



Professor Susan Kurrle, August 2022

Ageing into the future

What does it mean to grow old successfully, and how can we help people reach that goal?

White Paper



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The current average life expectancy of women in Australia is 85.2 years, and 81.5 years for men. We are living longer as a society, but are we ageing successfully? Satisfaction with one's past and present life is a commonly proposed definition of successful ageing, as is continued social functioning. Relative good health and general wellbeing are at the core of both definitions.

As our population ages, it's important in the aged care sector and for society as a whole to investigate how we can help people to achieve these outcomes. Equally, we need to address some of the major obstacles to successful ageing, including dementia and loneliness.

One potential solution to both of these challenges may be found through innovative models of intergenerational care, such as those piloted in the ABC TV series *Old People's Home for 4 Year Olds*.

Today more than 500,000 Australians live with dementia, with 1900 new cases diagnosed weekly. Even if we focus on improved prevention strategies, the way we support the wellbeing of those already living with dementia in residential care is important, including investigating the cottage model of care.

SEVEN FACTORS FOR SUCCESSFUL AGEING

Studies of centenarians have highlighted seven critical factors for successful ageing. Some we have little control over, such as our genes, to those that are relatively easy to modify, including physical activity, social connection and diet.

1. Genetics

We know that health and longevity are hereditary. So, if your parents lived to a great age, you will likely follow in their footsteps.

2. Positive personality

People with a glass-half-full outlook on life – demonstrating a positive nature, sense of humour, optimism and adaptability – tend to live longer than pessimistic people. Cognitive behavioural therapy is one option to help people become less pessimistic.

3. Maintaining independence

This might seem obvious, but we often spend time trying to get older people to accept help they don't need – with cooking or cleaning for example. We mean well, but often what we're doing is removing their

ability to perform these tasks. In fact, it's better for older people to remain active by doing as much for themselves as they can, with assistance if necessary.

4. Avoiding disease

This means monitoring cholesterol, blood pressure and blood sugars and staying up to date with vaccinations – including those for COVID-19 and flu as well as shingles and pneumococcal.

5. Physical activity

One Spanish study shows that it's never too late to begin exercising, even past the age of 85, and your muscles remain adaptable until the day you die. Exercise helps with prevention and treatment of dementia, depression, heart disease, blood pressure, diabetes and many more conditions. Here's what we should all be doing:

- At least 30 minutes of brisk walking, jogging, cycling, swimming or dancing five times weekly – get puffed enough to flush your brain with oxygenated blood and improve your physical health.
- Resistance training – either as part of a gym program or an at-home program with sit-to-stand exercises and working out with light weights.
- Balance training – easy options include, standing on one leg at the kitchen sink, or using the tandem stance, which is simply standing with one foot directly in front of the other.

6. Social connection and mental activity

Keeping mentally and socially active is essential, not just for recreation but as a way to fundamentally improve health and quality of life. People can be encouraged to maintain their interpersonal relationships with family and friends through men's sheds, playing cards, volunteering or other social groups. Anything that keeps the brain active is helpful, including learning a new skill, language or musical instrument.

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7. Eating and drinking well

New evidence in favour of the Mediterranean diet is published almost every month. The fundamental principles of the diet are:

- Eat plenty of vegetables, nuts and legumes
- Consume healthy oils, for example extra virgin olive oil and fish
- Relatively low consumption of meat and dairy
- Low-to-moderate intake of saturated fats, and processed, fast and packaged foods
- Low-to-moderate use of alcohol, two or fewer drinks a day and at least one alcohol-free day a week



LONELINESS AFFECTS MORE THAN MENTAL HEALTH

We know that 1.7 million Australians aged 65 and older live alone (45 per cent). Moreover, older age is often seen as negative and a time of loss. There's a good reason. People can lose their partner, their friends, their health, their career identity.

Being lonely also puts older people's health at risk. Loneliness has a similar impact to smoking on health, and is a risk factor for different diseases including heart disease, stroke, depression and dementia.

Of course, we need to treat people as individuals. People who are alone may be perfectly happy with their own company, may keep themselves busy and not feel lonely at all. That said, people are pack animals and generally need to feel that they belong. We want to be part of a family, a community, a religious congregation, a sports club, a book club and so on. We need to feel that we belong and that we are connected.

However, it's beneficial for older people experiencing loneliness to see their glass as half full. My patients have taught me that there are real positives about older age, and that it's never too late to try new things, expand horizons and meet new people. So, for mental and physical health it's important to encourage older clients, friends and family to get out there and stay connected.

INTERGENERATIONAL CARE A SUCCESS WITH YOUNG AND OLD

As the lead geriatric expert on the ABC series *Old People's Home For 4 Year Olds* (pictured at right), I helped to base the show on research into intergenerational care.

First airing in 2019, Seasons 1 and 2 demonstrated the physical and mental benefits of bringing together the very young and very old, and that such a model of care could work in Australia.

In Season 1, lonely or isolated older people in a retirement village came together with a group of children for seven weeks of physical, mental and social activities. In Season 2, the experiment focused on socially isolated older people still living in their homes paired with preschool students.

The outcomes of both seasons were overwhelmingly positive, with benefits for the older cohort including improved physical performance (such as balance and walking), and reduced depressive symptoms. The children showed improved communication, confidence and empathy. The physical and social positives of the program have been sustained, and many of the relationships between generations are ongoing.

The upcoming Season 3, airing later in 2022, pairs teens with older people, and looks at whether sharing seemingly everyday tasks, from cooking to technology, can help build connections needed to improve the wellbeing, mood and confidence of all participants.

There are practical ways to translate the learnings from these experiments into aged care settings. A cost-effective approach with huge potential is to connect intergenerational playgroups (often including parents too) with residential aged care homes.

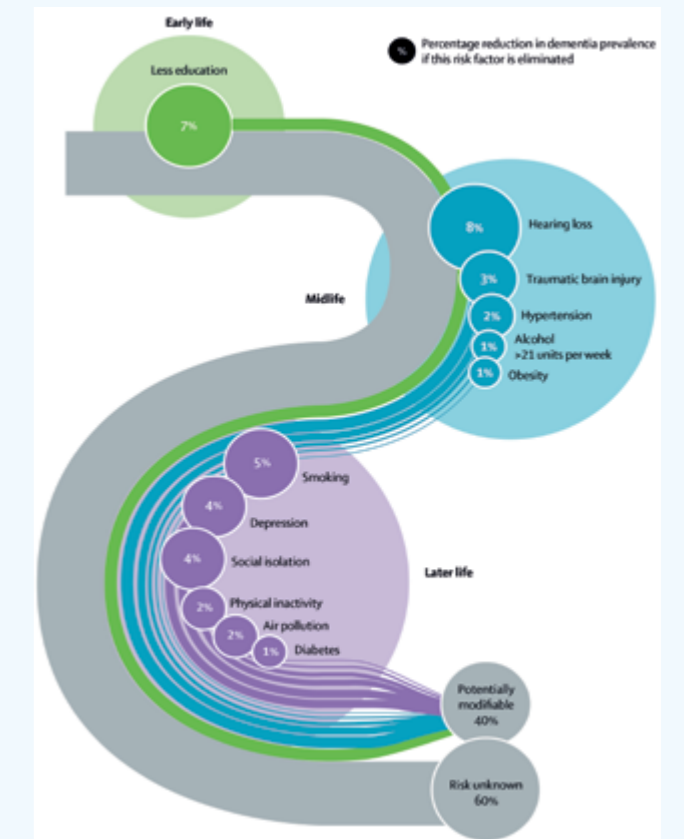
DEMENTIA PREVENTION

Close to half a million Australians have dementia. There are about 1,900 new cases a week, and there will be about 900,000 people with dementia by 2050. In my practice alone, I see five to 10 new cases weekly. Dementia is the most common cause of disability in people aged 65 and older. It is already the leading cause of death for women and will be the leading cause for men before too long. This is how common it is in Australia:

- 26,000 people under the age of 65 have dementia
- At age 65, 1 in 12 people have dementia
- At age 80, 1 in 4 people have dementia
- At age 90, 1 in 2 people have dementia

These figures show that if an older person doesn't have dementia themselves, it's likely that a partner, sibling or friend does.

The successful ageing advice covered previously includes modifiable risk factors for dementia. We can't change genetics, but we can encourage older people to be physically active; prevent, diagnose or treat their depression; facilitate social connection; promote healthy eating; and ensure access to vaccinations and healthcare including regular blood pressure, blood sugar and cholesterol checks.



MODIFYING DEMENTIA RISK FACTORS

Lancet Commission on Dementia findings show up to 40% of risk factors can be modified during a person's life (see above), including:

- Maintaining blood pressure of 130mm Hg or less from around age 40 (anti-hypertensive treatment is the only known effective dementia-preventative medication)
- Encouraging use of hearing aids as needed
- Reducing exposure to air pollution and second-hand tobacco smoke.
- Preventing head injury
- Preventing and treating depression
- Encouraging social connection
- Limiting alcohol use
- Supporting smoking cessation
- Providing all children with primary and secondary education
- Reducing obesity and the linked condition of diabetes
- Sustaining physical activity
- Addressing other accepted risk factors such as sleep disturbance

MODELS OF RESIDENTIAL CARE FOR PEOPLE WITH DEMENTIA

Several international studies show that people living with dementia tend to respond favourably to the independence, personal connection and empowering environment offered by the cottage model of care or group home. This contributes to improved quality of life, and potentially leads to better health outcomes than traditional residential care homes on indicators like hospitalisation, catheter use and pressure injuries. In addition, people are more functionally engaged in the activities of daily living, and display fewer negative behaviours and psychosocial symptoms of dementia.

The fundamental philosophical difference between the cottage model and traditional aged care homes is a heavy focus on person-centred care, firmly rooted in freedom of choice and autonomy for the residents.³ For example, residents of cottage models are more free to choose their own waking, bathing, eating, and sleeping schedules. They also participate in meal planning and preparation, and general upkeep of the home.

One study from British Columbia compared the differences in health and behaviours of residents with dementia in a small house-style home compared to a larger facility. It found that personalisation, familiarity and stimulation were significantly higher in the small house. Residents were happy more often, less withdrawn, and experienced improvements in irritable behaviours, oral health and nutrition.

In Australia, Suzanne Dyer et al conducted a study comparing traditional residential care homes with clustered homelike care (the cottage model) at 17 aged care facilities in three states.⁴

The study involved more than 500 people with and without dementia. The researchers found those living in homelike environments

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enjoyed a better quality of life, went to hospital less often and, importantly, were less likely to be prescribed psychotropic medications. What's more, the cottage model costs less or the same to run as the institutional model.

Here's what the residents of cottage-style homes found important in the Australian study:

- A small unit size (fewer than 15 residents)
- Independent access to outdoor areas
- Continuity of care by the same people
- Meals prepared in the unit kitchen
- Assisting in meal preparation and other household tasks such as laundry and sweeping

An important message here is that it is possible to retrofit traditional aged care buildings to facilitate the cottage model of care. I have seen this done successfully in the Netherlands, where an older facility was divided into smaller units, each with its own kitchen and unrestricted access to an outside garden area that people could safely visit without staff having to be there.



CONCLUSION

It's time for us to be more proactive about helping people achieve the goal of ageing successfully. Most people do an excellent job with the basics, such as preventative medicine and adequate nutrition. However, in the context of Australia's increasing life expectancy, we need to support older people to remain healthy, and happy, for longer.

Community supports and models of residential care play an important role, taking a holistic approach to preventing loneliness, encouraging physical activity and independence, providing healthy food

and treating depression as a mental health issue, not a normal part of ageing. All of these factors contribute to good physical and mental health and are protective against dementia. Catholic Healthcare will consider and incorporate the latest research in planning the Catholic Connected Communities of the future as part of a new strategic approach.

At the same time, there is much we can do to improve quality of life and outcomes for the many people already living with dementia, both in residential care and in the community.

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