

Key Findings

Chapter 2: The Economic Circumstances of the Over 50s and their Children

- The gross income levels of the TILDA participants remained the same between wave 1 and wave 2 despite a shift away from labour income sources towards retirement income sources.
- Wealth has fallen between wave 1 and wave 2 and this is largely due to reductions in property values.
- Of those who were employed in wave 1, 13% had retired by wave 2.
- Of these new retirees, a higher percentage of those with higher levels of education had retired before the state pension age (SPA).
- Eligibility for the state pension is the main reason for retirement for new retirees.
- 5% of the adult children of TILDA participants who were living in Ireland in wave 1 had emigrated by wave 2.
- Employment levels amongst the adult children of TILDA participants are highest among those who have emigrated or were already living abroad at wave 1.
- Unemployment among children at wave 2 is highest among those who have returned to Ireland from abroad, have returned to live with their parents or were already living with their parents at wave 1.

Chapter 3: Changes in Physical and Behavioural Health in Older Irish Adults

- The proportion of the older population who report that their health is 'excellent' or 'very good' has increased from 41% in wave 1 to 44% in wave 2.
- Hypertension and diabetes are the most prevalent cardiovascular conditions in older Irish adults, affecting 37% and 9% of older Irish adults respectively. The prevalence of most cardiovascular conditions has remained stable since wave 1 except for angina,

which has decreased, and atrial fibrillation, which has increased.

- Arthritis now affects 51% of those aged 75 and over, while the two-year incidence of arthritis among this age group is 10%.
- Arthritis, osteoporosis and cataracts have the highest two-year incidence rates (i.e., new cases among those previously undiagnosed) of non-cardiovascular chronic conditions, with rates of 7.6%, 5.6% and 5.7% respectively.
- Approximately 19% of men, 25% of women and 30% of individuals aged 75 and over have fallen in the last year. Almost 10% of the over 50s population have had an injurious fall (i.e., requiring medical treatment) in the last year.
- 16% of smokers at wave 1 had quit by wave 2. A notable decrease in smoking occurs after the age of 65 years.
- The overall prevalence of problematic alcohol use has increased between wave 1 and wave 2 and is significantly higher in men (21.7%) than in women (11%). There is a drop in problematic alcohol use after the age of 65 years.
- The proportion of adults reporting low levels of physical activity increases with age, with 51.6% of over 75s reporting low levels of physical activity at wave 2.

Chapter 4: Obesity and Health Outcomes in the Older Population

- 35% of older Irish adults are classified as obese according to their body mass index; a further 44% are overweight.
- According to World Health Organisation criteria, 53% of older Irish adults are at a substantially increased risk of metabolic and cardiovascular disease based on their waist circumference.
- Obesity at wave 1 is strongly associated with cardiovascular disease at wave 2. Both men and women who were obese at wave 1 have a significantly higher prevalence of diabetes at wave 2, while obese men have a significantly higher prevalence of heart attacks, and obese women have a significantly higher prevalence of angina.
- Increased waist circumference at wave 1 is associated with the development of disability, particularly among women.
- A significantly higher proportion of men who were obese at wave 1 had reduced their alcohol intake by wave 2 (in comparison with men who were of normal weight at wave 1).

Chapter 5: Health and Social Care Utilisation by the Over 50s

- The proportion of TILDA participants with a medical card or GP visit card increased overall between wave 1 and wave 2 (from 52% to 57%), but declined in those aged 70+ years.
- Between wave 1 and wave 2, private health insurance cover declined in those under 65 years and increased in those aged over 65 years.
- In wave 2, 21.1% of participants aged 80+ years old had attended an Emergency Department (ED) at least once in the previous year (the corresponding figure for wave 1 was 15.1%).
- Utilisation of community health and social care services by the older population remains low.
- The uptake of prostate cancer screening services in men and breast cancer screening services women is high but the uptake of flu vaccination is low, particularly for those who do not have a medical or GP visit card.
- Polypharmacy (i.e., taking five or more medications) has increased from 21% at wave 1 to 26% at wave 2.
- Participants who had died between wave 1 and wave 2 had higher levels of secondary care service utilisation (ED visits and hospital admissions) than survivors.

Chapter 6: What Factors are Associated with Change in Older People's Quality of Life?

- Self-reported quality of life peaks around 65-67 years, and declines rapidly after the age of 80.
- Between wave 1 and wave 2 of TILDA, overall quality of life declined for all age groups, but the decline was greatest for those aged 75+ years.
- Those who were married at both waves have a higher quality of life than those who remain never married, divorced/separated, or widowed between waves.
- Those who reported that they no longer suffer from a disability in relation to activities of daily living (e.g., dressing, eating, bathing) have a significantly higher quality of life than those reporting a disability in both wave 1 and wave 2.
- TILDA participants whose depressive symptoms had remitted between wave 1 and

wave 2 experienced a significant improvement in quality of life.

- Based on their social networks (i.e., marital status, close ties with family and friends and membership of voluntary and religious organisations), 27% of men and 22% of women in TILDA are classed as 'most socially integrated', and these proportions have only changed slightly between wave 1 and wave 2 of the study.
- Participants with strong social networks, who engage in various types of active social relationships and who volunteer regularly have a higher quality of life than those who are less socially active.
- Overall, 35% of TILDA participants look after their grandchildren for at least one hour a week, and those who care for their grandchildren have a higher quality of life than those who do not.