Psychological status predicts long-term cerebrovascular mortality: findings from a prospective analysis on aging in a cohort of community elderly in north tuscany

Olivia Curzio, PhD [1], Emilia Bernacca, MD [2],Serena Ciandri, MS [1], Bruno Bianchi, MD[3], Pasquale Pepe, PhD [4],Giuseppe Rossi, PhD[1,5]

[1] Institute of Clinical Physiology, National Research Council
[2] Geriatrics Department of Primary Health Care; Massa and Carrara Public Health Care System, Carrara, Italy
[3] Department of Primary Health Care; Massa and Carrara Public Health Care System, Carrara, Italy
[4] Agenzia Regionale di Sanità della Toscana, Florence, Italy
[5] G. Monasterio Foundation, CNR-Tuscany Region, Pisa, Italy

Abstract

Self-reported psychological status may have an impact on total and cardiovascular mortality in the elderly. The value of treating psychological difficulties using a range of modalities is an area of considerable interest and intense debate in clinical and research work (Blazer, 2001; Hamer, 2008; Hamer, 2012; Von Kanel, 2008; Carney, 2002).

Overall there is strong evidence that self-perceived health status predicts mortality in the elderly (Mossey, 1982; Wolinsky, 1992; Idler, 1997; Cesari, 2008). In a meta-analysis De Salvo and colleagues found a relationship between worse General Self Rated Health (GSRH) and an increased risk of death (De Salvo, 2006). A study by Idler and Kasl (1995) similarly found that older adults who rated their health as poor were two and a half times as likely to experience a decline in functional ability compared to those with excellent self-rated health. In particular, the dimension of psychological distress has been associated with an increased risk of overall and disease-specific mortality risk in community populations (Carney, 2002, Rasul, 2004).The aim of the present study was to prospectively assess the association between self-reported psychological status and long-term total and cardiovascular (CVD) mortality in a population-based cohort using data from North Tuscany.
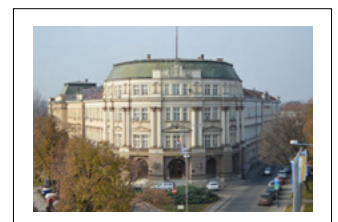
A cohort of 2131 non-institutionalized elderly people (aged 70 years or older) living in North Tuscany (Italy), was assessed with a short self-administered questionnaire investigating psychological, cognitive, functional, and health status, living arrangements and social support, and then followed for 9 years. Survival analysis was performed by the Cox proportional hazard model.

After adjusting for potential confounders, psychological status was a significant and strong predictor of total mortality (HR = 1.09; 95% C.I. = 1.02-1.17) and cardiovascular mortality (CVD) (HR = 1.13; 95% C.I. = 1.03-1.25). Moreover, psychological status was a predictor of cerebrovascular mortality (HR = 1.25; 95% C.I. = 1.09-1.44) but not of cardiac mortality (HR = 1.09; 95% C.I. = 0.87-1.35; p = 0.4536).

Self-reported psychological status appears to be an independent risk factor for CVD, particularly cerebrovascular disease, and may have an impact on the prevention of CVD mortality in the elderly. Addressing psychological distress and depression in older people by developing interventions that activate psychological health by means of community intervention programs may reduce the burden of morbidity and mortality among the elderly. However, the study has notable strengths, including the availability of clinically confirmed CVD deaths over a long period, the use of a friendly questionnaire and the analysis of a representative sample.

Biography

Dr. Olivia Curzio, PhD, works in the Institute of Clinical Physiology of the National Research Council (IFC-CNR) in Pisa, Unit of Epidemiology and Biostatistics. She is an epidemiologist with key research interests in health behaviors. Her work experience made her realize the importance of evidence-based studies. With formal training in psychology (University of Padua).

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