Ageing Well Trajectories: The MELSHA Program

Professor Colette Browning
Director, RDNS Institute, Australia
Honorary Professor Peking University, Beijing, China
Adjunct Professor, Monash University
Program Context

• Healthy, active, successful ageing concepts have been used in the research and policy literature for some time as a way of promoting a positive approach to ageing. (e.g., Rowe and Kahn, 1987)

• A key driver of this interest is the challenges posed by a large cohort of well educated and resourced baby boomers who aspire to age well.

• Healthy ageing is: ‘...the level of health and adaptation to the ageing process acceptable to the individual.’ (Bryant et al. 2001, p. 928)

• ‘The process of developing and maintaining the functional ability that enables well being in old age.’ (World Health Organization 2015, p. 40)
Melbourne Longitudinal Studies on Healthy Ageing (MELSHA) Program

• A longitudinal study of older people living in Melbourne that commenced in 1994.
• Baseline study funded by Vic Health and subsequent follow up waves have been funded by NHMRC.
• MELSHA is part of the national DYNOPTA project that has combined 9 longitudinal Australian studies.
Significance of MELSHA

• Conceived as a way of developing an evidence base to inform health promotion programs for older people.

• Novel idea at a time when research focused on the ‘burden of ageing.’
Significance of MELSHA

• While policy in the early 2000s focused on improving well being as away of reducing costs to government, we argued that good health in old age is a basic human right. (Kendig & Browning, 2010)

• In contrast to paradigms of inevitable decline we focused on individual actions and good public health policy to promote ageing well.
Design of the MELSHA Program

• Baseline survey: 1994
• Two-stage, area clustered sample drawn from the electoral roll (n=1000, 65 to 94 years, 54% women).
• Structured face-to-face interview and self-completion questionnaire at baseline.
• Follow-up: every 2 years with CATI; yearly with mail-out questionnaire; death checks; entry to residential aged care outcomes.
Measures in the MELSHA Program

• Health related behaviours and risk factors: physical activity, social activity, leisure activities, diet, smoking, alcohol intake, BMI.

• Prevalence of medical conditions, medication use, falls and injuries, cardiovascular health, psychological health, depression, pain, self-rated health, medication use, service use.

• Social and demographic measures.

• Mortality, entry to residential care.
Baseline Outcomes

- “There is a lot older people can do to stay healthy.” (90%)
- 2/3 listed physical activity as most important action to remain healthy.
- 43% engaged in sufficient physical activity for cardiovascular benefit.
- 75% rated health as good, very good or excellent.
- 80% high positive affect: influenced by whether illness impacted on activities.
- 14% of women and 9% of men depressed.
- 30% heart disease.
- 51% osteoarthritis.
Ageing Well Measure

- Self-rated health
  - Would you say that for someone your age, your health in general is:
    - Excellent, very good, good, fair, poor.

- IADL
  - Shopping, meals, housework etc.

- Positive affect
  - How often in last year felt happy, interested, energetic, warm hearted, content?

- COMPOSITE AGEING WELL SCORE:
  - Good or better self rated health plus independent in IADL plus high positive affect score (18 or more).
Predictors of Ageing Well

• To map trajectories of ageing well over a 16 year period.

• To identify potentially modifiable factors that impact on ageing well over a 16 year period.

• To examine gender differences in trajectories and predictors.
Ageing Well Trajectories: Women

Graph showing the probability of healthy aging for women from 1995 to 2010.
Ageing Well Trajectories: Men

![Graph showing trajectories of Ageing Well for Men]

- MALE - Probability of 'Aging Well'
- Year:
  - 1995
  - 2000
  - 2005
  - 2010

- Line 1: 22.7%
- Line 2: 47.6%
- Line 3: 29.7%
Baseline Predictors of Trajectories

- Number of medical conditions (men and women).
- Australian born and restful sleep (women).
- Low strain, not current smoker, good nutrition and adequate social support (men).
Conclusions and Implications

• Decline is not inevitable, older people have different health trajectories.
• If you enter old age in good health you have close to a one in three chance of maintaining good health.
• Opportunities for prevention and management of chronic illnesses in mid-life.
• Addressing behavioural risk factors is key to promoting ageing well.
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