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RESEARCH LETTERS

The Status of Baby Boomers' Health in the United States: The Healthiest Generation?

From 1946 through 1964, 78 million children ("baby boomers") were born in the United States. In 2010, baby boomers made up 26.1% of the US population.¹ Medicine has improved significantly during baby boomers' lifetimes. Although these advantages have led to a progressively increasing life expectancy,² previous studies have shown mixed results regarding whether baby boomers are healthier than prior generations.^{3,4} The present study examined the health status of aging baby boomers relative to the previous generation to provide a vitally important context for health workforce and policy planning in the coming years.

Methods. We analyzed data from the National Health and Nutrition Examination Survey (NHANES), including NHANES III (1988-1994) (for previous generation) and the NHANES for 2007 to 2010 (for baby boomers), focusing on respondents who were aged 46 to 64 years during either period. The 2 cohorts were compared with regard to health status, functional and work disability, healthy lifestyle characteristics, and presence of chronic disease. Further details of the methods can be found in the eAppendix (<http://www.jamainternalmed.com>).

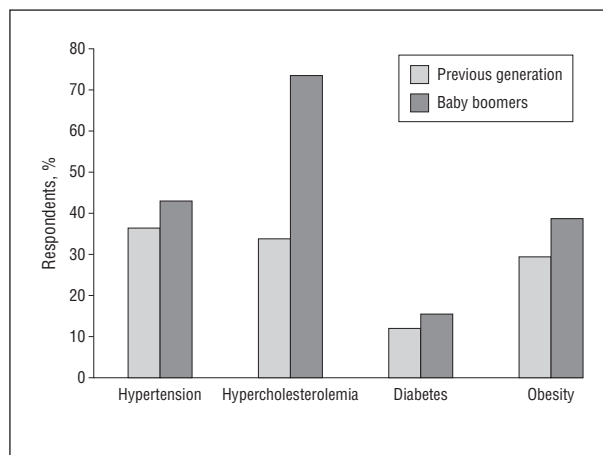


Figure. Proportion of each cohort (baby boomers and previous generation at age 46-64 years) with hypertension, hypercholesterolemia, diabetes, or obesity in the 1988-1994 and 2007-2010 NHANES. The difference between cohorts was statistically significant for prevalence of hypertension ($P < .001$), hypercholesterolemia ($P < .001$), diabetes ($P = .003$), and obesity ($P < .001$). Obesity is defined as the proportion of individuals who exceeded a body mass index of 30 (calculated as weight in kilograms divided by height in meters squared). NHANES indicates National Health and Nutrition Examination Survey.

Results. The demographic characteristics of the cohorts were very similar except for the proportions in each racial/ethnic group, with greater proportions of non-Hispanic blacks (11.3% vs 9.4%) and Hispanics (9.8% vs 3.7%) in the 2007-2010 group compared with the 1988-1994 group ($P < .001$). The mean (SD) ages were 54.1 (0.03) years in the 2007-2010 group and 54.5 (0.03) years in the 1988-1994 group; there was no difference in sex between the 2 cohorts (49.1% male [2007-2010 group] vs 47.5% male [1988-1994 group]). Overall health status was lower in baby boomers, with 13.2% reporting "excellent" health compared with 32% of individuals in the previous generation ($P < .001$). Of the sampled baby boomers, compared with the previous generation, 6.9% vs 3.3% used a walking assist device ($P < .001$), 13.8% vs 10.1% were limited in work ($P = .003$), and 13.5% vs 8.8% had a functional limitation ($P < .001$).

With regard to healthy lifestyle factors, obesity was more common among baby boomers (38.7% obese vs 29.4% [previous generation]; $P < .001$) (Figure), and regular exercise was significantly less frequent (35.0% vs 49.9% exercise > 12 times per month; $P < .001$); more than half of baby boomers reported no regular physical activity (52.2% vs 17.4%; $P < .001$). Moderate drinking was higher in the baby boomer cohort compared with the previous generation (67.3% vs 37.2%; $P < .001$). There were fewer current smokers in the baby boomer cohort than in the previous generation (21.3% vs 27.6%; $P < .001$).

The percentage of individuals with hypertension (Figure) was more common among baby boomers than among individuals from the previous generation (43.0% vs 36.4%; $P < .001$), as was the percentage of individuals who take medication for hypertension (35.4% vs 23.2%; $P < .001$). Among baby boomers, hypercholesterolemia was more common (73.5% vs 33.8%; $P < .001$).

[Figure]), and medication use for hypercholesterolemia was more than 10 times greater (25.9% vs 1.5%; $P < .001$). Baby boomers were also more likely to have diabetes (15.5% vs 12.0%; $P = .003$ [Figure]) and take medication for diabetes (11.3% vs 6.2%; $P < .001$). The slight trend toward higher prevalence of cancer in baby boomers vs the previous generation was not significant (10.6% vs 9.5%; $P = .25$). The frequency of emphysema decreased in the baby boomer generation (2.3%) relative to the previous generation (3.5%) ($P = .03$). Baby boomers were also less likely to have had a myocardial infarction (3.6%) compared with the previous generation (5.3%) ($P = .004$).

A logistic regression was conducted to control for changes in demographic characteristics (age, sex, race, and socioeconomic status) of the population between 1988-1994 and 2007-2010. The results indicated, after adjustment, that baby boomers remained more likely than the previous generation to have diabetes (odds ratio [OR], 1.46; 95% CI, 1.16-1.83); hypertension (OR, 1.38; 95% CI, 1.14-1.67); and hypercholesterolemia (OR, 5.94; 95% CI, 4.94-7.14).

Comment. Despite their longer life expectancy over previous generations, US baby boomers have higher rates of chronic disease, more disability, and lower self-rated health than members of the previous generation at the same age. On a positive note, baby boomers are less likely to smoke cigarettes and experience lower rates of emphysema and myocardial infarction than the previous generation.

The findings from the present study documenting poorer health status and increased rates of obesity, hypertension, diabetes, and hypercholesterolemia support an increased likelihood for continued rising health care costs and a need for increased numbers of health professionals as baby boomers age.^{5,6} Given the link between positive healthy lifestyles and subsequent health in this age group,⁷ the present study demonstrates a clear need for policies that expand efforts at prevention and healthy lifestyle promotion in the baby boomer generation.

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Online-Only Material: The eAppendix is available at <http://www.jamainternalmed.com>.

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LESS IS MORE

Ascorbic Acid Supplements and Kidney Stone Incidence Among Men: A Prospective Study

U rinary oxalate is an important determinant of calcium oxalate kidney stone formation.¹ Vitamin C is excreted in urine both in its unmetabolized form and as oxalate; however, there remains considerable uncertainty over the kidney stone risk that may be associated with ascorbic acid supplement use.²

We examined whether ascorbic acid supplements (approximately 1000 mg) were associated with kidney stones in a population-based, prospective cohort of men.

See also Invited Commentary at end of letter and page 355

Methods. The Cohort of Swedish Men (COSM) has been described elsewhere.³ In brief, 48 850 men, aged 45 to 79 years at baseline, were recruited in 1997 (response rate, 49%). Detailed diet and lifestyle data were collected at baseline using a self-administered questionnaire. Based on validated questions, men reported their use of ascorbic acid (sensitivity=67% and specificity=93%)⁴ and of 20 other supplement types. We excluded those with incorrect national registration numbers, implausible energy intake, pre-