



Marital history and survival after a heart attack



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ABSTRACT

Heart disease is the leading cause of death in the United States and nearly one million Americans will have a heart attack this year. Although the risks associated with a heart attack are well established, we know surprisingly little about how marital factors contribute to survival in adults afflicted with heart disease. This study uses a life course perspective and longitudinal data from the Health and Retirement Study to examine how various dimensions of marital life influence survival in U.S. older adults who suffered a heart attack ($n = 2197$). We found that adults who were never married (odds ratio [OR] = 1.73), currently divorced (OR = 1.70), or widowed (OR = 1.34) were at significantly greater risk of dying after a heart attack than adults who were continuously married; and the risks were not uniform over time. We also found that the risk of dying increased by 12% for every additional marital loss and decreased by 7% for every one-tenth increase in the proportion of years married. After accounting for more than a dozen socioeconomic, psychosocial, behavioral, and physiological factors, we found that current marital status remained the most robust indicator of survival following a heart attack. The implications of the findings are discussed in the context of life course inequalities in chronic disease and directions for future research.

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For more than half a century, the life course perspective has made immeasurable contributions to our understanding of how social inequalities in health develop across age. Central to this theoretical orientation is an emphasis on individual biographies that reflect long-term patterns of stability and change over time (Elder, 1985; George, 1999; Giele and Elder, 1998). Perhaps second only to research on socioeconomic differences in health, studies have increasingly focused on the importance of past and present marital experiences as they relate to the health and well-being of older adults (Hughes and Waite, 2009; Williams and Umberson, 2004; Zhang, 2006). There is now mounting evidence to indicate that the timing, number, and duration of marital experiences have significant implications for chronic illness (Dupre and Meadows, 2007; Eaker et al., 2007; Zhang and Hayward, 2006) and mortality (Brockmann and Klein, 2004; Dupre et al., 2009; Molloy et al., 2009).

A guiding principle of recent research on marriage and health over the life course is recognition of the dynamic longitudinal

associations between marital exposures and health decline (Grundy and Tomassini, 2010; Lund et al., 2004; Williams and Umberson, 2004). To date, however, the vast majority of longitudinal studies on marital life—also referred to in the literature as marital trajectories, histories, or biographies—focus on changes in aggregated indicators of health (e.g., number of chronic conditions, limitations, etc.) or the development of illness (i.e., disease incidence). Only a handful of studies examine the role of marital status after the onset of illness (Burnley, 1999; Chandra et al., 1983; Kilpi et al., 2015; Lammintausta et al., 2013; Nielsen and Mard, 2010) and no existing studies consider which aspects of the marital life course are important to survival after a major health event. This gap in the literature largely neglects an important (and often lengthy) stage in the life course—especially when considering that the leading causes of disability and death in the United States are attributable to cardiovascular disease and its management (Go et al., 2014; National Center for Health Statistics [NCHS], 2014).

This study is the first prospective investigation of how multiple dimensions of marital life are related to survival after a heart attack. Data from a nationally representative sample of U.S. older adults (1992–2010) is used to address four research objectives. First, examine whether individuals who are married live longer after a

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heart attack than individuals who are not married. Second, examine which aspects of marital life—i.e., marriage timing, current marital status, cumulative number of marital losses, and marriage duration—are associated with risks of dying after disease onset. Third, assess whether and to what degree the associations vary over time following a heart attack. Finally, examine whether socioeconomic, psychosocial, behavioral, and/or physiological risk factors explain the associations. The implications of the findings are discussed in the context of life course inequalities in chronic disease and directions for future research.

1. Background

1.1. The marital life course

The marital life course—also referred to here as marital history—is the conceptual and empirical aggregation of past and present marital relationships that are bounded by transitions into/out of discrete marital statuses that accumulate over adulthood (Dupre and Meadows, 2007; Zhang and Hayward, 2006). Several distinct dimensions of marital life are identified in the literature. The timing of one's first marriage is a key turning point in the adult life course and signals whether entry into this role occurs at a normative age range for that historical period/cohort (McLaughlin et al., 1993; Spanier et al., 1985). Marrying at an early age can lead to added stress, hardship, and long-term disadvantage because important socioeconomic resources may be forfeited (e.g., educational attainment). Although research is limited, studies suggest that early marriage is associated with poor physical and psychological health (Dupre and Meadows, 2007; Forthofer et al., 1996; McFarland et al., 2013) and increases the likelihood of marital disruption (Booth and Edwards, 1985; Heaton, 1991; Morgan and Rindfuss, 1985).

The second and perhaps most studied feature of marital life in the literature is marital status. In the absence of other information, knowing whether an adult is currently divorced, widowed, remarried, or continuously married provides a contemporaneous snapshot of one's current history of marital life; as well as providing important insights into a wide range of socioeconomic, psychosocial, and behavioral correlates. Compared to those who are married, research consistently shows that individuals who are not married have fewer economic resources, less social support and social control, more risky behaviors, and ultimately worse health outcomes (Gove and Shin, 1989; Lillard and Waite, 1995; Umberson, 1987; Wu and Hart, 2002). Marital transitions are another dimension of marital life that represents discrete changes in marital statuses. Marital dissolutions in particular (i.e., divorce and widowhood) are important markers in the life course because they denote a change in status that is frequently stressful and often involves an adjustment to a new social role, identity, and living arrangement. Divorce and widowhood also bring a decline in the availability of social and financial resources (Ross et al., 1990; Wilmoth and Koso, 2002). Indeed, studies show that divorce and widowhood transitions increase a person's risk of disease, disability, and death (Hemström, 1996; Pienta et al., 2000; Zick and Smith, 1991) and that repeated marital losses can be especially detrimental to health and well-being (Barret, 2000; Dupre, 2016; Marks and Lambert, 1998).

A final dimension of marital life is the duration of time spent within a given status. Marital duration captures both stability in the life course and marital instability marked by several marital durations distributed across multiple statuses (i.e., marriage duration, divorce duration, etc.). Marital duration also differentiates between persons who may share the same number and type of transitions (i.e., divorce[s]) but who may accumulate unequal amounts of time in each marital status over their life course. Long durations of

marriage foster economic and behavioral stability, shared obligations, and vested interests between partners, which in turn, promote healthy lifestyles and enhance socioeconomic and psychological resources (Brockmann and Klein, 2004; Elder et al., 2003; Umberson, 1987). Although few studies directly test this argument, research shows that individuals who accumulate long durations of marriage have significantly lower levels of disease, disability, and mortality than those with shorter marriage durations (Dupre et al., 2009; Lillard and Waite, 1995; Pienta et al., 2000).

1.2. The marital life course and heart attack survival

More than 80 million Americans—approximately 1 in 3 adults—currently live with one or more forms of cardiovascular disease (CVD) and more than 7 million hospitalizations occur each year because of CVD-related illnesses (Go et al., 2014; NCHS, 2014). According to recent estimates, nearly one million adults will have a heart attack this year—approximately one every 44 s—and cost the United States nearly \$12 billion in hospital expenses. (Go et al., 2014; Torio and Andrews, 2013). Although classical risk factors for the incidence of heart disease are widely established—e.g., smoking, hypertension, diet, and obesity (NCHS, 2014)—our understanding of whether and to what extent marital relationships play a role in CVD prognosis is limited.

Studies show that adults who are not married are at a significantly greater risk of suffering a serious cardiovascular event such as a heart attack than married adults (Koskenvuo et al., 1980; Lindegård and Langman, 1985; Venters et al., 1986). However, little is known about whether and to what extent marital life influences survival after a heart attack. The research that does exist—largely from clinical studies or outside of the United States—suggests that adults who are not married are much more likely to die following a heart attack than those who are married (Case et al., 1992; Burnley, 1999; Chandra et al., 1983; Gerward et al., 2010; Lammintausta et al., 2013; Nielsen and Mard, 2010). For example, a recent study in Finland shows that men and women who are married have significantly lower short-term and long-term mortality following a heart attack than those who are not married or live alone (Kilpi et al., 2015). Relatedly, Idler et al. (2012) show that married adults who underwent cardiac surgery have significantly better survival prospects than adults who are unmarried. Despite these contributions, the literature largely ignores how past and present exposure to marital life has consequences for the longevity of adults who suffered a heart attack.

We argue that a life course perspective is critical to understanding how past and present marital experiences may influence survival after a heart attack. Current research suggests that the accumulation of past marital experiences—e.g., marital losses—are strong correlates of the development of disease (Dupre et al., 2015; Zhang and Hayward, 2006). However, for those recovering from a life-threatening cardiac event, one's marital status may be an especially important marker for understanding the current resources available toward a positive prognosis. It also is possible that the influence of marital factors will not be uniform over time since the occurrence of the heart attack. The purpose of this study is to examine how each dimension of marital life is prospectively related to differences in survival after a heart attack. To further understand these associations, we turn to the mechanisms thought to explain how marital timing, status, transitions, and duration may contribute to surviving after a heart attack.

1.3. Possible mechanisms

A body of literature too large to summarize here consistently

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