

9.B. Workshop: Ageing and Health

Organised by: EUPHA section on Public mental health, EUPHA section on Infectious diseases control, EUPHA section on Chronic diseases
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The global population of people aged 60 years and older is expected to more than double, from 900 million in 2015 to about 2 billion in 2050. Accordingly, interventions to promote healthy ageing and adequate caring is a cross cutting Public Health challenge. These interventions need new concepts of caring that cross sectors, move outside a specialists' health care, and assume a framing of response. Caring for older individuals, must consider added levels of complexity and opportunity that incorporate culture, place, resource availability and individual life events. To respond to this need we designed this workshop from different fields of expertise – chronic conditions, infectious disease control, and mental health. In line with this, the first presentation will deal with the the complexity of needs arising from having multiple chronic conditions in ageing populations. In particular, it will highlight the outcomes of the B3 Action Group on Integrated Care within the framework of the European Innovation Partnership on Active and Healthy Ageing (EIPonAHA). The second presentation will address the increasing impact of infectious diseases in the ageing world and rise of co-morbidity due to immunosenescence and frailty. This presentation will further discuss targeted interventions to enable an individual informed choice and increase the public health impact of vaccines in elderly. The third presentation will deal with the effects of stressful life events on depression, anxiety and hostility in elderly, with implications to inform prevention and intervention approaches. An audience discussion will conclude the workshop.

Key messages:

- Caring for older individuals, must consider added levels of complexity and opportunity that incorporate culture, place, resource availability and individual life events
- Ageing should be considered an opportunity rather than a burden

Meeting the challenge of ageing and multimorbidity Andrea Pavlickova

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Issue

The complexity of needs arising from having multiple chronic conditions – in combination with ageing population – requires urgent changes to model of care in Europe. It is therefore important to commit to opportunities to increase healthy life years throughout Europe.

Description of the problem

The European Innovation Partnership on Active and Healthy Ageing (EIPonAHA) considers ageing an opportunity rather than a burden, valuing older people and their contributions to society; and seeking to empower them and their communities through user-centred innovation and service delivery. The EIPonAHA is a voluntary collaboration of regions, companies, research institutions, and healthcare professionals, committed to find innovations that meet older people's needs by addressing a triple win: health and quality of life of European citizens; sustainable and efficient care systems and growth and expansion of EU industry.

Results

B3 members are implementing chronic disease management programmes in 44 regions and are focussing on scaling up and replication of their practices to reach the target of 50 regions, and cover 10% of the target population. The expertise of the B3 Action Group is reflected in a rich collection of over 100 good practices as well as set of other resources, collected throughout 2013-2015. The members have worked together to develop practical tools that support local services delivery, including maturity models, validated medical guidelines, risk stratification tools, citizen empowerment framework and others. In addition, by providing evidence and inspiration for policy-making, the Group has contributed to ensuring that integrated care is on the European agenda as one of the most promising solutions to assure the sustainability of the systems for health and social care.

Lessons

Ageing is an opportunity rather than a burden. There is “no size fit all” solution and response to the challenge of ageing population.

The willingness of older adults to receive vaccination against influenza, pneumococcal disease, herpes zoster and pertussis and the role of the general practitioners

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Background

The growth of the older adult population in most European countries will result in higher prevalence of vaccine-preventable infectious diseases. Promoting healthy ageing could include vaccination against vaccine-preventable-diseases.

Based on literature, pneumococcal disease, herpes zoster and pertussis can be selected as vaccine candidates. The most important factors to accept vaccination in this population are susceptibility, vaccine characteristics and recommendation of the general practitioners (GPs). However, the attitude of GPs towards implementing additional vaccinations is not necessarily positive. Two large cross-sectional population-based surveys were conducted to gain more insight in the factors for vaccine acceptance in older adults, as well as estimate vaccination rates and identify factors that predict the intention to offer additional vaccination of GPs.

Methods

A discrete choice experiment was conducted among Dutch older adults aged >50 years old using a mixed multinomial logit statistical model. RandomForrest analysis was used to predict intention to offer additional vaccination of GPs.

Results

High mortality, susceptibility of getting the infectious disease and vaccine effectiveness were the most important factors to accept vaccination among older adults. Estimated vaccination rates were 68.1%, 58.1%, 53.9% and 54.3% for pneumococcal, herpes zoster, pertussis and influenza vaccination, respectively. GPs attitude towards offering additional vaccination, towards vaccination as a preventive tool, towards the suitability of the GP to administer the vaccination and towards offering vaccination during an outbreak mainly predicts the intention to offer additional vaccination.

Conclusions

Older adults are most likely to accept pneumococcal vaccination of the candidate vaccines. Creating a positive general attitude towards vaccination is most important to ensure a positive intention of GPs to offer additional vaccination.

Life events and mental health

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Background

Depression, anxiety and hostility are associated with stressful life events.

Method

A community sample of men (n=1437) was prospectively followed up (1985, 1988 and 1991). Life events were assessed using Elders Life Stress Inventory (ELSI). First, we analyzed events, separately. Second, we grouped the events into the following clusters: financial/work, health related, relationship, loss, living situation, and marriage. Third, events were categorized into attachment and non-attachment related events. Multilevel mixed-effects linear regressions identified associations between events and depression, anxiety and hostility over the survey years.

Results

Any stressful life events in comparison to no-event had significant effects on depression (+0.05; 95% CI: 0.01 to 0.10; $p < 0.011$) and hostility (+0.05; 95% CI: 0.01 to 0.09; $p = 0.013$) but not on anxiety (+0.04; 95% CI: 0.00 to 0.07; $p < 0.028$). In case there were no stressful life events, depression or anxiety did not change, hostility decreased over time (-0.05; 95% CI: -0.08 to -0.01, $p = 0.012$).

Conclusions

The results highlight that relationships and attachment related events have an effect on depression, anxiety and hostility. The results inform prevention and intervention approaches.