

## Abstract

### **The role of parents' age at death in the perception of health among the oldest-old**

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Perceptions of health have been shown to remain relatively stable with ageing, in spite of objective health declines. The relatively optimistic views of health among oldest-old have not been well understood. Possibly, the oldest-old use very specific standards to evaluate their health. This study examines to what extent the oldest-old compare their health to that of their own parents. In particular, it examines the association between self-ratings of health and the age of parents at death.

Older persons aged 90 and over with data available on age of parents at death were selected from representative surveys in two countries: the Vitality 90+ study in Tampere, Finland (in 2003, n=147), and the Longitudinal Aging Study Amsterdam in the Netherlands (in 1999-2002, n=84). Ages of both parents at death were obtained from self-reports during face-to-face interviews. Age at death of the longest living parent (AD-LLP) was used in the analyses. Self-rated health was coded as '(very) good', 'average', and '(fairly) poor'. In regression models of self-rated health on AD-LLP, covariates were age, sex, a functional limitation score (computed from reported difficulty doing activities of daily living) and the number of chronic diseases.

In both surveys, a majority of respondents rated their health as good (46% in Finland, 57% in the Netherlands). On average, mothers had died at an older age than fathers (medians: 78 years in Finland, 75 years in the Netherlands for mothers; 70 years in Finland and 74 years in the Netherlands for fathers). In Finland and the Netherlands, 17% and 11%, respectively, of longest-living parents (LLP) had reached the current age of the respondents (90+). When comparing self-ratings of health between respondents whose LLP died before vs after age 90 in bivariate regression analyses, those whose LLP died at age 90 or older reported better health than those whose LLP died earlier ( $\beta_{\text{Dutch}}=-0.23$ ,  $\beta_{\text{Finnish}}=-0.16$ ,  $p < 0.05$  in both surveys). When accounting for functional limitations, the regression coefficient did not change in the Dutch oldest-old, but was attenuated by 35% in the Finnish oldest-old ( $\beta_{\text{Finnish}}=-0.11$ ,  $p=0.17$ ). Accounting for chronic diseases attenuated the association by 26-28% in the Finnish and Dutch oldest-old ( $\beta_{\text{Finnish}}=-0.12$ ,  $p=0.14$ ,  $\beta_{\text{Dutch}}=-0.17$ ,  $p=.13$ ).

It is concluded that the age at death of the longest living parent plays a significant role in self-perceptions of health among the oldest-old. These findings highlight the importance of

personal standards, and specifically, of intergenerational comparison, in studying health perceptions.