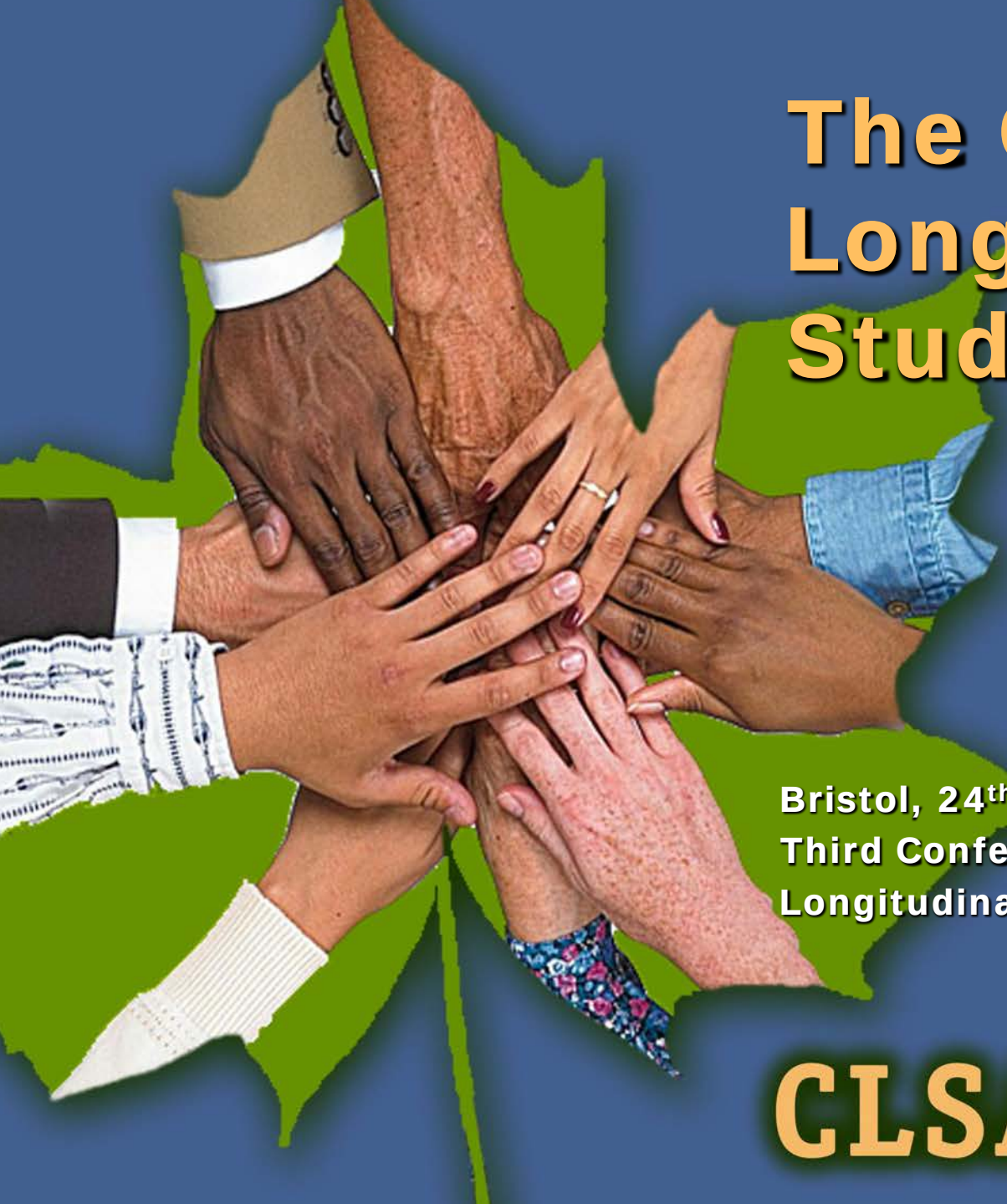

The Canadian Longitudinal Study on Aging

Bristol, 24th September 2004
Third Conference on Epidemiological Longitudinal Studies in Europe

CLSA

The Canadian Longitudinal Study on Aging (CLSA)

- One component of the Canadian Lifelong Health Initiative, a strategic initiative of the Canadian Institutes of Health Research (CIHR)
  - The Canadian National Birth Cohort
    - and the
  - The Canadian Longitudinal Study on Aging (CLSA)

History


November 2001
Planning Workshop and RFP launch
January 2002
Investigator Team Responds to RFP
October 2002
Protocol Development Begins
February - March 2004
Protocol Submitted to International Review Panel
March 2004
International Peer Review Site Visit
April 2004 - December 2005
Revision of Protocol and CLSA developmental phases

Overall Aims of the CLSA

- To examine aging as a dynamic process.
- To investigate the inter-relationship among intrinsic and extrinsic factors from mid life to older age.
- To capture the transitions, trajectories and profiles of aging: successful aging.
- To provide infrastructure and build capacity for sustained high quality research on aging in Canada.

The CLSA Research Team

- 3 Principal Investigators
  - Christina Wolfson (McGill University)
  - Parminder Raina (McMaster University)
  - Susan Kirkland (Dalhousie University)
- 17 Key Investigators
- 140 co-investigators

- Representing 26 Universities across Canada with Investigators in all of the 10 provinces

Content – Physical Functioning

- Disability
- Frailty
- Co-morbidities
- Chronic diseases
- Health status

Content – Psychological Functioning

- Cognitive functioning
- Values and meaning
- Everyday competence, adaptive functioning, coping
- Personality, emotion, psychopathology
- Psychological distress

Content – Social Functioning

- Social networks and social support
- Work to retirement transitions
- Structural inequalities
- Matters of place and mobility
- Basic social characteristics

Inter theme Content – Biology

- Biochemical, physiological, metabolic markers of aging
- Genetics of aging
- Use of emerging technologies

Inter-theme Content (continued)

- Lifestyle
  - Nutrition
  - Alcohol/Tobacco
  - Physical activity
  - Sleep
- Quality of Life
- Health services
  - Medications
  - Assistive devices
  - Institutional care
  - Homecare
- Pain

Study Design

- Longitudinal
- Women and men aged 40 and over
- 50,000 individuals
- 20 year follow-up
- Repeated measurement
  - Every 3 years in younger age groups
  - Yearly in oldest age group (80+)
- Embedded studies
- Linkage to existing databases

Comprehensive Cohort N=30,000

- Six (possibly more) study sites selected across the country

- Comprehensive data collection:
  - Clinical examination
  - Neuropsychological testing
  - Biological samples
  - Face to face interviews

Tracking Cohort N=20,000

- Nationally representative sample with participants in all provinces
- Representative at provincial level
- Data collection
  - Computer assisted telephone interviews only
  - All interviews conducted from one coordinating centre (CATI)
- Content overlap with comprehensive CLSA questionnaires

Design Issues

	Comprehensive	*Tracking*	*Follow-up schedule*
N	30,000	20,000	
Age group:			
40-59	15,000	10,000	3 years *(yearly)*
60-79	10,000	5,000	3 years *(yearly)*
80+	5,000	5,000	Yearly *(6 monthly)*
Mode of collection	In person/mail/ telephone	Telephone only	

Passive Data Collection

- Data linkage at the individual level to existing databases:
  - Administrative databases: physician services, hospitalizations, medications
  - Homecare, community services, mental health
  - Vital statistics: mortality
  - Disease registries: cancer, diabetes surveillance, notifiable diseases, trauma, agricultural injuries
  - Motor vehicle registration and accidents

Next Steps

- Phase I: April 1, 2004 to December 2005
  - Refine the study content
  - Conduct methodological feasibility studies
- Phase II: January 2005 to December 2006
  - content related feasibility studies
  - Validity,reliability testing and translation of selected measures
- Phase III: January 2007 to March 2008
  - Pilot full protocol

Participant Recruitment and Retention 6 studies

- Study 1: Understanding the views of Canadians towards participation in a longitudinal, population-based study

- Study 2: Test of the consent to release coordinates of participants in the Canadian Community Health Survey

- Study 3: Identfication of the optimal consent process for the CLSA

Participant Recruitment and Retention (continued)

- Study 4: Identification of possible alternative sample frames
- Study 5: Evaluation of (development of?) tools to assess capacity to consent to observational research
- Study 6: Development of optimal process for the baseline interview

Data Collection and Data Flow
5 studies

- Study 7: Feasibility of proposed blood and urine sample collection/shipping/storage and analysis strategies
- Study 8: Strategies to enhance data linkage with health care utilization data bases and disease registries
- Study 9: Development and evaluation of disease identification algorithms

Data Collection and Flow (continued)

- Study 10: Examination of the pros and cons, ethical and legal responsibilities related to the return of clinical information to study participants and/or general practitioners

- Study 11: Assessment of logistics of data collection methods and data transfer for text materials (paper and pencil measures)

Acknowledgements

Protocol development 2002-2004 and Developmental activities 2004-2006 funded by

- Canadian Institutes of Health Research
- Réseau québecois de recherche sur le vieillissment
- In Kind contributions
  - Dalhousie University
  - McMaster University
  - McGill University

Contact us
Contactez-nous

- email/courriel : CLSA@epid.jgh.mcgill.ca
- site internet: www.fhs.mcmaster.ca/clsa