OBJECTIVES
To identify factors associated with survival to the age of 90 years old in 70+ elderly people. Design: The PAQUID prospective cohort on brain and functional ageing. Setting: 75 randomly selected administrative communities in Gironde and Dordogne (France).

PARTICIPANTS
A sub-sample of 2,578 community dwellers aged 70 years and over at baseline in 1988 and followed-up over 20 years, all participants of the PAQUID study.

MEASUREMENTS
Data on socio-material environments, lifestyle, health, perceived health, and family background were collected at home every 2–3 years over 20 years, with a prospective update of vital status. Participants were compared according to their survival status (subjects who reached 90 compared to those who did not). The factors associated with survival were investigated separately for men and women by Cox regression with, as much as possible, time-dependent variables.

RESULTS
Some factors associated with survival were common to both genders, whereas some others appeared gender specific. For men, tenant status (HR=1.46), former or current smoking (HR=1.17), disability (respective HR of 1.50, 1.78 and 2.81 for mild, moderate and severe level), dementia (HR=1.51), a recent hospitalisation (HR=1.32), dyspnoea (HR=1.32), and cardiovascular symptoms (HR=1.15) were associated with lower chance of becoming nonagenarian. Conversely, regular physical activity (HR=0.74) was associated with higher chance of survival. For women, the presence of a professional help (HR=1.19), living arrangements (HR=1.29 and HR=1.33), disability (respective HR of 1.55, 1.95 and 2.70 for mild, moderate and severe disability), dementia (HR=1.54), a recent hospitalisation (HR=1.19), diabetes (HR=1.49), and dyspnoea (HR=1.20) were associated with lower chance of becoming nonagenarian. Conversely, satisfaction of level income (HR=0.87), comfortable housing (HR=0.81), length of living in the dwelling (HR=0.80 upper to 6 years),
regular physical activity (HR=0.89) and a medium (HR=0.79) or good (HR=0.68) subjective health, were associated with higher chance of becoming nonagenarian.

**CONCLUSION**
Our findings confirm that survival up to 90 is a multifactorial phenomenon with similarities and specificities by gender. Consequently, primary prevention and global consideration of ageing (social, material, financial, psychological) are necessary to promote not only longevity but also successful ageing in order to face the future societal challenges due to demographic ageing.

**Mots-clés**
Nonagenarian, Ageing, Gender, Time-dependent variables

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