Caregiving in a Pandemic: COVID-19 and the Well-being of Family Caregivers over 55 in the United States.

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INTRODUCTION

The majority of families in the US rely on some form of informal (unpaid) caregiving on a regular basis, and much of this care is provided by older adults. More than 18% of American adults reported having provided some care to a spouse, an elderly parent, or another relative in 2015, while 38% of grandparents provided regular care to grandchildren (AARP, 2015). Meanwhile, more than one third of elderly or disabled community-dwelling adults rely partially or fully on regular care provided by formal (paid) caregivers. Starting in March 2020, social distancing recommendations and shelter-in-place orders to control the COVID-19 pandemic complicated caregiving arrangements for older adults and families with care needs. Non-co-resident care arrangements became not only logistically more difficult due to pandemic control measures, but also posed a direct health threat as older adults are at a significantly greater risk for severe COVID-19 morbidity and mortality.

While there has been significant focus on the challenges around formal caregiving arrangements due to COVID-19, including care provided in nursing homes and child care centers, very little is currently known about how the pandemic has impacted informal care arrangements (outside of parents caring for their children), or about the mental health and wellbeing of family caregivers. Using nationally representative survey data collected between April and May of 2020, this study provides the first evidence of the magnitude of disruptions to informal care arrangements during the first wave of the COVID-19 pandemic in the US and the impact of these disruptions on the mental health and subjective well-being of family caregivers age 55 and older.

In our nationally representative survey, 23% of respondents provided regular care prior to the start of the pandemic, and nearly half of caregivers (45%) report care disruptions. We find that coresident care arrangements are less likely to be disrupted, but coresident caregivers are more likely to report needing to provide more care. Non-coresident caregivers report providing less care than usual. We document differences in the likelihood of caregiving disruptions by race and by employment status. Finally, we find that caregivers who report caregiving disruptions are more likely to report more symptoms of anxiety, depression and loneliness when compared to non-caregivers and caregivers who report no disruptions.

A rapidly growing literature has documented the impact of child care disruptions on the economic and mental wellbeing of parents, especially mothers, since the start of the COVID-19 pandemic. We contribute to this literature by focusing on caregiving among those age 55 and older, which encompasses care to spouses, elderly parents and other relatives, as well as to children and

grandchildren. We also contribute to a literature which finds a negative relationship between subjective wellbeing and family caregiving obligations among older Americans. The caregiving disruptions that we document, along with the direct health risks of COVID-19 may contribute to older Americans with caregiving obligations becoming especially vulnerable to negative mental health impacts of the ongoing public health crisis. AS COVID-19 continues to fundamentally change an already fragile caregiving landscape, understanding the pressure that this puts on informal sources of care is key to addressing future care needs.

DATA AND STUDY METHODS

Data Sources

We use data collected as part of the COVID-19 Coping Study, a nationally representative survey of the US population aged 55 and over (1). Data collection began in early April 2020, approximately two weeks after much of the country adopted intensive social distancing and shelter-in-place orders to mitigate the spread of the virus and ended mid-May 2020. The sampling frame was drawn from an existing online research panel maintained by the professional survey company Dynata. Sampling quotas for age, gender, race, ethnicity, and education that matched the general U.S. population aged ≥55 based on CDC WONDER data were used. Data was collected through an online questionnaire designed to take approximately 17 minutes, administered through University of Michigan (U-M) Qualtrics. The questionnaire was designed for computer, tablet, and smartphone interfaces. The survey included questions about regular caregiving responsibilities and caregiving disruptions, as well as a series of standard research screening tools to evaluate depression, anxiety, loneliness, and well-being.

Study Sample

Our primary study sample includes all 2,485 survey respondents. In some analyses, we focus specifically on respondents who are caregivers.

Outcomes and Measures

The COVID-19 Coping study included a series of questions about caregiving. Respondents were asked about any regular (pre-COVID-19) caregiving arrangements, including care provided to grandchildren, spouses, or parents, and if those care arrangements had changed as a result of the pandemic. We identify as a caregiver any respondent who reported pre-pandemic caregiving

responsibilities. We code caregivers experiencing disruptions as respondents with pre-pandemic caregiving obligations who reported that they were providing less care, unable to provide care, or providing more care as a result of the pandemic. We identify the relationship to the care recipients from the survey respondents' self-reports.

To evaluate the association between caregiving and wellbeing, we focus on the following five mental health and self-rated health outcomes assessed by the survey: high depressive symptoms (defined as scoring at least 3 on the 8-item Center for Epidemiological Studies Depression Scale; CES-D), anxiety symptoms (defined as scoring at least 3 on the 5-item Beck Anxiety Inventory), loneliness (defined as 1 or more on the 3-item UCLA loneliness scale), life satisfaction (0-10 step Cantril's Self-Anchoring Striving Scale), and fair or poor self-rated health (based on a 5-point Likert-type scale)(2–5).

The following variables, which are self-reported in the data, are used as controls in all models: age, marital status, race and ethnicity, marital status, education level, housing tenure, co-residence with care recipient, pre-pandemic job status, health history (any previously diagnosed high blood pressure, diabetes heart disease, asthma, COPD, cancer, depression, anxiety, other medical condition), isolation index and if the respondent uses a mobility aid. We also control for own or family members' COVID diagnosis.

Statistical Analysis

We conduct our analysis in two stages. We first estimate descriptive statistics for caregivers in our sample and used bivariate comparisons to characterize which caregivers were more likely to experience disruptions to their caregiving role.

Next, to study the relationship between caregiver status and well-being outcomes, we estimate linear probability models of the following form:

$$y_{is} = \beta_1 caregiver_i + \beta_2 X_s + \delta_s + \varepsilon_i$$

where y_{is} is the outcome for individual i in state s, $caregiver_i$ is an indicator for caregiver status, X_i is a vector of individual control variables including a quadratic in age, gender, marital status, race and ethnicity, education level, type of residence, pre-pandemic employment status, pre-pandemic health status, and any COVID-19 diagnoses. We include a state fixed effect δ_s, and ε_i is an idiosyncratic error term. In some models, we also include an interaction term $caregiver_i \times disruptions$, to separately look at mental health outcomes for caregivers experiencing care disruptions. We compute robust standard errors clustered at the state level for all regression models.

Limitations

Our study has several limitations. We do not observe directly pre-pandemic caregiving status, instead relying on retrospective self-reports. In addition, we do not have baseline associations between caregiver status and subjective wellbeing outcomes, so we cannot compare the relationship between caregiving and subjective wellbeing prior to the COVID-19 pandemic.

STUDY RESULTS

First, we use the data to describe the regular caregiving arrangements of Americans aged 55 and older prior to the COVID-19 pandemic, and to describe the demographic and economics characteristics of caregivers. Panel 1 of Table 1 reports (weighted) caregiving characteristics for the study sample. More than one out of five survey respondents (535 of 2,485) reported having caregiving obligations prior to the start of the pandemic. Among caregivers, 47% provided care to a spouse, 27% provided care to parents, and another 40% provided care to children or grandchildren. Over 60% of reported caregiving arrangements are for co-resident care recipients. Among caregivers who reported care disruptions (45% of caregivers, or 226 respondents), about half provided less care, or were unable to provide any care, while half provided more care than usual. Finally, 191 respondents (8% of the full sample) reported taking on new caregiving responsibilities, of whom 28% (52 respondents) reported no previous caregiving responsibilities.

We present descriptive statistics (weighted) for the sample of caregivers and compare them to non-caregivers in Panel 2 of Table 1. Caregivers in the sample are on average two years younger than non-caregivers (66.2 compared with 68.2 years). Caregivers are also more likely to be female, less likely to be white and more likely to be Hispanic than non-caregivers. Caregivers are more likely to be married. They look similar to non-caregivers on education, but are more likely to be diagnosed with a health condition. Caregivers were more likely to be employed pre-COVID than non-caregivers, and more likely to report losing a job due to COVID-19. Caregivers also report more health diagnoses. In particular, caregivers are three percentage points more likely to report a previous (pre-pandemic) diagnosis of depression, and seven percentage points more likely to report a previous (pre-pandemic) diagnosis of anxiety.

In Table 2, we look at the characteristics of caregivers who report disruptions. We present characteristics for those who report any disruptions in Column 1, and present the direction, magnitude,

and statistical significance of the difference from caregivers who do not report disruptions in column 2. In columns 3 and 4 we present the same statistics for caregivers who report more caregiving than usual, and in columns 4 and 6 for those who report less caregiving than usual, including respondents who reported not being able to provide any care. Table 2 reveals that non coresident care arrangements, especially care to parents and care to grandchildren, were most likely to be disrupted, and those caregivers were more likely to report providing less care. Coresident care arrangements appear more stable. Caregivers who experience disruptions are younger and more likely to be female. We find that white caregivers are less likely to experience disruptions, while Black caregivers are more likely to report providing more care. We find that employed caregivers, in particular full-time employees, are more likely to report care disruptions, and respondents who reported that their employment outcomes were impacted by the pandemic also reported providing more care than usual.

Caregiving Status and Well-being

In our main analysis, we examine the associations between self-reported caregiving status, caregiving disruptions, and mental health and well-being outcomes.

We report preliminary results from these analyses in Tables 3-5. In each table, we present the unadjusted correlation between the outcome of interest and caregiving status in the first column and add covariates until we reach our preferred specification in column 6. In Table 3, we present the association between caregiver status and the five measures of mental health. We find that caregiving was associated with statistically significant increase in depression symptoms and anxiety symptoms in April and May of 2020. Specifically, caregivers were 8.1 percentage points more likely to exhibit depressive symptoms (26% increase from a mean rate of 30.8%), and 8.14 percentage points more likely to exhibit anxiety symptoms (30% increase from a mean rate of 27%). Caregiving was also positively correlated with loneliness: caregivers were five percentage points more likely to exhibit high loneliness symptoms (a 16% increase from a mean rate of 28%). We find no evidence that caregivers report worse self-reported health or lower life satisfaction than non-caregivers.

In Tables 4 and 5 we introduce an indicator for caregivers who reported experiencing caregiving disruptions. Table 4 reports the pooled coefficient on an indicator for any disruptions, and in Table 5 we report the coefficient on each type of disruption that we capture (not able to provide care, provided less care than usual, or provided more care than usual). In these tables, each column within each panel reports the coefficients from a single regression. We find that the negative relationship between

caregiving and mental health is driven entirely by caregivers who experience disruption in their regular caregiving role. Caregivers experiencing disruptions were 16.7 percentage points more likely to report high depressive symptoms, 16 percentage points more likely to report high anxiety symptoms, and 13 percentage points more likely to report high loneliness symptoms compared with non-caregivers. Caregivers who did not experience disruptions do not report mental health outcomes than non-caregivers. Table 4 also reports p-values for a test of equality between coefficients for each set of models. We find no difference across caregivers in life satisfaction or self-reported health.

We find that while caregivers experiencing disruptions report worse mental health outcomes, this association does not depend on the type of care disruption that is reported. In Table 5 confirms that caregivers unable to provide care, providing less care and those who provided more care than usual all report higher depression, anxiety and loneliness symptoms (although not all coefficients in columns 6 of Table 5 are statistically different from 0, they are not statistically different from each other). Table 5 reveals that caregivers who provided less care or no care are in better health (less likely to say that their health is poor or fair). Consistent with the results in Table 3 & 4, we find life satisfaction is not significantly correlated with either caregiving status or care disruptions.

DISCUSSION & CONCLUSION

This study aims to characterize the magnitude of care disruptions among those age 55 and older and to capture if caregiving status and care disruptions is associated with higher stress outcomes during the COVID-19 pandemic. Our results suggest that in the first month of the COVID-19 pandemic, nearly 50% of family caregivers age 55 and older experienced disruptions to their regular caregiving activities. Caregivers who experience disruptions are significantly more likely to experience more symptoms of anxiety, depression and loneliness. These preliminary results suggest that informal caregivers who experienced care disruptions, either by being unable to care for family members or by taking on additional care burdens, are at a significantly higher risk for anxiety and depression than non-caregivers. Those who experience disruptions are caring for parents or children, both of whom are less likely to co-reside with them. Our results inform how the COVID-19 pandemic has impacted key family support systems, while identifying older family caregivers as an important demographic which may be particularly vulnerable during the pandemic.

References

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Table 1: Descriptive Characteristics of Caregivers

	Caregivers		Non-Caregivers	
	Mean	SD	mean	SD
Panel 1: Caregiving Characteristics				
Any	0.227			
Spouse	0.474	0.5	.	.
Parent	0.269	0.444	.	.
Child	0.216	0.412	.	.
Grandchild	0.192	0.395	.	.
Other	0.103	0.304	.	.
Coresident	0.631	0.483	.	.
Panel 2: Descriptive statistics				
Demographic & Health Characteristics				
Age	66.206	9.198	68.193	9.22
Female	0.58	0.494	0.527	0.499
White non-Hispanic	0.68	0.467	0.738	0.44
Black non-Hispanic	0.1	0.301	0.102	0.303
Hispanic	0.143	0.351	0.093	0.29
Married	0.674	0.469	0.562	0.496
College plus	0.288	0.453	0.285	0.452
# of health conditions	0.955	1.128	0.746	0.978
Employment Characteristics				
Employed	0.348	0.477	0.299	0.458
Employed FT	0.241	0.428	0.175	0.38
Retired	0.445	0.497	0.558	0.497
Employment affected	0.746	0.436	0.727	0.446
Lost employment	0.066	0.25	0.056	0.23
Subjective Wellbeing Outcomes				
High for Depression	0.407	0.492	0.279	0.449
High for Anxiety	0.361	0.481	0.246	0.431
High for Loneliness	0.35	0.477	0.288	0.453
Fair or poor self-reported health	0.231	0.422	0.198	0.399
Life Satisfaction	6.691	2.42	6.913	2.356

Table 2: Caregivers Experiencing Disruptions

	Any Disruptions		More Care		Less Care	
	Mean	Diff	Mean	Diff	Mean	Diff
Any	0.454		0.240		0.200	
Spouse	0.350	-0.180***	0.402	-0.035	0.281	-0.187***
Parent	0.326	0.131***	0.297	0.026	0.363	0.139***
Child	0.217	-0.049	0.275	0.004	0.142	-0.116***
Grandchild	0.313	0.173***	0.262	0.062	0.379	0.167***
Other	0.105	0.022	0.060	-0.048	0.163	0.089***
Coresident	0.560	-0.163***	0.702	0.073	0.375	-0.326***
Care for multiple people	0.247	0.074**	0.257	0.049	0.235	0.026
Demographic Characteristics						
Age	64.363	-2.721***	64.658	-1.356	63.981	-2.316***
Female	0.664	0.154***	0.594	0.015	0.755	0.190***
White non-Hispanic	0.582	-0.140***	0.522	-0.191***	0.660	0.010
Black non-Hispanic	0.122	0.034	0.149	0.079***	0.086	-0.027
Hispanic	0.194	0.054*	0.208	0.053	0.175	0.015
Married	0.674	-0.047	0.682	-0.029	0.665	-0.070
College plus	0.304	0.014	0.266	-0.051	0.354	0.030
# of health conditions	1.103	0.118	1.175	0.159	1.009	-0.038
Employment Characteristics						
Employed	0.407	0.109***	0.410	0.055	0.403	0.067
Employed FT	0.287	0.080**	0.307	0.068	0.261	0.021
Retired	0.364	-0.119***	0.380	-0.038	0.344	-0.100*
Employment affected	0.829	0.139**	0.874	0.176***	0.769	-0.008
Lost employment	0.075	0.013	0.024	-0.062	0.141	0.076*
						0.026
Subjective Wellbeing Outcomes						
High for Depression	0.537	0.221***	0.533	0.156***	0.542	0.158***
High for Anxiety	0.491	0.206***	0.512	0.174***	0.463	0.103**
High for Loneliness	0.448	0.159***	0.432	0.082*	0.469	0.129***
fair or poor self-reported health	0.265	0.035	0.342	0.065	0.166	-0.018
Life Satisfaction	6.355	-0.590***	6.311	-0.417*	6.412	-0.508**

Table 3: Relationship between caregiving status pre COVID-19 and mental health outcomes in April, 2020

	(1)	(2)	(3)	(4)	(5)	(6)
Outcome: Positive for Depression; mean 0.308						
Caregiver pre-COVID	0.128***	0.123***	0.113***	0.114***	0.0857***	0.0807***
	(0.0231)	(0.0222)	(0.0209)	(0.0210)	(0.0187)	(0.0193)
Outcome: Positive for anxiety; mean 0.272						
Caregiver pre-COVID	0.116***	0.115***	0.105***	0.105***	0.0847***	0.0814***
	(0.0283)	(0.0282)	(0.0297)	(0.0292)	(0.0263)	(0.0249)
Outcome: Positive for loneliness ; mean: 0.302						
	0.0615**	0.0608**	0.0676***	0.0680***	0.0578**	0.0494**
	(0.0275)	(0.0267)	(0.0244)	(0.0247)	(0.0218)	(0.0238)
Outcome: Fair or Poor Self Reported Health; mean 0.206						
Caregiver pre-COVID	0.0323	0.0289	0.0278	0.0280	0.00341	0.00152
	(0.0212)	(0.0228)	(0.0236)	(0.0239)	(0.0199)	(0.0203)
Outcome: Cantril Ladder; mean 6.893						
Caregiver pre-COVID	-0.221	-0.233	-0.193	-0.192	-0.0968	-0.110
	(0.136)	(0.143)	(0.142)	(0.141)	(0.127)	(0.122)
N	2483	2483	2467	2464	2449	2431
Controls:						
State Fixed Effects		X	X	X	X	X
Demographics			X	X	X	X
Employment History				X	X	X
Health History					X	X
COVID-19 Diagnosis						X

Standard errors in parentheses

* p<0.10 ** p<0.05 *** p<0.01

Table 4: Relationship between caregiving status pre COVID-19 and mental health outcomes in April, 2020

	(1)	(2)	(3)	(4)	(5)	(6)
Outcome: Positive for Depression; mean 0.308						
Caregiver pre-COVID	0.0133	0.00947	0.0104	0.0106	0.00574	0.00433
	(0.0305)	(0.0296)	(0.0300)	(0.0297)	(0.0245)	(0.0247)
Caregiving distrupted by COVID	0.245***	0.243***	0.222***	0.224***	0.173***	0.167***
	(0.0547)	(0.0549)	(0.0549)	(0.0546)	(0.0469)	(0.0497)
Equality of coefficients p value:	0.005	0.004	0.009	0.008	0.014	0.021
Outcome: Positive for anxiety; mean 0.272						
Caregiver pre-COVID	0.00980	0.0101	0.0134	0.0131	0.0115	0.0101
	(0.0309)	(0.0305)	(0.0328)	(0.0324)	(0.0283)	(0.0280)
Caregiving distrupted by COVID	0.235***	0.229***	0.199***	0.200***	0.162***	0.160***
	(0.0392)	(0.0391)	(0.0406)	(0.0407)	(0.0381)	(0.0377)
Equality of coefficients p value:	0.000	0.000	0.003	0.003	0.008	0.010
Outcome: Positive for loneliness ; mean: 0.302						
Caregiver pre-COVID	-0.0149	-0.0168	0.00227	0.00302	-0.00219	-0.00402
	(0.0279)	(0.0263)	(0.0260)	(0.0265)	(0.0244)	(0.0241)
Caregiving distrupted by COVID	0.175***	0.175***	0.151***	0.150***	0.142***	0.130***
	(0.0507)	(0.0512)	(0.0499)	(0.0505)	(0.0480)	(0.0481)
Equality of coefficients p value:	0.006	0.005	0.029	0.033	0.029	0.037
Outcome: Fair or Poor Self Reported Health; mean 0.206						
Caregiver pre-COVID	0.000844	-0.00441	-0.00458	-0.00620	0.00179	0.000942
	(0.0245)	(0.0260)	(0.0281)	(0.0285)	(0.0260)	(0.0260)
Caregiving distrupted by COVID	0.0664	0.0662	0.0660	0.0707*	-0.00622	-0.00876
	(0.0408)	(0.0425)	(0.0420)	(0.0408)	(0.0345)	(0.0335)
Equality of coefficients p value:	0.259	0.242	0.257	0.212	0.883	0.855
Outcome: Cantril Ladder; mean 6.893						
Caregiver pre-COVID	0.0773	0.0483	0.00455	0.000714	0.0156	0.0280
	(0.167)	(0.171)	(0.179)	(0.178)	(0.177)	(0.175)
Caregiving distrupted by COVID	-0.636**	-0.591**	-0.427	-0.414	-0.236	-0.269
	(0.271)	(0.271)	(0.300)	(0.300)	(0.288)	(0.287)
Equality of coefficients p value:	0.072	0.106	0.319	0.337	0.557	0.489
N	2400	2400	2360	2358	2358	2340
Controls:						
State Fixed Effects		X	X	X	X	X
Demographics			X	X	X	X
Employment History				X	X	X
Health History					X	X
COVID-19 Diagnosis						X

Standard errors in parentheses

* p<0.10 ** p<0.05 *** p<0.01

Table 5: Relationship between caregiving status pre COVID-19 and mental health outcomes in April, 2020

	(1)	(2)	(3)	(4)	(5)	(6)
Outcome: Positive for Depression; mean 0.308						
Unable to provide Care	0.273***	0.277***	0.237**	0.238**	0.157*	0.139*
	(0.0953)	(0.0995)	(0.0990)	(0.0991)	(0.0786)	(0.0813)
Provided less care	0.224**	0.217**	0.196*	0.197*	0.166	0.159
	(0.0945)	(0.0869)	(0.0980)	(0.0979)	(0.105)	(0.104)
Provided more care	0.241***	0.238***	0.225***	0.228***	0.182***	0.181***
	(0.0693)	(0.0699)	(0.0612)	(0.0606)	(0.0520)	(0.0556)
Equality of coefficients p value:	0.918	0.885	0.941	0.941	0.954	0.883
Outcome: Positive for anxiety; mean 0.272						
Unable to provide Care	0.197*	0.201*	0.173	0.173	0.113	0.117
	(0.105)	(0.110)	(0.110)	(0.110)	(0.0850)	(0.0854)
Provided less care	0.219***	0.217***	0.197***	0.197***	0.192***	0.186**
	(0.0602)	(0.0613)	(0.0646)	(0.0646)	(0.0714)	(0.0745)
Provided more care	0.256***	0.245***	0.211***	0.212***	0.172***	0.168***
	(0.0441)	(0.0409)	(0.0378)	(0.0367)	(0.0384)	(0.0364)
Equality of coefficients p value:	0.839	0.897	0.941	0.933	0.746	0.807
Outcome: Positive for loneliness; mean: 0.302						
Unable to provide Care	0.238**	0.254**	0.201*	0.202*	0.172*	0.147
	(0.108)	(0.112)	(0.104)	(0.103)	(0.0870)	(0.0912)
Provided less care	0.147	0.141	0.122	0.121	0.164	0.151
	(0.0994)	(0.105)	(0.103)	(0.102)	(0.108)	(0.106)
Provided more care	0.159**	0.155**	0.140**	0.138**	0.122**	0.115*
	(0.0638)	(0.0642)	(0.0622)	(0.0632)	(0.0583)	(0.0583)
Equality of coefficients p value:	0.753	0.668	0.827	0.811	0.817	0.913
Outcome: Fair or Poor Self Reported Health; mean 0.206						
Unable to provide Care	0.0440	0.0399	0.0331	0.0319	-0.0778	-0.0767
	(0.0677)	(0.0676)	(0.0750)	(0.0754)	(0.0618)	(0.0628)
Provided less care	-0.118***	-0.124***	-0.109**	-0.105**	-0.0834*	-0.0861**
	(0.0400)	(0.0417)	(0.0430)	(0.0436)	(0.0422)	(0.0409)
Provided more care	0.143**	0.146**	0.143**	0.150***	0.0494	0.0454
	(0.0564)	(0.0587)	(0.0549)	(0.0519)	(0.0461)	(0.0451)
Equality of coefficients p value:	0.001	0.001	0.001	0.000	0.045	0.043
Outcome: Cantril Ladder; mean 6.893						
Unable to provide Care	-1.135**	-1.121**	-0.856	-0.861*	-0.511	-0.531
	(0.489)	(0.523)	(0.512)	(0.513)	(0.461)	(0.460)
Provided less care	0.0582	0.157	0.305	0.316	0.235	0.228
	(0.411)	(0.435)	(0.444)	(0.441)	(0.422)	(0.427)
Provided more care	-0.679**	-0.639**	-0.511	-0.489	-0.281	-0.332
	(0.321)	(0.309)	(0.330)	(0.329)	(0.310)	(0.304)
Equality of coefficients p value:	0.048	0.053	0.061	0.054	0.291	0.252

N	2400	2400	2360	2358	2358	2340
Controls:						
State Fixed Effects		X	X	X	X	X
Demographics			X	X	X	X
Employment History				X	X	X
Health History					X	X
COVID-19 Diagnosis						X

Standard errors in parentheses

* p<0.10 ** p<0.05 *** p<0.01