

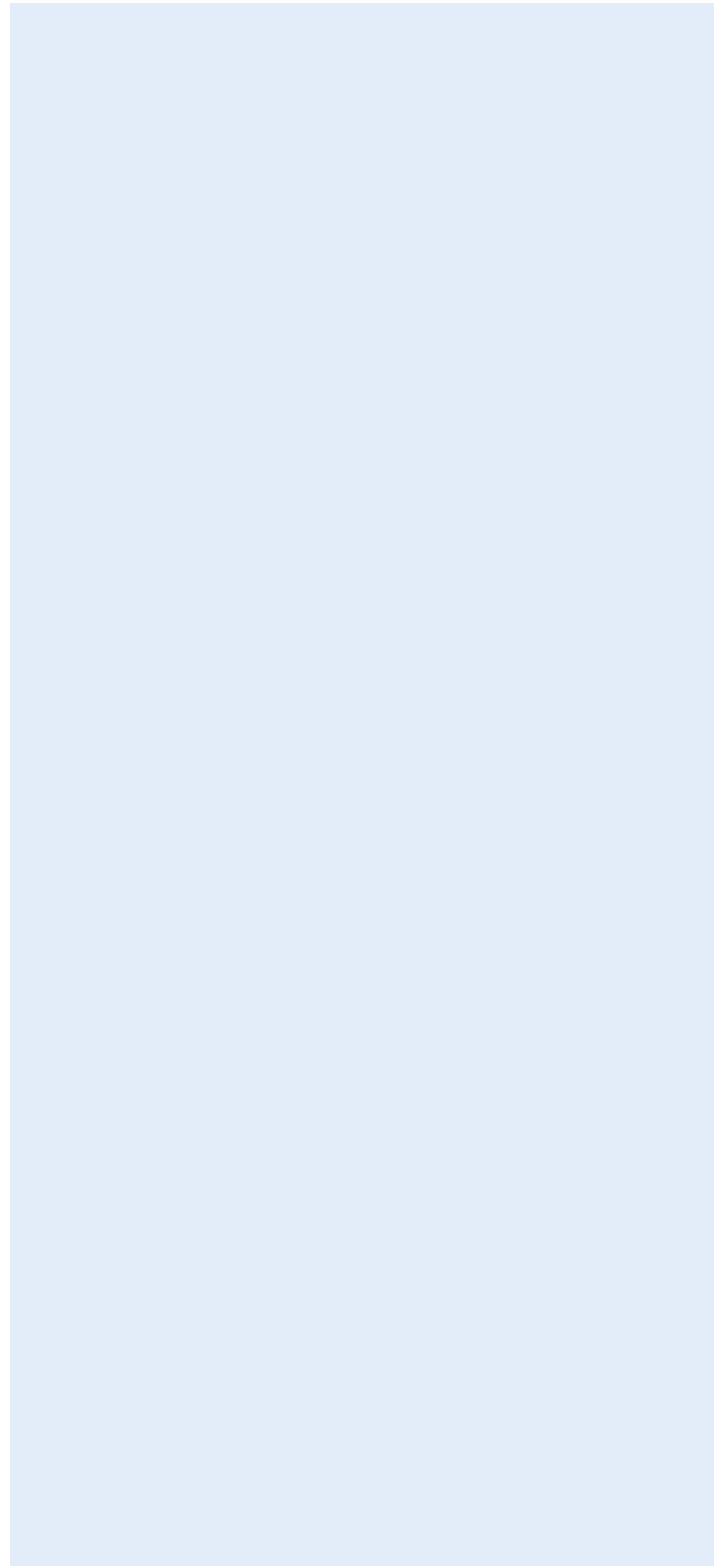
Re.



's Med

riting News r

S



Social Factors and Mortality in the Old-Old in Israel (Journal of Gerontology: SOCIAL SCIENCES, 2002, Vol. 57B, No. 5, S308-S318). They measured 8-year mortality in people aged 75-94 and concluded that, "After controlling for socio-demographics and measures of health, cognitive status, depressive symptoms, and physical function, the measures of social engagement that explicitly involve others were associated with a lower risk of mortality." They also indicated that participating in activities with people outside the immediate family is associated with a lower risk of death. Those who engaged in more reciprocal neighborly relationships had lower mortality, and those who frequently or very frequently engaged in solitary and group leisure activities all showed lower mortality than did those who never or rarely engaged in those activities. The worst mortality was in those that were living in the community without a spouse but with a child, and those that were living in institutions. The mortality figures for this study are listed below:

Measures	No.	%	Mortality %
Reciprocal Neighborly Relationships			
No	719	53.7	67.0
1	195	14.6	55.9
2	70	5.2	54.3
3	356	26.6	51.7
Leisure Activity (solitary)			
Never/Very Rarely	140	10.4	73.6
Frequently	395	29.5	61.5
Very Frequently	805	60.1	58.0
Leisure Activity (group)			
Never/Very Rarely	792	59.1	67.0
Frequently	290	21.6	52.8

This diagram is not intended to be completely accurate, but rather to stimulate the thought process in how the mortality benefits of each of these components of mortality might interact. Having said that, the differences in size of the mortality benefits is deliberate, with the smallest circle being assigned to social engagement and the next smallest being assigned to physical function. The largest circle is assigned for the mortality benefits related to cognitive function. For the purpose of this illustration, the benefit measuring cognitive function is depicted as larger than that of physical function since cognitive status usually declines slowly and somewhat predictably, while physical status can decline from superior to very low quite quickly under a variety of circumstances.

