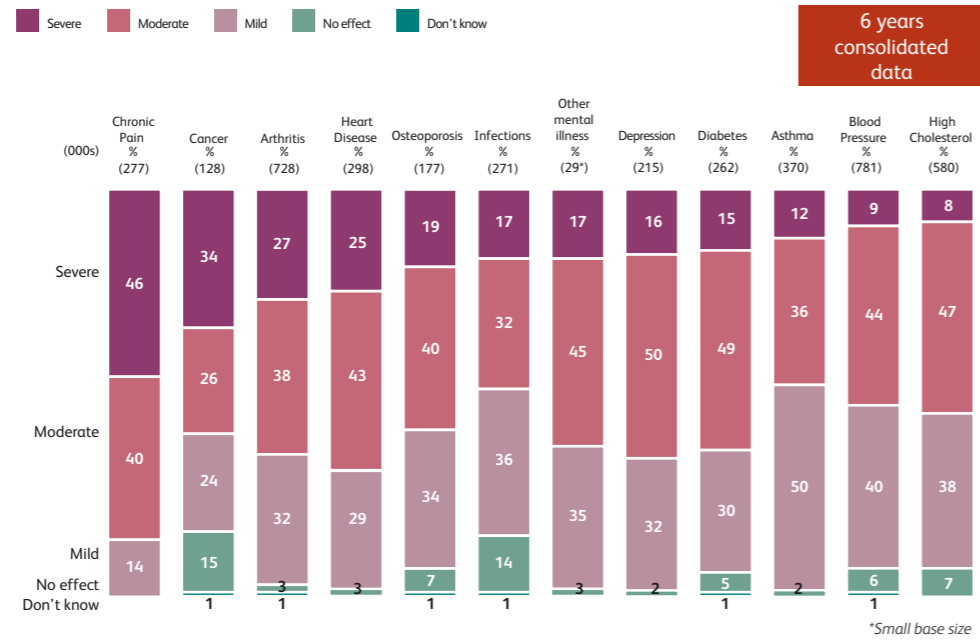
Older adults are more likely to experience most of these medical conditions and indeed arthritis is the most prevalent condition for those in older age, followed by high or low blood pressure and cholesterol. Older people are much less likely than the average to suffer from conditions such as asthma and indeed their experience of depression is notably lower than in many other age groups as well.

There is the greatest experience of cancer over the age of 65 but it still registers at a level of just 7% of the population within this age group.

SEVERITY

The survey also explores the perceived severity of all of these conditions, and indicates that chronic pain is the most debilitating, followed by cancer, arthritis, heart disease and osteoporosis. Among the conditions seen as less severe are high cholesterol, blood pressure, asthma and diabetes.

Severity of Medical Conditions (Rolling 6 Year Data)
Base: All Respondents 6,167 / 3,591,000



DUPLICATION

The data also illustrates a fairly high level of correlation between those suffering with high cholesterol, heart disease and high/low blood pressure, with some experiencing more than one of these conditions.

Duplication of Conditions
Base: All Respondents 6,167/3,591,000

	Total	SUFFER FROM											
		Blood Pressure	Arthritis	High Chol.	Asthma	Heart Disease	Chronic Pain	Infections	Diabetes	Depression	Osteoporosis	Cancer	Obesity
Base:	6167	781	728	580	370	298	277	271	262	215	177	128	77
	%	%	%	%	%	%	%	%	%	%	%	%	%
High/Low Blood Pressure	12	100	32	45	15	44	24	22	35	23	34	19	37
Arthritis	11	30	100	29	16	33	33	17	28	23	40	18	23
High Cholesterol	9	34	24	100	12	34	21	14	24	19	33	22	36
Asthma	6	8	9	8	100	11	11	15	8	12	10	11	17
Infections (chest, urinary, ear, throat)	5	8	7	7	11	8	16	100	5	12	7	6	15
Heart Disease	4	16	13	16	8	100	13	7	19	10	13	17	6
Chronic pain (i.e. head/back)	4	9	13	10	8	13	100	15	8	17	12	5	13
Diabetes	4	12	10	11	5	17	7	4	100	6	11	8	11
Depression	4	7	8	8	7	9	14	10	5	100	9	7	17
Osteoporosis	3	8	10	10	5	8	8	4	7	7	100	7	4
Cancer	2	3	3	5	4	8	2	2	4	4	5	100	4
Obesity	1	4	3	5	4	2	4	4	3	6	2	2	100
Other mental illness	1	0	0	0	0	0	1	1	-	7	-	1	5

Sufferers with one condition are often very likely to have experienced another too. In particular, there is significant overlap between Heart Disease, High Cholesterol and High/Low Blood Pressure.

TECHNICAL NOTE

The Pfizer Health Index is undertaken on Behaviour & Attitudes National Barometer Survey, a quota controlled survey of the adult population aged 16 and over, with fieldwork undertaken face-to-face and in home.

A main sample of 996 adults aged 16 and over was interviewed with set quotas at each sampling point in respect of sex, age and social class, and additional census-based point selection parameters in relation to region and area of residence. An additional 'booster sample' of 122 interviews with over 65 year olds was also completed, effectively involving two interviews more per sampling point with those over the age of 65. Thus 258 over 65 year olds were interviewed, rather than the population representative 136 that a sample of 1,000 would imply. These extra booster interviews were down-weighted at the data analysis stage to their appropriate representation, and the procedure allows the research to delve deeper into the views and behaviour of older respondents.

Fieldwork is undertaken on portable Computer Assisted Web Interviewing (CAWI) Units rather than using traditional pen and paper questionnaires. Interviewing conforms with the standards dictated by Behaviour & Attitudes' membership of ESOMAR (the European Society of Opinion and Marketing Research) and the Market Research Society (UK).

A rigorous back check of completed work is undertaken and interviewers are fully trained and closely supervised. Fieldwork was completed across 63 randomly selected sampling points with each interviewer completing an allotted number of interviews at the chosen point and was undertaken between July 13th and 23rd 2012, with data back checking and verification undertaken over the following fortnight.

