



Health behaviours and their association with perceived health status among British adults of retirement age

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There is strong evidence that behavioural factors influence health and that combinations of healthy behaviours predict mortality at the population level. Health behaviours tend to cluster and here we evaluated the association between health behaviours and self-rated health among participants of an e-survey.

Eighty men and 120 women completed an online survey on health and eating habits in the UK. Adherence to a MD was assessed using the 14-item PREDIMED score (MDPS)⁽¹⁾. Participants self-reported their smoking habits and self-rated their physical activity. Body mass index (BMI) was estimated from self-reported weight and height. Participants were also asked to self-rate their current perceived health status (PHS) using a 5-point Likert scale from very bad to very good. In addition they were asked to report perceived changes in their health in the year preceding the survey. A health behaviours score (HBS) including smoking, self-rated physical activity levels, body mass index (BMI) and the MDPS was created to evaluate associations of health behaviours with self-rated health. Values for this HBS ranged from 0 to 4, with higher values indicating more healthy behaviours.

Participants of this survey were 61 (SD 7) years of age, and overweight (BMI mean 26 SD 4 kg/m²) adults. PHS ratings were merged into 3 categories bad/fair ($n = 26$), good ($n = 102$) and very good ($n = 78$). Mean HBS for these categories was 2.0, 2.4 and 3.0, respectively and differences were statistically significant ($P < 0.001$). Post hoc analysis showed that the HBS for the bad/fair PHS group was significantly different from the two upper categories of PHS. Compared with one year ago, most participants reported no change ($n = 154$) in their in their PHS, with only 32 reporting an improvement and 17 reporting worsening of their PHS. The HBS for these was 2.6, 2.5, 2.4 ($P = 0.73$), respectively and these differences were not statistically significant ($P = 0.73$).

In conclusion, current self-perceived health was significantly and positively associated with the number of health behaviours among a group of older adults in the UK. Although we cannot exclude confounding from different sources of bias (e.g. optimistic bias), our results are consistent with the existing evidence indicating these readily-assessed behavioural factors are associated with perceived health.

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