The elderly at risk: a critical examination of commonly identified risk groups

R. C. TAYLOR, BA, PH.D
MRC Research Sociologist, MRC Medical Sociology Unit, Aberdeen

E. G. FORD, MA
MRC Research Sociologist, MRC Medical Sociology Unit, Aberdeen

SUMMARY. This study assessed the nature and extent of the risk or disadvantage for 11 subcategories of the elderly population usually referred to as risk groups. Interviews with 619 over-60-year-olds living in Aberdeen were used to score the 'personal resources' for coping with difficulties—health, psychological, activity, confidence, support, material resources. Risk profiles have been drawn up and these show substantial variation in both the nature and extent of risk or disadvantage between the groups.

Of the 11 groups, we concluded that the isolated, the childless and the never married are probably the least disadvantaged. The recently widowed, those living alone, the poor and those from social class V form an intermediate group with both strengths and weaknesses in terms of risk. The groups at greatest risk are the recently moved, recently discharged, divorced/separated and the very old, who all score worse than the whole sample in terms of health and psychological functioning.

Introduction

MOST health professionals with responsibility for the elderly operate on the assumption that some groups are particularly at risk. The most comprehensive listing of such groups is that produced by the World Health Organization:[1]

1. The very old (aged 80 years and older).
2. The recently widowed.
3. The never married.
4. Those who are socially isolated (not necessarily those living alone).
5. Those without children.
6. Those in poor economic circumstances.

© *Journal of the Royal College of General Practitioners*, 1983, **33**, 699-705.

In this country, both Arie[2] and Williamson[3,4] have identified two further groups on the basis of recent changes in their circumstances:

1. Those who have recently been discharged from hospital.
2. Those who have recently changed their dwelling.

Finally, while they have not yet received much attention from the medical profession, we would like to close the list with two potential risk groups identified by social scientists:[5]

1. The divorced and separated.
2. Those in social class V (Registrar General's classification).

This study forms the first stage of a longitudinal study of how people cope in later life and provides us with an opportunity to examine critically the extent and nature of risk or disadvantage experienced by each of these 11 risk groups.

Method

Sample

The target population consisted of all those aged 60 years and over, living in their own homes in the city of Aberdeen. Sampling was based on general practitioner records of patients and proceeded in two stages—random selection of general practitioners followed by selection of patients. Interviewing was completed in the first three months of 1980 and resulted in an achieved sample of 619 patients.

Risk profiles

The risk profile drawn up for each of the 11 risk groups was derived from the concept of 'personal resources'—those reserves which individuals draw upon when coping with difficulties. For the present study, 19 key variables have been selected from the data and arranged into six 'domains'.

For presentation of the data, all 19 resource variables were standardized to a mean of zero and standard deviation of one.

Results

The score for the groups on each variable is shown in Figure 1.

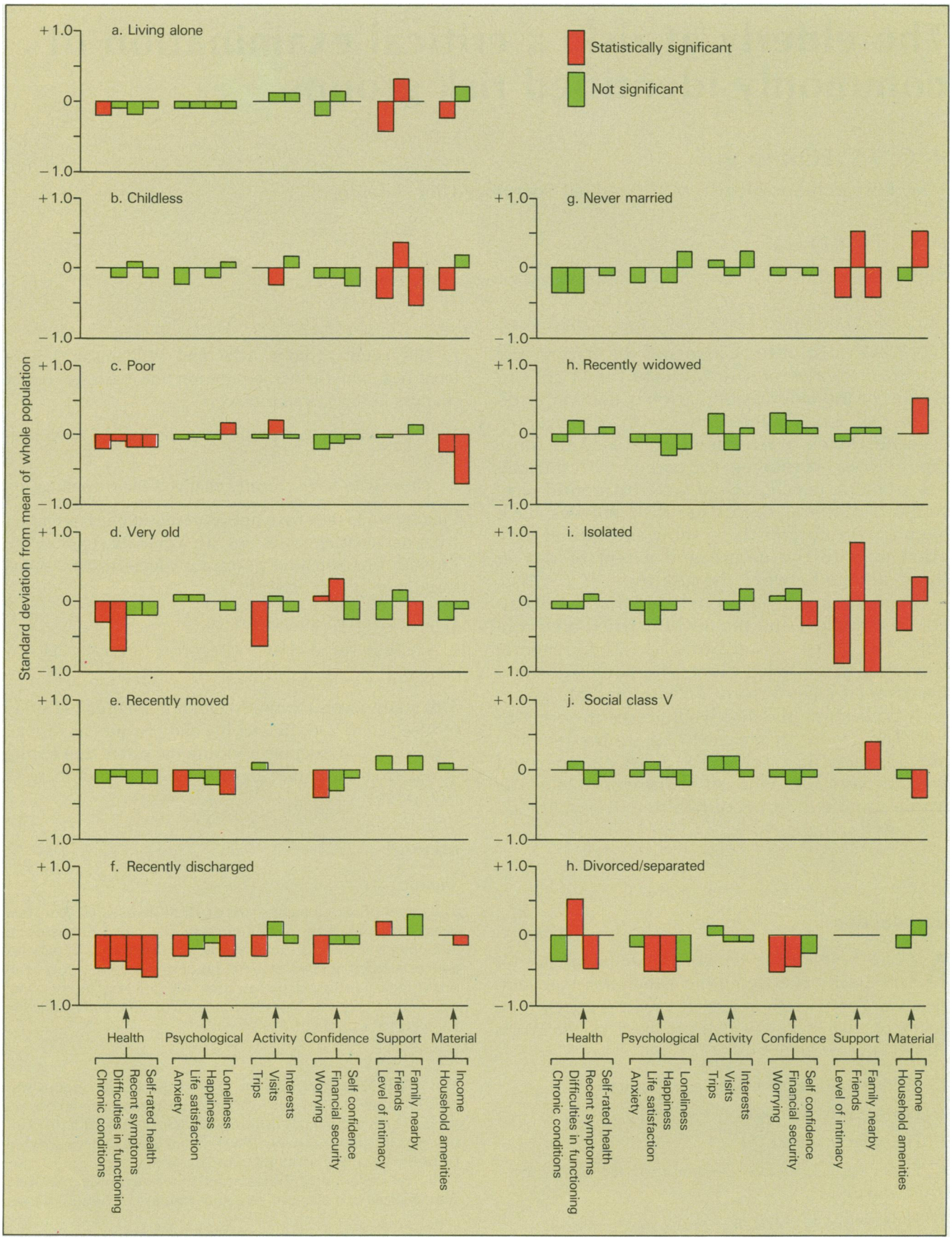

Figure 1. *Risk profiles for the 11 risk groups of the elderly population. (A bar above the line represents a variable on which the average score for the group is above that of the sample mean, a bar under the line represents a below average score.)*

Table 1. Demographic data for the whole elderly population, showing any significant differences of the 11 risk groups from the whole sample.

Risk group	Number of cases (%)	Age (years)		Sex		Marital status			Social class	
		60–75 (%)	Over 75 (%)	M (%)	F (%)	Widowed (%)	Currently married (%)	Other (%)	Middle (%)	Working (%)
Living alone	216 *(35)*	*59.5**	*40.5**	*19.7**	*80.3**		NS		NS	
Childless	123 *(20)*	NS		NS			NS		*55.8**	*44.2**
Poor	93 *(15)*	NS		NS		*45.1**	*37.3**		*26.4**	*73.6**
Very old	*(14)*			*25.9**	*74.1**		*19.5**		*40.5**	*59.5**
Recently moved	8 *(1)*	NS					NS		*24.2**	*75.8**
Recently discharged	83 *(13)*						NS		NS	
Never married	70 *(11)*			2-					*49.0**	*51.0**
Recently widowed	37 *(6)*	N							NS	
Isolated	54 *(9)*	*51.9**	*48.1*				NS		*45.9**	*54.1**
Social class V	51 *(8)*	NS					NS			
Divorced/separated	23 *(4)*	*85.0**	*15.0**	*22.0*	*78.0**				*48.0**	*52.0**
Whole sample	619 *(100)*	*70.3*	*29.7*	*39.3*	*60.7*	*32.6*	*52.2*	*15.2*	*35.0*	*65.0*

*$P<0.05$ compared with the whole sample. NS = not significantly different from the whole sample (actual percentages not shown).

Living alone

Those living alone constitute the largest of the 11 risk groups (35 per cent). As would be expected they are disproportionately older and there are more females than in the rest of the population (Table 1).

For most of the measures of physical health, psychological functioning and confidence, while the group scores slightly worse than the population as a whole, the only departure that is statistically significant occurs in the number of chronic conditions experienced (Figure 1a). They differ most dramatically from the rest of the elderly population in social support and they clearly have fewer intimates or confidants available to them. However, the group is not characterized by low levels of psychological functioning, which may be the compensatory effect of having friends.

Considering the profile as a whole, those living alone do not stand out as being significantly disadvantaged. Of course, they are a large and heterogeneous group containing members of other risk groups—the single, the divorced and separated, and the recently widowed—whose profiles will be examined later.

The childless

Those without children form the second largest of the 11 risk groups (20 per cent) and a disproportionately large section are middle class (Table 1) compared with the rest of the elderly population.

The most distinctive feature of their profile is in the domain of social support (Figure 1b). They have fewer intimates or confidants and fewer family members living nearby, but again this loss is partly compensated by the comparatively large number of friends. Being childless is not associated with lower levels of health or psychological functioning.

Poor

Fifteen per cent of the sample had a weekly income below the supplementary benefit level. As expected, they are disproportionately from working class backgrounds (Table 1). More of the group were widows and fewer were currently married than the rest of the population.

Comprehensive deprivation in the poor is not as great as expected. The group is disadvantaged on health grounds, scoring significantly lower than the sample on all four health measures (Figure 1c). Their mental health, as indicated by measurements of confidence and psychological functioning, shows less evident disadvantage. The group scored worse than the sample as a whole on all scores of confidence, anxiety, life satisfaction and happiness, but the differences were not statistically significant. The only significant difference was on loneliness; the poor are less lonely than the rest of the elderly since they receive more visits than the sample as a whole and tend to have more family members living locally.

Very old

Almost 15 per cent of the sample were aged 80 years or over. The composition of the group was predictable—consisting of disproportionately more females and less currently married individuals (Table 1). They were more likely to be from middle class backgrounds, but this result could have occurred by chance.

As expected, the very old have a greater number of chronic health problems and difficulties in functioning,

and they tend to report more symptoms and to have lower self-ratings of their overall health (Figure 1d). It is clear that they worry less and their feelings of financial insecurity are not as great as in the rest of the elderly. Possibly the very old have fewer needs or consider that present levels of income are generous, or money may be less important to them than, say, health.

Recently moved

Those who had moved home within the last two years (14 per cent) were more likely to be working class but were no different from the population in terms of age, sex or marital status (Table 1).

As a group, they tend to be rather comprehensively disadvantaged, particularly on three measurements—anxiety, loneliness and overall worrying (Figure 1e). It is worth observing that this psychological distress coincides with higher than average levels of intimacy and availability of family members.

Recently discharged

Thirteen per cent of the elderly population had been discharged from hospital in the previous two years but they were indistinguishable from the population in terms of age, sex, marital status or social class.

To define the recently discharged as a risk group is partially tautological since their profile is dominated by poor physical health as well as psychological measurements of anxiety, loneliness and general worrying (Figure 1f). They make significantly fewer trips outside the house and have lower incomes. On the credit side, they report having more confidants, they tend to receive more visits and tend to have more family members living nearby. It seems their physical and psychological condition mobilizes higher levels of personal support than are available to the rest of the population.

Never married

The sample contained 70 people who had never married (11 per cent). The group consists of a disproportionate number of females and middle class individuals (Table 1).

They have fewer confidants and fewer family members living nearby than the rest of the elderly (Figure 1g). As with other groups (childless, living alone), there is clear evidence of compensation through having significantly more friends. They are also significantly better off in terms of income, a primary consequence of their predominantly middle-class backgrounds. In other respects, such as health, psychological functioning, the single do not differ much from the rest of the population, although they come close to being worse off in terms of physical health.

Recently widowed

The sample contained 202 elderly people who were widowed, but since the majority had been without their spouses for many years, 37 of the elderly who had been

bereaved in the last two years were identified as a subgroup at particular risk.

Little conclusive evidence of a comprehensive decline is seen in their profile (Figure 1h). The only difference from the mean is in their income, which is higher. The tendency to be less happy, to worry more and to have fewer trips out is compensated by a tendency towards higher confidence.

Isolated

Of the 216 elderly people living alone, 54 were particularly disadvantaged by having no children or siblings living locally. They tended to be older, and were more likely to be female and middle class than the rest of the population (Table 1).

Apart from poorer housing and a higher income, the isolated differ from the rest of the elderly population only in the factors by which they have been defined (Figure 1i). This group provides further evidence of the way in which friends compensate for family members.

Social class V

Those whose previous occupations qualified them as social class V (Registrar General's classification) were no different from the sample as a whole in age, sex or marital status (Table 1).

The only significant disadvantage is in terms of income (Figure 1j); other measurements, apart from the number of family members living nearby, fall close to the sample mean. Thus, whatever disadvantages members of social class V may experience in health or psychological functioning—and there is no conclusive evidence in our data—there is greater family support available to them than the rest of the elderly population.

Divorced and separated

Only 4 per cent of the sample were either divorced or separated; and, as expected, they are younger than the sample as a whole, more likely to be female and middle class (Table 1).

The risk profile shows that this group is disadvantaged in relation to the elderly as a whole (Figure 1k). The most significant disadvantages occur in the domains of psychological functioning and confidence. Compared with the rest of the population, they experience less life satisfaction, less happiness, more loneliness and they worry more, both in general and about their finances. On balance, their physical health is poorer, they experience more chronic conditions and recent symptoms but fewer difficulties in functioning. Contrary to expectations, the social support available to them is similar to that for the sample as a whole.

Discussion

We have used data from the first stage of a longitudinal study to assess the nature and extent of risk or disadvantage experienced by those subcategories of the elderly population usually referred to as risk groups. Our assessment has been based on the concept of personal resources, which has yielded risk profiles for 11 commonly identified groups. Detailed examination of these profiles has shown substantial variation both in the nature and extent of risk/disadvantage. For summary purposes, it is convenient to identify three categories of risk groups.

First, there are those risk groups which are minimally disadvantaged. The isolated, the never married and, to a lesser extent, the childless, are examples of such groups. Compared with the rest of the sample they all have little social support available to them. However, and this is the most important point, their disadvantage in the domain of social support does not 'spill over' into other domains. We have, for example, no evidence that their health or psychological functioning is worse than that of the sample as a whole. It is also important to note the way in which friends compensate for confidants and family nearby. Consequently, for the 11 groups reviewed we would have to conclude that the isolated, the childless and the never married are probably least disadvantaged or at-risk.

The recently widowed, those living alone, the poor and those from social class V constitute a second category. They cleave rather close to the sample mean, and are characterized by deviations above and below. In resources terms they have both strengths and weaknesses, an ambivalence clearly indicated in the resource profile of those defined as poor.

The final category, consisting of the recently moved, recently discharged, divorced/separated and the very old, is characterized by those with more deviations below than above the sample mean. Moreover, and most important, they all score worse than the sample as a whole in terms of health and/or psychological functioning. These are clearly the groups at greatest risk.

References

1. World Health Organization. Expert group on mental disorders in the elderly. Copenhagen: WHO, 1977.
2. Arie T (Ed). *Health care of the elderly: essays in old age.* London: Croom Helm, 1981.
3. Williamson J. Screening, surveillance and case-finding. In: *Health care of the elderly.* Arie T (Ed). Pp 201-203. London: Croom Helm, 1981.
4. Williamson J. The preventative approach. In: *The provision of care for the elderly.* Kinnaird J, Brotherston J, Williamson J (Eds). Pp 124-133. Edinburgh: Churchill Livingstone, 1981.
5. Taylor R, Ford G. Inequalities in old age: an examination of age, sex and class differences in a sample of community elderly. *Ageing and Society* 1983; **3**: 183-208.

Address for correspondence

Dr Rex Taylor, MRC Medical Sociology Unit, Westburn Road, Aberdeen AB9 2ZE.