Update on the Canadian Longitudinal Study on Aging (CLSA)

An online event for CLSA participants

October 27, 2023



### Land Acknowledgement

We acknowledge the diverse Indigenous nations who call these lands home, respect the Treaties that were made on these territories, and acknowledge the harms and mistakes of the past as we dedicate ourselves to moving forward in partnership with Indigenous communities in a spirit of reconciliation and collaboration.



## Agenda

- Welcome & Introductions
- CLSA Update
- Findings & Impact



## **PARTICIPANT WEBINAR**



Update on the Canadian Longitudinal Study on Aging (CLSA)

Date: Friday, October 27, 2023 Time: 1 PM ET | Noon CT

#### CLSA panelists include:



Dr. Parminder Raina Lead Principal Investigator



Dr. Christina Wolfson Principal Investigator Site Investigator, Montreal



Dr. Verena Menec Inaugural Site Investigator, Winnipeg



Dr. Vanessa Taler Site Investigator, Ottawa



Dr. Brent Richards Co-lead, Biomarker Working Group

#### **Scientific Leadership**



Parminder Raina Lead Principal Investigator McMaster University



Christina Wolfson Principal Investigator McGill University



Susan Kirkland Principal Investigator Dalhousie University



Lauren Griffith Co-principal Investigator McMaster University



Cynthia Balion Co-principal Investigator McMaster University



Andrew Costa Associate Scientific Director McMaster University

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#### Site Principal and Co-Principal Investigators Manitoba, Ontario, Quebec



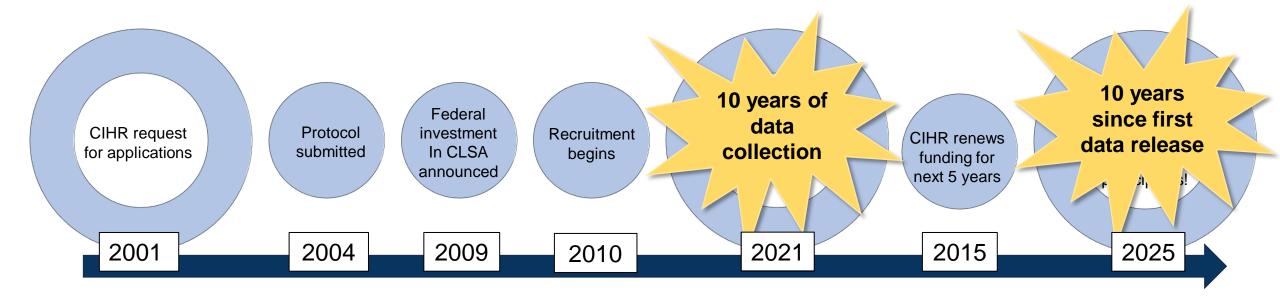
#### Site Principal and Co-Principal Investigators British Columbia, Alberta, Nova Scotia and Newfoundland



#### **CLSA Site Coordinators**









#### What is the CLSA?

# A research study and platform.

Supports population research into health and aging, leading to better health and quality of life for Canadians.





## **CLSA Network of Collaborating Institutions**













**McGill** 



uOttawa







a place of mind THE UNIVERSITY OF BRITISH COLUMBIA

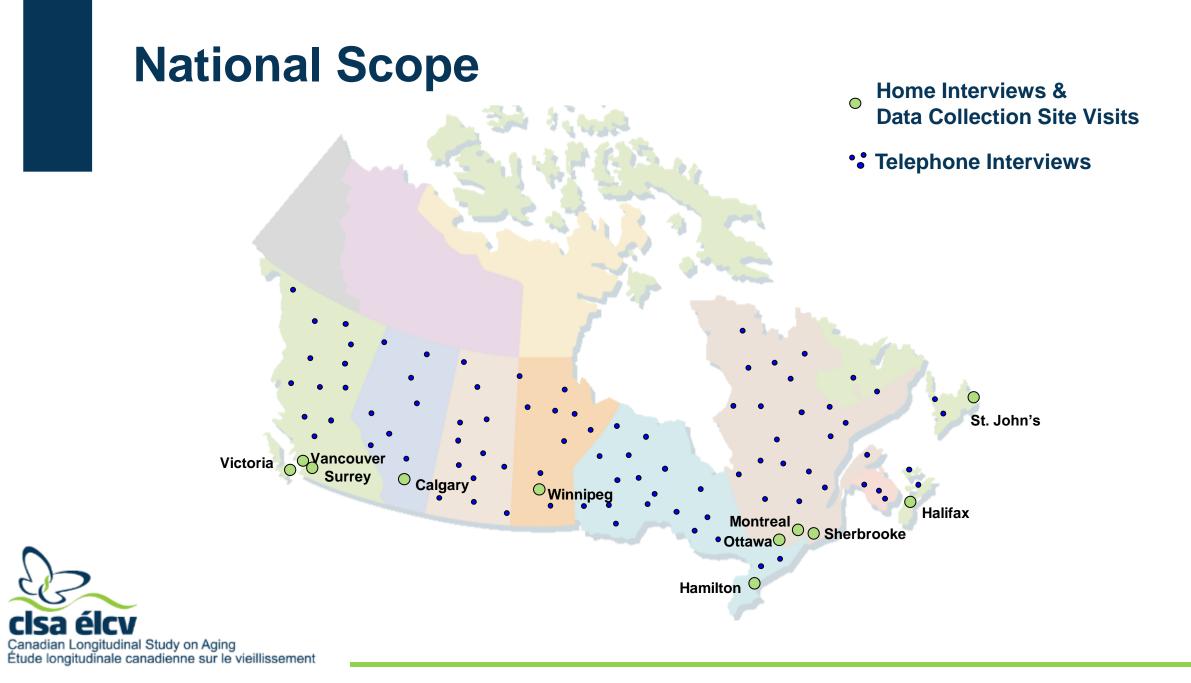


Institut de recherche Centre universitaire de santé McGill

Research Institute **McGill University** Health Centre





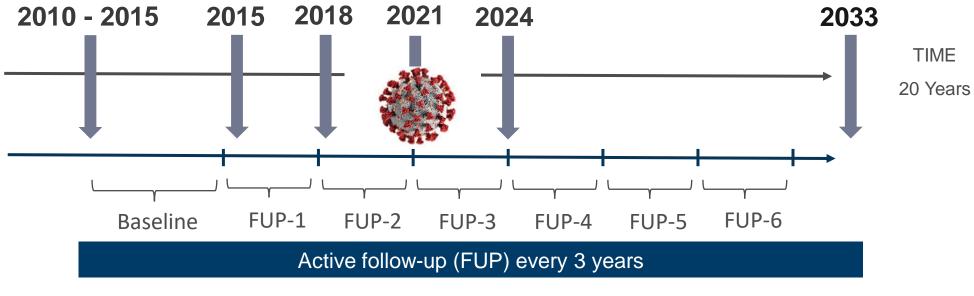


#### **CLSA Research Platform**

51,338 participants aged 45 - 85 at recruitment

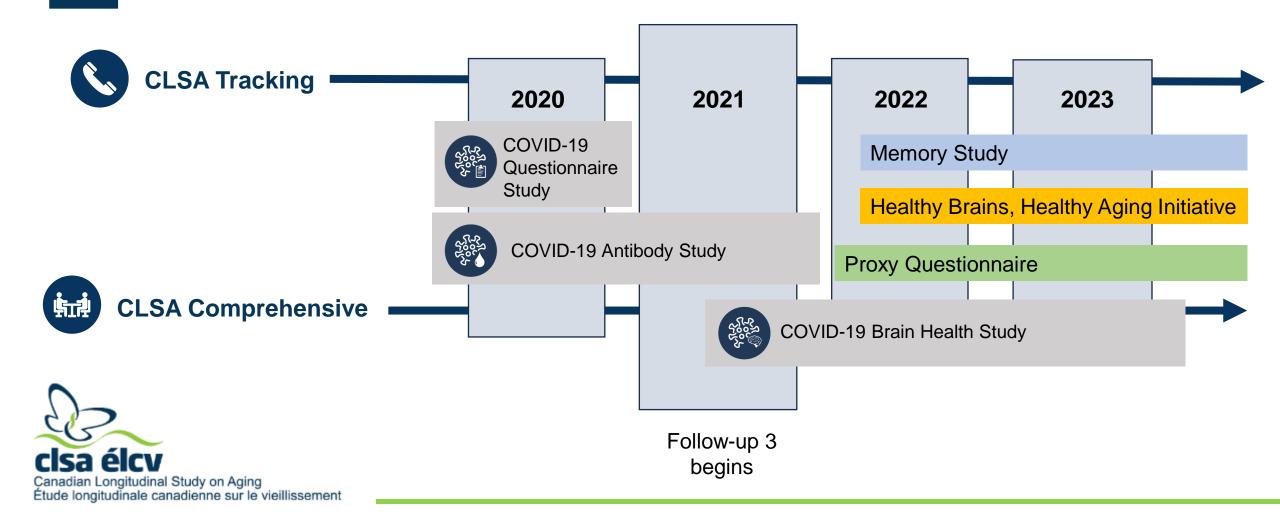








#### **Platform Enhancements**



#### **Data Collection through Questionnaires**

Answer a variety of questions on physical, social and psychological health

Questions largely remain the same, but new content has been added

- In Follow-up 3, a short supplemental questionnaire was added
  - Baseline Tracking data were released in 2015, leading to research about social isolation, hearing loss, risk factors for falls, retirement, and chronic health conditions





#### **CLSA** Data Collection

**Data Collection Site Visits** 

#### Biospecimen Collection Physical Blood • Urine Assessments Stool Height, Weight, BMI Bone Density, Body Composition, **Aortic Calcification Blood Pressure** ECG • Cognitive Carotid Intima-Media Thickness • Assessments **Pulmonary Function** ۲ Vision & Hearing Memory Performance testing Executive function Wearables **NEW** Reaction time





- TicWatch
- ActiGraph (thigh)
- Tracks activity and community mobility (e.g., driving)
- All Comprehensive participants

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# Sleep Trackers

- Muse headband
- ActiGraph (wrist)
- Tracks sleep quality and patterns
- 2,360 Comprehensive participants

#### **CLSA-Weston Healthy Brains, Healthy Aging Initiative**

- \$12M brain health initiative funded by the Weston Family Foundation
- 6,000 Comprehensive participants
- MRIs & stool samples (2,630 Comprehensive participants)
- Stool samples only (6,000 Comprehensive participants)





## Losses to the CLSA

- By the end of the second follow-up, 7.4% of participants had withdrawn from active data collection though most (80%) consented to continue through data linkage
- 6.9% of participants have died since their baseline assessment
- Strategies to prevent losses
  - Web questionnaires for participants who move outside of the area
  - Proxies who can answer questions for the participant

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cihr-irsc.gc.ca/e/53522.html

COVID-19 Data Dashboard: clsa-elcv.ca/covid-study-results

## **COVID-19 Antibody Study: Findings**



18,536 CLSA participants provided blood samples between November 2020 to July 2021.



Between November 2020 and July 2021, 3.9% of participants tested positive for antibodies that indicates infection from the SARS-CoV-2 virus.



17,311 blood samples were able to be tested for the presence of antibodies that indicates infection due to SARS-CoV-2 the virus that causes COVID-19.



Overall, younger participants (aged 50-69 years) were most likely to test positive for antibodies that indicates infection from the SARS-CoV-2 virus.

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Rates of positivity increased over time in all provinces.



Additional results available here: clsa-elcv.ca/antibody-results-update How are the collected data being used?



### **Projects & Publications**

- More than 500 research teams have been approved to use CLSA data since 2014
  - More than a third of approved projects are led by trainees
  - Most projects are based in Canada, but many are international e.g., U.S., UK, Netherlands, Switzerland, Australia
  - www.clsa-elcv.ca/approved-projects
- 320 publications have been published in scientific journals
  - www.clsa-elcv.ca/stay-informed/publications



### **Scientific Publications**



Mills CM, Keller HH, DePaul VG, Donnelly C. Factors Associated with the Development of High Nutrition Risk: Data from the Canadian Longitudinal Study on Aging. Can J Aging. 2023 Sep 26:1-14.



He W, Han X, Ong JS, Wu Y, Hewitt AW, Mackey DA, Gharahkhani P, MacGregor S. **Genome-wide metaanalysis identifies novel loci and improves disease prediction of age-related macular degeneration.** Ophthalmology. 2023 Aug 25:S0161-6420(23)00622-X.



Levasseur M, Dubois MF, Généreux M, Naud D, Trottier L, Menec V, Roy M, Gabaude C, Couturier Y, Raina P. **Key Age-Friendly Components of Municipalities that Foster Social Participation of Aging Canadians: Results from the Canadian Longitudinal Study on Aging**. J Urban Health. 2023 Aug 18.



Zolfaghari S, Cyr M, Pelletier A, Postuma RB. Effects of Season and Daylight Savings Time Shifts on Sleep Symptoms: Canadian Longitudinal Study on Aging. Neurology. 2023 May 3.



Ho M, Pullenayegum E, Fuller-Thomson E. Is Social Participation Associated with Successful Aging among Older Canadians? Findings from the Canadian Longitudinal Study on Aging (CLSA). Int J Environ Res Public Health. 2023 Jun 6;20(12):6058.



Griffith LE, Beauchamp M, McMillan J, Borhan S, Oz UE, Wolfson C, Kirkland S, Basta NE, Thompson M, Raina P; Canadian Longitudinal Study on Aging (CLSA) Team. Persistent COVID-19 symptoms in community-living older adults from the Canadian Longitudinal Study on Aging (CLSA). Commun Med (Lond). 2023 Mar 11;3(1):36.



#### Media coverage



#### Loneliness a major risk factor for depression in seniors: study

A survey of more than 24,000 Canadians over the age of 50 found they were twice as likely to experience symptoms after the first pandemic lockdown

#### ERIN ANDERSSEN

Loneliness was the most significant risk factor for depression among older Canadians during the first year of the pandemic, according to the results of a largescale longitudinal study that followed seniors both before and after COVID-19 spread through the country.

The research is part of a growing treasure trove of data pinpointing risk factors in pandemic mental health that experts say should help governments target health dollars to the Canadians who will struggle most in the aftermath.

"If you only look at mental health in aging populations from a medical viewpoint, you can

contribute to chronic issues." said Parminder Raina, the scientific director of the McMaster Institute for Research on Aging, term care homes.) and the lead investigator of the longitudinal study

veys, the research, which used a 31 per cent, a number that did



overlook the social factors that Women experienced higher rates of depression than men during the first year of the pandemic, according to a study that followed seniors both before and after COVID-19 spread. RYAN REMIORZ/THE CANADIAN PRESS

> income was less than \$20,000, As with many COVID-19 sur- the prevalence of symptoms was

The study, which surveyed sample of people from the Cana- not change much during the surmore than 24,000 Canadians dian Longitudinal Study on Ag- vey's time period. As Dr. Raina over the age of 50 from before ing, found that what put people notes, low-income seniors althe pandemic to the end of 2020, at higher risk of mental-health is- ready had higher rates of depresfound that they were twice as sues before the pandemic also sion than those with more finanlikely to experience symptoms of tended to make them more vul- cial resources before March, depression after the first lock- nerable during it. 2020.

#### The New York Times

#### The Pandemic Has Made Many Seniors Less Active

Health experts are concerned that the pandemic, in upending daily routines, has reduced mobility and physical conditioning in older adults.



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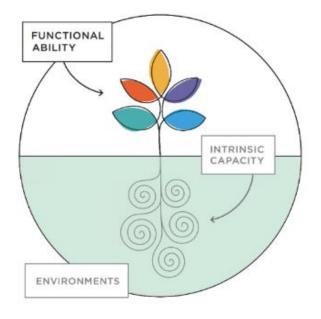
## Impact of Projects & Publications on Policy



#### DECADE OF HEALTHY AGEING BASELINE REPORT



COVID-19 IMMUNITY TASK FORCE GROUPE DE TRAVAIL SUR L'IMMUNITÉ FACE À LA COVID-19





Public Health Agency of Canada Agence de la santé publique du Canada

**CISA ÉICV** Canadian Longitudinal Study on Aging Étude longitudinale canadienne sur le vieillissement





CLSA is funded by the Government of Canada through CIHR and CFI, and provincial governments and universities. COVID-19 research funding is provided by the Weston Family Foundation, COVID-19 Immunity Task Force, Juravinski Research Institute, McMaster University, McMaster Institute for Research on Aging, Nova Scotia COVID-19 Health Research Coalition and the Public Health Agency of Canada.







# Thank you!





# Cognition data in the CLSA

Vanessa Taler, PhD

School of Psychology, University of Ottawa Bruyère Research Institute, Ottawa

October 27, 2023





# What cognition measures do we collect in CLSA?



- animal fluency test
- mental alternation test
- auditory verbal learning (immediate and delayed)

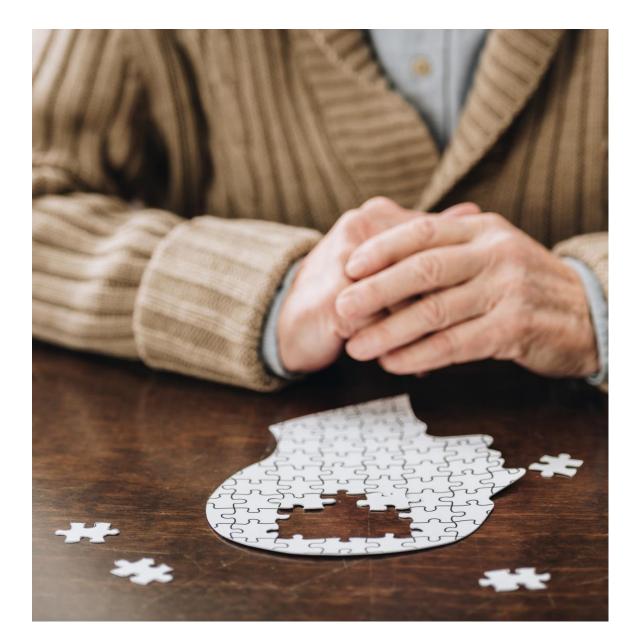


- animal fluency test
- letter fluency test
- mental alternation test
- auditory verbal learning (immediate and delayed)
- Stroop
- prospective memory test
- choice reaction time test



# Subjective cognitive status

- We also ask questions about people's self-perceived memory function
- For example,
  - Have you noticed changes in your memory?
  - Are you worried about them?





#### Why do we collect these data?

- Allows us to track changes in cognition over time
- We can examine the effects of different events/health conditions on cognitive performance
- We can identify factors that help people maintain cognitive function
- We can track the progress of people who are worried that they are losing memory function, even if their memory testing is normal

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## Traumatic brain injury (TBI) and cognition

#### Goals:

- To investigate rates of cognitive decline after 3 years in people who report a previous TBI with loss of consciousness
- To examine the role of social support as predictor of preserved cognitive function



## Traumatic brain injury (TBI) and cognition

#### We found that:

- People with previous TBI and loss of consciousness showed greater cognitive decline years after the head injury
- However, perceived social support, particularly emotional support, may help buffer against this cognitive decline.



#### Subjective cognitive status

- Some people report that they are worried about changes in their memory/cognition, even though their performance on cognitive tasks is normal
- Research is trying to determine the meaning of these concerns – is the person noticing changes doctors can't yet detect? Or are things fine?
- CLSA has started asking people about their self-perceived cognitive function so we can begin to answer these questions

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### **Predictors of subjective cognitive concerns**

### Goal:

- To identify the biopsychosocial factors that predict concerns about cognition
- Why?
  - Understanding the factors that predict people being worried about their cognition could help us design interventions to assist people with these concerns



### **Predictors of subjective cognitive concerns**

#### Findings:

- Physical factors (physical activity, hypertension, vision problems) did NOT predict concerns about cognition
- Rather, psychosocial variables (depression, perceived social status, and personality traits) showed a more consistent association
- These results emphasize the importance of considering *psychological and social factors* in conceptualizing subjective cognitive concerns.



### **Predictors of subjective cognitive concerns**

#### **Future directions:**

- We are following up on these findings by:
  - Identifying factors that <u>influence the risk</u> of subsequent cognitive decline in people with subjective cognitive concerns
  - Examining factors that <u>protect</u> against cognitive decline in these people



### Other ongoing work

- Developing methods to detect changes in cognition using the CLSA battery
  - Development of a "cognitive impairment indicator"
  - Detection of spurious low scores in neuropsychological assessment
  - Identification of risk factors (e.g., shift work)



### Other ongoing work

- Development of norms based on this very large sample
  - Cognition is expected to change as we age we call this normal aging
  - Provides vital information for clinicians assessing patients for cognitive impairment
  - Norms available in both English and French



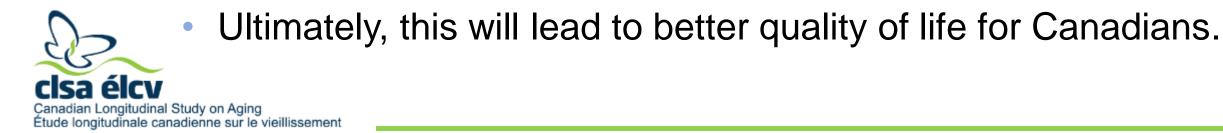
### Other ongoing work

- CLSA can help us understand normal/healthy aging and identify markers of cognitive decline
- In the future, we will be able to identify risk and protective factors for dementia
- Harmonizing across other large-scale studies to identify the optimal way to ask people about their cognitive function



### Conclusions

- The cognitive data are a crucial component of the CLSA
- They allow us to understand the factors driving cognitive health throughout the lifespan
- This can help us understand more about:
  - how to assist people in maintaining cognitive health
  - how to identify people who are at risk of cognitive decline



# Thank you for your participation!





# **TARGETING ISOLATION**

Verena Menec, PhD Professor Department of Community Health Sciences University of Manitoba October 27, 2023



The University of Manitoba campuses are located on original lands of Anishinaabeg, Cree, Oji-Cree, Dakota, and Dene peoples, and on the homeland of the Métis Nation.





#### Nancy Newall, PhD

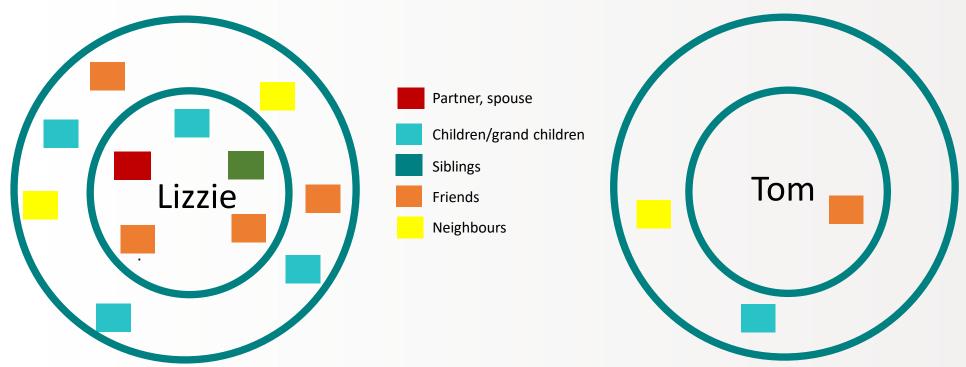
Associate Professor Department of Psychology Brandon University





### Definitions: Social isolation and loneliness

Social isolation: An objective state of a lack of social contact



Loneliness: The unpleasant feeling of being disconnected





# The Problem: Social isolation and loneliness are health risks

- Decreased immune system
- Heart disease and stroke
- Dementia
- Depression
- Lower quality of life

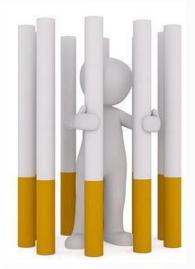






# The Problem: Social isolation and loneliness are health risks

Social isolation increases the risk of mortality as much as smoking 15 cigarettes a day









### The Challenge: How to connect people



Socially isolated older adult

Socially engaged older adult



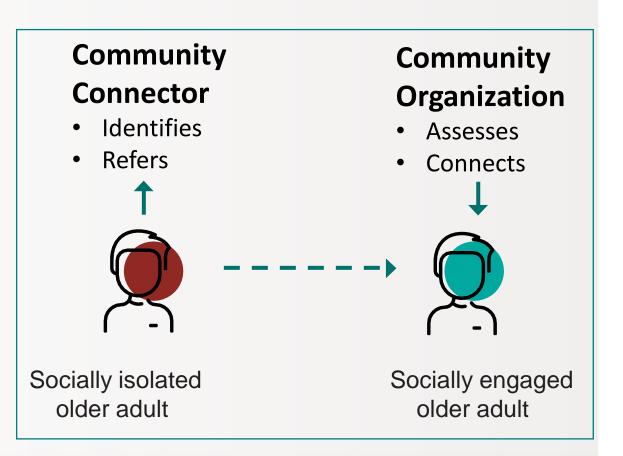




## A Solution: Targeting Isolation

Objectives:

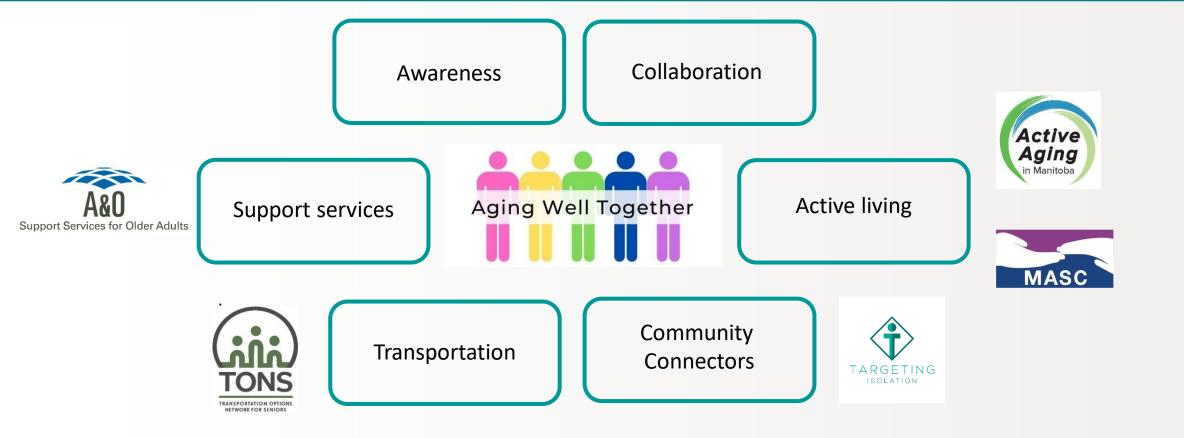
- Provide evidence-based information
- Train 'community connectors' to identify and refer at-risk older adults to resources







## Aging Well Together Coalition



Funded by the Government of Canada's New Horizons for Seniors Program





### Targeting Isolation

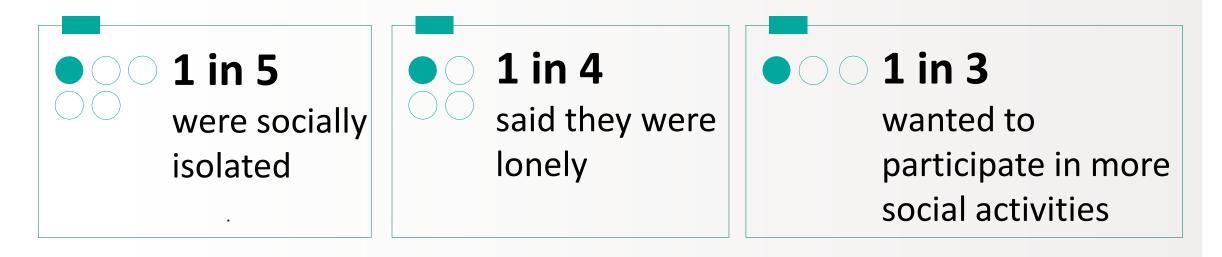






### Social Isolation and Ioneliness are common

Among Manitobans aged 65 or older (pre-COVID) ...

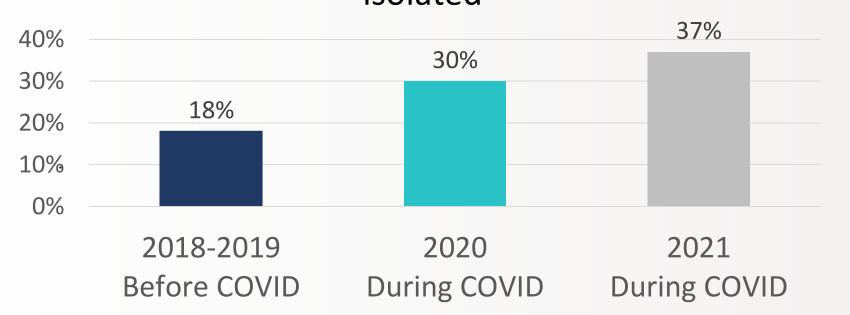






# Social isolation/loneliness increased during COVID-19

# % Manitobans aged 55+ who were socially isolated







Social isolation/loneliness are more common among certain groups ...

- People living on low income
- Those with health problems
- Those experiencing life transitions (e.g., loss of spouse)

Knowing the Risk Factors **HELPS** 







### Identifying signs of social isolation/loneliness

# Show somebody you CARED

Connections Activities Relationships Emergency Contact Dwelling







SOCIAL ISOLATION & LONELINESS IN OLDER ADULTS

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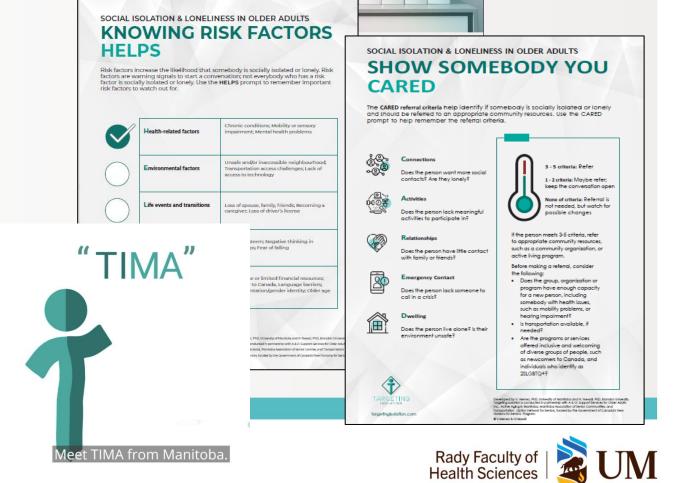
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- Fact sheets
- Reports
- Resources
  - Knowing risk factors HELP
  - Show somebody you CARED

targetingisolation.com

- Conversation starters
- And much more ...
- Videos







#### **Training Community Connectors**

- Workshops
- E-learning module for healthcare professionals and volunteers/staff



Targeting Social Isolation Together E-Module For Healthcare Professionals

Please click the "sign-up" button below to take our e-module designed for health professionals.



Targeting Social Isolation Together E-Module For Community Volunteers

Please click the "sign-up" button below to take our e-module designed for community volunteers.











### Thank you for participating in the CLSA!

# For more information visit targetingisolation.com





# CLSA and Personalized Medicine

Brent Richards, MD, MSc Division of Endocrinology, Department of Medicine, Jewish General Hospital Professor of Medicine / William Dawson Scholar / FRQS Chercheur Senior Lady Davis Institute McGill University









James Doak, St. John's School survivor of Lac Temiscamingue canoe tragedy arrives at the village of Ville-Marie on June 13, 1978. LEN SIDAWAY / MONTREAL GAZETTE

### 1978 Lake Timiskaming Canoeing Tragedy

## Causes of the Tragedy?

- Inexperienced paddlers
- Moderate wind
- Moderate waves
- Paddling for four hours
- Poor night's sleep after an all-night car trip
- Cold water
- No swim test
- Only one adult





### A single genetic cause

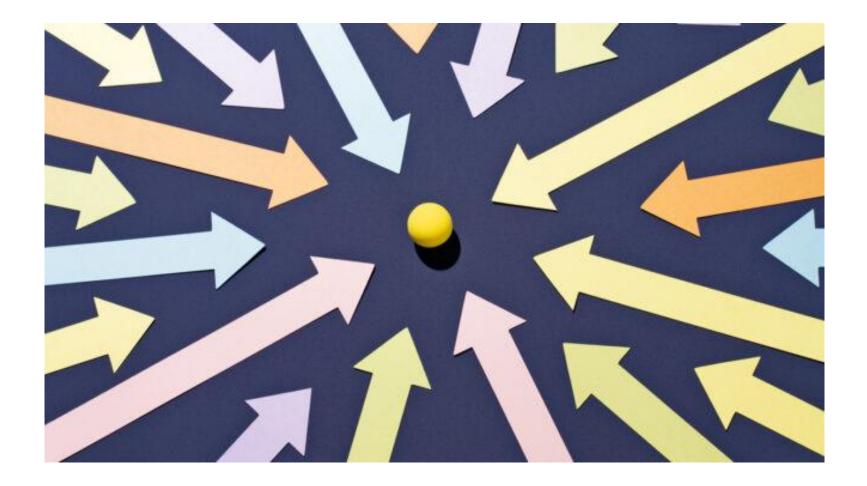




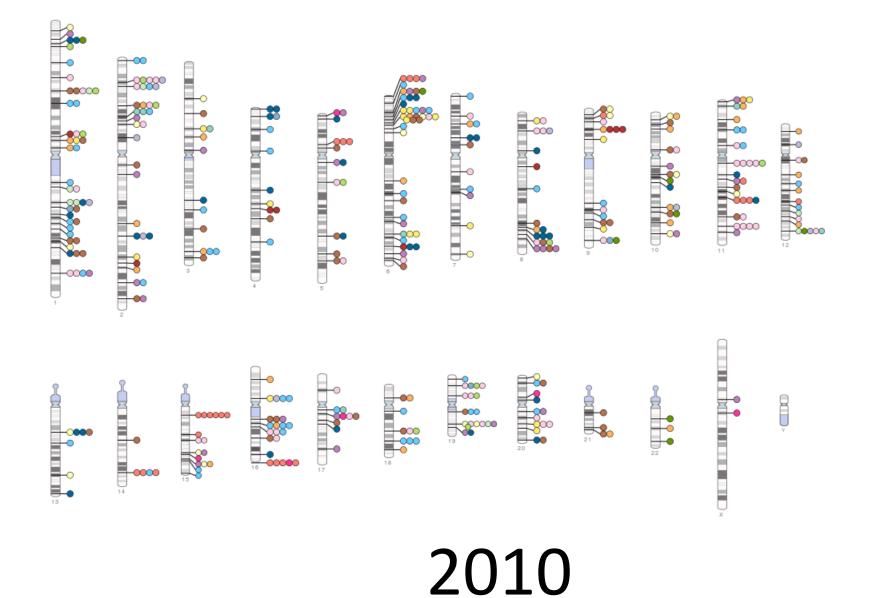
### A single genetic cause

#### A confluence of many causes

# Most ageing-related disease is caused by hundreds of little nudges



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13	14	15	16	17	18	19	20	21	22	x	Y	





## 

# Helping our patients?



#### **Disease Prediction**



#### **Improving Diagnosis**



Identifying causes of disease

# Helping our patients?



#### **Disease Prediction**

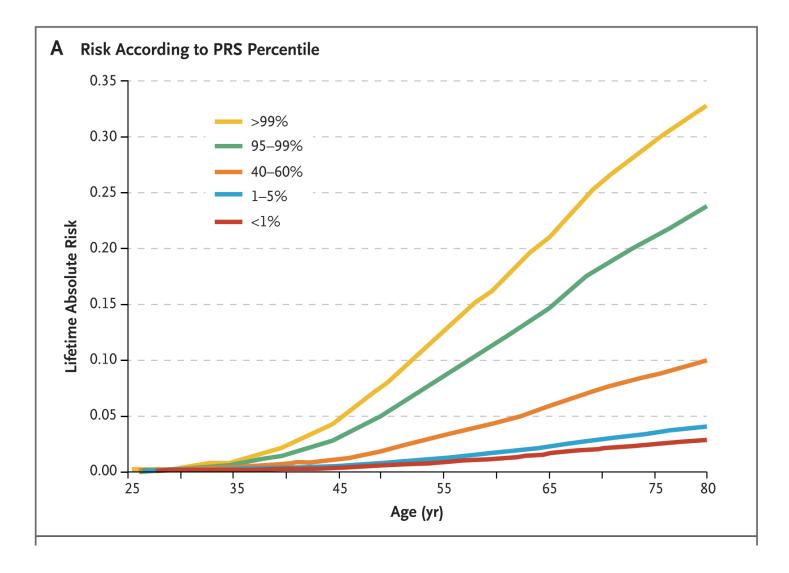


#### Improving Diagnosis



Treatment Response / Non-Response

## Lifetime Breast Cancer Risk to Age 80



Hunter & Drazen, NEJM 2019

## Helping our patients?



### **Disease Prediction**

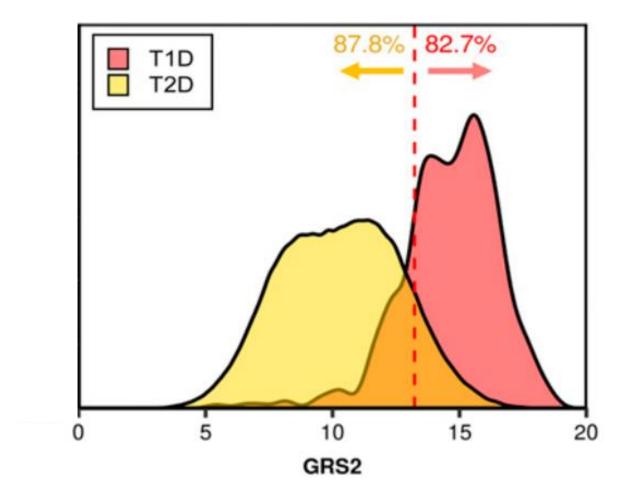


### **Improving Diagnosis**



Treatment Response / Non-Response

## Improving Diagnosis: Which diabetes do I have?



## Helping our patients?



### **Disease Prediction**

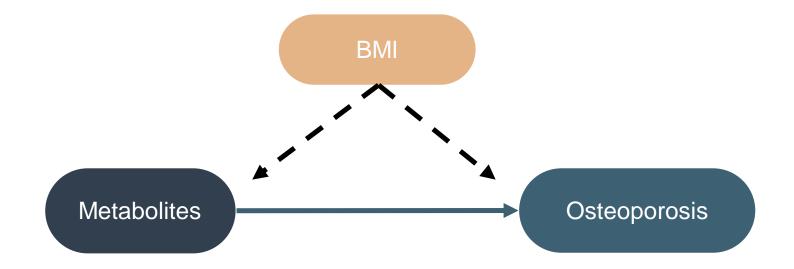


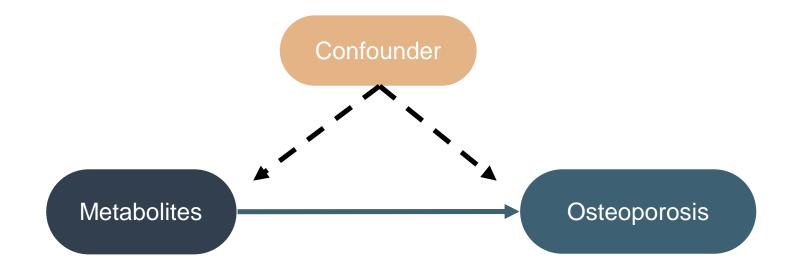
#### Improving Diagnosis

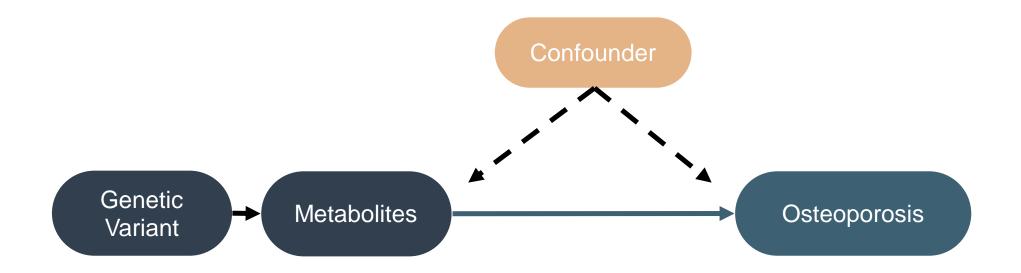


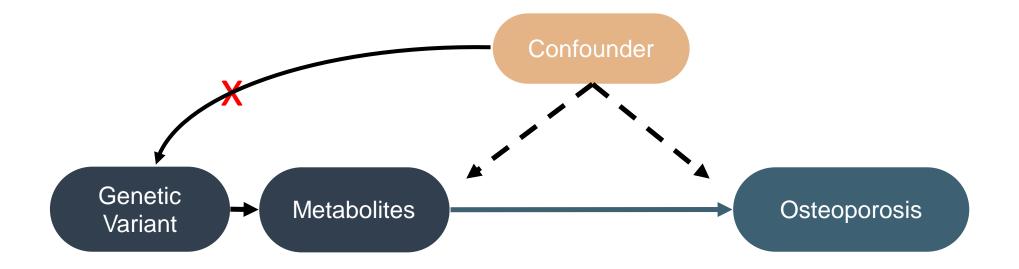
Identifying causes of disease

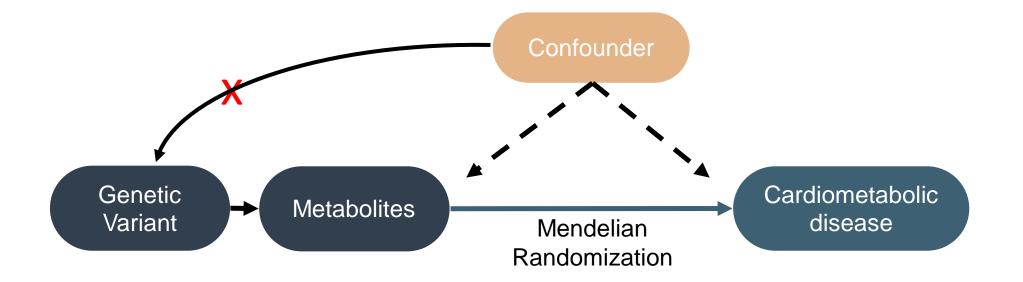




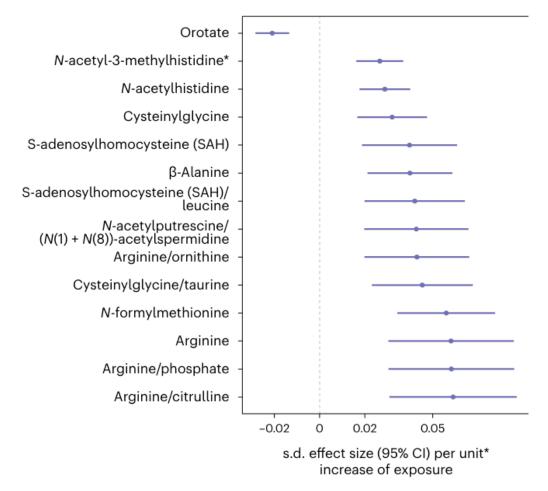








## Causal effect of metabolites on bone density





• Rapid advances in measuring the millions of small influences on disease risk has allowed us to:

- 1. Better identify individuals at risk of disease
- 2. Clarify diagnoses
- 3. Help to identify causes of disease, which can be used as targets for therapeutic interventions



• This is only possible through large—scale collections of data from humans, such as you, the participants of the CLSA





James Doak, St. John's School survivor of Lac Temiscamingue canoe tragedy arrives at the village of Ville-Marie on June 13, 1978. LEN SIDAWAY / MONTREAL GAZETTE

## 1978 Lake Timiskaming Canoeing Tragedy

## Reminders

• Questions? New contact information? Get in touch:

- Toll-free: 1-866-999-8303
- Email: info@clsa-elcv.ca
- Web: www.clsa-elcv.ca/update-your-details
- For the latest study updates, visit www.clsa-elcv.ca or follow us on social media.
- Complete your feedback survey and let us know if you enjoyed today's webinar.



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