C5-14: Factors Associated with Quality of Life in the Elderly

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Abstract:
Introduction: Many older adults experience declines in many functions as they age but how that affect their self-rated quality of life (QOL) is uncertain. According to the World Health Organization, QOL includes physical and mental health (HQOL), emotional well-being, and
social functioning. Using an adaptation of Anderson’s behavioural model this study assessed contextual and individual characteristics and health behavior association with QOL in adults 65 years and older living in the United States. The study’s aim was to determine what factors are associated with quality of life in the elderly.

Method(s): A descriptive, correlational design using secondary data from the National Health and Nutrition Examination Survey (NHANES) from 2005-06 was used. NHANES uses a nationally representative sample with oversampling of persons 60 and older, African-Americans, and Hispanics. For this analyses we used individuals 65 or older with no missing data in the 15 variables extracted and created (N= 920). For example we created measurers for number of chronic conditions (a sum of 13 possible diseases), and measurers for all three QOL outcomes: emotional well-being, social functioning, and HQOL. Descriptive statistics were used to determine frequencies and distribution patterns, followed by multiple regression using sample weights.

Results: Contextual and individual characteristics and health behavior were associated with all 3 QOL outcomes. Race and depression were associated with all 3 QOL outcomes but differences were noted in other variables and emotional well-being, social functioning, and HQOL. For example being Hispanic, having less than a high school degree, diminished activities of daily living scores, and higher depression score are associated with lower HQOL.

Discussion & Conclusions: Conclusive evidence about what factors are associated with QOL in the elderly is lacking. This study delineates some of the differences in both factors associated with QOL and different dimensions of QOL. Because this was a representative sample, the results are generalizable and can be used when designing future studies and interventions aimed at improving QOL in the elderly.

Abstract History:
This abstract has not been presented or accepted for presentation in whole or in part at the SNRS or other scientific meeting.

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No, I (or a member of my immediate family) have not received something of value* from or own stock (or stock options) in a commercial company or institution related directly or indirectly to the subject of my presentation.

FDA Disclosure:
I will not be describing any pharmaceutical and/or medical device.

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