

Compendium

Adult Health in Great Britain, 2013

Teetotalism, drinking in the week before interview, binge drinking (heavy episodic drinking) and frequent drinking, including changes in drinking patterns in recent years.



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1 . Key points

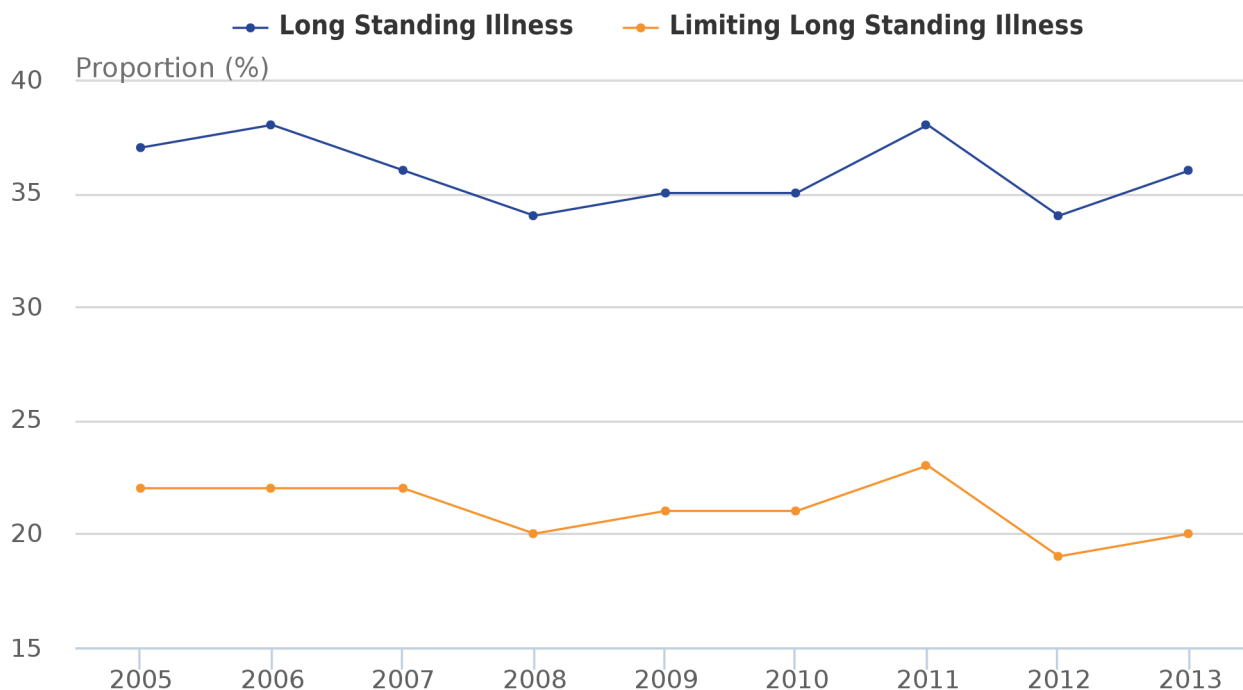
- In 2013 more than one in three adults (36%) reported having a long-standing illness or disability (LSI) and one in five (20%) reported having a limiting LSI
- The likelihood that someone reported having an LSI was closely associated with age. In 2013 69% of people aged 75 and over reported having an LSI. This compared with 15% of people aged 16 to 24
- People living in Wales (27%) were more likely to report having a limiting LSI than those living in either England (19%) or Scotland (20%)
- Cigarette smokers (37%) were more likely to report an LSI than those who had never smoked cigarettes (32%)

2 . Summary

This report looks at self-reported long-standing illnesses and disabilities (LSIs) and self-reported LSIs that limit activities. A long-standing illness or disability (LSI) is anything that someone has considered to have troubled them over a period of time, or that they believe is likely to affect them over a period of time.

In 2013, more than one in three adults in Great Britain (36%) reported having a long-standing illness or disability. This had increased slightly compared with 2012 (34%) but was in line with the levels seen over the 2005 to 2012 period, Figure 1. One in five adults (20%) said that they had a limiting LSI. Although this had fallen slightly since 2005 (22%), there has been little change compared with 2012 (19%).

Figure 1: Self-reported long-standing illness or disability, Great Britain, 2005-2013



Source: Opinions and Lifestyle Survey, General Lifestyle Survey, General Household Survey - Office for National Statistics

As expected, older adults were more likely to have reported having an LSI or limiting LSI than those in younger age groups. The likelihood of reporting an LSI is complex and related to a number of other factors. Unemployed people, people on low incomes, cigarette smokers and people living in Wales were more likely to have reported a limiting LSI than others. Within the group of cigarette smokers, higher consumption levels were associated with higher rates of self-reported LSI and limiting LSI.

The association between relationship status and self-reported LSI was complex. People who were married, widowed, divorced or separated reported higher rates of LSI than those who were single or cohabiting. However, age was the driving factor behind these differences. Once age and other factors were taken into account, single people were most likely to have reported having an LSI.

The most commonly reported difficulties caused by long-standing illness were with mobility; stamina breathing and fatigue; and dexterity. There were some differences between men and women in the reported effects of LSI.

3 . Why do these results matter?

More than one in three people in Great Britain live with a long-standing illness or disability. This can affect many areas of a person's life, including [employment, relationships, education and the ability to live independently](#).

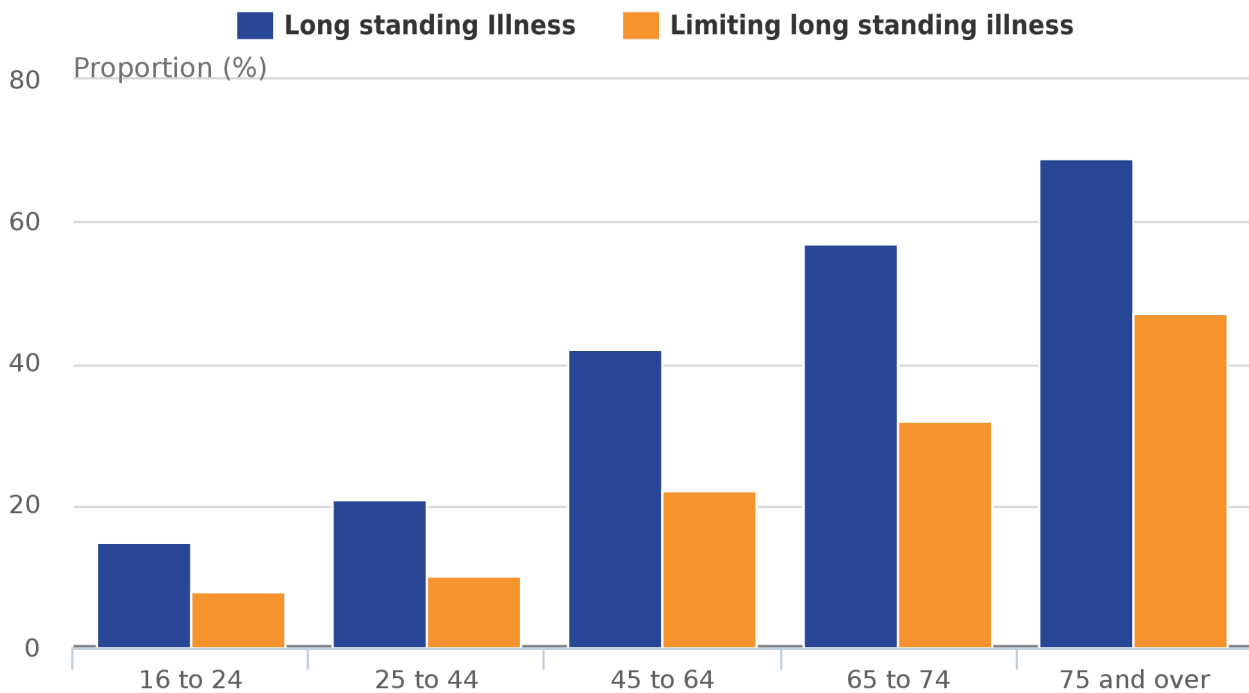
With the [number of older people in the UK increasing](#), long-standing illness and disability is an increasingly important issue for governments and health and social care providers. Long-term conditions account for [70% of health and social care spending and 50% of all GP consultations](#) in England with the [NHS Mandate](#) setting out what NHS England must do to improve the care of people with long-term conditions. The [Welsh Government](#) has a 10 year vision highlighting the need to improve management of long-term conditions in order to provide sustainable and effective health and social care services. NHS Scotland have set out a [National Action Plan](#) highlighting inequalities in health relating to deprivation and lifestyle factors and outlining an integrated approach to improve the quality of care for people with long-term conditions.

4 . Self-reported long-standing illness or disability

Self-reported long-standing illness or disability (LSI), age and sex

The likelihood of reporting an LSI increased with age, Figure 2. Those aged 75 and over were more than four times as likely to have reported an LSI than those aged 16 to 24 (69% vs. 15%). They were also nearly six times as likely to have reported a limiting LSI (47% vs. 8%).

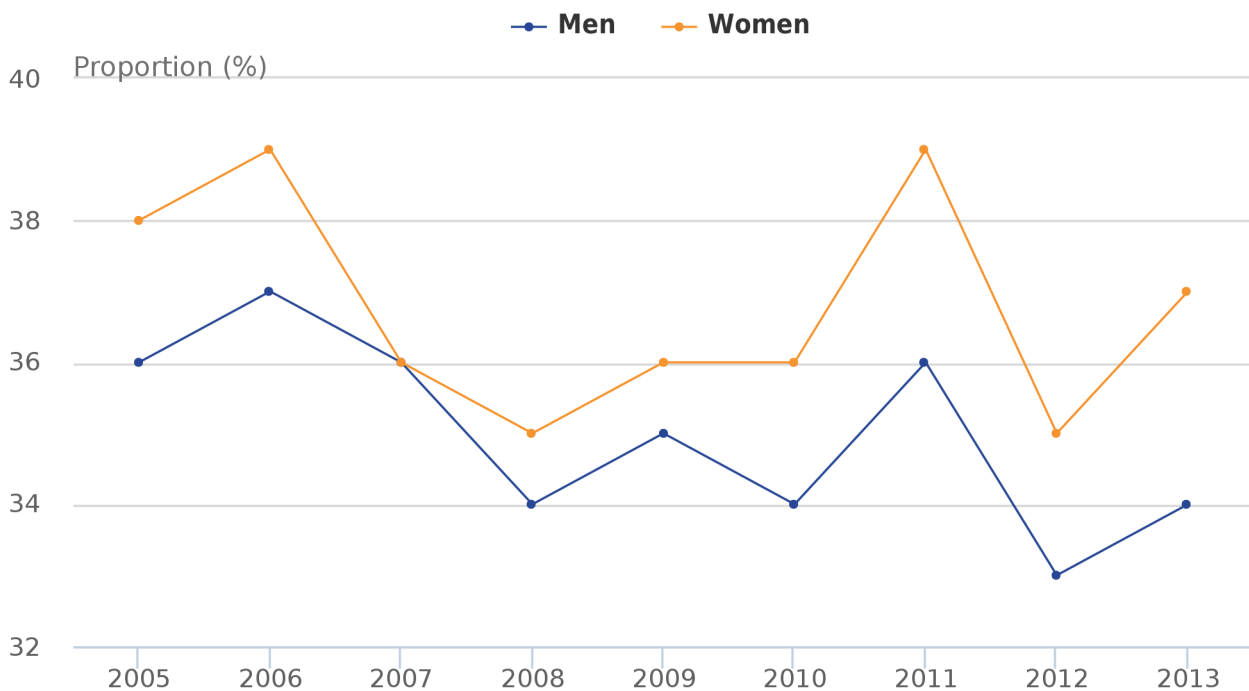
Figure 2: Self-reported long-standing illness or disability, by age, Great Britain, 2013



Source: Opinions and Lifestyle Survey - Office for National Statistics

Overall, men reported lower levels of LSIs (34%) and limiting LSIs (19%) than women (37% and 21%). This continued the trend seen in recent years, Figure 3. However, health is linked with a number of other factors including age, employment status and economic activity. Once the effects of other factors were accounted for, there was no difference in the rates of LSI and limiting LSI between men and women.

Figure 3: Self-reported long-standing illness or disability, by sex, Great Britain, 2005-2013

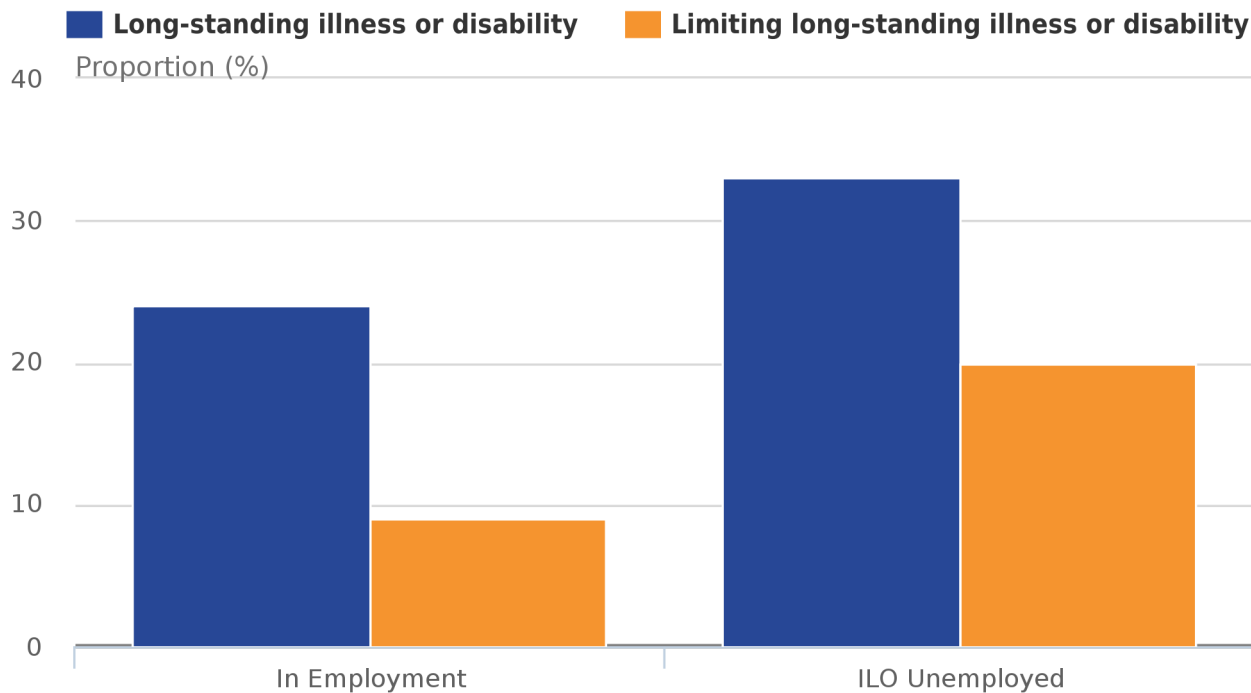


Source: Opinions and Lifestyle Survey, General Lifestyle Survey, General Household Survey - Office for National Statistics

Work and self-reported long-standing illness or disability

Unemployed people are defined as those who are not working, but are looking for work. Around one in three people who were unemployed (33%) reported having an LSI, compared with around one in four people in employment (24%). Unemployed people were more than twice as likely as people in employment to have reported a limiting LSI (20% vs. 9%), Figure 4. This reflects findings from the Labour Force Survey, which show that during 2013, the unemployment rate was higher among those who had a disability.

Figure 4: Self-reported long-standing illness or disability, by employment status, Great Britain, 2013



Source: Opinions and Lifestyle Survey - Office for National Statistics

Notes:

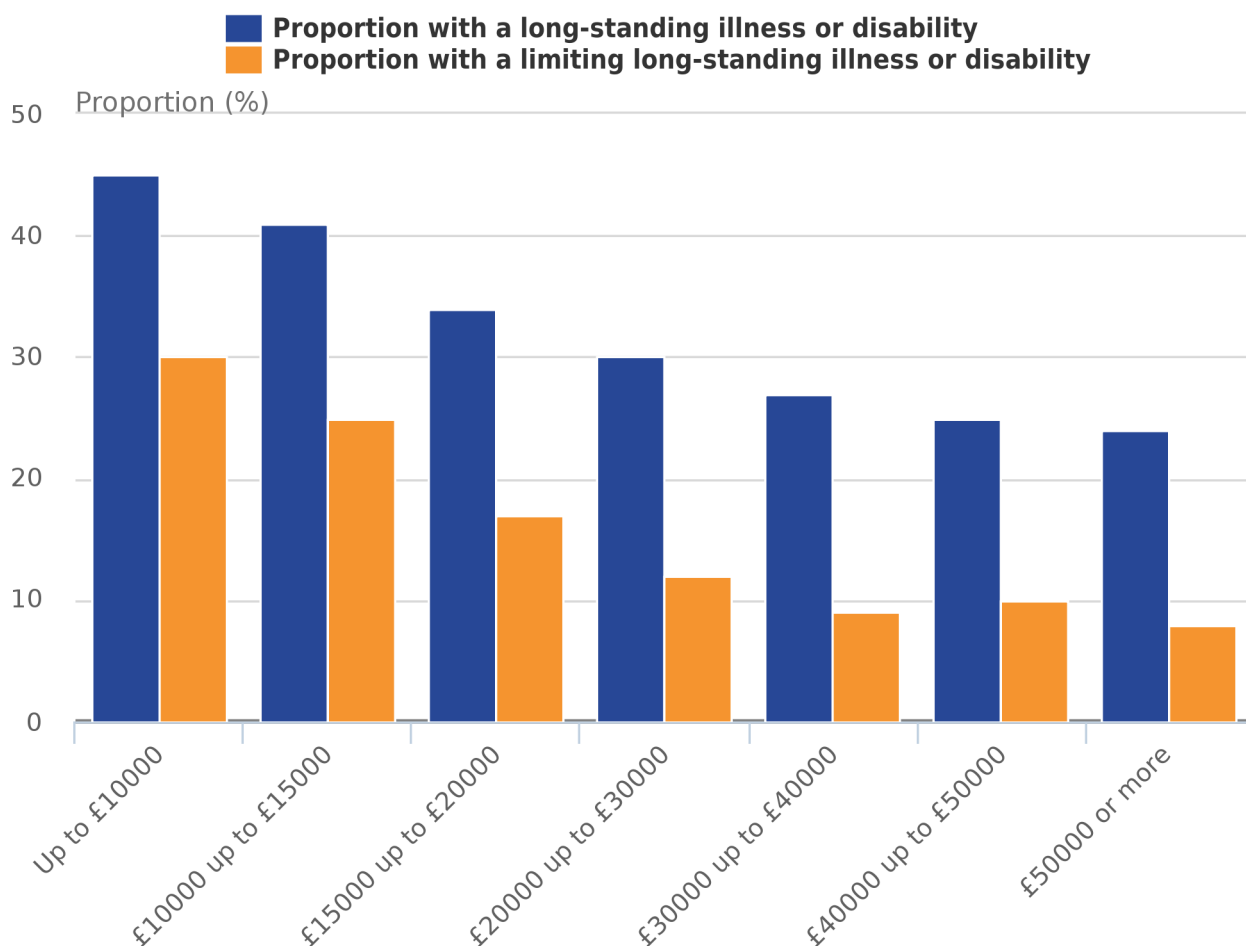
1. International Labour Organisation (ILO) definitions of employment status have been used
2. Unemployed people are those who are not currently in work, but are looking for work

Income and self-reported long-standing illness or disability

Low incomes were associated with higher rates of self-reported LSI. People with an income under £10,000 were nearly twice as likely to have reported an LSI (45%) than those with an income over £50,000 (24%), Figure 5.

Low income was also related to higher reports of limiting LSI and this remained the case once the effect of factors such as region, smoking and employment status had been removed. People with an income under £10,000 were more than three times as likely to have reported a limiting LSI (30%) than those who earned over £30,000 (9%). However, for those belonging to income groups beyond £30,000 a year there was little difference in the rates of self-reported limiting LSIs.

Figure 5: Self-reported long-standing illness or disability and gross annual personal income, Great Britain, 2013



Source: Opinions and Lifestyle Survey - Office for National Statistics

Notes:

1. Gross annual personal income covers all personal income before deductions for tax, National Insurance etc. It relates to income that is directly received (such as pay, benefits or interest from savings) and does not include income from a third party (such as a spouse or partner)

Relationships and self-reported long-standing illness or disability

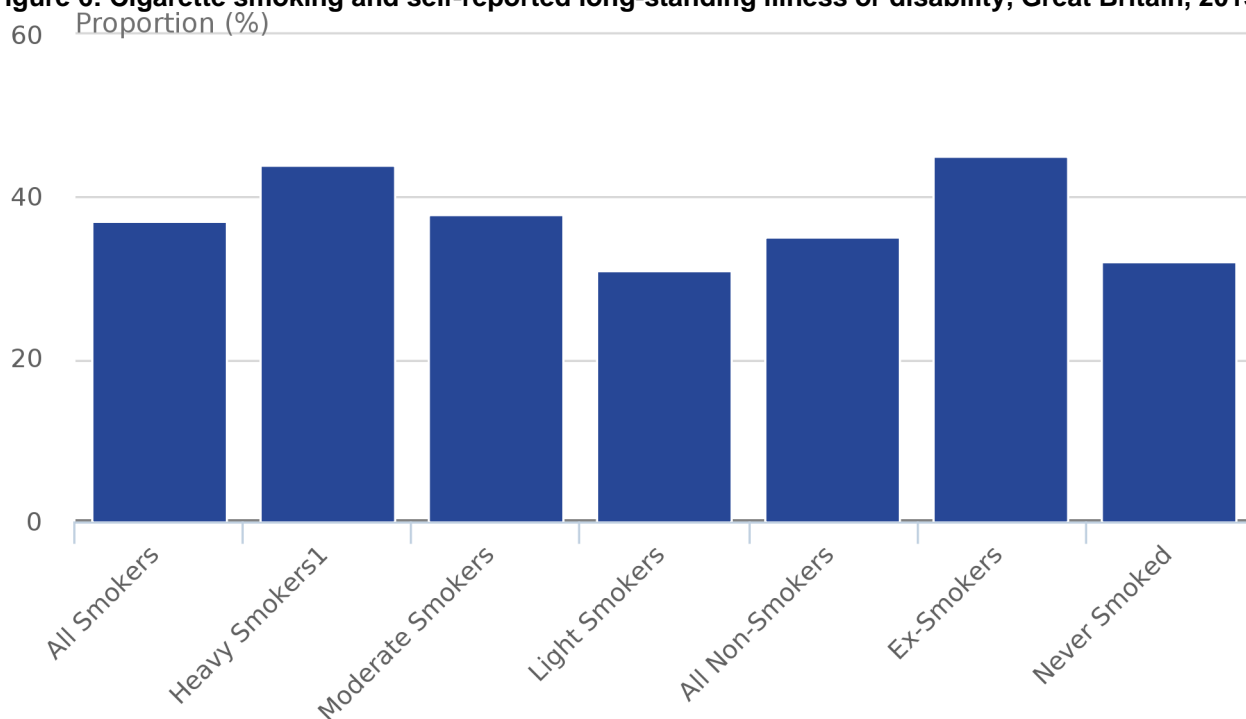
Reports of LSI were higher for those who were married (38%) or widowed, divorced or separated (54%) than people who were single (26%) or cohabiting (25%). However, age is the driving factor behind these differences. Those who are divorced, widowed or separated and, to a lesser extent those who are married, are older on average than those who are cohabiting or single. Once the effects of factors such as age and employment status were removed, single people were between 20% and 30% more likely to report a long-standing illness or disability than those in other relationship groups.

A similar pattern was seen in the association between relationship status and limiting LSI. More than twice as many people who were widowed, divorced or separated reported having a limiting LSI (35%) than single people (15%). However, once other factors such as age were accounted for, single people were 28% more likely to have reported a limiting long-standing illness or disability than people who were married or cohabiting and there was no clear difference between single people and people who were widowed, divorced or separated.

Cigarette smoking and self-reported long-standing illness or disability

Nearly a third of adults (32%) who had never smoked cigarettes reported having an LSI. This was lower than the proportion of cigarette smokers (37%) and ex-smokers (45%), Figure 6.

Figure 6: Cigarette smoking and self-reported long-standing illness or disability, Great Britain, 2013



Source: Opinions and Lifestyle Survey - Office for National Statistics

Notes:

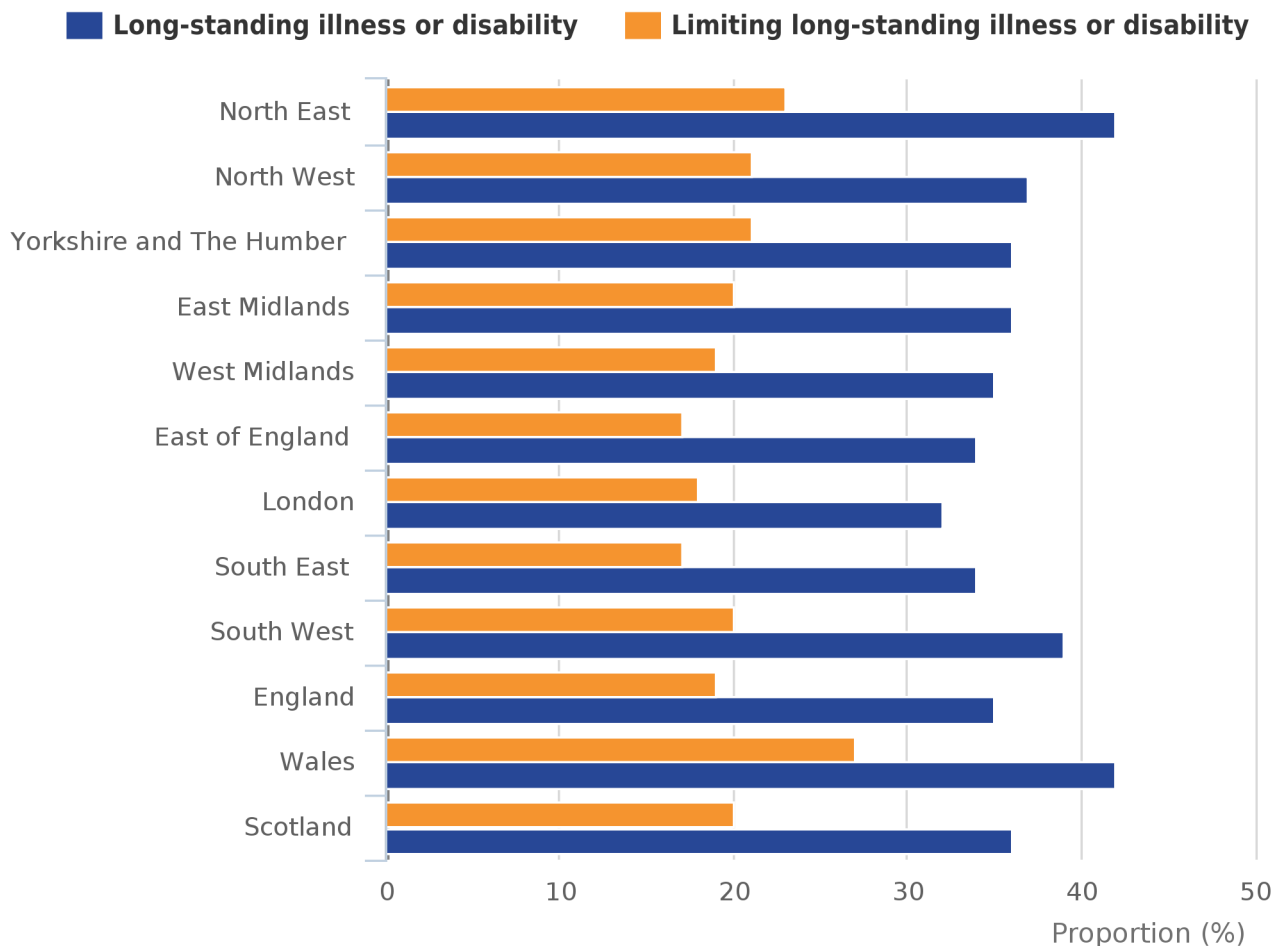
1. Light smokers are those who smoke on average less than 10 cigarettes per day. Moderate smokers smoke at least 10 but fewer than 20 cigarettes per day. Heavy smokers are those who smoke 20 or more cigarettes per day

Within the group of cigarette smokers the rate of self-reported LSI varied. Higher consumption levels were associated with increased likelihood of having reported an LSI. Nearly a third (31%) of light smokers (up to 10 cigarettes per day) reported having an LSI, about the same as the proportion of those who had never smoked cigarettes (32%). This increased to 44% among heavy smokers (20 or more cigarettes per day).

Regional self-reported long-standing illness or disability

Rates of self-reported LSI and limiting LSI were higher in Wales than in England or Scotland. More than one in four adults in Wales (27%) reported having a limiting LSI, compared with around one in five people in England (19%) and Scotland (20%). This remained the case once the effects of factors such as age and employment status had been removed. There was some variation in the rates across England, with rates tending to be higher in the North East (23%). Rates of self-reported limiting LSIs were lowest in the South East (17%), London (18%), and East of England (17%), Figure 7.

Figure 7: Regional self-reported long-standing illness or disability, Great Britain, 2013



Source: Opinions and Lifestyle Survey - Office for National Statistics

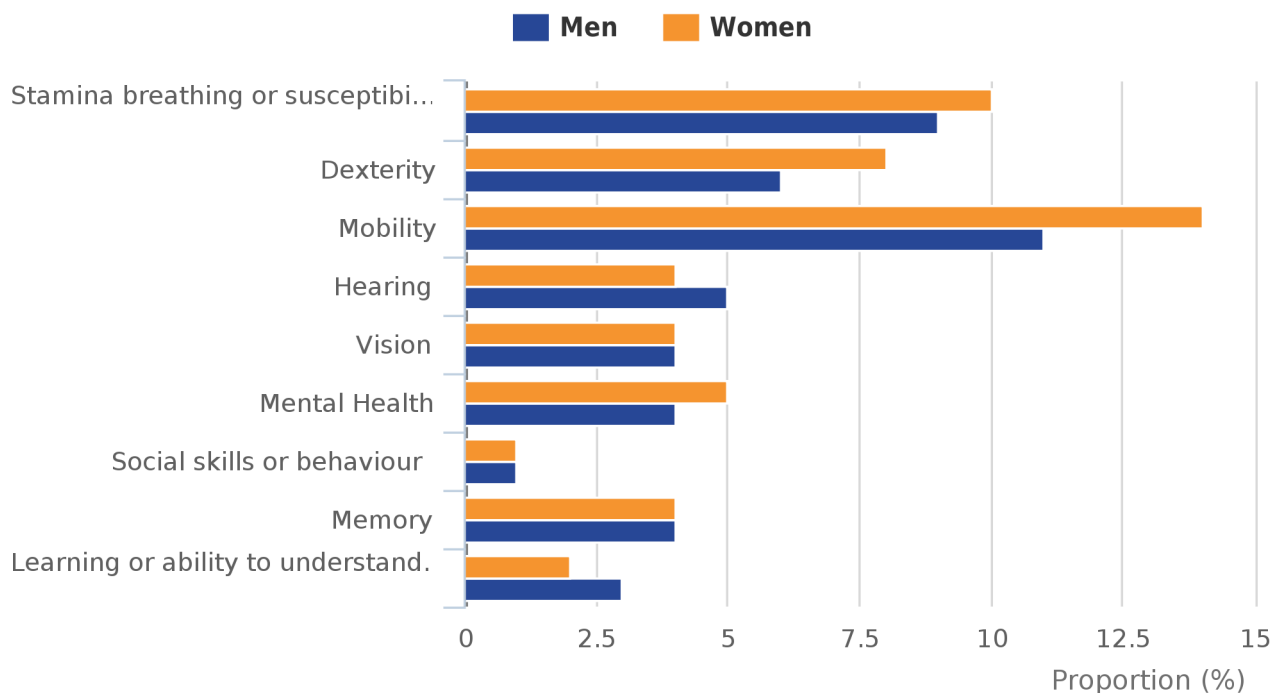
5 . Effects of health conditions lasting 12 months or more

The most commonly reported difficulties caused by long-term health conditions lasting for 12 months or more were issues with mobility (13%), stamina, breathing and fatigue (10%) and dexterity (7%), Figure 8.

Self-reported memory difficulties and physical health conditions increased with age. This was not the case for difficulties with social skills, behaviour, learning and ability to understand or concentrate. People between the ages of 25 and 64 reported mental health difficulties more frequently (5%) than those in younger (3%) or older (2%) age groups. This reflects findings in the [Welsh Health Survey 2013](#) and the [Scottish Health Survey 2013](#) that physical illness increases with age and mental wellbeing tends to be highest in the youngest and oldest age groups.

There were differences between men and women in the reported effects of long-term health conditions. Men reported more hearing difficulties than women (5% vs. 4%), while women reported more difficulties with dexterity (8% vs. 6%) and mobility (14% vs. 11%) than men.

Figure 8: Effects of health conditions lasting 12 months or longer, Great Britain, 2013



Source: Opinions and Lifestyle Survey - Office for National Statistics

Notes:

1. This include health conditions that are expected to last for 12 months or longer if they have not already done so

6. Background notes

1. The Opinions and Lifestyle Survey

The data in this report were collected on the [Opinions and Lifestyle Survey \(OPN\)](#) - an omnibus survey run by the Office for National Statistics. Each survey wave lasts for one month and is open for both government and non-government organisations to run questions.

The OPN is currently the only randomised probability sample omnibus survey in Great Britain and provides a fast, reliable and flexible service to customers.

More information on the survey and survey methodology can be found in the [Opinions and Lifestyle Survey Information Guide \(175.5 Kb Pdf\)](#) .

2. How to commission a module on the survey

Clients can enquire about purchasing modules of questions by emailing the survey manager at opinions@ons.gsi.gov.uk.

3. Comparability

This report provides information on the health of adults in Great Britain, and follows on from the series of releases from the General Household Survey (GHS) and General Lifestyle Survey (GLF).

The OPN and GHS/GLF provide comparable results. However there are some differences in the design and content of the surveys. More information can be found in the ['Opinions and Lifestyle Survey, Smoking Habits Amongst Adults, 2012'](#) publication.

4. Coherence

There are a number of other sources of long-standing illness and disability data. These have been listed below, together with a brief explanation of the comparability with the OPN.

Health Survey for England (Health and Social Care Information Centre), Welsh Health Survey (Welsh Government) and Scottish Health Survey (Scottish Government)

There are some differences in the questions asked about health between these surveys. In the Welsh Health Survey respondents are asked whether they are currently being treated for any of a range of illnesses. They are also asked whether their daily activities are limited by a health problem or disability lasting (or expected to last) at least 12 months.

In the Scottish Health Survey and the Health Survey for England respondents are asked if they have any physical or mental health condition or illness lasting, or likely to last, for twelve months or more. Those who report having a condition are then asked whether it limits their daily activities. The questions are based on self-perception of illness rather than doctor diagnosis.

5. Reliability

Self-reports of long-standing illness or disability may differ from rates of diagnosed long-standing illness or disability due to differences in the way people perceive their health.

6. Approach to statistical significance

Where estimates for different populations have been described as different throughout this commentary, they have been tested and found to be significantly different at 5% significance level ($p < 0.05$).

95% confidence intervals for each table value have been supplied as a [separate table \(78.5 Kb Excel sheet\)](#). Where historical data have been provided, confidence intervals have been supplied for the last two years (2012 and 2013).

7. Details of the policy governing the release of new data are available by visiting www.statisticsauthority.gov.uk/assessment/code-of-practice/index.html or from the Media Relations Office email: media.relations@ons.gsi.gov.uk

The United Kingdom Statistics Authority has designated these statistics as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the Code of Practice for Official Statistics.

Designation can be broadly interpreted to mean that the statistics:

- meet identified user needs;
- are well explained and readily accessible;
- are produced according to sound methods; and
- are managed impartially and objectively in the public interest.

Once statistics have been designated as National Statistics it is a statutory requirement that the Code of Practice shall continue to be observed.