Prevalence of Comorbidities in a Large Representative Sample of Swiss Older Adults

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Introduction: In older adults, comorbidities, the presence of concomitant diseases, largely contribute to individual differences in risks of frailty and reduced well-being. This paper quantifies the prevalence of comorbidities in an older community-dwelling population. Methods: A cross-sectional study survey conducted between 2011 and 2013, in a large sample (N = 3073) of the Swiss population aged C 65. Comorbidities were assessed with the Geriatric Index of Comorbidity (GIC, R Rozzini et al. Age Ageing 2002) each of 15 clinical conditions are graded on a 0–4 disease severity scale (DSG) (0 = absence to 4 = most severe). The GIC classifies patients into 5 classes of increasing somatic comorbidity (Class 0 = None; Class 1: C 1 conditions ? DSG B 1. Class 2: C 1 condition ? DSG = 2. Class 3: 1 condition ?DSG B 3, Class 4: C 2 conditions ? DSG = 3 or C 1 condition ? DSG = 4). Multivariate ordered logistic regression was used to predict the severity of GIC classification with sex, age group, linguistic region and education level as predictors. Results: Increasing age (ORage 65–69 = 1.0; ORage 70–74 = 1.3, 95% CI 1.1–1.6; ORage 90 = 2.1, 95% CI 1.6–2.7) and being a women (OR = 1.3, 95% CI 1.2–1.5) is associated with a higher GIC class. German speaking and participants with more years of education were less likely to belong to a higher GIC class. Conclusions: Comorbidity is associated with increased adverse outcomes. Its study is essential for a comprehensive appraisal of health in the aged population.