1 Introduction

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Staidéar Fadaimseartha na hÉireann um Dhul in Aois
The Irish Longitudinal Study on Ageing

1 Introduction

This report presents findings from Wave 3 of TILDA, which impact on the health and well-being of Ireland's adult population aged 54 years and over and maps changes that have occurred since the first wave of TILDA data collection in 2010. Potent factors which influence health and well-being are volunteering, caring, financial transfers, health insurance coverage, health care utilisation, health screening, diet, medication use and prophylaxis such as vaccination uptake. The prevalence and impact of these factors are presented in the context of subjective and objective health and well-being, including common age-related disorders such as falls, pain, urinary incontinence, hearing loss and depression.

TILDA provides a valuable source of research on the current and future needs of an ageing population to inform policy responses to population ageing. It is noteworthy that TILDA has provided information for in excess of 59 policy and stakeholder relevant publications. As data collection is repeated every two years, the impact of policy initiatives can be monitored longitudinally. This underscores the rich contribution of the dataset to the experience of ageing in Ireland.

1.1 TILDA - four years of data collection

TILDA is a large prospective cohort study examining the social, economic, and health circumstances of 8,175 community-dwelling adults aged 50 years and older, resident in the Republic of Ireland. The sample was generated using a three-stage selection process and the Irish Geodirectory as the sampling frame. The Irish Geodirectory is a comprehensive listing of all addresses in the Republic of Ireland which is compiled by An Post and Ordnance Survey Ireland. Subdivisions of district electoral divisions pre-stratified by socio-economic status (SES), age, and geographical location served as the primary sampling units (PSU). The second stage involved the selection of a random sample of 40 addresses from within each PSU resulting in an initial sample of 25,600 addresses. The third stage involved the recruitment of all members of the household aged 50 years and over. Consequently, the response rate was defined as the proportion of households including an eligible participant from whom an interview was successfully obtained. In Wave 1, a

response rate of 62% was achieved at the household level. There were three components to the survey. Respondents completed a computer-assisted personal interview (CAPI) and a separate paper-based self-completion questionnaire (SCQ) which collected more sensitive information. All participants were invited to undergo a health assessment at a national centre using trained nursing staff. Data is collected every two years (known as a study wave). All three components of the above study design were conducted at Wave 1 (1) and repeated at Wave 3. Wave 2 consisted of the CAPI and SCQ only (2). A more detailed exposition of study design, sample selection and protocol is available elsewhere (3). Findings relating to health and well-being using the first three waves of data are hereby presented.

1.2 Older adults in Ireland far from being reliant on social supports are the net contributors to their extended family and the communities in which they live

A pervading theme which resonates at each wave of data collection is the enormous contribution that adults aged 50 and over make to Irish society. This is evident both in the amount of care provided to others and in financial and other transfers. Contrary to perceptions, the overwhelming direction of transfers of time and financial assistance is to children and grandchildren. For example, adults aged 54 years and over who have children are more likely to provide financial assistance to their children (48%) than receive financial help from them (3%). Furthermore, half of adults aged 54 to 64 years and 65 to 74 years provide regular childcare for their grandchildren for an average of 36 hours per month. This facilitates labour market participation of parents and flexibility of schedules for unanticipated events. In the main, the consequences of such transfers are better health and well-being for the provider. For adults with living parents (14%), one quarter 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).

Adults aged 50 years and older in Ireland are the backbone of our volunteer structure with more than half volunteering during the previous year and 17% doing so at least once per week. Again, volunteering is significantly associated with better mood and quality of life as is regular social participation i.e. sports and social clubs. Thus, we provide empirical support to the contention that, far from later years being a time characterised by decline and increased dependency, older adults continue to make valuable contributions to society, with many characterised by active citizenship and participation in the lives of their families and their communities.

TILDA provides a useful benchmark against which new public policies such as 'The National Positive Ageing Strategy (NPAS) (4) can be assessed as supports for successful population ageing.

1.3 Health care coverage and health insurance require more flexibility for competitive market

In the two-year period between Waves 2 and 3 (2012 to 2014), the proportion of older adults aged 65 years and over covered by a full medical or General Practice (GP) visit card has declined by 4% (from 79% to 75%) while private health insurance cover has increased by 5% (from 47% to 52%). VHI Healthcare remains the dominant provider of private health insurance policies for this age group of whom only 4% cancelled their private health insurance policy in the previous 2 years. Given that flexibility to switch insurer is key to a competitive market, the high market share of one health insurer merits a full examination and possibly changed policy considerations.

1.4 Health service utilisation has increased for the over 80s

Despite being 4 years older, there has been limited overall change in healthcare utilisation in the population aged 54 years and over, i.e. visits to GP, hospital admission, emergency department (ED) or outpatients department (OPD) attendance. However, increased ED attendance (from 16% to 25%) and hospital admission (16% to 26%) was observed in the oldest old, i.e. those over 80 years, compared with 2010. This has significant policy implications for implementation of admission avoidance services and for dedicated tailored care of the oldest old in emergency settings. It is well documented that length of stay in hospital is significantly longer in the oldest patients and these increases in ED attendance and hospital admissions will likely have knock on consequences for hospital and community services. Consequently, innovations in early detection of risk factors and earlier interventions to avoid admission should be an important policy focus.

1.5 Increased uptake in influenza vaccinations and national screening programmes for cancer

The provision of influenza vaccinations and the national breast cancer screening programme (BreastCheck) appear to have had a positive impact on uptake. Between 2012 and 2014, the uptake in the population aged 50 years and over has increased by 9% for influenza to 48%, by 6% for breast mammograms to 55% and by 11% for breast lump checks to 65%. Other preventative testing has also increased with cholesterol testing up by 10% to 82% and prostate cancer screening (PSA and digital examination) up by 9% to 71%.

1.6 The prevalence of untreated 'treatable' conditions has not changed in 4 years - requires fresh policy drive

TILDA conducts both objective and subjective assessments of health, whereby the discrepancy between diagnosed and undiagnosed disorders can be detected. At Wave 1, we reported significant discrepancies for hypertension, high cholesterol, osteoporosis, osteopenia and atrial fibrillation in the order of up to a 40% mismatch. These are the key risk factors for stroke, heart failure, kidney failure and injurious falls. The prevalence of undiagnosed disorders was almost unchanged 4 years later. Innovative policy interventions to raise awareness of these common and treatable disorders is critical.

1.7 Falls are common and one in five necessitate hospital attendance - opportunities for national falls prevention strategies

Remarkably, 40% of older adults experienced a fall between waves. This figure rose to 60% in women aged 75 years and over. Importantly, 20% sustained an injurious fall necessitating hospital attendance - this equates to 60,000 people per year in Ireland. Given the well-publicised pressures on emergency departments these data should emphasize the importance of the introduction of national falls and syncope prevention services. These are poorly served at present in Ireland, however there is strong evidence for benefit in falls and fracture prevention, coupled with significant reductions in healthcare costs and in particular in hospital costs.

A history of falls is a major risk factor for future falls and should signal the need for a comprehensive falls risk assessment. Known risk factors, many of which are modifiable, are common, particularly in recurrent fallers, and this further underscores the importance of early assessment and management of falls risk.

1.8 Modifiable contributors to disability such as pain, urinary incontinence, hearing loss and depression are common and often untreated

Pain is a common complaint affecting a third of older adults in Ireland, with the majority reporting chronic back pain. In TILDA, pain is an important cause of disability in addition to other adverse consequences such as low mood, increased GP utilisation and decreased quality of life. These may be addressed by increasing awareness and adequate pain management.

Whereas 1 in 7 older adults in Ireland experience urinary incontinence, this figure rises to almost 1 in 3 in older age groups. Incontinence is up to three times more common in women and in both sexes and it has a negative impact on quality of life, mood and social participation. Despite a high burden of symptoms, and the availability of treatments, only 3 out of 5 report their symptoms to a doctor, nurse or other healthcare professional. Only by raising awareness of urinary incontinence, and challenging the notion that it is an inevitable part of ageing, will we improve recognition and management of this condition. Importantly, efforts should also focus on modifying risk factors for urinary incontinence such as smoking and obesity; both identified previously by TILDA as major public health challenges (5).

Hearing loss is highly prevalent among older adults in Ireland, particularly in men - half of adults aged 75 years and over experience some hearing loss. Older men in particular experience difficulty following a conversation due to hearing loss, and are particularly limited in their ability to follow conversations with several people, thus leading to lower social participation and quality of life, and more loneliness and depressive symptoms. Although not successful in everyone, hearing aids can improve several aspects of life that have been compromised by hearing loss. Despite this, and the availability of financial support for hearing aids in Ireland, their use is low. Screening for hearing loss at an earlier stage, and promotion of uptake of hearing aids, has the potential to improve the ageing experience for many.

One in 20 older adults in Ireland experienced a major depressive episode in the past year. Depressive symptoms are also common, but only 30% of older people with depressive symptoms are prescribed appropriate medical therapy for depression. Depression has a significant detrimental effect on the health and independence of older people in Ireland. The prevalence of depression and of treated depression has not changed over the past four years emphasizing the necessity for new approaches to raise awareness among older people as well as their families and healthcare professionals. Depression is not an inevitable consequence of ageing and treatment is effective.

In the same way that campaigns have addressed the issue of mental health in younger people, similar efforts to reduce the stigma around mental health in later life and to encourage older people to seek help from a healthcare professional when they are experiencing symptoms of depression are now imperative.

1.9 High obesity rates and poor adherence to dietary guidelines in older adults - need for age-related policy recommendations for obesity

Overweight and obesity are estimated to cost over €1bn annually in the Republic of Ireland (6) and the prevalence is highest in older age groups (7). Previous TILDA research has found that 36% of older adults in Ireland are obese, while a further 43% are overweight (5). Furthermore, an estimated 1 in 10 have type 2 diabetes, with an additional 5.5% classified as having pre-diabetes (8). In Wave 3, we collected detailed dietary information to better understand these obesity data. We found that the majority of older adults do not meet the 2012 Department of Health Food Pyramid recommendations. A lack of compliance with recommended daily intakes is evident across all six shelves of the Food Pyramid and 1 in 7 adults aged 54 years and over do not comply with recommendations for any of the shelves. Of particular concern is the failure of a large proportion of older adults to meet the recommendations for fruit and vegetable intake (76%), and a marked over-consumption of food and drinks high in fat, salt and sugar (68%). Our data suggests that dietary patterns are influenced by affordability of certain foods, thus lower income may limit healthy food choices. There is an urgent need for a contemporary national nutrition policy, which recognises older persons as a high-risk group for lifestyle-related illness. The lack of policy recommendations specific to the ageing population in the recent Obesity Policy and Action Plan (9) is of concern. Policy should promote measures to ensure appropriate food availability and affordability for all citizens.

1.10 Conclusion

There are opportunities to target policy initiatives towards common disabling conditions in older adults. Whereas some important policy initiatives have rendered a benefit, such as cancer screening and influenza vaccinations, others have as yet not shown impact. TILDA is well placed to continuously review policy impact on targeted outcomes. By identifying cohorts most at risk, TILDA assists policy makers to distribute limited resources and thereby secure maximum impact.

References

1. Barrett A, Savva G, Timonen V, Kenny R, (Eds.). Fifty Plus in Ireland 2011. First results from the Irish Longitudinal Study on Ageing (TILDA). Dublin: The Irish Longitudinal Study on Ageing; 2011.

2. Nolan A, O'Regan C, Dooley C, Wallace D, Hever A, Hudson E, Kenny R, (Eds.). The Over 50s in a Changing Ireland: Economic Circumstances, Health and Well-Being. Dublin. The Irish Longitudinal Study on Ageing (TILDA); 2014.

3. Whelan BJ, Savva GM. Design and methodology of the Irish Longitudinal Study on Ageing. Journal of the American Geriatrics Society. 2013 May 1;61suppl2:S265-8.

4. Department of Health. National Positive Ageing Strategy. Department of Health, Dublin; 2012. Available at: http://health.gov.ie/wp-content/uploads/2014/03/National_Positive_Ageing_Strategy_English.pdf

5. Leahy S, Nolan A, O' Connell J, Kenny RA. Obesity in an Ageing Society: implications for health, physical function and health service utilisation. Dublin: The Irish Longitudinal Study on Ageing; 2014.

6. Perry IJ. The cost of overweight and obesity on the island of Ireland. Safefood; 2012.

7. Healthy Ireland. Healthy Ireland Survey. Summary of Findings. Dublin, Healthy Ireland; 2015.

8. Leahy S, O' Halloran AM, O' Leary N, Healy M, McCormack M, Kenny RA, et al. Prevalence and correlates of diagnosed and undiagnosed type 2 diabetes mellitus and pre-diabetes in older adults: Findings from the Irish Longitudinal Study on Ageing (TILDA). Diabetes Research and Clinical Practice. 2015;110:241-9.

9. Healthy Ireland. A Healthy Weight for Ireland. National Obesity Policy and Action Plan. Dublin: Healthy Ireland; 2016.