



HEALTH RISK BEHAVIORS 危害健康行為

BACKGROUND Health risk behaviors refer to activities that contribute to the increased risk for death, disability and social problems. These behaviors are often preventable. Although there is a general reduction in the frequency of at-risk behaviors among the elderly, some activities still persist and can be detrimental to health and aging.

STUDY RESULTS

GAMBLING Among U.S. older adults, 50% have gambled in the last one year, and 1% carry pathological gambling behaviors. Among Chinese older adults, 15% had gambled within the past year. Gambling in casinos was most common, followed by mah-jong and state lottery. Among the mah-jong players, 20% engaged in the popular pastime everyday or almost every day.

ALCOHOL Heavy alcohol consumption can lead to various health problems such as diabetes, high blood pressure, and mood disorders. Alcohol consumption is present in 38% of older Americans. The rate of alcohol use among study participants was lower than the national average.

SMOKING Smoking has been linked to an increased likelihood of cancer, cardiovascular disease, and other adverse health conditions. One in ten (10%) older Americans are current smokers. Similar to the national prevalence, 11% of Chinese older adults were reported as current smokers. About one in three participants (29%) reported that they had smoked cigarettes at some point during their lifetime.



背景 危害健康行為是指那些對健康造成危險，可導致死亡，殘疾或社會問題的活動。這些危險行為是可以預防的。儘管老人有危害健康行為的頻率較其他年齡層低，但還是有一些行為對健康老化有不良影響。

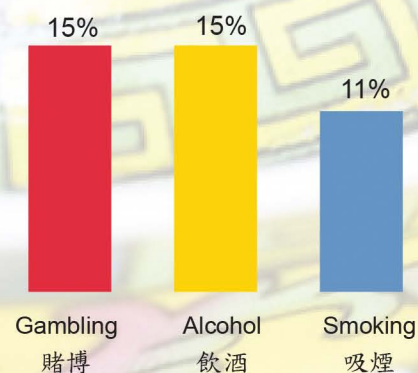
研究結果

賭博 50%的美國老人一年內曾賭博過，同時有1%的老人是問題性賭徒。15%的受訪者在一年內曾經參與賭博。最常見的賭博方式包括賭場賭博，打麻將和買州立彩票。在打麻將的人中，20%每天或者幾乎每天都會打。

飲酒 過度飲酒可能造成糖尿病，高血壓以及情緒失控等健康問題。統計數據顯示有38%的美國老人有飲酒的習慣。調查結果顯示華人老人飲酒的比例相對較低。

吸菸 吸菸可以引發癌症，心臟病以及其他健康問題。十分之一美國老人目前有吸煙習慣。華人老人中有11%現有吸菸習慣，與全美比例相當。29%的老人過去曾經吸過煙。

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CONCLUSION Coordinated educational, clinical, social and enforcement approaches are needed to reduce high-risk behaviors in this population. Policy makers, practitioners and health care professionals need a deeper understanding of the roots of high-risk behaviors and of strategies that can be used to prevent, detect and intervene.

結論 減少老人危害健康行為需要通過教育，臨床醫學，政策制定等一系列合作措施。政策制定者以及醫療人員需對產生健康危害行為的原因以及有效干預做更深入的了解。