Short reports

Two proxies for morbidity in the 1991 UK census: permanent sickness and limiting long term illness

G Scrivener, D C E F Lloyd

The 1991 census of population provides two measures of morbidity, albeit of illness of a serious nature. These are commonly termed "limiting long term illness" and "permanent sickness" (often called "chronic illness" in discussions of the 1981 census which measured the same variable). The first was obtained from question 12 where all persons living in a household were asked if they had "a health problem" which limited activities. The second was derived from question 13 where respondents aged 16 or over living in households were asked what they had been doing in the previous week. Included in the alternatives (for example, full time work, retired, etc) was "unable to work because of long-term sickness or disability". Since both questions relate to illness sufficiently serious to limit activity, they measure only a particular aspect of morbidity. However they have much greater coverage than any other measure of morbidity (for example, the morbidity survey in general practice) and so are worthy of consideration. Across England, 3.47% of the relevant population classified themselves as permanently sick and 12.05% as having a long term illness. At family health service authority level the two measures are well correlated ($r = 0.94$, $p<0.0001$). In an earlier report we showed that permanent sickness is fairly stable at family health service authority level but there is, as yet, no experience with the stability of long term illness figures.

Methods and results: Intuitively one might expect long term illness to be the better measure since it is asked of a wider age range and there has been speculation that the elderly would choose to classify themselves as retired rather than permanently sick. We examined the SARS (sample of anonymised records) data, which hold the complete replies to the census questionnaire for 911418 household residents in England. The proportions permanently sick (3.43%) and having a long term illness (12.02%) were very similar to the national figures. We found that the permanently sick had a similar number of persons over retirement age (14%) to the overall sample (about 18%) and 10% of those who classified themselves as permanently sick also classified themselves as retired. However, those who described themselves as having a limiting long term illness were predominantly over retirement age (55%). Hence the proportion with a long term illness was, to a large extent, a proxy for the proportion of elderly in the area.

This result agrees with the work of Benzeval and Judge who found that the long term illness question, which specifically states, "include problems which are due to old age", tends to encourage older persons, especially over 75, to regard themselves as having a long term illness and conversely to discourage younger people from the same view of themselves.

Conclusion: Our conclusion is that long term illness is a reasonable measure if we are not concerned that it is heavily loaded in terms of the elderly (for example, we are looking at overall need) but permanent sickness is more appropriate where we wish to compare relative need between areas with different proportions of the elderly.

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