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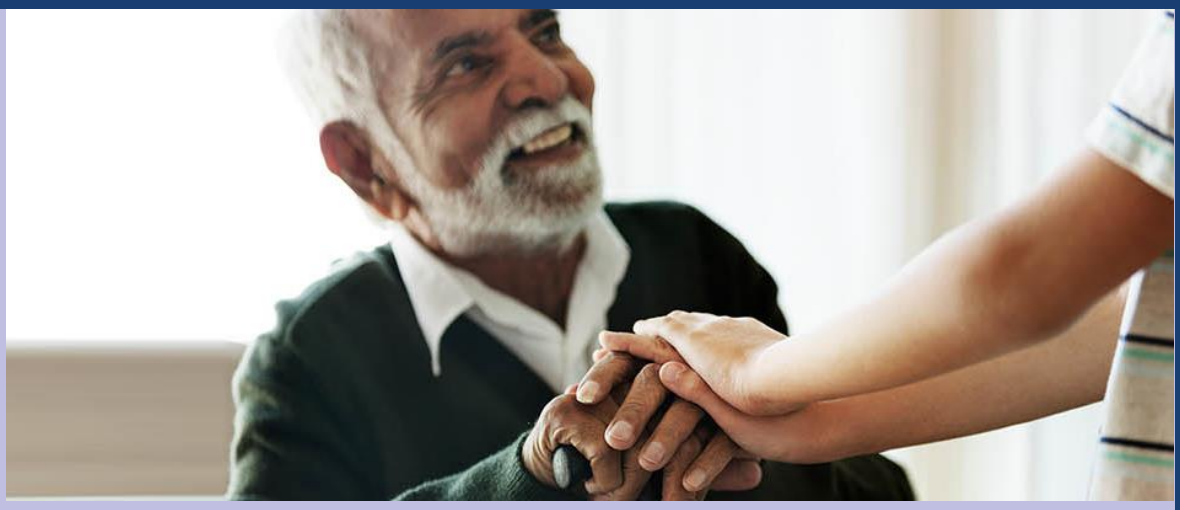

Using individual and neighbourhood profiles and trends to understand frailty with nationally representative population data

Part 5: Care receipt, unmet need for care and frailty: a longitudinal analysis with multistate models

Executive Summary

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August 2023

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The problem

Frailty is a well-established measure of health reserve among older people that is strongly linked with poor outcomes. We do not know enough about how a person's level of frailty changes over time, depending on the care they receive (enough/not enough care) and socio-economic disadvantage.

What did we do?

We used information from the English Longitudinal Study of Ageing (ELSA), a nationally representative study that follows people aged 50 +, over time. We measured changes in the frailty state of ELSA participants over an 18 year period (2002-2019). We looked at how these changes vary with receipt of care, unmet needs for care and four socio-economic characteristics: wealth, deprivation of the area where the person lived, educational status, and marital status.

Key findings

Care receipt:

- Receiving care was associated with a greater risk of increasing frailty and a lower chance of decreasing frailty.
- Receiving care signfies increased susceptibility to frailty and is a marker of people who cannot recover from frailty to a less frail state.

Unmet needs for care:

- Unmet needs for care were rarely associated with a risk of changing frailty state,
- However, this may be due to the small number of people with unmet needs in the dataset.

Socio-economic factors:

- Wealth is as good at predicting changes in frailty status as receipt of care.
- Low wealth was associated with greater risk of increased frailty and lower risk of reducing frailty.
- Lower educational attainment, greater area deprivation and not being married are all associated with a greater risk of increasing frailty.

Conclusion

Receiving care indicates progression towards a frailer health state and identifies individuals who are less likely to experience a reduction in their level of frailty. Household wealth is an equally influential factor in predicting changes in frailty. Individuals with little wealth who do not receive care are at comparable risk of frailty as those with high wealth who do receive care. Interventions aimed at preventing frailty would have the greatest impact on individuals who start to receive care, regardless of whether it is paid or unpaid care, and for people with lower wealth.

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