

FRAILTY PROCESS AND WELL-BEING: AN EVALUATION OF THE DOWNWARD SOCIAL COMPARISON EFFICIENCY IN LATER LIFE

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OBJECTIVE

To assess the efficiency of downward social comparison as a mechanism for adaptation during the frailty process in two periods of later life (80-85 and 86-94 years of age). Therefore we investigate the relationships between health evolution, well-being and downward social comparison among the oldest old.

SAMPLE

SWILSO-O

(Swiss Interdisciplinary Longitudinal Study on the Oldest Old)

Participants ¹⁾	295	230	197	171	132	103	81	59	49
Mean Age	81.8	83.2	84.2	85.1	86.5	87.9	88.8	89.7	91.3



¹⁾ First cohort, face-to-face interviews

INDICATORS

The two Dimensions of Well-Being

Affective dimension

Affective Well-Being:
Standardised mean index of 8 items measuring frequency of positive and negative affects

Cognitive dimension

Perception of Health:
Standardised mean index of 2 items: self-rating health and frequency of worries about one's own health

Social Comparison

If you compare your health to that of your peers, would you say it is...?

Social comparison in 1994 and in 2004 (survivors only)

	1994	2004
Better	68.2	61.4
Equivalent	27.3	27.3
Worse	4.5	11.4

Health Status

Robust (R) no ADL incapacities and not more than one affected dimension of frailty (mobility, memory, energy, physical ailments, sensory capacities)

Frail (F) no incapacities on the ADL, but two or more deficiencies on the dimensions of frailty

ADL-Dependent (D) one or more ADL incapacities

CONCLUSION

- Downward social comparison is a functional and very efficient adaptation mechanism up to the age of 85.
- After 85 years of age its efficiency diminishes. The growing frailty process may explain why the oldest old can not activate efficiently downward social comparison.

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RESULTS:

Health trajectories, social comparison and well-being

Changes in well-being (test of Wilcoxon) and unilateral associations (êta) with social comparison (measured at Tn+1) by segment of health trajectories.

Between 80 and 85 years of age

		Changes in well-being		Association with social comparison	
		Affective well-being	Perception of health	Affective well-being	Perception of health
R-R	n=167	→	→	0	0
F-R	n=50	↗	↗	0	0
R-F	n=59	→	→	+	+
F-F	n=161	→	→	+	+
F-D	n=21	↘	↘	0	0
D-D	n=26	→	→	+	+

Social comparison is positively and significantly associated (+) with well-being stability even when frailty appears (R-F) and intensifies (F-F).

Between 86 and 94 years of age

		Changes in well-being		Association with social comparison	
		Affective well-being	Perception of health	Affective well-being	Perception of health
R-R	n=106	→	→	0	+
F-R	n=45	→	↗	0	0
R-F	n=73	↘	↘	+	0
F-F	n=172	↘	→	0	+
F-D	n=36	→	↘	0	0
D-D	n=57	→	→	0	0

Well-being decreases when health starts to decline although social comparison as an adaptation mechanism is activated.

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