Psychosocial Issues and Ageing
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Learning Objectives

- Outline some of the mechanisms and pathways by which social determinants influence health status and health behaviour.
- Describe a lifecourse perspective in health research and discuss its contribution to understanding health and health care.
- Explain how differing backgrounds and belief systems of health practitioners and patients may influence effective communication and management, and describe strategies that could be used to overcome such challenges.
IT'S NEVER TOO LATE!
The World Population is Ageing

- Life expectancy is increasing
- The nature of old age is changing
- New concepts are needed to understand ageing
Our society is ageing: Life expectancy from 50 years


Source: Australian Government Actuary, Australian life tables 1970–72, (ABS Ref. no. 4.31); Deaths, Australia, 2004 (ABS cat. no. 3302.0); ABS Population Projections.
Rapid growth of the very old

![Graph showing the rapid growth of centenarians from 2005 to 2050. The number of centenarians increases significantly, from 72,000 in 2005 to 834,000 in 2050.]
Populations

• Trends and differences in morbidity and mortality

• Differences in male/female longevity
  ▫ Most supercentenarians ( > 110 years) are female
  ▫ Behaviour related (smoking, alcohol)
  ▫ Accidents
  ▫ Suicide
Concepts of Ageing

- Related to length of life
- Observed in other species
- Gender differences
- Can be modulated but not eliminated by optimal health behaviours
- Exacerbated by age-related disease but not eliminated by absence of disease
OLD DOGS
are the best dogs

by GENE WEINGARTEN

photographs by MichaEL WiLLiAMSON
Birth Cohorts

- A set of people born during the same era who face similar societal circumstances brought about by their shared position in the overall age structure of the population
- Two important effects
  - Cohort effects: social transitions at the same time
  - Period effects: historical events, social changes
Birth Cohorts

- Great Depression 1930-39
- World War II 1939-45
- Baby Boomers 1946-64
- Generation X 1965-76
- Generation Y 1977-94
Ageing in Australia

• Older adults = increasing proportion of the population
• Highest growth as % of population is those aged over 70
• < 6% of those aged >65 live in residential care (2006)

• ~50% of those >65 and ~72% of those >80 have a disability which interferes to some degree with independent functioning
Myths about Ageing

• Most older people are pretty much alike
• They are a diverse age group

• They are generally alone and lonely
• Most have close contact with family and friends

• They are sick, frail and dependent on others
• Most live independently
And some more.....

• They are often cognitively impaired
• For most, if there is a decline in some intellectual abilities, it is not severe enough to cause problems in daily living

• They are depressed
• Community dwelling older adults have lower rates of diagnosable depression than younger adults
A few more.....

• They become more difficult and rigid with advancing years
• Personality remains relatively constant throughout the lifespan

• They barely cope with the inevitable declines associated with ageing
• Most older people successfully adjust to the challenges of ageing
Psychological and Social Factors which affect ageing

- Personality
- Mental health
- Stress and coping
- Social Support
Personality

- Evidence that personality affects health
- ↑ hostility associated with higher rates of cardiovascular mortality and morbidity (Williams, 2000) Gender difference.
- May be mediated through poor/risky health behaviours
- Those high in hostility demonstrate greater cardiovascular reactivity, esp. to social stressors (Krantz & McCeney, 2002)
Protective personality factors

- Under-researched area with inconsistent results
- Control (DeVellis & DeVellis, 2001)
- Optimism (Giltay et al, 2004)
- Positive self-image predicts longevity (Levy et al, 2002)
- Emotional stability vs emotional lability
I’ve abandoned responsibility and embraced frivolity.

5/5/05
5:00 PM
(LAFAYETTE TIME)
Anxiety

• Women are affected by anxiety more often than men
• Anxiety often complicates depression, dementia & grief
• Anxiety adversely affects the outcome of depression
• Anxiety often complicates general medical conditions such as angina, myocardial infarction & stroke
• Anxiety is often not diagnosed or treated
• GAD is the most prevalent anxiety disorder
• GAD has a relatively poor prognosis
Generalised Anxiety Disorder

• Typical symptoms of GAD:
  ▫ Feeling restless, keyed up, or on edge
  ▫ Being easily tired
  ▫ Having difficulty concentrating, or having your mind go blank
  ▫ Feeling irritable
  ▫ Having tense, tight or sore muscles
  ▫ Having difficulty sleeping, either difficulty falling or staying asleep
  ▫ Restless, unsatisfying sleep
Depression

• Associated with increased levels of mortality and morbidity in many chronic conditions.
• Weaker effect in late life (Blazer, 2001)
• May induce poor self care behaviours
Presentation

- Panic, anxiety, obsessional, or hypochondriacal symptoms of recent onset.
- Subintentional suicide.
- Pseudodementia.
- Behavioural disorder.
- Pain, discomfort & other physical symptoms.
Stress and coping

• Unclear if older adults are more vulnerable to psychosocial stressors
• Spousal bereavement more stressful in middle than old age (Johnson et al 2000)
• Population trauma (e.g. 9/11) appraised by older people as being less stressful than younger adults
Social support

• The “paradox of ageing”
• People suffer significant loss with age, but experience life more positively
• Older adults selectively shape their social networks, through withdrawing from some social contacts if necessary, to maintain a desired emotionally supportive environment
Social Support

- Social support exerts a generally beneficial effect on the health and survival of older people.
- Reduced mortality in those who report strong social support (both cause specific and all cause mortality) (See recent meta analysis Holt-Lunstad, Smith & Layton, PLoS 2010)
- Larger social networks and satisfaction with support associated with better self-rated health and reduced morbidity.
Social Support

• Across the lifespan, women generally have larger networks than men
• Men tend to rely on their wives for their social interactions
• Age related decrements in physical abilities may limit opportunities to socialise
• Poor mental health, especially depression, in late adulthood associated with reduced social support
Treating older adults

• Are heterogeneous, just like younger adults, but maybe more so.......  
  ▫ Face special life challenges  
  ▫ Specific cohort effects  
  ▫ Express symptoms in a different manner  
  ▫ Have unique perspective when they come to consultation
Cohort considerations

- Education
- Cognitive abilities
- Word usage
- Values
- Normative life experiences
- Socio-historical experiences
Specific Challenges

- Chronic illness and disabilities
- Grief
- Caregiving
Self-examination

- What are my own views of ageing? What is my experience with older people?

- What do I fear about my own ageing? Do I even think about it?

- Do I have models of positive ageing in my life? Negative models?

- Can I make the necessary clinical connection?