Sociale relationers betydning for fysisk funktionsevne

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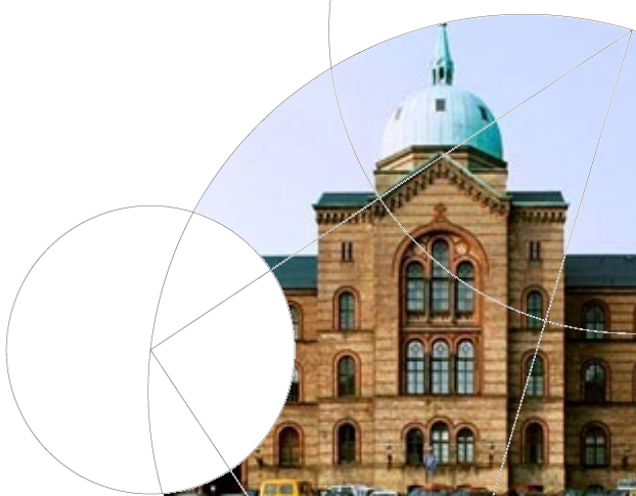

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Lidt baggrund….

Danske forhold?

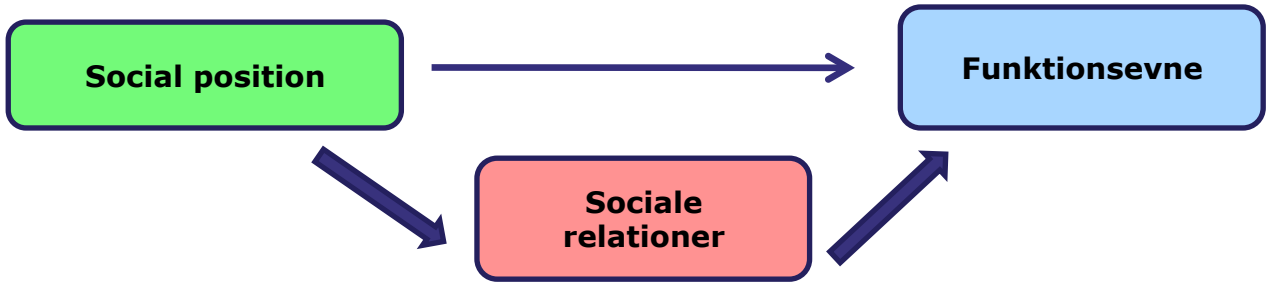
Tid?

Samspil?

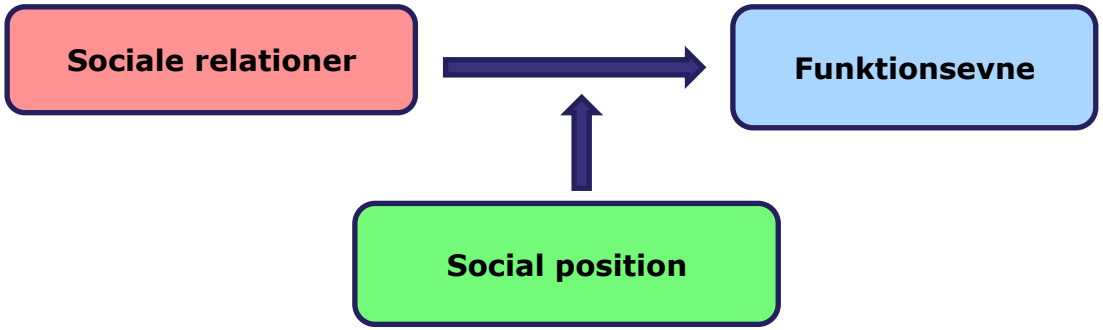
Midaldrende?

Samspil

- **Sociale relationer som en del af forklaringen på hvorfor social position påvirker funksionsevne**



- **Sammenhængen mellem sociale relationer og funktionsevne forskellig afhængig af social position**



Data

Gamle

•Det Danske Interventionsstudie om Forebyggende Hjemmebesøg

•Hjemmeboende mænd og kvinder i 34 danske kommuner.

•75 eller 80 år i 1998

•Spørgeskemadata fra 1998, 2000, 2001/02, 2003

•N=4,060 i 1998 (respons rate 70%)

Midaldrende

***Det Danske Longitudinelle Studie om Arbejde, Arbejdsløshed og Helbred**

•Tilfældigt udtrukket population af danske mænd og kvinder.

•40 eller 50 år i 1999

•Spørgeskemadata fra 2000 og 2006

•N=4,893 i 2000 (respons rate 65%)

Mål for funktionsevne

Gamle

Kirsten Avlunds Mobilititetsskalaer.

Træthed eller behov for hjælp i følgende aktiviteter:

at komme op fra seng/stol
at komme udendørs
at gå omkring inde i huset
gå udendørs i godt/dårligt vejr
gå på trapper til 2.sal

Midaldrende

Begrænsninger i:

at løbe 100 meter
gå på trapper til 2.sal

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Cohabitation Status and Onset of Disability Among Older Danes

Is Social Participation a Possible Mediator?

Charlotte Juul Nilsson, MD
Rikke Lund, MD, PhD
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Er der større risiko for funktionsevnetab når man bor alene?

whether this effect was mediated by social participation. **Method:** A total of 2,533 nondisabled older men and women enrolled in the Danish Intervention Study on Preventive Home Visits constituted the study population. Data were collected by mailed questionnaires in 1998-1999, 2000, 2001-2002, and 2003. **Results:** Living alone significantly increased the risk of onset of disability (T3 OR = 1.60[1.06-2.43], T4 OR = 1.74[1.22-2.47]) and the risk of sustained poor functional ability (OR = 2.35[1.44-3.84]) among men, but not among single-living women. Social participation mediated only a small part of the effect of cohabitation status on functional ability. **Discussion:** Our results underline the importance of cohabitation/marriage for maintaining a high functional ability among older men.

Keywords: *cohabitation status; onset of disability; mediation; social participation*

For aleneboende kvinder var der ikke øget risiko for tab af funktionsevne ift samboende kvinder.

Table 3

Men: Odds Ratios (95% CI) for Onset of Disability at T3 or T4 by Cohabitation Status, and Odds Ratios for a Decline/Recovery/ Sustained Poor Functional Ability (Compared to a Sustained Good Functional Ability) Between T3 and T4 by Cohabitation Status

70-80% større risiko for tab af funktionsevne efter hhv 3 og 4 år hvis aleneboende

… skyldes ikke, at de aleneboende har lav social deltagelse

	Model 1	Model 2	Model 3	OR (%)[a]
Onset of disability from T1 to T3 ($n = 1,120$)				
Cohabiting	1.00	1.00	1.00	
Not cohabiting	1.83 (1.23-2.74)	1.67 (1.11-2.53)*	1.60 (1.06-2.43)	10.45
Onset of disability from T1 to T4 ($n = 1,120$)				
Cohabiting	1.00	1.00	1.00	
Not cohabiting	1.88 (1.34-2.67)	1.79 (1.26-2.55)*	1.74 (1.22-2.47)	6.33

Model 1: cohabitation status → functional ability T3/T4/change in functional ability T3-T4.
Model 2*: cohabitation status + age + financial assets + mental well-being → functional ability T3/T4/change in functional ability T3-T4.
Model 2**: cohabitation status + age + financial assets → functional ability T3/T4/change in functional ability T3-T4.
Model 3: Model 2 + social participation → functional ability T3/T4/change in functional ability T3-T4.
[a]Formula: $(OR_{(\text{adjusted for confounders})} - OR_{(\text{adjusted for confounders plus social participation})} / OR_{(\text{adjusted for confounders})} - 1) \times 100\%$.

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Can the higher risk of disability onset among older people who live alone be alleviated by strong social relations? A longitudinal study of non-disabled men and women

RIKKE LUND[1], CHARLOTTE JUUL NILSSON[1], KIRSTEN AVLUND[1]

Kan høj social deltagelse eller høj tilfredshed med de sociale relationer afbøde den negative effekt af at bo alene?

older men and women from The Danish Longitudinal Study on Preventive Home Visits.
Results: living alone and low social participation were significant risk factors for later male disability onset. Not being satisfied with the social relations was significantly associated with onset of disability for both genders. Among men who lived alone low social participation was a significant predictor of disability onset [odds ratio, OR=2.30 (1.00–5.29)]; for cohabiting men social participation was not associated with disability onset, [adjusted OR=0.91 (0.49–1.71)]. Similar results were present concerning satisfaction with the social relations among men. There was no significant interaction for women.
Conclusions: the study suggests that men who live alone can possibly alleviate their risk of disability onset by being socially active and by having access to satisfactory social relations. Women do not seem to benefit as much from cohabitation as men, although women who live alone and who are not satisfied with their social relations also constitute a significant risk category.

Table 3. Odds ratios (95% CI) for disability onset (3-year follow-up) by cohabitation status/social participation and cohabitation status/satisfaction with social relations at baseline, stratified by gender

		Model 2[a]
Men N = 1,222		
Cohabiting + high social participation		1.00
Living alone + high social participation		1.50 (0.98–2.29)
Cohabiting + low social participation		0.91 (0.49–1.70)
Living alone + low social participation		3.20 (1.57–6.51)

Mænd, der bor alene, kan muligvis mindske deres risiko for funktionsevnetab, enten ved at have høj social deltagelse eller hvis de er tilfredse med deres sociale relationer.

		Model 2[a]
Cohabiting + satisfied with soc. rel.		1.00
Living alone + satisfied with soc. rel.	1.33 (0.84–2.10)	1.30 (0.80–2.11)
Cohabiting + not satisfied with soc. rel.	1.22 (0.79–1.88)	0.85 (0.52–1.38)
Living alone + not satisfied with soc. rel.	3.23 (1.93–5.40)	2.60 (1.48–4.56)

	Model 1	Model 2[b]
Women N = 1,475		
Cohabiting + high social participation	1.00	1.00
Living alone + high social participation	1.22 (0.94–1.58)	1.13 (0.86–1.50)
Cohabiting + low social participation		0.67 (0.32–1.40)
Living alone + low social participation		1.02 (0.49–2.10)

Kvinder, der bor alene, har øget risiko for funktionsevnetab, hvis de samtidigt ikke er tilfredse med deres sociale relationer.

	Model 2[c]
Cohabiting + satisfied with soc. rel.	1.00
Living alone + satisfied with soc. rel.	1.11 (0.81–1.52)
Cohabiting + not satisfied with soc. rel.	1.30 (0.82–2.08)
Living alone + not satisfied with soc. rel.	1.74 (1.17–2.58)

[a]Adjusted for baseline: age, mental well-be… …l municipality.
[b]Adjusted for baseline: age, moderate and vi… …social relations.
[c]Adjusted for baseline: age, moderate and vigorous physical activity, intervention/control municipality.

Social Inequality in Onset of Mobility Disability Among Older Danes: The Mediation Effect of Social Relations

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Charlotte Juul Nilsson, MD[1],
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Kan sociale relationer forklare social ulighed i funktionsevnetab?

Objective: This article investigates social inequality in onset of mobility disability and in measures of social relations and whether social relations mediated the effect of socioeconomic status on mobility. **Method:** A total of 2,825 nondisabled older men and women, enrolled in the Danish Intervention Study on Preventive Home Visits, constituted the study population. Data were obtained by mailed questionnaires in 1998-1999 and 2001-2002 and by merging analyses to registers at Statistics Denmark. **Results:** There was a social gradient in onset of mobility disability, with odds ratio of 1.11 (1.07-1.15) per step down the deciles of financial assets and in cohabitation status, social participation, and network diversity. Social relations did not mediate the effect of financial assets on onset of mobility disability. **Discussion:** The negative effects of low financial assets and poor social relations on mobility appear to be independent. More longitudinal studies on possible mediators of the social gradient in mobility among older people are needed.

Risikoen for funktionsevnetab stiger med ca. 10% per step nedad i formue-decilerne.

Mao: jo lavere social position jo højere risiko for funktionsevnetab

Table 1. Odds Ratio … lity at Follow-Up by Financial Assets, Cohabitation Status, Social Participation, and Soc…

		Odds ratio (95% CI)					
			…del 2[c]	Model 3a[d]	Model 3b[e]	Model 3c[f]	Model 3d[g]
Financial assets							
OR per decile when descending from highest to lowest decile	286/47 (highest)	1.11 (1.07-1.15)	1.10 (1.06-1.14)	1.11 (1.07-1.15)	1.09 (1.05-1.13)	1.09 (1.06-1.13)	1.10 (1.06-1.14)
	296/34						
	288/35						
	292/50						
	268/39						
	284/58						
	287/67						
	295/68						
	281/79						
	248/57 (lowest)						

… Sammenhængen kan ikke forklares med, at dem med lav social position i højere grad bor alene, har lav social deltagelse, og har lavere diversitet i netværket.

Note: OR = odds ratio; CI = confidence interval.
a. Column 2 shows number of individuals in the various strata and number of these individuals who experienc…
b. Model 1: Financial assets/cohabitation status/social participation/network diversity → onset of mobility disability.
c. Model 2: Financial assets/cohabitation status/social participation/network diversity + sex + age → onset of mobility disability.
d. Model 3a: Financial assets + sex + age + cohabitation status → onset of mobility disability.
e. Model 3b: Financial assets + sex + age + social participation → onset of mobility disability.
f. Model 3c: Financial assets + sex + age + network diversity → onset of mobility disability.
g. Model 3d: Financial assets + sex + age + cohabitation status + social participation + network diversity → onset of mobility disability.

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Onset of mobility limitations in old age: the combined effect of socioeconomic position and social relations

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[3]Danish Aging Research Centre, University of Aarhus, University of Southern Denmark, University of Copenhagen, Denmark

Er det at bo alene eller at have lav social deltagelse større risikofaktorer for funktionsevnetab blandt individer med lav social position?

of 2,839 older men and women from the Danish Intervention Study on Preventive Home Visits.

Results: among men low financial assets, living alone or having low social participation significantly increased the odds ratios (OR) for onset of mobility limitations. Among women only low financial assets and low social participation significantly increased the ORs for onset of mobility limitations. Analyses with combined exposure variables showed that simultaneous exposure to low financial assets and poor social relations significantly increased the ORs for onset of mobility limitations among both genders, yet the tendencies appeared stronger for males. In particular, men with simultaneous exposure to low financial assets and low social participation had increased odds ratios for onset of mobility limitations, OR = 5.36 (2.51–11.47), compared with the non-exposed.

Conclusion: the study suggests that future interventions to increase social participation might alleviate the negative effects on mobility experienced by older people in low socioeconomic position, perhaps especially among older males.

Keywords: *onset of mobility limitations, socioeconomic position, living alone, social participation, older people*

Table 3. Odds ratios (95% CI) for onset of mobility limitations (3-year follow-up) by financial assets/cohabitation status and financial assets/social participation at baseline, stratified by gender

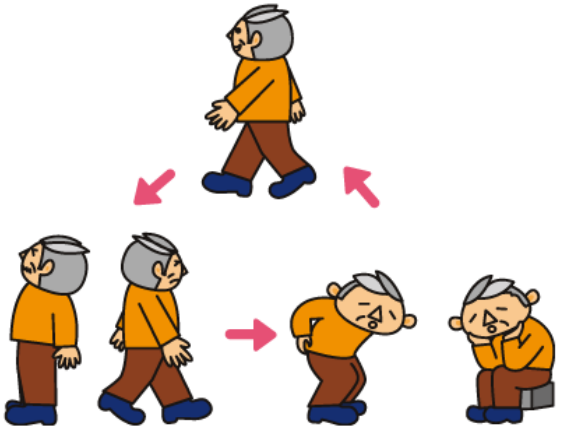
	n/cases	Model 1[a] OR (95% CI)	Model 2[b] OR (95% CI)	Model 3[c] OR (95% CI)
Men, *n* = 1,278				
Financial assets and cohabitation status				
High assets + cohabiting	838/94	1.00	1.00	
High assets + living alone	259/48	1.80 (1.23–2.63)	1.75 (1.19–2.56)	
Low assets + cohabiting	145/21	2.15 (1.37–3.38)	2.13 (1.35–3.36)	
Low assets + living alone	36/10	3.04 (1.42–6.51)	3.04 (1.41–6.56)	
Financial assets and social participation				
High assets + high participation	960/117	1.00	1.00	1.00
High assets + low participation	137/25	1.61 (1.00–2.59)	1.56 (0.96–2.51)	1.52 (0.94–2.47)
Low assets + high participation	151/28	1.64 (1.04–2.58)	1.61 (1.02–2.55)	1.68 (1.06–2.67)
Low assets + low participation	30/13	5.51 (2.61–11.64)	5.82 (2.73–12.39)	5.36 (2.51–11.47)
Women, *n* = 1,561				
Financial assets and cohabitation status				
High assets + cohabiting	425/82	1.00	1.00	–
High assets + living alone	749/168	1.21 (0.90–1.63)	1.10 (0.81–1.48)	
Low assets + cohabiting	213/51	1.32 (0.89–1.96)	1.34 (0.90–1.99)	
Low assets + living alone	174/52	1.78 (1.19–2.67)	1.62 (1.07–2.43)	
Financial assets and social participation				
High assets + high participation	1,110/232	1.00	1.00	1.00
High assets + low participation	64/18	1.48 (0.84–2.60)	1.51 (0.86–2.68)	1.54 (0.87–2.72)
Low assets + high participation	340/87	1.30 (0.98–1.73)	1.32 (0.99–1.76)	1.35 (1.01–1.81)
Low assets + low participation	47/16	1.95 (1.05–3.63)	2.21 (1.18–4.14)	2.29 (1.22–4.29)

[a]Crude model.
[b]Adjusted for age.
[c]Adjusted for age and cohabitation status.

Det, samtidigt at have lav social position og svage sociale relationer, øger risikoen for funktionsevnetab.

Mest udtalt for mænd.

Træthed ved mobilitets-aktiviteter kan ses som markør for senere funktionsevnetab.



Er sammenhængen mellem træthed og senere funktionsevnetab stærkere blandt individer med svage sociale relationer?

Vi fandt en tendens til, at træthed var associeret med behov for hjælp i flere mobilitets-aktiviteter efter hhv 3 og 4 år blandt 80-årige, der boede alene eller havde lav diversitet i netværket, men ikke statistisk signifikant.

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Mobility disability in midlife: A longitudinal study of the role of anticipated instrumental support and social class

Har forventningen om at kunne få praktisk hjælp ved behov betydning for funktionsevnen allerede midt i livet?

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Available online 12 October 2009

Keywords:
Anticipated instrumental support
Mobility disability
Social class
Disability of middle-aged subjects

disability in a middle-aged cohort is associated with social class and (2) study if anticipation of instrumental support has a protective effect on mobility at 6-year follow-up, and whether this effect is modified by social class. Data on 3549 40- and 50-year-old men and women were obtained from The Danish Longitudinal Study on Work, Unemployment and Health in 2000 and 2006. Ten percent of the study participants experienced onset of mobility disability at follow-up. Significantly more individuals in the lower social classes experienced onset of mobility disability and never anticipated instrumental support, compared to the higher social classes. In this middle-aged population the anticipation of instrumental support had no significant effect on mobility disability at 6-year follow-up. Social class did not modify the association between anticipated instrumental support and mobility, but was the most important confounder. Further research on the effect of social support on mobility in midlife is needed in order to identify individuals at risk of disability at an early stage.

Table 2
OR (95% CI) for onset of mobility disability at follow-up in 2006 by frequency of anticipated instrumental support from separate sources of the social network (2000).

Source of support	*N*/cases (with outcome)	Model 1	Model 2	Model 3
Partner/spouse				
Always	2207/205			1.00
Often	671/61			1.21 (0.88–1.66)
Sometimes	204/16			0.81 (0.47–1.41)
Seldom	54/6			1.06 (0.42–2.66)
Never	25/3			0.73 (0.20–2.68)
Do not have	388/55			1.40 (0.99–1.97)
Family				
Always	866/81			1.00
Often	1072/104			1.08 (0.78–1.48)
Sometimes	974/84			0.84 (0.60–1.17)
Seldom	461/48	1.13 (0.77–1.64)		0.97 (0.65–1.45)
Never	158/25	1.82 (1.12–2.96)	1.57 (0.96–2.56)	1.28 (0.76–2.17)
Do not have	18/4	2.77 (0.89–8.61)	2.42 (0.77–7.63)	1.98 (0.60–6.56)
Friends				
Always	760/81	1.00	1.00	1.00
Often	1132/100	0.81 (0.60–1.11)	0.81 (0.59–1.10)	0.91 (0.66–1.25)
Sometimes	1121/107	0.89 (0.65–1.20)	0.84 (0.62–1.14)	0.94 (0.68–1.29)
Seldom	435/41	0.87 (0.59–1.30)	0.82 (0.55–1.23)	0.94 (0.62–1.43)
Never	80/15	1.94 (1.06–3.55)	1.77 (0.96–3.27)	1.30 (0.66–2.58)
Do not have	21/2	0.88 (0.20–3.86)	0.88 (0.20–3.86)	0.35 (0.07–1.68)
Colleagues				
Always	258/19	1.00	1.00	1.00
Often	496/51	1.44 (0.83–2.50)	1.42 (0.82–2.46)	1.59 (0.90–2.81)
Sometimes	976/79	1.11 (0.66–1.87)	1.08 (0.64–1.82)	1.25 (0.73–2.15)
Seldom	979/82	1.15 (0.68–1.93)	1.12 (0.67–1.89)	1.20 (0.70–2.06)
Never	698/85	1.74 (1.04–2.93)	1.64 (0.97–2.76)	1.67 (0.97–2.87)
Do not have	142/30	3.37 (1.82–6.25)	3.03 (1.63–5.64)	1.66 (0.83–3.34)
Neighbours/others				
Always	429/34	1.00	1.00	1.00
Often	705/69	1.26 (0.82–1.94)	1.29 (0.84–1.98)	1.44 (0.92–2.25)
Sometimes	1199/119	1.28 (0.86–1.91)	1.30 (0.87–1.93)	1.52 (1.00–2.31)
Seldom	780/68	1.11 (0.72–1.71)	1.11 (0.72–1.71)	1.17 (0.74–1.84)
Never	424/55	1.73 (1.10–2.72)	1.75 (1.11–2.75)	1.36 (0.84–2.20)
Do not have	12/1	1.06 (0.13–8.43)	1.03 (0.13–8.27)	0.69 (0.08–5.99)

Notes: Model 1: anticipated instrumental support 2000 → mobility 2006; Model 2: Model 1 + age + gender → mobility 2006; Model 3: Model 2 + BMI + smoking status + physical activity + chronic diseases + social class → mobility 2006.

Der var ingen effekt at forventet praktisk hjælp ved behov fra div. kilder i det sociale netværk på funktionsevne blandt midaldrende.

Supplerende analyser om sociale relationer og funktionsevne blandt midaldrende.

Hverken samlivsstatus eller kontaktfrekvens med hhv partner, familie, venner, kolleger eller naboer havde betydning for funktionsevnen blandt midaldrende.