



Staidéar Fadaimseartha na
hÉireann um Dhul in Aois

The Irish Longitudinal
Study on Ageing



Trinity College Dublin
Coláiste na Tríonóide, Baile Átha Cliath
The University of Dublin

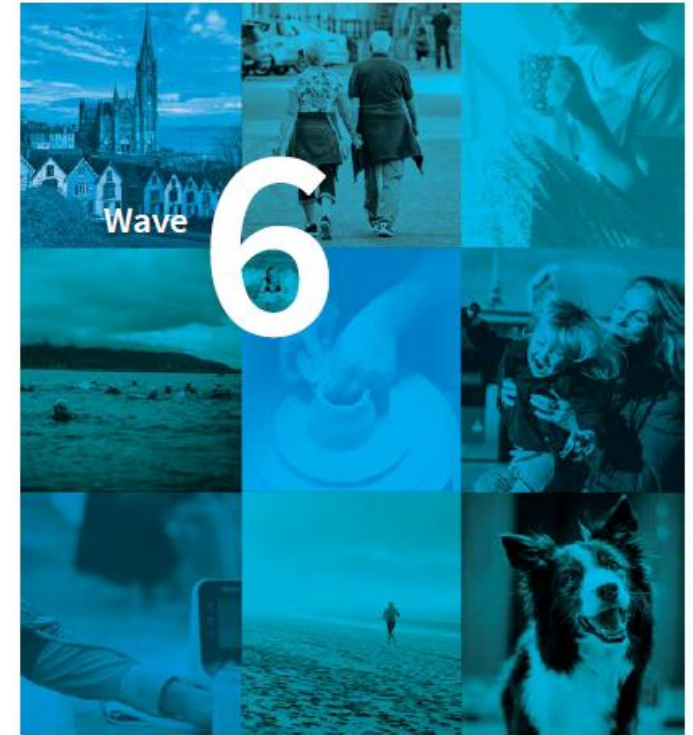


WHO Collaborating Centre
for Longitudinal Studies
on Ageing and the Life Course

TILDA WAVE 6 REPORT

*Shaping the Future: Longitudinal Trends
and Opportunities for Transformation in
Health and Social Care in Ireland.*

Scan the QR code



TILDA Wave 6 Report
Shaping the Future: Longitudinal Trends
and Opportunities for Transformation in
Health and Social Care in Ireland



An Roinn Sláinte
Department of Health



The
ATLANTIC
Philanthropies

Welcome

Regius Professor Rose Anne Kenny

The Age-Friendly Health Systems 4Ms Framework

Professor Cathal McCrory, Dr Emer Ahern

Loneliness in Older Age

Dr Mark Ward, Dr Aileen O'Reilly

The Unmet Need

Dr Robert Briggs, Dr Colm Henry

Family Caring in Later Life

Dr Christine McGarrigle, Dr Ann Leahy

Panel Discussion



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The Age-Friendly Health Systems 4Ms Framework: a longitudinal analysis using TILDA

Professor Cathal McCrory



Nationally Representative Sample Adults aged 50 years and older

- Sampling frame: Irish Geodirectory
- Household Eligibility:
 - Community-Dwelling
 - Aged 50 years or older (and partner of any age)
 - Cognitively and physically capable of providing informed consent
- Representative distribution of population demographics (age, sex, location, education, etc).

Baseline (2009-2011)

8,504 participants

8,171 (50+ years)

62% response rate

1 in 156 adults 50+

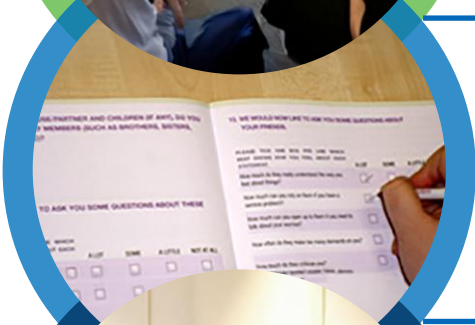
Repeat interviews every 2 years

Modes of Assessment



Computer Assisted Personal Interview (CAPI)

Face to face interview in the home



Self Completion Questionnaire (SCQ)

Paper questionnaire completed in own time



Health Assessment

Assessment administered by health practitioner in TILDA Health Assessment Centre

Waves of Data Collection

Core



8,504

Core

5,681 (62+ years)

Blood

Health

SCQ

CAPI

2009-2011

Wave 1

Blood

Health

SCQ

CAPI

2014 - 2015

Wave 3

Blood

Health

SCQ

CATI

2020-2023

Wave 6

Health

SCQ

CAPI

2026-2027

Wave 8

SCQ

CAPI

2028

Wave 9

The 4Ms Framework

Timed-Up-and-Go (Tug)

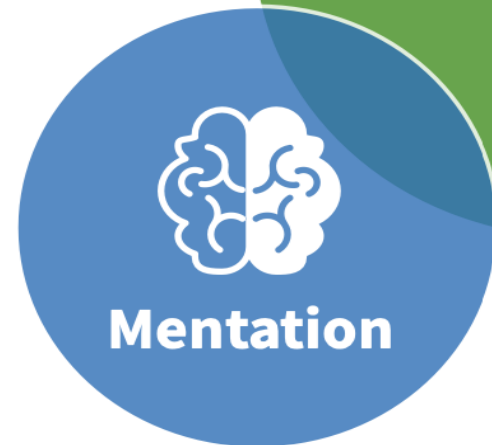


**Self-report
QoL measure**



**4Ms
Framework**

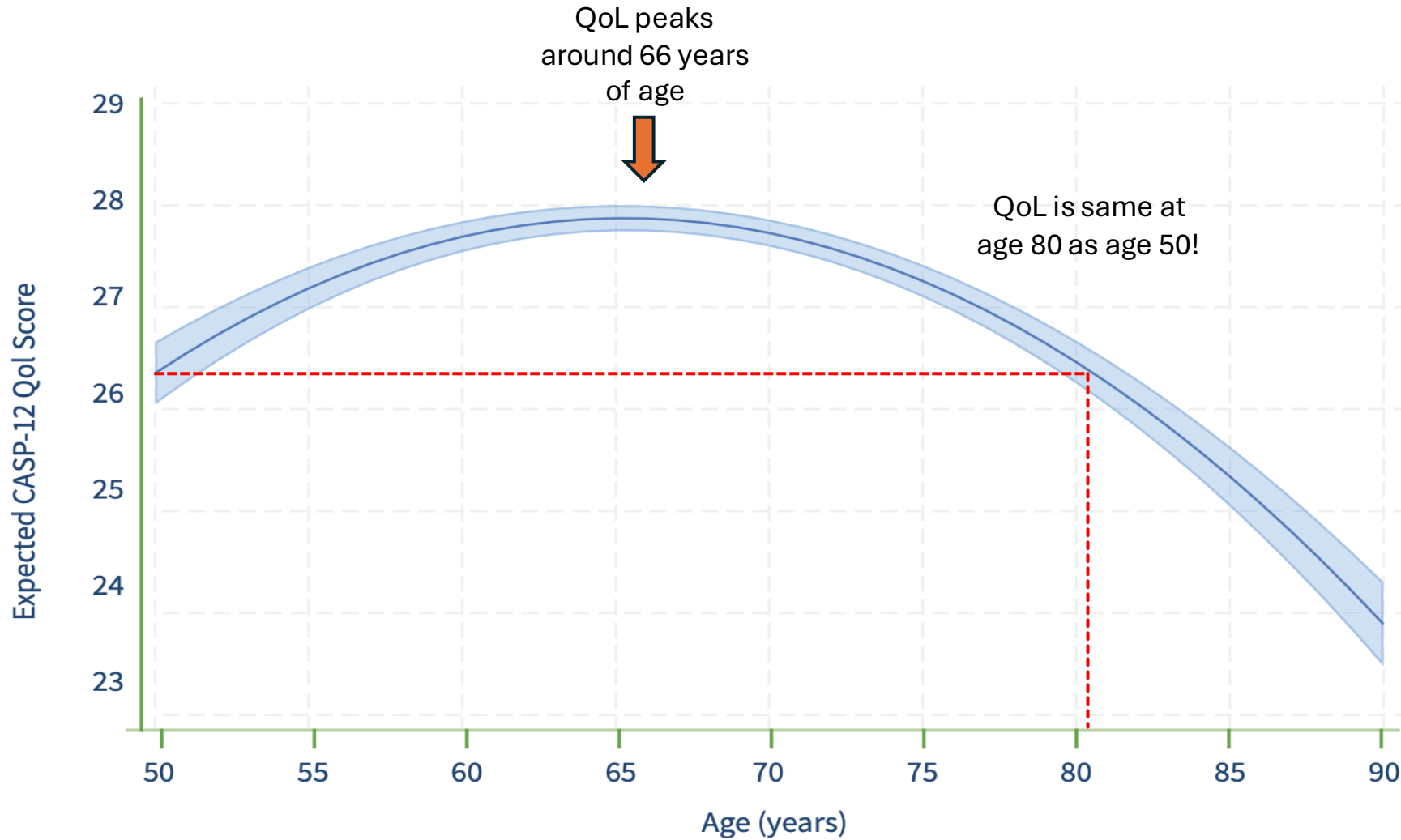
**Verbal
Fluency**



**Doctor prescribed
medications**

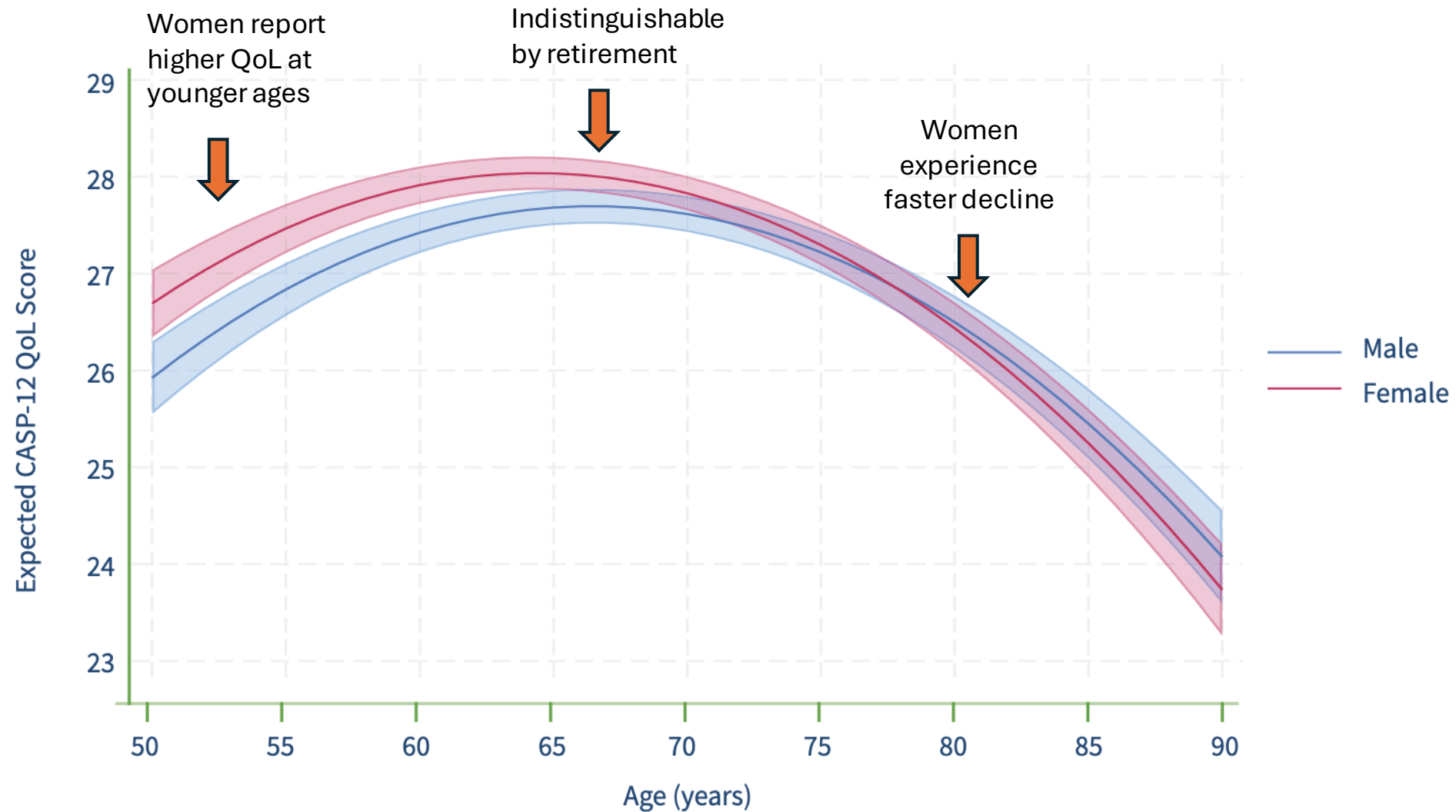


Quality of Life across the age span

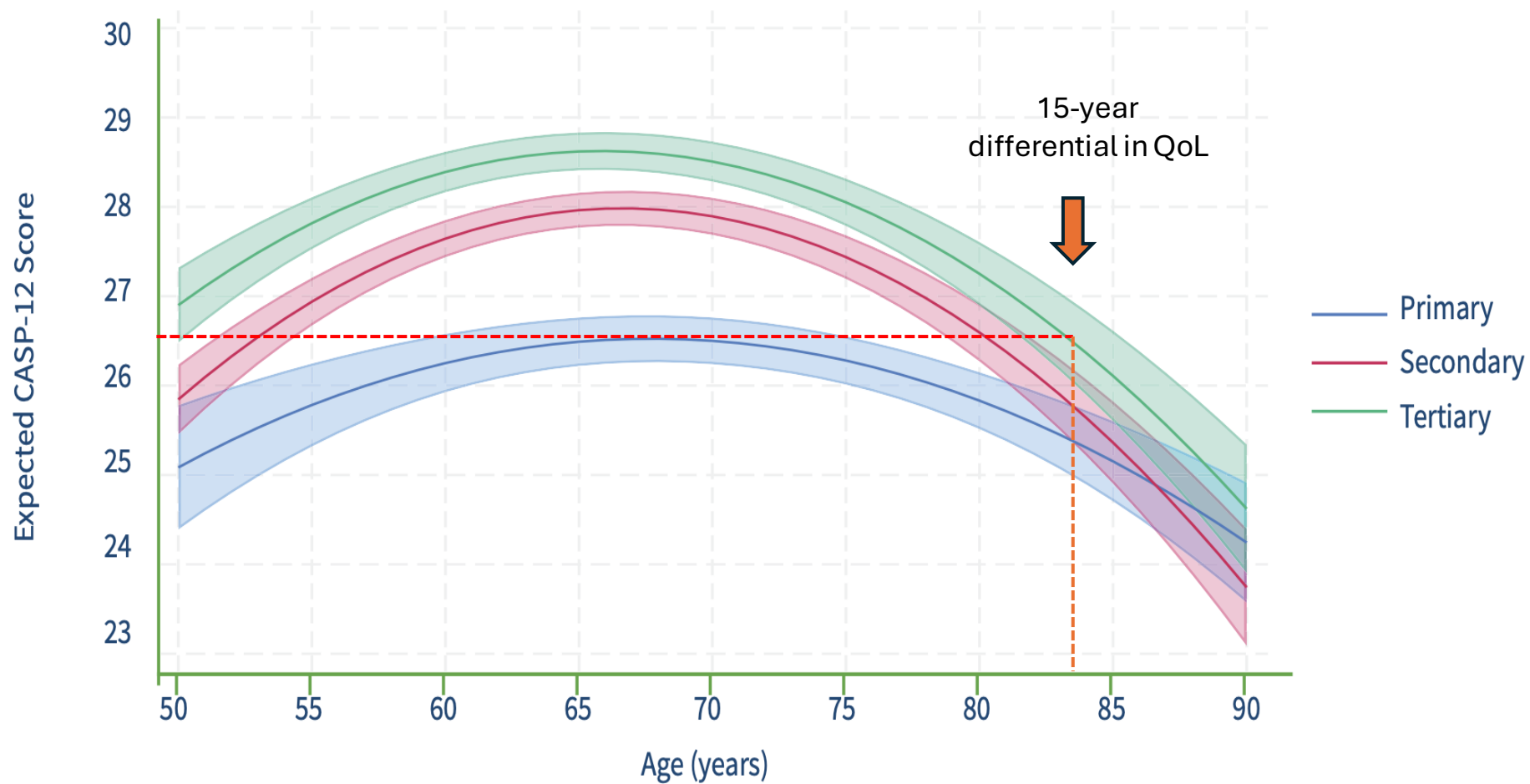


- I look forward to each day
- I feel free to plan for the future
- I feel that my life has meaning

Women report higher QoL at mid-life but faster decline



Stark Inequalities in QoL



Key Messages

Ageing is non-linear

- Mobility declines with age,
- Cognition declines with age
- Medications increase with age
- QoL improved up to age 66-67 years, declines thereafter

Women appear healthier in mid-life but experience a faster rate of decline

Pronounced educational inequalities in all of the 4m's



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Loneliness in Older Age: long-term trends, health impacts, and lessons from the COVID-19 pandemic

Contents

- 1 — Defining loneliness
 - 2 — Measuring loneliness
 - 3 — Patterns of loneliness among older adults
2010-2021
 - 4 — Conclusion
-

Defining loneliness

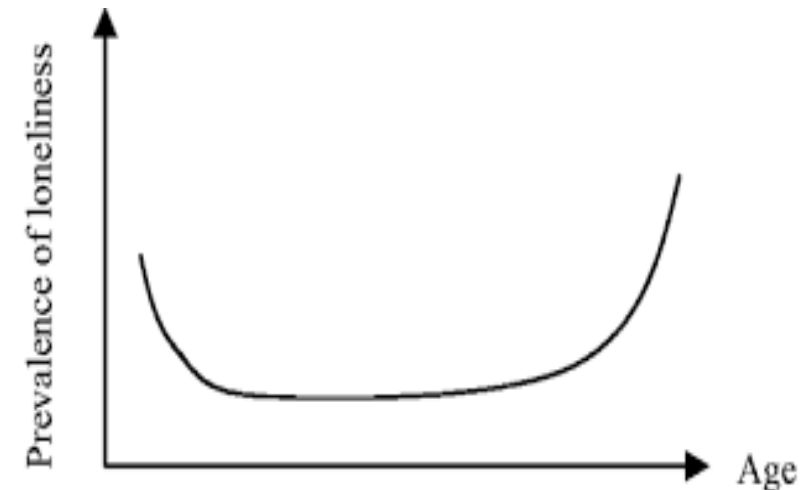
What is loneliness:

*"Loneliness is the **unpleasant** experience that occurs when a person's network of social relationships is **deficient** in some important way, either quantitatively or qualitatively. Perlman & Peplau, 1981"*

Loneliness ≠ Social isolation

Loneliness is bad for:

- Physical health
- Mental health
- Cognition
- Risk of dementia



Measuring loneliness

(1) 5-item UCLA loneliness:

- How often do you feel you lack companionship?
- How often do you feel left out?
- How often do you feel isolated from others?
- How often do you feel in tune with people around you?
- How often do you feel lonely?

Responses: Hardly ever or never, Some of the time, Often (Range zero to 10)

(2) How often participants felt lonely in the previous week.

Patterns of loneliness



Figure 3.1: Analytic framework to examine patterns of loneliness over time

Patterns of loneliness

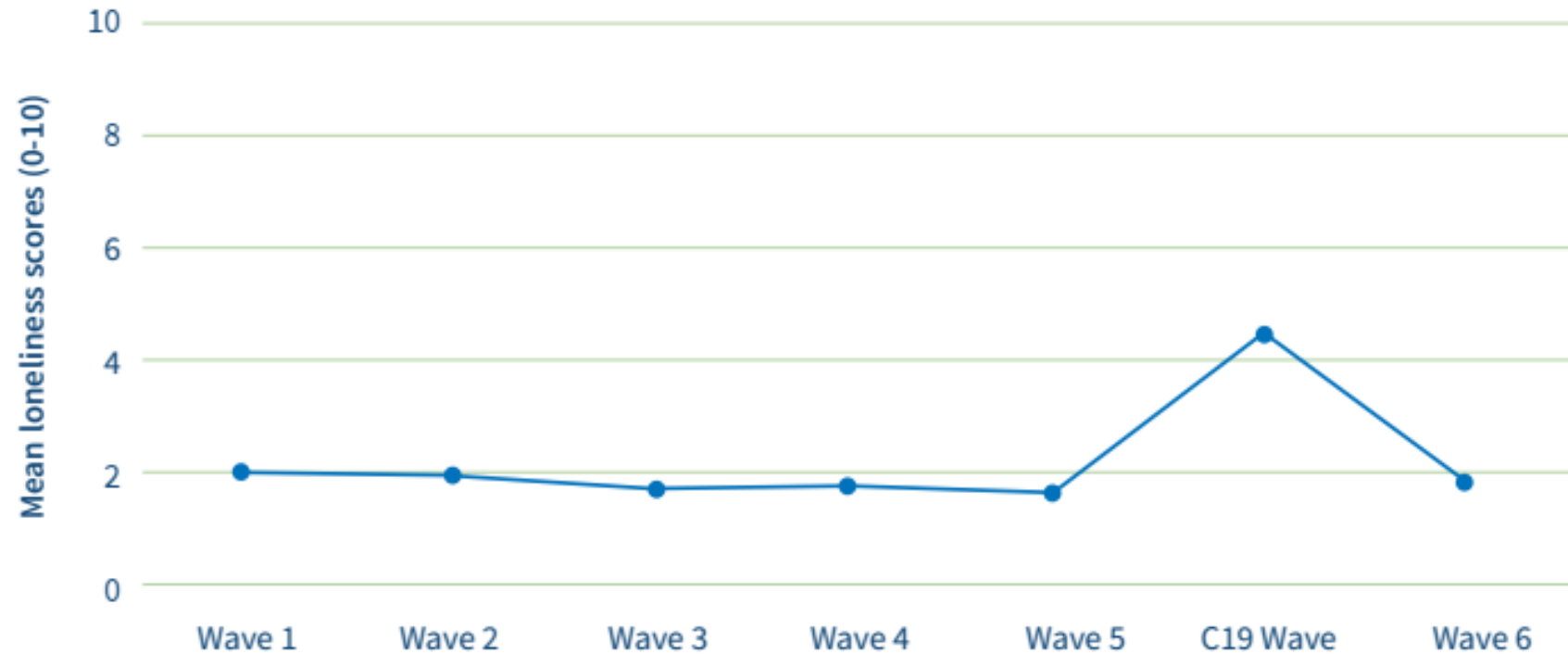


Figure 3.3: Mean UCLA loneliness scores at each wave

Patterns of loneliness

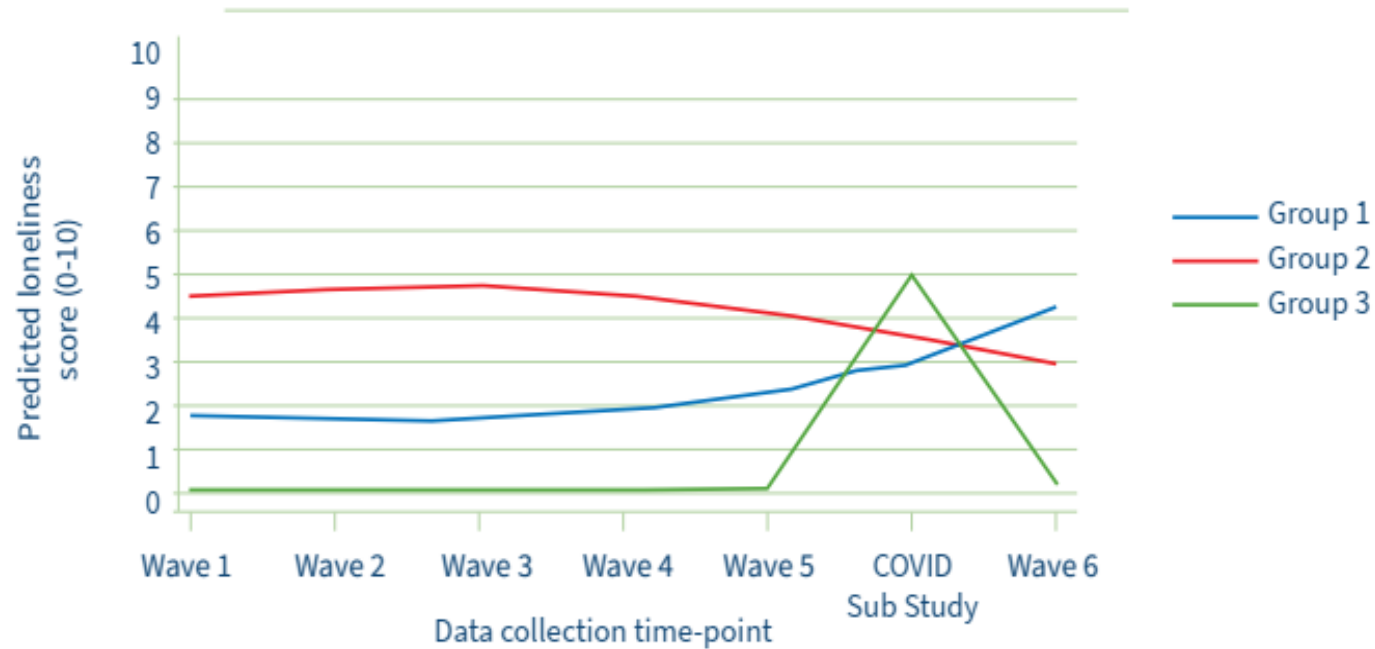


Figure 3.5: Predicted latent class (group) trajectories of loneliness across seven timepoints (Waves 1 to 6 plus the COVID-Sub-study wave)

Group 1	Low increasing	42%
Group 2	Consistently higher	26%
Group 3	Lowest loneliness with pandemic spike	32%

Factors associated with different trajectories (group membership)

Baseline (Wave 1 2010)	End-point (Wave 6 2021)
Age	
Education	
Marital status	Social isolation
Children	Depression
No urban rural differences	Self-rated health
Social isolation	
Depression	
Functional limitations	IADL but not ADLs
Self-rated health	



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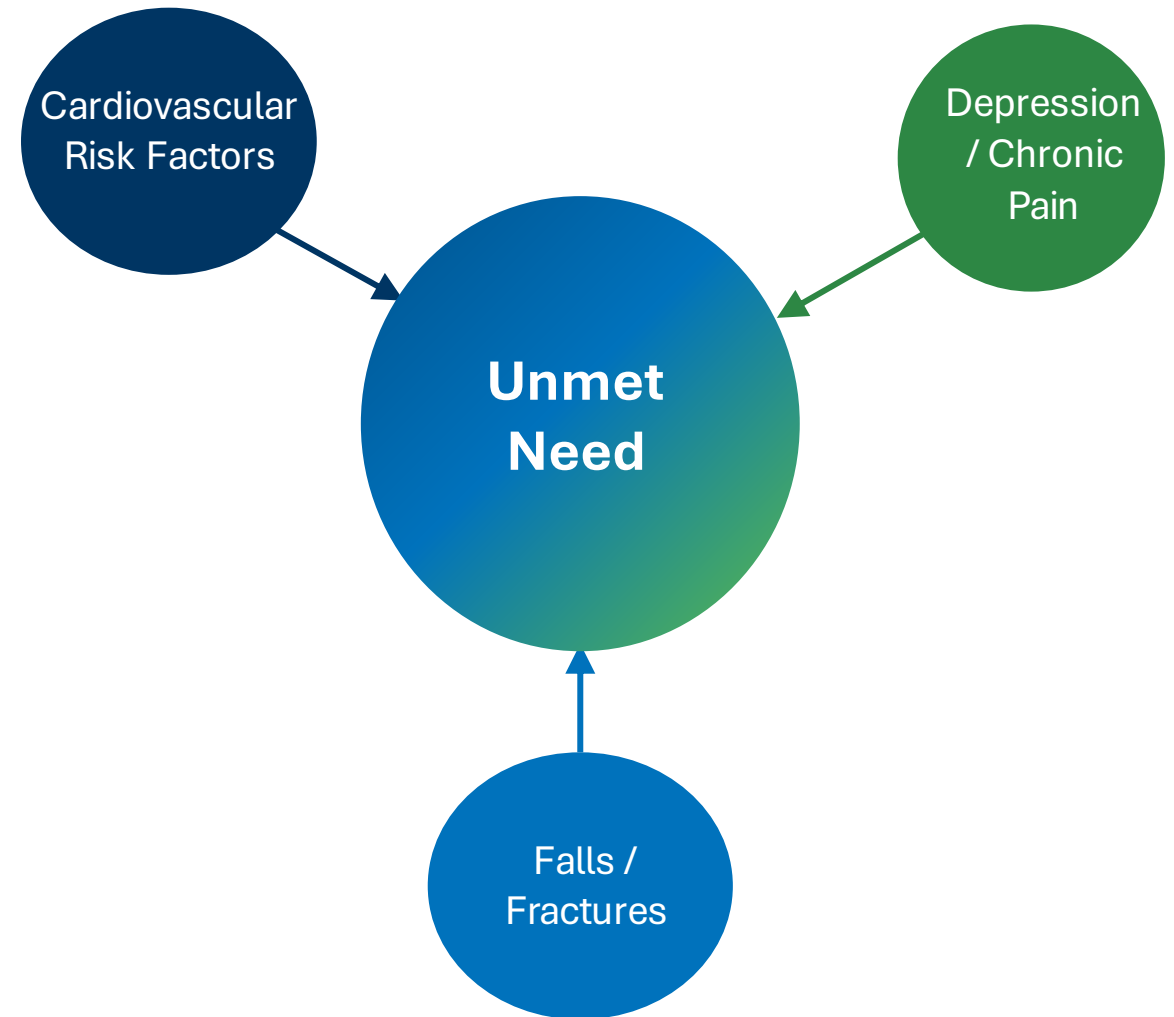


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The Unmet Need: bridging the gaps of unmet healthcare needs in later life

Dr Robert Briggs

- Prevention of chronic disease and functional decline key to healthy ageing
- **Unmet Healthcare Need** represents an important barrier to this
- TILDA's unique and comprehensive dataset, with self-reported and clinically measured information allows us to quantify the extent and consequences of unmet healthcare needs on a national scale



CV Risks: Hypertension

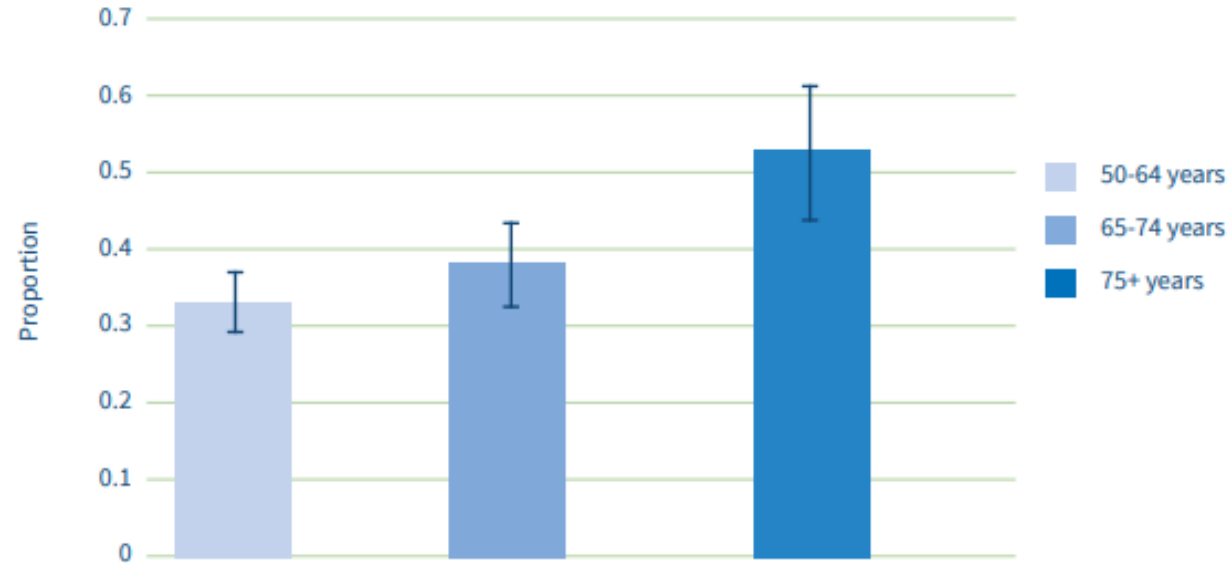


Figure 4.2: Absence of antihypertensive treatment in people with hypertension on BP measurement, aged 50 and older

Almost 40% of older people with measured high blood pressure were not on treatment

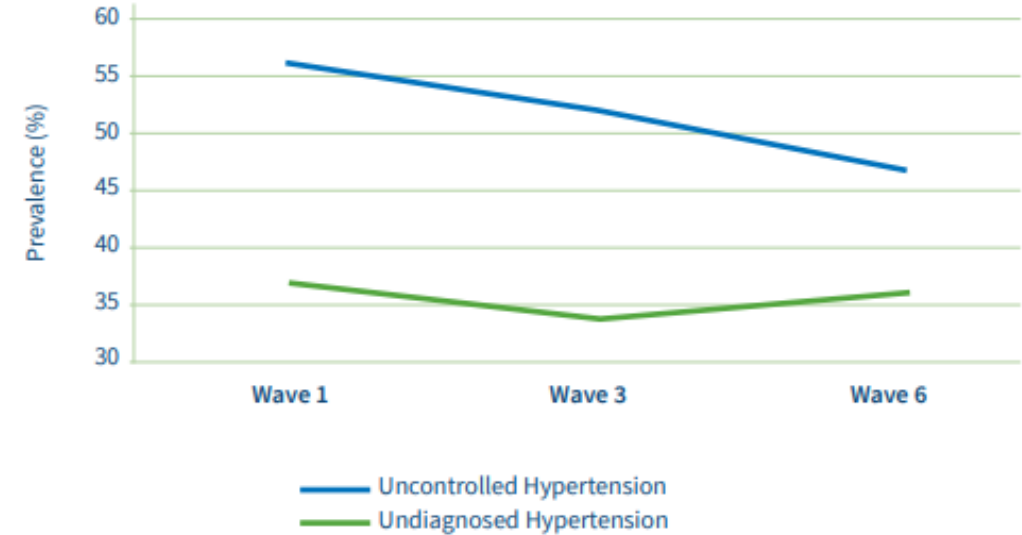


Figure 4.1: Longitudinal trends in prevalence of uncontrolled and undiagnosed hypertension, among adults aged 50 and older at Waves 1, 3 and 6

While overall BP control has improved since Wave 1, among those with known hypertension, almost half had above-target BP measurement

CV Risks: Hypercholesterolemia

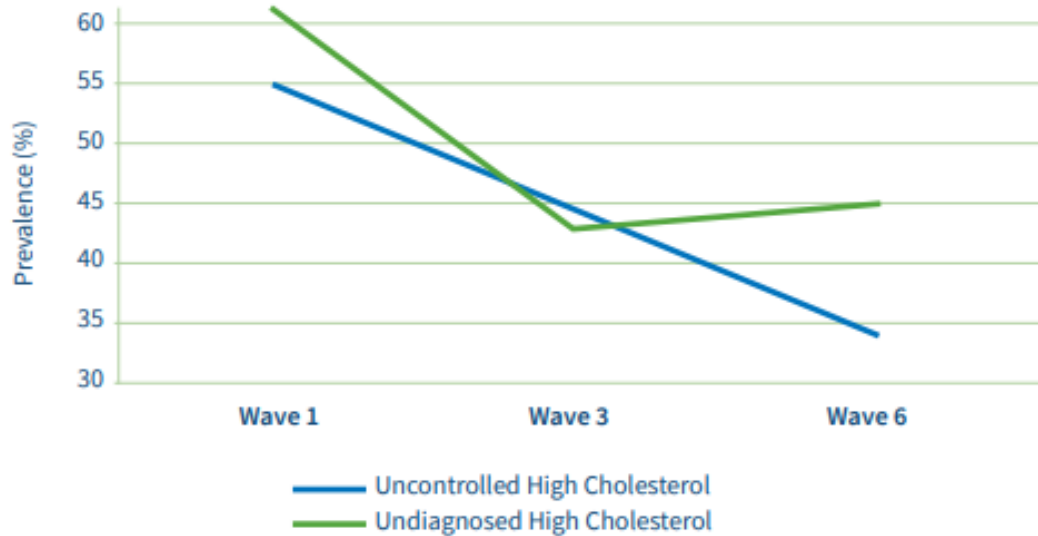


Figure 4.3: Prevalence of population with undiagnosed and uncontrolled hypercholesterolaemia, from Waves 1, 3 and 6

Despite a reduction in undiagnosed hypercholesterolemia, more than half of older people without a diagnosis had high cholesterol on their laboratory bloods

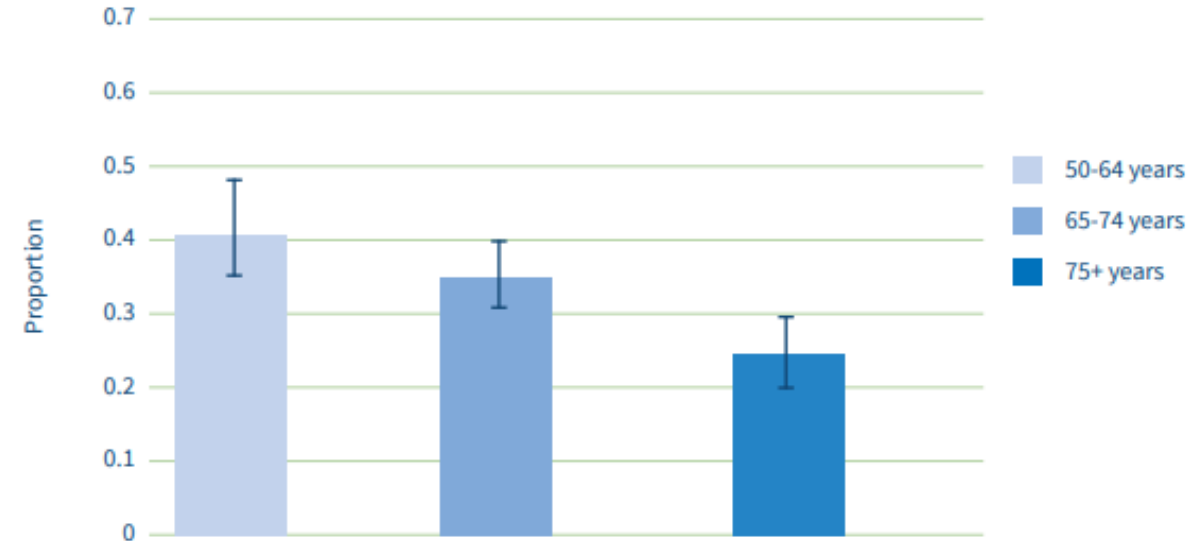


Figure 4.4: Proportion of uncontrolled cholesterol in adults aged 50+ years with known hypercholesterolaemia

There has also been a reduction in uncontrolled hypercholesterolemia but over 40% of 50-64 year olds are still above target

CV Risks: Diabetes

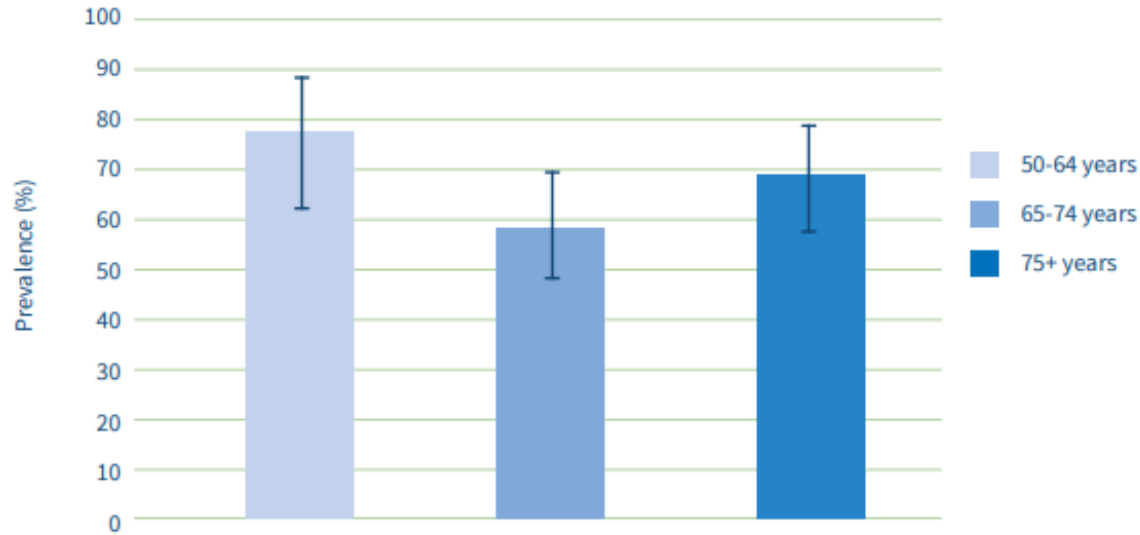


Figure 4.5: Prevalence of population with uncontrolled diabetes and HbA1c > 53 mmol/mol, at Wave 6

45% of older people with Diabetes had HbA1c levels indicating suboptimal glycaemic control

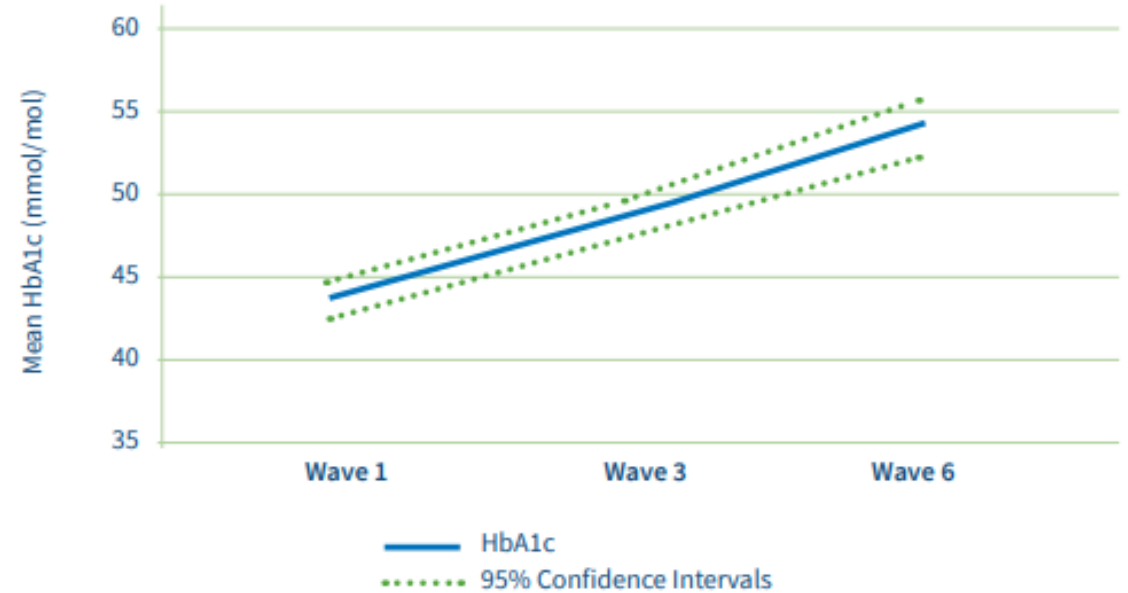


Figure 4.6: Mean HbA1c (mmol/mol) in older adults with diabetes, from Wave 1 to 6.

Mean HbA1c levels in those with diabetes have risen over time, further reflecting a trend toward poorer glycaemic control

Falls

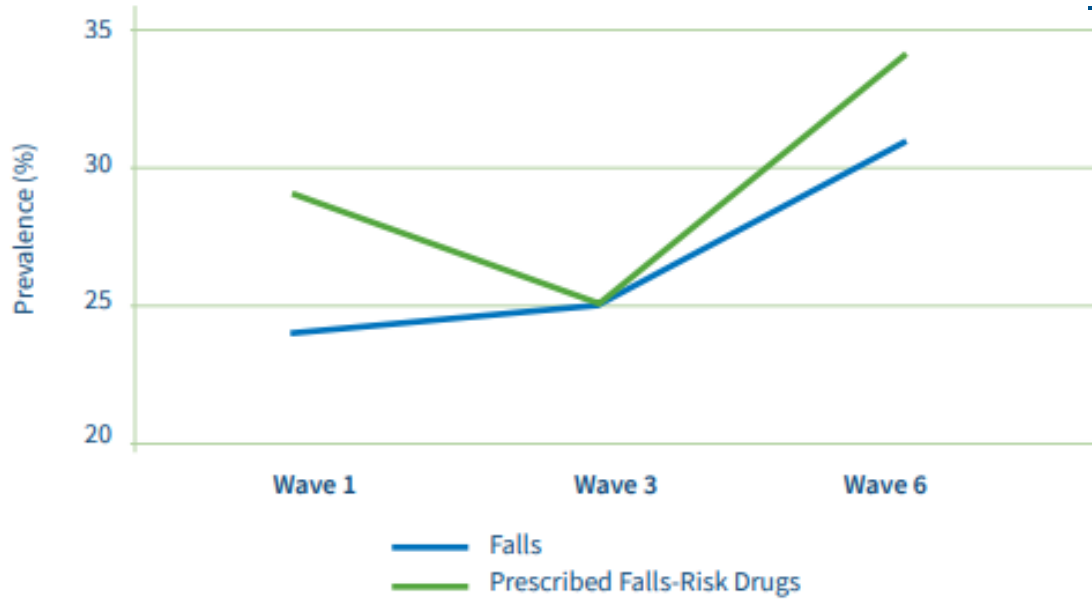
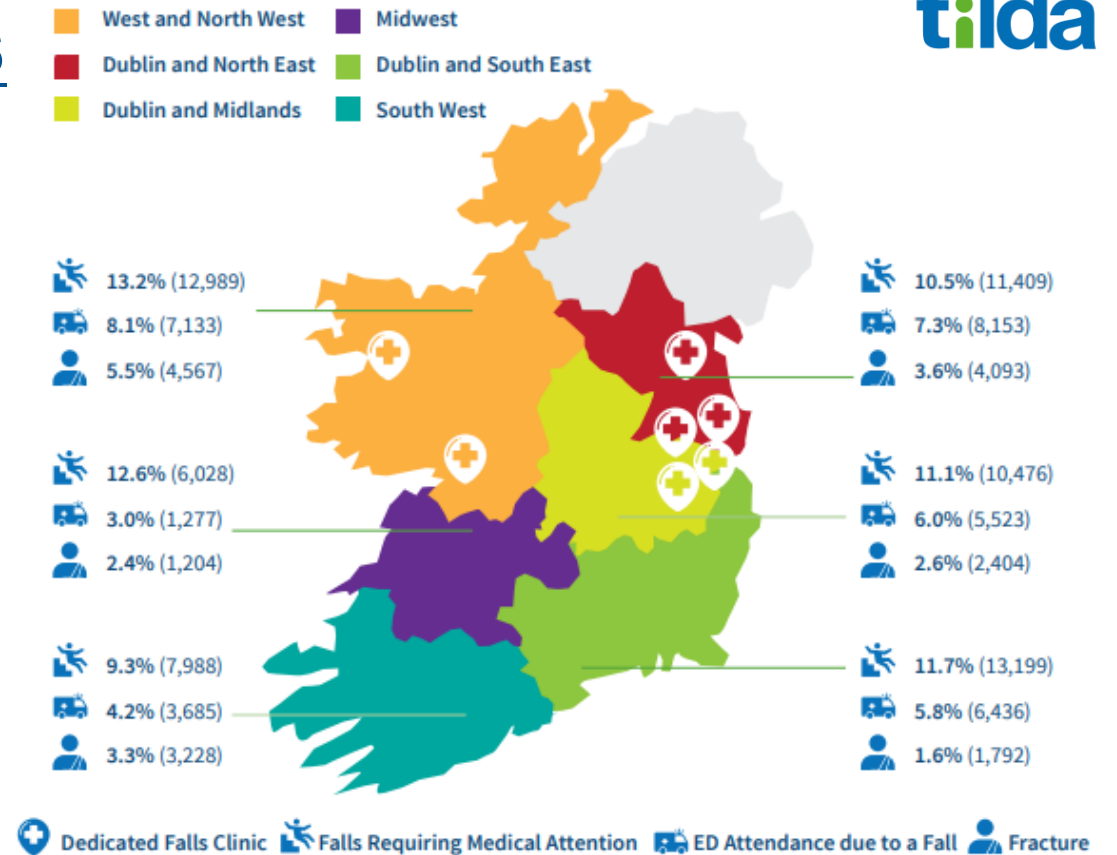


Figure 4.7: Prevalence estimates for falls and falls-risk increasing drugs amongst older people, between Waves 1, 3 and 6

1 in 10 older people have a fall requiring medical attention annually

While the rate of falls has risen, so has prescription of Falls-Risk Increasing Drugs



One quarter of older people requiring medical attention for a fall were unable to access a dedicated falls clinic within their regional health area

Depression

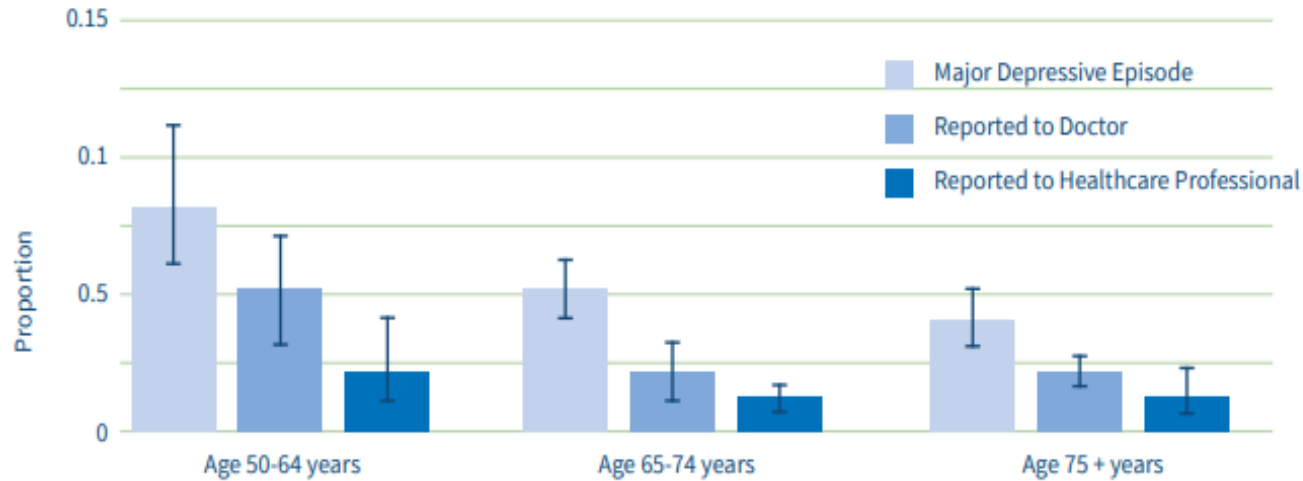


Figure 4.11: Major depressive disorder incidence and symptoms reporting, by age group at Wave 6

1 in 20 older people met criteria for a major depressive episode in the last 12 months but only 36% were diagnosed

Fewer than half reports symptoms to a HCP

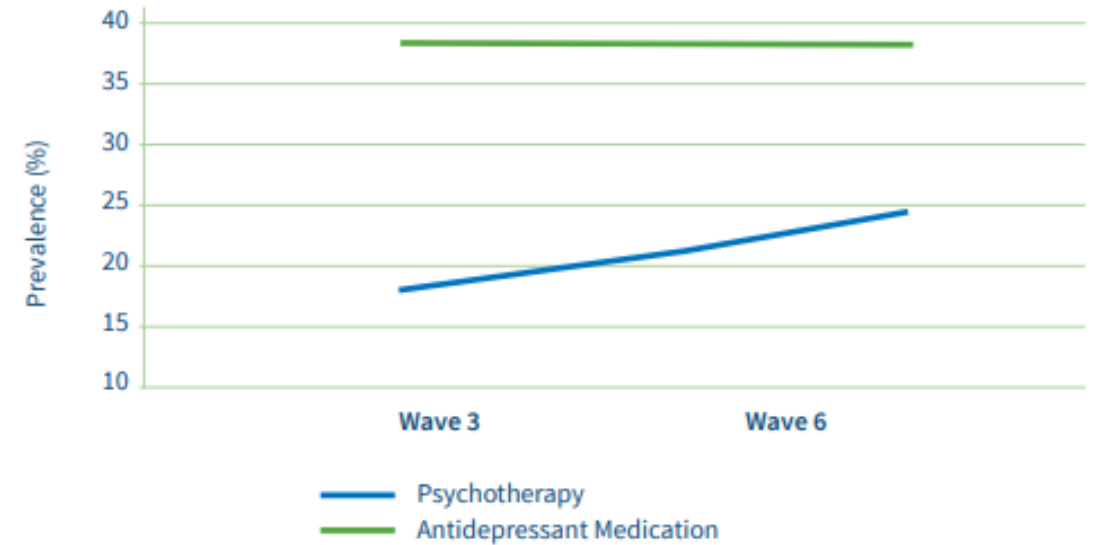


Figure 4.12: Psychotherapy and antidepressant use in people with a major depressive episode in the last 12 months, at Waves 3 and 6

Psychotherapy access for older people with major depression has improved but still only involves less than one quarter

Critical gaps in healthcare delivery for older adults in Ireland

Despite clear evidence that prevention and early intervention improve health outcomes, quality of life, and reduce healthcare costs, many older people remain **undiagnosed, untreated, or inadequately managed**

Highlights need for a **stronger, more integrated approach** that prioritises proactive screening, equitable access, and targeted national strategies to address these growing and interconnected challenges of ageing



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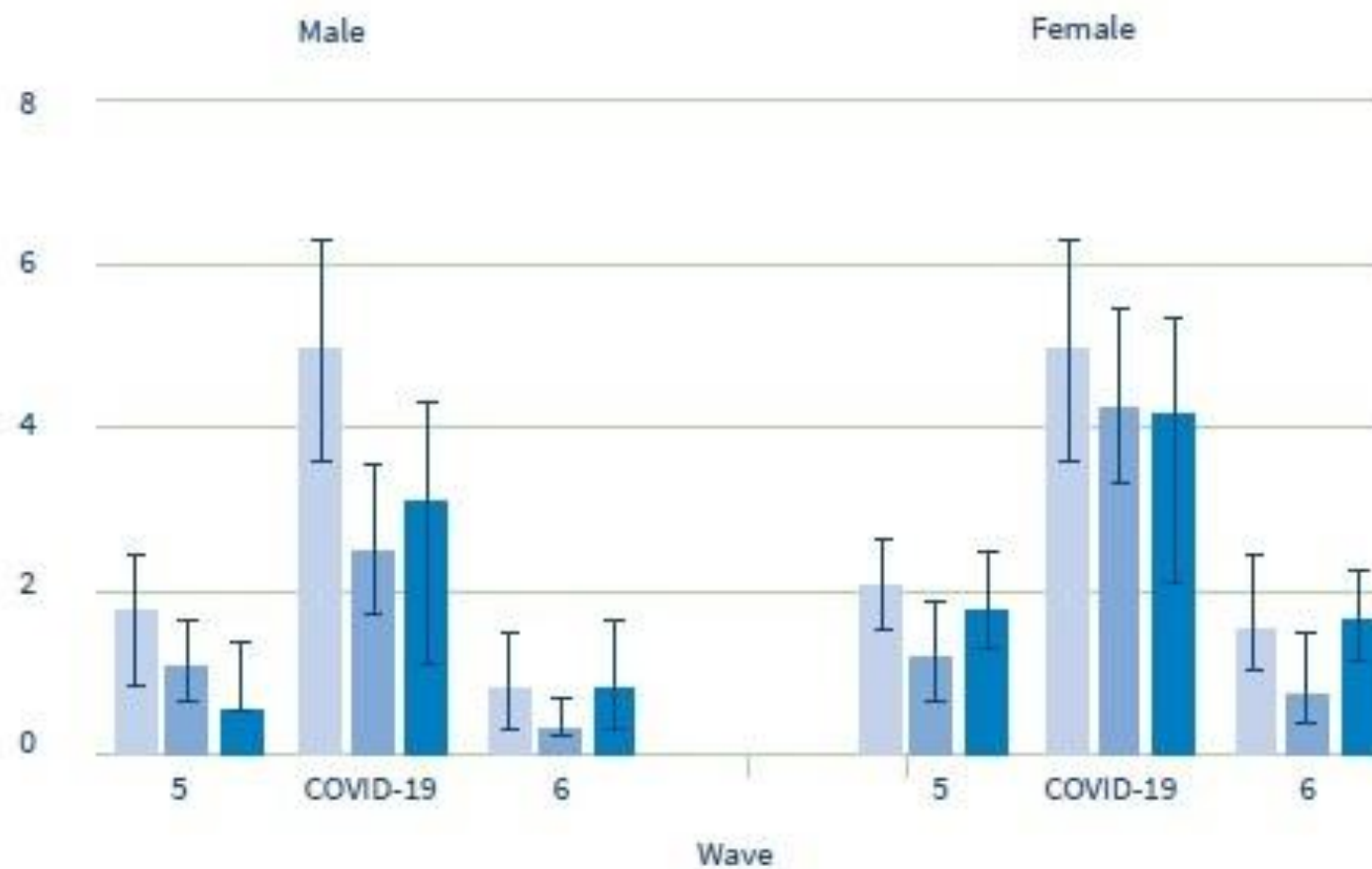


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Family Caring in Later Life: prevalence, impact, and the need for policy support

Dr Christine McGarrigle

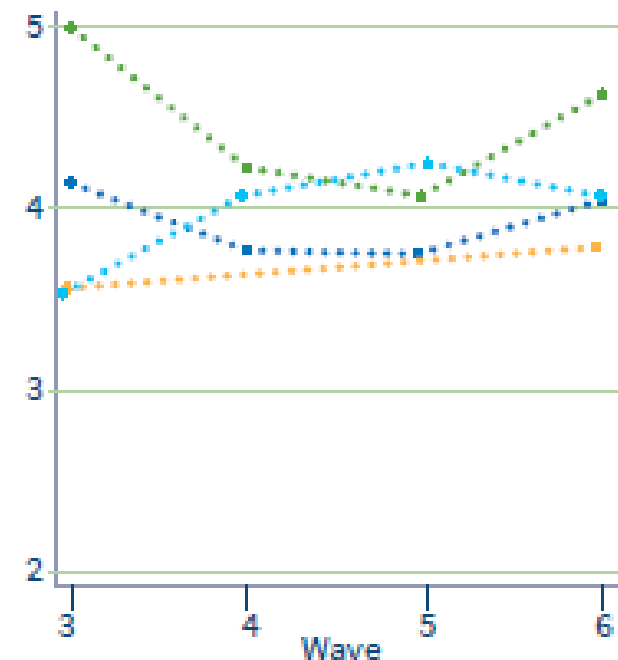
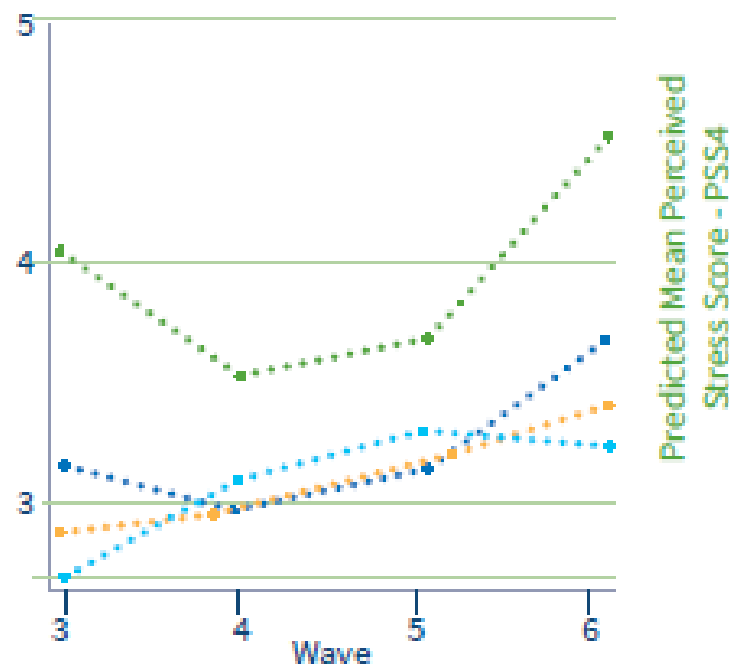
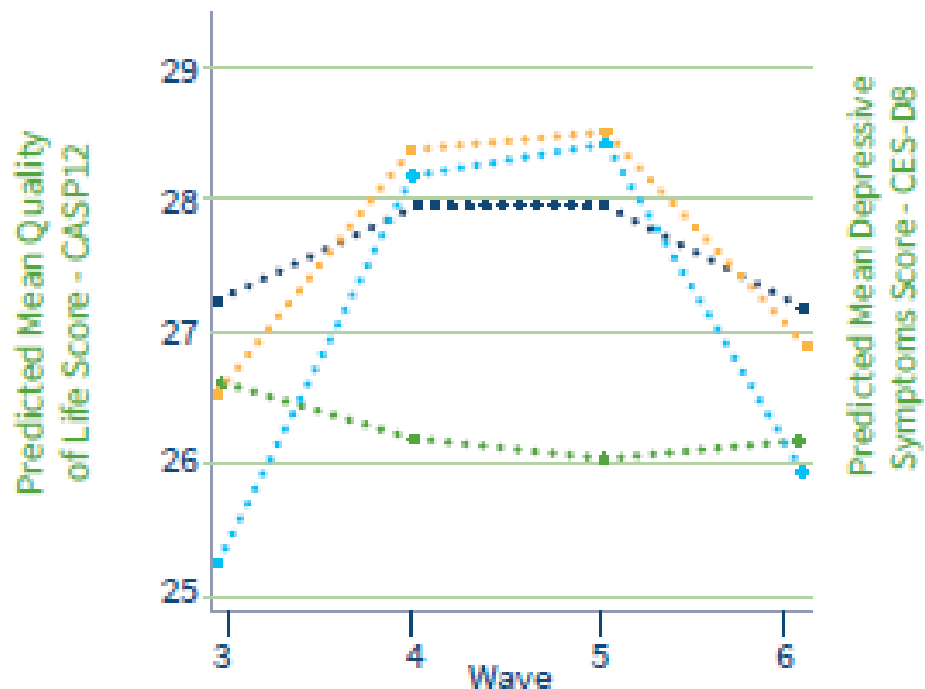
Hours of care in the last week



The level of care has returned to pre-pandemic levels in those aged 60 years and older, 3% of women and 5% of men, highlighting a small but consistent gender difference

Mental health and well-being of carers

Quality of life, Depressive symptoms and perceived stress



Caregivers who provide more than fifty hours of care each week report poorer mental health and reduced overall wellbeing, highlighting the emotional strain of high-intensity caregiving

Conclusions

To support and encourage family caring, access to state provided home support is crucial, and it helps carers balance work, leisure and caring responsibilities.

Ensuring such support allows both the carer and care recipient to remain in the home for as long as possible, benefitting individuals, families and the broader healthcare system

As demand for care grows and formal services remain insufficient, family carers bear more strain, which negatively impacts their health and ultimately, the quality of care.

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Additional Funding



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Thank You

