Evidence of Reduced Health-Related Quality of Life in Older Mexican Americans with Arthritis

Objective: To examine the association between self-reported physician-diagnosed arthritis and health-related quality of life among older Mexican Americans.

Design: Cross-sectional study involving population-based survey.

Setting: Hispanic Established Population for the Epidemiologic Study of the Elderly (EPSE) survey conducted in Texas, Arizona, New Mexico, Colorado, and California.

Participants: 839 non-institutionalized Mexican American older adults (≥75 years) participating in Hispanic EPSE.

Main Outcome Measures: Self-reported physician-diagnosed arthritis; sociodemographic variables; medical conditions; body mass index; and the physical and mental composite scales from the Medical Outcomes Study Short Form 36 Health Survey (SF-36).

Results: 518 (62%) of the subjects reported physician-diagnosed arthritis. Participants with arthritis had significantly lower scores on the physical composite scale (PCS) (mean = 35.3, SD = 11.3) and the mental composite scale (MCS) (mean = 53.5, SD = 10.8) of the SF-36 compared to persons without arthritis (PCS mean = 42.9, SD = 10.9; MCS mean = 57.0, SD = 8.8). Multiple regression showed that arthritis was associated with decreased PCS and MCS (model estimates of −5.74 [SE = .83]; and −3.16 [SE = .64]), respectively, after controlling for sociodemographic and clinical covariates.

Conclusions: Arthritis is a highly prevalent medical condition in Mexican American older adults. Our findings suggest that deficits in both physical health and mental function contribute to reduced quality-of-life in this population. (Ethn Dis. 2011;21(2):230–236)

Key Words: Aging, Disability, Life Satisfaction

Introduction

By 2030, it is estimated that the number of Americans aged ≥65 will be 20% of the population.1–3 Nearly 80% of older Americans are living with at least one chronic condition4–6 with arthritis being the most common cause of disability in the United States affecting 47% of persons ≥65 years.7–12 The prevalence of arthritis is projected to increase by 40% as the median age of the US population increases over the next 25 years.13 There are 750,000 hospitalizations and 36 million outpatient visits annually attributed to arthritis.14,15 Direct medical costs for arthritis were $81 billion in 2003, up from $51 billion in 1997.16

Arthritis affects the older Hispanic population more than any other ethnic group.8,9,17 Data from the Asset and Health Dynamic Survey Among the Oldest Old (AHEAD) reported the adjusted prevalence of arthritis was 52% in older Hispanics;17 47% in older non-Hispanic Blacks, and 32% in older non-Hispanic Whites. Greater than 65% of the Hispanic population in the United States are Mexican American and it is the fastest growing segment of the population aged >65.8–9

The symptoms and consequences of arthritis often result in limitations in functional capacity and the ability to perform activities of daily living;18–21 severe pain,22 psychological distress,23 and depression.24 One health outcome of primary interest in patients with arthritis is health-related quality of life. Arthritis can affect several of the physical and psychological health domains. A number of large population-based studies have examined the effects of arthritis on disability and physical function,18–21 but few have assessed overall health-related quality of life.25–30 Several instruments, such as the Arthritis Impact Measurement Scales (AIMS/ AIMS2), Disease Repercussion Profile (DRP), the Rheumatoid Arthritis Quality of Life (RAQOL), and the Medical Outcomes Study Short Form 36 Health Survey (SF-36), have been used in patients with arthritis to measure health-related quality of life.31

Studies examining older adults with arthritis have revealed lower summary values compared to older persons without arthritis, as measured by either the SF-36,23,25 or the Centers for Disease Control and Prevention quality of life measure.27–30,32–33 Little is known, however, about the effect of arthritis on health-related quality of life in older Mexican Americans.8

We examined the association between health-related quality of life in a sample of older Mexican Americans (≥75 years) with and without arthritis. We used the SF-36, which defines health-related quality of life as “an individual’s or group’s perceived physical and mental health over time.”34 We selected the SF-36 because it is widely used to assess health-related quality of life and has been validated for this sample of older Mexican Americans.35 We hypothesized that the presence of arthritis would be associated with a low level of physical health in older Mexican Americans after controlling for demographic and clinical covariates.

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