Families and Disability Onset: Are Spousal Resources Less Important for Individuals at High Risk of Dementia?

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Objective: *To determine whether social contacts and spousal characteristics predict incident instrumental or basic activities of daily living (I/ADL) limitations and whether effects differ for individuals with high risk of dementia.* **Design:** *Cohort study.* **Setting:** *Biennial interviews of Health and Retirement Study participants over up to 12 years.* **Participants:** *4,125 participants aged 65 years and older without baseline I/ADL limitations.* **Measurements:** *Participants' family characteristics (living arrangements, proximity to children, contacts with friends, marital status, and spouse's depression, employment, and education) and dementia probability (high versus low risk of dementia based on direct and proxy cognitive assessments) were characterized at baseline. Family characteristics and their interactions with dementia probability were used to predict incident I/ADL limitations in pooled logistic regressions.* **Results:** *ADL limitation incidence was higher among the unmarried (odds ratio [OR] versus married: 1.14; 95% CI: 1.01–1.30); those married to a depressed spouse (OR versus nondepressed spouse: 1.56, 95% CI: 1.21–2.00); or whose spouse had less than high school education (OR versus spouse with high school or more: 1.29, 95% CI: 1.06–1.57). Living with someone other than a spouse compared with living with a spouse predicted higher risk of both incident ADL (OR: 1.35; 95% CI: 1.11–1.65), and IADL (OR: 1.30; 95% CI: 1.06–1.61) limitations. Effects were similar for respondents with high and low dementia probability.* **Conclusions:** *Regardless of dementia risk, older adults may receive important marriage benefits, which help delay disability. The salience of spouse's education and depression status implicate modifiable mechanisms, such as information and instrumental support, which may be amenable to interventions.* (Am J Geriatr Psychiatry 2016; ■■:■■–■■)

Key Words: disability, cognitive function, epidemiology, social ties

Social ties strongly predict many dimensions of health and disability, with hypothesized mechanisms involving the types of support provided by those ties. Various ties play distinct roles in the lives of older adults. For example, spouses and friends are thought to be key sources of emotional support, such as love

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and affection, and serve as confidantes. Children are more likely to provide instrumental support to aging parents, for example, helping with tasks such as grocery shopping or financial management.[1] Further, the importance of various ties appears to evolve with an individual's health, with some evidence that social support is more important for disease management than disease prevention.[2–5]

Previous research has observed that satisfactory subjective social support, and not network size, is associated with functional ability.[6] This suggests that it is not the number of social ties that may influence health outcomes, but characteristics of the ties. Characteristics of the individual providing support (e.g., depression, education, or employment) may shape their capacity to provide satisfactory support,[7] in particular to those who have memory impairment or incipient dementia. There is little empirical evidence, however, about how characteristics of the individual providing support influence care recipient outcomes. Examining the influence of network members on functional outcomes is important because some characteristics—for example, depression status or education—may be modifiable or highlight opportunities for intervention. These effects are particularly understudied for individuals with incipient dementia, and it is unclear whether network ties have similar benefits for individuals with cognitive impairments as for cognitively normal elderly.

We examined whether social ties and spousal characteristics predict onset of disability in older adults, and whether these patterns differed by dementia probability status. We hypothesized that being married, living with children or spouses, having weekly contact with friends, and having a spouse with at least a high school education, a spouse who was currently working, or a spouse who was not depressed would be associated with lower risk of incident instrumental or basic activity of daily living (I/ADL) limitations, even among cognitively impaired individuals.

METHODS

The Health and Retirement Study (HRS) is a nationally representative cohort of Americans aged 50 years or older and their spouse.[8,9] We restricted analyses to HRS participants who were aged 65 years or older in 1998 and followed these individuals biennially through 2010.

The HRS was approved by the University of Michigan Health Sciences human subjects committee. These analyses were determined to be exempt by the Harvard School of Public Health Office of Human Research Administration.

Outcome Assessment

We analyzed two dichotomous outcomes in separate models: any ADL limitation and any IADL limitation. During biennial interviews, participants or proxy respondents reported whether they had difficulty in the past 30 days in five ADLs (getting across a room, dressing, bathing, eating, and getting in and out of bed) and in five IADLs (using a phone, managing money, taking medication, shopping for groceries, and preparing hot meals). Participants reported "yes", "no", or "do not do" for each of these items. We used the RAND variables for any ADL limitation and any IADL limitation.[10] "Do not do" and "refused" are treated as missing in the RAND coding. A sensitivity analysis in which "do not do" and "refused" were treated as having a limitation found similar results to those reported here. Participants who reported any ADL or IADL limitations in 1998 or 2000 were excluded from our analyses.

Assessment of Resources and Risk Factors from Social Ties

The family-level variables examined in this study were living arrangements, proximity to children, contacts with friends, marital status, spouse's depression status, spouse's employment status, and spouse's education status. All exposure variables were assessed in 2000. For respondents missing information in 2000, we used 1998 values.

Living arrangements were classified as living with spouse (reference category), living with someone other than spouse, and living alone. Proximity to children was classified as living with children (reference category), having no children, living within 10 miles of children, living over 10 miles from children. Contact with friends was defined as at least weekly meetings with friends (reference category) versus less than weekly meetings with friends. Spouses of the HRS respondents are also included by the HRS sample design. All spousal characteristics were reported either by the spouse or by their proxy (except for depression) if the

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