new dynamics of ageing
a cross-council research programme

Quality of Life and social well-being in older age in older age

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Aims of Studies

To measure QoL in people 65+ in Britain

To develop & test new 'bottom up' measure of QoL (OPQOL)

Why another measure of QOL?

QoL complex: measuring the right things?

CASP-19 developed from needs satisfaction model (control, autonomy, satisfaction, pleasure), & panel of professionals to assess face validity

WHOQOL based on WHO definition of broader QoL (perceptions of position in context of culture & value systems, in relation to their goals, expectations, standards & concerns)

Broad, multidimensional QoL measure needed with lay relevance

QOL ONS Omnibus Survey in 1999-2000: ***National random sample, private postcode files:*** ONS interviewed people aged 65+ living at home:

999 people; *77% response*. Started with 'bottom-up' Qs:

'Thinking about your life as a whole, what is it that makes your life good - that is, the things that give your life quality? You may mention as many things as you like.'

'What is it that makes your life bad - that is the things that reduce the quality in your life? You may mention as many things as you like.'

'Thinking about all these good and bad things you have just mentioned which one is the most important to you?'

7-point QoL self-rating scale: 'QoL so good, could not be better' – 'QoL so bad, could not be worse'
& 80 re-interviewed in depth; 3 subsequent postal follow-ups over 8 years

Measures also included:

- **Psychological:** Self-efficacy (mastery and control over life); social comparisons, expectations; optimism-pessimism

- **Health & functioning:** Townsend ADL; Health status; health perceptions (SF-36), diagnosed conditions, longstanding illness

- **Psychological morbidity:** GHQ-12

- **Social:** Contacts & support: family/friends/neighbours, social participation; perceived neighbourhood environment, social capital

- ***ONS: socio-demographic & socio-economic Qs.***

Main QoL themes mentioned & used to develop OPQOL:

- Social & family relationships
- Social roles & activities

- Health & functional ability (enablers)
- Home & neighbourhood (perceived social capital)

- Psychological well-being & outlook (life satisfaction; contentment; optimism; social comparisons)

- Income
- Independence & being in control over one's life

& Religion, culture, children prioritised by 4 ethnically diverse focus groups

** Independently predicted global self-assessed QoL*

200+ items (statements) reduced to 50 & pre-tested with 100 baseline survey volunteers, & re-reduced:

OPQOL-32 & -35:

Social relationships & participation (8)
Independence, control over life, freedom (5)
Psychological & emotional well-being (4)
Perceived financial circumstances (4)
Area: home & neighbourhood (4)
Life overall (4)
Health (4)
Religion & culture (2)

5-point Strongly agree to Strongly disagree response scales; reverse coding of positive responses & summed: higher scores = higher QoL

Scale ranges: 35 (QoL so bad could not be worse) - 175 (QoL so good could not be better) PLUS IMPORTANCE RATINGS

Social relationships ranked by the most people as key dimension of QoL

81% said social relationships gave quality to life:

- **'for companionship'**
- **'to do things with'**
- **'to take me out'**
- **'to make life bearable'**
- **'to know there is someone there willing to help me'**
- **'to look after me'**
- **'for 'confidence'**
- **'someone to depend on me'**

'….my little cat. I talk to her a lot, she's just like a little child. She doesn't like being left alone, I love her to bits. Now and again I give her a little kiss.'

Social relationships: neighbours

“Four doors down the man called me to give me broad beans. When I did not put my washing line up he came round to see if there was any problem. The lady two doors down does my eye drops three times a week. They are all very good.”

For 12% poor social relationships took quality away from life – e.g. difficulties maintaining contacts/relationships, due to:

- **geographical distance**
- **families** *'too busy'* **to visit**
- **family feuds** *('If only we could be friends with our children.')*
- **Ill health/difficulties getting out** (self &/or f&f)

Theory: Social networks

- **Social network characteristics *(size, composition, integration of members (nodes): frequency of contact, co-familiarity, geographical spread)* determine provision of:**

- **Social support (availability of emotional assistance)**

- **Instrumental assistance, reciprocity between members (time, money, tasks) & information (e.g. health)**

- **Social participation/activity**

In turn, network availability is facilitated by opportunities provided by <u>community social capital</u>

Social networks and support

Evidence for benefits of social support:

- **Prevention of loneliness (risk: widowed; not feeling close to one's children; less than weekly contacts with one's children; less than 2 friends - ELSA)**

- **Buffer against stress & its harmful effects on immune functioning, health, well-being & QoL**

- **Increases chances of survival: meta-analysis showed 50% increased likelihood of survival for people with stronger social relationships, across age, sex, initial health status, cause of death, and follow-up period:**

'The influence of social relationships on risk for mortality is comparable with well-established risk factors for mortality.' (Holt-Lunstad et al. 2010: Meta-analysis of 148 studies)

After our baseline QoL survey, we carried out 3 further surveys to test the Older People's QoL questionnaire (OPQOL)

- **National ONS Omnibus Survey (65+:589/61% r/r)**
  - *[94% white British; 45% aged 75+ *]*
- **National Ethnibus Survey (65+:400/70% r/r)**

*[Indian (38%), Pakistani (29%), Black Caribbean (22%), Chinese (11%) people; 9% aged 75+ *]*

- **Postal follow-up of our baseline 1999-2000 ONS survey respondents (now aged 74+:287/58% r/r)**

*[100% white British; 83% 75+ * at follow-up]*

** Multivariable analyses controlled for age, sex, SES*

OPQOL Total Score

	Ethnibus	ONS	QoL f/up
	%	%	%
QoL bad as can be ≤99	6	1	7
100-119	67	11	38
120-139	25	52	43
140-159	2	32	12
QoL good as can be 160-175	---	4	---
Cronbach's alpha of internal consistency	0.75	0.88	0.90

[Cronbach's alpha threshold for consistency 0.70<0.90]

Current Gerontology and Geriatrics Research. Open access 'Volume 2009 (2009).

CASP-19 Total Score (2 new samples only)

	Ethnibus %	ONS %
≤ 19 'Absence of QoL'	----	1
20-29	23	7
30-39	68	27
40-49	8	46
50-57 'Satisfaction in all domains'	1	19
Cronbach's alpha	*0.55*	*0.87*

Scale range 0-57 (response scales 0-3; - reversed so positive=better & summed)

WHOQOL-OLD Total Score (2 new samples only)

		Ethnibus %	ONS %
≤ 69	Lowest possible QoL	2	4
70-79		23	11
80-89		58	24
90-99		15	40
100-120	Highest possible QoL	2	27
Cronbach's alpha		*0.42*	*0.85*

Scale range 24-120 (24 x 5-point response scales 1-5; - reversed so positive=better & summed)

OPQOL Bad vs. Middle-good by sample

OPQOL	Ethni-bus Indian %	Ethnibus Pakistani %	Ethnibus Afro-Caribbean %	Ethni-bus Chinese %	ONS Omni-bus 94% White British %	QoL follow-up 100% White British %
<120 (Bad)	80	72	77	42***	13	47
120+ (Middle-Good)	20	28	23	58	87	53

OPQOL social relationships:

% Strongly agree/agree	Ethnibus %	ONS Omni-bus %	QoL follow-up %
+ My family, friends or neighbours would help me if needed:	37	94	93***
-I would like more companionship/ contact with other people:	36	20	23***
+ I have someone who gives me love/affection:	55	88	80***
-I'd like more people to enjoy life with:	35	29	26***
+ I have my children around which is important *(0 children=SD):*	44	68	*Not asked*

Leisure and social activities:

	Ethnibus %	ONS Omnibus %	QoL follow-up %
***+ I have social or leisure activities/hobbies that I enjoy doing*:**			
Strongly agree/agree	**44**	**79**	**74*** **
***+ I try to stay involved with things*:**			
Strongly agree/agree	**38**	**83**	**75*** **

Adjusted odds of OPQOL score being good (1 referent) vs. not good (0)

Variables entered:	QoL follow-up sample	ONS Omnibus	Ethnibus
	OR (95% CI)	OR (95% CI)	OR (95% CI)
Unable to walk 400 yards without help vs. able	0.443*** (0.312-0.631)	0.128*** (0.070-0.236)	0.599 ns (0.322-1.114)
Actual number of supporters	1.183*** (1.070 – 1.308)	1.159*** (1.062-1.265)	1.047** (1.012-1.083)
High self-efficacy vs. low	3.449*** (1.681 – 7.078)	n/a	n/a
Adjusted for age, sex, tenure: age and sex ns all samples; tenure OR 0.766 (0.625-0.939) p<0.01 in Ethnibus sample only; ** p<0.01; *** p<0.001			

Essential requirement for coping with challenges of older age:

Build up reserves of

social support & psychological resources (+ self-efficacy)

to compensate when unable to do things

SOC: A keen bowler:

“The beauty of the bowling, of course, is the fact is that if a partner dies they’ve got somewhere to go.

I mean they literally … play at our bowling club till 95 and even some of them have got new knees … some of them can hardly see, they have binoculars to see where the jack is, but there’s that companionship, somewhere to go...”

Cont.

“We’ve got a section for blind bowlers ... Amazing what they can do. We put a string down the centre ... so they can feel initially where they’ve got to go…

We’ve actually got somebody that could beat most of the club members …. he can’t see the jack, so we put the jack up for him. He then bowls against the string.

Then there’s another one who’s got tunnel vision, he uses binoculars. And he will put on these binoculars- there’s two of them - they will see where the jack is, and bowl….”

Summary

OPQOL: good reliability & validity in British pop. & ethnically diverse samples

Sensitive to differences in responses between White British & ethnically diverse samples

(& when controlling x age, sex, SES)

Independent predictors of good Qol (OPQOL score):

Having:

Good mobility (2/3 samples)
More supporters (all 3 samples)
Perceived self-efficacy (belief in our ability) (only asked in 1 sample)

Policy:

- **What role should social contact and activities have in preventive health care?**
- **Are social interaction and engagement modifiable? Can we change these to prevent loneliness - & promote successful ageing?**
- **What is the balance between state/voluntary and private sectors in enabling social interaction including in late old age?**

The end