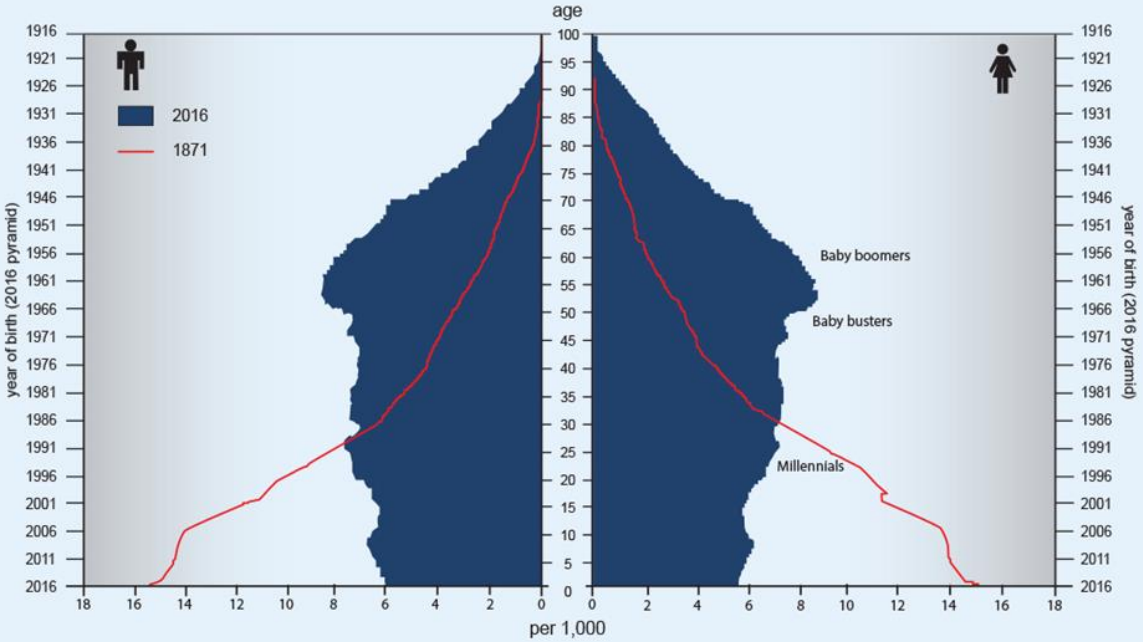
CLSA Highlights on Multimorbidity Resilience and Aging

Dr. Andrew V. Wister, Director, Gerontology Research Centre, SFU

CLSA Resilience in Aging: Exploring People, Places, and Policies

AGE PYRAMID OF CANADA IN 1871 AND 2016: 150 YEARS OF DEMOGRAPHIC HISTORY

2016



Source:
Statistics Canada, Census of Population, 1871 and 2016.


Resilience
The ability to rebound from adversity
Multimorbidity Resilience
The ability to rebound from illness adversity

Defining Multimorbidity

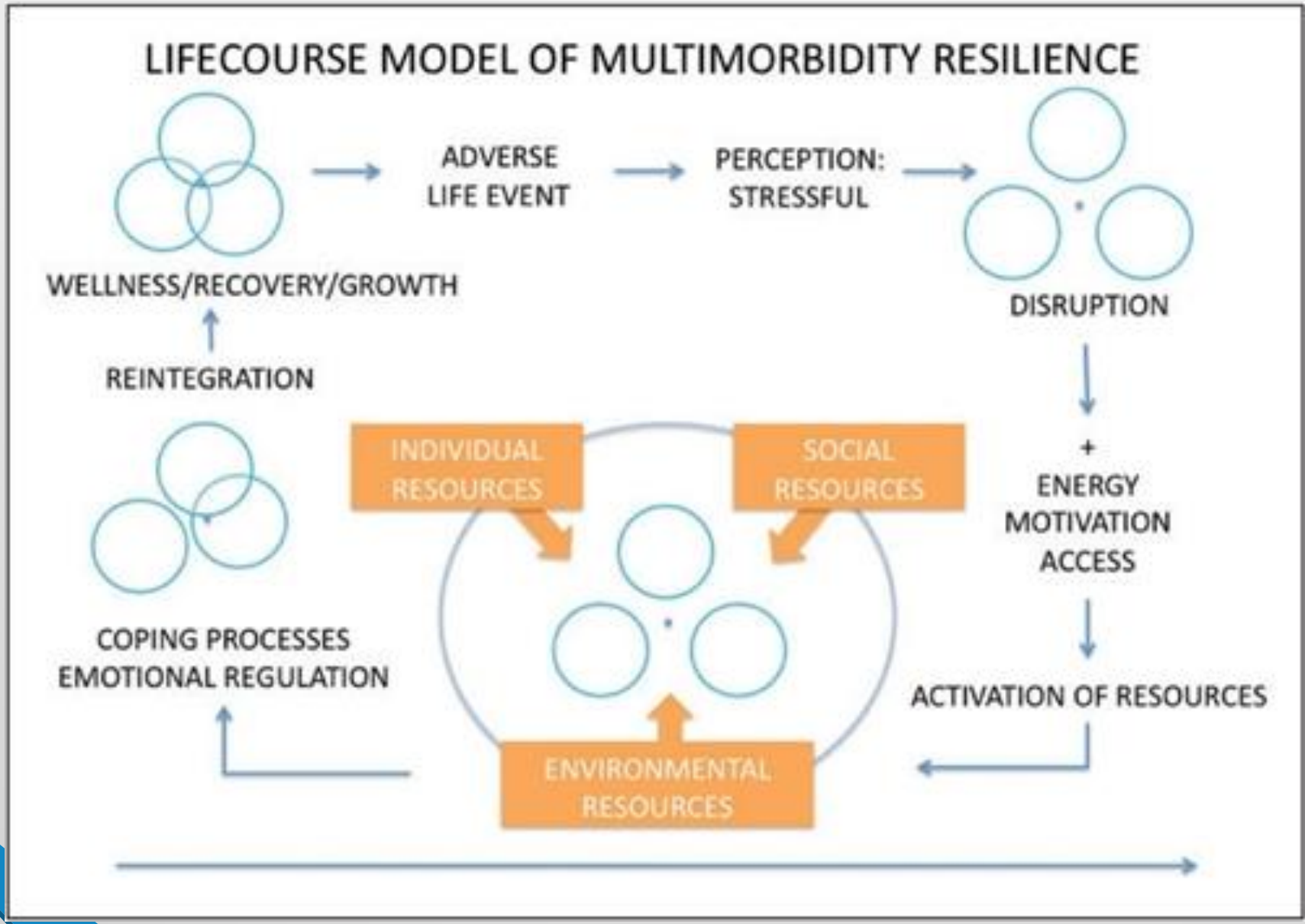
- Multiple concurrent chronic conditions that are slow in progression and long in duration, and episodic.
- Affects 2/3 of seniors aged 65+; over 80% of those 85+

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?


LIFECOURSE MODEL OF MULTIMORBIDITY RESILIENCE
ADVERSE LIFE EVENT
PERCEPTION: STRESSFUL
DISRUPTION
+ ENERGY MOTIVATION ACCESS
ACTIVATION OF RESOURCES
INDIVIDUAL RESOURCES
SOCIAL RESOURCES
ENVIRONMENTAL RESOURCES
COPING PROCESSES EMOTIONAL REGULATION
REINTEGRATION
WELLNESS/RECOVERY/GROWTH

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