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**Long-term Institutionalization in the Elderly:
the Role of Living Arrangements and Chronic Diseases**

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ABSTRACT

Elderly long-term care is often provided either in an institution or in older person's own home supported by the spouse or other family members. It is therefore important to investigate how living arrangements influence entry into institutional care, and how these effects vary according to the type of chronic disease elderly people experience. Using large population-based longitudinal data of the Finnish elderly aged 65 and over (n=280 709) we estimated how living arrangements (living with a spouse, living alone) were associated with the risk of long-term institutionalization from January 1998 to September 2003. We used Cox proportional hazards models. Our results indicated that living with a spouse was more strongly associated with decreased risk of institutionalization in men than women. In men, those living alone had a 70% higher risk of institutionalization than those living with a spouse, after adjustment for age. In women, those living alone had a 30% higher risk. In men, approximately 50% of the inverse association between living with a spouse and the risk of institutionalization was related to home ownership, better housing conditions, higher household income, education and social class, lower prevalence of certain chronic diseases, and being more often married compared to those living alone. Being married seemed to provide advantages other than preferable living arrangements. In women, the protective effect of living with a spouse compared to living alone seemed to disappear after controlling for demographic and socio-economic factors, housing conditions, and presence of diseases. However, in women, after controlling for other factors living with a spouse reduced the risk of institutionalization for those that had diabetes, cancer or arthritis.