CLSA Highlights on Multimorbidity Resilience and Aging

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CLSA Resilience in Aging: Exploring People, Places, and Policies
AGE PYRAMID OF CANADA IN 1871 AND 2016: 150 YEARS OF DEMOGRAPHIC HISTORY

Source:

www.statcan.gc.ca/census

Canada
Resilience
The ability to rebound from adversity

Multimorbidity Resilience
The ability to rebound from illness adversity
Defining Multimorbidity

• Multiple concurrent chronic conditions that are **slow in progression and long in duration**, and **episodic**.
• Affects 2/3 of seniors aged 65+; over 80% of those 85+
Effects of Multimorbidity

• **Physical challenges** such as episodic pain, loss of function, loss of independence, mortality.

• **Social-psychological feelings** of stress, anxiety, depression, loneliness, low self-esteem, social isolation and alterations in social roles (American Geriatrics Society, 2012; Institute of Medicine, 2012).
Why Do Some People Live Well In the Face of Multimorbidity?

- Past experience?
- Innate ability (trait)?
- Attitude/Belief?
- Cultural capital?
- Physical strength?
- Personal resources?
Multimorbidity Resilience and Aging: Examining Lifestyle Behaviours
“My doctor told me to start my exercise program very gradually. Today I drove past a store that sells sweat pants.”
 CLSA Baseline Data

• Studied 6,771 Canadian adults aged 65 or older from the Comprehensive Cohort only (mean age 73.0, 57% women) who reported **two or more of 27** possible chronic conditions.

• OLS analyses of **functional, social, psychological** as well as **total resilience** and sociodemographic, social, environmental, lifestyle, and health variables.
Key Resilience Associations

- Lifestyle: Normal or Underweight BMI; Better Sleep; Better Appetite, Fewer Skipped Meals, Not Smoking, Less Inactivity
- Being Female, Younger Senior; Married & More Friends, Housing Problems
- Higher Perceived Health, Pain
Are There Multimorbidity Disease Clusters?
Three Multimorbid Disease Clusters

• **Osteo Cluster** – Consists of the presence of two or more of:
  • osteoarthritis,
  • osteoporosis,
  • lung disease (emphysema, COPD, asthma, chronic bronchitis and smoking-related lung changes) and/or
  • chronic back problems.

• **Metabolic and Vascular Cluster** – Consists of the presence of two or more of:
  • diabetes,
  • hypertension, and/or
  • heart disease.

• **Mental Health Cluster** – Consists of two or more of:
  • anxiety disorder,
  • mood disorder,
  • thyroid disorder, and/or
  • migraine headaches.
Key Resilience Associations

• Lifestyle: Normal or Underweight BMI; Better Sleep; Better Appetite, Fewer Skipped Meals, Not Smoking, Less Inactivity

• Being Female, Younger Senior; Married & More Friends, Fewer Housing Problems, Higher Income & Education

• Higher Perceived Health, Pain
Final Thoughts

• There is a need for multimethod studies to understand experiences of multimorbidity resilience in personal contexts

• Better measures than only asking “how well someone has bounced back from adversity?”

• Longitudinal data from CLSA, disentangle bidirectional associations, moderating, mediating and interaction effects

• Connect resilience at individual, family, and community level

• Currently working on GIS mapping of multimorbidity resilience, with income by postal code data, link to other data