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Principal Investigator: Prof. Lalive d’Epinay

Individual Trajectories

Gerontology
Switzerland

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This study deals first with the evolution of health and well-being in later life. Then our interest focuses on the impact on well-being of the most frequent individual health trajectories (on two successive waves) in later life. We examine two dimensions of well-being: the affective or emotional component and the cognitive component. We use depressive symptoms (mean index of positive and negative affects) to measure the first dimension of well-being (affective or emotional) and an index of self-assessed health to evaluate the second dimension (cognitive). In order to construct individual health trajectories we combined the ADL with a frailty indicator - based on the presence of deficiencies in mobility, memory, energy, physical or sensory capacities - and constructed three statuses independent (I) - no ADL incapacities and not suffering any dimension of frailty; frail (F) - no incapacities on the ADL but having deficiencies on two or more dimensions of frailty; dependent (D) - one or more ADL incapacities. Our analyses are based on Wilcoxon tests. Our results show the stability of well-being in later life despite health decline. This result corroborates previous studies which emphasize "the stability-despite-loss paradox of subjective well-being" (Kunzmann, Little & Smith, Psychology and Aging, 2000). The analyses of individual health trajectories show two significant results: we observe a decrease in well-being when frail people are becoming dependent (F-D) and an increase in well-being when they recover from frailty to independence (F-I).

Questions

- How do health and well-being generally evolve in later life?
- Does the evolution of well-being vary according to individual health trajectories?

Sample

235 community-dwelling octogenarians aged 80-84 years and able to answer by themselves the questions were randomly selected at baseline in two contrasting regions of Switzerland (urban and semi-urban). The participants in the Swiss Interdisciplinary Longitudinal Study on the Oldest Old (SWILE03-D) were interviewed 5 times (between 1994 and 1999). The information was gathered by a team of face-to-face interviewers (Tel: +41 22 373 12 05) based on a closed-ended questionnaire.

1. Health Status

<table>
<thead>
<tr>
<th>Status</th>
<th>1994 Mean (Std error)</th>
<th>1999 Mean (Std error)</th>
<th>Wilcoxon test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independent</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frail</td>
<td>0.31 (0.55)</td>
<td>0.04 (0.37)</td>
<td>NS</td>
</tr>
</tbody>
</table>

Self-assessed health

For more information on the construction of health status and its validation, see Arm & Guéguen, Gerontologie et société, 2004

2. Evolution of Health Status

Table 1. Depressive symptoms and self-assessed health in 1994 and in 1999 (survivors only)

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3. Indicators of Well-Being

Well-being is composed of two dimensions:

- affective or emotional dimension
- cognitive dimension

- depressive symptoms: Mean index of 8 items measuring frequency of positive and negative affects (standardized variables)
- self-assessed health: Mean index of 2 items: self-rated health and frequency of worries about one’s own health (standardized variables)

- 3 of the 6 individual health trajectories refer to continuity of the same health status: staying independent (I-I) or frail (F-F) or dependent (D-D) on two successive waves. However continuity of the same health status does not mean health stability: deficiencies may increase. This is the case in F-F, F-D, and D-D.

- 2 of these individual health trajectories are transitions leading to health decline: entry into frailty (F-F-I) and entry into dependency (D-I-D).

- And the last individual health trajectory is a transition leading to health improvement: recovering from frailty into independence (F-I-I).

4. Global Evolution of Well-Being

Table 2. The six most frequent individual health trajectories (on two successive waves)

5. Individual Health Trajectories

Table 3. Depressive symptoms and self-assessed health by individual health trajectories

6. Well-being and Individual Health Trajectories

7. Conclusions

A) The analyses of individual health trajectories emphasize that well-being is firmly associated with some health transitions, which the analyses of the global evolution of well-being do not show.

B) We observe that some individual health trajectories are not associated with a significant change in well-being even if they are characterized by health decline.

C) The analyses of individual health trajectories highlight the importance of psycho-sociological mechanisms which may play an important regulatory role, which allows for adaptation to health decline and thus contributes to preserving well-being even in later life.