• Why are we interested in these areas?
• What information is collected in the CLSA?
• How are these data being used?
Chronic Conditions

CLSA participants Overall (51,338)

15.36% Diabetes, borderline diabetes or high blood sugar

15.95% Mood disorder

35.8% Arthritis

8.53% Osteoporosis

5.47% Emphysema, chronic bronchitis, chronic obstructive pulmonary disease (COPD), or chronic changes in lungs due to smoking
Chronic Conditions

CLSA participants
Overall (51,338)

- Angina or chest pain due to heart disease: 4.17%
- Dementia or Alzheimer’s disease: 0.14%
- Migraine headaches: 14.31%
- Glaucoma: 3.92%

• But most people have more than one CC → multimorbidity
Why Study Multimorbidity?

Multimorbidity (MM) is the coexistence of multiple chronic diseases or conditions, where one is not necessarily more central than the other.

- Associated with:
  - ↑ Risk of Death
  - ↑ Disability
  - ↓ Functional Status
  - ↓ Quality of Life

Adults with multimorbidity account for 2/3 of health care spending\(^2\).
What we learned in the CLSA

Lists used to assess **Multimorbidity** differ in what they include

- If symptoms are included → stronger relationships w/ outcomes that are important to people

  - Self-reported Health
  - Disability
  - Social participation

The addition of symptoms may increase the power to detect, intervene or assess effects on patient-important outcomes.
Measures of Function in the CLSA

- Can Help to Assess Falls Risk
- Predominant cause of injury-related hospitalizations in older adults

Comprehensive cohort

- Gait speed (4m walk test)
- Timed up and go (TUG)
- Balance (single leg stance test)
- Chair rise test (5 repetitions)
- Grip strength

Can adversely affect mental health → fear of falling → loss of autonomy → increase social isolation
Clinicians use performance measures to help identify people who are at risk for falls but no agreed upon tests or cut-points.

CLSA data are being used to identify the best tests and cut-points to use so clinicians, physiotherapists, and occupational therapists can better assess risk of falling.
Why study physical functioning?

Physical limitations

- Restrictions in the performance of a person

Disability

- Impacts functioning in necessary, usual, expected, and personally desired roles in society
Basic Activities of Daily Living (BADL)
- Getting In and Out of Bed
- Eating
- Bathing
- Toileting
- Getting Dressed

Instrumental Activities of Daily Living (IADL)
- Grocery Shopping
- Money Management
- Housework
- Preparing Meals
- Going Places Outside of Walking Distance
- Medicine
- Telephone Use

+ looking after appearances!
Measures of function in the CLSA

Comprehensive cohort
- Gait speed (4m walk test)
- Timed up and go (TUG)
- Balance (single leg stance test)
- Chair rise test (5 repetitions)
- Grip strength

Tracking cohort
- 14 questions asking about
- ability to complete tasks
- Factor analyses determined
- 3 domains
  - Upper body
  - Lower body
  - Dexterity
- Participants reporting difficulty with a task considered limited

Participants reporting difficulty with a task considered limited
Why do we measure both types of function?

Odds of having an activity of daily living limitation

Number of functional limitations

- 5
- 4
- 1 to 3

Self-report
Performance tests
Why do we measure both types of function?

Comprehensive Cohort

- 5
- 4
- 3
- 2
- 1

Tracking Cohort

- 0
- 5
- 10

Odds of having an activities of daily living limitation
Summary

- CLSA data are being used in research as well as to inform practice
- The richness of CLSA data allow us to look at it with many lenses

We owe a great debt to our CLSA participants!