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Childhood cognitive ability and the use of long-term care in later life

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Background

As the population ages the demand for care is predicted to increase. Previous studies have reported that individuals with poorer post-morbid cognitive ability are at higher risk of entering long-term care, both institutionalised care and home-based care. Given that post-morbid cognitive ability is sensitive to the type and severity of morbidity, it remains unclear whether higher cognitive ability, as a trait-level measure of individual differences, contributes to care usage. Some success has been observed using non-cognitive early-life circumstances such as socioeconomic circumstances as pre-morbid predictors of care risk. However, the contribution of early-life cognitive ability has yet to be examined.

Conclusion

We demonstrate the importance of early-life factors for predicting care usage in later life and how this role differs between types of long-term care. The implications of the results for research and policy will be discussed.

Main aim

We investigate the association between early-life circumstances, particularly cognitive ability, and the risk of entry into long-term care in later life (age 65+).

Methods

This study uses a large sample of individuals born in Scotland in 1936 and who took part in the Scottish Mental Survey 1947. It links research data from childhood to routinely-collected administrative and healthcare records from across the life course.

Results

Using survival analyses, we report the associations between early-life predictors and the risk of entry into long-term care. Risk is further broken down by the type of long-term care received: formal institutionalised care, formal care services and informal at-home care. Finally, we report the contribution of geographical variations in the provision of long-term care services.

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