

Population Part

The longitudinal data collection in the population part concerns the follow-up of health, illness, functional capability, social situation and care need in a panel consisting of the elderly population through repeated medical examinations, tests, interviews, questionnaires, etc. This information is supplemented by different types of register data.

Common study design

The four areas work with a common study design. Initially, a base line survey relating to a selection of individuals living in respective areas and aged 60, 66, 72, 78, 81, 84, 87, 90, 93 and 96. These individuals are now followed regularly – the younger ones every 6 years and the older ones every third year. Every sixth year a new cohort of 60-year-olds is added to the study population.

In this way it will be possible to both follow the aging of individual persons in separate age groups and to compare cohorts – for example with respect to health improvements. As a consequence of the rich quantities of data that are gathered on each person, aging with the occurrence and development of functional impairments and care needs can be studied from a number of different aspects and against a background of a diversity of conceivable influencing factors.

Planning of the study

The planning of the study was carried out in cooperation between the researchers from the constituent areas. The work was focused on developing a common so-called core protocol with identical survey variables. To this in each area a supplementary protocol has been developed consisting of questions and examinations with a focus on various specific issues that need to be deepened within respective areas.

The planning of the SNAC-study involved researchers from all four participating areas. A common core protocol was decided upon. In addition there exists additional protocols in each site directed towards the special research interest in the respective research centres. The core protocol contain the following domains:

Section A: Demography and economic conditions

Section B: Physical environment

Section C: Social environment

Section D: Life habits

Section E: Medical examination

Section F: Disability and quality of life

Section G: Medication

Section H: Use of care resources

Data collection

Data collection is carried out via a questionnaire, interviews, tests and medical examinations. Special personnel– doctors, nurses, psychologists, etc. – have been employed for this purpose. The examination takes a total of four – six hours per person. All principals for the study have requested and been granted permission for the survey by the Research Ethics Committee at Karolinska Institutet (Kungsholmen and Nordanstig) as well as Lund University (Skåne and Blekinge). The surveys based on voluntary participation and all participants have given its consent to the registration of collected information.

Base line investigation

The base line survey in the SNAC Study's Population Part was set in operation in all areas in March 2001 and completed in 2003/04. Altogether, a total of some 8 300 individuals were investigated in the four areas. The first re-survey concerning persons aged 81, 84,..., 96 was started 2004 and completed in 2007. A new re-survey of all age group was started later the same year and completed in 2010. This survey includes a new cohort of 60-year-olds and 81-year-olds who have not been previously examined. After that there was a new re-survey of the 81-year-olds and over, which was started in 2010. This third re-survey was completed in 2012. In 2013, the next re-survey of all age-groups was started including new cohorts of 60- and 81-year-olds (except for Kungsholmen where these age groups will not be represented until 2015). This survey will be finished early 2016, when another re-survey of old age groups will be launched.

In preparation for the re-surveys, the study protocols was revised with deletion of questions and examinations that do not need to be repeated from the base line. New cohorts, however, are subject to the unchanged initial protocol. After this repeated revisions have been made for each re-survey though with the aim of avoiding unnecessary changes. A detailed compilation of the local protocols has been made with the aim of facilitating comparisons and the collation of data from the participating areas.