

Factors associated with self- and informant ratings of quality of life, wellbeing and life satisfaction in people with mild-to-moderate dementia: Results from the Improving the experience of Dementia and Enhancing Active Life (IDEAL) programme

Authors

Yu-Tzu Wu^{1,2}, Sharon M Nelis¹, Catherine Quinn^{1,3}, Anthony Martyr¹, Ian R Jones⁴, Christina R Victor⁵, Martin Knapp⁶, Catherine Henderson⁶, John V Hindle¹, Roy W Jones⁷, Michael D Kopelman², Robin G Morris², James A Pickett⁸, Jennifer M Rusted⁹, Jeanette M Thom¹⁰, Rachael Litherland¹¹, Fiona E Matthews¹², Linda Clare¹, on behalf of the IDEAL study team

¹. REACH: The Centre for Research in Ageing and Cognitive Health, University of Exeter Medical School and College of Life and Environment Sciences, Exeter, UK

². Institute of Psychiatry, Psychology and Neuroscience, King's College London, London, UK

³. Centre of Applied Dementia Studies, University of Bradford, Bradford, BD7 1DP UK

⁴. Wales Institute for Social and Economic Research, Data and Methods, Cardiff University, Cardiff, UK

⁵. College of Health and Life Sciences, Brunel University London, UK

⁶. Personal Social Services Research Unit, London School of Economics and Political Science, London, UK

⁷. The Research Institute for the Care of Older People (RICE), Bath, UK

⁸. Alzheimer's Society, London, UK

⁹. School of Psychology, University of Sussex, Brighton, UK

¹⁰. School of Medical Sciences, University of New South Wales, Australia

¹¹. Innovations in Dementia, Exeter, UK

¹². Institute for Health and Society, Newcastle University, Newcastle upon Tyne, UK

Corresponding author

Yu-Tzu Wu (Present address)

Department of Health Service and Population Research, Institute of Psychiatry, Psychology
and Neuroscience, King's College London,

David Goldberg Centre, De Crespigny Park, Denmark Hill, London SE5 8AF, UK

Email: yu-tzu.wu@kcl.ac.uk; Phone: +44 20 78485074

Competing interests

The authors have no conflicts of interest.

Funding

The IDEAL study is funded jointly by the Economic and Social Research Council (UK) and the National Institute for Health Research (UK) through grant ES/L001853/2 'Improving the experience of dementia and enhancing active life: living well with dementia' (Investigators: L. Clare, I.R. Jones, C.Victor, J.V. Hindle, R.W.Jones, M.Knapp, M.Kopelman, R.Litherland, A.Martyr, F.E. Matthews, R.G.Morris, S.M.Nelis, J.Pickett, C.Quinn, J.Rusted, J.Thom).

ESRC is part of UK Research and Innovation. The views expressed are those of the author(s) and not necessarily those of the ESRC, UKRI, NHS, the NIHR or the Department of Health and Social Care. The support of the ESRC and NIHR is gratefully acknowledged.

Acknowledgements

We thank the local principal investigators and staff at our NHS sites, the IDEAL study participants and their families, the members of the ALWAYS group and the Project Advisory Group.

Abstract

Background

A large number of studies have explored factors related to self- and informant ratings of quality of life in people with dementia but many studies have had relatively small sample sizes and mainly focused on health conditions and dementia symptoms. The aim of this study is to compare self- and informant-rated quality of life, life satisfaction and wellbeing, and investigate the relationships of the two different rating methods with various social, psychological and health factors, using a large cohort study of community-dwelling people with dementia and carers in Great Britain.

Methods

This study included 1283 dyads of people with mild-to-moderate dementia and their primary carers in the Improving the experience of Dementia and Enhancing Active Life (IDEAL) study. Multivariate modelling was used to investigate associations of self- and informant-rated quality of life, life satisfaction and wellbeing with factors in five domains: psychological characteristics and health; social location; capitals, assets and resources; physical fitness and health; and managing everyday life with dementia.

Results

People with dementia rated their quality of life, life satisfaction and wellbeing more highly than did the informants. Despite these differences, the two approaches had similar relationships with social, psychological and physical health factors in the five domains.

Conclusions

Although self- and informant ratings differ, they display similar results when focusing on factors associated with quality of life, life satisfaction and wellbeing. Either self- or informant ratings may offer a reasonable source of information about people with dementia in terms of understanding associated factors.

Keywords

Dementia; Measurement methods; Wellbeing; Quality of life; Life satisfaction

Key points

- This study compared self- and informant ratings of quality of life, life satisfaction and wellbeing and their associations with factors in psychological, social and physical health domains.
- Scores for self-rated quality of life, life satisfaction and wellbeing were higher than informant ratings in people with mild-to-moderate dementia. These differences can affect identification of those with 'poor' living well scores in clinical practice and research.
- Factors related to self-rated quality of life, life satisfaction and wellbeing were also associated with informant ratings. When examining the impacts of associated factors, either self or informant ratings may offer a reasonable source of information about people with dementia.

Introduction

Although many people with dementia can report meaningful ratings on measures of the ability to 'live well' with the condition, such as quality of life, life satisfaction and wellbeing [1,2], the informant-rated approach, which asks family or professional carers to rate the quality of life of people with dementia, has been widely used in research and clinical practice [3].

Nevertheless, discrepancies between self- and informant-rated scores have been reported, with informant ratings more negative than self-ratings [3-10]. Such differences may potentially compromise the ability to evaluate the experience of people with dementia and identify relevant cut-offs for clinical significance if ratings are obtained from only one perspective.

However, this issue might not affect the validity of studies aiming to investigate factors related to living well with dementia. It remains to be established whether self- and informant ratings of living well measures have similar relationships with the relevant factors. If this is the case, either approach could provide valid information.

A recent review summarised the findings from 174 articles focusing on self-ratings of quality of life by people with dementia and 185 articles on informant-ratings [3]. Ninety-four articles included both types of ratings and reported variation in the factors associated with self- and informant-rated quality of life measures [3]. These studies tend to have relatively small sample sizes or assess a limited number of sociodemographic factors (such as age, gender,

education), health conditions (depression, anxiety, comorbidity) and dementia symptoms (neuropsychiatric symptoms, functional ability). These factors were highly-correlated and did not cover all aspects of psychological and social health that support people with dementia to cope with challenges, participate in social life and develop capability to live well with the condition [11,12]. To address the limitations of statistical power and explore associations with a wider range of factors, the aim of this study was to compare self- and informant ratings of quality of life, life satisfaction and wellbeing (here described collectively as measures of ‘living well’ with the condition) and investigate whether these two ratings had similar associations with various psychological, social and physical health factors. This was done using the Improving the experience of Dementia and Enhancing Active Life (IDEAL) study, a large cohort study of people with mild-to-moderate dementia and their carers in England, Scotland and Wales. This study built on the previous IDEAL findings reporting on factors associated with subjective perceptions of living well [2]. The same analytical approach was applied to identify factors related to self- and informant-rated quality of life, life satisfaction and wellbeing.

Methods

Study population

The IDEAL programme, a longitudinal cohort study of community-dwelling people with

dementia (N=1547) and respective carers (N=1283) in Great Britain, was established to identify social, psychological and economic factors that support people to live well with dementia and inform evidence-based policies and clinical practices aimed at preventing disability, maintaining independence and wellbeing and reducing caregiving, economic and societal impacts of dementia [13,14]. The recruitment was based on a network of 29 National Health Service sites across England, Scotland and Wales between July 2014 and August 2016. All participants were required to have a clinical diagnosis of dementia and a Mini-Mental State Examination (MMSE) score ≥ 15 on entry to the study. Those who were not able to provide informed consent were excluded from recruitment. For each person with dementia, a carer who provided practical or emotional unpaid support was also recruited where possible. For those who agreed to take part, trained researchers visited participants at home and implemented standardised questionnaires at baseline and two follow-up interviews 12 and 24 months later. The study was approved by the Wales Research Ethics Committee 5 (reference:13/WA/0405) and the Ethics Committee of the School of Psychology, Bangor University (reference:2014–11684). The study is registered with the UK Clinical Research Network, registration number 16593. This analysis focused on the 1283 dyads of people with dementia and carers, allowing comparison of self- and informant ratings of living well measures and other factors.

Measurements

For each person with dementia, self-rated living well measures included three main aspects: quality of life, assessed using the Quality of Life in Alzheimer's Disease scale (QoL-AD; score range=13-52) [15]; life satisfaction, assessed using the Satisfaction with Life Scale (SwLS; range=5-35) [16]; and wellbeing, assessed using the World Health Organization- Five Well-being Index (WHO-5; range=0-100) [17]. Informant-rated versions of these measures were completed by the carers.

Measurement of factors potentially associated with living well included five latent constructs established in a previous IDEAL study [2]: psychological characteristics and psychological health; social location; capitals, assets and resources; physical fitness and health; and managing everyday life with dementia. A list of measures in these five constructs is provided in Supplementary Table S1. A sub-set of these measures had parallel ratings made by both the person with dementia and the carer where appropriate.

Covariates included age, sex, dementia subtype and relationship between the person with dementia and carer. Dementia subtypes included Alzheimer's disease (AD), vascular dementia (VaD), mixed AD and VaD, frontotemporal dementia, Parkinson's disease dementia, dementia with Lewy bodies and other/unspecified dementias. The relationship between the person with

dementia and carer was categorised into two types: spouse/partner and other (family or friends).

Analytical strategy

To examine differences between self- and informant-rated living well measures, Bland-Altman plots were used to calculate distributions of mean differences (self-ratings minus informant ratings) and 95% limits of agreement, which indicate the range of 95% differences between the two approaches.

The relationships between factors in the five domains and the self- and informant-rated living well measures were investigated using multivariate models, which allow all three living well measures to be fitted as dependent variables. Four types of multivariable models were implemented: (*a*) self-rated living well measures and self-rated factors; (*b*) informant-rated living well measures and self-rated factors; (*c*) informant-rated living well measures and informant-rated factors; and (*d*) informant-rated living well measures and self- and informant-rated factors. Earlier IDEAL analyses have built a comprehensive ‘living well’ model for people with dementia based on the associations identified in all self-rated measures (Model *a*) [2]. This study further investigated informant-rated living well measures and their associations with various self- (Model *b*) and informant-rated factors (Model *c*) and compared

these findings with results from Model *a*. To examine whether self- and informant-rated factors had independent relationships with informant-rated living well measures, all self- and informant-rated factors were fitted in one model where appropriate (Model *d*). All variables within each construct were fitted in one model adjusting for age, sex, dementia subtypes and the relationship between the person with dementia and carer. Given that multiple testing could be an important issue here, three selection criteria were applied to determine factors related to living well measures. A variable was selected if it achieved statistical significance ($p\text{-value} < 0.05$) based on the Wald test, had a meaningful effect size ($\text{QoL-AD} > 1.5$ or $\text{SwLS} > 1.5$ or $\text{WHO-5} > 5.0$) based on the literature [18-20] and showed a potential ‘dose-response relationship’ (i.e. monotonically increasing or decreasing effect sizes across levels) with at least one of the outcomes. These criteria considered statistical significance as well as the direction and strength of associations and were also used in the previous IDEAL work [2]. All analyses were based on the IDEAL dataset version 2.0 and conducted using Stata 14.2 [21].

Results

The median age of people with dementia was 77 (range=43–98 years) and 58.9% were men (Table 1). The most frequently-represented dementia subtypes were AD (56%), VaD (11%) and mixed AD and VaD (21%). Most carers (81%) were spouses/partners. Around half of the

participants had received the diagnosis within the previous year and less than 2% had received the diagnosis over five years ago.

People with dementia generally reported higher scores on living well measures compared to the informant ratings made by their carers (Table 2). Mean differences and 95% limits of agreement were 3.3 (-9.3, 15.8) for QoL-AD; 5.6 (-8.9, 20.2) for SwLS; and 11.8 (-32.8, 56.4) for WHO-5. There was no consistent pattern of differences across demographic and clinical subgroups.

Table 3 summarises factors related to self- and informant-rated living well measures based on Model *a-d*. ‘NA’ denotes unavailable results as some factors could only be measured by either self- and informant-ratings. More detailed modelling results are provided in Supplementary Tables S2.1-S2.4. A summary for each construct is provided below:

(1) Psychological characteristics and psychological health: Apart from life events, factors in this construct could only be measured using self-ratings. Self-rated living well measures were associated with seven factors in this construct (Model *a*). Of these seven factors, neuroticism, loneliness, depression and negative attitudes to ageing also had negative associations with informant-rated living well measures (Model *b*).

(2) Social location: Community status was only measured using self-ratings while social comparison measures were rated by both people with dementia and carers. Self-rated status in the community was related to both self- (Model *a*) and informant-rated living well measures (Model *b*). The social comparison measures rated by people with dementia and carers were associated with both self- and informant-rated living well measures (Model *a–c*) and had independent relationships with informant-rated living well scores (Model *d*).

(3) Capitals, assets and resources: In this construct, social networks and cultural capital were the only two factors rated by both people with dementia and carers. Self-rated living well measures were associated with four self-rated factors, including local trust, civic participation, social networks and cultural capital (Model *a*). Of these four self-rated factors, only cultural capital was associated with informant-rated living well measures (Model *b*). An additional self-rated factor, personal relations, had a positive association with informant-rated living well measures in Model *b*. Both self- and informant ratings of cultural capital showed associations with informant-rated living well measures in individual models (Model *b* and *c*). When including all self- and informant ratings, only self-rated personal relations and informant-rated cultural capital were related to informant-rated living well measures (Model *d*).

(4) Physical fitness and health: Several factors in this construct were measured by both self- and informant ratings. Self-rated eyesight, hearing and health status had negative relationships with both self- (Model *a*) and informant-rated living well measures (Model *b*).

Informant-rated measures of physical activity and falls were associated with informant-rated living well measures but not self-ratings (Model *c*). Compared to self-rated measures, informant-rated sleep quality and appetite had stronger associations with informant-rated living well (Model *d*).

(5) Managing everyday life with dementia: Both self- and informant-rated functional ability and dependence were related to self- and informant-rated living well measures (Model *a–c*). Neuropsychiatric symptoms were only rated by carers and were associated with informant-rated living well measures (Model *c*). All informant-rated factors in this construct were associated with informant-rated living well measures (Model *d*).

Discussion

Based on a large cohort study of community-dwelling people with dementia and their carers, this study compared associations of self- and informant-rated quality of life, life satisfaction and wellbeing with factors across five domains. Informant-rated living well scores were lower than self-rated scores; despite these differences, the relationships between factors and living

well measures were relatively consistent between the two approaches.

This study found that the mean score for self-rated quality of life was higher than the mean score for informant ratings. Several studies have emphasised discrepancies between self- and informant ratings [3-10]. Both ratings have value when investigating living well measures in people with dementia, but as with many other score-based metrics, both should be recognised as imperfect measures containing measurement errors. The findings also raise the possibility that people with dementia experience a higher quality of life than is thought to be the case by their respective carers. Alternatively, people with dementia might rate their experiences higher than is actually the case, or the carers might be doing the converse. It is important to understand whether self- or informant-ratings have been used when attempting to define those with ‘poor’ living well scores in clinical practice and research. Nevertheless, a main finding is that when considering factors which might affect the ability to live well with dementia, discrepancy between self- and informant-rated scores need not be a concern as the relative differences remained similar across both approaches.

The results of this study correspond to a French study of 574 community-dwelling people with Alzheimer’s disease and their carers where self- and informant-rated quality of life had consistent associations with functional ability, depression and caregiver burden [4]. In contrast,

studies focusing on people with dementia in residential care facilities or as hospital outpatients have reported differential relationships between self-rated quality of life, informant ratings by carers and some health factors such as cognitive function, weight, and pain [22,23]. The different findings might be related to the different recruitment contexts of study populations and involvement of formal carers. Severity of dementia and health status might influence the consistency of associations in self- and informant ratings.

A small number of factors had different associations with self- and informant ratings of living well measures. Some of the self-rated factors in the ‘psychological characteristics and psychological health’ and the ‘capitals, assets and resources’ domains were only associated with self-rated living well measures. In the ‘physical fitness and health’ and the ‘managing everyday life with dementia’ domains, informant-rated factors, such as physical activity and falls, were related to informant-rated living well measures but not self-ratings. Compared to psychological and social factors, physical health conditions and dementia symptoms were more likely to be observed by informants and therefore had stronger associations with informant-rated living well measures.

The strength of this study lies in including a wide range of social, psychological and physical health factors and eliciting responses from a large number of community-dwelling people

with dementia and their carers. However, there are some limitations. The IDEAL study only included people with mild-to-moderate dementia at the baseline interview so the results might not generalise to those with severe dementia. Longitudinal data from IDEAL will allow us to examine whether the consistency of associations in self- and informant-rated living well measures changes with the progression of dementia [13,14]. Informant ratings were not available for some measures of psychological factors and social status as it is difficult to obtain informant ratings for subjective psychological experiences. Self-ratings could be sensitive to individual conditions. For example, dementia symptoms such as impairments in memory, attention and language might increase measurement errors in self-rated measures. Future research may explore response variation across individuals with different symptoms. Extensive regression modelling in this study could lead to high false positive rates. To address this issue, the selection criteria were determined on the basis of both statistical significance and effect sizes.

Conclusions

The findings of this study suggest that self- and informant ratings are not equivalent when investigating levels of quality of life, life satisfaction and wellbeing. These differences can be crucial when defining those with ‘poor’ living well scores in clinical practice and research. However, both approaches can provide useful information for research examining factors

associated with these living well measures. Our findings suggest that for researchers planning to examine factors related to living well with dementia, either self- or informant ratings offer a reasonable indication of quality of life, life satisfaction and wellbeing in people with mild-to-moderate dementia.

References

- [1] Hoe J, Katona C, Roch B, Livingston G. Use of the QOL-AD for measuring quality of life in people with severe dementia—the LASER-AD study. *Age Ageing* 2005;34:130-5. doi: 10.1093/ageing/afi030.
- [2] Clare L, Wu Y-T, Jones IR, Victor CR, Nelis SM, Martyr A, et al. A comprehensive model of factors associated with subjective perceptions of living well with dementia: findings from the IDEAL study. *Alzheimer Dis Assoc Disord* 2019;33:36-41. doi: 10.1097/WAD.0000000000000286.
- [3] Martyr A, Nelis SM, Quinn C, Wu Y-T, Lamont RA, Henderson C, et al. Living well with dementia: a systematic review and correlational meta-analysis of factors associated with quality of life, wellbeing and life satisfaction in people with dementia. *Psychol Med* 2018;48:2130-9. doi: 10.1017/S0033291718000405.
- [4] Andrieu S, Coley N, Rolland Y, Cantet C, Arnaud C, Guyonnet S, et al. Assessing Alzheimer's disease patients' quality of life discrepancies between patient and caregiver perspectives. *Alzheimer Dement* 2016;12:427-37. doi: 10.1016/j.jalz.2015.09.003.
- [5] Moyle W, Murfield JE, Griffiths SG, Venturato L. Assessing quality of life of older people with dementia: a comparison of quantitative self-report and proxy accounts. *J Adv Nurs* 2012;68:2237-46. doi: 10.1111/j.1365-2648.2011.05912.x.
- [6] Thorgrimsen L, Selwood A, Spector A, Royan L, de Madariaga Lopez M, Woods RT, et

- al. Whose quality of life is it anyway? The validity and reliability of the Quality of Life-Alzheimer's Disease (QoL-AD) scale. *Alzheimer Dis Assoc Disord* 2003;17:201-8. doi: 10.1097/00002093-200310000-00002.
- [7] Hurt C, Bhattacharyya S, Burns A, Camus V, Liperoti R, Marriott A, et al. (2008). Patient and caregiver perspectives of quality of life in dementia. *Dement Geriatr Cognit Disord* 2008;26:138-46. doi: 10.1159/000149584.
- [8] Zucchella C, Bartolo M, Bernini S, Picascia M, Sinforiani E. Quality of life in Alzheimer disease: a comparison of patients' and caregivers' points of view. *Alzheimer Dis Assoc Disord* 2015;29:50-4. doi: 10.1097/WAD.0000000000000050.
- [9] Tay L, Chua KC, Chan M, Lim WS, Ang YY, Koh E, et al. Differential perceptions of quality of life in community-dwelling persons with mild-to-moderate dementia. *Int Psychogeriatr* 2014;26:1273-82. doi: 10.1017/S1041610214000660.
- [10] O'Shea E, Hopper L, Marques M, Gonçalves-Pereira M, Woods B, Jelley H, et al. A comparison of self and proxy quality of life ratings for people with dementia and their carers: a European prospective cohort study. *Aging Ment Health* 2018. doi: 10.1080/13607863.2018.1517727.
- [11] Dries RM, Chattat R, Diaz A, Gove D, Graff M, Murphy K, et al. Social health and dementia: a European consensus on the operationalization of the concept and directions for research and practice. *Aging Ment Health* 2017;21:4-17. doi:

10.1080/13607863.2016.1254596.

[12] Huber M, Knottnerus JA, Green L, van der Horst H, Jadad AR, Kromhout D, et al. How should we define health? *BMJ* 2011;343:d4163.

[13] Clare L, Nelis SM, Quinn C, Martyr A, Henderson C, Hindle JV, et al. Improving the experience of dementia and enhancing active life--living well with dementia: study protocol for the IDEAL study. *Health Qual Life Outcome* 2014;12:164.

doi:10.1186/s12955-014-0164-6.

[14] Silarova B, Nelis SM, Ashworth RM, Ballard C, Bieńkiewicz M, Henderson C, et al. Protocol for the IDEAL-2 longitudinal study: following the experiences of people with dementia and their primary carers to understand what contributes to living well with dementia and enhances active life. *BMC Public Health* 2018;18:1214.

[15] Logsdon RG, Gibbons LE, McCurry SM, Teri L. Quality of life in Alzheimer's disease: patient and caregiver reports. New York, NY: Springer; 2000.

[16] Bech P. Measuring the dimension of psychological general well-being by the WHO-5. *Quality of Life Newsletter* 2004;32:15-6.

[17] Bech P. Measuring the dimension of psychological general well-being by the WHO-5. *Quality of Life Newsletter* 2004;32:15-16.

[18] Clare L, Woods RT, Nelis SM, Martyr A, Marková IS, Roth I, et al. Trajectories of quality of life in early-stage dementia: individual variations and predictors of change. *Int*

J Geriatr Psychiatry 2014;29:616-23. doi: 10.1002/gps.4044.

- [19] Kobau R, Sniezek J, Zack MM, Lucas RE, Burns A. Well-being assessment: an evaluation of well-being scales for public health and population estimates of well-being among us adults. *Applied Psychology: Health and Well-Being* 2010;2:272-297. doi:10.1111/j.1758-0854.2010.01035.x.
- [20] Topp CW, Ostergaard SD, Sondergaard S, Bech P. The WHO-5 Well-Being Index: a systematic review of the literature. *Psychother Psychosom*, 2015;84:167-76. doi: 10.1159/000376585.
- [21] StataCorp. 2015. Stata statistical software: release 14. College Station, TX: StataCorp LP.
- [22] Beer C, Flicker L, Horner B, Bretland N, Scherer S, Lautenschlager NT, et al. Factors Associated with Self and Informant Ratings of the Quality of Life of People with Dementia Living in Care Facilities: A Cross Sectional Study. *PLoS One* 2010;5:e15621. doi: 10.1371/journal.pone.0015621.
- [23] Conde-Sala JL, Reñé-Ramírez R, Turró-Garriga O, Gascón-Bayarri J, Campdelacreu-Fumadó J, Juncadella-Puig M, et al. Severity of dementia, anosognosia, and depression in relation to the quality of life patients with Alzheimer disease: discrepancies between patients and caregivers. *Am J Geriatr Psychiatry* 2014;22:138-47. doi: 10.1016/j.jagp.2012.07.001.

Tables

Table 1: Means and standard deviations of self- and informant-rated living well measures

across age, sex, dementia subtypes and relationship between person with dementia and carer

	N (%)	QoL-AD		SwLS		WHO-5	
		Self	Informant	Self	Informant	Self	Informant
<u>Age</u>							
≥80	482 (37.6)	37.2 (5.5)	33.6 (5.5)	27.3 (5.5)	21.7 (6.9)	64.2 (18.7)	49.0 (20.1)
75-79	306 (23.9)	37.3 (5.8)	33.6 (5.8)	26.9 (5.7)	20.4 (7.0)	61.5 (19.9)	49.2 (19.7)
70-74	232 (18.1)	36.9 (5.9)	34.1 (6.1)	26.0 (5.8)	20.6 (6.7)	59.2 (20.9)	51.2 (21.0)
65-69	160 (12.5)	36.2 (6.8)	33.8 (6.1)	25.7 (6.4)	20.6 (7.0)	58.3 (21.4)	51.0 (21.2)
<65	103 (8.0)	35.5 (6.8)	32.8 (6.3)	24.1 (6.9)	18.9 (7.0)	58.5 (25.8)	47.4 (22.0)
<u>Sex</u>							
Men	755 (58.9)	36.8 (6.0)	33.5 (5.8)	26.5 (5.9)	20.7 (6.9)	62.0 (20.0)	49.3 (20.2)
Women	528 (41.1)	37.1 (5.9)	33.9 (5.9)	26.5 (5.9)	21.1 (6.9)	60.6 (21.2)	49.9 (20.9)
<u>Dementia subtypes</u>							
AD	715 (55.7)	37.7 (5.5)	34.1 (5.7)	27.3 (5.5)	21.4 (6.8)	64.2 (19.5)	51.9 (20.1)
VaD	142 (11.1)	35.9 (6.5)	32.5 (6.3)	25.6 (6.3)	19.6 (7.2)	58.6 (21.2)	45.9 (20.9)
Mixed AD/VaD	263 (20.5)	36.3 (5.9)	33.8 (6.0)	26.3 (5.9)	21.5 (6.9)	59.8 (21.0)	48.9 (20.4)
FTD	45 (3.5)	38.7 (5.4)	33.1 (5.9)	25.7 (5.9)	21.7 (6.6)	61.0 (20.5)	49.7 (19.4)
PDD	43 (3.4)	33.1 (5.7)	32.1 (4.8)	22.0 (6.8)	16.8 (5.8)	47.9 (20.4)	42.1 (19.1)
DLB	43 (3.4)	33.0 (6.3)	31.4 (5.7)	23.7 (5.2)	17.3 (7.4)	50.7 (17.8)	38.8 (18.3)
Unspecified	32 (2.5)	34.7 (8.1)	31.3 (6.8)	26.2 (7.6)	18.2 (6.3)	58.5 (24.8)	43.2 (24.4)
<u>Relationship between person with dementia and carer</u>							
Spouse/partner	1039 (81.0)	37.1 (6.0)	33.9 (5.8)	26.7 (5.9)	21.0 (6.9)	61.9 (20.5)	50.9 (20.4)
Other	244 (19.0)	36.1 (5.8)	32.3 (5.9)	25.6 (5.7)	20.4 (6.8)	59.6 (20.4)	43.8 (19.7)

Note: AD: Alzheimer's disease; VaD: vascular dementia; FTD: fronto-temporal dementia; PDD: Parkinson's

disease dementia; DLB: dementia with Lewy bodies; QoL-AD: Quality of Life in Alzheimer's Disease scale;

SwLS: Satisfaction with Life Scale; WHO-5: World Health Organization-Five Well-Being Index.

Table 2: Mean differences (self-ratings minus informant-ratings) and standard deviations for three living well measures by demographic factors

	QoL-AD (N=1075)	SwLS (N=1204)	WHO5 (N=1220)
<u>Overall</u>	3.3 (6.3)	5.6 (7.3)	11.8 (22.3)
<u>Age</u>			
80+	3.7 (6.2)	5.6 (7.2)	15.2 (22.4)
75-79	3.6 (6.2)	6.4 (7.5)	11.8 (21.8)
70-74	2.5 (6.2)	5.4 (6.9)	7.9 (21.7)
65-69	2.5 (7.0)	5.0 (7.4)	7.9 (22.6)
<65	3.1 (5.9)	5.0 (7.7)	11.4 (22.2)
<u>Sex</u>			
Men	3.2 (6.4)	5.9 (7.3)	12.5 (22.4)
Women	3.3 (6.1)	5.3 (7.3)	10.7 (22.3)
<u>Dementia subtypes</u>			
AD	3.5 (6.1)	5.9 (7.2)	12.3 (22.4)
VD	3.1 (6.3)	5.9 (7.3)	12.8 (21.7)
Mixed AD/VD	2.9 (6.5)	4.9 (7.1)	11.0 (22.1)
FTD	6.1 (7.4)	3.2 (7.4)	10.4 (24.4)
PDD	1.2 (6.0)	5.3 (8.8)	5.5 (21.9)
DLB	0.7 (7.1)	6.6 (7.7)	10.7 (23.1)
Other/unspecified	2.6 (5.2)	7.5 (7.2)	14.5 (21.5)
<u>Relationship between person with dementia and carer</u>			
Spouse/partner	3.1 (6.2)	5.7 (7.3)	10.9 (22.3)
Other	4.0 (6.8)	5.2 (7.2)	15.6 (22.0)

Note: AD: Alzheimer's disease; VaD: vascular dementia; FTD: fronto-temporal dementia; PDD: Parkinson's disease dementia; DLB: dementia with Lewy bodies; QoL-AD: Quality of Life in Alzheimer's Disease scale; SwLS: Satisfaction with Life Scale; WHO-5: World Health Organization-Five Well-Being Index.

Table 3: Summary of associations between self- and informant-rated living well measures

(LW) and other factors

	Model a: Self-rated LW + Self-rated factors	Model b: Informant-rated LW + Self-rated factors	Model c: Informant-rated LW + Informant-rated factors	Model d: Informant-rated LW + Self- and informant- rated factors
<i>Psychological characteristics & psychological health</i>				
Personality neuroticism [s]	-	-	NA	-
Loneliness [s]	-	-	NA	-
Depression [s]	-	-	NA	-
Attitudes toward own ageing [s]	+	+	NA	+
Optimism [s]	+		NA	
Self-esteem [s]	+		NA	
Subjective age [s]	+		NA	
<i>Social location</i>				
Social comparison [s/i]	+	+	+	+ [s][i]
Community status [s]	+	+	NA	+
<i>Physical fitness & health</i>				
Poor eyesight [s]	-	-	NA	-
Poor hearing [s]	-	-	NA	-
Poor self-rated health [s]	-	-	NA	-
Changes in olfaction [s]	-		NA	
Poor appetite [s/i]	-	-	-	- [i]
Poor sleep [s/i]	-		-	- [i]
Low physical activity [s/i]			-	- [i]
Falls [s/i]			-	- [i]
<i>Capitals, assets & resources</i>				
Low local trust [s]	-		NA	
Low civic participation [s]	-		NA	
Personal relations [s]		+	NA	+
Low social network [s/i]	-			
Cultural capital [s/i]	+	+	+	+ [i]
<i>Managing everyday life with dementia</i>				
Functional ability [s/i]	-	-	-	- [i]
Dependence [s/i]	-	-	-	- [i]
Neuropsychiatric symptoms [i]	NA	NA	-	-

Note: +: Positive associations with living well measures; -: negative associations with living well measures; NA:

not available; [s]: self-rated; [i]: informant-rated; [s/i]: both self- and informant-rated measures were included

Factors associated with self- and informant ratings of quality of life, wellbeing and life satisfaction in people with mild-to-moderate dementia: Results from the Improving the experience of Dementia and Enhancing Active Life (IDEAL) programme

Supplementary materials

S1 Summary of measures

S2 Results of multivariate modelling

S2.1 Self-rated living well and self-rated factors

S2.2 Informant-rated living well and self-rated factors

S2.3 Informant-rated living well and informant-rated factors

S2.4 Informant-rated living well and self- and informant-rated factors

S1 Summary of measures

Factors potentially associated with living well were grouped into five constructs: capitals, assets and resources, social locations, psychological characteristics and health, physical fitness and health and managing everyday life with dementia. Corresponding self- and informant-rated measures in these five constructs are summarised in Table S1.

Table S1: Summary of self- and informant-rated variables in the five constructs

Concepts	Self-rated measures	Informant-rated measures
Capitals, assets and resources		
Personal relations	Office for National Statistics Social Capital Scale [1]	
Reciprocity and local trust	Office for National Statistics Social Capital Scale [1]	
Social participation	Office for National Statistics Social Capital Scale [1]	
Civic participation	Office for National Statistics Social Capital Scale [1]	
Social network	Lubben Social Network Scale-6 [2]	Lubben Social Network Scale-6 [2]
Social capital	Resource Generator-UK [3]	
Education	Highest level of education achieved	
Cultural capital	Questions from Cultural Capital and Social Exclusion Survey [4]	Questions from Cultural Capital and Social Exclusion Survey [4]
Income	Income adjusted for household size	
Social location		
Social class	Social class based on occupations [5]	
Social comparison	Single item	Single item
Social status	MacArthur Scale of Subjective Social Status (social ladder) [6]	
Community status	MacArthur Scale of Subjective Social Status (community ladder) [6]	
Psychological characteristics and psychological health		
Personality	Mini-IPIP [7]	
Religion	Single item [8]	
Spirituality	Single item	
Optimism	Life Orientation Test – Revised [9]	
Self-esteem	Rosenberg Self-Esteem Scale [10]	
	Single item [11]	
Continuity of sense of self	Single item	
Self-acceptance	Ryff Scales of Psychological Well-Being self-acceptance subscale [12,13]	
Loneliness	De Jong Gierveld Loneliness Scale [14]	

	Single item	
Experience of stigma	4-item modified Stigma Impact Scale [15,16]	
Stressful life events	10-item modified Social Readjustment Rating Scale [17]	10-item modified Social Readjustment Rating Scale [17]
Depression	Geriatric Depression Scale-10 [18]	
Attitudes toward own ageing	Philadelphia Geriatric Center Morale Scale [19]	
Subjective age	Single question	
Physical fitness and health		
Physical activity	General Practice Physical Activity Questionnaire (GPPAQ) [20]	General Practice Physical Activity Questionnaire (GPPAQ) [20]
Smoking	Current smoker/former smoker/never smoker	
Alcohol consumption	Currently does/does not consume alcohol	
Co-morbid conditions	Charlson Comorbidity Index [21,22]	
Falls	Number of falls in the past year [13]	Number of falls in the past year [13]
Sleep quality	Single item	Single item
Eyesight	Single item [13]	
Hearing	Single item [13]	
Appetite	Short Nutritional Assessment Questionnaire (SNAQ) [23]	Single item
Change in gustation	Single item [24]	
Change in olfaction	Single item [24]	
Self-rated health	Single item [25]	
Managing everyday life with dementia		
Cognition	Addenbrooke's Cognitive Examination – III [26]	
Functional ability	Functional Assessment Questionnaire amended 11-item version [27,28]	Functional Assessment Questionnaire amended 11-item version [27,28]
Dependence	Dependence Scale [29]	Dependence Scale [29]
Neuropsychiatric symptoms		Neuropsychiatric Inventory Questionnaire [30]
Decision-making involvement		Decision-making Involvement Scale [31]

S2 Results of multivariate modelling

S2.1 Self-rated living well and self-rated factors

Table S2.1 reports results of self-rated living well and self-rated factors by the five constructs. All estimates were adjusted for age, sex, dementia subtypes and relationship between person with dementia and carer.

Table S2.1: Self-rated living well and self-rated factors

	QoL-AD	SwLS	WHO-5	p-value
Capitals, assets and resources				
<u>Personal relations</u>				
Q1 (ref.)	-	-	-	0.73
Q2	0.31 (-0.91, 1.53)	0.44 (-0.86, 1.73)	0.36 (-4.17, 4.89)	
Q3	0.90 (-0.46, 2.26)	0.58 (-0.87, 2.02)	-1.09 (-6.14, 3.96)	
Q4	0.52 (-0.89, 1.93)	0.39 (-1.10, 1.89)	0.86 (-4.38, 6.10)	
<u>Social network</u>				
Not isolated (ref.)	-	-	-	<0.001
Isolated	-2.26 (-3.28, -1.23)	-1.25 (-2.34, -0.16)	-4.19 (-7.99, -0.40)	
<u>Resource generator</u>				
Continuous score	-0.05 (-0.16, 0.07)	-0.11 (-0.23, 0.01)	-0.08 (-0.50, 0.34)	0.33
<u>Social participation</u>				
0 (ref.)	-	-	-	0.38
1	0.08 (-1.26, 1.41)	-0.12 (-1.53, 1.30)	-1.61 (-6.56, 3.34)	
2+	1.18 (-0.02, 2.39)	0.01 (-1.27, 1.29)	1.70 (-2.77, 6.17)	
<u>Civic participation</u>				
High (ref.)	-	-	-	0.02
Low	-1.72 (-2.89, -0.54)	-1.82 (-3.07, -0.57)	-4.72 (-9.10, -0.35)	
<u>Local trust</u>				
Likely (ref.)	-	-	-	0.01
Other	-1.65 (-2.71, -0.60)	-0.98 (-2.10, 0.14)	-5.98 (-9.90, -2.06)	
<u>Willingness to help</u>				
Strongly agree (ref.)	-	-	-	0.90
Slightly agree	-0.18 (-1.19, 0.84)	0.10 (-0.98, 1.17)	-1.11 (-4.87, 2.64)	
Not agree	0.25 (-1.35, 1.86)	-0.18 (-1.88, 1.53)	-2.25 (-8.21, 3.72)	
<u>Education</u>				
No qualification (ref.)	-	-	-	0.88
GCSE/equivalent	0.23 (-1.07, 1.54)	-0.16 (-1.55, 1.23)	-1.16 (-6.00, 3.69)	
A level/equivalent	0.45 (-0.66, 1.55)	0.31 (-0.86, 1.49)	1.71 (-2.40, 5.81)	
College	0.19 (-1.19, 1.57)	-0.62 (-2.09, 0.84)	0.29 (-4.84, 5.41)	
<u>Cultural capitals</u>				
Q1 (ref.)	-	-	-	0.09
Q2	1.06 (-0.18, 2.29)	0.28 (-1.03, 1.59)	3.31 (-1.26, 7.89)	
Q3	1.49 (0.26, 2.71)	0.94 (-0.36, 2.24)	4.37 (-0.17, 8.91)	
Q4	2.55 (1.15, 3.94)	0.92 (-0.56, 2.41)	6.61 (1.43, 11.79)	
<u>Income</u>				
Q1 (ref.)	-	-	-	0.30
Q2	0.30 (-0.90, 1.50)	0.19 (-1.09, 1.47)	0.17 (-4.29, 4.63)	
Q3	1.14 (-0.13, 2.41)	0.52 (-0.86, 1.87)	0.59 (-4.13, 5.31)	
Q4	1.49 (0.14, 2.83)	0.15 (-2.09, 1.58)	0.62 (-4.38, 5.62)	
Social location				
<u>Social class</u>				
I/II (ref.)	-	-	-	0.16

III-NM	0.68 (-0.22, 1.57)	0.24 (-0.68, 1.16)	-0.50 (-3.73, 2.73)	
III-M	-0.33 (-1.18, 0.53)	0.50 (-0.38, 1.38)	-1.57 (-4.67, 1.54)	
IV/V/VI	-0.66 (-1.71, 0.39)	0.06 (-1.01, 1.14)	-1.63 (-5.43, 2.17)	
<u>Social comparison</u>				
Ordinal	1.74 (1.39, 2.08)	1.41 (1.06, 1.77)	5.70 (4.46, 6.95)	<0.001
<u>Societal ladder</u>				
Ordinal	1.00 (0.48, 1.52)	0.40 (-0.13, 0.94)	1.15 (-0.73, 3.04)	0.001
<u>Community ladder</u>				
Ordinal	1.25 (0.79, 1.71)	0.91 (0.43, 1.38)	3.52 (1.84, 5.20)	<0.001
Psychological characteristics & health				
<u>Personality</u>				
Extraversion	-0.01 (-0.09, 0.07)	0.03 (-0.07, 0.12)	-0.30 (-0.62, 0.02)	0.20
Agreeableness	-0.03 (-0.15, 0.08)	-0.09 (-0.22, 0.04)	-0.14 (-0.59, 0.30)	0.58
Conscientiousness	0.10 (0.00, 0.20)	0.04 (-0.08, 0.16)	0.32 (-0.08, 0.71)	0.22
Neuroticism	-0.04 (-0.14, 0.06)	-0.03 (-0.14, 0.09)	-0.78 (-1.16, -0.39)	0.001
Intellect	0.07 (-0.03, 0.17)	-0.10 (-0.21, 0.01)	0.07 (-0.31, 0.45)	0.08
<u>Religion</u>				
Slightly important (ref.)	-	-	-	0.19
Moderate	0.94 (0.07, 1.81)	0.94 (-0.05, 1.93)	1.15 (-2.18, 4.49)	
Important	0.78 (-0.06, 1.62)	0.76 (-0.19, 1.72)	2.35 (-0.87, 5.57)	
<u>Spirituality</u>				
Slightly important (ref.)	-	-	-	0.51
Moderate	0.26 (-0.61, 1.13)	-0.30 (-1.29, 0.69)	1.26 (-2.08, 4.59)	
Important	-0.55 (-1.43, 0.33)	-0.82 (-1.82, 0.18)	-0.49 (-3.86, 2.88)	
<u>Optimism</u>				
Continuous score	0.23 (0.12, 0.34)	0.25 (0.12, 0.37)	0.27 (-0.15, 0.68)	<0.001
<u>Self-esteem (single item)</u>				
Disagree (ref.)	-	-	-	0.01
Neutral	0.25 (-0.60, 1.10)	0.32 (-0.65, 1.29)	2.04 (-1.23, 5.30)	
Agree	-0.05 (-0.91, 0.80)	0.56 (-0.42, 1.53)	4.08 (0.81, 7.36)	
Strongly agree	1.57 (0.24, 2.90)	2.29 (0.77, 3.81)	6.39 (1.28, 11.50)	
<u>Self-esteem (Rosenberg)</u>				
Q1 (ref.)	-	-	-	0.55
Q2	-0.21 (-1.10, 0.67)	-0.26 (-1.26, 0.75)	-1.20 (-4.58, 2.18)	
Q3	-0.10 (-1.38, 1.19)	-0.20 (-1.66, 1.26)	-4.16 (-9.09, 0.77)	
Q4	0.41 (-0.75, 1.57)	-0.12 (-1.45, 1.20)	1.38 (-3.08, 5.84)	
<u>Sense of self</u>				
Strongly agree (ref.)	-	-	-	0.001
Agree	-0.01 (-0.94, 0.92)	0.03 (-1.03, 1.09)	1.41 (-2.16, 4.98)	
Neutral	-0.91 (-2.43, 0.60)	-1.02 (-2.74, 0.71)	-2.52 (-8.32, 3.29)	
Disagree	-0.23 (-1.34, 0.88)	-1.91 (-3.17, -0.64)	-2.04 (-6.32, 2.23)	
Strongly disagree	-3.83 (-6.42, -1.24)	-2.78 (-5.73, 0.17)	-3.71 (-13.65, 6.23)	
<u>Self-acceptance</u>				
Q1 (ref.)	-	-	-	0.001
Q2	0.84 (-0.04, 1.71)	1.49 (0.49, 2.49)	5.66 (2.30, 9.02)	
Q3	0.65 (-0.27, 1.57)	1.39 (0.34, 2.44)	3.95 (0.42, 7.49)	
Q4	1.51 (0.49, 2.53)	2.37 (1.21, 3.54)	4.61 (0.69, 8.54)	
<u>Self-efficacy</u>				
Q1 (ref.)	-	-	-	0.29
Q2	0.40 (-0.42, 1.23)	0.35 (-0.59, 1.30)	2.91 (-0.26, 6.08)	
Q3	0.34 (-0.57, 1.24)	0.31 (-0.72, 1.34)	2.21 (-1.26, 5.67)	
Q4	0.88 (-0.07, 1.82)	1.04 (-0.04, 2.12)	5.44 (1.81, 9.08)	
<u>Loneliness: scale</u>				
Not lonely (ref.)	-	-	-	0.01
Lonely	-0.69 (-1.37, -0.02)	-1.16 (-1.93, -0.39)	-1.20 (-3.79, 1.38)	
<u>Loneliness: single item</u>				
No/more or less (ref.)	-	-	-	0.01

Yes	-1.21 (-2.38, -0.04)	-0.98 (-2.32, 0.35)	-7.08 (-11.57, -2.58)	
<u>Stigma</u>				
<8 (ref.)	-	-	-	0.07
8	-0.20 (-0.89, 0.48)	0.04 (-0.74, 0.83)	1.40 (-1.23, 4.04)	
>8	-1.28 (-2.14, -0.43)	-0.31 (-1.29, 0.66)	-0.18 (-3.46, 3.09)	
<u>Life events [s]</u>				
None (ref.)	-	-	-	0.003
T1	-0.04 (-0.83, 0.75)	0.59 (-0.31, 1.49)	-2.73 (-5.77, 0.30)	
T2	-0.14 (-1.08, 0.80)	-1.76 (-2.83, -0.69)	-1.36 (-4.96, 2.25)	
T3	-0.88 (-1.73, -0.03)	-0.79 (-1.76, 0.18)	-3.13 (-6.40, 0.13)	
<u>Depression</u>				
No (ref.)	-	-	-	<0.001
Yes	-2.80 (-3.65, -1.95)	-1.95 (-2.92, -0.99)	-9.69 (-12.93, -6.44)	
<u>Attitudes toward own ageing</u>				
Continuous score	1.00 (0.77, 1.24)	0.70 (0.44, 0.96)	3.07 (2.19, 3.96)	<0.001
<u>Subjective age</u>				
Continuous score	0.58 (0.16, 0.99)	0.69 (0.22, 1.16)	-0.47 (-2.05, 3.96)	<0.001
Physical fitness & health				
<u>Physical activity</u>				
Inactive (ref.)	-	-	-	0.003
Moderately inactive	-1.36 (-2.59, -0.12)	-1.82 (-3.21, -0.42)	-2.68 (-7.16, 1.81)	
Moderately active	0.36 (-0.60, 1.32)	-1.38 (-2.46, -0.29)	0.30 (-3.18, 3.79)	
Active	1.25 (0.22, 2.27)	0.27 (-0.89, 1.42)	1.54 (-2.17, 5.24)	
<u>Smoking</u>				
Never (ref.)	-	-	-	0.28
Ex-smoker	-0.55 (-1.16, 0.07)	-0.15 (-0.85, 0.54)	-1.16 (-3.40, 1.08)	
Current smoker	-1.42 (-2.79, -0.06)	-1.44 (-2.98, 0.10)	-2.86 (-7.80, 2.08)	
<u>Drinking alcohol</u>				
No (ref.)	-	-	-	0.75
Yes	0.26 (-0.36, 0.87)	0.00 (-0.69, 0.70)	-0.22 (-2.45, 2.01)	
<u>Co-morbidity score [s]</u>				
1-2 (ref.)	-	-	-	0.52
3-4	-0.50 (-1.26, 0.26)	0.09 (-0.76, 0.95)	-2.28 (-5.03, 0.47)	
5+	-0.31 (-1.05, 0.43)	-0.15 (-0.99, 0.69)	-1.82 (-4.52, 0.88)	
<u>Falls</u>				
0 (ref.)	-	-	-	0.006
1	-0.78 (-1.62, 0.07)	-0.97 (-1.93, -0.02)	-2.51 (-5.58, 0.56)	
2+	-1.40 (-2.11, -0.68)	-0.55 (-1.36, 0.25)	-2.75 (-5.34, -0.15)	
<u>Poor sleep</u>				
Ordinal variable	-0.91 (-1.21, -0.61)	-0.67 (-1.01, -0.33)	-4.55 (-5.64, -3.46)	<0.001
<u>Poor eyesight</u>				
Ordinal variable	-0.56 (-0.87, -0.24)	-0.23 (-0.58, 0.13)	-1.51 (-2.66, -0.36)	0.004
<u>Poor hearing</u>				
Ordinal variable	-0.63 (-0.93, -0.33)	-0.15 (-0.49, 0.19)	-1.74 (-2.84, -0.64)	<0.001
<u>Poor diet (SNAQ)</u>				
No (ref.)	-	-	-	0.002
Yes	-1.52 (-2.44, -0.61)	-1.15 (-2.18, -0.13)	-5.88 (-9.44, -2.36)	
<u>Change in gustation</u>				
No (ref.)	-	-	-	0.21
Yes	-0.70 (-1.59, 0.19)	-0.78 (-1.78, 0.22)	0.04 (-3.19, 3.27)	
<u>Change in olfaction</u>				
No (ref.)	-	-	-	0.01
Yes	-1.13 (-2.11, -0.16)	-0.76 (-1.86, 0.34)	-5.90 (-9.44, -2.36)	
<u>Self-rated health</u>				
Excellent/very good (ref.)	-	-	-	<0.001
Good	-1.89 (-2.63, -1.15)	-0.66 (-1.50, 0.17)	-2.52 (-5.21, 0.18)	
Fair	-3.77 (-4.68, -2.87)	-2.09 (-3.11, -1.07)	-9.84 (-13.12, -6.57)	

Poor/very poor	-5.04 (-6.21, -3.88)	-3.58 (-4.89, -2.27)	-13.73 (-17.96, -9.51)	
Managing everyday life with dementia				
<u>Cognition (ACE-III)</u>				
Q1 (ref.)	-	-	-	0.04
Q2	0.45 (-0.51, 1.41)	0.30 (-0.69, 1.28)	-1.52 (-4.92, 1.88)	
Q3	0.02 (-0.95, 0.99)	-0.19 (-1.19, 0.80)	-3.65 (-7.07, -0.22)	
Q4	-0.57 (-1.59, 0.45)	-0.65 (-1.70, 0.40)	-6.20 (-9.81, -2.58)	
<u>Functional ability</u>				
None (ref.)	-	-	-	0.02
Q1	-2.22 (-3.56, -0.89)	-0.69 (-2.07, 0.68)	-5.13 (-9.86, -0.39)	
Q2	-2.47 (-3.85, -1.08)	-1.48 (-2.90, -0.05)	-5.55 (-10.46, -0.63)	
Q3	-2.89 (-4.37, -1.41)	-0.88 (-2.40, 0.64)	-6.76 (-12.00, -1.52)	
Q4	-3.27 (-4.88, -1.67)	-1.63 (-3.27, 0.02)	-8.33 (-14.01, -2.65)	
<u>Dependence</u>				
Q1 (ref.)	-	-	-	<0.001
Q2	-1.21 (-2.19, -0.23)	-0.93 (-1.93, 0.08)	-4.61 (-8.08, -1.13)	
Q3	-2.15 (-3.22, -1.08)	-1.55 (-2.65, -0.45)	-6.78 (-10.57, -2.99)	
Q4	-4.57 (-5.85, -3.29)	-2.38 (-3.70, -1.07)	-15.92 (-20.46, -11.38)	

S2.2 Informant-rated living well and self-rated factors

Table S2.2 reports the associations between informant-rated living well measures and self-rated factors adjusting for age, sex, dementia subtypes and relationship between person with dementia and carer.

Table S2.2: Informant-rated living well and self-rated factors

	QoL-AD	SwLS	WHO-5	p-value
Capitals, assets and resources				
<u>Personal relations</u>				
Q1 (ref.)	-	-	-	<0.001
Q2	1.67 (0.40, 2.94)	1.34 (-0.17, 2.85)	3.13 (-1.49, 7.74)	
Q3	3.27 (1.85, 4.70)	1.77 (0.08, 3.47)	5.80 (0.62, 10.98)	
Q4	2.84 (1.37, 4.30)	1.92 (0.18, 3.66)	3.32 (-1.99, 8.63)	
<u>Social network</u>				
Not isolated (ref.)	-	-	-	0.56
Isolated	0.07 (-1.01, 1.15)	0.65 (-0.64, 1.93)	1.82 (-2.12, 5.76)	
<u>Resource generator</u>				
Continuous score	-0.05 (-0.17, 0.07)	-0.11 (-0.24, 0.03)	-0.22 (-0.65, 0.21)	0.50
<u>Social participation</u>				
0 (ref.)	-	-	-	0.78
1	-0.18 (-1.56, 1.19)	0.42 (-1.21, 2.06)	-1.34 (-6.33, 3.65)	
2+	0.66 (-0.64, 1.97)	0.41 (-1.14, 1.97)	2.70 (-2.04, 7.45)	
<u>Civic participation</u>				
High (ref.)	-	-	-	0.33
Low	-0.94 (-2.19, 0.31)	-1.05 (-2.53, 0.44)	-4.11 (-8.65, 0.42)	
<u>Local trust</u>				
Likely (ref.)	-	-	-	0.85
Other	0.04 (-1.07, 1.15)	-0.47 (-1.79, 0.85)	0.03 (-4.02, 4.07)	
<u>Willingness to help</u>				
Strongly agree (ref.)	-	-	-	0.40
Slightly agree	0.36 (-0.71, 1.44)	0.35 (-0.92, 1.63)	0.31 (-3.59, 4.21)	
Not agree	-0.44 (-2.12, 1.23)	1.31 (-0.68, 3.29)	2.11 (-3.97, 8.18)	
<u>Education</u>				
No qualification (ref.)	-	-	-	0.98
GCSE/equivalent	0.07 (-1.31, 1.45)	-0.22 (-1.86, 1.42)	1.01 (-4.00, 6.02)	
A level/equivalent	0.30 (-0.87, 1.47)	-0.13 (-1.52, 1.27)	2.37 (-1.89, 6.64)	
College	-0.06 (-1.52, 1.39)	-0.37 (-2.10, 1.36)	0.00 (-5.29, 5.28)	
<u>Cultural capitals</u>				
Q1 (ref.)	-	-	-	0.04
Q2	0.71 (-0.59, 2.01)	0.24 (-1.30, 1.78)	3.33 (-1.39, 8.05)	
Q3	0.82 (-0.48, 2.13)	0.69 (-0.86, 2.24)	1.20 (-3.55, 5.94)	
Q4	1.70 (0.23, 3.17)	0.88 (-0.86, 2.63)	8.60 (3.26, 13.94)	
<u>Income</u>				
Q1 (ref.)	-	-	-	<0.001
Q2	1.30 (0.01, 2.59)	-0.77 (-2.30, 0.76)	4.40 (-0.29, 9.08)	
Q3	1.03 (-0.32, 2.38)	-1.76 (-3.36, -0.16)	2.55 (-2.36, 7.45)	
Q4	1.85 (0.39, 3.31)	-1.56 (-3.30, 0.17)	7.83 (2.52, 13.13)	
Social location				

<u>Social class</u>				
I/II (ref.)	-	-	-	0.07
III-NM	-0.36 (-1.33, 0.61)	-0.11 (-1.27, 1.04)	-2.90 (-6.27, 0.48)	
III-M	-0.63 (-1.57, 0.30)	0.99 (-0.13, 2.11)	-1.74 (-5.00, 1.53)	
IV/V/VI	-0.71 (-1.85, 0.43)	0.37 (-1.00, 1.73)	-2.94 (-6.91, 1.04)	
<u>Social comparison [s]</u>				
Ordinal	1.08 (0.71, 1.46)	1.09 (0.65, 1.54)	3.89 (2.59, 5.19)	<0.001
<u>Societal ladder</u>				
Ordinal	0.22 (-0.35, 0.78)	0.68 (0.00, 1.36)	0.04 (-1.94, 2.02)	0.13
<u>Community ladder</u>				
Ordinal	0.85 (0.34, 1.35)	0.30 (-0.30, 0.90)	2.62 (0.87, 4.37)	0.005
Psychological characteristics & health				
<u>Personality</u>				
Extraversion	-0.01 (-0.13, 0.10)	0.03 (-0.10, 0.17)	-0.04 (-0.45, 0.36)	0.92
Agreeableness	-0.01 (-0.17, 0.15)	-0.32 (-0.51, -0.14)	-0.02 (-0.57, 0.54)	0.002
Conscientiousness	0.06 (-0.08, 0.21)	-0.10 (-0.27, 0.06)	0.11 (-0.38, 0.61)	0.24
Neuroticism	-0.04 (-0.18, 0.10)	0.00 (-0.16, 0.16)	-0.74 (-1.23, -0.26)	0.002
Intellect	0.02 (-0.12, 0.16)	0.03 (-0.13, 0.19)	-0.08 (-0.56, 0.40)	0.84
<u>Religion</u>				
Slightly important (ref.)	-	-	-	0.95
Moderate	0.68 (-0.53, 1.89)	0.62 (-0.79, 2.03)	2.14 (-2.04, 6.31)	
Important	0.33 (-0.83, 1.49)	0.37 (-0.98, 1.72)	1.51 (-2.48, 5.50)	
<u>Spirituality</u>				
Slightly important (ref.)	-	-	-	0.56
Moderate	0.14 (-1.05, 1.34)	-0.17 (-1.57, 1.22)	-0.56 (-4.68, 3.55)	
Important	-0.74 (-1.93, 0.46)	-0.22 (-1.61, 1.17)	-3.93 (-8.04, 0.18)	
<u>Optimism</u>				
Continuous score	0.06 (-0.10, 0.21)	0.01 (-0.17, 0.19)	0.09 (-0.44, 0.62)	0.89
<u>Self-esteem (single item)</u>				
Disagree (ref.)	-	-	-	0.18
Neutral	0.28 (-0.94, 1.50)	-0.47 (-1.89, 0.94)	1.09 (-3.11, 5.28)	
Agree	-0.79 (-2.01, 0.42)	-0.61 (-2.02, 0.80)	-1.70 (-5.87, 2.47)	
Strongly agree	0.86 (-1.02, 2.73)	0.79 (-1.40, 2.98)	6.18 (-0.29, 12.65)	
<u>Self-esteem (Rosenberg)</u>				
Q1 (ref.)	-	-	-	0.09
Q2	0.09 (-1.14, 1.32)	0.28 (-1.16, 1.71)	-0.80 (-5.04, 3.44)	
Q3	0.61 (-1.22, 2.44)	0.62 (-1.51, 2.75)	-4.34 (-10.65, 1.97)	
Q4	-0.02 (-1.63, 1.59)	-0.54 (-2.42, 1.33)	0.99 (-4.56, 6.54)	
<u>Sense of self</u>				
Strongly agree (ref.)	-	-	-	0.63
Agree	-0.80 (-2.12, 0.52)	-0.18 (-1.72, 1.35)	0.85 (-3.69, 5.39)	
Neutral	-1.36 (-3.48, 0.77)	-1.76 (-4.23, 0.71)	0.68 (-6.64, 8.00)	
Disagree	-0.73 (-2.29, 0.83)	-0.90 (-2.72, 0.92)	0.57 (-4.81, 5.94)	
Strongly disagree	-2.10 (-5.53, 1.32)	-1.81 (-5.80, 2.19)	-5.32 (-17.13, 6.49)	
<u>Self-acceptance</u>				
Q1 (ref.)	-	-	-	0.09
Q2	1.08 (-0.17, 2.33)	1.18 (-0.27, 2.63)	3.74 (-0.56, 8.04)	
Q3	0.72 (-0.58, 2.01)	1.48 (-0.03, 2.99)	2.27 (-2.19, 6.74)	
Q4	1.49 (0.04, 2.94)	2.77 (1.08, 4.46)	2.73 (-2.27, 7.73)	
<u>Self-efficacy</u>				
Q1 (ref.)	-	-	-	0.05
Q2	-0.42 (-1.59, 0.74)	1.57 (0.21, 2.93)	0.27 (-3.75, 4.29)	
Q3	-1.00 (-2.25, 0.26)	1.51 (0.05, 2.97)	-1.41 (-5.72, 2.90)	
Q4	-0.11 (-1.44, 1.21)	1.97 (0.43, 3.52)	-0.02 (-4.58, 4.54)	
<u>Loneliness: scale</u>				
Not lonely (ref.)	-	-	-	0.61
Lonely	0.16 (-0.78, 1.10)	0.55 (-0.54, 1.64)	1.70 (-1.53, 4.93)	
<u>Loneliness: single item</u>				

No/more or less (ref.)	-	-	-	
Yes	-2.03 (-3.70, -0.35)	-1.77 (-3.73, 0.18)	-6.16 (-11.93, -0.38)	0.09
Stigma				
<8 (ref.)	-	-	-	0.14
8	0.38 (-0.60, 1.36)	0.39 (-0.76, 1.53)	3.08 (-0.30, 6.46)	
>8	-1.01 (-2.20, 0.17)	-0.37 (-1.75, 1.01)	-1.95 (-6.03, 2.14)	
Life events [s]				
None (ref.)	-	-	-	0.27
T1	0.86 (-0.24, 1.95)	-0.08 (-1.36, 1.20)	1.42 (-2.36, 5.19)	
T2	1.50 (0.18, 2.83)	0.53 (-1.01, 2.07)	3.38 (-1.18, 7.94)	
T3	0.85 (-0.36, 2.06)	-0.58 (-1.99, 0.82)	-0.29 (-4.45, 3.87)	
Depression				
No (ref.)	-	-	-	0.03
Yes	-1.26 (-2.46, -0.06)	-1.34 (-2.74, 0.06)	-6.11 (-10.25, -1.97)	
Attitudes toward own ageing				
Continuous score	0.54 (0.21, 0.87)	0.71 (0.33, 1.09)	2.31 (1.19, 3.43)	<0.001
Subjective age				
Continuous score	0.06 (-0.52, 0.63)	-0.10 (-0.77, 0.57)	-0.27 (-2.26, 1.71)	0.93
Physical fitness and health				
Physical activity [s]				
Inactive (ref.)	-	-	-	0.04
Moderately inactive	0.36 (-1.15, 1.87)	0.97 (-0.85, 2.79)	0.93 (-4.26, 6.12)	
Moderately active	0.60 (-0.57, 1.77)	-0.53 (-1.94, 0.87)	3.01 (-1.01, 7.04)	
Active	1.09 (-0.17, 2.35)	-0.01 (-1.53, 1.51)	6.65 (2.31, 10.99)	
Smoking [s]				
Never (ref.)	-	-	-	0.84
Ex-smoker	0.11 (-0.64, 0.86)	-0.04 (-0.94, 0.87)	0.83 (-1.74, 3.41)	
Current smoker	-1.02 (-2.68, 0.65)	-0.40 (-2.41, 1.61)	-0.95 (-6.68, 4.79)	
Drinking alcohol [s]				
No (ref.)	-	-	-	0.01
Yes	1.11 (0.37, 1.85)	0.26 (-0.62, 1.15)	1.31 (-1.22, 3.85)	
Co-morbidity score [s]				
1-2 (ref.)	-	-	-	0.04
3-4	-0.75 (-1.67, 0.16)	-0.90 (-2.01, 0.21)	-4.16 (-7.33, -0.99)	
5+	-1.21 (-2.13, -0.30)	-0.53 (-1.63, 0.58)	-2.56 (-5.71, 0.59)	
Falls [s]				
0 (ref.)	-	-	-	0.26
1	-0.42 (-1.44, 0.61)	-0.65 (-1.89, 0.59)	0.14 (-3.39, 3.67)	
2+	-0.67 (-1.53, 0.20)	-1.15 (-2.19, -0.11)	-2.87 (-5.84, 0.10)	
Poor sleep [s]				
Ordinal variable	-0.07 (-0.44, 0.29)	-0.27 (-0.71, 0.17)	-1.41 (-2.66, -0.16)	0.05
Poor eyesight [s]				
Ordinal variable	-0.65 (-1.04, -0.27)	-0.55 (-1.01, -0.08)	-1.19 (-2.52, 0.14)	0.006
Poor hearing [s]				
Ordinal variable	-0.02 (-0.38, 0.34)	-0.05 (-0.49, 0.38)	-1.68 (-2.93, -0.44)	0.004
Poor diet (SNAQ) [s]				
No (ref.)	-	-	-	0.01
Yes	-1.21 (-2.30, -0.12)	0.09 (-1.22, 1.41)	-5.12 (-8.87, -1.37)	
Change in gustation [s]				
No (ref.)	-	-	-	0.33
Yes	0.13 (-0.95, 1.20)	-0.84 (-2.13, 0.46)	0.91 (-2.79, 4.60)	
Change in olfaction [s]				
No (ref.)	-	-	-	0.77
Yes	-0.52 (-1.70, 0.65)	-0.50 (-1.91, 0.92)	-2.13 (-6.18, 1.91)	
Self-rated health [s]				
Excellent/very good (ref.)	-	-	-	0.02
Good	-1.02 (-1.92, -0.12)	-0.36 (-1.45, 0.73)	-1.19 (-4.30, 1.91)	
Fair	-2.00 (-3.11, -0.89)	-1.42 (-2.76, -0.09)	-4.80 (-8.60, -0.99)	

Poor/very poor	-2.30 (-3.70, -0.90)	-1.71 (-3.39, -0.02)	-7.33 (-12.14, -2.51)	
Managing everyday life with dementia				
<u>Cognition (ACE-III)</u>				
Q1 (ref.)	-	-	-	0.31
Q2	-0.19 (-1.15, 0.77)	-0.41 (-1.57, 0.75)	-0.86 (-4.26, 2.54)	
Q3	0.60 (-0.38, 1.58)	0.13 (-1.05, 1.31)	0.13 (-3.34, 3.61)	
Q4	0.85 (-0.19, 1.89)	-0.42 (-1.67, 0.84)	0.09 (-3.58, 3.77)	
<u>Functional ability</u>				
None (ref.)	-	-	-	0.003
Q1	-1.90 (-3.25, -0.56)	-1.95 (-3.57, -0.33)	-6.41 (-11.16, -1.66)	
Q2	-1.52 (-2.92, -0.12)	-2.79 (-4.48, -1.10)	-6.69 (-11.65, -1.73)	
Q3	-2.38 (-3.87, -0.90)	-2.87 (-4.66, -1.08)	-9.22 (-14.47, -3.98)	
Q4	-3.08 (-4.69, -1.47)	-3.85 (-5.79, -1.91)	-12.95 (-18.64, -7.26)	
<u>Dependence</u>				
Q1 (ref.)	-	-	-	0.008
Q2	-0.21 (-1.21, 0.80)	-0.39 (-1.60, 0.83)	-0.44 (-4.00, 3.12)	
Q3	-1.51 (-2.61, -0.41)	-1.29 (-2.62, 0.03)	-4.44 (-8.33, -0.56)	
Q4	-2.62 (-3.92, -1.32)	-2.24 (-3.81, -0.68)	-6.69 (-11.28, -2.10)	

S2.3 Informant-rated living well and informant-rated factors

Table S2.3 reports the associations between informant-rated living well measures and informant-rated measures. Since not all items were rated by both people with dementia and carers, the analysis only focused on the small number of informant-rated measures. All estimates were adjusted for age, sex, dementia subtypes and relationship between person with dementia and carer.

Table S2.3: Informant-rated living well and informant-rated factors

	QoL-AD	SwLS	WHO-5	p-value
Capitals, assets and resources				
<u>Social network [i]</u>				
Not isolated (ref.)	-	-	-	0.008
Isolated	-1.50 (-2.41, -0.59)	-0.59 (-1.69, 0.52)	-4.36 (-7.55, -1.17)	
<u>Cultural capitals [i]</u>				
Q1 (ref.)	-	-	-	<0.001
Q2	2.88 (1.97, 3.78)	0.87 (-0.23, 1.96)	6.64 (3.48, 9.80)	
Q3	2.88 (1.93, 3.83)	-0.16 (-1.31, 0.99)	8.14 (4.81, 11.46)	
Q4	4.28 (3.31, 5.26)	1.20 (0.02, 2.39)	12.39 (8.97, 15.81)	
Social location				
<u>Social comparison [i]</u>				
Ordinal	1.97 (1.64, 2.29)	2.53 (2.16, 2.90)	5.67 (4.53, 6.81)	<0.001
Psychological characteristics and health				
<u>Life events [i]</u>				
None (ref.)	-	-	-	0.009
T1	0.59 (-0.37, 1.55)	-0.43 (-1.55, 0.68)	-0.90 (-4.20, 2.41)	
T2	-0.77 (-1.70, 0.17)	-1.35 (-2.44, -0.26)	-3.54 (-6.77, -0.32)	
T3	-1.41 (-2.41, -0.41)	-1.42 (-2.59, -0.25)	-5.38 (-8.83, -1.92)	
Physical fitness and health				
<u>Physical activity [i]</u>				
Inactive (ref.)	-	-	-	<0.001
Moderately inactive	1.05 (-0.18, 2.28)	0.55 (-0.95, 2.06)	1.18 (-3.03, 5.38)	
Moderately active	1.63 (0.57, 2.69)	1.59 (0.30, 2.89)	4.23 (0.61, 7.85)	
Active	2.37 (1.25, 3.48)	1.36 (0.00, 2.72)	9.71 (5.92, 13.51)	
<u>Falls [i]</u>				
0 (ref.)	-	-	-	<0.001
1	-0.46 (-1.53, 0.62)	-0.46 (-1.77, 0.86)	-1.33 (-5.00, 2.34)	
2+	-2.11 (-2.84, -1.37)	-1.46 (-2.36, -0.56)	-7.06 (-9.58, -4.54)	
<u>Poor sleep [i]</u>				
Ordinal variable	-0.70 (-1.05, -0.35)	-0.88 (-1.30, -0.45)	-3.69 (-4.87, -2.51)	<0.001
<u>Poor appetite [i]</u>				
Ordinal variable	-1.31 (-1.70, -0.93)	-0.92 (-1.39, -0.45)	-4.20 (-5.51, -2.89)	<0.001
Managing everyday life with dementia				
<u>Functional ability [i]</u>				
None (ref.)	-	-	-	<0.001
Q1	-3.43 (-5.60, -1.26)	-3.85 (-6.70, -0.99)	-3.77 (-11.54, 4.01)	
Q2	-4.63 (-6.92, -2.33)	-4.92 (-7.94, -1.90)	-4.91 (-13.14, 3.32)	

Q3	-5.82 (-8.19, -3.43)	-5.89 (-9.02, -2.76)	-8.92 (-17.45, -0.40)	
Q4	-5.51 (-7.96, -3.06)	-5.77 (-8.99, -2.55)	-6.02 (-14.80, 2.76)	
<u>Dependence [i]</u>				
Q1 (ref.)	-	-	-	0.04
Q2	-0.35 (-1.92, 1.22)	1.43 (-0.64, 3.49)	-2.63 (-8.26, 3.00)	
Q3	-0.64 (-2.26, 0.98)	0.36 (-1.77, 2.49)	-4.32 (-10.13, 1.48)	
Q4	-1.92 (-3.60, -0.23)	-0.12 (-2.33, 2.09)	-6.31 (-12.35, -0.28)	
<u>NPI [i]</u>				
None (ref.)	-	-	-	<0.001
T1	-1.97 (-3.03, -0.91)	-2.33 (-3.72, -0.93)	-9.21 (-13.01, -5.41)	
T2	-3.46 (-4.59, -2.33)	-4.26 (-5.74, -2.77)	-16.85 (-20.90, -12.79)	
T3	-6.18 (-7.38, -4.97)	-5.88 (-7.46, -4.30)	-25.80 (-30.11, -21.48)	
<u>Decision involvement[i]</u>				
T1 (ref.)	-	-	-	0.004
T2	1.05 (0.23, 1.86)	0.19 (-0.88, 1.27)	2.73 (-0.19, 5.66)	
T3	1.65 (0.73, 2.56)	-0.34 (-1.55, 0.86)	3.54 (0.25, 6.84)	

S2.4 Informant-rated living well, self- and informant-rated factors

All self- and informant-rated measures were fitted in one model to investigate their associations with informant-rated living well measures. Table S2.4 reports results adjusting for age, sex, dementia subtypes and relationship between person with dementia and carer in the five constructs.

Table S2.4: Informant-rated living well, self- and informant-rated factors

	QoL-AD	SwLS	WHO-5	p-value
Capitals, assets and resources				
<u>Personal relations</u>				
Q1 (ref.)	-	-	-	0.001
Q2	1.89 (0.60, 3.17)	1.53 (0.00, 3.06)	3.80 (-0.86, 8.47)	
Q3	3.25 (1.81, 4.69)	1.93 (0.21, 3.64)	5.76 (0.52, 10.99)	
Q4	2.79 (1.31, 4.27)	2.10 (0.33, 3.87)	3.10 (-2.29, 8.49)	
<u>Social network [s]</u>				
Not isolated (ref.)	-	-	-	0.51
Isolated	0.11 (-1.00, 1.22)	0.68 (-0.64, 2.01)	2.16 (-1.88, 6.20)	
<u>Social network [i]</u>				
Not isolated (ref.)	-	-	-	0.74
Isolated	-0.61 (-1.90, 0.67)	-0.32 (-1.86, 1.21)	-2.50 (-7.17, 2.16)	
<u>Resource generator</u>				
Continuous score	-0.03 (-0.15, 0.09)	-0.06 (-0.21, 0.08)	-0.14 (-0.57, 0.29)	0.84
<u>Social participation</u>				
0 (ref.)	-	-	-	0.92
1	-0.13 (-1.51, 1.24)	0.46 (-1.19, 2.10)	-0.88 (-5.89, 4.13)	
2+	0.39 (-0.96, 1.73)	0.42 (-1.19, 2.02)	2.23 (-2.65, 7.11)	
<u>Civic participation</u>				
High (ref.)	-	-	-	0.73
Low	-0.52 (-1.80, 0.75)	-0.69 (-2.22, 0.83)	-2.52 (-7.17, 2.13)	
<u>Local trust</u>				
Likely (ref.)	-	-	-	0.94
Other	-0.19 (-1.32, 0.93)	-0.40 (-1.74, 0.95)	-0.39 (-4.48, 3.70)	
<u>Willingness to help</u>				
Strongly agree (ref.)	-	-	-	0.42
Slightly agree	0.33 (-0.76, 1.41)	0.30 (-1.00, 1.59)	0.15 (-3.79, 4.10)	
Not agree	-0.37 (-2.08, 1.34)	1.40 (-0.64, 3.45)	2.36 (-3.86, 8.59)	
<u>Education</u>				
No qualification (ref.)	-	-	-	0.93
GCSE/equivalent	-0.08 (-1.51, 1.34)	-0.45 (-2.15, 1.25)	-1.00 (-6.18, 4.19)	
A level/equivalent	0.26 (-0.92, 1.45)	-0.11 (-0.53, 1.31)	2.18 (-2.14, 6.50)	
College	-0.14 (-1.64, 1.36)	-0.60 (-2.39, 1.19)	-0.83 (-6.28, 4.62)	
<u>Cultural capitals [s]</u>				
Q1 (ref.)	-	-	-	0.18
Q2	-0.01 (-1.38, 1.37)	0.32 (-1.33, 1.96)	1.54 (-3.46, 6.55)	
Q3	-0.47 (-1.92, 0.98)	0.52 (-1.21, 2.26)	-2.33 (-7.61, 2.95)	
Q4	-0.32 (-2.09, 1.45)	0.32 (-1.80, 2.43)	3.27 (-3.16, 9.71)	
<u>Cultural capitals [i]</u>				

Q1 (ref.)	-	-	-	0.002
Q2	2.54 (1.26, 3.83)	0.69 (-0.84, 2.22)	6.93 (2.26, 11.60)	
Q3	2.40 (0.93, 3.87)	0.12 (-1.21, 1.88)	7.91 (2.54, 13.27)	
Q4	3.51 (1.82, 5.20)	1.72 (-1.80, 2.43)	10.13 (3.99, 16.27)	
Income				
Q1 (ref.)	-	-	-	0.001
Q2	1.41 (0.09, 2.72)	-0.75 (-2.32, 0.82)	4.31 (-0.47, 9.09)	
Q3	0.99 (-0.38, 2.37)	-1.76 (-3.40, -0.13)	2.37 (-2.62, 7.37)	
Q4	1.80 (0.30, 3.29)	-1.51 (-3.29, 0.28)	7.65 (2.21, 13.08)	
Social location				
Social class				
I/II (ref.)	-	-	-	0.07
III-NM	-0.04 (-0.99, 0.90)	0.21 (-0.89, 1.31)	-2.30 (-5.64, 1.04)	
III-M	-0.52 (-1.43, 0.39)	1.08 (0.02, 2.14)	-1.54 (-4.75, 1.67)	
IV/V/VI	-0.70 (-1.81, 0.42)	0.37 (-0.94, 1.67)	-3.22 (-7.17, 0.73)	
Social comparison [s]				
Ordinal	0.77 (0.40, 1.14)	0.64 (0.21, 1.07)	3.02 (1.72, 4.33)	<0.001
Social comparison [i]				
Ordinal	1.79 (1.44, 2.14)	2.40 (1.99, 2.80)	4.94 (3.70, 6.17)	<0.001
Societal ladder				
Ordinal	0.11 (-0.44, 0.66)	0.55 (-0.09, 1.19)	-0.21 (-2.15, 1.74)	0.22
Community ladder				
Ordinal	0.92 (0.44, 1.41)	0.37 (-0.20, 0.94)	2.92 (1.19, 4.64)	0.001
Psychological characteristics and health				
Personality				
Extraversion	-0.04 (-0.15, 0.08)	0.01 (-0.13, 0.14)	-0.08 (-0.49, 0.33)	0.90
Agreeableness	-0.04 (-0.20, 0.13)	-0.35 (-0.53, -0.16)	-0.08 (-0.64, 0.48)	0.001
Conscientiousness	0.03 (-0.12, 0.18)	-0.15 (-0.32, 0.02)	0.01 (-0.50, 0.52)	0.17
Neuroticism	-0.04 (-0.18, 0.10)	0.01 (-0.15, 0.18)	-0.76 (-1.26, -0.27)	0.001
Intellect	0.01 (-0.13, 0.15)	0.02 (-0.15, 0.18)	-0.10 (-0.59, 0.40)	0.90
Religion				
Slightly important (ref.)	-	-	-	0.99
Moderate	0.54 (-0.70, 1.78)	0.23 (-1.20, 1.67)	1.37 (-2.90, 5.64)	
Important	0.23 (-0.96, 1.43)	0.29 (-1.10, 1.67)	0.91 (-3.22, 5.03)	
Spirituality				
Slightly important (ref.)	-	-	-	0.74
Moderate	0.30 (-0.92, 1.52)	-0.07 (-1.48, 1.34)	0.32 (-3.90, 4.53)	
Important	-0.63 (-1.86, 0.60)	-0.18 (-1.60, 1.24)	-3.07 (-7.31, 1.17)	
Optimism				
Continuous score	0.05 (-0.11, 0.20)	0.02 (-0.17, 0.20)	0.05 (-0.50, 0.59)	0.94
Self-esteem (single item)				
Disagree (ref.)	-	-	-	0.16
Neutral	0.34 (-0.90, 1.57)	-0.32 (-1.75, 1.11)	1.35 (-2.90, 5.60)	
Agree	-0.79 (-2.02, 0.43)	-0.50 (-1.91, 0.92)	-1.32 (-5.54, 2.90)	
Strongly agree	0.93 (-0.97, 2.83)	0.84 (-1.36, 3.04)	6.91 (0.35, 13.47)	
Self-esteem (Rosenberg)				
Q1 (ref.)	-	-	-	0.11
Q2	0.18 (-1.07, 1.43)	0.35 (-1.09, 1.80)	-0.54 (-4.86, 3.77)	
Q3	0.63 (-1.23, 2.49)	0.60 (-1.55, 2.75)	-4.37 (-10.79, 2.04)	
Q4	0.17 (-1.46, 1.80)	-0.40 (-2.29, 1.48)	1.41 (-4.22, 7.03)	
Sense of self				
Strongly agree (ref.)	-	-	-	0.70
Agree	-0.80 (-2.18, 0.57)	-0.10 (-1.69, 1.49)	0.87 (-3.87, 5.61)	
Neutral	-1.45 (-3.64, 0.74)	-1.85 (-4.38, 0.68)	0.47 (-7.08, 8.01)	
Disagree	-0.77 (-2.38, 0.85)	-0.63 (-2.50, 1.23)	0.74 (-4.84, 6.31)	
Strongly disagree	-2.15 (-5.61, 1.31)	-1.62 (-5.62, 2.38)	-4.84 (-16.78, 7.09)	
Self-acceptance				
Q1 (ref.)	-	-	-	0.05

Q2	1.12 (-0.15, 2.38)	1.38 (-0.08, 2.84)	4.26 (-0.09, 8.61)	
Q3	0.70 (-0.61, 2.01)	1.69 (0.17, 3.20)	2.53 (-1.99, 7.05)	
Q4	1.40 (-0.06, 2.87)	2.84 (1.14, 4.54)	2.39 (-2.67, 7.46)	
<u>Self-efficacy</u>				
Q1 (ref.)	-	-	-	0.02
Q2	-0.33 (-1.51, 0.85)	1.79 (0.43, 3.16)	0.85 (-3.22, 4.92)	
Q3	-0.93 (-2.20, 0.33)	1.73 (0.26, 3.19)	-0.86 (-5.23, 3.50)	
Q4	0.17 (-1.18, 1.51)	2.27 (0.71, 3.82)	0.60 (-4.03, 5.23)	
<u>Loneliness: scale</u>				
Not lonely (ref.)	-	-	-	0.60
Lonely	0.15 (-0.80, 1.10)	0.60 (-0.50, 1.69)	1.62 (-1.65, 4.90)	
<u>Loneliness: single item</u>				
No/more or less (ref.)	-	-	-	0.09
Yes	-1.92 (-3.65, -0.19)	-1.97 (-3.96, 0.03)	-6.94 (-12.89, -0.99)	
<u>Stigma</u>				
<8 (ref.)	-	-	-	0.18
8	0.30 (-0.71, 1.30)	0.24 (-0.91, 1.40)	2.79 (-0.66, 6.25)	
>8	-1.01 (-2.22, 0.20)	-0.43 (-1.83, 0.96)	-2.36 (-6.53, 1.80)	
<u>Life events [s]</u>				
None (ref.)	-	-	-	0.25
T1	0.93 (-0.23, 2.09)	-0.14 (-1.49, 1.20)	2.14 (-1.86, 6.14)	
T2	1.71 (0.36, 3.07)	0.82 (-0.74, 2.39)	4.44 (-0.23, 9.10)	
T3	1.28 (-0.04, 2.60)	-0.25 (-1.77, 1.28)	1.75 (-2.80, 6.30)	
<u>Life events [i]</u>				
None (ref.)	-	-	-	
T1	0.41 (-0.78, 1.61)	-0.03 (-1.41, 1.35)	-0.60 (-4.73, 3.52)	0.23
T2	-0.90 (-2.08, 0.28)	-1.42 (-2.78, -0.05)	-2.68 (-6.76, 1.39)	
T3	-1.20 (-2.45, 0.06)	-0.80 (-2.25, 0.66)	-5.19 (-9.53, -0.85)	
<u>Depression</u>				
No (ref.)	-	-	-	
Yes	-1.38 (-2.59, -0.17)	-1.42 (-2.82, -0.01)	-6.13 (-10.31, -1.95)	0.03
<u>Attitudes toward own ageing</u>				
Continuous score	0.50 (0.17, 0.83)	0.69 (0.31, 1.08)	2.21 (1.07, 3.35)	<0.001
<u>Subjective age</u>				
Continuous score	0.15 (-0.44, 0.74)	0.03 (-0.66, 0.71)	0.10 (-1.94, 2.14)	0.95
Physical fitness and health				
<u>Physical activity [s]</u>				
Inactive (ref.)	-	-	-	0.29
Moderately inactive	0.06 (-1.45, 1.56)	0.74 (-1.11, 2.59)	-0.37 (-5.54, 4.80)	
Moderately active	-0.25 (-1.55, 1.05)	-1.24 (-2.84, 0.36)	0.21 (-4.26, 4.68)	
Active	0.38 (-1.03, 1.80)	-0.52 (-2.26, 1.22)	4.62 (-0.23, 9.47)	
<u>Physical activity [i]</u>				
Inactive (ref.)	-	-	-	0.06
Moderately inactive	0.93 (-0.42, 2.27)	0.47 (-1.18, 2.12)	1.16 (-3.45, 5.77)	
Moderately active	1.36 (0.16, 2.57)	1.84 (0.36, 3.33)	3.02 (-1.12, 7.15)	
Active	1.66 (0.30, 3.02)	0.87 (-0.80, 2.55)	6.85 (2.18, 11.52)	
<u>Smoking [s]</u>				
Never (ref.)	-	-	-	0.77
Ex-smoker	0.12 (-0.63, 0.88)	-0.03 (-0.96, 0.90)	1.18 (-1.42, 3.77)	
Current smoker	-1.05 (-2.71, 0.61)	-0.55 (-2.60, 1.50)	-0.96 (-6.66, 4.75)	
<u>Drinking alcohol [s]</u>				
No (ref.)	-	-	-	0.007
Yes	1.05 (0.31, 1.80)	0.37 (-0.55, 1.28)	0.49 (-2.07, 3.05)	
<u>Co-morbidity score [s]</u>				
1-2 (ref.)	-	-	-	0.10
3-4	-0.57 (-1.50, 0.37)	-0.82 (-1.97, 0.33)	-3.68 (-6.89, -0.47)	
5+	-0.79 (-1.72, 0.13)	0.10 (-1.04, 1.24)	-1.33 (-4.51, 1.85)	
<u>Falls [s]</u>				
0 (ref.)	-	-	-	0.53

1	-0.14 (-1.22, 0.94)	-0.54 (-1.87, 0.78)	0.01 (-3.69, 3.72)	
2+	0.16 (-0.86, 1.17)	-0.99 (-2.24, 0.26)	-1.02 (-4.50, 2.46)	
<u>Falls [i]</u>				
0 (ref.)	-	-	-	0.01
1	-0.39 (-1.57, 0.80)	-0.18 (-1.64, 1.27)	-0.82 (-4.88, 3.24)	
2+	-1.84 (-2.77, -0.91)	-0.89 (-2.03, 0.25)	-5.16 (-8.34, -1.98)	
<u>Poor sleep [s]</u>				
Ordinal variable	0.24 (-0.17, 0.65)	0.04 (-0.47, 0.55)	0.13 (-1.29, 1.55)	0.56
<u>Poor sleep [i]</u>				
Ordinal variable	-0.65 (-1.07, -0.23)	-0.79 (-1.31, -0.28)	-3.27 (-4.72, -1.83)	<0.001
<u>Poor eyesight [s]</u>				
Ordinal variable	-0.60 (-0.99, -0.21)	-0.56 (-1.04, -0.07)	-1.17 (-2.52, 0.17)	0.02
<u>Poor hearing [s]</u>				
Ordinal variable	-0.05 (-0.41, 0.32)	-0.02 (-0.47, 0.43)	-1.76 (-3.01, -0.51)	0.004
<u>Poor diet (SNAQ) [s]</u>				
No (ref.)	-	-	-	0.09
Yes	0.17 (-0.99, 1.32)	1.43 (0.01, 2.85)	-0.98 (-4.93, 2.98)	
<u>Poor appetite [i]</u>				
Ordinal variable	-1.23 (-1.68, -0.79)	-0.92 (-1.47, -0.38)	-4.08 (-5.60, -2.55)	<0.001
<u>Change in gustation [s]</u>				
No (ref.)	-	-	-	0.45
Yes	0.41 (-0.68, 1.51)	-0.55 (-1.89, 0.79)	1.24 (-2.51, 4.98)	
<u>Change in olfaction [s]</u>				
No (ref.)	-	-	-	0.79
Yes	-0.46 (-1.65, 0.73)	-0.36 (-1.82, 1.10)	-2.12 (-6.20, 1.95)	
<u>Self-rated health [s]</u>				
Excellent/very good (ref.)	-	-	-	0.04
Good	-1.12 (-2.03, -0.21)	-0.49 (-1.61, 0.64)	-1.15 (-4.29, 1.99)	
Fair	-1.95 (-3.06, -0.85)	-1.39 (-2.75, -0.03)	-4.54 (-8.33, -0.75)	
Poor/very poor	-2.08 (-3.51, -0.65)	-1.55 (-3.31, 0.43)	-5.74 (-10.65, -0.83)	
Managing everyday life with dementia				
<u>Cognition (ACE-III)</u>				
Q1 (ref.)	-	-	-	0.05
Q2	-1.31 (-2.28, -0.33)	-0.67 (-1.95, 0.62)	-4.00 (-7.51, -0.50)	
Q3	-0.87 (-1.89, 0.14)	-0.63 (-1.97, 0.70)	-2.92 (-6.56, 0.73)	
Q4	-1.52 (-2.60, -0.45)	-2.16 (-3.57, -0.75)	-5.18 (-9.03, -1.34)	
<u>Functional ability [s]</u>				
None (ref.)	-	-	-	0.26
Q1	-0.81 (-2.11, 0.49)	-1.15 (-2.85, 0.56)	-3.69 (-8.35, 0.97)	
Q2	0.01 (-1.36, 1.37)	-1.14 (-2.93, 0.66)	-3.78 (-8.68, 1.11)	
Q3	-0.63 (-2.12, 0.86)	-1.91 (-3.86, 0.04)	-5.93 (-11.26, -0.60)	
Q4	-0.30 (-1.90, 1.30)	-2.05 (-4.15, 0.05)	-7.00 (-12.73, -1.27)	
<u>Functional ability [i]</u>				
None (ref.)	-	-	-	<0.001
Q1	-3.40 (-5.73, -1.06)	-3.53 (-6.60, -0.47)	-1.77 (-10.14, 6.59)	
Q2	-4.49 (-6.98, -1.99)	-4.27 (-7.54, -0.99)	-1.27 (-10.20, 7.67)	
Q3	-5.88 (-8.49, -3.26)	-5.28 (-8.70, -1.85)	-4.99 (-14.34, 4.37)	
Q4	-5.93 (-8.67, -3.18)	-5.18 (-8.78, -1.58)	-2.36 (-12.18, 7.46)	
<u>Dependence [s]</u>				
Q1 (ref.)	-	-	-	0.67
Q2	0.10 (-0.91, 1.12)	-0.04 (-1.37, 1.29)	0.32 (-3.31, 3.95)	
Q3	-0.23 (-1.33, 0.88)	-0.43 (-1.88, 1.02)	0.07 (-3.89, 4.02)	
Q4	-1.30 (-2.65, 0.04)	-1.31 (-3.07, 0.46)	-2.51 (-7.33, 2.31)	
<u>Dependence [i]</u>				
Q1 (ref.)	-	-	-	0.14
Q2	-0.18 (-1.85, 1.48)	1.41 (-0.78, 3.59)	-1.74 (-7.70, 4.23)	
Q3	-0.59 (-2.34, 1.15)	-0.10 (-2.39, 2.19)	-4.56 (-10.81, 1.70)	
Q4	-1.55 (-3.37, 0.26)	-0.23 (-2.61, 2.16)	-5.42 (-11.92, 1.08)	
<u>NPI [i]</u>				

None (ref.)	-	-	-	<0.001
T1	-2.04 (-3.16, -0.93)	-2.55 (-4.02, -1.09)	-10.29 (-14.30, -6.29)	
T2	-3.62 (-4.82, -2.43)	-4.30 (-5.86, -2.73)	-18.24 (-22.52, -13.97)	
T3	-6.17 (-7.45, -4.90)	-5.78 (-7.45, -4.11)	-26.97 (-31.53, -22.40)	
Decision involvement				
T1 (ref.)	-	-	-	0.09
T2	0.80 (-0.07, 1.67)	0.09 (-1.05, 1.23)	2.42 (-0.70, 5.53)	
T3	1.25 (0.27, 2.23)	-0.41 (-1.70, 0.87)	3.17 (-0.34, 6.68)	

References

1. Office for National Statistics. Harmonised concepts and questions for social data sources, secondary standards. Social capital. Titchfield, UK: Office for National Statistics; 2008.
2. Lubben J, Blozik E, Gillmann G, et al. Performance of an abbreviated version of the Lubben Social Network Scale among three European community-dwelling older adult populations. *Gerontologist*. 2006;46:503-513.
3. Webber MP, Huxley PJ. Measuring access to social capital: the validity and reliability of the Resource Generator-UK and its association with common mental disorder. *Soc Sci Med*. 2007;65:481-492.
4. Thomson K. Cultural capital and social exclusion survey: technical report. London: National Centre for Social Research; 2004.
5. Office for National Statistics. Standard Occupational Classification 2010. Volume 3. The National Statistics Socio-economic Classification: (Rebased on the SOC2010) User Manual. Basingstoke: Palgrave Macmillan; 2010.
6. Adler NE, Epel ES, Castellazzo G, et al. Relationship of subjective and objective social status with psychological and physiological functioning: preliminary data in healthy white women. *Health Psychol*. 2000;19:586-592.
7. Donnellan MB, Oswald FL, Baird BM, et al. The Mini-IPIP scales: tiny-yet-effective measures of the Big Five factors of personality. *Psychol Assess*. 2006;18:192-203.
8. Loewenthal KM, MacLeod AK, Cinnirella M. Are women more religious than men? Gender differences in religious activity among different religious groups in the UK. *Pers Individ Dif*. 2002;32:133-139.
9. Scheier MF, Carver CS, Bridges MW. Distinguishing optimism from neuroticism (and trait anxiety, self-mastery, and self-esteem): a reevaluation of the Life Orientation Test. *J Pers Soc Psychol*. 1994;67:1063-1078.
10. Rosenberg M. Society and the adolescent self-image. Princeton, NJ: Princeton University Press; 1965.
11. Robins RW, Hendin HM, Trzesniewski KH. Measuring global self-esteem: construct validation of a single-item measure and the Rosenberg self-esteem scale. *Pers Soc Psychol Bull*. 2001;27:151-161.
12. Ryff CD, Keyes CL. The structure of psychological well-being revisited. *J Pers Soc Psychol*. 1995;69:719-727.
13. Marmot M, Oldfield Z, Clemens S, et al. English Longitudinal Study of Ageing: Wave 2

2004-2005. In: Service UD, editor. 27th ed. 2017.

14. De Jong Gierveld J, Tilburg TV. A 6-item scale for overall, emotional, and social loneliness confirmatory tests on survey data. *Res Aging*. 2006;28:582-598.
15. Burgener SC, Berger B. Measuring perceived stigma in persons with progressive neurological disease: Alzheimer's dementia and Parkinson's disease. *Dementia*. 2008;7:31-53.
16. Fife BL, Wright ER. The dimensionality of stigma: a comparison of its impact on the self of persons with HIV/AIDS and cancer. *J Health Soc Behav*. 2000;41:50-67.
17. Almeida OP, Almeida SA. Short versions of the Geriatric Depression Scale: a study of their validity for the diagnosis of a major depressive episode according to ICD-10 and DSM-IV. *Int J Geriatr Psychiatry*. 1999;14:858-865.
18. Holmes TH, Rahe RH. The Social Readjustment Rating Scale. *J Psychosom Res*. 1967;11:213-218.
19. Lawton MP. The Philadelphia Geriatric Center Morale Scale: a revision. *J Gerontol*. 1975;30:85-89.
20. National Health Service. The General Practice Physical Activity Questionnaire (GPPAQ): a screening tool to assess adult physical activity levels, within primary care. London: Department of Health; 2009.
21. Charlson ME, Charlson RE, Peterson JC, et al. The Charlson comorbidity index is adapted to predict costs of chronic disease in primary care patients. *J Clin Epidemiol*. 2008;61:1234-1240.
22. Charlson ME, Pompei P, Ales KL, et al. A new method of classifying prognostic comorbidity in longitudinal studies: development and validation. *J Chronic Dis*. 1987;40:373-383.
23. Wilson MM, Thomas DR, Rubenstein LZ, et al. Appetite assessment: simple appetite questionnaire predicts weight loss in community-dwelling adults and nursing home residents. *Am J Clin Nutr*. 2005;82:1074-1081.
24. Heald AE, Pieper CF, Schiffman SS. Taste and smell complaints in HIV-infected patients. *AIDS*. 1998;12:1667-1674.
25. Bowling A. Just one question: if one question works, why ask several? *J Epidemiol Community Health*. 2005;59:342-345.
26. Hsieh S, Schubert S, Hoon C, et al. Validation of the Addenbrooke's Cognitive Examination III in frontotemporal dementia and Alzheimer's disease. *Dement Geriatr Cogn Disord*. 2013;36:242-250.
27. Martyr A, Clare L, Nelis SM, et al. Verbal fluency and awareness of functional deficits in early-stage dementia. *Clin Neuropsychol*. 2012;26:501-519.
28. Pfeffer RI, Kurosaki TT, Harrah CH, Jr., et al. Measurement of functional activities in older adults in the community. *J Gerontol*. 1982;37:323-329.
29. Brickman AM, Riba A, Bell K, et al. Longitudinal assessment of patient dependence in Alzheimer disease. *Arch Neurol*. 2002;59:1304-1308.
30. Cummings J, Mega M, Gray K, Rosenberg-Thompson S, Carusi DA, Gornbein J. The Neuropsychiatric Inventory: comprehensive assessment of psychopathology in dementia. *Neurology*

1994;44:2308-2314.

31. Menne HL, Tucke SS, Whitlatch CJ, Feinberg LF. Decision-making involvement scale for individuals with dementia and family caregivers. *Am J Alzheimers Dis Other Dement*. 2008;23(1):23-9.