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Synergies for Sustainable, Open & Responsible Research

Porto 16-18 September 2019

SHARE - The Survey of Health, Ageing and Retirement in Europe: experience of a single group using this open access database

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INTRODUCTION

Currently, healthcare and life sciences ecosystems are moving towards an open data approach. This evolving paradigm is based on an interplay of clini-

MATERIALS & METHODS

Our group has a wide experience using SHARE. We have recently reported the overall prevalence of frailty (7.7%) and prefrailty (42.9%), polypharmacy (32.1%), difficulty in medication intake (2.1%), and physical inactivity (12.5%) over 50+ people in Europe, and its associated variables. These prevalences were unequal across countries. We also reported a prevalence of cognitive impairment of 28.0% for perceived memory, 27.89% for verbal fluency and 20.75% for numeracy, and an association between low cognitive function and cardiovascular risk factors⁵. By identifying a broad spectrum of variables related to specific conditions and understanding patterns about European health status, useful cost-effective large-scale interventions and policies can be developed to improve the quality and sustainability of the health system.

cal and population databases that are shared to encourage universal participation, interoperability of databases and to push forward research and innovation.

SHARE (Survey of Health, Ageing, and Retirement in Europe) is an European cross-national panel database, which includes detailed questions on demographics, health, social network and economic status from representative samples of the community-based population. SHARE data is available to entire research community for scientific research, free of charge, and is subjected to European Union and national data protection laws. It's last wave (data from 2017) covers 27 European countries, with data of about 140,000 individuals aged over 50, which allows consistent international comparisons and provides a dynamic picture of ageing in Europe. SHARE is harmonized with the US Health and Retirement Study (HRS) and the Eng-Longitudinal Study of Ageing lish (ELSA) and has become a role model for several ageing surveys worldwide. Thus, SHARE represents a great source of open data for research.

RESULTS

Archives of Gerontology and Geriatrics 78 (2018) 213-220



Polypharmacy prevalence among older adults based on the survey of health, ageing and retirement in Europe

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- DOI: 10.1111/ggi.13689
- ORIGINAL ARTICLE

EPIDEMIOLOGY, CLINICAL PRACTICE AND HEALTH

Prevalence of frailty status among the European elderly population: Findings from the Survey of Health, Aging and Retirement in Europe

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A 30.0 - 34.9 % = 35.0 - 39.9 % = 40.0 - 44.9 % = 45.0 - 49.9 % = 50.0 - 54.9 %

B 2.5 - 4.9 % 5.0 - 7.4 % 7.5 - 9.9 % 10.0 - 12.4 % 12.5 - 14.9 % 15.0 - 17.4 %



AIMS

In this work we want to focus our experience using SHARE database and propose a reflection on the benefits and limitations of SHARE.

OSF 75

Fig. 1 Prevalence of polypharmacy in older people (65 +) among 17 European countries and Israel.

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Physical inactivity among older adults across Europe based on the SHARE database

Marcos Gomes^I, Daniela Figueiredo^{2,3}, Laetitia Teixeira^{4,5}, Verónica Poveda^{4,6}, Constança Paúl^{4,5}, Alice Santos-Silva^I, Elísio Costa^I



Fig. 3 Prevalence of physical inactivity in older people 55+ across Europe.

Fig. 2 Prevalence of frailty status across Europe. Pre-frailty (A) and Frailty (B) status across Europe.

Aging and Disease	Volume 9, Number 1; 90-101, February 2018
www.aginganddisease.org	http://dx.doi.org/10.14336/AD.2017.0128

Original Article

Cardiovascular Risk Factors Are Correlated with Low Cognitive Function among Older Adults Across Europe Based on The SHARE Database

Joana Lourenco ^{1,2,3}, Antonio Serrano¹, Alice Santos-Silva⁴, Marcos Gomes⁴, Claudia Afonso², Paula Freitas^{5,6}, Constanca Paul ^{3,7}, Elisio Costa^{4,*}

Aging and Disease	Volume 7, Number 3; 246-253, June 2016
www.aginganddisease.org	http://dx.doi.org/10.14336/AD.2015.0925

Original Article

Predictors of Difficulty in Medication Intake in Europe: a Cross-country Analysis Based on SHARE

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CONCLUSIONS

SHARE database has great potential to scientific community since it ensembles a huge amount of open data from community-dwelling older people. Therefore, it allows us, research community, to find answers to the societal challenges that we face due to demographic transition, to make suggestions for stakeholders and to search for tailored-interventions in older community-dwelling promoting well-being and an active and healthy ageing, in a low-cost and fast way.

Nevertheless. It also has some limitations: it is self-reported, the sampling procedure could influence some of the results and people with more disabilities might not have been included. Nevertheless, it is a source of free data and a sample of elderly European popula-

tion.

ACKNOWLEDGEMENTS

This work used data from the SHARE Project, which has been funded by the European Commission through the 5th framework programme (Project QLK6-CT-2001-00360 in the thematic programme Quality of Life). Further support by the European Commission through the 6th framework programme (Projects SHARE-I3, RII-CT-2006-062193, as an Integrated Infrastructure Initiative, COMPARE, CIT5-CT-2005-028857, as a project in Priority 7, Citizens and Governance in a Knowledge Based Society, and SHARE-LIFE (CIT4-CT-2006-028812)), through the 7th framework programme (SHARE-PREP (No 211909), SHARE-LEAP (No 227822) and M4 (No 261982) and through Horizon 2020 (SHAREDEV3 (No 676536 and SERISS (No 654221)) are gratefully acknowled-ged. This work also received financial support from the European Union (FEDER funds POCI/01/0145/FEDER/007728) and National Funds (FCT/MEC, Fundação para a Ciência e Tecnologia and Ministério da Educação e Ciência) under the Partnership Agree-ment PT2020 UID/MULTI/ 04378/2013.