

Multidisciplinary Approaches to Ageing: A HARC Symposium

Lecture Theatre,
Institute Building
State Library of South Australia

Thursday 13 October, 2005
2pm-5.30pm

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SYMPOSIUM PROGRAM

Coffee and Tea 1.45-2pm

Plenary Session 2-3.30pm

Chair: Dr Michael Davies

(Research Centre in Reproductive Health, Dept. Obstetrics & Gynaecology, University of Adelaide)

Dr Matthew Baldock

Self-regulation of driving and its relationship to driving ability among older adults

Mr Barry Couzner and Ms Wendy Hall

Active Ageing Australia™ – projects, products and possibilities

Professor Mary Luszcz

Update: ARC/NHMRC Ageing Well Research Network

Dr Robert Penhall

Healthy Ageing - Nutrition Project: an example of a collaborative, action-research based approach to multi-disciplinary research in ageing

Afternoon Tea 3.30-3.50pm

Early Career Researcher Forum 3.50-5pm

Chair: Dr Renuka Visvanathan

(Gerontology, Queen Elizabeth Hospital)

Ms Gemma Carey and Mr James Smith

Methodological benefits of embracing disciplinary difference through research into ageing men's help seeking behaviours

Ms Jodie Avery

Mental health and its influence on help seeking behaviour for incontinence

Dr Julia Kuliwaba

Is there an unrepaired microdamage burden in bone from fragility hip fracture patients?

Ms Bronwen Paine

Hormone Therapy, Timing of Initiation, and Cognition in Women Aged over 60 years – The REMEMBER Pilot Study

Drinks and Cocktail Food 5-6pm (Foyer)

ABSTRACTS

Plenary Session 2-3.30pm

Dr Matthew Baldock^{1,2}, JL Mathias¹, AJ McLean² and A Berndt³

¹ Department of Psychology, University of Adelaide

² Centre for Automotive Safety Research, University of Adelaide

³ School of Occupational Therapy, University of South Australia

Self-regulation of driving and its relationship to driving ability among older adults

Although it is known that older drivers limit their driving, it is not known whether this self-regulation is related to actual driving ability. A sample of 104 older drivers, aged between 60 and 92, completed a questionnaire about driving behaviour and attitudes. Ninety of these drivers also completed a structured on-road test. A questionnaire measure of avoidance of difficult driving situations was used as an index of self-regulation. Driving test scores for the study were based on the number of errors committed in the driving tests, with weightings given according to the seriousness of the errors.

The most commonly avoided difficult driving situations were parallel parking and driving at night in the rain, while the least avoided situation was driving alone. Poorer performance on the driving test was not strongly related to overall avoidance of difficult driving situations. Stronger relationships were found between driving ability and avoidance of specific difficult driving situations. These specific driving situations were the ones in which the drivers had low confidence and that the drivers were most able to avoid if they wished to. It is concluded that older drivers are able to self-regulate their driving behaviour but only in a small number of specific situations. Interventions may be necessary to optimise self-regulatory behaviour among older drivers.

Mr Barry Couzner¹ with **Ms Wendy Hall**²

¹ Executive Officer, Active Ageing Australia

² Home Activity Monitoring Project Coordinator, Active Ageing Australia

Active Ageing Australia™ – projects, products and possibilities

AAA began in 1980 (under a different name) with a mission to advance the issue of physical activity levels and recreational opportunities for older South Australians. AAA is the peak organisation for training and education in the area of physical activity for older people. AAA has a number of training and education products that are delivered to health professionals and others who work in the field of physical activity/exercise and recreation for older people.

- The **NoFalls Exercise Program Train the Leaders** workshop is a project that trains Exercise Leaders in the specific exercises that have been shown through research by Monash University to reduce falls in the elderly
- **Tai Chi Chair** is a 2-day training workshop for health professionals that offers Tai Chi as an exercise option for older people in various settings
- **Meet the Experts** is a seminar series that cover topics such as Dementia and physical activity, Sleep and physical activity, Podiatry and physical activity, Arthritis/Osteoporosis and physical activity

- **Local Government Physical Activity Resource Guides** are developed and maintained by AAA and provide the community with recommended options for conveniently engaging in physical activity in their local area
- **Annual Falls Forum** - this conference is focussed on falls prevention in community and residential settings (Nov 25, 2005)
- **Easy Moves for Active Ageing®** (EMAA) is a 2-day training course that has been delivered to over 600 participants to date, including the interstate market. It is focused on delivering safe and effective exercises for active ageing in the Aged Care sector. The EMAA training course has been highly regarded by the various industry sectors in Australia and is part of the National Accreditation scheme and is trademark protected
- **HAMP** – this is an innovative home-based exercise program for older South Australians

Professor Mary Luszcz, PhD

Professor of Psychology and Gerontology
 Coordinator, FLARE – Flinders: Linking Ageing Research and Education
 Flinders University, Adelaide

Update: ARC/NHMRC Ageing Well Research Network

In late 2004, the Australian Government announced a joint initiative of the ARC and NH&MRC to fund 24 new research networks to promote networking among leading researchers across Australia. The *Ageing Well Research Network* is one that has been funded \$500K per annum, for an initial period of 5 years

The *Ageing Well Research Network* encompasses high quality research activities within the National Research Priority Goal of Promoting and Maintaining Good Health: Ageing Well, Ageing Productively. The vision for the network is to increase the scale, focus and capacity of Australian research and researchers in order to inform national efforts to respond constructively to an ageing society.

A key goal of the network is to seek the active involvement of stakeholders, including government, key organizations, and consultants interested in ageing research, ensuring information exchange, and assisting in the translation of findings into an evidence base for practice and policy.

Activities take place within and across thematic, discipline, geographic and organisational boundaries. Four broad themes capture most of the research activities; these are *Healthy Ageing; Independent Living and Social Participation; Population Research Strategies; Productivity and Economic Security*. The core network comprises 50 leading researchers of ageing and also has the endorsement of participating Universities, key stakeholders, e.g., COTA/National Seniors, State and Commonwealth government departments, and influential research colleagues from around the globe. Governance is provided through a Management Committee, comprising researchers, and an Advisory Group, comprising professionals working in the field of ageing and supportive of the research. Additional researchers or professional stakeholders may register their interest in the network and access its resources by going on line at www.ageingwell.edu.au.

Dr Robert Penhall

General Manager Medical Services, Metropolitan Domiciliary Care

Healthy Ageing – Nutrition Project: an example of a collaborative, action-research based approach to multi-disciplinary research in ageing.

Healthy Ageing – Nutrition is a project of Metropolitan Domiciliary Care; funded through the Department of Health's Human Services Research and Innovation Program and supported by Health Promotion SA and Flinders University of South Australia. Other chief investigators for the project are: John Coveney, Department of Public Health, Flinders University of South Australia and Patricia Carter, Health Promotion SA, Department of Health.

The Healthy Ageing – Nutrition project aims to develop community workforce capacity through collaboration, increased awareness and the use of an early intervention strategy to improve the nutritional health of older people. It is an example of a collaborative, action-research based approach to multi-disciplinary research in ageing.

Ten partnering organisations are engaged in action toward the aim and outcomes of the project. Their journeys are being recorded as case-studies for themselves and others to reflect on and learn from.

Negotiated action plans have been agreed between the project and participating organisations in order to encourage an organisation-specific orientation toward the project's outcomes. This approach has resulted in a varied and dynamic range of approaches to change and has been beneficial, demonstrating an acceptance of the diverse goals, values, and interests of organisations and disciplines providing care. The outcome is seen in a diversity of responses to meeting nutritional needs of older people in this state.

ABSTRACTS

Early Career Researcher Forum 3.50-5pm

Ms Jodie Avery

Departments of General Practice and Public Health, University of Adelaide
Supervisors Ian Wilson, Annette Braunack-Mayer, Paul Duggan, Nigel Stocks

Mental health and its influence on help seeking behaviour for incontinence

Evidence suggests there are barriers to help-seeking by people with incontinence, but further investigation into the reasons for the existence of these barriers may be needed to overcome them. Associations between incontinence, quality of life and mental health have been demonstrated, but a further exploration into the implications of this connection with regard to help-seeking is necessary. There has recently been a call for research into the relationship of depression and quality of life with help-seeking for incontinence. This project will explore the relationship between mental health and incontinence, and demonstrate the effects of this association on help-seeking by identifying the factors that shape help-seeking for incontinence; examining whether the decrease in quality of life and mental health experienced by those with incontinence determines help-seeking; and investigate how other factors such as demographic factors, type and severity of incontinence affect the mental health and help-seeking of those with incontinence.

Dr Julia Kuliwaba,^{1,2} MR Forwood,³ NL Fazzalari.^{1,2}

¹Bone & Joint Research Lab, Div of Tissue Pathology, IMVS & Hanson Institute, ²Dept of Pathology, Uni of Adelaide, Adelaide, SA, and ³Dept of Anat & Developmental Biology, Uni of Queensland, Brisbane, QLD, Australia.

Is there an unrepaired microdamage burden in bone from fragility hip fracture patients?

Unrepaired microdamage (Mdx) accumulates, resulting in decreased bone strength; however, the role of Mdx in fracture risk remains unclear. This study assessed Mdx accumulation and repair (bone resorption) in femoral bone from fragility hip fracture patients (Fx; 6f, 2m, aged 82±5 yrs [mean±SD]) compared to age- and sex-matched postmortem controls (C; 6f, 2m, aged 79±7 yrs). Intertrochanteric bone cores were prepared for histomorphometric assessment. Trabecular bone architecture, extent of bone resorption, and microcrack density did not differ between groups. However, bone from fracture patients had an increased density of diffuse damage ($p<0.05$). Further, the data are suggestive of an unrepaired Mdx burden in the fracture cohort. Bone from hip fracture patients may be mechanically compromised due to defective damage repair mechanisms. Better understanding of the mechanisms by which bones are less likely to fracture will enable better targeting of drug therapy to individuals at risk of fragility fracture.

Ms Bronwen Paine

Women's and Children's Hospital
Department of Obstetrics and Gynaecology, University of Adelaide

Hormone Therapy, Timing of Initiation, and Cognition in Women Aged over 60 years – The REMEMBER Pilot Study

Objective: A pilot study to assess any trends related to the timing of initiation, and duration, of hormone therapy (HT) use on cognitive function to facilitate the design and power calculations for a future large cohort study entitled "Research into Memory, Brain function and Estrogen Replacement (REMEMBER)".

Design: 428 women aged >60 years were recruited from a computer generated random selection of Adelaide households. Demographic and lifestyle characteristics, and HT use history were recorded and confirmed. The Centre for Epidemiological Studies–Depression score was used to assess mood. Cognitive tests were administered measuring global cognition [Mini-Mental State Examination], attention and concentration [Trail Making Test Parts A and B], verbal learning and memory [Consortium to Establish a Registry for Alzheimer's Disease (CERAD) word list immediate and delayed recall] and verbal expression [letter fluency (FAS), category fluency (Animals) and the Boston Naming Test (short form)]. Analyses were adjusted for age, education, mood, body mass index, smoking, alcohol intake and history of cerebrovascular disease. HT use was defined as the use of systemic HT for at least one year. Early initiation of HT use was defined as commencement of HT before age 56 for women with a uterus and ovaries, or within five years of a hysterectomy and bilateral oophorectomy. Late initiation of HT use was defined as HT commencing after these times.

Results: Early initiators of HT performed better than late initiators on the Mini Mental State Examination ($p=0.04$) and were faster than never users on the Trail Making Test Part A ($p=0.02$). Women aged 70-79 years who initiated HT early performed better on the FAS test than never users ($p=0.0008$). Late initiators performed worse than never users on the Mini Mental State Examination ($p=0.09$), and on the FAS test in the 60-69 year ($p=0.06$) and 80+ year ($p=0.095$) age groups. However, late initiators performed better than never users on the FAS test in the 70-79 year age group ($p=0.015$). HT users of < 11 years ($p=0.09$), HT users of >11 years ($p=0.04$), and Estrogen-only users ($p=0.024$) performed faster than never users on the Trail Making Test Part A. Combined estrogen plus progestin users performed better than never users on the Boston Naming Test- short form ($p=0.07$).

Conclusions: For some cognitive domains, early initiation of HT from around menopause may be beneficial, and initiation of HT in late menopause may be detrimental. The timing of the initiation of HT appears critical. To fully test these hypotheses and to further examine these trends by route and type of HT regimen in this population, a study size of 2,500 women would be required.

Ms Gemma Carey^{1,3} & Mr James Smith^{1,2}

Cross-enrolled doctoral candidates of the University of Adelaide

1. Dept Public Health
2. Dept Medicine
3. Dept Anthropology

Methodological benefits of embracing disciplinary difference through research into ageing men's help seeking behaviours

Existing scholarship suggests that men of all ages avoid seeking help and are perceived as reluctant users of health services. Social norms also suggest that women are positioned as custodians of their partners' health, and are therefore required to assist men to battle illness. To date, these assertions have emerged out of discipline specific research, including but not limited to, sociology, psychology and medicine. Such approaches provide a partial picture in understanding ageing men's health behaviours. We argue that an alternative approach that fosters collaboration across disciplines will more accurately represent the way ageing men negotiate seeking help. We will explore the methodological benefits of adopting various disciplinary perspectives and approaches to draw a richer and more meaningful understanding of this phenomenon. Our project, a component of the Florey Adelaide Male Ageing Study, utilises a gender-relations approach, where men's and women's understandings of men's help seeking behaviours have been compared and contrasted. Methodological approaches drawn from public health, anthropology, medicine and education have been used. We argue that this approach provides a purposeful framework for influencing policy and practice relating to ageing men's health.