

# Body mass index and unintentional weight change associated with all-cause mortality in older Australians: the Melbourne Longitudinal Studies on Healthy Ageing.

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Body mass index and unintentional weight change associated with all-cause mortality in older Australians: the Melbourne Longitudinal Studies on Healthy Ageing (MELSHA).

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Abstract : This study determined whether body mass index (BMI) and unintentional weight change were independently associated with all-cause mortality during follow-up (1994-2006) in a representative sample of elderly individuals aged 70 years living in Melbourne, (Victoria) Australia. Death records were checked for individuals who were known to have died plus those who could not be contacted during the period. Typically, death date was ascertained after an unsuccessful attempt to contact a participant for a follow-up telephone interview by (i) communicating with a family member to confirm the participant's death status or (ii) via checks of death records. Standard international cut-offs were used to classify participants into health status categories: normal weight (BMI 18.5-24.9), underweight (BMI <18.5), overweight (BMI 25-29.9) and obesity (BMI ≥30.0) categories. Unintentional weight change was determined by asking participants "Did you lose or gain 5 kilograms in the last 6 months without wanting to?", at baseline and 1998, 2000, 2002 and 2004 follow-up interviews. Study participants were grouped into the following four mutually exclusive categories: (i) no change (at baseline and follow-up), (ii) gain (reported at least once), (iii) loss (reported at least once) and (iv) fluctuation (gain as well as loss reported at least once at 2 different time points). Participants with missing values for unintentional weight change (n=11) were classified into the no change group. Cox proportional hazards regression analyses were used to determine hazard ratios with 95% confidence intervals (HR [95% CI]). Of 1000 participants recruited at baseline, response rates for survivors at biennial follow-ups were 88.2% (714/809) for 1996, 78.7% (649/825) for 1998, 73.5% (542/737) for 2000, 58.9% (398/676) for 2002 and 78.8% (424/538) for 2004. The prevalence of unintentional weight change (loss and fluctuation), male sex, married, cardiovascular disease, arthritis, high blood pressure, and problems with feet or legs tended to increase with BMI category. In contrast, the prevalence of 80+ years and widowed tended to decrease with BMI category. Unintentional weight loss and mortality was significantly associated with BMI <18.5 ( $P=0.017$ ) and unintentional weight loss ( $P<0.001$ ). There was no significant sex by BMI interaction ( $P=0.233$ ), but this was driven by women given that only 2 men were in the BMI <18.5 group. Neither underweight nor obesity was associated with mortality in univariate and multivariate models. The study concluded that underweight rather than overweight or obesity increases the risk of death in older people. Guidelines for optimal body weight for survival in older people should be revised to include overweight.

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