The Last Years of Life: Health Trajectories among the oldest-old

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Abstract

Based on a multidimensional measure of "health status", we analyze the end-of-life trajectories in late life. Data are from the two cohorts of the Swiss Interdisciplinary Longitudinal Study on the Oldest Old (SWILSO-O; N=717 persons).

We document transitions in health status between robustness, ADL-independent frailty, and ADL-dependence, during the last years of life of 273 deceased participants. The majority of participants ended their lives while being frail (44%); 25% were ADL-dependent on two successive waves before death.

The oldest old are in different health states even before death. A majority (75%) of the oldest old die without having to suffer long-term ADL-dependence prior to death.

Results 1: Health status before death

- SWILSO-O is a two-cohort study on aging in Switzerland
- Stratified by gender and geographical area (urban and semi-rural) and composed of community-dwelling participants at baseline.

Results 2: Health trajectories before death

- The oldest old are in different health states even before death.
- A majority (75%) of the oldest old die without having to suffer from long-term ADL-dependence.

Results 3: Factors predisposing to end life in long-term ADL-dependence

- Long-term ADL-dependence prior to death is more frequent among women. This trajectory is less frequent among persons living in a urban area, and persons with middle/upper SES.
- For each additional year of life, the probability of ending life in long-term ADL-dependence increases by 13%.

Conclusions and perspectives

- Long-term ADL-dependence does not necessarily precede death. Rather, frailty is the more probable last stage in late life.
- High age predisposes to end life in long-term ADL-dependence. As life expectancy continues to increase, will future generations experience longer periods of ADL-dependence at the end of their life?

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