Ageing Well in Adelaide: Linking psychological wellbeing with longevity

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OVERVIEW OF TALK

• Introduction to ageing well
  – Lifespan model
  – Why 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
Life Span Development Model

• Ageing is life-long process, encompassing diversity of ways of ageing
• Multi-dimensional and Multi-directional
  – Gains and losses
• Resources – bio-psycho-social reserves, for ageing well
• Culture – all factors extrinsic to individual; incomplete architecture

P & M Baltes 1990
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 a disease
  – Use it or lose it

“One senior and one who refuses to accept he’s a senior.”

All diseases run into one, old age.
Ralph Waldo Emerson
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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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)

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)

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.
Morale

• Subjective sense of well-being; satisfaction with personal ageing (Lawton, 1975)

*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
Self-Perceptions of Ageing

- Satisfaction with or attitude toward your own ageing

- 5-item Attitude towards Ageing Subscale – (Lawton, 1975)

As I get older, things are better than I thought they would be

I am as happy now as I was when I was younger
Trajectories of Change for Individuals’ Self-Esteem
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

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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.
Other Factors Related to Survival

- Morale – only women
- Self-esteem – both men and women
- Speed of Processing – both men and women
- SPA (net of covariates)

“It’s a very senior moment; he’s dead.”
Links with 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

Self Perceptions of Ageing

“Somehow in all the confusion I aged.”
Perceptions of Own Ageing

Indicators of Adaptation to health-related (physical) changes in late life

- Subjective Perceptions of Ageing

Self-Perception of Ageing

- Satisfaction with perceived age-related physical changes over period of time

Sargent-Cox, Anstey, & Luszcz (in press). *Psychology and Ageing*

I will never be an old man. To me, old age is always 15 years older than I am.   

Francis Bacon
To Maintain Positive Self-Perceptions of Ageing

Downgrade importance of negative age-related changes

Positively interpret ways of dealing with changes

“I used to be old, too, but it wasn’t my cup of tea.”
Positive Self-Perceptions of Ageing
- Higher well-being and social integration

Poor Self-Perceptions of Ageing
- Poorer functional health (Levy et al, 2002; Sargent-Cox, Anstey & Luszcz, in press)
- Reduced will to live (Levy et al, 2002)
- Poorer cognitive functioning (Levy, 1996 & Hess 2002)
- Greater cardiovascular stress (Levy 2000)
Aim and Research Question

- Examine the effect of change in health and change in self-perceptions of ageing
- Which direction does change go in?

Health Outcome: SPA

- Change in Physical Function
- Change in Perceptions of Ageing
Measures

Demographics
- Gender, education, partner status, community versus residential

Health Variables (Physical Functioning)
- Clinical assessment of lower extremity performance
- Standing balance, chair rises, gait speed

Over 16 years
Change Trajectories

- Changes in SPA predicts changes in Physical Functioning

- Self Perceptions of Ageing

- Physical Functioning

- SPA T-Score

- PF T-Score
Conclusion

- Decline in self-perceptions of ageing may reflect decline in capacity to adapt and regulate losses (Kotter-Grühn et al., 2009)

- Interventions for older adults with declining functional health, aimed at increasing or maintaining self-perceptions of ageing - or building other psychological resilience skills - may assist with adaptation and loss regulation and lead to greater well-being
Implications thus far

• potential for psychosocial variables to be modified makes them compelling in the understanding of health outcomes

• Investigation of the association between them and health outcomes may,
  – assist us to appreciate the mechanisms surrounding healthy ageing
  – inform interventions that assist with adaptation to age-related change
Couple Dynamics

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


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*Flinders University*

*inspiring achievement*
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=2087)

• 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 of marriage, (perceptual speed), distance-to-death and satisfaction with marriage
Results - Well-being (Morale)

(A) Wives’ Morale

- Sample average
- Husbands_{T1} well-being score +0.5 SD
- Husbands_{T1} well-being score −0.5 SD

(B) Husbands’ Morale

- Wives_{T1} well-being score +0.5 SD
- Wives_{T1} well-being score −0.5 SD
- Sample average

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

• 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
Health Related Outcomes & Network Type

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

**Network Type**
- Relatives
- Children & Confidant
- Friends
- Friends
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 & SPA
Social Membership

Days survived at 30.1.01

Cumulative Survival

0 1000 2000 3000

Days survived at 30.1.01

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 physical health outcomes in late life.
  – SPA, Self-compassion and acceptance are foundations of ageing well
• Social and economic costs of functional decline, chronic disease and residential care are
  – substantial
  – at the forefront of drivers of health and aged-care policies around the world.
• Need to identify those at risk and intervene
• Identifying simple psychosocial markers of high risk of these events, such as SPA, control, morale
• could make a substantial contribution through early intervention
• resulting in the reduction of these health burdens.
• Think (& act) positively
  – Self-perceptions of ageing
  – Expectancy of control
  – Morale
  – Self-esteem

• Laugh and see the funny side of ageing
Networks

• Stay connected
  – Social networks, esp friends
  – Spouse
  – Clubs or groups

• Domain specificity of support
  – Various kinds are useful
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
• ICT can substitute for face-to-face interactions, make accessible

• Global access allows opportunities for new learning and forming of new friendships

• Encourage more use of facilities in public libraries

Oldies cruising to get online

Kate Legge
Aged care writer

At 81, Joan Larsen is on computer L-plates, heading for geeksville with the technology reaching its hot pursuit.

A former court reporter, Ms Larsen once used paper and pen to scribble shorthand before retiring in 1989. She has since hit the keyboard to complete postgraduate studies in international relations at Deakin University.

Three months ago, Ms Larsen signed up for free computer classes at the Council on the Ageing in Melbourne, and she now talks of crusing the Internet, tailoring the surfing metaphor used by younger notions to suggest a more age-appropriate pace of cyber travel.

"It's absolutely wonderful," she said of discovering the electronic archives at her fingertips. "It's opened up a whole new world."

A survey commissioned by the American Association of Retired Persons in June confirmed the shrinking of the digital divide in the US.

Almost half the respondents regularly exchanged emails with their 50-plus parents, while grandchildren increasingly served as the family help desk for intergenerational communication hiccups.

American Demographics magazine identified the 55-plus age group as the fastest growing segment of web newcomers, and corporate engineers are bent on designing web pages sympathetic to visual and motor impairments so as to make them as age-friendly as possible.

• The Australian Senior.computer Club is testing adaptive technology for IBM that will enable older people with arthritis or failing eyesight to customise web pages in larger print or with text read out loud, giving the company an edge in a market estimated to be worth $40 billion and booming.

"It's absolutely wonderful. It's opened up a whole new world."

Ms Larsen
Internet first-timer

The club started with five branches in 1996, and now boasts 77 offices stretching from Darwin to Hobart.

According to president Nan Bosler, more than 30,000 seniors have attended the club computer classes, learning from their peers in a friendly environment.

"They can go at their own pace, and if they need to ask the same question over and over, they do," Ms Bosler said.

Recent US surveys tracking computer use report that senior citizens online spend most time emailing family members and accessing digital photographs of the clan.

Pressure from grandchildren and the recycling of hand-me-down computers to elderly parents is driving technological literacy among a generation of people who retired without seeing a computer.

Many older people on fixed retirement incomes have been wary of buying new technology, preferring to use terminals at local libraries and seniors organisations.

Ms Bosler is working with the NSW Office of Information Technology to develop guidelines to ensure older computers, otherwise destined for landfill, get donated to her members.

She said computers empower older people to overcome barriers that restrict their mobility.

"They're able to communicate with people overseas and in the next street, and once you reassure the timid ones these things won't blow up, they calm down and find it's fun."
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?”
Sunday 15th October 2006

Plenary Panel Discussion:
IRCHAL’s Top 10 Tips for Healthy Ageing & Longevity
from a Panel of Leading Experts
1. Have Good Genes (“Choose your Parents Wisely!”)

2. Be in Control – Shape your Own Future Old Age!
   - Empower yourself to take responsibility for your own health
   - Modify your behaviours (healthy diet, exercise, healthy weight, don’t smoke, drink in moderation, reduce financial debt)
   - Modify your environment (built, social, economic)
   - NB: We need public health programmes that get people to actually do the above

3. Have Positive & Meaningful Personal relationships

4. Have Goals in Life (especially in retirement)
   - This will get you out of bed each morning (contribute to society via work, charity, volunteer work)

5. Have access to good healthcare
   - Prevent, detect early and manage age-associated disease
6. Population Strategies: Remove the threats to Public Health
   - Life-Course Approach to Healthy Ageing – don’t wait until it is too late
   - Invest in more & more and & more research!
   - Create harmony and improve dialogue between the scientific community, the medical community, allied and complementary healthcare professionals, and the public.

7. Adaptation
   - Adapt in positive ways to all of the changes that an ageing body inevitably brings

8. Avoid extremes in your life (Diet, Personality, Psychological/Spiritual, Physical Activity, avoid conflict)
   - Health & Longevity is about BALANCE!

9. Never Give Up Your Quest for (evidence-based) Knowledge

10. Ageing is a privilege – enjoy and embrace the experience of the transitions to each stage of life
We’re all ageing!

Kevin ’07 (at 52)  Kevin ’44 (at 87)
Ageing Well -
No one way to do it!

Thank You!