Trajectories in ADL disability among China's oldest-old

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Introduction

- * Disability a dynamic process
- * Much research examines disability transitions (2 points in time)
- * Transitions useful for determining 'Active Life Expectancies'
- * Transitions inadequate for comprehending the total dynamic
- * Need to move to examining disability trajectories
- * Examining disability trajectories challenging:
 - a) Requires longitudinal data
 - b) Requires different methodological approaches

Previous studies of disability trajectories

* Few

- * Some rely on subjective groupings
- * Tend to stratify analyses by survivor/decedents

Current study

- * Investigate disability trajectories among the oldest-old in China
- * China important setting due to rapid aging of its population
- * Oldest-old (80+) interesting because changes likely to occur over short periods of time
- * Application of group-based trajectory modeling using software developed by co-authors (Nagin and Jones)
- * Identify common trajectories and examine characteristics of people within trajectory groups

Dataset

- Chinese Longitudinal Healthy Longevity Survey
- Conducted in 22 Chinese provinces (of 34 provincial-level administrative units in China)
- Waves 1998, 2000, 2002 and 2005
- Age 80 to 105 at baseline (N=8805)
- Oversampling at oldest ages
- Results weighted



Study sample



Study sample:

- * Aged 80 to 99
- * Not lost to follow-up
- * Full disability information

Measuring disability

Disability defined as number of ADL limitations from the following list:

- 1. Bathing
- 2. Moving inside the house
- 3. Feeding
- 4. Dressing
- 5. Using toilet



Distribution of number of limitations by wave



Mean number ADL limitations and mean age by wave



Examining disability trajectories

A disability trajectory is a pathway that describes the number of ADL limitations reported by individuals as they age from wave 1 to wave 4 for survivors or from wave 1 to death for decedents.



Distribution for most common pathways (0.5%+) among survivors (N=946)

wave 1	wave 2	wave 3	wave 4	Percent
0	0	0	0	56.7
0	0	0	1	7.1
0	0	0	5	2.9
0	0	1	0	2.8
0	0	1	1	2.2
0	0	0	2	1.9
0	1	0	0	1.9
0	0	2	0	1.6
0	0	0	3	1.4
0	0	0	4	1.3
0	0	3	0	0.8
1	0	0	0	0.8
0	0	1	5	0.6
0	1	1	1	0.5
1	0	1	0	0.5
2	0	0	5	0.5
0	0	1	4	0.5
2	0	0	0	0.5
0	0	1	3	0.5

TOTAL NUMBER POSSIBLE PATHWAYS = 1,296

Distribution for most common pathways (0.8%+) among decedents (N=4,112)

wave 1	wave 2	wave 3	wave 4	Percent
0	died			27.1
0	0	died		17.4
0	0	0	died	16.9
1	died			3.6
0	0	1	died	2.8
0	1	died		2.7
5	died			2.7
2	died			1.8
0	5	died		1.6
0	0	5	died	1.3
0	4	died		1.2
4	died			1.2
3	died			1.1
0	0	2	died	1.1
0	1	0	died	0.9
0	2	died		0.9
0	0	4	died	0.9
0	0	3	died	0.8

TOTAL NUMBER POSSIBLE PATHWAYS = 258

Challenges

* On average, number ADLs increase over time

* Not everyone is 'average' - people experience different individual trajectories

* In total, 1,554 possible individual trajectories

* Number of possible trajectories in a dataset shrink or grow depending on number of states being monitored and waves

* Goal of modeling to identify groups of people that follow distinctive ADL patterns

Group-based modeling

- * 'Group-based modeling' designed to identify clusters of individuals following approximately the same trajectory as they age
- * Technique specialized application of finite mixture modeling
- * Software a modification of PROC TRAJ (developed by co-authors Nagin and Jones)
- * Basic software downloadable at: www.andrew.cmu.edu/user/bjones/index.htm

Groups estimated using a likelihood function

$$P(Y_i) = \sum_j \pi_j(x_i) P^j(Y_i)$$

 $P^{J}(Y_{i})$ = probability of Y_{i} given membership in group j

 π_j = probability of membership in group j

$$\pi_{j}(x_{i}) = e^{x_{i}\theta_{j}} \sum_{i=1}^{N} e^{x_{i}\theta_{i}}$$
$$L = \prod^{N} P(Y_{i}).$$

Predicted number ADLs estimated using a zero-inflated Poisson model for counts

$$p(x) = \begin{cases} 0 \text{ with probabilit } y \ \rho \\ Poisson (\lambda) \text{ with probabilit } y \ 1 - \rho \end{cases}$$
$$\ln(\lambda) = \beta_0 + \beta_1 age + \beta_2 age^2 + \beta_3 age^3$$
$$\rho = \frac{e^{\alpha_0 + \alpha_1 age + \alpha_2 age^2 + \alpha_3 age^3}}{1 + e^{\alpha_0 + \alpha_1 age + \alpha_2 age^2 + \alpha_3 age^3}}$$

Outputs for each ADL trajectory group

Number of distinct trajectories that define the expected number of ADLs as a function of age

Proportion of the sampled population following each trajectory

Probability of loss due to death by age for each group (latest innovation)

Key references

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Predicted trajectories and probability of dying - Females



Predicted probability of dying



AGE



AGE



Predicted trajectory for females in Group 3







Predicted trajectories and probability of dying - Males



Comparing predicted trajectories



Males













Disease profiles of trajectory groups – male





Summarizing characteristics

For men, those in the 'higher' disability trajectory grouping more likely to:

- be urban
- be married
- have high education
- be in non-agricultural professions
- be former smokers
- have life threatening and debilitating conditions

Results (not shown) fairly similar for women

Conclusion

- * Group-based modeling using modified PROC TRAJ allows determination of trajectory types
- * Analysis suggests several distinct trajectory patterns
- * Key differences between men and women:
 - Large group of men remain stable with little disability
 - Small group of men highly disabled throughout
 - All female trajectories include increasing disability
- * Trajectories indicating 'higher' disability show greater probability of mortality

* Characteristics of 'high' disability trajectories include urbanites, married, former smokers, high educated, life threatening and debilitating conditions

Work in progress

- * Inclusion of other variables in predicting group membership
- * Multivariate analysis of group characteristics
- * Sensitivity analysis of loss to follow-up