

CENTENARIANS IN RURAL TANZANIA – COGNITIVE AND FUNCTIONAL STATUS OF THE OLDEST OLD.

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Background: As the world population ages, the greatest increases in elderly population are predicted to occur in the developing world. Knowledge of the functional status of the oldest old is important in future health resource planning and in informing policy makers.

Aim: To assess the cognitive and functional status of a cohort of individuals aged 100 and over in rural Tanzania and to compare data with that published in similar studies in developed countries.

Methods: Using census data, a sample of 2232 individuals aged 70 and over were assessed as part of a study on neurological disorders. Age was verified using census data, informant interview and triangulation with historical events, a validated method within this setting. The Barthel index was completed for all participants. A score of 0-14 was classified as severe disability, 15-18 as moderate disability and 19-20 as mild/no disability. A stratified sub-sample (oversampled for people with dementia) of 296 individuals from the 2232 were assessed for dementia during phase II of a prevalence study.

Results: The census population of Hai in 2009 was 161,119 of whom 215 were aged 100 and over (0.133%) compared to only 0.02 % in the UK. In total, 36 individuals aged 100 and over were identified in the sample of 2232 individuals. The proportion of the 36 subjects identified with disability was lower than reported in high income

countries, with 41.7% (n = 15) reporting mild or no disability, 16.7% (n = 6) reporting moderate disability and the remainder reporting severe disability. Within the sub-sample of 296, 21 were aged 100 years or over. The proportion of those who had cognitive impairment was lower than expected, with 9 (42.9%) having dementia and 12 having normal cognition. Of the 9 with dementia, 7 (77.8%) had severe disability. All participants were community dwelling.

Conclusion: In this population of oldest-old individuals in rural Tanzania, levels of severe cognitive impairment and disability were low. In a country with a life expectancy at birth of 60, this may represent a healthy survivor effect. Although accurate recording of age can be difficult in this setting, factors associated with healthy ageing in sub-Saharan Africa require further investigation.