OVERVIEW OF TALK

• Introduction to ageing well
• Introduction to ALSA
• Illustrations of mechanisms for ageing well using data from ALSA
  – Individuals, couples, networks
• Lessons implied by illustrations
State of Mind is Fundamental

• Our own perceptions, thoughts, attitudes shape ageing as a positive experience

I don’t think I ever feel old... I’ve been old for such a long time that it’s hard to know how to define that feeling...

Dame Roma Mitchell in 1999 at age 85
(2 October 1913 – 5 March 2000)

The really frightening thing about middle age is the knowledge that you’ll grow out of it. Doris Day
Introduction

• Ageing well – multidimensional
  – Psychological Wellbeing
  – Socio-emotional Wellbeing
  – Health (physical and functional wellbeing)
• Psychological Well-being: Resources for Ageing Well
• Longevity – ultimate outcome in ageing process
Why Ageing Well?

• Demographic imperative – population ageing means that by 2050, 1 in 4 will be over 65

• Those 85+ fastest growing cohort

  – “new frontier” (Antonucci, 2002)
Why Ageing Well?

• Personal
  – “if it is not your issue, it will be” (Anan, 2002)

• Primary Ageing
  – Normal, active, positive
  – Not disease

“One senior and one who refuses to accept he’s a senior.”
Moving on to Data
Australian Longitudinal Study of Ageing (ALSA)

Multidisciplinary Scope: - bio-psycho-social

Sample:
* Population-based (Baseline = 2087; 565 couples)
* Heterogeneous:
  Community dwelling & residential care
  Households Stratified by Age & Gender:
    4 x 5-year cohorts from 70 & 1 x 85+

Modality: in-home interviews, assessments & self-complete questionnaires; one-off studies

Funding: NIA, NH&MRC, ARC:DP/LP, Flinders University
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Australian Longitudinal Study of Ageing: ALSA

- 1992 - Baseline (2087) 48.4% Women
- 2010 - Wave 11 (168) 68% Women

- Now all ‘oldest-old’, >85 years, M = 89.7
- 8/2011 - 1736 deaths (83.2%)

- Flinders Centre for Ageing Studies
The majority of participants in the ALSA study reported their country of birth as Australia (68 percent), this was followed by 20 percent of the sample reporting their ethnic origin as English, Scottish or Irish. European countries were also stated as the country of birth by over 9 percent of respondents. (see Figure 3.5.1)

Figure 3.5.1: ALSA participants – country of birth

89% - country of origin is English-speaking
MECHANISMS FOR ENHANCING AGEING WELL

Individuals, Couples, Networks

“I’m 92 years old and have always enjoyed bad health.”
Personal Resources (Baltes)

• Allied to the notion of reserves or buffers or moderators of various outcomes
• In realm of psychological well-being: self-esteem, perceived control, morale, cognition & social engagement
• Contribute to
  – Personal growth or modification of self-image
  – Maintenance of capacities for resilience
  – Regulation of loss or coping
  – Overall positive affect
... Self Resources

- **Self-esteem** – worthiness
  individual’s positive or negative attitude toward the self as a totality

  (Rosenberg et al., 1995)

- **Perceived Control** – autonomy
  degree to which one expects control of significant events in everyday life

  (Reid & Ziegler, 1981)

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*I feel I have a number of good qualities.*

*I take a positive attitude towards myself.*

*You spend your time doing what you want to do.*

*Maintaining my health depends on my own efforts.*
Control in the darker ages

Hagar

WHAT DID DR. ZOOK SAY?

HE SAID I HAVE TO
STOP DRINKING,
OVEREATING AND
STAYING OUT LATE

HE SAID A MAN
MY AGE HAS TO
MAKE CHANGES,
AND HE'S RIGHT...

TOMORROW I'M GOING TO
CHANGE DOCTORS

Flinders University
inspiring achievement
Morale

• Subjective sense of well-being; satisfaction with personal ageing

You have a lot to be happy about.
Little things bother you more than they used to.

• “agree” (1) ... “disagree” (2)
• higher scores indicate better morale
Cognition:
Perceptual Speed & Memory

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Resources & Longevity

“Somehow in all the confusion I aged.”
Perceived Control & Survival

Age-adjusted survival curves (ALSA 9 years post-baseline)

Implications of Cognitive Resources for Positive Ageing - Survival

Marked cognitive decline over first two years predicts higher rate of mortality in subsequent 7 years.

![Graph showing survival rates with marked decline quint and little decline categories.](image)
Social Membership

Cumulative Survival

Days survived at 30.1.01


No

Yes
Other Factors Related to Survival

• Morale – only women
• Self-esteem – both men and women
• Speed of Processing – both men and women

“It’s a very senior moment; he’s dead.”
Links between Well-being & Falls

• “Have you had any falls in the past year – including those falls that did not result in injury as well as those that did?”
  – Net of age, gender, education, health, smoking, alcohol use, psychototropic medication

• Worse Morale, Depression and Sense of Control each independently predicted incidence of falls, both between participants, and over time within participants

“Edwina, we can’t go on forever propping each other up like this.”
Couple inter-dependence in morale & cognition


Questions

• Does well-being (or cognition) in one partner predict subsequent change in the other partner’s well-being (or cognition)?

• Are spousal interrelations bidirectional or asymmetrical in nature?
  – Does performance of one member of the dyad predict subsequent change in the other, but not the reverse?
Method

• 316 initially married couples from the baseline ALSA sample (n=632)

• Data from 4 waves, spanning 12 years (1992-2003)
Method (cont’d)

• Measures
  – Well-being: morale (Lawton, 1975)
  – Cognition: speed of processing
  – Co-variates: age, education, health constraints, no. children, length marriage, (perceptual speed), distance-to-death and satisfaction with marriage
Results - Well-being (Morale)

(A) Wives’ Morale

(B) Husbands’ Morale

Wives influence husbands’ well-being; set the emotional tone in marriage; husbands’ influence is much less
Husbands influence wives’ cognition; wives’ influence is much less, although cognition is actually higher.
Conclusions – Couples

• In setting the emotional or cognitive tone of the marriage – spouse’s influence can be protective or detrimental

• Wives with good well-being may foster an engaged lifestyle in their husbands e.g., leisure activities and social networks

• Husbands who are cognitively fit may promote more intellectual engagement within marriage, while the less fit contribute to cognitive decline among their wives
Social Networks

“Do you dwell on the wasted years behind you or the terrifying years ahead?”
Social Networks

• Over past 25 years, many studies have shown social networks have positive effects on ageing
• Few Australian studies
• Little differentiation of types of social networks

Model of Network Types

- Three distinct groups of social network types
- ‘Confidant’ also – intimate friend
- Structural approach
- *Does type of network make a difference?*
Health Related Outcomes

Outcome

- Disability
- Entry to Residential Aged Care
- Cognition (Memory)
- Mortality

Giles, Anstey & Luszcz, 2012
Health Related Outcomes & Network Type

Outcome
• Disability ……
• Entry to Residential Aged Care……
• Cognition (Memory)
• Mortality ……..

Network Type
• Relatives
• Children & Confidant
• Friends
Networks

- Stay connected
  - Social networks, esp friends
  - Spouse
  - Clubs or groups

- Domain specificity of support
  - Various kinds are useful
Friends & Family promote ageing well …

– influence healthy behaviours, e.g., moderation in smoking, alcohol consumption, and exercise
– encourage professional health seeking behaviour
– counter depression, enhance sense of self
– Friends provide ‘no-ties’ support, assist in coping
– reinforce sense of personal control & mastery & self-perceptions of ageing
Implications for Best Practice

I think I’ve acquired some wisdom over the years, but there doesn’t seem to be much demand for it.”
Ageing as a process

• Life long process – start early
• process orientation implies that ageing does change &
  – it is possible to intervene in it, i.e., our own ageing experience can be changed!
Resources Are Flexible

• Psychological mechanisms discussed are all amenable to change by interventions
  – Thinking can be re-directed (CBT)
• psychosocial variables can have a major impact on longevity and physical health outcomes in late life.
• Think (& act) positively
  – Expectancy of control
  – Morale
  – Self-esteem
• Laugh and see the funny side of ageing
Networks

• Provide opportunities for social support, social influence, social engagement, interpersonal contact and access to financial and health care resources.
  – Strategies to promote establishment and maintenance of networks is pivotal
  – Could require environmental (cultural) infrastructure, e.g., transport to visit friends who move or public health promotion of value of networks
Take away messages

• Don’t be fooled by ‘age’
  – Empty variable,
  – looking for things correlated with age that may be explanatory of observed effects

“No, we’re not getting any younger but why, pray tell, is that such a revelation to us?”
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Ageing Well -

No one way to do it!

Thank You!