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Study: Americans would live longest but for rates of smoking and obesity

American Council for Science and Health (ACSH)

One average American lives several years fewer than people in a number of other developed countries like France and Japan. This may seem puzzling as Americans spend more on health care, and American patients do, in fact, live longer following diagnosis of cancer and a number of other serious diseases.

Well, a report from the National Research Council released yesterday presents a theory why this might be. According to the study authors, Americans live shorter lives because of our greater propensity for obesity and our higher previous rates of smoking. The researchers predict that if U.S. obesity rates dip as our smoking rates have declined, then the combined effect will increase U.S. life expectancy relative to that seen in other developed nations. The researchers particularly anticipate a rise in life expectancy among American men, whose smoking rates have dropped markedly over the last twenty years. Because women's smoking in the U.S. peaked later and started to go down later, they expect that the effect on women's life expectancy will appear more gradually.

The authors warn, however, that if obesity rates continue to rise that American life expectancy will decline.

There are, however, many confounding factors for all the data and predictions presented. ACSH's Dr. Josh Bloom points out that one Organization for Economic Co-Operation and Development (OECD) study found that if adjustments were made for the higher accident and homicide rates in the U.S. that life expectancy was the highest in the world. He comments: "This is not a simple problem. It may be politically expedient to draw simple conclusions in order to point out how 'flawed' the American health care system is, or how fat we've become, but the real situation is more complex."

Panel on Understanding Divergent Trends in Longevity in High-Income Countries

National Research Council

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Over the last 25 years, life expectancy at age 50 in the U.S. has been rising, but at a slower pace than in many other high-income countries, such as Japan and Australia. This difference is particularly notable given that the U.S. spends more on health care than any other nation. Concerned about this divergence, the National Institute on Aging asked the National Research Council to examine evidence on its possible causes.

According to Explaining Divergent Levels of Longevity in High-Income Countries, the nation's history of heavy smoking is a major reason why lifespans in the U.S. fall short of those in many other high-income nations. Evidence suggests that current obesity levels play a substantial part as well. The book reports that lack of universal access to health care in the U.S. also has increased mortality and reduced life expectancy, though this is a less significant factor for those over age 65 because of Medicare access. For the main causes of death at older ages -- cancer and cardiovascular disease -- available indicators do not suggest that the U.S. health care system is failing to prevent deaths that would be averted elsewhere. In fact, cancer detection and survival appear to be better in the U.S. than in most other high-income nations, and survival rates following a heart attack also are favorable.

Explaining Divergent Levels of Longevity in High-Income Countries identifies many gaps in research. For instance, while lung cancer deaths are a reliable marker of the damage from smoking, no clear-cut marker exists for obesity, physical inactivity, social integration, or other risks considered in this book. Moreover, evaluation of these

risk factors is based on observational studies, which -- unlike randomized controlled trials -- are subject to many biases.