

# Key Findings

## Chapter 2 - Methodology

### Key Findings

- A response rate of 84% was achieved with rates largely similar across genders and was highest in those aged 65-74 years.
- Proxy interviews for those unable to take part in an interview was conducted with 64% of participants requiring such an approach.
- A return rate of 86% was achieved for the self-completion questionnaire.

## Chapter 3 – Quality of life and relationships

### Key Findings

- The average quality of life score measured through CASP-12, among TILDA participants was 27.3 out of 30 in Wave 4. This score suggests that, on average, older people in Ireland experience a good quality of life.
- Quality of life doesn't decline linearly with age, but instead increases to a peak at age 68 and then starts to gradually decline, reaching the value observed among 50 year olds at age 80, decreasing steadily from that age onwards.
- The factors which predominantly influence quality of life are social factors, including social networks and social activities, while health-related factors like functional limitations are also important.
- Quality of life decreases with increasing number of chronic health conditions
- Quality of life decreases as the number of activities of daily living (ADL) and instrumental ADL (IADL) limitations increase.
- Increased social integration, through maintenance of a large social network and positive supportive relationships with friends is associated with higher quality of life.

- One third of women (31%) report positive supportive friendships in Wave 4, compared to 16% of men, similar to that reported in Wave 1. Relationship quality within social networks is important, and those who report positive supportive relationships with friends report higher quality of life relative to those with less supportive relationships.
- Over 21% of TILDA respondents reported the highest level of social integration in Wave 4, with 39% moderately integrated, 29% moderately isolated and 11% most isolated, similar to that reported in Wave 1. Men and women reporting highest levels of social integration had higher mean quality of life scores than those reporting lower levels of social integration.

## Chapter 4 – Volunteering and social participation

### Key Findings

- Volunteering and other forms of social participation are important components of successful ageing.
- Overall, 18% of older adults in Ireland volunteer weekly while 56% have volunteered at some time over the previous two years. A similar percentage of men and women volunteer with rates of volunteering highest among the 65 to 74 year old age group.
- Almost three quarters of older adults participate in active and social leisure activities each week, while 52% participate in organised groups such as sports groups, book clubs, or charitable organisations.
- Volunteering and participation in both active and social leisure activities and organized groups are associated with better quality of life and fewer depressive symptoms.
- The percentage of older adults who volunteer at least monthly and who participate in social and organised activities was consistent across the four waves of TILDA.
- By Wave 4, 28% of participants were in paid employment and 51% were retired.
- Among those who retired over the course of TILDA, there is little evidence of an increase in their rates of volunteering or social participation immediately after retirement.
- While rates of social participation are high, efforts to increase volunteering and social participation among older adults should be encouraged as these activities provide benefits not only to the participants themselves but to society more generally.

## Chapter 5 – Living conditions of adults in Ireland

### Key Findings

- Adults living in homes constructed prior to 1971 were twice as likely to have added modifications to their home than those living in newer builds (24-28% vs. 12-13%).
- 19.1% of adults have added modifications to their home, with average costs spent on these modifications higher in Dublin city or county ( 8,574), compared to another town or city ( 5,098) or a rural area ( 5,097).
- 57.8% of adults reported problematic housing conditions. 21.6% of adults who reported three or more problematic housing conditions at Wave 3, reported the same at Wave 4.
- The most prevalent housing condition at Wave 2 was damp, mould or moisture, and this remains the case at Wave 4 (46.3%).
- There was a decrease of 4.6% in adults reporting problems heating their home from Wave 3 to Wave 4 possibly attributable to new policy initiatives.
- Similar to findings from Wave 2, there was a large disparity in problems with heating the home between dwellings in Dublin city or county (50.4%) compared to a rural area (24.4%).
- Location differences were apparent in reporting of neighbourhood social cohesion. 54.3% of participants living in rural areas reported high neighbourhood social cohesion compared to 18.6% of participants living in Dublin city or county.
- Adults who report low neighbourhood social cohesion are more likely to report their health as fair or poor (20%) compared to those who report high neighbourhood social cohesion (14%).
- Lowest quality of life scores were reported by participants experiencing low neighbourhood social cohesion living in another town or city (24.8) compared to those living in Dublin city or county (30.1).

## Chapter 6 – Change in chronic disease prevalence and health behaviours over the first four waves of TILDA

### Key Findings

- From Wave 1 to Wave 4, there was a decrease in the proportion of people aged 50-64 years (21% to 16%) and 65-74 years (23% to 16%) who rated their health as fair or poor. Social engagement had a positive impact on self-rated health.

- In terms of cardiovascular disease, there was an increased prevalence of hypertension (35% to 38%), diabetes (8% to 11%), heart attack (4% to 6%), stroke (1% to 2%), and transient ischaemic attack (2% to 4%) between Waves 1 and 4.
- In terms of non-cardiovascular disease, there was an increased prevalence of arthritis (26% to 39%), osteoporosis (9% to 17%), cataracts (9% to 14%) and lung disease (4% to 5%) from Wave 1 to 4.
- Pain affected 1 in 3 people aged 50 and over, and this was consistent at all waves.
- The number of people who reported recurrent falling in the last year increased from Wave 1 to Wave 4 (7% to 9%).
- The proportion of women aged 50-64 years who reported current smoking decreased between Waves 1 and 4 (24% to 17%).
- Problematic alcohol use was more prevalent in men than women (15% versus 9% at Wave 4).
- A large proportion (45% on average) of adults aged 50 and over walked less than the recommended 150 minutes per week across all four waves. This was particularly evident in those aged 75 and older.

## Chapter 7 – Frailty

### Key Findings

- Frailty is a common condition affecting 12.7% of adults aged 50 years and over and 21.5% of people aged 65 and over in Ireland.
- Frailty is a dynamic process that can change over time and people living with frailty can transition in either direction between the different states of frailty namely robustness, pre-frailty (an intermediate state) and frailty.
- The prevalence of frailty among women is twice that of men at Wave 4 (24.9% versus 12.6%) and increases with age in both sexes. Frailty is also more prevalent among people who are living alone, are widowed, and those with lower levels of educational attainment.
- Frailty is a risk factor for single and recurrent falls, fear of falling and disability among adults aged 50 and over.

- People living with frailty are more likely to experience declines in mental health including lower levels of cognitive function and higher levels of depressive symptoms.
- Frailty is not inevitable and can be avoided, delayed and reversed with timely and appropriate interventions.

## Chapter 8 – Cognitive change over time

### Key Findings

- The majority of older adults continue to perform well on core cognitive tests at an average follow-up of six years, with only minor decreases in task performance.
- There was a slight decline in verbal memory scores observed over time for adults aged 65 years and older. Decline was greatest on the 10-word delayed recall task, and among adults aged 75 and older, who recalled one word less on average at Wave 4 compared to Wave 1.
- Verbal fluency declined across the four waves in adults aged 50 and over. Decline was most pronounced in individuals aged 75 years and older; on average, they named four fewer animals at Wave 4 than at Wave 1.
- There was no decline in prospective memory over time in adults aged 50-64 and 65-74 years. However, the success rate for adults aged 75 and older dropped from 53% at Wave 1 to 40% by Wave 4.
- Older adults who were the most socially integrated at Wave 1 had higher verbal fluency scores initially than adults who were the most isolated, but this difference did not persist over time.
- The proportion of adults aged 50 and older who reported that their memory was 'Fair' or 'Poor' increased from 15% at Wave 1 to almost 20% at Wave 4.
- Seven percent of older adults felt that their memory was continuously declining over the waves. These individuals also had a slightly larger decrease in delayed word recall, verbal fluency, and MMSE scores over the four waves.

## Chapter 9 – Trends in healthcare cover and healthcare use for older adults in Ireland during the austerity years of 2009 to 2016

### Key Findings

Following the financial crash in 2008, Ireland entered a period of austerity. This report examines trends from 2009 to 2016 to explore potential effects of this period in healthcare cover and healthcare utilisation. Key trends are summarised here:

- The proportion with a medical card increased (from 45% to 53%) but, dropped in the over 70s (from 90% to 74%). A means testing system for medical card entitlement for the over 70s was introduced in January 2009 and the threshold decreased during subsequent Budgets.
- The proportion with a GP visit card increased (from 2% to 9%) and, within the over 70s, increased substantially (from 1% to 19%) between Waves 1 and 4. A universal GP visit card for the over 70s was introduced in 2015.
- We did not detect any changes in the rate of purchasing private health insurance among older adults in Ireland.
- We found an increase in the proportion of older adults in Ireland who visited a range of medical care services at least once in the previous year including visits to their General Practitioner (from 87% to 92%), the Emergency Department (15% to 18%) and hospital admissions (12% to 26%). We detected a marginal increase in the average number of nights spent in hospital (1.0 to 2.0 nights).
- For older adults with frailty, the proportion with at least one overnight hospital admission increased (from 23% to 31%) while the average number nights spent in hospital more than doubled (from 2.7 nights to 6.5 nights). The proportion with at least one outpatient clinic visit fell (from 69% to 59%) and the average number of outpatient clinic visits decreased (from 3.1 visits to 2.1 visits).
- Dental care use reduced (from 11% to 9%); though the rate of decline was most notable for those who were classified as frail (from 17% to 11%).<sup>9</sup>
- Community services (e.g. respite, day centre, meals on wheels, occupational therapy or community nursing) are accessed infrequently and we found minimal change in the utilisation of these services across the waves.

- Home help and personal care provision increased marginally (from 3% to 5%) however, the users of the home help service changed – 19% of users had concurrent limitations in activities of daily living (ADL) and instrumental activities of daily living (IADL) in 2010 compared to 41% in 2016. The HSE changed the objective of the home help service in 2012 from provision of ‘domestic help’ to provision of ‘personal care’.
- Informal care (i.e. care from family or friend) use increased (5% to 9%), and particularly among older adults with frailty (27% to 36%) between Wave 1 and Wave 4.