

The psychological and social wellbeing of older adults living alone with cognitive impairment



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Background

Research suggests older adults living alone may be at risk for poorer psychological and social wellbeing.

HOWEVER- This may be true only for subgroups of those living alone (e.g., Chan et al., 2011; Smith & Victor, 2019).

What about persons living alone with cognitive impairment?

Persons with dementia qualitatively report high levels of unmet needs, social isolation, and loneliness.

More research on different indices of wellbeing is needed, as well as research with persons on the broader spectrum of cognitive impairment.

Research Question

Do older adults living alone with cognitive impairment (CI) have a profile of poor social and psychological wellbeing, compared to those with CI living with others and those living alone without CI?

Methods

3 groups of older adults (60+) from the Canadian Longitudinal Study on Aging, Mage = 71.4, 64.3% female:

- CI, living alone ($n = 123$)
- Living alone, no CI (matched; $n = 123$)
- CI, living with others ($n = 210$)

Descriptive data analyzed using profile analysis.

Findings for psychological wellbeing

Profile analysis indicated a lack of parallelism, and significant differences between groups were observed for each measure (all $p < .001$).

Those with CI living alone reported lower wellbeing than those living alone without CI across all three indices of psychological wellbeing (all $p < .001$).

They also reported greater depressive symptoms and lower life satisfaction than those with CI living with others ($p < .001$), but did not report worse perceived mental health.

Z-scores on psychological wellbeing variables between groups, with 95% CIs.



Lower z-scores indicate poorer wellbeing on all measures.

Constructs and measures

Depressive symptoms

- CES-D 10

Perceived mental health

- Single-item scale question

Satisfaction with life

- Satisfaction with Life Scale

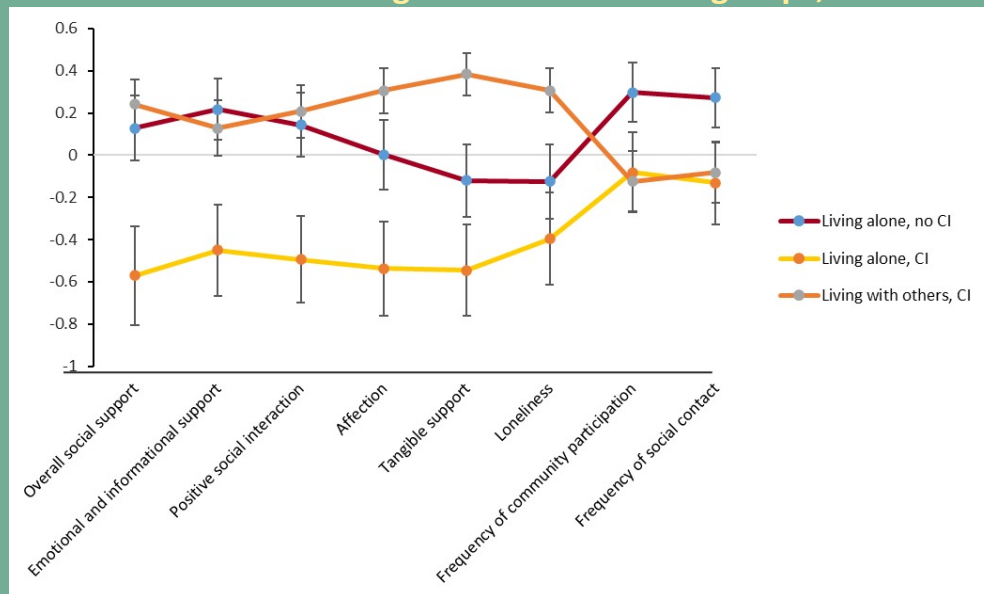
Those with CI living with others reported poorer wellbeing across all measures compared to the group living alone without CI (p values ranging from 0.006 to $< .001$).

Findings for social wellbeing

Profile analysis indicated a lack of parallelism, and significant differences between groups were observed on all measures (all $p < .001$).

Those with CI living alone reported poorer social wellbeing than both other groups on all measures ($p < .001$) except *loneliness* (no different than the other group living alone), *community participation*, and *social contact* (no different than the other group with CI).

Z-scores on social wellbeing variables between groups, with 95% CIs.



Lower z-scores indicate poorer wellbeing on all measures.

Constructs and measures

Social Support

- MOS social support survey
- Overall and 4 subscales

Loneliness

- Single-item from CES-D 10

Community participation

- Frequency of participation in community activities over past year

Social contact

- Composite of frequency of social contact with different relationships in past year

Those with CI living with others reported greater affection and tangible support, and less loneliness, than those living alone without CI, but less frequent community participation and social contact (p ranging from .007 to $< .001$).

Sex-stratified analyses

Stratifying analyses by sex, overall profile analyses were similar but some differences between males and females were noted on follow-up analyses:

Psychological wellbeing

Females with CI living with others reported **similarly low life satisfaction as those living alone with CI**, while males with CI living with others had **similarly high life satisfaction as those without CI living alone**.

Social wellbeing

Both males and females living alone with CI reported the lowest wellbeing across variables, except community participation where there **was a group difference for female** but **not male** participants.

There were some differences between males and females in patterns of social support (see Table; colours indicate which groups were similar [same shade] and those that were statistically different [different shade]).

Table. Social support findings stratified by sex, with group means.

	Overall social support		Emotional/ Informational		Positive social interactions		Affection		Tangible support	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Highest SS	CI, others 85.45	No CI, alone 82.50	CI, others 85.45	No CI, alone 84.93	CI, others 84.67	No CI, alone 81.58	CI, others 88.94	CI, others 86.66	CI, others 87.50	CI, others 82.18
	No CI, alone 74.71	CI, others 80.78	No CI, alone 77.55	CI, others 79.86	No CI, alone 75.62	CI, others 78.67	No CI, alone 73.72	No CI, alone 82.42	No CI, alone 67.07	No CI, alone 82.54
Lowest SS	CI, alone 53.89	CI, alone 70.94	CI, alone 54.59	CI, alone 73.40	CI, alone 54.46	CI, alone 68.26	CI, alone 53.09	CI, alone 72.19	CI, alone 53.13	CI, alone 72.19
η^2	.285	.072	.189	0.56	.201	.061	.268	.078	.316	.084

Conclusions

- Findings suggest that older adults living alone with CI are at a uniquely high risk for poor social and psychological wellbeing.
- Sex-stratified analysis suggest that males living alone with CI may be at particular risk, and that negative impacts of living alone may be greater for them compared to females.