

Interview with Dr. Alexandre Kalache Compression of Morbidity

KYLE JENSEN: Welcome to SAGE Crossroads, the premier online forum in issues of human aging. These podcasts feature lively discussion with the experts on the ethical, political, economic, scientific, and societal implications of aging related science. Thank you for listening.

I'm joined now with Dr. Alexandre Kalache. Dr. Kalache is the special policy advisor on aging for the New York Academy of Medicine.

Dr. Kalache, what is the compression of morbidity and why is it a good thing?

ALEXANDRE KALACHE: The term derives from compression of mortality. This has been from demographers back in the 60s and 70s that started to notice that people were living longer. Increasingly deaths would occur after the age of 65. In other words, compressing the expiring of death after a certain age, after old age, and then you would have a cluster of deaths that would be happening after that age. It is the same kind of thinking, the compression of morbidity, in which people will live in good health, up to a certain age when the majority started to report chronic diseases and ill health, but that would again be compressed into a few years after a certain age, say 65 for some and 75 for others. It is a good thing because we expect that we are going to live longer and longer but in good health. Therefore without morbidity and without the diseases that so often accompany old age.

KYLE JENSEN: Has your's or others' research shown this to be occurring? What types of studies have taken place and what are their general findings?

ALEXANDRE KALACHE: Most people would agree that this is occurring, but this is not universal. The research that has been done that can show this clearly has to have a longitudinal approach. You have to follow a cohort for a considerable period of time so that you can observe who are the people that are going to age in good health and for how long and how many years in ill health. Many researchers are now talking about healthy life expectancy. In other words, how many years of good health you expect to live when born or at any age and conversely, how many years of ill health you have at the other end of your life. We really need good longitudinal studies. We have results and findings from countries such as the Netherlands, Sweden, Britain, USA, but again I repeat, this is not universal. Some people are convinced that people are living longer, but only to prolong the number of years in ill health. More research is needed.

KYLE JENSEN: What are the long term benefits for society if a compression of morbidity is occurring? Are there any negative impacts it could have?

ALEXANDRE KALACHE: Well, obvious benefits for society it will have are that it will decrease the number of dollars we will need in order to keep people in good care, medical care. If people are going to live longer and in good health, they will prolong

their contribution to society. They are not going to use medical services which can be costly. Not only costly in terms of the number of years but because increasingly, medical services are high technology and therefore costly. We are going to decrease the number of years of ill health, but we are going to prolong the number of years that people can potentially contribute to society. The gain for society is double both in terms of less expenses incurred but also prolonging contribution of people to their societies, and I can't think of any negative effects. This is what people individually want. They want to live as long as possible but in good health. Old age and longevity in ill health is an empty price. Societies want people in good health so that they will contribute and not incur expenses.

KYLE JENSEN: So you would agree overall that a compression of morbidity overall is much better for society than a pure extension of longevity?

ALEXANDRE KALACHE: Oh definitely. I think that this is a universal value. In the many years that I directed the World Health Organization program on aging and health, I had the opportunity to travel widely to all continents. There wouldn't be a single society, a single culture where more value would be put into the number of years rather than the quality of life of those years. You can ask any older person, would you rather live 5 years in very bad health or would you rather have 4 years with quality of life, and I can assure you the answer is always quality of life which means of course without major diseases and disability.

KYLE JENSEN: Lastly, the audience of SAGE Crossroads is made up of scientists, policy makers, and curious consumers. If there is one last thing that you could make to them about the compression of morbidity, what would it be?

ALEXANDRE KALACHE: Well, I think the compression of morbidity will depend not so much in terms of the investments in medical care. That is a contribution, but it's also very important to invest in health promotion and disease prevention. We cannot fix things that are already very bad. This is the end result of chronic diseases. Once you have the onset, you can minimize the impact on quality of life of the person, so it's much more important to invest in health promotion and disease prevention. It pays off, for instance, the data from the United States is showing that for every single dollar that you invest in increasing physical activity of people you will gain three dollars in return on saving in cost of medical care that would have incurred. We have to put a lot of emphasis on this. The results are encouraging. Even this week, over the last couple of weeks, we have results coming in from the American Cancer Society's studies published in the journal of the National Cancer Institute showing that from 1999 to 2005, we have seen an average decrease of about 1% for cancer rates across the country. It has even accelerated over the last couple of years. This applies to prostate, breast cancer, and lung cancer. This is very good news. It shows that people are experiencing less cancer, but most of the success has been in terms of investments on screening and on changing behavior, not in terms of treatment. We have to realize that in order for us to have a long life in good health, the investment in disease prevention and health promotion is of paramount importance.

KYLE JENSEN: On behalf of SAGE Crossroads, I'm Kyle Jensen.