

Update on the Canadian Longitudinal Study on Aging (CLSA)

An online event for CLSA participants

November 26, 2025





Land Acknowledgement

We acknowledge the diverse Indigenous nations who call these lands home, respect the Treaties that were made on these territories, and acknowledge the harms and mistakes of the past as we dedicate ourselves to moving forward in partnership with Indigenous communities in a spirit of reconciliation and collaboration.

Reminders



Everyone but the presenters will have their camera turned off throughout the webinar.



Everyone but the presenters will be muted throughout the webinar.



Questions/comments? Type them into the **Q&A** in the bottom of the Zoom window.



Technical issues? Use the **Chat** to communicate with the webinar team.

Today

- Welcome & Introductions
- CLSA Update
- Study Enhancements
- Nourish to Flourish: Exploring the Links Between Diet, Mental Health and Verbal Fluency in the CLSA
- Prevalence and risk factors of the most common multimorbidity among Canadian adults: Findings from CLSA
- Q&A
- Closing



PARTICIPANT WEBINAR



Update on the Canadian Longitudinal Study on Aging (CLSA)

CLSA panelists include:

Date: Wednesday, November 26, 2025

Time: Noon AST | 12:30 p.m. NST



Dr. Lindsay Wallace Site Principal Investigator, Dalhousie University



Dr. Zhiwei Gao
Site Principal Investigator,
Memorial University



Dr. Esme Fuller-Thomson
Director, Institute for Life Course
& Aging, University of Toronto



Ugochukwu (Fred) Odimba PhD candidate in Clinical Epidemiology, Memorial University

Scientific Leadership



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Christina Wolfson
Principal Investigator
McGill University



Susan Kirkland
Principal Investigator Emerita
Dalhousie University



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Co-principal Investigator
McMaster University



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McMaster University



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Associate Scientific Director
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Jacqueline McMillan University of Calgary



Cindy Barha University of Calgary



Christina Wolfson McGill University



Andrew Wister Simon Fraser University



Theresa Pauly Simon Fraser University



Vanessa Taler University of Ottawa



Arne Stinchcombe University of Ottawa



Benoît Cossette University of Sherbrooke



Mélanie Levasseur University of Sherbrooke



Theone Paterson University of Victoria



Tarek Amer
University of Victoria



Cara Brown
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Lauren Griffith McMaster University



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CLSA Site Coordinators



Jo Ann Miller Victoria Site



Heather Stewart Vancouver/Surrey Sites



Eireann O'Dea Vancouver CATI Site



Noshin Koenig Calgary Site



Joseph Soriano Winnipeg Site



Raymond Cacciatore
Ottawa Site



Christina Ammerata Hamilton Site



Yan Romanesky Montreal Site



Stéphane Choquette Sherbrooke Site



Katerina MacIntyre Halifax Site



Lindsay Macdonald Halifax Site



William Martin Halifax CATI Site



Alyona Lewis St. John's Site

CLSA Site Coordinators – Atlantic Canada



Jo Ann Miller Victoria Site



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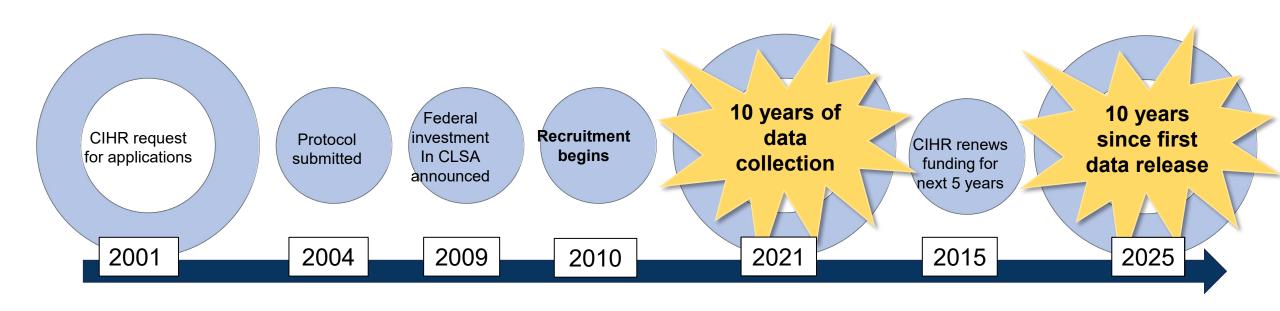


William Martin Halifax CATI Site



Alyona Lewis St. John's Site

CLSA History 2001-2025





What is the CLSA?

A research study and platform.

Supports population research into health and aging, leading to better health and quality of life for Canadians.





CLSA Network of Collaborating Institutions





a place of mind
THE UNIVERSITY OF BRITISH COLUMBIA

























National Scope

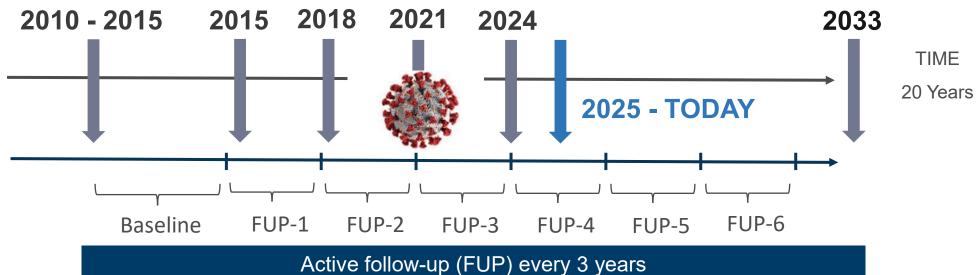


CLSA Research Platform

51,338 participants aged 45 - 85 at recruitment











Questionnaire Data

- Socio-demographics
- · Lifestyle and behaviour
- Physical health
- Medications
- · Psychological health
- Cognition
- Labour force
- · Social health



Blood Biomarkers

- Hematology
- Chemistry
- Geonomics
- Epigenetics
- Metabolomics



Mortality Data

- · Participant status
- Decedent questionnaire



Physical Assessments



COVID-19 Data

- Questionnaire
- Seroprevalence
- Brain Health



Wearables

- Sleep trackers
- Mobility trackers



HBHA Initiative

- Metagenomics
- Metabolomics
- MRI
- CANTAB



51,338 participants
45 to 85 years at recruitment
20 years of follow-up



Images and Raw Data

- MRI
- CIMT
- DEXA
- ECG
- Retinal scan
- Spirometry
- Tonometry



- · Administrative Health Data
- Environmental Indicators

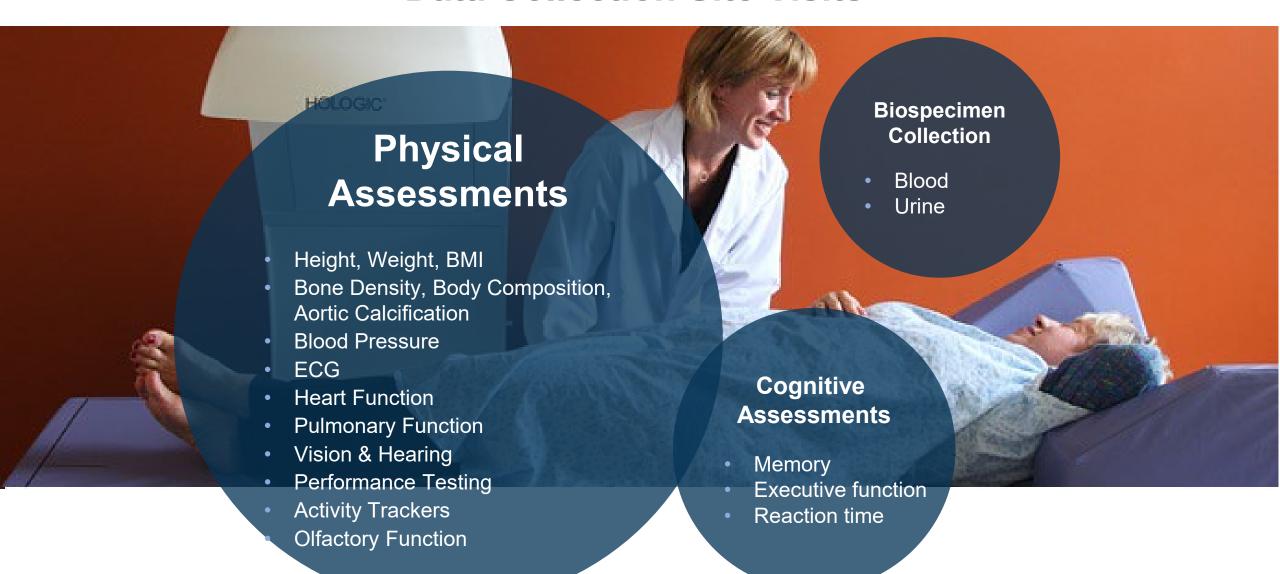


Geographic Indicators



CLSA Data Collection

Data Collection Site Visits



Losses to the CLSA

- By the end of the second follow-up, 7.4% of participants had withdrawn from active data collection though most (80%) consented to continue through data linkage
- 6.9% of participants have died since their baseline assessment

- Strategies to prevent losses
 - Web questionnaires for participants who move outside of the area
 - Proxies who can answer questions for the participant



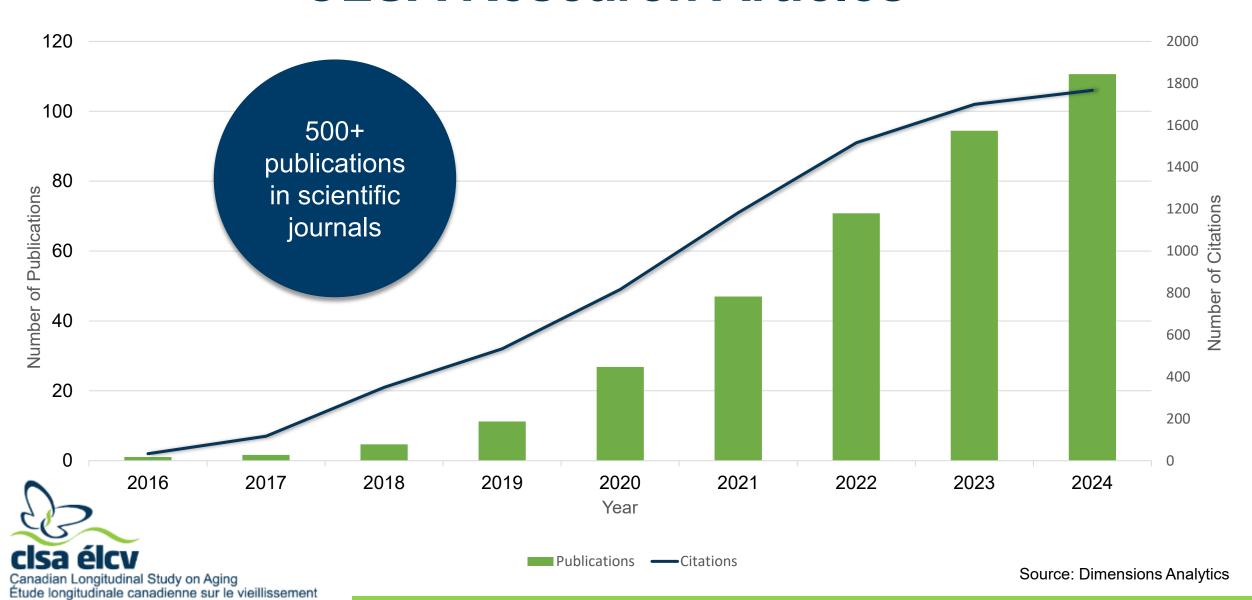


Approved Projects

- More than 800 research teams have been approved to use CLSA data since 2014
 - More than a third of approved projects are led by trainees
 - Most projects are based in Canada, but many are international e.g., U.S., UK, Netherlands, Switzerland, Australia
 - www.clsa-elcv.ca/approved-projects
- 500+ publications have been published in scientific journals
 - www.clsa-elcv.ca/stay-informed/publications



CLSA Research Articles



Scientific Publications



Fuller-Thomson E, Saab Z, Davison KM, Lin SL, Taler V, Kobayashi K, Tong H. Nutrition, Immigration and Health Determinants Are Linked to Verbal Fluency among Anglophone Adults in the Canadian Longitudinal Study on Aging (CLSA). J Nutr Health Aging. 2020;24(6):672-680.



Mortey O, Mugford G, Aubrey-Bassler K, Mariathas HH, Odimba U, Gao Z. **Prevalence and risk factors of the most common multimorbidity among Canadian adults.** PLoS One.2025 Jan 22;20(1):e0317688.



Duignan L, Dutton D. Comprehensiveness vs Efficiency: A Cross-Sectional Analysis of the Association Between Allostatic Load and the Frailty Index Using the CLSA. J Am Med Dir Assoc. 2025 Nov;26(11):105829. doi: 10.1016/j.jamda.2025.105829. Epub 2025 Sep 8. PMID: 40882950.



Hewko SJ, Reay T, Estabrooks CA, Cummings GG. Retirement Decision-Making among Registered Nurses and Allied Health Professionals: A Descriptive Analysis of Canadian Longitudinal Study on Aging Data. Healthc Policy. 2019 Nov;15(2):20-27. doi: 10.12927/hcpol.2019.26074. PMID: 32077842; PMCID: PMC7020804.



Mah JC, Theou O, Perez-Zepeda MU, Penwarden JL, Godin J, Rockwood K, Andrew MK. A standard procedure for constructing a multi-level social vulnerability index using CLSA and SOS data as working examples. PLoS One. 2024 Dec 13;19(12):e0315474.



Ortega N, Mueller NJ, Dehghan A, de Crom TOE, von Gunten A, Preisig M, Marques-Vidal P, Vinceti M, Voortman T, Rodondi N, Chocano-Bedoya PO. Dairy intake and cognitive function in older adults in three cohorts: a mendelian randomization study. Nutr J. 2025 Jan 31;24(1):20.

Recent media coverage

Scientists Reveal Factors That Increase Risk of Memory Loss With Age

Newsweek

Updated Jul 11, 2024 at 9:43 AM EDT

Why some older Canadians bounce back after a period of bad health

Study found older adults who are physically active, socially connected, psychologically well recover better



Canadian Longitudinal Study on Aging

ennifer Yoon · CBC News · Posted: Oct 13, 2025 4:00 AM EDT | Last Updated: October 13



Marriage helps boost health of older men, not women

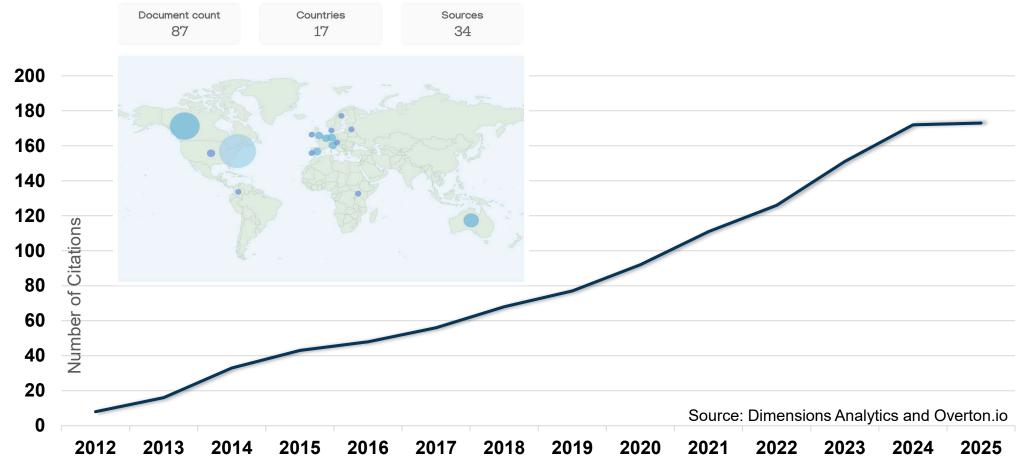
By Ernie Mundell, HealthDay News







Impact of Projects & Publications on Policy





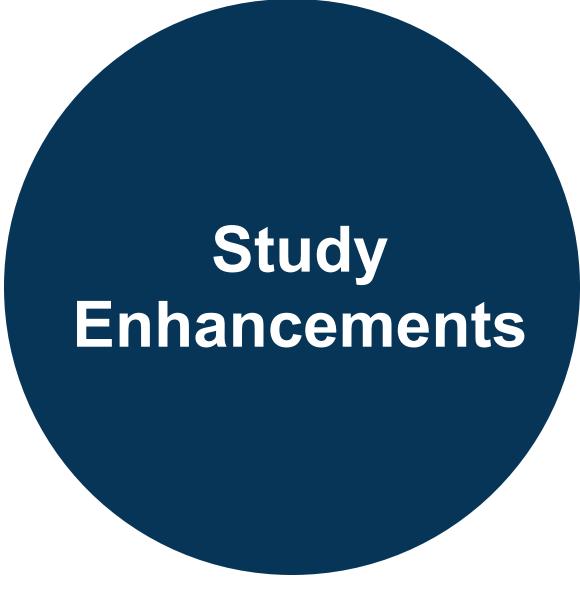




Public Health Agency of Canada Agence de la santé publique du Canada

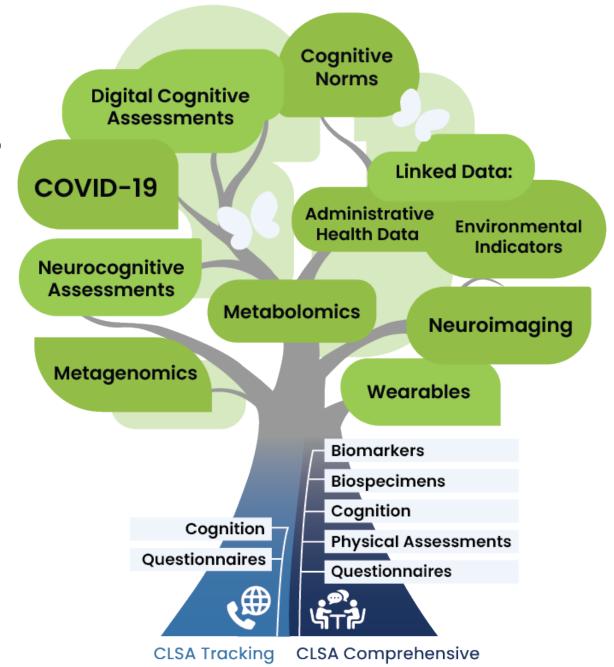


GROUPE DE TRAVAIL SUR L'IMMUNITÉ FACE À LA COVID-19

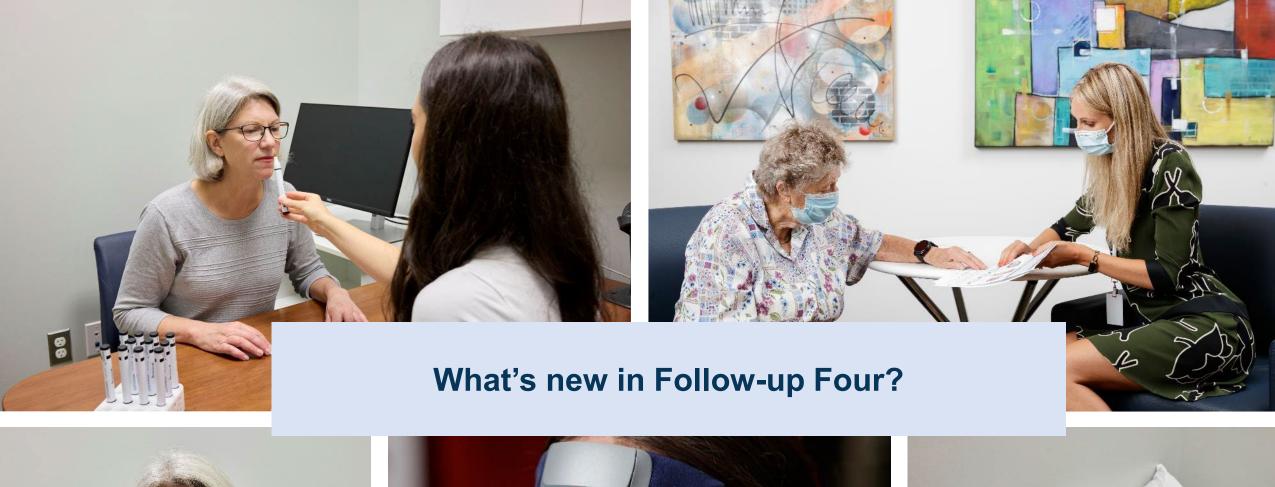




CLSA Platform Enhancements













New Measures in Follow-up 4



Ageism Experiences

- Additional questions
- All participants



Cannabis Use

- Additional questions
- All participants



Smell

- Odour pens (Sniffin' Sticks)
- Conducted at Data
 Collection Sites
- Comprehensive participants



Vision

- Vision contrast sensitivity test
- Conducted at Data
 Collection Sites
- Comprehensive participants



Changes at the Data Collection Site

Follow-up 4



Heart Function

 Cardiac ultrasound (Echo) to examine the structure and function of the heart



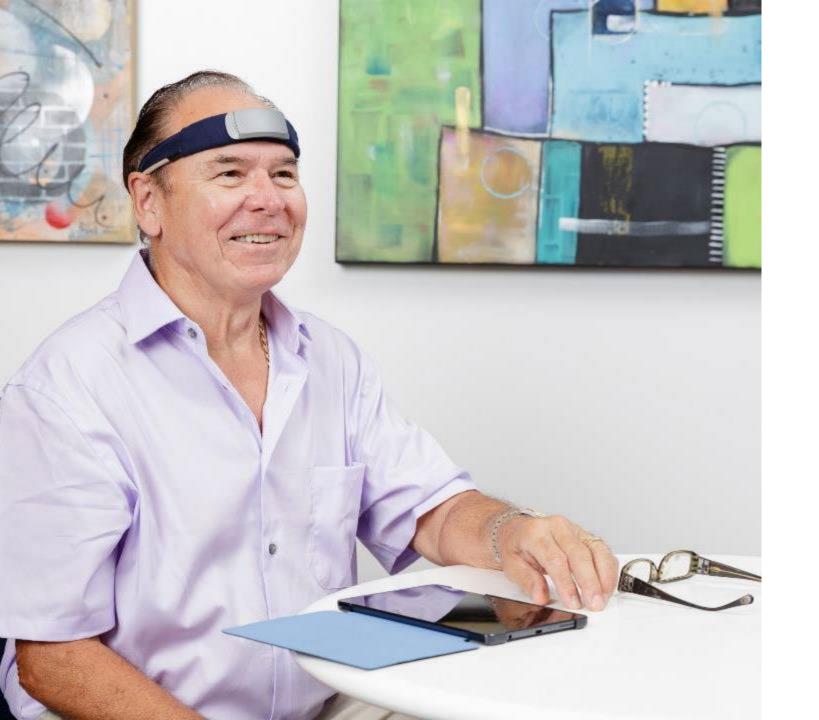
Canadian Longitudinal Study on Aging Étude longitudinale canadienne sur le vieillissement



Mobility Trackers

- TicWatch
- ActiGraph (thigh)
- Tracks activity and community mobility (e.g., driving)
- All Comprehensive participants

CISA ÉICV
Canadian Longitudinal Study on Aging
Étude longitudinale canadienne sur le vieillissement



Sleep Trackers

- Muse headband
- ActiGraph (wrist)
- Tracks sleep quality and patterns
- 2,360 Comprehensive participants

Completed Initiatives



Memory Study



- \$1M study funded through Public Health Agency of Canda
- Investigates whether information collected through CLSA interviews can be used to correctly identify individuals who have memory problems and individuals without memory problems
- 597 CLSA participants with a range of cognitive abilities:
 - Completed a medical assessment and neurocognitive examination
 - Identified a family member or friend for a 20-minute telephone interview
- Data analysis underway

COVID-19 Studies



COVID-19 Questionnaire Study

- April 2020 Dec 2020
- Web and telephone surveys
- Weekly, biweekly, monthly
- 28,565 participants



COVID-19 Antibody Study

- October 2020 July 2021
- At-home blood sample collection
- Blood sample collection at a Data Collection Site
- 19,334 participants:



COVID-19 Brain Health Study

- Launched Summer 2021
- Impact of COVID-19 on cognition & brain health
- MRI, phone assessment

COVID-19 Studies Findings



 Pandemic depression persists, especially among adults who are lonely (November 2021)



 Female informal caregivers who provide intensive care at home experienced higher levels of depression and anxiety during the COVID-19 pandemic (March 2022)



 Hard to change minds when it comes to vaccine willingness (April 2022)



 For people over 50, even mild COVID-19 can result in mobility problems (January 2022)



 Pandemic prompts higher uptake of flu vaccination among older adults (January 2022)



 One in four older adults reported changing their alcohol intake during the pandemic (July 2022)



Ongoing Initiatives



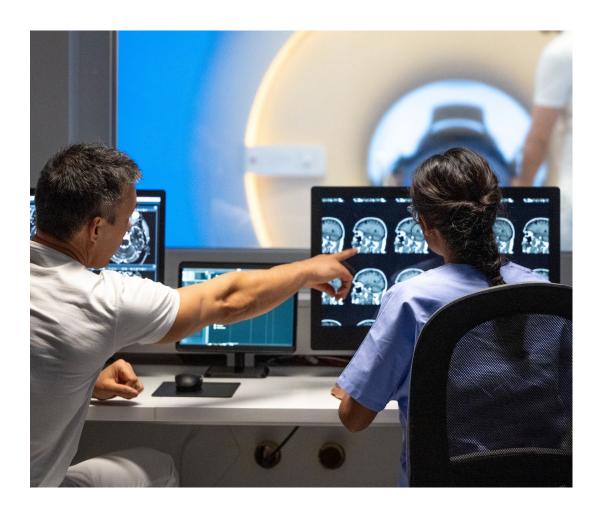
CLSA-Weston Healthy Brains, Healthy Aging Initiative

- \$12M brain health initiative funded by the Weston Family Foundation
- 6,000 Comprehensive participants
- MRIs & stool samples (2,630 Comprehensive participants)
- Stool samples only (6,000 Comprehensive participants)
- Launched September 2022



Why collect stool samples?

- Samples provide an ecosystem of information!
- Your gut microbiome is in constant communication with your brain and central nervous system.
- Your guy microbiome changes as you grow and age.
- To identify microbial markers of healthy aging, and integrate that information with information on cognition, metabolic health and immune function.
- To help us understand how gut-brain signaling influences age-related decline.



Data linkage with provincial health data



A collaboration between the CLSA and Health Data Research Network (HDRN)
Canada is allowing researchers access to linked CLSA cohort data at provincial health administrative data centres across the country to explore the intersection between aging and health-care utilization.

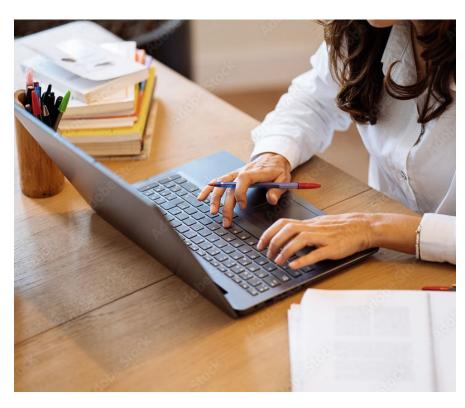
This linkage allows for the pairing of complementary information on health services use with the in-depth information collected by the CLSA.

Data linkage with provincial health data



Health administrative data is routinely collected as part of the normal operation of the health system. Nearly every interaction that a patient has with the health system produces some type of record that can be used with the identifiers removed for research purposes.

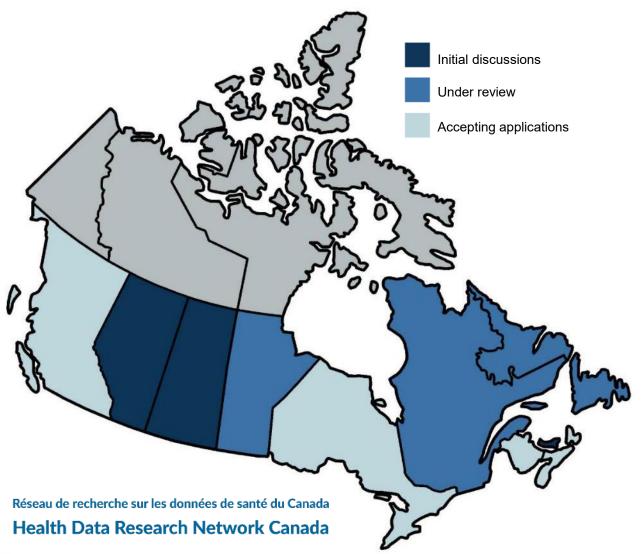
How the linkage works



Identifying information is held and shared separately to link the CLSA participant's unique ID with the individual's provincial ID. Study information is assigned a unique ID that allows them to be linked without the use of identifiers.

Researchers can submit proposals to access the de-identified linked data to ask **groundbreaking questions about health and aging**. These requests must be approved by both the provincial data centres and the CLSA.

Status of linkage



To date, **6 projects** have been submitted and approved that use linked data.

Examples of data linkage:

- CLSA information is linked with physician billing information and seniors' medication insurance program information to understand diagnoses and medications prescribed for certain conditions.
- CLSA information is linked to health services use and hospital discharge information to understand risk factors for certain conditions and causes of death

Linked data explores how home care influences future health system use



Objectives

- Understand public vs private home care use
- Explore differences between user groups
- Assess impact on admissions



Benefits

- Link CLSA with admin data for complete picture
- Capture private care data + gold-standard outcomes



Impact

- Inform funding, capacity planning
- Support strategies for future home care planning



Consent for linked data



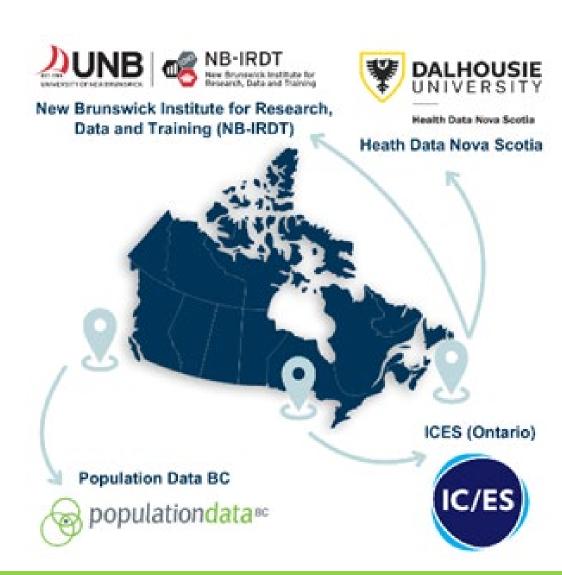
Overall, **92% of participants consented to this linkage** and provided their health information number at enrollment.

The CLSA is committed to **protecting the privacy of participants**, safeguarding the confidentiality of personal information, and ensuring a secure environment for all information collected as part of the CLSA research platform.

Linked Data: Thank you!

- Potential for research questions increases exponentially
- Allows for insights that would not be possible without the CLSA study data alone or with the provincial data alone
- Together so much more valuable than on their own
- Allows your investment in the CLSA to go so much further!











Nourish to Flourish:

Exploring the Links Between Diet, Mental Health and Verbal Fluency in the CLSA



Esme Fuller-Thomson, PhD, MSW

Director

Institute of Life Course and Aging
University of Toronto

Or My Alternate Title: What We Have Learned Thanks to You!



Many Thanks to My Coauthors:

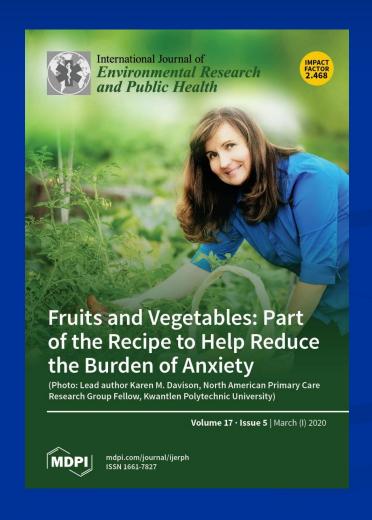
DEPRESSION: Davison, K. M., Lung, Y., Lin, S. (Lamson), Tong, H., Kobayashi, K. M., & Fuller-Thomson, E. (2019). Depression in middle and older adulthood: The role of immigration, nutrition, and other determinants of health in the Canadian Longitudinal Study on Aging. **BMC Psychiatry**, **19**, 329. https://doi.org/10.1186/s12888-019-2309-y

ANXIETY: Davison, K. M., Lin, S. (L.), Tong, H., Kobayashi, K. M., Mora-Almanza, J. G., & Fuller-Thomson, E. (2020). Nutritional factors, physical health and immigrant status are associated with anxiety disorders among middle-aged and older adults: Findings from baseline data of the Canadian Longitudinal Study on Aging (CLSA). **Nutrients, 12**(3), 657. https://doi.org/10.3390/nu12030657

PTSD: Fuller-Thomson, E., Davison, K. M., Kobayashi, K. M., West, M., Tong, H., Lin, S., & MacNeil, A. (2021). Post-traumatic stress disorder and nutritional health in mid- and later life: Findings from the Canadian Longitudinal Study on Aging. Social Psychiatry and Psychiatric Epidemiology, 56(8), 1417–1427. https://doi.org/10.1007/s00127-020-02003-7

VERBAL FLUENCY: Fuller-Thomson, E, *Saab*, *Z.*, Davison, KM., *Lin*, *S*, Taler, K, Kobayashi, K, Tong, H. (2020). Nutrition, immigration and health determinants are linked to verbal fluency among Anglophone adults in the Canadian Longitudinal Study on Aging (CLSA). *J Nutr Health Aging. J Nutr Health Aging* 24(6):672-680

With Special Thanks to Nutritional Epidemiologist Dr. Karen M. Davison



Our Starting Point



There is a rising epidemic of mental health problems in Canada and other high-income countries.

We don't know why.

Our Hunch:

We know good nutrition is essential for physical health.

Could nutrition also be important for mental health?



Is the rise in mental health problems linked to an increase in ultra-processed foods and a lack of quality nutrition?



Is Nutrition Linked to Mental Health?

The Problem:

Limited research available

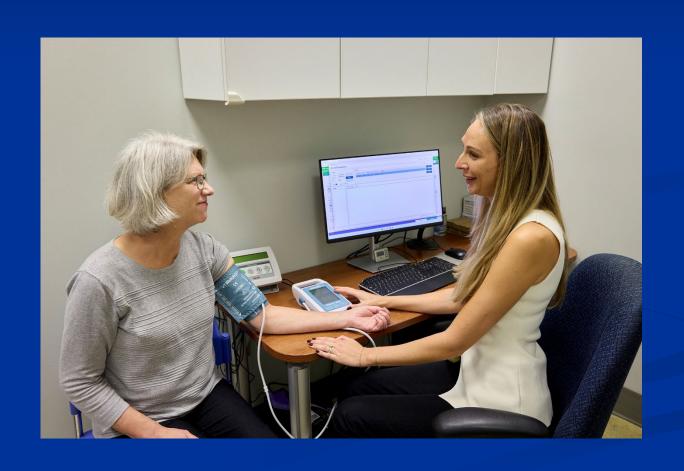
Our Task:

Find a large Canadian data set with excellent measures of both food intake and mental health.



The Solution:

You and the CLSA!



Hunch 2:



We know that what is good for the heart is good for the brain.

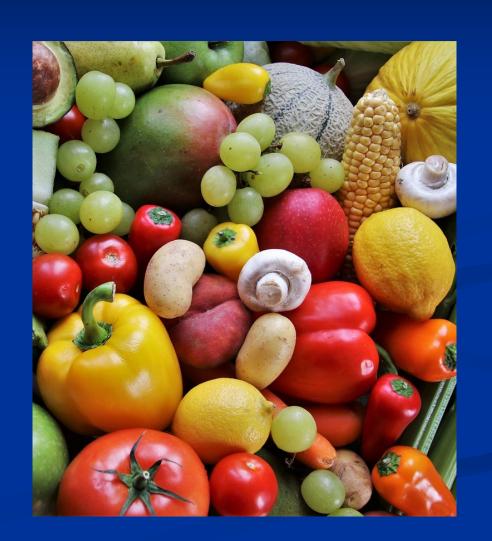
Is better nutrition associated with better verbal fluency?

What Did We Find?



Inadequate Fruits and Vegetables (<3 per day) Associated with:

- Depression
- Anxiety
- Post-TraumaticStress Disorder(PTSD)
- Lower VerbalFluency



However, Having Pure Fruit Juice Each Day Was Associated With a HIGHER Prevalence of Depression Among Women

Not Associated with

- Anxiety
- Post-Traumatic
 Stress Disorder
 (PTSD)



Those Who Consumed Fish Were Less Likely to Have:



- Depression
- Anxiety
- Post-TraumaticStress Disorder(PTSD)

Eating Nuts and Pulses (e.g., lentils, chickpeas) Was Associated with Lower Risk of:

- Depression
- Anxiety
- HigherVerbalFluency



Obesity (Body Mass Index>30) Was Associated with:



- Depression
- Anxiety
- Post-TraumaticStress Disorder(PTSD)
- Lower Verbal Fluency

Underweight Individuals (BMI<18.5) Had Higher Risk of:

- Depression
- Anxiety
- Post-Traumatic
 Stress Disorder
 (PTSD)
- Lower VerbalFluency



Nutritional Risk (e.g. skipping meals, eating alone) Was Associated with:

- Depression
- Post-TraumaticStress Disorder(PTSD)
- Lower VerbalFluency



Consuming Chocolate Bars Each Week Was Associated with:



- Depression
- Post-Traumatic
 Stress Disorder
 (PTSD)
- BETTER Verbal Fluency (Surprisingly)

Limitations & Future Research

These are just associations. They are not necessarily causal.

Need for Randomized Controlled Trials to investigate causality

Our future longitudinal research in the CLSA.

- 1) Are those who had mental health problems at baseline more likely to recover by the follow-up waves if they had better nutrition at baseline?
- 2) Among those free of mental health problems at baseline, does having good nutrition protect against developing mental illness or cognitive problems in the future (e.g., during the pandemic)?

Some Helpful Resources

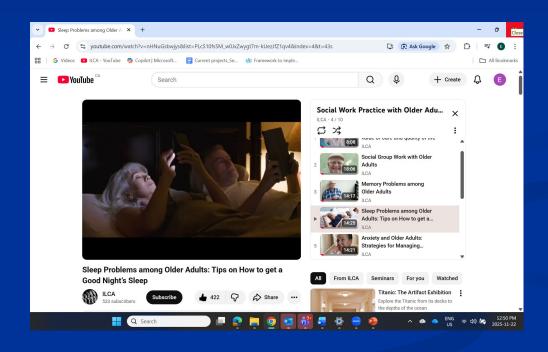
Nutrition is only one of MANY modifiable risk factors for dementia.

If you want to learn more, we have created a series of short evidence-based videos in English and French, funded by Public Health Agency of Canada:



We Have Also Created a Series of Short Videos with Experts on How to Manage:

- Sleep Problems
- Memory Loss
- Anxiety
- Depression
- Caregiver Stress



https://www.youtube.com/channel/UCikwJyPD1yXW2H3zQafp OtA

Thank You Again for Making the CLSA and Our Research Possible!



Comments/Questions



Thank You for Listening!



Supplementary Slide: Measures of Verbal Fluency

Measures of Verbal Fluency:

- Animal Fluency Task
- Controlled Oral World Association Task (COWAT)



Prevalence and risk factors of the most common multimorbidity among Canadian adults: Findings from CLSA

Presented by Ugochukwu Fred Odimba O.D., MSc (Med)

Doctoral Trainee in Clinical Epidemiology,

Division of Population Health and Applied Health Sciences | Faculty of Medicine.

Memorial University of Newfoundland

November 26th, 2025



PLOS ONE





Check for

Citation: Mortey O, Mugford G, Aubrey-Bassler K, Mariathas HH, Odimba U, Gao Z (2025) Prevalence and risk factors of the most common multimorbidity among Canadian adults. PLoS ONE 20(1): e0317688. https://doi.org/10.1371/journal. pone.0317688

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Prevalence and risk factors of the most common multimorbidity among Canadian adults

Obed Mortey 1, Gerald Mugford, Kris Aubrey-Bassler, Hensley H. Mariathas 2, Ugochukwu Odimba¹, Zhiwei Gao₆¹*

1 Faculty of Medicine, Division of Population Health and Applied Health Sciences, Clinical Epidemiology Unit, Memorial University, St. John's, Newfoundland and Labrador, Canada, 2 Factableulty of Medicine, Discipline of Family Medicine, Memorial University, St. John's, Newfoundland and Labrador, Canada

Abstract

Background

The number of persons living with multimorbidity-defined as the co-occurrence of at least two chronic conditions in the same individual-is growing globally, especially in developed countries. Traditionally, this increase has been attributed to a growing aging population, sedentary lifestyle, obesity, low socioeconomic status, and individual genetic susceptibility.

Objective

To investigate the prevalence and associated risk factors of the most common multimorbidity (MCM) among Canadian middle-aged and older adults.

Method

Relevant data on all 30,097 middle-aged and older Canadian adults (aged 45 to 85 years) from the Canadian Longitudinal Study on Aging were used for this study. To identify the specific sociodemographic risk factors associated with the MCM, we used survey-specific logistic regression.







Canadian Longitudinal Study on Aging Étude longitudinale canadienne sur le vieillissement

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Outline



- Introduction
- Purpose of this study
- Overview of methods
- Results and key findings
- **❖** Potential future studies
- Conclusion and key takeaways
- References

Introduction



- ❖ Multimorbidity (MM): the co-existence of two or more chronic disease conditions in the same individual.
- ❖ Global Burden: In 2021, the global prevalence of multimorbidity was 37.2%, with North America highest at 43.1%.



Introduction



Traditional factors associated with multimorbidity:

- Aging population
- **❖** Rising prevalence of chronic diseases
- Sedentary
- Lifestyle
- Obesity
- Low socioeconomic status
- Genetic predisposition

Multimorbidity is linked to:

- Increased mortality
- * reduced quality of life
- impaired functional status
- ❖ increased healthcare use
- substantial economic burden.



Multimorbidity in Canada



❖ Approximately 1 in 3 Canadians lives with at least one major chronic disease

❖ Canadian prevalence estimates of multimorbidity range from 10 – 26% and the number is expected to rise in coming years

❖ A recent cross-sectional study using CLSA data reported a multimorbidity prevalence of 39.6%



Purpose of this study



Study objectives:

- ❖ Identify the most common multimorbidity (MCM) among middle-aged and older Canadian adults
- Estimate the prevalence of the MCM
- Identify risk factors significantly associated with the MCM
- **❖** Explore whether sex influences the relationship between age and MCM (sex and age interaction)



Methods



Data Source, Study population and Design

- **❖ Utilized data from CLSA Baseline Comprehensive Cohort (2010 2015)**
- **❖** Population: 30,097 community dwelling adults aged 45 to 85 years
- Cross-sectional analysis

Data collected

In-person interviews, questionnaires, physical measurements, and biospecimens



Predictor variables

Sociodemographic

- Age
- ❖ Sex
- Education
- **❖** Marital status
- ❖ Income
- Urban/rural residence
- Retirement status
- Cultural background/race
- Province of residence

Lifestyle, behaviour and physical measures

- physical activity
- smoking
- ❖ alcohol use
- **❖ BMI**
- **❖** Self-reported sleep quality
- **❖** Self-reported General health



Outcome ascertainment



- Multimorbidity was defined in our study as the presence of two or more physician-diagnosed chronic conditions in same individual
- ❖ This was determined by a "positive response" to the question:
 "Has a doctor ever told you that you have ____?" for any two of the following thirty chronic conditions"
- ❖ The chronic disease pair with the highest prevalence across the population was classified as the <u>Most Common Multimorbidity (MCM)</u>

List of 30 chronic conditions considered



- Heart disease (including congestive heart failure)
- Peripheral vascular disease
- Alzheimer's disease
- Multiple sclerosis
- Epilepsy
- Migraine headache
- Stomach & intestinal ulcer
- Bowel disorder
- Bowel incontinence
- Urinary incontinence
- Macular degeneration
- Cancer
- Anxiety
- Clinical depression
- ❖ Backpain

- Kidney disease
- Rheumatoid arthritis
- High blood pressure (Hypertension)
- Stroke
- Asthma
- Osteoporosis
- Parkinson's disease
- Chronic obstructive pulmonary disease (COPD)
- ❖ Glaucoma
- Diabetes
- Osteoarthritis (specifically hand, hip, or knee)
- Hyperthyroidism
- Hypothyroidism
- Angina (chest pain)
- Blocked arteries (atherosclerosis)



Statistical analysis



Descriptive analysis:

- Mean and standard error
- Frequency and percentages

<u>Univariate and Multivariate</u> <u>association analyses:</u>

Survey logistic regression

- Statistical analysis conducted in SAS
- All analyses incorporated survey weights



Key Findings



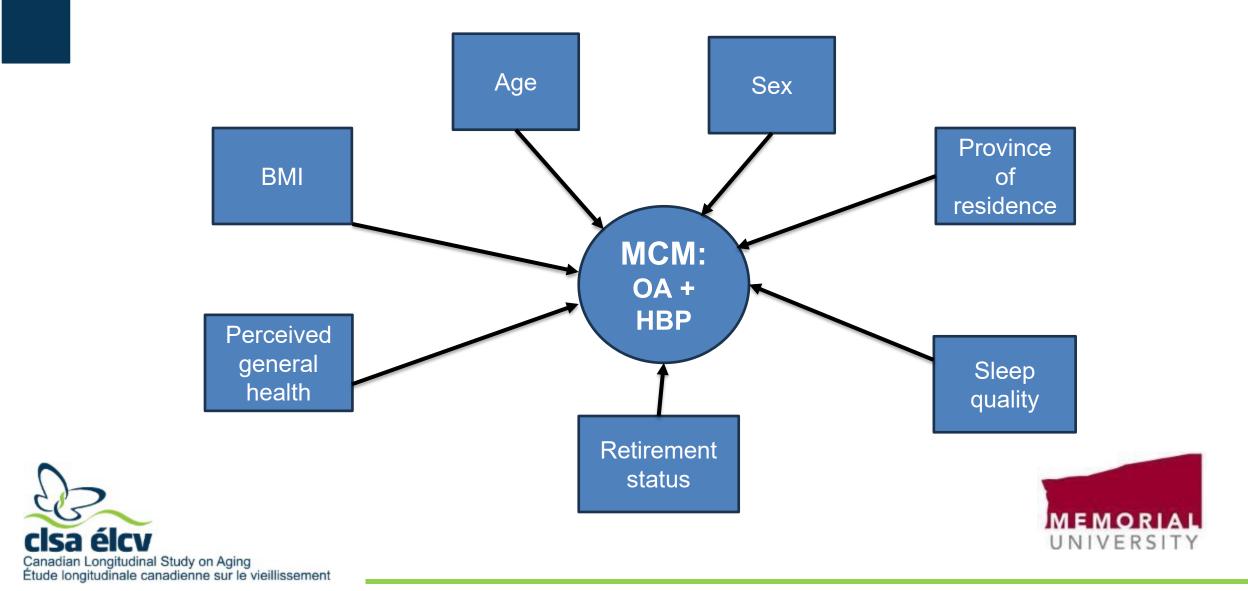
The MCM: Osteoarthritis and Hypertension (OA + HBP)

Prevalence of OA + HBP: 16.5%

- ❖ Average age was 59 years
- ❖ 52% of participants were females
- ❖ 74% married or in Common law-relationship
- ❖ 45% were retired
- ❖ ~70% overweight or obese
- More than 65% did not engage in physical activity
- ❖ 56% have positive smoking history



Key risk factors from multivariate analysis



Key findings from multivariate analysis

Age

For each additional year of age, the odds of OA + HBP increase by 10%

<u>Sex</u>

Females were 66% at higher odds of having OA + HBP compared to males

BMI

Obese and Overweight individuals were 6 times and 2 times more likely to have OA + HBP

Self-reported general health

Perceived poor general health increases the odds of OA + HBP by ~ 7-fold compared to perceived excellent health



Key findings from multivariate analysis

Retirement Status

Individuals who were retired had 41% higher odds of OA + HBP compared to those not retired

Self-reported sleep quality

Individuals dissatisfied with their sleep quality had a 31% higher likelihood of OA + HBP compared with those neutral about their sleep quality

Province of recruitment/residence

Residents of Atlantic provinces (NS & NL) have 35% higher odds of OA + HBP compared to those in British Columbia

Residents of Ontario and Québec have 26% higher odds of OA + HBP compared to those in British Columbia



Key findings from Sex by Age interaction

- ❖ Sex significantly modified the association between age and MCM (OA + HBP)
 - ❖ Among females, the odds of OA + HBP increased by 12% per additional year of age
 - ❖ Among males, the odds of OA + HBP increased by <mark>8%</mark> per additional year of age
- ❖ These suggest that the odds of the MCM (OA + HBP) associated with increasing age were significantly higher in females than in males





Potential future studies



- ❖ Longitudinal studies to determine whether osteoarthritis and hypertension remain the MCM among middle-aged and older Canadian adults, and to identify associated risk factors.
- ❖ Investigate sex-specific differences to understand why women experience a greater agerelated increase in OA + HBP and to identify biological, lifestyle, or behavioral factors that contribute to these differences.

Conclusion and key takeaways

- Our data showed that OA + HBP is the most common multimorbidity among Canadian adults aged 45 and older, with a prevalence of 16.5%.
- Identified primary modifiable risk factors, including being obese/overweight, a poorer rating of perceived health and sleep quality, and being retired
- Other identified risk factors include age, sex, and geographic location (residing in Atlantic provinces)
- ❖ Obesity and poor self-reported general health are the strongest predictors of MCM (OA + HBP) risk
- Females aged 45 and older are more susceptible to OA + HBP associated with increasing age than males
- ❖ These findings highlight the need for prevention strategies targeting modifiable factors and for region-specific planning to support older adults with complex health needs





Thank you to all of the participants of the CLSA who help make research like this possible!



Question and Answer Period



Questions/comments? Type them into the **Q&A** in the bottom of the Zoom window.

We will begin with questions submitted in advance during registration for this webinar.

Reminders

- Questions? New contact information? Get in touch:
 - Toll-free: 1-866-999-8303
 - Email: info@clsa-elcv.ca
 - Web: www.clsa-elcv.ca/update-your-details
- For the latest study updates, visit www.clsa-elcv.ca or follow us on social media.
- Complete your feedback survey and let us know if you enjoyed today's webinar.

Past Participant Events

PARTICIPANT WEBINAR



Update on the Canadian Longitudinal Study on Aging (CLSA)

Date: Tuesday, September 24, 2024 Time: Noon PDT | 1 p.m. MDT/CST

CLSA panelists include:









PARTICIPANT WEBINAR

Update on the **Canadian Longitudinal** Study on Aging (CLSA)

CLSA panelists include:



Lead Principal Investigator



Principal Investigator



Inaugural Site Investigator,



Date: Friday, October 27, 2023

Time: 1 PM ET | Noon CT

Dr. Vanessa Taler Site Investigator,



WEBINAIRE DESTINÉ AUX PARTICIPANT-ES

Mise à jour sur l'Étude longitudinale canadienne sur le vieillissement (ÉLCV)

Enregistrement disponible





Chercheur principal de site ÉLCV,



Co-chercheur principal de site ÉLCV,



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