

Healthy Ageing Research in Australia

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(Bringing Research to life)**

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Australia



Research agenda for ageing well

“Goal of the ageing research agenda is to increase the probability that people will remain physically , mentally and socially active and to delay the onset and improve the management of chronic conditions, disability and the subsequent need for care as they age.” (AAG 2011)

- By setting the foundations of a robust evidence base to inform policy and practice outcomes.

Gerontology and Health Research

- **Australian Association of Gerontology** – Peak national organisation linking professionals working across the multi disciplinary fields of ageing
- 900 members – 40% researchers, 40% service providers, 20% allied health, consumers, government officers
- 20 Collaborating research centres and institutes (most are based at Australian universities)

Research domains:

- Biology and physiology of ageing
- Health problems of advanced old age*
- Psychosocial and behaviour factors and issues*
- Economic and environmental factors and issues*
- Health services research*
- The community and special population groups. *

Ageing Research in Australia

Funding:-

Competitive state and federal government grants (NHMRC) (peer reviewed)

- About \$140 million pa for approximately 900 age related grants (16% of total all medical/health research -\$860million)

Philanthropic foundations and trusts

Competitive tendering (buyer driven)

Bequests

International funding

Melbourne, Australia





The National Ageing Research Institute: (NARI)

Mission: To improve the life and health of older people through research an evidence based practice.

- Based in Melbourne, Australia
- Independent not for profit affiliated with the University of Melbourne and the Royal Melbourne Hospital.
- Approximately 55 multidisciplinary researchers. (psychiatrists, geriatricians, physiotherapists, social workers, nurses, occupational therapists, sociologists, psychologists).
- International and local collaborators.
- Provides education and professional development workshops in area of expertise to allied health and medical professionals

NARI has a proud history of :

- High academic standards and research integrity
- Innovative and translational research; contribution to evidence based practice in residential care, the community and home and acute care
- Collaborative research with national and international academic and research, advocacy, policy and service provider organisations
- Education and professional development .

The current focus of NARI research:-

- Clinical
 - Dementia – screening, early intervention, identification of early risk factors and interventions (AIBL study)
 - Pain management
 - Depression and mental health
 - Falls prevention
- Psychosocial – considers the whole person and their environment from a multidisciplinary perspective (e.g. elder abuse, loneliness, access to evidence based care, family relationships, caring, communication and technology)
- The provision and effectiveness of clinical care, health services and technologies provided for older people. Tools, resources and guidelines.

Some Examples of Healthy Ageing Research at NARI

Carers on line.

Ageing well at home using broadband.

IMPACCT – Carer/care recipient intervention for depression

Reducing depression in people with COPD using telephone support and counselling.



Carers on line

- Education and internet in rural areas
- Reduced loneliness
- Reduced depression
- Improved connections with grandchildren
- Community building
- Skills and confidence

Improving Physical activity and reducing social isolation using technology

Only 1/10 Australians over 50 years exercise enough to gain cardiovascular benefit



Ageing Well at Home with Broadband

- Older adults
 - Avatar Kinect Software
 - Provided with Kinect for Xbox 360 & access to NBN for 6m
 - Physical & social assessment
 - Lots of training - gradual independence
- Log in at a set time for the 'virtual' class
 - Participants and instructor appear on screen as avatars



Summary of findings and outcomes

- Feasibility ✓
- Acceptability ✓
- Readiness of technology ?
- Potential for reducing social isolation in developed and developing countries
- Physical benefits – technology increases challenge
- Novelty increases enjoyment
- Future possibilities
 - Other group activities (singing)
 - Use of tablets (face time)
- With, not for, older people!

Acknowledgements

- Dr Elizabeth Cyarto
- Dr Frances Batchelor
- Associate Prof Briony Dow



IMPACCT Study

A/Prof Briony Dow, Prof David Ames, Prof Nicola Lautenschlager

To evaluate the effectiveness of an individualised physical activity program aimed at improving mental health and minimising functional decline amongst care recipients and carers.

Primary outcome

- Reduction of depression in carer

Secondary outcomes

- Improving physical activity and function (both participants); decreasing carer burden; increasing carer satisfaction
- Reduce health-service use and falls
- Cost-effective intervention



Depression and Chronic Obstructive Pulmonary Disease (COPD)

Professor Colleen Doyle, NARI

Cost-effective secondary prevention



COPD – main causes are smoking and in some countries bio-mass fuel



Australia smoking rates: male adults 20%



India smoking rates: male adults 57%

Method: RCT – Clinical Psychologist and CBT or befriender

People with COPD and anxiety/depression symptoms improve with telephone support program

Potential to conduct a trial of this program with other populations

Outcomes may include improved mental health, reduced health service usage, cost-effective delivery

Other Research at NARI:

clinical

1. Investigating balance in people with TIA or minor stroke Dr Frances Batchelor, Ms Sue Williams, A/Prof Tissa Wijeratne
2. Have a Try Program Dr Elizabeth Cyarto, Ms Freda Vratsidis
Adapting physical activity interventions to meet acceptance with culturally diverse groups
3. Unrelieved pain as a potentially remedial cause of behavioral and psychological symptoms of dementia (BPSD) Professor Stephen Gibson, Professor David Ames

Resources and tools:

4. Improving dementia detection rates in older Asian communities - An education program to improve referral to Memory Services for older people of Asian background living in Melbourne (2009-2011) (Service System)
5. Assessing the Geriatric Depression Scale (GDS) and the Geriatric Anxiety Inventory (GAI) and education about depression and anxiety amongst the older Chinese community in Australia
6. Healthy Ageing Quiz. 9 domains for self assessment and tips.





3. Unrelieved pain as a potentially remedial cause of behavioral and psychological symptoms of dementia (BPSD) Professor Stephen Gibson, Professor David Ames

- Unrelieved pain has been identified as a possible cause of BPSD
Pain is very common in residential aged care facilities
(Pain remains relatively under-treated in this setting
Those suffering from pain and dementia are consistently prescribed and administered fewer analgesics than cognitively intact residents)
- The aim of this study:
Provide a simple analgesic intervention to residents to specifically monitor changes in pain and consequent changes in the frequency of BPSD

4. Improving dementia detection rates in older Asian communities - An education program to improve referral to Memory Services for older people of Asian background living in Melbourne (2009-2011) (Service System)

This study aims to

- Determine the barriers and enablers for people with dementia of Chinese and Vietnamese backgrounds to accessing dementia and memory services
- Determine the most useful available translated screening tools for cognitive impairment/dementia in these groups

Issues for practitioners to consider when providing services in a multicultural setting:

- Provide training about specific cultural groups
- Use existing resources, e.g. bilingual colleagues
- Consider/trial innovative approaches to service delivery (e.g. technology)

5. Assessing the Geriatric Depression Scale (GDS) and the Geriatric Anxiety Inventory (GAI) and education about depression and anxiety amongst the older Chinese community in Australia

Clinical Associate Professor Briony Dow, Ms Betty Haralambous¹ Ms Xiaoping Lin, Dr Anita Goh, Professor Nancy A. Pachana, Dr Dina LoGiudice and Dr Christina Bryant

The study aims to

1. investigate the usefulness of the Geriatric Depression Scale and the Geriatric Anxiety Inventory in detecting late life depression and anxiety in amongst older Chinese people;
2. raise awareness and improve knowledge about older age depression and anxiety amongst older people, health and community care workers in this community.

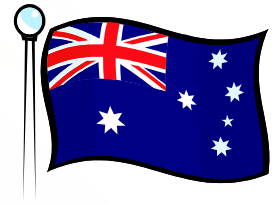


India and Australia



India

- Ageing population
- Elder abuse
- Social isolation 83% (Agewell Foundation 2010)
- Depression
- Growing chronic disease burden
- Intergenerational relationships
- Housing and residential care



Australia

- Ageing population
- Elder abuse
- Social isolation 20%
- Depression between 6% and 20% have been reported in community-dwelling populations -up to 50% in older people living in residential aged care
- Growing chronic disease burden
- Intergenerational relationships
- Housing needs changing

What researchers in ageing in Australia have to offer?

In a nutshell

- Expertise in a broad range of clinical and psycho-social ageing research
- Multidisciplinary team of researchers
- Flexibility and creativity
- A world class reputation
- Extensive collaborative linkages in the ageing research, academic, care, consumer sectors in Australia
- Education programs and seminars based on the latest evidence and tailored for the needs of organisations or professional groups. Topics include pain management and falls prevention, dementia, mental health etc.

Possibilities and opportunities

- Collaboration on projects based on issues of common concern
- Education programs
- Translational research
- Visiting fellows
- PhD and other post graduate students
- Shared information and networks
- Resources and toolkits adapted for local services and environments

<http://www.health.vic.gov.au/older/toolkit/>





Thank you for your attention

Any questions?

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