

Conference Theme for which the presentation is proposed

Topic 7: Population Ageing

Session 704: Social ties, living arrangements, care and well-being in later life

Title of the presentation

Identifying the Components of Quality of Life in Old Age

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Objectives

Research on Quality of Life (QoL) has become necessary to establish adequate policies to satisfy needs. Progressive ageing in Spain makes old people a target of special interest for planners.

The aim of the paper is to identify the most relevant dimensions of QoL and to explore the sociodemographic and health explanatory factors that structure Quality of Later Life.

Data and Methods

Data from a face-to-face survey carried out in 2005 to people aged 65 years old and more living in family housing has been used. The survey contains a measure of individual QoL (SEIQoL-DW) which allows the respondents to identify the 5 most important QoL dimensions (cues) and to rate their satisfaction levels and importance (weights) towards the calculation of SEIQoL index score (ranging from 0 to 100). Other health measures are: Barthel's disability index, diagnosed diseases and comorbidity index adapted from CIRS-G, depression subscale from the Hospital Anxiety and Depression scale (HAD) and a health-related QoL measurement scale (EuroQoL-5D). Contingency tables and General Linear Models have been used to explore the relationships between the SEIQoL index score and health-related and socio-demographic variables.

Main results and Discussion

The five most spontaneously nominated areas of QoL are Health (96% of the sample), Family Network (82%), Economic Situation (76%), Social Network (57%) and Leisure activities (38%). Family Network and Health rate the highest levels of satisfaction (77 and 71 over 100, respectively), meanwhile Economic Situation, Leisure-Free Time and Social Network obtain the lowest (60, 60 and 66 over 100, respectively). Mean weights are higher for Health (26%) and Family Network (26%) and lower for Social Network, Economic Situation and Leisure-Free Time (16%, 16% and 14%). Overall SEIQoL mean index score is 71 ± 12 and ranges from 31 to 96.

Individual scores of the SEIQoL are associated with sociodemographic variables as age ($p \leq 0.05$), social status ($p \leq 0.005$) and self-perceived household economic status ($p \leq 0.01$); self-rating of current health status measured by EQ-5D VAS ($p \leq 0.005$) and depression subscale ($p \leq 0.05$) also show an association with the SEIQoL index. However, no statistical association is found with gender, disability index neither number of diagnosed diseases nor comorbidity index.

Subjective health variables seem to play an important role, together with sociodemographic factors, in the structure of QoL among the elderly.