

Canadian Longitudinal Study on Aging Étude longitudinale canadienne sur le vieillissement



Advancing the Science of Population Health and Aging through Interdisciplinary Research: The Canadian Longitudinal Study on Aging

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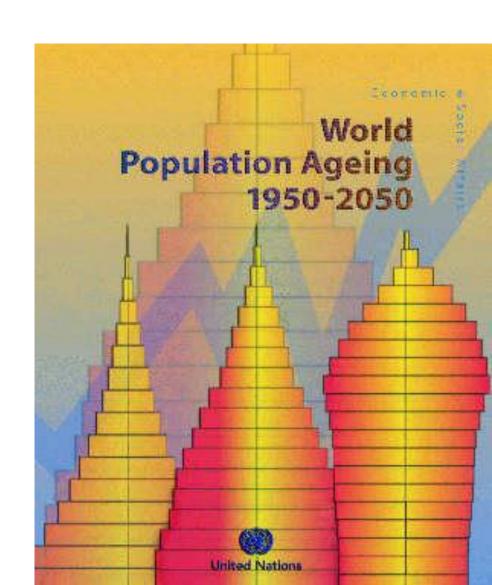
McMaster University, Hamilton

Regroupement des organisations de santé publique de la Capitale-Nationale, April 27th, 2015

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Population aging

- Due to declining fertility and increasing longevity (demographic transition)
- Unprecedented, accelerating, shifts will be permanent
- Profound implications for human life, including health



Population Totals in Canada by Age Group and Year



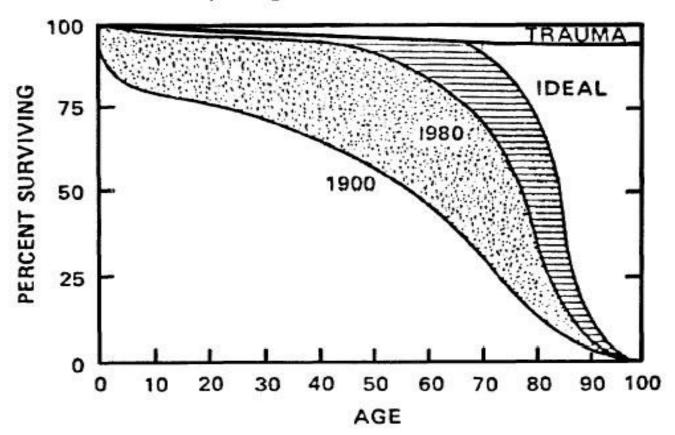
Population Totals in Canada by Age Group and Year



Rectangularization of the survival curve

FURTHER INCREASE IN LIFE EXPECTANCY

Squaring the survival curve





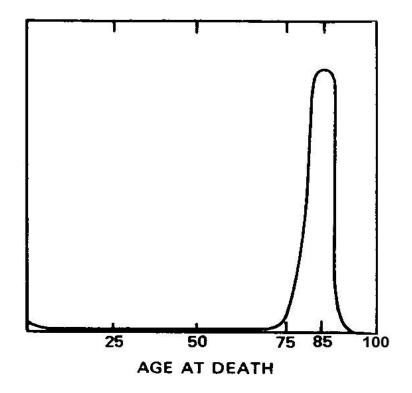


Figure: Mortality According to Age in the Absense of Premature Death

- Morbidity compressed into a short period prior to death
- Represented an important shift in thinking
- Departure from the medical model of aging, which assumed that death always occurred as a result of a disease process, and that older age was a period of inevitable decline

Compression of morbidity

Fries' paradigm based on the premise that:

- The length of human life is fixed AND
- Chronic disease can be postponed
- Predicted that the increase in life expectancy would plateau in the coming decades, particularly life expectancy from age 65 which excludes early life mortality

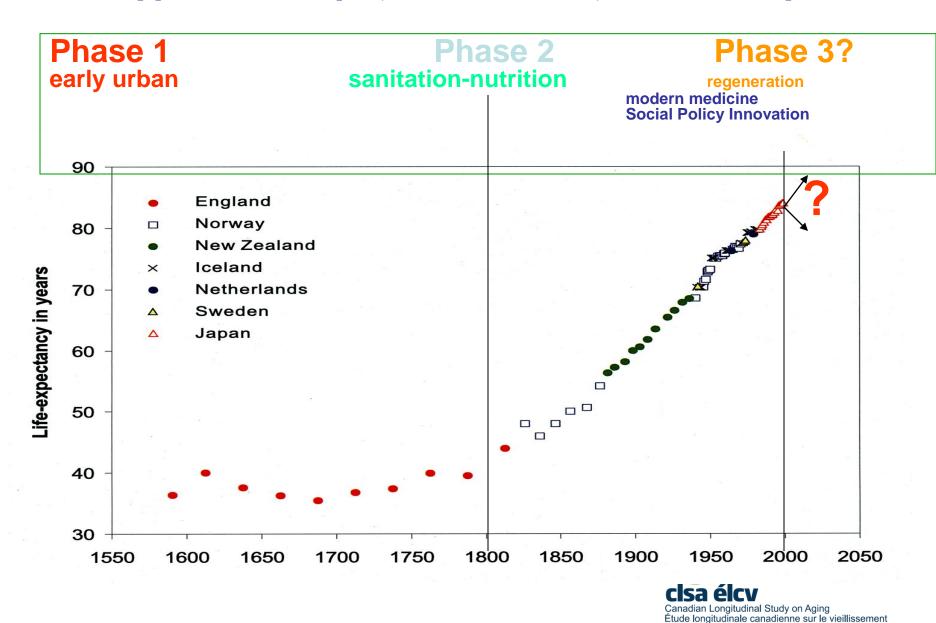


Evidence suggests otherwise

- Is average life expectancy approaching an upper limit to life expectancy?
 - the evidence that the average life span is 85 years is unconvincing
 - there is no evidence for further rectangularization of survival curves
- Will age at first infirmity increase?
 - there is no evidence for over-all declines in incidence of morbidity: on the contrary
 - evidence for actual "(de)compression" of morbidity is ambiguous



Historical increases of life expectancy Oeppen and Vaupel, Science 2002; C Finch adaptation



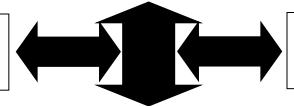
Demographic Futures

- Upward trend in life expectancy continue, cease, or reverse?
 - + Effective interventions against age-related diseases
 - + Improved environment for ageing
 - + Life-cycle deceleration (delayed reproduction)
 - Adverse effects of excess nutrition
 - Adverse effects of alcohol and drug abuse
 - Adverse effects of increasingly sedentary lifestyles
 - Life-cycle acceleration (early maturation)



|Why aging occurs

Intrinsic



Extrinsic

How aging is caused



Genes Associated With Avoiding Late-Life Disease in Humans

Table 4

GENE	BIOCHEMICAL FUNCTION	COMMENTS	REFERENCES
APOE	Lipoprotein metabolism	E2 variant is frequent in centenarians while E4 variant as a risk factor for Alzheimer's disease is rare in centenarians.	Schachter et al. 1994
ACE	Angiotensin-converting enzyme	Plays a role in regulating blood pressure.	Schachter et al. 1994
PAI1	Plasminogen activator inhibitor 1	Plays a role in blood clotting, thus affecting risk of stroke and heart attack.	Mannucci et al. 1997
HLA-DR	Histocompatability locus antigen	DR variant is frequent in centenarians; resists infection and inflammation?	Ivanova et al. 1998
WRN	Possesses both DNA helicase and exonuclease activity	Gene responsible for Werner's Syndrome; mutation leads to a variety of aging-related pathologies, e.g., cataracts, can- cer, osteoporosis, slow wound healing, etc.	Yu et al. 1996 Huang et al. 1998 Martin and Oshima 2000
B3AR	B-3 adrenergic receptor	Allelic form present affects time of onset of Type 2 diabetes.	Walston et al. 1995
MTHFR	5-, 10-methylenetetra- hydrofolate reductase	Deficiency leads to increased levels of homocysteine and DNA hypomethylation; increases risk of cardiovascular disease and cancer.	Heijmans et al. 2000
KLOTHO	Membrane protein with β-glucosidase activity?	Homozygous variant form is underrepresented in elderly individuals.	Arking et al. 2002

Genetic Heritability of Human Lifespan

Cournil & Kirkwood Trends in Genetics 2001

Twin Studies

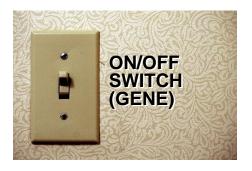
McGue et al (1993)	0.22
Herskind et al (1996)	0.25
Ljungquist et al (1998)	<0.33

Traditional Family Studies

	Philippe (1978)	0-0.24
•	Bocquet-Appel & Jakobi (1990)	0.10-0.30
	Mayer (1990)	0.10-0.33
	Gavrilova et al (1998)	0.18-0.58
	Cournil et al (2000)	0.27

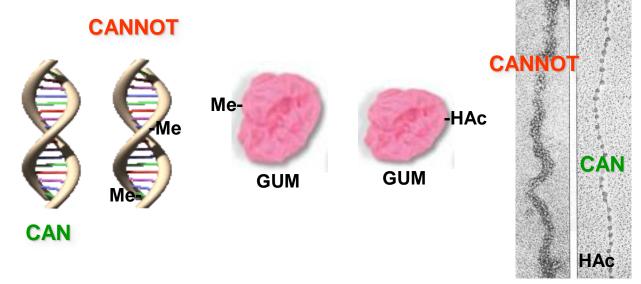
Genes account for 25% of what determines disease and longevity

EPIGENETICS





30 nm fiber 10 nm fiber



DNA AND CHROMOSOME LEVELS

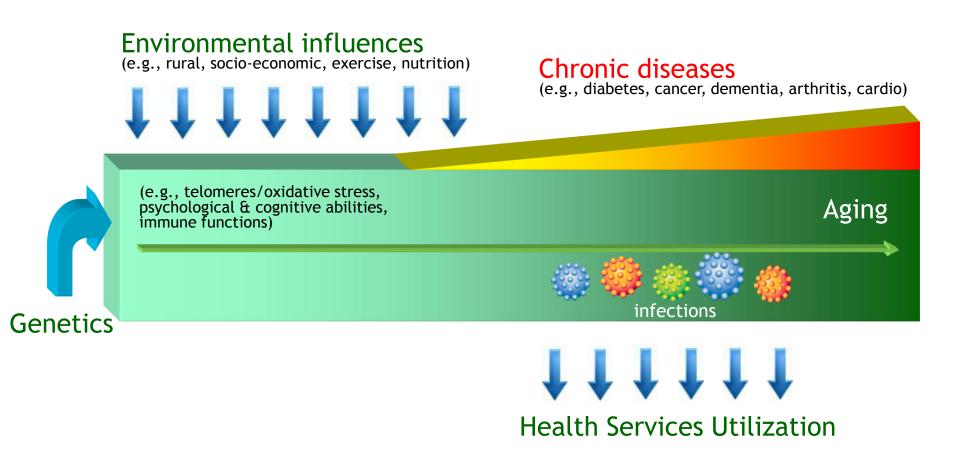


Non-Biological/Medical Determinants of Aging?

- Nutrition
- Lifestyle
- Environment
 - Physical
 - Social
 - Economic
 - Work Place
 - Psychological
- Chance



Intrinsic and Extrinsic Factors



Time (Longitudinal Study)



Canadian Longitudinal Study on Aging (CLSA)

- 50,000 Participants from across Canada
- Aged 45-85 at baseline
- 20 year study with major data collection every 3 years
- More than 160 researchers in 26 institutions
- biology, genetics, medicine, psychology, sociology, demography, economics, epidemiology, nursing, nutrition, health services, biostatistics, population health



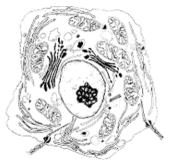
The CLSA Vision

A research platform – infrastructure to enable state-of-the-art, interdisciplinary population-based research and evidenced-based decision-making that will lead to better health and quality of life for Canadians.



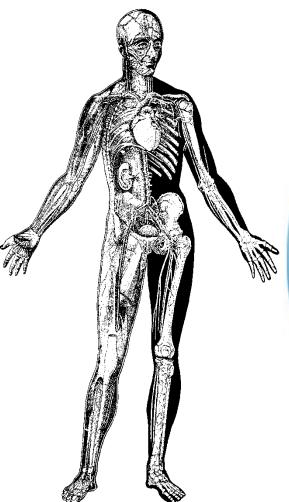






Innovation - Cell to Society

- Mid life to old age
- Quantitative traits
 - Physical
 - Social
 - Psychological
- Gene-environment interactions
- Disease, disability, psychosocial consequences









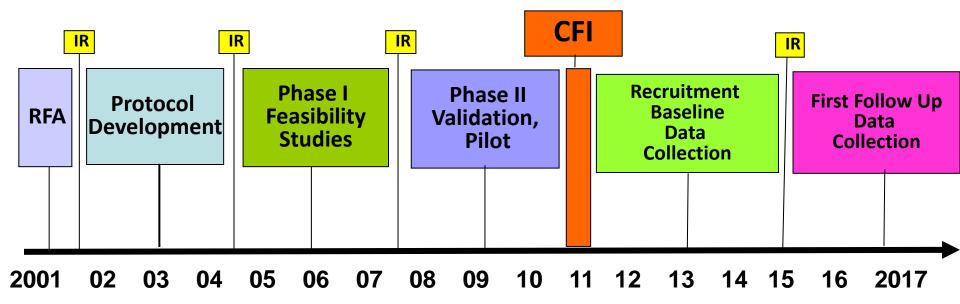
Timeline and Milestones

Team
Design
Objectives
Content

Acceptability
Bio-specimens
Recruitment
Data Linkage

Pilot recruitment Validate measures SOPs, TMs Pilot protocol

Data Collection





Design Overview

50,000 women and men aged 45 - 85 at baseline

n=20,000* Randomly selected within provinces

n=30,000 Randomly selected within 25-50 km of 11 sites

Questionnaire By telephone (CATI)

Questionnaire In person, in home (CAPI)

Clinical/physical tests Blood, urine At Data Collection Site

Full follow up every 3 years

Maintaining Contact in between waves

Data Linkage



Recruitment Sampling Frames

Sampling weights are available

- 1. Partnered with Statistics Canada
 - CCHS 4.2 Healthy Aging Survey
 - 2006 Census as an area frame to select households
 - Agreed to share contact information
- 2. Partnered with provincial Ministries of Health (MOH)
 - Health Card Registration databases
 - Mailouts, return Consent-to-Contact form
- 3. Random Digit Dialing
 - Pre-recruitment



Exclusion Criteria At Baseline

CCHS exclusion criteria

- Residents of the 3 territories
 - i.e. Northwest Territories, Nunavut, Yukon
- Living in an institution
- Living on First Nations Reserves
- Full time members of the armed forces
- Temporary visa holders
- Cognitive impairment
- Unable to communicate in French or English

Standardized Paperless Process

Pre-recruitment

Participants
Consent to
Participate in
CLSA





- -Blood
- Urine



DATA COLLECTION SITE VISIT Physical/Neuropsychological Data



n=20,000 Telephone n=30,000 Interview

Home Interview





Stored at
Biorepository and
Bioanalysis
Centre



Data Stored at
Statistical
Analysis Centre
and disseminated
to researchers

Questionnaire data processing



24

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Content: Tracking Modules

60 minute Computer Assisted Telephone Interviews

- Sociodemographics
- Veteran identifier
 - PTSD screen
- Lifestyle
- Health
 - General, women's, vision, hearing, chronic conditions
- Functional Status
- Cognition
 - Rey Auditory Verbal LT
 - Mental Alternation Test
 - Animal Naming

- Depression
- Satisfaction with life
- Social networks/support/ participation
- Care-giving/receiving
- Injuries
- Labour Force
- Income

Content: Comprehensive

InHome Computer Assisted Personal Interviews

- The Tracking CATI plus
- Short diet questionnaire
- Sleep
- Medications
- More extensive disease symptoms questionnaire

CLSA Data CollectionAt the Data Collection Site

Physical Data Collected

- Bone Density, Body Composition
- Aortic Calcification
- ECG
- Carotid Intimal-Medial Thickness
- Pulmonary Function
- Vision and Hearing



Biological Data Collected

- Blood
- Urine



Psychological Data Collected

- Neuropsychological Battery
- Performance Testing
- Anthropometric Measures

For more Information visit www.clsa-elcv.ca



Biological Samples

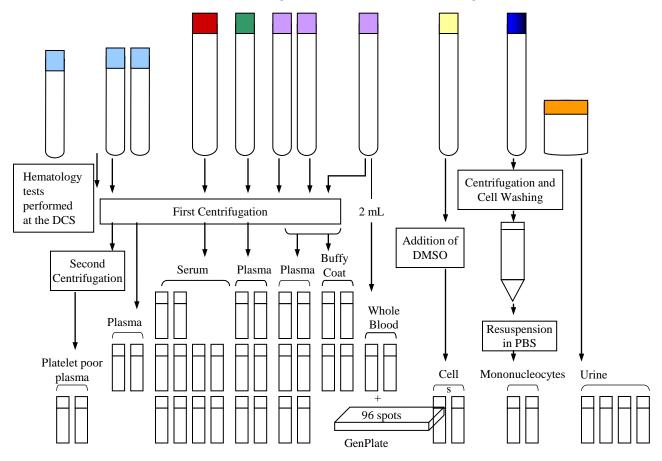
BIOCHEMICAL & HEMATOLOGICAL ANALYSIS (50 ml Blood; Urine)

General Hematology

- Basophils
- Eosinophils
- Neutrophils
- Lymphocytes
- Monocytes
- White blood count
- Red blood cells
- Hemoglobin
- Platelets

Lipid Profile

- HDL-cholesterol
- LDL-cholesterol
- Tryglycerides
- Glucose
- Fasting blood sugar



Genetic and Epigenetic Markers



Content: Maintaining Contact 30 minutes CATI

- Falls
- Pain
- Oral Health
- Health Care Utilization
- Dietary Supplement Use
- Nutritional Risk
- Physical Activity
- Social Inequality
- Online social networking
- Transportation, migration, mobility
- Built Environment
- Wealth

- Parkinsonism (T)
- Medication (T)
- Psychological Distress (C)
- Personality Traits (C)

Status

As of April 24th, 2015

Recruitment & Data Collection Update Telephone Interviews

- Recruitment of 20,000* participants, 60 minute telephone interviews every 3 years:
 - ✓ From....Provincial Health Care Registries
 - ✓ From....Statistics Canada CCHS on Healthy Aging
 - ✓ From....Random Digit Dialing
- Recruitment and baseline data collection are complete!
- Data available for release to researchers[‡]
 - Maintaining contact interviews initiated 2013 (14,674 completed, ~4% lost)
- First full follow-up begins summer 2015

[‡] cognition data and some open text in second release



^{*21,241} result of over sampling low SES

Recruitment & Data Collection Update

Home Interviews and Data Collection Site Visits

- Recruitment of 30,000 for Home Interviews and Data Collection Site Visits:
 - ✓ From...Provincial Health Care Registries
 - ✓ From…Random Digit Dialing
- Baseline data collection 2012 to 2015:
 - In Home Interviews: 29,063
 - DCS visits: 27,969
 - Data release target: Spring 2016
 - Maintaining Contact 10,792 to date (~4% lost)
- First full follow-up begins summer 2015



"Results" Tracking Only

N=21,241

CLSA Tracking Telephone Interviews

	Count	%	Weighted %
Age			
45-54	5826	27.5	38.2
55-64	6554	30.9	31.2
65-74	4525	21.8	18.8
75-85	4203	19.8	11.8
Sex			
Male	10387	49.0	48.3
Female	10821	51.0	51.7
Language			
English	17457	82.3	75.9
French	3751	17.7	24.1
Born in Canada	18486	87.2	84.5 Clsa élcv Canadian Longitudinal Study on Aging Étude longitudinale canadienne sur le vieillissement

CLSA Tracking Telephone Interviews

	Count	%	Weighted %	
Province				
British Columbia	2619	12.4	13.8	
Alberta	2110	10.0	9.3	
Saskatchewan	1388	6.5	2.9	
Manitoba	1472	6.9	3.3	
Ontario	4722	22.3	38.3	
Quebec	3603	17.0	24.7	
New Brunswick	1350	6.4	2.4	
Nova Scotia	1564	7.4	3.1	
Prince Edward Island	1132	5.3	0.5	
Newfoundland, Lab	1248	5.9	1.7	

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CLSA Tracking Telephone Interviews

	Count	%	Weighted %	
Chronic Conditions	•			
Arthritis	8194	38.9	35.1	
Asthma	2344	11.1	11.7	
COPD	1433	6.8	5.8	
Hypertension	8090	38.2	33.4	
Diabetes	3542	16.7	15.1	
Heart disease	2189	10.3	9.0	
Angina	1149	5.4	4.3	
Heart attack	1299	6.2	4.9	
Stroke	388	1.8	1.5	
Dementia	43	0.2	0.2	
Parkinson's, Parkinsonism	78	0.4	0.3	
Cancer	3262	15.4	13.2	
Osteoporosis	2008	9.5	a élcv 8.7	

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CLSA Tracking Telephone Interviews

	Count	%	Weighted %	
Marital status				
Single/Never married	1694	8.0	8.4	
Married/Common Law	14586	68.8	73.0	
Widowed	2355	11.1	7.3	
Divorced	1988	9.4	8.5	
Separated	579	2.7	2.7	
Education				
Less than Secondary	1978	9.3	7.0	
Secondary School	2875	13.6	12.8	
Some Post-Secondary	1622	7.7	7.6	
Post Secondary Degree/ Dipl	14650	69.1	72.2	
Annual Household Income				
Less than \$20,000	1341	6.8	5.5	
\$20,000 - < \$50,000	5841	29,4	23.9	
\$50,000 - < \$100,000	7212	36.3	35.9	
\$100,000 - < \$150,000	3212	16.2	19.4	
\$150,000+	2237	11.3	15.4	

CLSA Tracking Telephone Interviews N=21,208

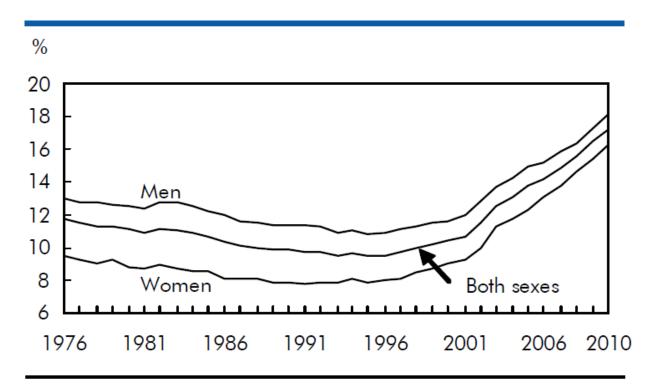
	Count	%	Weighted %
Self Rated General Health			
Excellent	3972	18.8	20.8
Very Good	8115	38.3	38.3
Good	6249	29.5	28.7
Fair	227	10.5	9.6
Poor	624	2.9	2.7
Self reported Weight Status			
Overweight	11188	53.0	52.1
Underweight	432	2.0	1.9
Just about right	9492	45.0	46.0
Satisfaction with Life			
Dissatisfied	2068	9.8	9.8
Neutral	850	4.0	4.56
Satisfied	18264	86.2	CISA ÉICV Expan Longitudinal Study on Aging Étude longitudinale-canadienne-sur-le-vieillissement

CLSA Tracking Data

Work, Aging, Retirement and Health in the Canadian Longitudinal Study on Aging



Canadian Workforce



Percent of workers 55 years and older is on the rise

Source: Statistics Canada, Labour Force Survey, 1976 to 2010.



Canadian Workforce

Financial Post, Jan 28, 2014



"Most older workers who leave career jobs return to work within a decade:
Statistics Canada"



CLSA Retirement Data

Tracking - Weighted

Retirement Status	45-	-64	65-85	
	Male	Female	Male	Female
Completely Retired	17.0%	22.9%	74.6%	84.7%
Partly Retired	8.8%	8.2%	16.0%	8.3%
Not Retired	74.2%	68.8%	9.5%	7.0%

	45-64		65-85	
	Male	Female	Male	Female
Retired and Returned to Work	7.8%	7.2%	26.5%	16.9%

CLSA Retirement Data

Tracking

Of those Retired:

- Retirement voluntary n = 9,683 (78%)
- Health/Disability/Stress n = 2,935 (24%) contributed to decision to retire



CLSA Retirement Data

Tracking – Weighted

Of Those Not Retired	45-	-64	65-85	
	Male	Female	Male	Female
Currently Working	92.2%	89.4%	96.7%	72.5%
More than 1 job	15.0%	15.5%	19.5%	11.1%

Extensive Work and Retirement Modules

- Age at retirement
- Spouse's retirement status
- Reasons for retirement
- Preparation for retirement
- Return to work after retirement
- Reasons for return
- Full-time/Part-time, type of work



Retirement Planning Module

- Age plan to retire
- Preparation for retirement
- Contribution to pension
- Adequacy of income/investments to maintain standard of living
- Reasons for planned retirement



Richness of CLSA Telephone-Interview Data

Socio-Demographic Characteristics Psychological Characteristics and Cognition

Work and Retirement

Physical Health and Physical Functioning

Injuries (including workplace injuries) Social Environment



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Access

Alphanumeric data from 21,241 CLSA participants who completed 60 minute CATIs

Data and Biospecimen Access

- Data and biospecimens will be available to the research community
- Fundamental tenets:
 - The rights, privacy and consent of participants must be protected and respected at all times
 - The confidentiality and security of data and biospecimens must be safeguarded at all times
 - CLSA data and biospecimens are unique resources that must be used optimally to support research to benefit all Canadians.

49

Data Access Steps Tracking Data Only

Application process via CLSA DataPreview portal

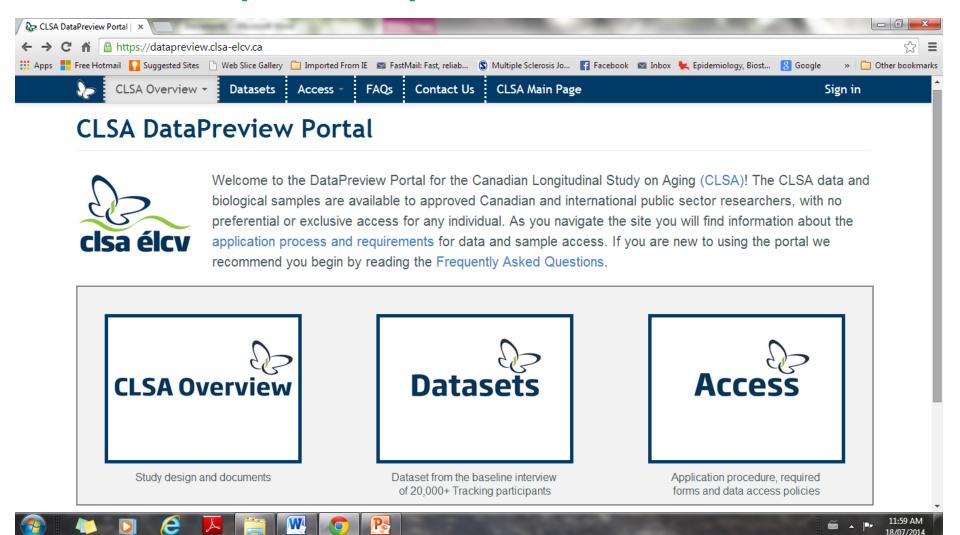
- Administrative Review
- Data and Sample Access Committee Review
- Recommendation to Scientific Management Team
- Notification of applicant
 - Steps 1 to 4 take 3-4 weeks
- 5. CLSA Access Agreement preparation and signatures
 - Institutional review/signature timing is unpredictable
- 6. Raw data provided to approved investigator
 - Step 6 takes 5 working days following completion of step 5

Data Access Continued

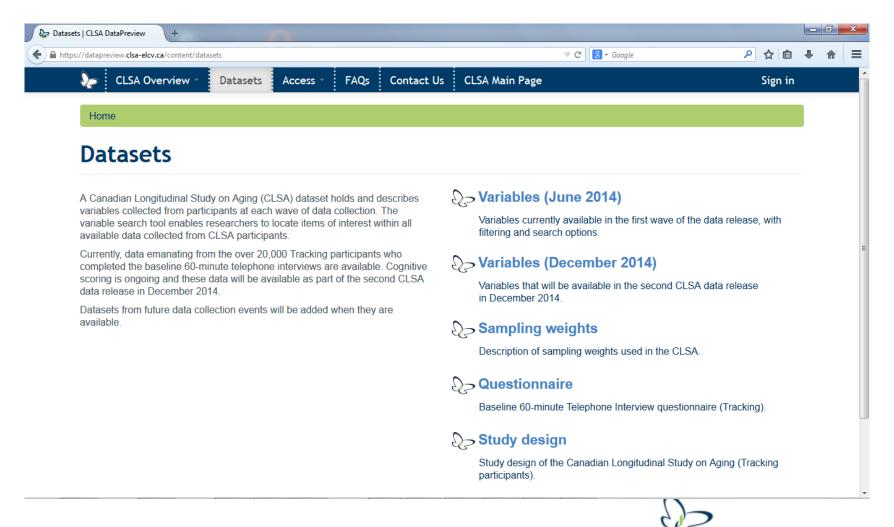
- Costing
- Cost Recovery
 - a. \$1,000 for a straightforward dataset
 - No cost for data for graduate student theses
- DSAC Meetings 2015
 - · February, April, June, September, December
- Application deadlines
 - March 23rd, May 15th, August 14th, November 16th

DataPreview Portal

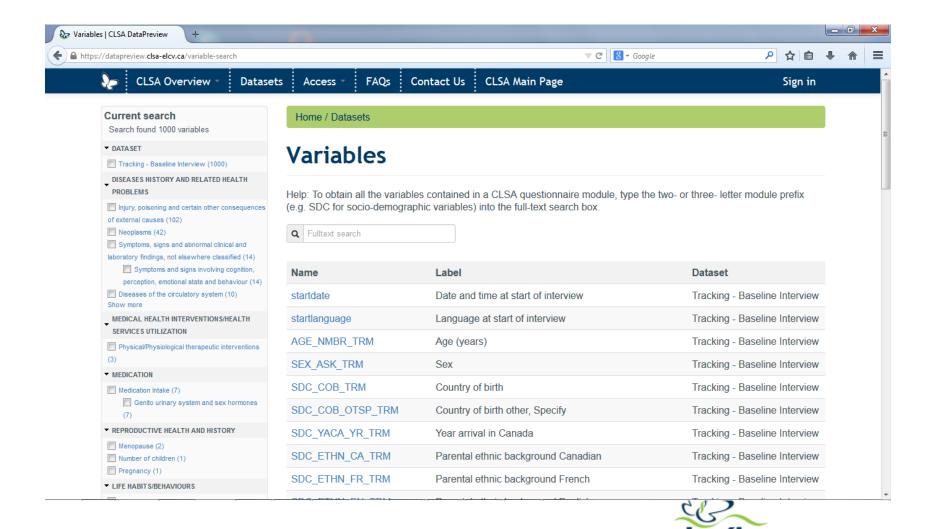
https://datapreview.clsa-elcv.ca/



DataPreview Portal



DataPreview Portal



Canadian Longitudinal Study on Aging

Étude longitudinale canadienne sur le vieillissement

Approved Applications

Applicant Title	Location
Consumer Product related senior falls and injury risk assessment	Ontario
CLSA Neurological conditions initiative (CLSA-NCI)	Quebec
The association between hearing loss and social function in older Canadians	British Columbia
The Veterans' Health Initiative within the CLSA (CLSA-VHI)	Quebec
Labour force participation: Retirement Transitions, Expectations and Planning	Ontario Student application
Who is at risk of social isolation and loneliness?	Manitoba
Companion animals and the aging population: Exploring relationships, contexts, and opportunities to contribute to health equity	Alberta Student application
Factorial invariance of the CES-D	Saskatchewan
The development of normative data and comparison standards for the cognition measures employed in the CLSA	British Columbia

Linking CLSA Data

- Linkage is key to CLSA research strategy
 - Enormous potential for collection of information that is difficult to get from participants due to time, accuracy limitations; unknown to participants
- Types of databases
 - Individual level administrative provincial health databases (priority)
 - Disease registries
 - Population level databases of community characteristics, climate, pollution
 - Individual level economic characteristics

First Follow Up (2015-2018)

- 1st follow up Tracking (September 2015)
 - Re-contacting 21,242 participants for their follow up telephone interviews
- 1st follow up Comprehensive (July 2015)
 - Re-contacting 30,000 participants for their follow up in-home interviews and DCS visits

First Follow Up New Content

- Child maltreatment
- Elder Abuse
- Epilepsy
- Hearing handicap
- Arterial stiffness
- Workability
- Subjective cognitive decline
- Transportation
- Health care use
- Preventive health behaviours

Analysis of baseline biomarkers Biomarker and epigenetic analyses repeated over time

- Panel of biomarkers: albumin, ALT, creatinine, CRP, ferritin, hemoglobin A1C, lipids (cholesterol, HDL, Triglycerides, LDL), thyroid stimulating hormone, free T4, 25-hydroxyvitamin D
 - n=28,000 (Calgary Laboratory Services)
- Proposed genotyping: Affymetrix UKBiorepository array assay 820,967 SNPs
- Proposed epigenetic analysis: targeted age-associated CpG methylation using pyrosequencing and Sequenom EpiTyper
 - n=5,000 (UBC Genetics and Epigenetics Centre)
- Proposals submitted to do miRNA and metabolomics
- Requires isolation of DNA from PBMCs



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Questions? Comments?

