Heshmati, Amy; Mishra, Gita; Goodman, Anna; Koupil, Ilona; (2019) Socioeconomic position at four time points across the life course and all-cause mortality: updated results from The Uppsala Birth Cohort Multigenerational Study. Longitudinal and life course studies. https://researchonline.lshtm.ac.uk/id/eprint/4653490

Downloaded from: http://researchonline.lshtm.ac.uk/id/eprint/4653490/

DOI:

Usage Guidelines:

Please refer to usage guidelines at https://researchonline.lshtm.ac.uk/policies.html or alternatively contact researchonline@lshtm.ac.uk.

Available under license: Creative Commons Attribution Non-commercial http://creativecommons.org/licenses/by-nc/3.0/
Socio-economic position at four time points across the life course and all-cause mortality: updated results from the Uppsala Birth Cohort Multigenerational Study

Amy Heshmati1, amy.heshmati@su.se

Department of Public Health Sciences, Stockholm University and Centre for Health Equity Studies (CHESS), Stockholm University/Karolinska Institutet

Gita D Mishra, g.mishra@sph.uq.edu.au

School of Public Health, University of Queensland, Australia

Anna Goodman, Anna.Goodman@LSHTM.ac.uk

Department of Public Health Sciences, Stockholm University and Centre for Health Equity Studies (CHESS), Stockholm University/Karolinska Institutet, Faculty of Epidemiology and Population Health, London School of Hygiene and Tropical Medicine

Ilona Koupil, ilona.koupil@su.se

Department of Public Health Sciences, Stockholm University and Centre for Health Equity Studies (CHESS), Stockholm University/Karolinska Institutet; Department of Public Health Sciences, Karolinska Institutet

Socio-economic position (SEP) is associated with all-cause mortality across all stages of the life course; however, it is valuable to distinguish at what time periods SEP has the most influence on mortality. Our aim was to investigate whether the effect of SEP on all-cause mortality accumulates over the life course or if some periods of the life course are more important. Our study population were from the Uppsala Birth Cohort Multigenerational Study, born 1915–29 at Uppsala University Hospital, Sweden. We followed 3,951 men and 3,601 women who had SEP at birth available, during childhood (at age ten), in adulthood (ages 30–45) and in later life (ages 50–65) from 15 September 1980 until emigration, death or until 31 December 2010. We compared a set of nested Cox proportional regression models, each corresponding to a specific life course model (critical, sensitive and accumulation models), to a fully saturated model, to ascertain which model best describes the relationship between SEP and mortality. Analyses were stratified by gender. For both men and women the effect of SEP across the life course on all-cause
mortality is best described by the sensitive period model, whereby being advantaged in later life (ages 50–65 years) provides the largest protective effect. However, the linear accumulation model also provided a good fit of the data for women suggesting that improvements in SEP at any stage of the life course corresponds to a decrease in all-cause mortality.

**key words** Life course models • Mortality • Social Class • Socio-economic position • Sweden


**Introduction**

Research has demonstrated that socio-economic position (SEP) is associated with all-cause mortality across all stages of the life course (Galobardes et al, 2008; Huisman et al, 2013; Padyab et al, 2013; Vathesatogkit et al, 2014). However, it is valuable to distinguish at what time periods SEP has the most influence on mortality.

Several theoretical life course models have been proposed: the critical period model, the sensitive period model and the accumulation model (Ben-Shlomo and Kuh, 2002; Kuh et al, 2003) all of which may be relevant for understanding when and how socio-economic inequalities in health arise. The critical period is a specific period where an exposure has an effect on health in later life. This effect may be adverse or protective, and outside this period the exposure has no excess effect on health. For example, SEP would only have an effect on mortality at a specific window, such as early childhood. The sensitive period model is similar to the critical period model; an exposure will have a stronger effect during a certain time, but outside of this period the association will be weaker than during the sensitive period. In contrast to the critical period model, in the sensitive period model there is a possibility to modify or reverse the effects outside the sensitive period (Kuh et al, 2003; Ben-Shlomo et al, 2014). For example, both childhood and adult SEP have independent effects on mortality, but the effect in childhood is greater. The accumulation model is when the exposure gradually accumulates over the life course affecting health in later life. With respect to SEP mortality, SEP at separate stages of the life course influences the rates of mortality equally leading to an accumulation of effects.

A structural approach to modelling the effects of binary exposure variables over the life course has been proposed to compare different life course models (Mishra et al, 2009). A previous study investigating the relationship between SEP at various stages across the life course and mortality have compared a set of nested models, each corresponding to a theoretical life course model, to an all-inclusive fully saturated model (Mishra et al, 2013) and thus providing a systematic approach in testing multiple life course models simultaneously. This structural approach of analysis has been applied to many other studies (Murray et al, 2015; Smith et al, 2015; Kröger et al, 2016; Murray et al, 2016).
Using data from the Uppsala Birth Cohort Multigenerational Study (UBCoS Multigen), we expand and update Mishra et al’s (2013) study to investigate whether the effect of SEP on all-cause mortality in old age accumulates over the life course or if some periods of the life course are more important than others. We extend this previous study by (1) including an additional eight years of follow-up and (2) looking at SEP over four time points – at birth, during childhood (at age ten), in adulthood (ages 30–45) and in later life (ages 50–65).

The possibility to classify SEP at two distinct time points during early life remains the most original feature of our study. Health in later life is influenced by early life social conditions in what Hayward and Gorman (2004) have coined ‘the long arm of childhood’. The first years of life are regarded as a critical period during which health trajectories are determined by interactions of environmental, biological and genetic factors (Maggi et al, 2010). Neurobiological development in early childhood (Maggi et al, 2010; Hertzman, 2012), gene regulation (Borghol et al, 2012) and developmental plasticity (Lea et al, 2017; Michels, 2017) are all plausible mechanisms for how early social environments get under the skin and changes biological and developmental processes (Hertzman, 2012). Empirical studies of developmental origins of health and disease attempt to identify the sensitive and critical periods in early life, but have mostly focused on monitoring growth and nutritional status (Barker et al, 2009) and studies on social mobility during childhood and health in later life are just emerging in the literature (Heshmati et al, 2017). Thus, this study fills an important gap within life course research.

Methods

Sample

The study participants were from the first generation of UBCoS Multigen (www.chess.su.se/ubcosmg). The cohort consists of 14,192 live births born at Uppsala University Hospital, Sweden between 1915 and 1929 (Koupil, 2007) and is considered representative of the Swedish population during this time (Goodman and Koupil, 2009). Parish records were able to trace 97% of the cohort (n = 13,811) until routine registers became available in the 1960s. Our sample was restricted to those who were still alive and living in Sweden on 15 September 1980 (n = 11,336). The sample was further restricted to account for missing data on SEP: we excluded 210 individuals at birth, 2,478 individuals at age ten, 265 individuals in adulthood and 831 individuals in later life. The final analytical sample comprised 3,951 men and 3,601 women who had SEP recorded at all four time points over the life course. The Regional Ethics Committee in Stockholm approved the study.

Variables

Our SEP variables were social class at four time points over the life course: at birth, during childhood (at age ten), in adulthood (ages 30–45) and in later life (ages 50–65). Social class at birth and at age ten was based on father’s occupation or mother’s occupation if she was not married. Social class at birth was primarily obtained from obstetric records (n = 7,135; 94%), but also derived from data collected within five years of the child’s birth using a sibling’s obstetric records or from Census 1930. Social class at age ten was predominately taken from archived school records for the child’s third year of primary school (n = 6,844; 90.6%); it was also possible to assign family
social class within five years of age ten based on birth or school records of a sibling \((n = 198; 2.6\%)\) or from Census 1930 \((n = 510; 6.8\%)\). Social class at ages 30–45 was obtained from Census 1960 and was based on the occupation of the head of the household. Social class at ages 50–65 was obtained from Census 1980 and was based on the highest occupation of either the individual or their cohabiting partner. We used the Swedish socio-economic classification (SEI) of occupation for coding SEP \((Statistics~Sweden,~1989)\).

In order to create comparable SEP groups across the life course and based on the categorisation that Mishra et al (2013) employed, social class was dichotomised at each time period. SEP at birth was categorised into *advantaged* which included higher and intermediate non-manual, entrepreneurs and farmers, and lower non-manual social classes; or *disadvantaged*, which were those from skilled manual, unskilled manual or unemployed social classes. House sons or daughters were also included in the disadvantaged category. They were single men or women who were living with their families at the birth of their child. SEP at age ten had the same categorisation as SEP at birth except house sons and daughters were not included. SEP at age 30–45 (in 1960) was classified into *advantaged*, which included professionals (such as doctors and lawyers), academics, entrepreneurs, business managers and office employees (for example, supervisors, technicians, office and trade personnel); or *disadvantaged*, which included employees in the agriculture or service industries, military personnel, students and others who were neither employed nor studying. SEP at age 50–65 (in 1980) was grouped into *advantaged*, which included entrepreneurs, farmers, professionals, academics and lower to higher employees; or *disadvantaged*, which included skilled manual workers, unskilled manual workers, retirees, housework, students and part-time employees. Social class was coded as *missing* for those who were recorded as having retired and who were 62 years of age or over, because it was relatively common (>30%) to have retired by this age, and also the category is relatively heterogeneous as it does not take into account prior social class. Social class was coded as *disadvantaged* for those who are not working and were under 62 years of age.

Adjustment variables were marital status in 1960 and in 1980 to take into account family dissolution, whereby socio-economic position in adulthood is likely to reflect the woman’s own occupation if not married; and highest level of educational attainment to consider lifestyle and health related behaviours. Marital status was divided into four categories: married, separated/divorced, single and widowed. Highest level of educational attainment recorded at age 21+ was grouped into three categories: low (compulsory education ≤10 years), medium (senior high school ≤3 years) and high (any tertiary study) education. Data on marital status was available from Censuses 1960 and 1980 and information on education was available from Censuses 1960 and 1980 and the Education Register.

All-cause mortality data was obtained from the Causes of Death Register and date of emigration was obtained from the Total Population database \((Ludvigsson~et~al,~2016)\).

### Statistical methods

We used STATA v14 to fit Cox proportional hazard models with age at the time scale to estimate all-cause mortality in old age. Follow-up began on 15 September 1980 (the date of the 1980 Census when the final measure for social class was taken) and continued
until date of death, emigration or until 31 December 2010. All analyses were stratified by gender and were adjusted for birth year in order to control for possible cohort effects; birth years were divided into three groups (1915–19, 1920–24 and 1925–29).

To assess which life course model gave the best fit to the data, we compared a fully saturated model with a series of nested Cox proportional hazard models, denoting either the critical period, sensitive period or accumulation models as well as the 'no effects' model (for a more detailed description please see Mishra et al, 2013). In the critical period model, SEP at each period is modelled individually, while the sensitive period model allows the effects of SEP to vary across the life course, which can be modelled by simultaneously including all SEP variables in the model. The accumulation model was assessed by adding the number of times an individual was advantaged across their life course to form an overall score, which was then used as the exposure. This model assumes that the effect of SEP at each period is the same. Nested and saturated models were compared using likelihood ratio tests, with large \( p \) values (\( p < 0.10 \)) indicating that the more parsimonious, nested model provided an adequate description of the relationship between SEP and all-cause mortality. If different, non-nested life course models provided similar fit to the fully saturated model, the model with the lowest Akaike's Information Criterion (AIC) was selected.

**Results**

Our study population only included individuals with complete data. From the eligible sample who were alive and living in Sweden on 15 September 1980 (\( n = 11,336 \)), only 67% (\( n = 7,552 \)) had SEP at all four time points. When comparing our study population (\( n = 7,552 \)) to those excluded from analysis (\( n = 3,784 \)), women were under-represented (53% excluded vs 48% study population) as were those born between 1915 and 1919 (36% excluded vs 20% study population) and individuals from disadvantaged SEP at birth (68% excluded vs 66% study population) and at ages 30–45 (47% excluded vs 43% study population).

Table A1 compares the study population to those who have emigrated or died between 1960 and 1979 (see Appendix). Individuals who had emigrated or died were more likely to be born between 1915 and 1919, disadvantaged at age ten and in 1960, have low education, be separated/divorced or single and be male.

Among our study population, 4,771 (63%) had died by the end of follow-up period on 31 December 2010, this included 2,800 men (mean age 75.8 years; 71% of all men) and 1,971 women (mean age 78.0 years; 55% of all women).

Table 1 presents the descriptive statistics and rates per 1,000 for all-cause mortality in old age stratified by gender. Individuals who were disadvantaged at any period had higher rates of all-cause mortality compared with those who were advantaged and this variance increased when comparing the rates from those who were always disadvantaged and always advantaged. All-cause mortality rates were greater in men regardless of SEP. Social mobility during childhood was relatively static and no statistically significant differences between the genders was observed (\( p = 0.08 \); 53% of men and women were consistently disadvantaged during childhood (that is, disadvantaged both at birth and at age ten), while approximately 30% were stable advantaged in childhood. Only 5% and 12% of individuals experienced downward and upward mobility during childhood, respectively.
Table 1: Descriptive statistics and rates per 1,000 for all-cause mortality, 15 September 1980 – 31 December 2010, by socio-economic position (SEP) over the life course among individuals born in Uppsala, Sweden between 1915 and 1929

<table>
<thead>
<tr>
<th></th>
<th>Males (n = 3,951)</th>
<th>Females (n = 3,601)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>All-cause mortality</td>
<td>All-cause mortality</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>Cases</td>
</tr>
<tr>
<td>SEP at birth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disadvantaged</td>
<td>2,542</td>
<td>1,861</td>
</tr>
<tr>
<td>Advantaged</td>
<td>1,409</td>
<td>939</td>
</tr>
<tr>
<td>SEP at age 10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disadvantaged</td>
<td>2,256</td>
<td>1,669</td>
</tr>
<tr>
<td>Advantaged</td>
<td>1,695</td>
<td>1,131</td>
</tr>
<tr>
<td>SEP at age 30–45 years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disadvantaged</td>
<td>1,867</td>
<td>1,378</td>
</tr>
<tr>
<td>Advantaged</td>
<td>2,084</td>
<td>1,422</td>
</tr>
<tr>
<td>SEP at age 50–65 years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disadvantaged</td>
<td>1,516</td>
<td>1,185</td>
</tr>
<tr>
<td>Advantaged</td>
<td>2,435</td>
<td>1,615</td>
</tr>
<tr>
<td>SEP trajectories^a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0,0,0,0</td>
<td>720</td>
<td>587</td>
</tr>
<tr>
<td>1,0,0,0</td>
<td>60</td>
<td>45</td>
</tr>
<tr>
<td>0,1,0,0</td>
<td>157</td>
<td>110</td>
</tr>
<tr>
<td>0,0,1,0</td>
<td>196</td>
<td>155</td>
</tr>
<tr>
<td>0,0,0,1</td>
<td>428</td>
<td>299</td>
</tr>
<tr>
<td>1,1,0,0</td>
<td>214</td>
<td>153</td>
</tr>
</tbody>
</table>
### Table 1: Continued

<table>
<thead>
<tr>
<th>SEP trajectories during childhood</th>
<th>Males ((n = 3,951))</th>
<th></th>
<th></th>
<th>Females ((n = 3,601))</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total cases</td>
<td>727</td>
<td>462</td>
<td>27.9 (25.5–30.6)</td>
<td>556</td>
<td>270</td>
<td>19.1 (16.9–21.5)</td>
</tr>
<tr>
<td>Accumulation score(^a)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>720</td>
<td>587</td>
<td>42.8 (39.5–46.4)</td>
<td>560</td>
<td>341</td>
<td>26.2 (23.6–29.1)</td>
</tr>
<tr>
<td>1</td>
<td>841</td>
<td>609</td>
<td>35.2 (32.5–38.1)</td>
<td>803</td>
<td>470</td>
<td>24.1 (22.0–26.4)</td>
</tr>
<tr>
<td>2</td>
<td>1,115</td>
<td>776</td>
<td>31.7 (29.5–34.0)</td>
<td>1,158</td>
<td>614</td>
<td>21.1 (19.5–22.8)</td>
</tr>
<tr>
<td>3</td>
<td>548</td>
<td>366</td>
<td>30.5 (27.6–33.8)</td>
<td>524</td>
<td>276</td>
<td>21.1 (18.8–23.8)</td>
</tr>
<tr>
<td>4</td>
<td>727</td>
<td>462</td>
<td>27.9 (25.5–30.6)</td>
<td>556</td>
<td>270</td>
<td>19.1 (16.9–21.5)</td>
</tr>
<tr>
<td>SEP trajectories during childhood</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0,0</td>
<td>2,054</td>
<td>1,522</td>
<td>36.0 (34.2–37.9)</td>
<td>1,978</td>
<td>1,106</td>
<td>22.9 (21.6–24.3)</td>
</tr>
<tr>
<td>1,0</td>
<td>202</td>
<td>147</td>
<td>34.1 (29.0–40.1)</td>
<td>170</td>
<td>90</td>
<td>21.1 (17.2–25.9)</td>
</tr>
<tr>
<td>0,1</td>
<td>488</td>
<td>339</td>
<td>31.8 (28.6–35.4)</td>
<td>431</td>
<td>239</td>
<td>22.2 (19.5–25.2)</td>
</tr>
<tr>
<td>1,1</td>
<td>1,207</td>
<td>792</td>
<td>29.6 (27.6–31.7)</td>
<td>1,022</td>
<td>536</td>
<td>21.0 (19.3–22.8)</td>
</tr>
</tbody>
</table>

\(^{a}\) SEP trajectories during childhood: 0,0 indicates no risk of mortality; 1,1 indicates high risk of mortality.

**All-cause mortality**

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Cases</th>
<th>Rate per 1,000 (95% CI)</th>
<th>Total</th>
<th>Cases</th>
<th>Rate per 1,000 (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,0,1,0</td>
<td>17</td>
<td>12</td>
<td>31.8 (18.1–56.1)</td>
<td>34</td>
<td>19</td>
<td>22.2 (14.2–34.9)</td>
</tr>
<tr>
<td>1,0,0,1</td>
<td>36</td>
<td>29</td>
<td>42.0 (29.2–60.4)</td>
<td>18</td>
<td>10</td>
<td>21.2 (11.4–39.4)</td>
</tr>
<tr>
<td>0,1,1,0</td>
<td>55</td>
<td>47</td>
<td>43.2 (32.4–57.5)</td>
<td>67</td>
<td>46</td>
<td>28.7 (21.5–38.3)</td>
</tr>
<tr>
<td>0,1,0,1</td>
<td>83</td>
<td>54</td>
<td>27.3 (20.9–35.6)</td>
<td>51</td>
<td>21</td>
<td>15.7 (10.2–24.0)</td>
</tr>
<tr>
<td>0,0,1,1</td>
<td>710</td>
<td>481</td>
<td>30.4 (27.8–33.3)</td>
<td>800</td>
<td>408</td>
<td>20.1 (18.2–22.1)</td>
</tr>
<tr>
<td>1,1,1,0</td>
<td>97</td>
<td>76</td>
<td>42.8 (34.1–53.5)</td>
<td>181</td>
<td>107</td>
<td>24.8 (20.5–30.0)</td>
</tr>
<tr>
<td>1,1,0,1</td>
<td>169</td>
<td>101</td>
<td>25.7 (21.2–31.2)</td>
<td>97</td>
<td>49</td>
<td>19.3 (14.6–25.6)</td>
</tr>
<tr>
<td>1,0,1,1</td>
<td>89</td>
<td>61</td>
<td>30.7 (23.8–39.4)</td>
<td>79</td>
<td>36</td>
<td>18.2 (13.1–25.2)</td>
</tr>
<tr>
<td>0,1,1,1</td>
<td>193</td>
<td>128</td>
<td>29.9 (25.1–35.5)</td>
<td>167</td>
<td>84</td>
<td>19.8 (16.0–24.6)</td>
</tr>
<tr>
<td>1,1,1,1</td>
<td>727</td>
<td>462</td>
<td>27.9 (25.4–30.6)</td>
<td>556</td>
<td>270</td>
<td>19.1 (16.9–21.5)</td>
</tr>
<tr>
<td>Marital status 1960</td>
<td>Males (n = 3,951)</td>
<td>All-cause mortality</td>
<td>Females (n = 3,601)</td>
<td>All-cause mortality</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------------------</td>
<td>------------------</td>
<td>---------------------</td>
<td>---------------------</td>
<td>---------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>Cases</td>
<td>Rate per 1,000</td>
<td>(95% CI)</td>
<td>Total</td>
<td>Cases</td>
</tr>
<tr>
<td>Married</td>
<td>3,239</td>
<td>2,277</td>
<td>32.7 (31.4–34.1)</td>
<td></td>
<td>3,026</td>
<td>1,613</td>
</tr>
<tr>
<td>Separated/divorced</td>
<td>164</td>
<td>136</td>
<td>44.3 (37.4–52.4)</td>
<td></td>
<td>201</td>
<td>135</td>
</tr>
<tr>
<td>Single</td>
<td>535</td>
<td>376</td>
<td>33.6 (30.4–37.2)</td>
<td></td>
<td>339</td>
<td>204</td>
</tr>
<tr>
<td>Widowed</td>
<td>13</td>
<td>11</td>
<td>44.8 (24.8–81.0)</td>
<td></td>
<td>35</td>
<td>19</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Marital status in 1980</th>
<th>Males (n = 3,951)</th>
<th>All-cause mortality</th>
<th>Females (n = 3,601)</th>
<th>All-cause mortality</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Cases</td>
<td>Rate per 1,000</td>
<td>(95% CI)</td>
</tr>
<tr>
<td>Married</td>
<td>3,142</td>
<td>2,175</td>
<td>31.9 (30.6–33.3)</td>
<td></td>
</tr>
<tr>
<td>Separated/divorced</td>
<td>376</td>
<td>279</td>
<td>37.1 (33.0–41.7)</td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>347</td>
<td>275</td>
<td>40.9 (36.3–46.0)</td>
<td></td>
</tr>
<tr>
<td>Widowed</td>
<td>86</td>
<td>71</td>
<td>45.1 (35.8–56.9)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Education</th>
<th>Males (n = 3,951)</th>
<th>All-cause mortality</th>
<th>Females (n = 3,601)</th>
<th>All-cause mortality</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Cases</td>
<td>Rate per 1,000</td>
<td>(95% CI)</td>
</tr>
<tr>
<td>Low</td>
<td>2,219</td>
<td>1,660</td>
<td>36.5 (34.8–38.3)</td>
<td></td>
</tr>
<tr>
<td>Medium</td>
<td>1,216</td>
<td>825</td>
<td>30.9 (28.9–33.1)</td>
<td></td>
</tr>
<tr>
<td>High</td>
<td>516</td>
<td>315</td>
<td>26.5 (23.7–29.6)</td>
<td></td>
</tr>
</tbody>
</table>

---

* Disadvantaged socio-economic position is denoted by 0; advantaged socio-economic position is denoted by 1.

* Number of times advantaged.
Table 2 displays the hazard ratios from fitting Cox proportional models to all-cause mortality in old age by the different life course SEP models. The saturated model shows the 16 SEP trajectories across four time points, that is at birth, age ten, in 1960 (aged 31–45) and in 1980 (aged 51–65). For both men and women, those who were advantaged across three or four time points over the life course had lower risk of all-cause mortality compared to individuals who were always disadvantaged. This trend can also be observed in both the categorical and linear accumulation models. The critical period model presents the independent relationship of SEP at each time point with mortality.

Among men an inferior fit was observed for all four critical period models ($p < 0.001$ for all log likelihood ratio comparisons) when compared with the saturated model, which has estimates for 16 SEP trajectories (Table 2). This suggests that including only one time point lost valuable information about the effect of SEP on mortality; hence, a critical period model could not adequately describe the data. Moreover, adding SEP across four time points in a combined accumulation score also provided a poor fit to the data ($p < 0.05$ for all log likelihood ratio comparisons). The sensitive period models offered an adequate fit ($p > 0.10$ for log likelihood ratio comparison). This model showed that SEP had differing effects at different periods; being advantaged at age ten appears to be more protective than at birth, though the effect of advantage at birth was not statistically significant; however, having advantaged SEP at 50–65 years provided the largest protective effect for all-cause mortality. Therefore, the sensitive period model best described the effect of SEP across the life course on all-cause mortality in men.

The estimates for all-cause mortality by specific life course SEP models among women differed somewhat to the results we found in men. The critical period model for exposure at 50–65 years, the accumulation model and the sensitive period model all gave adequate fits to the data to the saturated model. However, the linear accumulation model and the sensitive period models provided superior fits – they have lower AIC than the other models, suggesting that as SEP increases there is a corresponding decrease in all-cause mortality among women, but also that the largest protective effect is at age 50–65 years. In contrast to the sensitive period model in males, there was no difference between SEP at birth and age ten in their effect on all-cause mortality among women.

Tables A2 and A3 show the hazard ratios from fitting Cox proportional models to all-cause mortality in old age by the different life course SEP models adjusted for marital status in 1960 and 1980, respectively (see Appendix). For both men and women the hazard ratios for all-cause mortality did not alter appreciably and the sensitive period model still provided the best fit to the data for men. The linear accumulation models and the sensitive period models still provided the best fit for the data among women; however, the linear accumulation model had a slightly lower AIC suggesting that this model is marginally superior to sensitive period model. This indicates that there is corresponding reduction in the risk for all-cause mortality the longer a woman is socially advantaged.

Furthermore, across all the life course models, the hazard ratios for all-cause mortality attenuated somewhat after adjustment with highest level of educational attainment for both men and women (Table A4). Again, the sensitive period model provided the best fit for the data among men. Among women, the critical period model for exposure at 50–65 years, the linear accumulation model and the sensitive
Table 2: Hazard ratios (95% CI) for mortality, 15 September 1980 – 31 December 2010, by different life course SEP models (n = 7,552)

<table>
<thead>
<tr>
<th>Model type</th>
<th>Variables in model</th>
<th>Level</th>
<th>Males (n = 3,951)</th>
<th>Model fit and comparison to the saturated model</th>
<th>Females (n = 3,601)</th>
<th>Model fit and comparison to the saturated model</th>
</tr>
</thead>
<tbody>
<tr>
<td>Saturated model(^a) (1 model)</td>
<td>Trajectory across four time points</td>
<td>0,0,0</td>
<td>1</td>
<td>LL = -21,036; ( p ) value not applicable; AIC = 42,107</td>
<td>1</td>
<td>LL = -14,765; ( p ) value not applicable; AIC = 29,564</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1,0,0</td>
<td>0.84 (0.62–1.14)</td>
<td></td>
<td>1.03 (0.69–1.55)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>0,1,0</td>
<td>0.73 (0.60–0.90)</td>
<td></td>
<td>0.89 (0.71–1.13)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>0,0,1</td>
<td>0.96 (0.81–1.15)</td>
<td></td>
<td>0.89 (0.75–1.05)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>0,0,1</td>
<td>0.84 (0.73–0.97)</td>
<td></td>
<td>0.85 (0.70–1.03)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1,1,0</td>
<td>0.80 (0.67–0.96)</td>
<td></td>
<td>0.91 (0.73–1.13)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1,0,1</td>
<td>0.66 (0.37–1.17)</td>
<td></td>
<td>0.82 (0.52–1.30)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1,0,1</td>
<td>1.07 (0.74–1.56)</td>
<td></td>
<td>0.67 (0.35–1.25)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>0,1,1</td>
<td>1.00 (0.74–1.35)</td>
<td></td>
<td>0.92 (0.68–1.25)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>0,1,1</td>
<td>0.66 (0.50–0.87)</td>
<td></td>
<td>0.64 (0.41–1.00)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>0,0,1</td>
<td>0.71 (0.63–0.80)</td>
<td></td>
<td>0.75 (0.65–0.86)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1,1,1</td>
<td>0.95 (0.74–1.20)</td>
<td></td>
<td>0.80 (0.64–1.00)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1,1,1</td>
<td>0.63 (0.51–0.77)</td>
<td></td>
<td>0.69 (0.51–0.93)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1,0,1</td>
<td>0.68 (0.52–0.88)</td>
<td></td>
<td>0.69 (0.49–0.98)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>0,1,1</td>
<td>0.67 (0.56–0.82)</td>
<td></td>
<td>0.69 (0.55–0.88)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1,1,1</td>
<td>0.63 (0.56–0.72)</td>
<td></td>
<td>0.68 (0.58–0.79)</td>
<td></td>
</tr>
<tr>
<td>Critical period models(^b) (4 models)</td>
<td>SEP at birth</td>
<td>0</td>
<td>1</td>
<td>LL = -21,070; ( p &lt; 0.001; ) AIC = 42,146</td>
<td>1</td>
<td>LL = -14,781; ( p = 0.004; ) AIC = 29,568</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1</td>
<td>0.84 (0.78–0.91)</td>
<td></td>
<td>0.89 (0.81–0.98)</td>
<td></td>
</tr>
</tbody>
</table>
Table 2: Continued

<table>
<thead>
<tr>
<th>Model type</th>
<th>Variables in model</th>
<th>Level</th>
<th>Males (n = 3,951)</th>
<th>Females (n = 3,601)</th>
<th>Model fit and comparison to the saturated model</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>0</td>
<td>HR (95% CI)</td>
<td>HR (95% CI)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1</td>
<td>LL = −21,066; p &lt; 0.001; AIC = 42,138</td>
<td>LL = −14,781; p = 0.004; AIC = 29,568</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>0</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1</td>
<td>0.82 (0.76–0.88)</td>
<td>0.89 (0.81–0.97)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>0</td>
<td>LL = −21,068; p &lt; 0.001; AIC = 42,142</td>
<td>LL = −14,777; p = 0.054; AIC = 29,559</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1</td>
<td>0.83 (0.77–0.90)</td>
<td>0.84 (0.76–0.92)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>0</td>
<td>LL = −21,055; p &lt; 0.001; AIC = 42,115</td>
<td>LL = −14,771; p = 0.664; AIC = 29,547</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1</td>
<td>0.76 (0.70–0.82)</td>
<td>0.79 (0.72–0.86)</td>
<td></td>
</tr>
<tr>
<td>Accumulation model (1 model)</td>
<td>No. times 'advantaged', categorical</td>
<td>0 times</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>0</td>
<td>LL = −21,048; p &lt; 0.02; AIC = 42,108</td>
<td>LL = −14,769; p = 0.745; AIC = 29,550</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 time</td>
<td>0.85 (0.76–0.95)</td>
<td>0.88 (0.77–1.01)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>2 times</td>
<td>0.75 (0.67–0.83)</td>
<td>0.78 (0.68–0.89)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>3 times</td>
<td>0.70 (0.62–0.80)</td>
<td>0.73 (0.62–0.86)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>4 times</td>
<td>0.63 (0.56–0.72)</td>
<td>0.68 (0.58–0.79)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>No. times 'advantaged', linear</td>
<td>0.89 (0.87–0.92)</td>
<td>0.91 (0.87–0.94)</td>
<td>LL = −14,769; p = 0.864; AIC = 29,544</td>
</tr>
</tbody>
</table>
### Table 2: Continued

<table>
<thead>
<tr>
<th>Model type</th>
<th>Variables in model</th>
<th>Level</th>
<th>Males ((n = 3,951))</th>
<th>Females ((n = 3,601))</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>0 = Disadvantaged; 1 = Advantaged</td>
<td>HR (95% CI)</td>
<td>Model fit and comparison to the saturated model</td>
</tr>
<tr>
<td>Sensitive period model(d) (1 model)</td>
<td>SEP at birth</td>
<td>0</td>
<td>1</td>
<td>LL = −21,044; (p = 0.137); AIC = 42,101</td>
</tr>
<tr>
<td></td>
<td>SEP at 10 years</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>SEP at 30–45 years</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>SEP at 50–65 years</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Empty model(e) (1 model)</td>
<td>SEP not entered</td>
<td>0</td>
<td>1</td>
<td>LL = −21,080; (p &lt; 0.001); AIC = 42,164</td>
</tr>
</tbody>
</table>

**Model summary**

- \(\text{a}\) Each possible trajectory assumed unique and estimated separately; the fully saturated model.
- \(\text{b}\) Each time period as main effect in three separate models; that is, each model assumes only one time period important.
- \(\text{c}\) Summed score of number of times ‘advantaged’; that is, assume all time periods important, with interchangeable effect sizes.
- \(\text{d}\) All time periods as main effects in a single model; assume all time periods important, with effect sizes that may differ.
- \(\text{e}\) Model not entering SEP at all; LL log likelihood; AIC Akaike information criterion; SEP socio-economic position; Disadv disadvantaged SEP; Adv advantaged SEP.
- \(\text{f}\) Column presents log likelihood (LL); \(p\) value compared to saturated model (first model shown) and AIC value.
- \(\text{g}\) \(p\) value for test for departure from linearity: males = 0.51; females = 0.84.
period model all gave adequate fits to the data. However, the linear accumulation model provided a marginally superior fit due to the model having the lowest AIC.

**Discussion**

**Summary of findings**

Our results suggest that for both men and women the effect of SEP across the life course on all-cause mortality in old age is best described by the sensitive period model, whereby being advantaged in later life (ages 50–65 years) provides the largest protective effect. However, the linear accumulation model also provided a good fit of the data for women suggesting that as SEP increases there is a corresponding decrease in all-cause mortality.

**Methodological considerations**

The core strength of this study was the quality and unique features of data from UBCoS Multigen; this study is a large, well-established, historical longitudinal cohort with excellent completeness of follow-up and allowed us to observe individuals across their life course (Koupil, 2007). With an extended period of follow-up, we were able to measure mortality up to age 81–95 years. Moreover, we have been able to extend on a previous study (Mishra et al, 2013) by including SEP at age ten and address the potential effects of social mobility in childhood.

The study does have some limitations. Our study population only included individuals with complete data. When comparing our study population to those excluded from analysis, there appears to be a selection bias such that women and individuals born between 1915 and 1919 were under-represented. This is likely because we excluded those who were 62 years and older and retired in 1980. There was also an under-representation of those from disadvantaged SEP at birth and at age 30–45 years. However, we do not believe this will have compromised the internal validity of the study because there were sufficient numbers in both advantaged and disadvantaged groups to study the associations between SEP and all-cause mortality.

The time points for SEP to analyse the theoretical life course models were directed by the availability of data from UBCoS Multigen and Censuses 1960 and 1980. Consequently, age varied by up to 15 years for the 1960 and 1980 measurement points and only SEP at birth and at age ten years were distinct time points where one could evaluate possible critical and sensitive periods. In addition, the accumulation model does not indicate the precise length of exposure of advantaged or disadvantaged SEP as the length of exposure is unknown between the measurements. Moreover, inconsistencies in measuring SEP between men and women in adulthood may have implications for interpreting the different findings across gender. It is more likely that men’s own occupation has been used to classify their SEP in mid-adulthood and one may expect the association with mortality to be stronger. On the other hand, being a housewife was still relatively common in the older generations of the women from our study and the use of the head of household’s occupation in this group may be a good measure of the social conditions in the family. In the analyses where we adjusted for marital status in 1960 and in 1980, there was little variation
in the effect on all-cause mortality and there were only slight changes concerning the best model fit among men.

The classification of SEP into a binary variable is necessary in order to apply the SEP trajectory method without losing power because the number of strata becomes unmanageable. It is, however, a simplistic way of representing SEP that does not allow for the assessment of potential social gradients.

Furthermore, using a structured modelling approach to determine the best theoretical life course model for the data has not been without criticism. Hardy and Tilling (2016) have commented that choosing a model based on \( p \) values is not perfect because there may be cases where more than one model fits the fully saturated model. We found this was the case for our findings among women whereby both the linear accumulation model and the sensitive period models provided superior fits based on the AIC. However, in their recent review of life course epidemiology, Ben-Shlomo et al (2016) have stated that the critical and sensitive period models should be seen as a subset of the accumulation model rather than as separate models when using the same exposure over the life course. Their rationale was that an exposure’s effect over the life course does not add up simply, but varies in the strength of effect. This is not in contradiction with the structured modelling approach where both the critical period model and sensitive period model could be seen as a special case of the accumulation model.

Lastly, a small proportion of our study population had retired. Retirees were included in our study if under 62 years of age and were categorised as disadvantaged. If retirees had been excluded from the study then we believe there would have been a somewhat stronger effect for SEP at age 50–65 years. It is also possible that some of the decrease in SEP noted among the study subjects during adulthood might be due to their deteriorated health.

**Comparison with other studies**

This study is an update of a previous study (Mishra et al, 2013), which used three measures of SEP over the life course – at birth, in adulthood (30–45 years) and in later life (50–65 years). We extended on this by including SEP at age ten and by following the study population for a further eight years (81–95 years). Despite the additional SEP measurement at school age and a longer follow-up, our current findings confirm the conclusions from the previous study. In both studies, the sensitive period model best described the association between SEP over the life course and all-cause mortality for both men and women. In the earlier study, the critical period at 50–65 years also provided an adequate fit in women, reinforcing that SEP in later life had the largest effect on all-cause mortality.

In this paper, we have selected our models based on the goodness of fit of the hypothesised model with the saturated model. In the event that it was difficult to judge which was the best model to select, Smith et al (2015) proposed a new method using least absolute shrinkage. In our analysis, conclusions concerning which life course model fitted the data best are based on the AIC and log likelihood value.

Our study found that both men and women who were disadvantaged in childhood, whether that was at birth and/or at age ten, had increased risk of all-cause mortality in older age. These results add to the increasing body of literature which shows that
individuals from lower socio-economic backgrounds during childhood have increased risk of mortality in later life (Galobardes et al, 2008).

A Swedish population registered based study (Padyab et al, 2013) explored the relationship between SEP over the life course and mortality; however, this study only focused on midlife (measured SEP at age 30, 40 and 50 years). The authors found that being disadvantaged at all time points had a significantly negative impact on mortality as did accumulative disadvantage during midlife.

Our results support the idea that an individual’s social background over the life course, including during early childhood, does affect their risk of all-cause mortality in later life even after adjustment for educational attainment. The all-cause mortality rates were greater in men compared to women regardless of their SEP, which is consistent with a generally shorter life expectancy in men compared to women (Statistics Sweden, 2016; OECD, 2017). Our measure of SEP was occupational status, which usually is indicative of income level and educational attainment. Higher income levels allow individuals to have access to more resources, such as quality food and housing in neighbourhoods that are more desirable. Higher educational attainment is not only a mechanism in which an individual can improve their life chances by being able to obtain better job prospects and thus income, but also have enhanced health capital whereby they adopt healthier lifestyles and behaviours (Kuh et al, 2004). Furthermore, having higher education enables those individuals appropriate healthcare (OECD, 2017) even in countries like Sweden that have a universal healthcare system.

Conclusion

For both men and women the effect of SEP across the life course on all-cause mortality in old age is best described by the sensitive period model, whereby being advantaged in later life (ages 50–65 years) provides the largest protective effect. However, the linear accumulation model also provided a good fit of the data for women suggesting that improvements in SEP at any stage of the life course corresponds to a decrease in all-cause mortality.

Note

Corresponding author: Amy Heshmati, Department of Public Health Sciences, Stockholm University and Centre for Health Equity Studies (CHESS), Stockholm University/Karolinska Institutet, Sveavägen 160, 10 691 Stockholm, SWEDEN Phone: +468162000, Email: amy.heshmati@su.se

Funding

This work was supported by funding from the European Union’s Horizon 2020 research and innovation programme under grant agreement number 635316 (ATHLOS project) and by grants from the Swedish Research Council (Vetenskapsrådet): Methods in register-based research in life course and social epidemiology (project number 2013–5104); and the Swedish Research Council for Health, Working Life and Welfare (Forte): Social mobility and health among Swedish men and women born 1915–2010: life course and intergenerational effects across the twentieth century (project number 2013–1084). Research visits to Sweden by GM were funded by Forte (project number 2013–1850).
Conflict of interest
The authors declare that there are no conflicts of interest.

References


Appendix

Table A1: Comparing the study population ($n = 7,552$) to those who have died or emigrated between 1960 and 1979 ($n = 917$)

<table>
<thead>
<tr>
<th></th>
<th>Emigrated or died 1960–79</th>
<th>Study population</th>
<th>$p$ value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$N$</td>
<td>%</td>
<td>$N$</td>
</tr>
<tr>
<td>SEP at birth</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disadvantaged</td>
<td>612</td>
<td>68.2</td>
<td>4,951</td>
</tr>
<tr>
<td>Advantaged</td>
<td>285</td>
<td>31.8</td>
<td>2,601</td>
</tr>
<tr>
<td>Missing</td>
<td>20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SEP at age 10</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disadvantaged</td>
<td>473</td>
<td>62.7</td>
<td>4,404</td>
</tr>
<tr>
<td>Advantaged</td>
<td>282</td>
<td>37.4</td>
<td>3,148</td>
</tr>
<tr>
<td>Missing</td>
<td>162</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SEP in 1960 (aged 30–45)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disadvantaged</td>
<td>435</td>
<td>50.5</td>
<td>3,232</td>
</tr>
<tr>
<td>Advantaged</td>
<td>427</td>
<td>49.5</td>
<td>4,320</td>
</tr>
<tr>
<td>Missing</td>
<td>55</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Birth cohort</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1915–19</td>
<td>346</td>
<td>37.7</td>
<td>1,488</td>
</tr>
<tr>
<td>1920–24</td>
<td>321</td>
<td>35.0</td>
<td>2,991</td>
</tr>
<tr>
<td>1925–29</td>
<td>250</td>
<td>27.3</td>
<td>3,073</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>588</td>
<td>64.1</td>
<td>3,951</td>
</tr>
<tr>
<td>Women</td>
<td>329</td>
<td>35.9</td>
<td>3,601</td>
</tr>
<tr>
<td>Marital status in 1960</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>626</td>
<td>72.5</td>
<td>6,265</td>
</tr>
<tr>
<td>Separated/divorced</td>
<td>92</td>
<td>10.7</td>
<td>365</td>
</tr>
<tr>
<td>Single</td>
<td>138</td>
<td>16.0</td>
<td>874</td>
</tr>
<tr>
<td>Widowed</td>
<td>7</td>
<td>0.8</td>
<td>48</td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low</td>
<td>667</td>
<td>76.5</td>
<td>4,476</td>
</tr>
<tr>
<td>Medium</td>
<td>151</td>
<td>17.3</td>
<td>2,241</td>
</tr>
<tr>
<td>High</td>
<td>54</td>
<td>6.2</td>
<td>835</td>
</tr>
<tr>
<td>Missing</td>
<td>45</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table A2: Hazard ratios (95% CI) for mortality, 15 September 1980 – 31 December 2010, by different life course SEP models (n = 7,552) adjusted for marital status (1960)

<table>
<thead>
<tr>
<th>Model type</th>
<th>Variables in model</th>
<th>Level</th>
<th>Males (n = 3,951)</th>
<th>Model fit and comparison to the saturated model</th>
<th>Females (n = 3,601)</th>
<th>Model fit and comparison to the saturated model</th>
</tr>
</thead>
<tbody>
<tr>
<td>Saturated model(^a) (1 model)</td>
<td>Trajectory across four time points</td>
<td>0,0,0,0</td>
<td>1</td>
<td>LL = −21,025; p value not applicable; AIC = 42,091</td>
<td>1</td>
<td>LL = −14,755; p value not applicable; AIC = 29,550</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1,0,0,0</td>
<td>0.86 (0.64–1.17)</td>
<td>1.06 (0.70–1.59)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>0,1,0,0</td>
<td>0.72 (0.59–0.88)</td>
<td>0.91 (0.72–1.15)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>0,0,1,0</td>
<td>0.98 (0.82–1.17)</td>
<td>0.90 (0.76–1.07)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>0,0,0,1</td>
<td>0.87 (0.76–1.00)</td>
<td>0.87 (0.72–1.06)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1,1,0,0</td>
<td>0.80 (0.67–0.95)</td>
<td>0.91 (0.73–1.13)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1,0,1,0</td>
<td>0.63 (0.35–1.12)</td>
<td>0.84 (0.53–1.33)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1,0,0,1</td>
<td>1.10 (0.76–1.60)</td>
<td>0.68 (0.36–1.28)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>0,1,1,0</td>
<td>1.02 (0.76–1.38)</td>
<td>0.94 (0.69–1.28)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>0,1,0,1</td>
<td>0.67 (0.50–0.88)</td>
<td>0.65 (0.42–1.01)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>0,0,1,1</td>
<td>0.73 (0.65–0.83)</td>
<td>0.76 (0.66–0.88)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1,1,1,0</td>
<td>0.94 (0.74–1.19)</td>
<td>0.81 (0.65–1.01)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1,1,0,1</td>
<td>0.63 (0.51–0.78)</td>
<td>0.70 (0.52–0.95)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1,0,1,1</td>
<td>0.70 (0.53–0.91)</td>
<td>0.71 (0.50–1.00)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>0,1,1,1</td>
<td>0.69 (0.57–0.84)</td>
<td>0.72 (0.57–0.91)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1,1,1,1</td>
<td>0.65 (0.58–0.74)</td>
<td>0.68 (0.58–0.80)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Model type</td>
<td>Variables in model</td>
<td>Level</td>
<td>Males (n = 3,951)</td>
<td>HR (95% CI)</td>
<td>Model fit and comparison to the saturated model</td>
<td>HR (95% CI)</td>
</tr>
<tr>
<td>------------</td>
<td>-------------------</td>
<td>------</td>
<td>------------------</td>
<td>-------------</td>
<td>-----------------------------------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>Critical period models&lt;sup&gt;b&lt;/sup&gt; (4 models)</td>
<td>SEP at birth</td>
<td>0</td>
<td>1</td>
<td>LL = −21,056; p &lt; 0.001; AIC = 42,123</td>
<td>1</td>
<td>LL = −14,770; p = 0.010; AIC = 29,551</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1</td>
<td>0.84 (0.78–0.91)</td>
<td></td>
<td>0.88 (0.80–0.97)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SEP at 10 years</td>
<td>0</td>
<td>1</td>
<td>LL = −21,051; p &lt; 0.001; AIC = 42,113</td>
<td>1</td>
<td>LL = −14,770; p = 0.009; AIC = 29,551</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1</td>
<td>0.81 (0.75–0.88)</td>
<td></td>
<td>0.89 (0.81–0.97)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SEP at 30–45 years</td>
<td>0</td>
<td>1</td>
<td>LL = −21,045; p &lt; 0.001; AIC = 42,102</td>
<td>1</td>
<td>LL = −14,761; p = 0.664; AIC = 29,533</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1</td>
<td>0.85 (0.79–0.91)</td>
<td></td>
<td>0.84 (0.77–0.92)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SEP at 50–65 years</td>
<td>0</td>
<td>1</td>
<td>LL = −21,037; p = 0.02; AIC = 42,092</td>
<td>1</td>
<td>LL = −14,758; p = 0.812; AIC = 29,535</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1</td>
<td>0.78 (0.72–0.84)</td>
<td></td>
<td>0.80 (0.73–0.87)</td>
<td></td>
</tr>
<tr>
<td>Accumulation model&lt;sup&gt;c&lt;/sup&gt; (1 model)</td>
<td>No. times ‘advantaged’, categorical</td>
<td>0 times</td>
<td>1</td>
<td>LL = −21,037; p = 0.02; AIC = 42,092</td>
<td>1</td>
<td>LL = −14,758; p = 0.812; AIC = 29,535</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 time</td>
<td>0.86 (0.77–0.97)</td>
<td></td>
<td>0.90 (0.78–1.04)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>2 times</td>
<td>0.76 (0.68–0.85)</td>
<td></td>
<td>0.79 (0.70–0.91)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>3 times</td>
<td>0.71 (0.63–0.81)</td>
<td></td>
<td>0.75 (0.64–0.88)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>4 times</td>
<td>0.65 (0.58–0.74)</td>
<td></td>
<td>0.68 (0.58–0.80)</td>
<td></td>
</tr>
</tbody>
</table>
### Table A2: Continued

<table>
<thead>
<tr>
<th>Model type</th>
<th>Variables in model</th>
<th>Level</th>
<th>Males ($n = 3,951$)</th>
<th>Females ($n = 3,601$)</th>
<th>Model fit and comparison to the saturated model</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>HR (95% CI)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>0</td>
<td>Disadvantaged; 1 = Advantaged</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. times ‘advantaged’, linear$^g$</td>
<td></td>
<td>0</td>
<td>0.90 (0.87–0.93)</td>
<td></td>
<td>0.91 (0.88–0.94)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>LL = −21,038; $p = 0.039$; AIC = 42,087</td>
<td></td>
<td>LL = −14,759; $p = 0.920$; AIC = 29,529</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0</td>
<td>1</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1</td>
<td>0.97 (0.87–1.07)</td>
<td></td>
<td>0.95 (0.84–1.08)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>LL = −21,034; $p = 0.09$; AIC = 42,086</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>0</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sensitive period model$^d$ (1 model)</td>
<td>SEP at birth</td>
<td>0</td>
<td>0.86 (0.78–0.95)</td>
<td>0.93 (0.83–1.05)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>LL = −21,038; $p = 0.001$; AIC = 42,141</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>0</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1</td>
<td>0.96 (0.88–1.05)</td>
<td>0.92 (0.83–1.01)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>LL = −14,773; $p = 0.002$; AIC = 29,556</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>0</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1</td>
<td>0.82 (0.75–0.89)</td>
<td>0.83 (0.75–0.91)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Empty mode$^e$ (1 model)</td>
<td>SEP not entered</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Model summary**

- Each possible trajectory assumed unique and estimated separately; the fully saturated model.
- Each time period as main effect in three separate models; that is, each model assumes only one time period important.
- Summed score of number of times ‘advantaged’; that is, assume all time periods important, with interchangeable effect sizes.
- All time periods as main effects in a single model; assume all time periods important, with effect sizes that may differ.
- Model not entering SEP at all; LL log likelihood; AIC Akaike information criterion; SEP socio-economic position; Disadv disadvantaged SEP; Adv advantaged SEP.
- Column presents log likelihood (LL); $p$ value compared to saturated model (first model shown) and AIC value.
- $^g$ p value for test for departure from linearity; males = 0.51; females = 0.84.
Table A3: Hazard ratios (95%CI) for mortality, 15 September 1980 – 31 December 2010, by different life course SEP models (n = 7,552) adjusted for marital status (1980)

<table>
<thead>
<tr>
<th>Model type</th>
<th>Variables in model</th>
<th>Level</th>
<th>Males (n = 3,951)</th>
<th>Females (n = 3,601)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>HR (95% CI)</td>
<td></td>
</tr>
<tr>
<td>Saturated model&lt;sup&gt;a&lt;/sup&gt; (1 model)</td>
<td>Trajectory across four time points</td>
<td>0,0,0,0</td>
<td>1</td>
<td>LL = −21,017; ( p ) value not applicable; AIC = 42,074</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0,0,1,0</td>
<td>0.87 (0.64–1.18)</td>
<td>1.04 (0.69–1.56)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0,0,0,1</td>
<td>0.73 (0.59–0.90)</td>
<td>0.90 (0.71–1.13)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0,1,0,0</td>
<td>1.00 (0.84–1.20)</td>
<td>0.89 (0.75–1.06)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0,1,1,0</td>
<td>0.89 (0.78–1.03)</td>
<td>0.87 (0.71–1.06)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1,0,0,0</td>
<td>0.79 (0.66–0.94)</td>
<td>0.90 (0.72–1.11)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1,0,1,0</td>
<td>0.67 (0.38–1.18)</td>
<td>0.82 (0.52–1.30)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1,0,0,1</td>
<td>1.12 (0.77–1.63)</td>
<td>0.67 (0.35–1.25)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0,1,1,0</td>
<td>1.02 (0.76–1.37)</td>
<td>0.92 (0.68–1.25)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0,1,0,1</td>
<td>0.69 (0.52–0.91)</td>
<td>0.66 (0.43–1.03)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0,0,1,1</td>
<td>0.75 (0.66–0.84)</td>
<td>0.76 (0.66–0.88)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1,1,1,0</td>
<td>0.94 (0.74–1.19)</td>
<td>0.79 (0.64–0.99)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1,1,0,1</td>
<td>0.66 (0.53–0.81)</td>
<td>0.70 (0.52–0.94)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1,0,1,1</td>
<td>0.72 (0.55–0.94)</td>
<td>0.71 (0.50–1.00)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0,1,1,1</td>
<td>0.70 (0.58–0.85)</td>
<td>0.71 (0.56–0.90)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1,1,1,1</td>
<td>0.66 (0.58–0.75)</td>
<td>0.68 (0.58–0.79)</td>
</tr>
<tr>
<td>Level</td>
<td>Variables in model</td>
<td>Critical period models (^b) (4 models)</td>
<td>Accumulation model (^c) (1 model)</td>
<td></td>
</tr>
<tr>
<td>---------------</td>
<td>--------------------</td>
<td>------------------------------------------</td>
<td>----------------------------------</td>
<td></td>
</tr>
<tr>
<td>0 = Disadvantaged; 1 = Advantaged</td>
<td></td>
<td>SEPs at birth</td>
<td>SEPs at 10 years</td>
<td>SEPs at 30–45 years</td>
</tr>
<tr>
<td>Males (n = 3,951)</td>
<td>HR (95% CI)</td>
<td>HR (95% CI)</td>
<td>HR (95% CI)</td>
<td>HR (95% CI)</td>
</tr>
<tr>
<td>0 times</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>1 time</td>
<td>0.84 (0.78–0.91)</td>
<td>0.81 (0.75–0.87)</td>
<td>0.85 (0.79–0.92)</td>
<td>0.79 (0.73–0.85)</td>
</tr>
<tr>
<td>2 times</td>
<td>0.77 (0.69–0.86)</td>
<td>0.70 (0.64–0.76)</td>
<td>0.75 (0.69–0.82)</td>
<td>0.73 (0.67–0.79)</td>
</tr>
<tr>
<td>Females (n = 3,601)</td>
<td>HR (95% CI)</td>
<td>HR (95% CI)</td>
<td>HR (95% CI)</td>
<td>HR (95% CI)</td>
</tr>
<tr>
<td>0 times</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>1 time</td>
<td>0.88 (0.80–0.96)</td>
<td>0.88 (0.81–0.97)</td>
<td>0.88 (0.81–0.97)</td>
<td>0.84 (0.77–0.92)</td>
</tr>
<tr>
<td>2 times</td>
<td>0.79 (0.73–0.85)</td>
<td>0.75 (0.69–0.82)</td>
<td>0.75 (0.69–0.82)</td>
<td>0.73 (0.67–0.79)</td>
</tr>
</tbody>
</table>

Model type
- Model fit and comparison to the saturated model.
- LL = −21,045; \(P < 0.001; AIC = 42,102\) for males and LL = −14,774; \(P = 0.012; AIC = 29,561\) for females.
- LL = −21,039; \(P < 0.001; AIC = 42,091\) for males and LL = −14,774; \(P = 0.011; AIC = 29,561\) for females.
- LL = −21,045; \(P < 0.001; AIC = 42,103\) for males and LL = −14,771; \(P = 0.092; AIC = 29,553\) for females.
- LL = −21,037; \(P < 0.001; AIC = 42,086\) for males and LL = −14,766; \(P = 0.084; AIC = 29,544\) for females.
<table>
<thead>
<tr>
<th>Model type</th>
<th>Variables in model</th>
<th>Level</th>
<th>Males (n = 3,951)</th>
<th>Females (n = 3,601)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>0 = Disadvantaged; 1 = Advantaged</td>
<td>HR (95% CI)</td>
<td>Model fit and comparison to the saturated model</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3 times</td>
<td>0.73 (0.64–0.83)</td>
<td>0.74 (0.63–0.86)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4 times</td>
<td>0.66 (0.58–0.75)</td>
<td>0.68 (0.58–0.79)</td>
</tr>
<tr>
<td></td>
<td>No. times ‘advantaged’, linear²</td>
<td></td>
<td>0.90 (0.88–0.93)</td>
<td>LL = −21,038; p = 0.070; AIC = 42,068</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.91 (0.87–0.94)</td>
</tr>
<tr>
<td>Sensitive period model² (1 model)</td>
<td>SEP at birth</td>
<td>0</td>
<td>1</td>
<td>LL = −21,025; p = 0.112; AIC = 42,069</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>0.97 (0.88–1.08)</td>
</tr>
<tr>
<td></td>
<td>SEP at 10 years</td>
<td>0</td>
<td>1</td>
<td>0.85 (0.77–0.94)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1</td>
<td>1</td>
<td>0.96 (0.88–1.04)</td>
</tr>
<tr>
<td></td>
<td>SEP at 30–45 years</td>
<td>0</td>
<td>1</td>
<td>0.96 (0.88–1.04)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1</td>
<td>1</td>
<td>0.96 (0.88–1.04)</td>
</tr>
</tbody>
</table>

Table A3: Continued
<table>
<thead>
<tr>
<th>Level</th>
<th>Variables in model</th>
<th>SEP at 50–65 years</th>
<th>SEP not entered</th>
<th>Model fit and comparison to the saturated model</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Disadvantaged; 1 = Advantaged</td>
<td>0</td>
<td>1</td>
<td>Model not entering SEP at all; LL = -21,054; $P = 0.001$; AIC = 42,119</td>
</tr>
<tr>
<td></td>
<td>SEP at 50–65 years</td>
<td>0.83 (0.76–0.91)</td>
<td>0.84 (0.76–0.92)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SEP not entered</td>
<td>1</td>
<td>1</td>
<td>LL = -14,778; $P = 0.002$; AIC = 29,566</td>
</tr>
</tbody>
</table>

**Model summary**
- Each possible trajectory assumed unique and estimated separately; the fully-saturated model.
- Each time period as main effect in three separate models.
- That is, each model assumes only one time period important.
- Summed score of number of times 'advantaged'; that is, assume all time periods important, with interchangeable effect sizes.
- All time periods as main effects in a single model; assume all time periods important, with effect sizes that may differ.
- Model not entering SEP at all; LL value compared to saturated model (first model shown) and AIC value.
- Log likelihood (LL); $p$ value for test for departure from linearity: males $= 0.51$, females $= 0.84$. 

<table>
<thead>
<tr>
<th>Model type</th>
<th>Variables in model</th>
<th>SEP at 50–65 years</th>
<th>SEP not entered</th>
<th>Model fit and comparison to the saturated model</th>
</tr>
</thead>
<tbody>
<tr>
<td>Empty model (1 model)</td>
<td>SEP at 50–65 years</td>
<td>0.83 (0.76–0.91)</td>
<td>0.84 (0.76–0.92)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SEP not entered</td>
<td>1</td>
<td>1</td>
<td>LL = -14,778; $P = 0.002$; AIC = 29,566</td>
</tr>
</tbody>
</table>

Table A3: Continued
Table A4: Hazard ratios (95% CI) for mortality, 15 September 1980 – 31 December 2010, by different life course SEP models (n = 7,552) adjusted for education

<table>
<thead>
<tr>
<th>Model type</th>
<th>Variables in model</th>
<th>Level</th>
<th>Males (n = 3,951)</th>
<th>Model fit and comparison to the saturated model</th>
<th>Females (n = 3,601)</th>
<th>Model fit and comparison to the saturated model</th>
</tr>
</thead>
<tbody>
<tr>
<td>Saturated model(^a)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(1 model)</td>
<td>0,0,0,0</td>
<td>1</td>
<td>1.04 (0.69–1.56)</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1,0,0</td>
<td>0.84 (0.62–1.13)</td>
<td>1.04 (0.69–1.56)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>0,1,0</td>
<td>0.73 (0.59–0.89)</td>
<td>0.89 (0.70–1.12)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>0,0,1</td>
<td>0.98 (0.82–1.18)</td>
<td>0.90 (0.75–1.06)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>0,0,0,1</td>
<td>0.88 (0.76–1.01)</td>
<td>0.87 (0.71–1.06)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1,1,0</td>
<td>0.80 (0.67–0.96)</td>
<td>0.91 (0.73–1.13)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1,0,1</td>
<td>0.69 (0.59–1.09)</td>
<td>0.83 (0.52–1.31)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1,0,0,1</td>
<td>1.12 (0.77–1.63)</td>
<td>0.69 (0.37–1.30)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>0,1,0,0</td>
<td>1.00 (0.74–1.35)</td>
<td>0.93 (0.68–1.26)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>0,1,0</td>
<td>0.67 (0.51–0.89)</td>
<td>0.65 (0.42–1.01)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>0,0,1</td>
<td>0.77 (0.67–0.87)</td>
<td>0.78 (0.67–0.90)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1,1,0</td>
<td>0.97 (0.76–1.23)</td>
<td>0.82 (0.66–1.02)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1,1,0</td>
<td>0.66 (0.53–0.82)</td>
<td>0.72 (0.53–0.97)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1,0,1</td>
<td>0.73 (0.56–0.95)</td>
<td>0.74 (0.52–1.04)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>0,1,1</td>
<td>0.71 (0.59–0.87)</td>
<td>0.73 (0.57–0.92)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1,1,1</td>
<td>0.69 (0.61–0.79)</td>
<td>0.72 (0.61–0.85)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Critical period models(^b)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4 models)</td>
<td>0</td>
<td>1</td>
<td>LL = –21,052; p &lt; 0.001; AIC = 42,114</td>
<td>1</td>
<td>LL = –14,773; p = 0.077; AIC = 29,556</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>0.87 (0.80–0.94)</td>
<td>0.92 (0.83–1.01)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Model type</td>
<td>Variables in model</td>
<td>Level</td>
<td>Males (n = 3,951)</td>
<td>Females (n = 3,601)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------------------------</td>
<td>--------------------------</td>
<td>-------</td>
<td>-------------------</td>
<td>---------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>HR (95% CI)</td>
<td>Model fit and</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>comparison to the</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>saturated model</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>LL = −21,047;</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>p = 0.001;</td>
<td>LL = −14,773;</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>AIC = 42,103</td>
<td>p = 0.10; AIC = 29,555</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SEP at 10 years</td>
<td>0</td>
<td>1</td>
<td>0.83 (0.77–0.90)</td>
<td>0.91 (0.83–1.00)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1</td>
<td></td>
<td>0.89 (0.83–0.97)</td>
<td>0.87 (0.79–0.96)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SEP at 30–45 years</td>
<td>0</td>
<td>1</td>
<td>LL = −21,054;</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>p &lt; 0.001;</td>
<td>LL = −14,771;</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>AIC = 42,118</td>
<td>p = 0.257; AIC = 29,551</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SEP at 50–65 years</td>
<td>0</td>
<td>1</td>
<td>0.81 (0.75–0.88)</td>
<td>0.82 (0.75–0.90)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accumulation modelc</td>
<td>0 times</td>
<td></td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(1 model)</td>
<td></td>
<td></td>
<td>LL = −21,046;</td>
<td>LL = −14,766;</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>p = 0.038;</td>
<td>p = 0.851; AIC = 29,543</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>AIC = 42,101</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 time</td>
<td></td>
<td>0.87 (0.77–0.97)</td>
<td>0.89 (0.78–1.03)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 times</td>
<td></td>
<td>0.79 (0.70–0.88)</td>
<td>0.80 (0.70–0.92)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3 times</td>
<td></td>
<td>0.74 (0.65–0.85)</td>
<td>0.76 (0.65–0.90)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4 times</td>
<td></td>
<td>0.69 (0.61–0.79)</td>
<td>0.72 (0.61–0.86)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>No. times 'advantaged', lineard</td>
<td>0.91 (0.89–0.94)</td>
<td>0.92 (0.89–0.96)</td>
<td>LL = −14,766; p = 0.941; AIC = 29,541</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>LL = −21,040;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>p = 0.071;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>AIC = 42,090</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sensitive period modeld</td>
<td>0</td>
<td>1</td>
<td>0.98 (0.89–1.09)</td>
<td>0.98 (0.86–1.11)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(1 model)</td>
<td></td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table A4: Continued
<table>
<thead>
<tr>
<th>Model type</th>
<th>Variables in model</th>
<th>Level</th>
<th>Males (n = 3,951)</th>
<th>Females (n = 3,601)</th>
<th>Model fit and comparison to the saturated model</th>
<th>Model fit and comparison to the saturated model</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>0 = Disadvantaged;</td>
<td>HR (95% CI)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SEP at 10 years</td>
<td>0</td>
<td>1</td>
<td>0.86 (0.78–0.95)</td>
<td>0.93 (0.82–1.04)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>1</td>
<td>0.98 (0.90–1.07)</td>
<td>0.93 (0.84–1.02)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SEP at 30–45 years</td>
<td>0</td>
<td>1</td>
<td>0.86 (0.78–0.95)</td>
<td>0.93 (0.82–1.04)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>1</td>
<td>0.98 (0.90–1.07)</td>
<td>0.93 (0.84–1.02)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SEP at 50–65 years</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0.85 (0.77–0.94)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>1</td>
<td>0.84 (0.77–0.92)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Model summary**

- Each possible trajectory assumed unique and estimated separately: the fully saturated model.
- Each time period as main effect in three separate models; that is, each model assumes only one time period important.
- Summed score of number of times ‘advantaged’: that is, assume all time periods important, with interchangeable effect sizes.
- All time periods as main effects in a single model; assume all time periods important, with effect sizes that may differ.
- Model not entering SEP at all; LL log likelihood; AIC Akaike information criterion; SEP socio-economic position; Disadv disadvantaged SEP; Adv advantaged SEP.
- Column presents log likelihood (LL); \(p\) value compared to saturated model (first model shown) and AIC value.
- \(p\) value for test for departure from linearity: males = 0.51; females = 0.84.