

Key Findings

Chapter 2: The Contribution of Older Adults to their Families and Communities

- Older adults in Ireland contribute to and benefit from their extended family and the communities in which they live.
- Within the last two years, one quarter of adults in Ireland aged 54 years and over with living parents assisted their parent(s) with basic personal care while 43% provided help with other activities such as household chores, errands, shopping, and transportation. Half of older adults also provided financial help to their parent(s).
- The majority of children remain geographically close to their parents: Two thirds of adults aged 54 years and over have children either living with them or in the same county.
- Older adults in Ireland who have children are more likely to provide financial assistance to their children (48%) than receive financial help from them (3%).
- Half (47%) of adults aged 54 to 64 years and 65 to 74 years (51%) provide regular childcare for their grandchildren for an average of 36 hours per month. Quality of life is higher in those who care regularly for their grandchildren.
- More than half (53%) of older adults in Ireland volunteered at some time during the previous year with 17% doing so at least once per week. Retired adults and those with higher levels of educational attainment are more likely to do so. Frequent volunteering is associated with better quality of life and fewer depressive symptoms.
- Sixty percent of the older population take part in active and social leisure activities at least once per week, while 47% are involved in formal organisations, such as sports or social clubs.
- Social participation is associated with better quality of life and fewer depressive symptoms, however levels of participation decrease with age.
- In general, there was little change observed between Waves 1 and 3 of TILDA, although there was a small reduction in the percentage providing financial and non-financial assistance to parents and children, and also a slight decrease in the percentage of these older adults taking part in active and social activities, and organised groups.

Chapter 3: Health Insurance and Healthcare Utilisation and Screening

- 38% of the population aged 54 years and older had a full medical or GP visit card, 35% had private health insurance (but no medical card or GP visit card), while another 18% had a medical card and private health insurance ('dual cover'), and 10% had neither a full medical card, GP visit card nor private health insurance.
- In the older population aged 70-79 years, the proportion covered by a full medical or GP visit card has declined since 2012, while private health insurance cover has increased.
- Of those with private health insurance, 1 in 5 had policies that provide some reimbursement for GP visits.
- VHI Healthcare was the dominant provider of private health insurance for the older population. The typical private health insurance policy in the TILDA cohort covered two people at a premium of €1,446 per person.
- Four percent of the older population in Ireland with private health insurance in Wave 1 had cancelled their private health insurance policy by Wave 3. Cost was the main reason (80%) cited for cancelling private health insurance.
- 91% of adults aged 54 years and older in Ireland had visited their GP at least once in the past year. While 18% visited the emergency department (ED). This has increased slightly from wave 1.
- Over one quarter of the older population (27%) are taking 5 or more medications (polypharmacy) and this had not changed since 2012.
- In general, the use of health screening services such as flu vaccination and cholesterol testing increases with age.
- Uptake of health screening was more common in targeted age groups of national screening programmes including mammogram checks for women aged 54-64 years (BreastCheck) and prostate screening, faecal occult tests and colonoscopies in men aged 65-69 years.

Chapter 4: Consumption Patterns and Adherence to the Food Pyramid

- Adherence to the Food Pyramid recommendations is poor in adults aged 54 years and over in Ireland; 15% do not achieve the recommended daily intake for any of the main food groups.
- One fifth of older adults this population meet the recommended 6 or more daily servings of Bread, Cereals, Potatoes, Pasta and Rice, with compliance levels lower in women (18%) than men (24%) and in those with higher education.
- Three-quarters of older adults do not consume the minimum recommendation of 5 servings of Fruit and Vegetables per day, with men consuming less than women.
- 70% of older adults consume less than the recommended 3 servings of Milk, Yoghurt and Cheese products per day.
- Two-fifths comply with the recommended intake of Meat, Poultry, Fish, Eggs, Beans and Nuts, however another two-fifths consume less than the daily intake.
- Two-thirds consume excessive amounts of Foods and Drinks high in Fat, Sugar and Salt while one-third over-consume Fat & Oils - this may be associated with overconsumption of energy dense and highly palatable foods.
- Those with moderate to high physical activity levels are more likely to consume the recommended 5 or more daily servings from the Fruit and Vegetables than those with low physical activity.
- There are clear patterns of overconsumption of energy dense and highly palatable foods from the Fat, Sugar and Salt shelf.
- Those in a higher socio-economic group are more likely to comply with the recommended intake for Fruit and Vegetables, Meat, Poultry, Fish, Eggs, Beans, and Nuts and Fat and Oils.

Chapter 5: Objective Indicators of Health and Function

- The health of community-dwelling older adults in Ireland measured through objective indicators of health and function has remained stable over four years.
- Objective evidence of increased cardiovascular risk is common in older adults; 2 in 5 adults aged 50 years and over had high blood pressure at Wave 1 and this remained high four years later.

- The proportion of adults with high cholesterol declined from 1 in 2 older adults at Wave 1 (51%) to 2 in 5 at Wave 3 (41%); this decline is particularly evident in adults aged less than 75 years.
- A higher proportion of older adults had a substantially increased waist circumference after four years, particularly women aged 50-64 years (45% at Wave 1 versus 52% at Wave 3), highlighting the growing problem of obesity.
- Two in five older adults (42%) reported some level of visual loss at Wave 1 and this increased to over half (52%) at Wave 3.
- Reference data for men and women at different ages have been generated for a number of physical and cognitive measures using TILDA data. These can be used in the routine clinical assessment of community-dwelling older adults, for example during the comprehensive geriatric assessment, allowing their performance to be compared to other adults of the same age and gender.

Chapter 6: Measures of Health and Function that Predict Future Falls

- Falls are associated with many negative outcomes such as injury, disability, hospitalisation and reduced quality of life, therefore they are a major burden for older adults and a major challenge for the healthcare services.
- Falls are common in community-dwelling adults aged 50 years and over in Ireland, with almost 2 in 5 reporting a fall during 4 years of follow-up and 1 in 5 reporting recurrent falls and injurious falls.
- The prevalence of falls is higher in women than men and increases with age in both. Two out of five women aged 75 years and over reported recurrent falls during 4 years of follow-up while a similar number sustained a fall-related injury requiring medical attention.
- Older adults who report recurrent falls or injurious falls display poorer indicators of physical, cognitive and mental health and function compared to non-fallers.
- Many of the most important risk factors, e.g. unsteadiness when walking, depressive symptoms, non-cardiovascular conditions, fear of falling and having orthostatic hypotension, are modifiable and can be treated and improved.
- Falls assessments should be routinely conducted in older adults to identify risk factors and causes of falls so that appropriate management and fall prevention strategies can be implemented.

Chapter 7: Prevalence and Impact of Chronic Debilitating Disorders

- Overall, 1 in 3 older adults in Ireland report being troubled with pain. Back pain is the most common site of pain in both men and women.
- Of those who report any pain, women are more likely to report that they had difficulties with instrumental activities of daily living and this increases with age (61% in those aged 54-64 years versus 68% in those aged 75 years and over).
- Overall, 1 in 7 older adults in Ireland experience urinary incontinence, with twice as many women as men affected.
- Only 3 out of 5 older adults in Ireland with urinary incontinence have reported their symptoms to a doctor, nurse or other health care professional.
- 1 in 4 older adults in Ireland experience some limitation of their usual activities as a consequence of having urinary incontinence.
- Overall, one third of older adults (36%) have experienced hearing loss, and it is more common at older ages, exceeding 50% among individuals aged 75 years and over.
- Despite a high prevalence of self-reported hearing loss, the use of hearing aids is low (8%) in the population of adults aged 54 years and over.
- Less than 1 in 3 older people with increased depressive symptoms are prescribed medical treatment for depression.

Chapter 8: Methodology

- At Wave 1 (2009-2011), TILDA recruited a nationally representative stratified, clustered random sample of 8,504 community-dwelling adults aged 50 years and over (and their spouses/partners of any age), living in Ireland.
- At Wave 3 (2014-2015), 6,566 respondents completed the Computer Assisted Personal Interview (CAPI), while 85% completed a self-completion questionnaire (SCQ) and 82% completed a comprehensive health assessment. Respondents who completed the SCQ and health assessment at Wave 3 were more likely to have completed these components of data collection at Wave 1.
- In addition, 121 proxy interviews were completed by family or friends of respondents who were unable to complete the interview themselves due to physical or cognitive impairment while 215 End-of-Life interviews were completed for respondents who had passed away.