

Age Differences in the Agreement of Self-reported and Objective Health Information

Grace I. L. Caskie, Sherry L. Willis, & K. Warner Schaie

Information about participants' current health conditions is often obtained by simply asking if they have been diagnosed with the health conditions of interest. Obtaining objective reports of this information (e.g., from the participant's physician or medical record) can be difficult, due to increased attention on the privacy of protected health information as a result of the Health Information Portability and Accountability Act of 1996 (HIPAA). Further, agreement between self-reported and objective health information may vary by age. This study compared self-reports of hypertension and diabetes for 1,166 participants (ages = 43–84 years; M=530, F=636) to physician diagnoses in participants' medical records and to prescriptions in participants' pharmacy records for three age groups: (1) 43-56 years (n=438), (2) 57-70 years (n=402), and (3) 71-84 years (n=326). Within all age groups, self-reports of hypertension and diabetes were significantly related to both physician diagnoses ($p < .001$) and pharmacy prescription refills for these conditions ($p < .001$). Kappa coefficients indicated significant agreement between self-reported and objective information for all age groups. Age differences in agreement were found for the comparison of self-reports of diabetes to physician diagnoses of diabetes ($p < .01$); individuals aged 43-56 years had significantly less agreement than older age groups. In all age groups, the rate of false positives tended to be lower for diabetes than hypertension. However, the rate of false negatives was much greater for both health conditions but decreased for older age groups. Recency of diagnosis may be an important predictor of agreement, particularly between self-reports and medication usage.