Why So Many Questions? Chronic Conditions, Physical Functioning and Disability in the CLSA

Engaging in Aging
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Outline

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

Alexandra Mayhew
Marla Beauchamp
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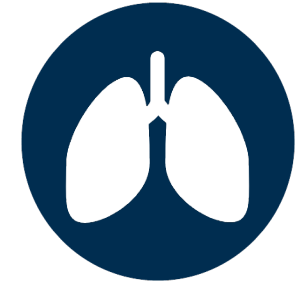
Chronic Conditions

CLSA participants Overall (**51,338**)

15.36%

Diabetes, borderline diabetes or high blood sugar

5.47%

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

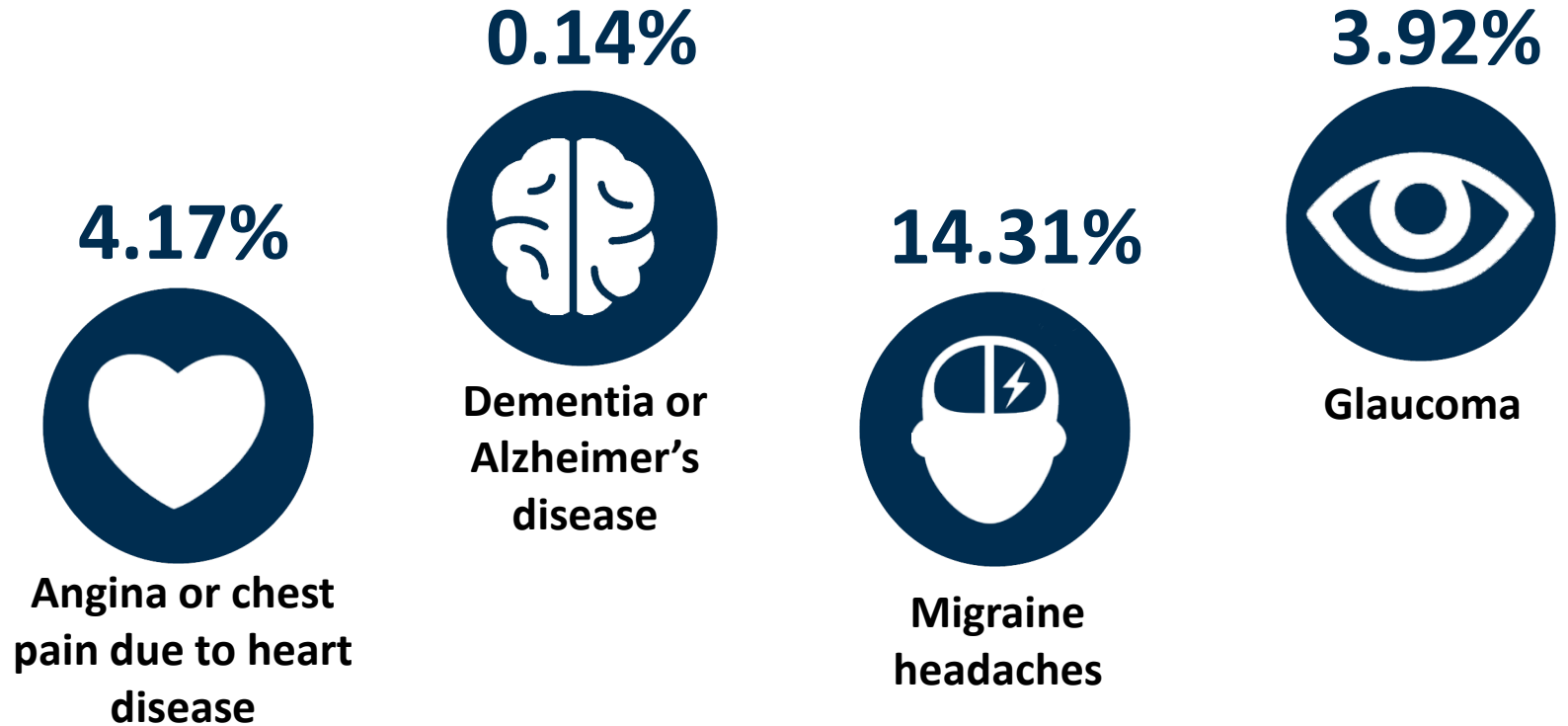**15.95%**

Mood disorder

35.8%

Arthritis

8.53%

Osteoporosis

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Chronic Conditions

CLSA participants Overall (**51,338**)

4.17%

Angina or chest pain due to heart disease

0.14%

Dementia or Alzheimer's disease

14.31%

Migraine headaches

3.92%

Glaucoma

- 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

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

Can adversely affect mental health → fear of falling → loss of autonomy → increase social isolation

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How are these data used?

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 → **Disability**
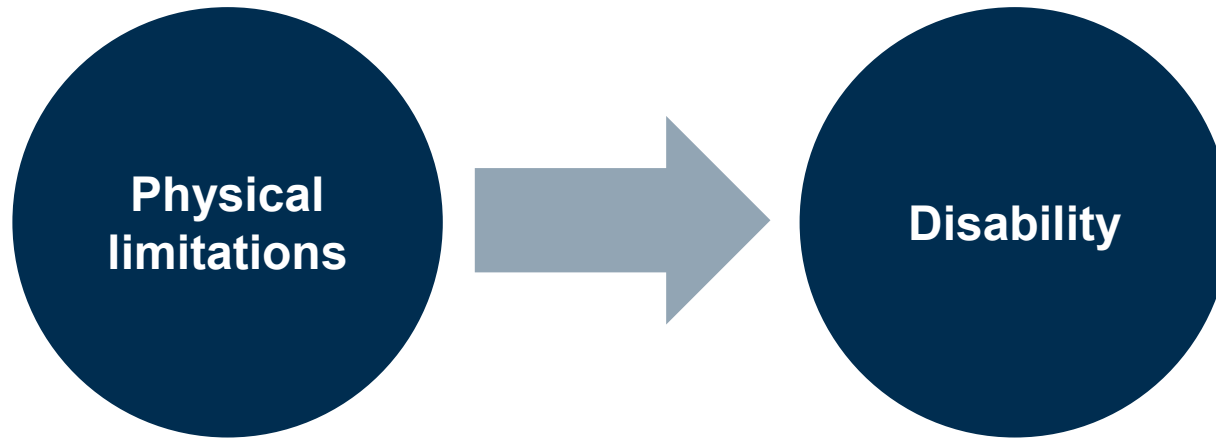
○ Restrictions in the performance of a person

○ Impacts functioning in necessary, usual, expected, and personally desired roles in society

Disability

Basic Activities of Daily Living (BADL)

+ looking after appearances!

- Getting In and Out of Bed
- Eating
- Bathing
- Getting Around Inside
- Getting Dressed
- Toileting

Instrumental Activities of Daily Living (IADL)

- Grocery Shopping
- Money Management
- Housework
- Medicine
- Preparing Meals
- Telephone Use
- Going Places Outside of Walking Distance
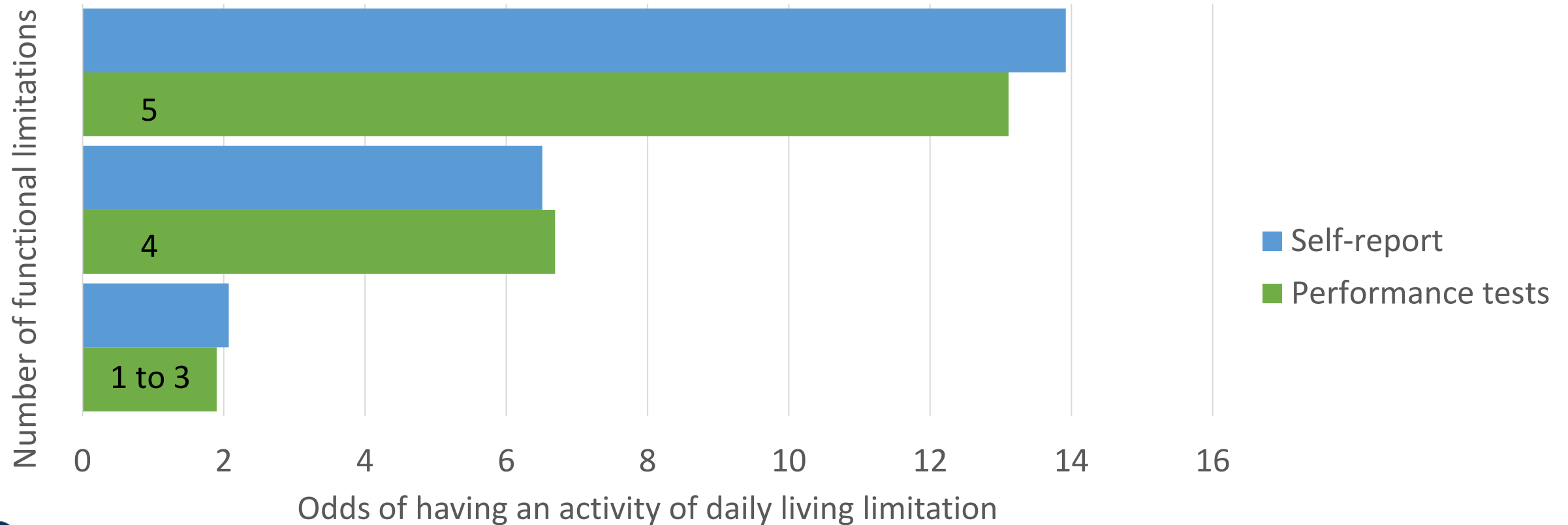
Measures of function in the CLSA

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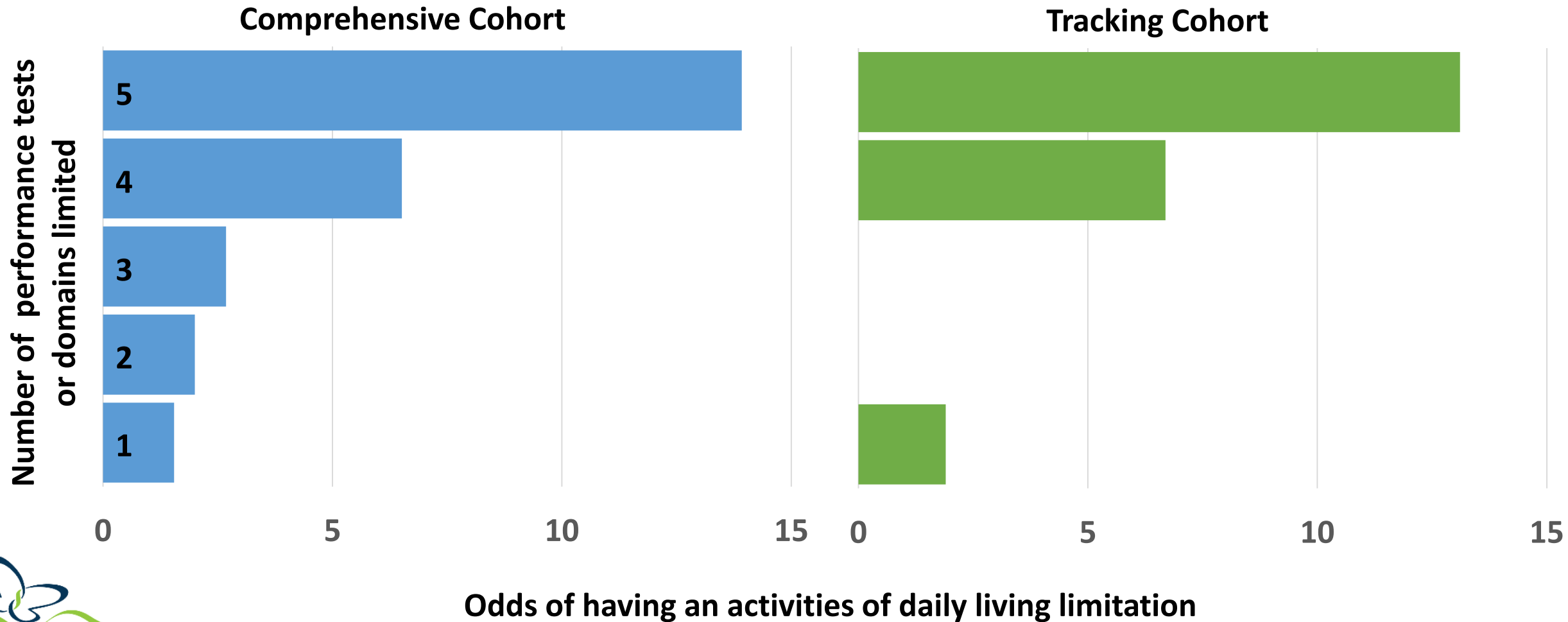- Chair rise test (5 repetitions)
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Tracking cohort

- 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

Why do we measure both types of function?

Odds of having an activity of daily living limitation (x-axis)

Number of functional limitations (y-axis)

Legend:
- Self-report
- Performance tests

Bar categories: 5, 4, 1 to 3

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Why do we measure both types of function?

Comprehensive Cohort

Tracking Cohort

Number of performance tests or domains limited

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**

THANK YOU!

We owe a great debt to our CLSA participants!

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