## Celebrating 30 years of the MIDSPAN Studies







## **Hospital use**

## **Phil Hanlon**

#### 'PREVAIL'

- Paisley & Renfrew Evaluation of Vitality & Ageing In later Life'
- Phil Hanlon, Mary Gilhooly, Pauline Lightbody, Sheila Scott, David Walsh & Bruce Whyte

## Follow-up: creation of a new 'linked' Midspan database



## Hospital Utilisation I

- What happened to the cohort? *By the end of 1995...*
- 56% still alive (mostly resident in the area)
- 79% had experienced at least one acute hospital stay
- 5% had experienced at least one mental health admission

# Non-survivors' SMR1 episodes & bed days occurring near to time of death



## Hospital Utilisation I

Pattern of acute admissions mirrored that of the country as a whole....

- Decreasing mean lengths of stay
- Rising number of episodes
- Rising number of patients admitted
- Rising multiple admissions

#### 'General' acute admissions

- Calculation of relative risk of admission to (acute) hospital with following outcomes:
- 'Any' acute admission
- A 'serious' acute admission
- A 'serious' acute admission or death (whichever occurred first)
- Death

Body Mass IndexRelative risk of underweight compared to those<br/>of normal weight:Any admission:n/sSerious admission:1.36 (1.14 - 1.63)

Serious/death:

1.36 (1.14 - 1.63) 1.35 (1.16 - 1.57)

Relative risk of *obese* compared to those of normal weight:
Any admission: n/s
Serious admission: 1.22 (1.13 - 1.31)
Serious/death: 1.15 (1.08 - 1.22)

#### Blood sugar

Relative risk of those with *abnormal* blood sugar compared to those with normal levels:

Any admission: Serious admission: Serious/death:

1.56 (1.27 - 1.93) 1.87 (1.45 - 2.42) 2.05 (1.67 - 2.52)

#### Cholesterol

Relative risk of those with *highest* recorded cholesterol compared to those with lowest:

Any admission: Serious admission: Serious/death: 0.93 (0.88 - 0.98) 0.91 (0.84 - 0.97) 0.93 (0.87 - 0.98)

#### Deprivation category

Relative risk of those in *most deprived* areas (6-7) compared to those in least deprived (1-2):

Any admission: Serious admission: Serious/death: 1.13 (1.04 - 1.22) 1.19 (1.07 - 1.34) 1.25 (1.13 - 1.37)

## FEV1

Relative risk of those with *lowest* recorded FEV1 compared to those with highest:

Any admission: Serious admission: Serious/death: 1.27 (1.19 - 1.35) 1.50 (1.38 - 1.63) 1.63 (1.52 - 1.75)

## Blood pressure

Relative risk of those with *highest* recorded blood pressure compared to those with lowest:

Any admission: Serious admission: Serious/death: 1.06 (1.01 - 1.12) 1.23 (1.14 - 1.32) 1.43 (1.35 - 1.52)

#### Sex

## Relative risk of *male* cohort members compared to females

Any admission: Serious admission: Serious/death: 1.23 (1.18 - 1.30) 1.26 (1.18 - 1.34) 1.54 (1.46 - 1.63)

## Smoking

Relative risk of *current smokers* compared to those who had never smoked:

Any admission:1.17 (Serious admission:1.29 (Serious/death:1.42 (

1.17 (1.13 - 1.23) 1.29 (1.22 - 1.37) 1.42 (1.35 - 1.49)

#### 'What if...?'

- *What if* the cohort had been entirely non-smoking?
- *What if* the cohort had all lived in the least deprived areas of Paisley & Renfrew?
- *What if* the cohort had all had high FEV1?
- Combinations of What if... scenarios

## What if...?

- All never smoked:
  - 7% decrease in persons admitted
  - 12.4% decrease in episodes
  - 8.2% decrease in bed days accumulated
- All lived in least deprived areas:
  - 5.9% decrease in no. of persons admitted
  - 11.7% decrease in no. of episodes
  - 22.7% decrease in no. of bed days
- All high FEV1
  - 6.5% decrease in cohort members admitted
  - 12.2% decrease in no. of episodes
  - 21.7% decrease in no. of bed days

#### £££££££££!

- *Very* crude estimate of savings
- All never smoked: -£2.4 million
- All living in least deprived areas: -£6.5 million
- All high FEV1: -£6.3 million
- Combinations...
- Over 23 years, but for cohort of only 15,000 people

Identification of 'healthy' and 'unhealthy' cohort members

- SMR-based definitions of healthy/unhealthy
- Verification of status:
  - GP Visits
  - Questionnaires
- Is SMR data a good proxy measure of 'health'?
- qualitative interviews

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