



**Karolinska
Institutet**

Institutionen för medicinsk epidemiologi och biostatistik

Social mobility in relation to cardiovascular and psychiatric health

AKADEMISK AVHANDLING

som för avläggande av medicine doktorexamen vid Karolinska
Institutet offentligen försvaras i Petrénsalen, Nobels väg 12b,
Karolinska Institutet, Solna.

Fredagen den 8:e Mars, 2013, kl 9.00

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Stockholm 2013

ABSTRACT

Social mobility describes shifts from one status position to another within a system of social stratification and can either occur within or between generations. Previous research has indicated that mobility between social class positions may influence an individual's health, both mentally and physically. The overall aim of this thesis was to study social mobility in relation to cardiovascular disease (CVD) mortality and psychiatric disorder in the Swedish working-age population. The target populations were identified in the Swedish censuses (1960, 1980 and 1990) with linkages to several nationwide registries. Information on CVD mortality was retrieved from the Cause of Death Register and psychiatric admissions were provided by the Patient Register.

The association between social mobility and CVD mortality and psychiatric disorder were analysed by logistic regression, alternating logistic regression and Poisson regression. Descriptive statistics and summary graphs were used to describe the social mobility patterns among psychiatric patients.

Individuals who were socially mobile between generations displayed different risks for CVD mortality. More specifically, the downwardly mobile typically had increased risks whereas the upwardly mobile generally had lower risks compared with the socially stable. Individuals who were stable in the manual class also exhibited an increased risk for CVD mortality. Between 1980 and 1990, individuals with a psychiatric disorder were not as likely to remain socially stable, or within the labour force, as the remaining part of the Swedish work-force. Inter-generationally downwardly mobile individuals had an increased risk of psychiatric disorder and the upwardly mobile had a lower risk when compared with the socially stable. Adult social class had the strongest relationship with CVD mortality and psychiatric disorder, although a unique effect of social mobility on both outcomes only could be verified for men.

In conclusion, social class in adult life is an important determinant of CVD mortality and psychiatric disorder. Social class position as well as shifts in-between classes across the life course should be considered in health prevention. The findings are in accordance with the assumption that improvement in the daily life of psychiatric patients should include work rehabilitation to enable patients to remain in the labour force and maintain social stability.