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## Networks and social support and its relationship withfunctional limitation in Chilean older adults

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## Some of the authors of this publication are also working on these related projects:

Design and validation of a technological support for the screening of Sarcopenia in older people primary health care (PHC). View project

Only the questionnaires of the original NCCYS project were adapted for the Chilean context, but the project itself is an independent one. View project

## Networks and social support and its relationship with functional limitation in Chilean older adults Letícia de Albuguergue Araújo

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Social relationships are multifaceted and can act in many ways on physical and emotional well-being. We aim to study whether social networks and support are associated with functional limitations in Chilean older adults.

Cross-sectional study with baseline of two cohort studies: the SABE cohort (born before 1940) and the Alexandros cohort (born between 1940 and 1948 from Primary Health Care centers), from Santiago. Were considered 1733 elderly. Performance variables were studied in 7 Instrumental Activity of Daily Living (IADL): preparing food, managing money, leaving home alone, making purchases, making calls, doing light housework, organizing and taking medications, and 6 basic Activities of Daily Living (ADL): bathing, dressing, use of the bathroom, transfer, continence of urine and feeding. Having difficulties or inability to perform at least 1 activity was classified with having functional limitations (FL). Social network variables were: housing arrangement and marital status; social support variable was perception of material support, company or advice. Adjustment variables were: sex, age, education, income, depression, cognitive impairment, multimorbidity. Robust Poisson Regression was performed, prevalence ratios (PR) of FL were reported ( $\alpha \leq 0.5$ ). Living accompanied (PR 0.96; 95% CI 0.88-1.03) and being married or live as a couple (PR 0.99; 95% CI 0.85-1.6) were not significantly related to functional limitation in IADL, similar in relation to living accompanied and performance in ADL (PR 0.96; 95% CI 0.88-1.03). Married or living couples have a lower prevalence of FL in ADL (PR 0.86; 95% CI 0.81-0.92). Having material support, company or advice was associated with a higher prevalence of FL in ADL (PR 1.84; 95% CI 1.11-3.06) and in IADL (PR 2.48; 95% CI 1, 64-3.74). Being married or living as a couple in old age is a protective factor for functional limitation while having a positive perception of material support, company or advice showed to be a risk factor. Key messages:

- Single, widowed or separated Chilean older adults are at greater risk of functional limitation, regardless of sociodemographic and health characteristics.
- The findings of this study should be confirmed with prospective design studies since the transversal design does not clarify the temporality of the relationship.