



Research Brief

Longitudinal changes in employment, health, participation, and quality-of-life and the relationships with long-term survival after spinal cord injury

Introduction

Traumatic spinal cord injury (SCI) results in physical disability and impacts multiple aspects of the individual's life, including health, home and family life, employment, social and community participation, and quality-of-life (QOL). Individuals with SCI are also at an increased risk of death after SCI. However, not much is known about how non-health factors may affect survival. Our objective was to identify stability in r of employment, health, participation, and quality-of-life outcomes (QOL) among participants with chronic spinal cord injury (SCI) and to compare the amount of change in these outcomes between those surviving and those not surviving at follow-up. We used 1157 participants from the SCI Longitudinal Aging Study, who have completed at least two self-report assessments separated by five-year intervals.

Key Findings

- Most of the participants were male (73%), non-Hispanic White (80%), non-cervical level injury (49%), and non-ambulatory (77%).
- Those who survived to follow-up had had higher likelihood of employment, better health, higher participation, and better QOL/psychosocial outcomes compared to the deceased. Among survivors, longitudinal declines were limited to the percent employed and participation indicators, whereas those deceased by follow-up had significant undesirable changes in employment, participation, health, and QOL/psychosocial indicators.
- Study participants deceased by follow-up experienced a greater increase in hospitalizations, decrease in nights away from home, and declines in life satisfaction.

Conclusion

Although declines in employment opportunity and participation were observed as part of the natural course of SCI, occurring among both those who survived and those who did not survive to follow up, those deceased have experienced significant more hospitalizations, less nights away from home, and lower global life satisfaction than the survivors. Health care professionals should be aware of those changes as early as possible and provide intervention tools to promote the longevity for people with SCI.

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