



C I G

Center for Interdisciplinary Gerontology  
http://www.unige.ch/cig

# Evolution of Health and Well-Being in Later Life: Global Trend and Individual Trajectories

Myriam Girardin Keciour, Dario Spini, Jean-François Bickel, Christian Lalive d'Épinay

Center for Interdisciplinary Gerontology, University of Geneva, Switzerland



UNIVERSITÉ DE GENÈVE  
Switzerland

This research is supported by a grant from the Swiss National Science Foundation (Priority Program, "Switzerland: towards the future": No 5004-058534/058536)  
Principal Investigator: Prof. Lalive d'Épinay

### Abstract

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 or not more than one; 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 dependant (F-D) and an increase in well-being when they recover from frailty to independance (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

295 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 (SWILSO-O) were interviewed 5 times (between 1994 and 1999). The information was gathered by means of face-to-face interviews (total N=1025) based on a closed-end questionnaire.

## 1. Health Status

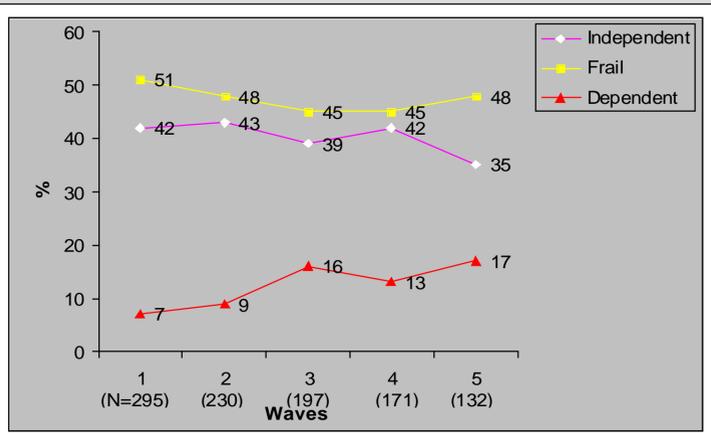
**Dependent** one or more ADL incapacities

**Frail** no incapacities on the ADL, but two or more deficiencies on the dimensions of frailty (mobility, memory, energy, physical, sensory capacities)

**Independent** no ADL incapacities and not suffering more than one dimension of frailty

*For more informations on the construction of health status and its validation, see Armi & Guillely, Gérontologie et société, 2004*

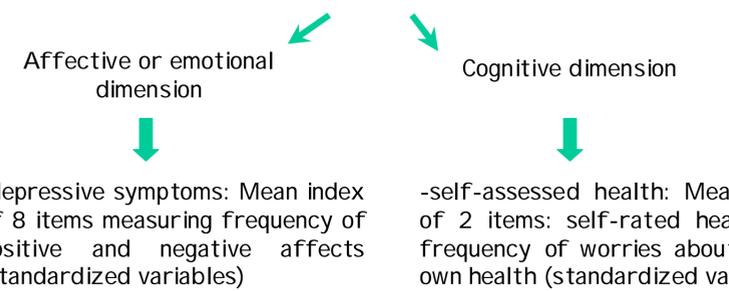
## 2. Evolution of Health Status



Independents decrease from the first to the last wave as dependents increase: Health tends to decline between the first (1994) and the last wave (1999)

## 3. Indicators of Well-Being

Well-being is composed of two dimensions



## 4. Global Evolution of Well-Being

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

	1994 Mean (Std error)	1999 Mean (Std error)	Wilcoxon's test
Depressive symptoms	- 0.10 (0.55)	0.01 (0.76)	NS
Self-assessed health	0.11 (0.78)	0.04 (0.71)	NS

There is no significant change in depressive symptoms and in self-assessed health between 1994 and 1999

Well-being has been stable from 1994 to 1999

## 5. Individual Health Trajectories

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

	Continuity	Decline	Improvement
	N	N	N
I - I	219	I - F 92	F - I 69
F - F	229	F - D 39	
D - D	49		

- 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 » and « D-D ».

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

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

*For more informations on individual health trajectories, see Guillely, E., Armi, F., Ghisletta, P. & Lalive d'Épinay, Ch. Poster session BSS 11/22/04, 3:15PM-4:45PM, Marriott Balcony A*

## 6. Well-being and Individual Health Trajectories

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

	Individual health trajectories					
	I-I	I-F	F-I	F-F	F-D	D-D
Depressive symptoms	→	→	↘	→	↗	→
Self-assessed health	→	→	↗	→	↘	→

Only 2 of the 6 individual health trajectories are associated with a significant change in both depressive symptoms and self-assessed health:

- The transition « F-I » is correlated with a significant increase in well-being
- The transition « F-D » is associated with a significant decrease in well-being

The other 4 individual health trajectories (3 refer to continuity of health status and 1 to decline (« I-F »)) are correlated with stability of well-being even if most of them are characterized by health decline.

## 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. Psycho-sociological mechanisms may play an important regulatory role, which allows for adaptation to health decline and thus contributes to preserving well-being even in later life.