



## EXPLORATION OF SELF-REPORTED HEALTH CARE UTILIZATION AND HEALTH STATUSES AMONG TAIWANESE HYPERTENSIVE ELDERLY

### 初探臺灣高血壓老年人自述醫療照護使用及健康狀態

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**Background:** The elderly have accounted for more than 10% of the population in Taiwan. This study was initiated to explore the elderly self-reported health care utilization and health statuses among the hypertensive elderly population.

**Methods:** We utilized the data obtained from the 2005 National Health Interview Survey (NHIS) in Taiwan. The study subjects contain those who reported to have the diagnosis of HTN among a total of 2,727 randomly sampled elderly individuals (i.e., age  $\geq 65$  years). The descriptive analysis with sampling weights was applied on data including basic demographics, self-reported health status (ADL, IADL, CED-S, and MMSE etc.) and health care utilization.

**Results:** While 42.8% of the survey participants reported to have HTN (accounted for 907,062 Taiwanese elderly), they were about  $74.1 \pm 6.1$  years old and 53.6% were female. 89% of them were prescribed with antihypertensive agents, 85% took medications regularly, and 21% perceived poor control of HTN. Up to 25% had other co-morbidities (e.g., DM), and 24% had fall events. For the past one year, up to 23% had visited the inpatient and emergency departments, and less than 5% had utilized long term care services. While 21% had CES-D score more than 10 (indicating potential of depression), 4 to 25% reported to take sedatives, hypnotics, painkillers, and dietary supplements. 17% had somewhat difficulties on at least one general activities of daily living, 47% had difficulties on at least one instrumental activity. 9% of those who completed MMSE may had cognitive impairment

**Conclusion:** For those elderly population perceived to have hypertension, substantial portion of them were warranted for their comprehensive elderly care regarding their medication use for HTN and for central nerves systems, as well as for their health and functional statuses. Further exploration of the associations between HTN control and self-reported health statuses for the elderly is needed.