



SHAREABLE PDF

Life-course socioeconomic disadvantage and lung function: a multicohort study of 70 496 individuals

Vânia Rocha ^{1,15}, Sílvia Fraga ^{1,2,15}, Carla Moreira^{1,3}, Cristian Carmeli⁴, Alexandra Lenoir ⁵, Andrew Steptoe⁶, Graham Giles⁷, Marcel Goldberg^{8,9}, Marie Zins^{8,9}, Mika Kivimäki ¹⁰, Paolo Vineis¹¹, Peter Vollenweider¹², Henrique Barros ^{1,2} and Silvia Stringhini^{13,14}, for the LIFEPAATH Consortium¹⁶

Affiliations: ¹EPIUnit – Instituto de Saúde Pública, Universidade do Porto, Porto, Portugal. ²Departamento de Ciências da Saúde Pública e Forenses, e Educação Médica, Faculdade de Medicina da Universidade do Porto, Porto, Portugal. ³Centre of Mathematics, University of Minho, Braga, Portugal. ⁴Population Health Laboratory, Dept of Community Health, University of Fribourg, Fribourg, Switzerland. ⁵Dept of Medicine, Respiratory Medicine, Lausanne University Hospital, Lausanne, Switzerland. ⁶Dept of Behavioural Science and Health, University College London, London, UK. ⁷Cancer Epidemiology Centre, Cancer Council Victoria, Melbourne, Australia. ⁸Population-based Epidemiological Cohorts Unit, INSERM UMS 11, Villejuif, France. ⁹Paris Descartes University, Paris, France. ¹⁰Dept of Epidemiology and Public Health, University College London, London, UK. ¹¹MRC Centre for Environment and Health, School of Public Health, Dept of Epidemiology and Biostatistics, Imperial College London, London, UK. ¹²Dept of Medicine, Internal Medicine, Lausanne University Hospital and University of Lausanne, Lausanne, Switzerland. ¹³Center for Primary Care and Public Health (UNISANTE), University of Lausanne, Lausanne, Switzerland. ¹⁴Unit of Population Epidemiology, Dept of Primary Care, Geneva University Hospitals, Geneva, Switzerland. ¹⁵These authors contributed equally. ¹⁶LIFEPAATH Consortium members are listed in the acknowledgements.

Correspondence: Silvia Stringhini, Population Epidemiology Unit, Primary Care Division, Geneva University Hospitals, Rue Gabrielle Perret-Gentil 4, 1205, Geneva, Switzerland. E-mail: silvia.stringhini@hcuge.ch

@ERSpublications

This multicohort study of 70 496 individuals from four European countries shows that life-course socioeconomic disadvantage is associated with a lower lung function and is an important predictor of years of lung function loss during adulthood and older ages <https://bit.ly/3huxpOX>

Cite this article as: Rocha V, Fraga S, Moreira C, *et al.* Life-course socioeconomic disadvantage and lung function: a multicohort study of 70 496 individuals. *Eur Respir J* 2021; 57: 2001600 [<https://doi.org/10.1183/13993003.01600-2020>].

This single-page version can be shared freely online.

ABSTRACT

Background: Lung function is an important predictor of health and a marker of physical functioning at older ages. This study aimed to quantify the years of lung function lost according to disadvantaged socioeconomic conditions across the life-course.

Methods: This multicohort study used harmonised individual-level data from six European cohorts with information on life-course socioeconomic disadvantage and lung function assessed by forced expiratory volume in 1 s (FEV₁) and forced vital capacity (FVC). 70 496 participants (51% female) aged 18–93 years were included. Socioeconomic disadvantage was measured in early life (low paternal occupational position), early adulthood (low educational level) and adulthood (low occupational position). Risk factors for poor lung function (*e.g.* smoking, obesity, sedentary behaviour, cardiovascular and respiratory diseases) were included as potential mediators. The years of lung function lost due to socioeconomic disadvantage were computed at each life stage.

Results: Socioeconomic disadvantage during the life-course was associated with a lower FEV₁. By the age of 45 years, individuals experiencing disadvantaged socioeconomic conditions had lost 4–5 years of healthy

lung function *versus* their more advantaged counterparts (low educational level -4.36 (95% CI -7.33 – -2.37) for males and -5.14 (-10.32 – -2.71) for females; low occupational position -5.62 (-7.98 – -4.90) for males and -4.32 (-13.31 – -2.27) for females), after accounting for the risk factors for lung function. By the ages of 65 years and 85 years, the years of lung function lost due to socioeconomic disadvantage decreased by 2–4 years, depending on the socioeconomic indicator. Sensitivity analysis using FVC yielded similar results to those using FEV₁.

Conclusion: Life-course socioeconomic disadvantage is associated with lower lung function and predicts a significant number of years of lung function loss in adulthood and at older ages.