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## Living longer—and livelier

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By Editor Test     *Thu, Aug 8, 2013*

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People all over the world are living longer, but the question remains whether those extra years will be added to the very end of our lives, after we’ve started to succumb to disease and disability, or in the middle of our lives, so to speak, when we’re still healthy. Everyone hopes it will be the former and not the latter.

The results of a new [study](#) of medical data by economists and health policy experts at Harvard and at the National Bureau of Economic Research seem to offer encouraging news: “morbidity is being compressed into the period just before death.”

In laymen’s terms, the evidence shows that people are living longer without disability, and disabling illnesses are occurring closer to death. Between 1992 and 2005, according to research by economist David Cutler of Harvard, Mary Beth Landrum of Harvard Medical School, and Kaushik Ghosh of NBER, life expectancy for a typical 65-year-old increased by about eight months, but the disability-free portion of life expectancy increased by more than 18 months and the period of disability declined by about 11 months.

This doesn’t mean that the conquest of disease (or death) is near, however. Over half of the elderly population has been diagnosed with arthritis, almost one in five elderly people have diabetes, 26% have ischemic heart disease, about one in four has Alzheimer’s Disease, 18% have a history of cancer, about one in seven have pulmonary diseases. People are still suffering from cancer, heart disease and Alzheimer’s Disease as often as ever.

But the treatment of those diseases or better lifestyle habits is apparently causing disabling symptoms to arrive later, closer toward the time of death. The trend is evident among both sexes and among both blacks and whites.

“Our major conclusion is that time spent in poor physical functioning is being increasingly compressed into the period just before death,” the authors wrote. “Limitations in very severe impairments such as ADLs [Activities of Daily Living, such as bathing or dressing] or IADLs [Instrumental Activities of Daily Living, such as light housework or managing money] are falling for those not near the end of life, as are more severe functional limitations. Less severe functional limitations are constant, and overall disease prevalence is rising. People have more diseases than they used to, but the severe disablement that disease used to imply has been reduced.”

The percentage of elderly people with problems with ADL or IADL is clearly declining. “The prevalence of people with ADL or IADL impairments declined more dramatically, however. The overall reduction between 1991 and 2009 is 22%, with somewhat greater declines for ADL disability than IADL disability, but impressive declines in both,” the authors wrote.

The authors can't explain the trend. "How much of this trend is a result of medical care versus other social and environmental factors? Our results do not speak to this issue, but they give us a metric for analyzing the impact of changes that have occurred."

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