What Predicts Adjustment to Aging for the Younger-old and the Oldest-old?

S. Von Humboldt[1], I. Leal[1]

[1]Research Unit in Psychology and Health R&D, ISPA-Instituto Universitário, Lisbon, Portugal

Introduction: Diverse factors may predict the adjustment to aging (AtA) of the younger-old and oldest-old adults'

Objectives: To build a structural model for exploring whether socio-demographic, health and lifestyle-related variables are predictors of AtA for both groups.

Methods: Research encompassed a community-dwelling sample, of 447 older adults aged 75 years and above (M = 86.27; SD = 6.78; range 75-100). Measures included demographics (sex, marital status, education, household, adult children, family's annual income, and self-reported spirituality), lifestyle and health-related characteristics (perceived health, recent disease, physical activity and leisure), and the Adjustment to Aging Scale. Structural equation modeling was used to investigate a structural model of the self-reported AtA, encompassing all the above variables.

Results: Significant predictors for the younger-old are perceived health ($β$ = .425; $p < .001$), leisure ($β$ = .324; $p < .001$), professional status ($β$ = .243; $p < .001$). Significant predictors for the oldest-old are self-reported spirituality ($β$ = .816; $p < .001$), perceived health ($β$ = .232; $p < .001$), and income ($β$ = .233; $p = .035$). The variables explained respectively 64.5% and 61.6% of the variability of AtA, respectively.

Conclusions: Perceived health is the strongest predictor of AtA for the younger-old participants whilst self-reported spirituality is the strongest predictor of AtA for the oldest-old adults.

Keywords: Adjustment to aging; younger-old; oldest-old; predictors; structural equation modeling.