Ageing and health in low and middle income countries

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Ouvrages récents de S. Chatterji


• The burden of mental disorders : global perspectives from the WHO world mental health surveys / edited by Jordi Alonso, Somnath Chatterji, Yanling He. Cambridge: Cambridge University Press; 2013.

Articles de S. Chatterji : liste complète de références Pubmed

www.ncbi.nlm.nih.gov/pubmed?otool=ichuvlib&term=%7BChatterji%20S%7D%5BAuthor%5D&cmd=search

Sélection d’articles de S. Chatterji (Pubmed)


• Harttgen K., Kowal P., Strulik H., Chatterji S., Vollmer S. Patterns of Frailty in Older Adults: Comparing Results from Higher and Lower Income Countries Using the Survey of Health, Ageing and Retirement in Europe (SHARE) and the Study on Global AGEing and Adult Health (SAGE). PloS one. 2013;8(10):e75847. http://dx.doi.org/10.1371/journal.pone.0075847 . Abstract[...]. Two multi-country data collection efforts, SHARE and SAGE, provide nationally representative samples of adults aged 50 years and older. Forty items were used to construct the frailty index in each data set. Our study shows that the level of frailty was distributed along the socioeconomic gradient in both higher and lower income countries such that those individuals with less education and income were more likely to be frail. Frailty increased with age and women were more likely to be frail in most countries. Across samples we find that the level of frailty was higher in the higher income countries than in the lower income countries.


  **Abstract** [...] The World Health Organization’s Study on global AGEing and adult health (SAGE) aims to address the gap in reliable data and scientific knowledge on ageing and health in low- and middle-income countries. SAGE is a longitudinal study with nationally representative samples of persons aged 50+ years in China, Ghana, India, Mexico, Russia and South Africa, with a smaller sample of adults aged 18-49 years in each country for comparisons. Instruments are compatible with other large high-income country longitudinal ageing studies. Wave 1 was conducted during 2007-2010 and included a total of 34 124 respondents aged 50+ and 8340 aged 18-49. In four countries, a subsample consisting of 8160 respondents participated in Wave 1 and the 2002/04 World Health Survey (referred to as SAGE Wave 0). Wave 2 data collection will start in 2012/13, following up all Wave 1 respondents. Wave 3 is planned for 2014/15. SAGE is committed to the public release of study instruments, protocols and meta- and micro-data: access is provided upon completion of a Users Agreement available through WHO'S SAGE website ([www.who.int/healthinfo/systems/sage](http://www.who.int/healthinfo/systems/sage)) and WHO’s archive using the National Data Archive application ([http://apps.who.int/healthinfo/systems/surveydata](http://apps.who.int/healthinfo/systems/surveydata)).


  **Abstract**: BACKGROUND: Globally, ageing impacts all countries, with a majority of older persons residing in lower- and middle-income countries. An understanding of the health and well-being of these ageing populations is important for policy and planning; however, research on ageing and adult health that informs policy predominantly comes from higher-income countries. A collaboration between the WHO Study on global AGEing and adult health (SAGE) and International Network for the Demographic Evaluation of Populations and Their Health in developing countries (INDEPTH), with support from the US National Institute on Aging (NIA) and the Swedish Council for Working Life and Social Research (FAS), has resulted in valuable health, disability and well-being information through a first wave of data collection in 2006-2007 from field sites in South Africa, Tanzania, Kenya, Ghana, Viet Nam, Bangladesh, Indonesia and India. [...] This INDEPTH WHO-SAGE dataset will be placed in the public domain together with this open-access supplement and will be available through the GHA website ([www.globalhealthaction.net](http://www.globalhealthaction.net)) and other repositories. An improved dataset is being developed containing supplementary HDSS variables and vignette-adjusted health variables. This living collaboration is now preparing for a next wave of data collection.
