ÖPIA

Österreichische Plattform für Interdisziplinäre Alternsfragen
Austrian Interdisciplinary Platform on Ageing

Austrian Interdisciplinary Study on the Oldest Old

Management Summary
2013/14

Hauptverband der
österreichischen
Sozialversicherungsträger

BUNDESMINISTERIUM
FÜR GESUNDHEIT

BUNDESMINISTERIUM
FÜR ARBEIT, SOZIALES
UND KONSUMENTENSCHUTZ

Das Land
Steiermark

Wissenschaft und Forschung,
Gesundheit und Pflegemanagement

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MANAGEMENT SUMMARY

Background and objectives

The Austrian Interdisciplinary Study on the Oldest Old (ÖIHS – as per the acronym in German) investigates for the first time in Austria the health, living conditions and support situation of individuals aged 80 and older – a group of citizens about whom to date only limited information exists, despite increasing relevance to demographics and public health.
The data collected is of practical and decision-making relevance and will support the federal, regional and local authorities as well as private service providers when it comes to:

- planning demand-oriented and needs-based supply and social structures for intra- and extramural care;
- evaluating the efficiency of activities in the social service and healthcare sector and in health promotion;
- comparing the situation in Austria within the international context (and to other European and international studies on people aged 80+); and
- reaching the investigated age group adequately and in a convincing manner and providing appropriate options for a life characterised by self-determination, participation and improved health.

Framework conditions and method

As part of this pilot study and the first wave of surveys by the ÖIHS, data of this kind was collected for the first time from 2013 to 2014 from a sample of 410 residents of Vienna and Styria aged between 80 and 85. People living both in private homes and in nursing homes have been considered.
Complementary qualitative interviews are used to collect additional subjective viewpoints and interpretations of the respondents and thus enable deeper insights into their health and living conditions.

The research questions of the study are aligned with ongoing international studies in order to enable international comparability of the data.

Key findings

Heterogeneity of old age

- Noticeable heterogeneity including significant differences in terms of the degree of impairment due to age-related limitations and increasing differentiation in advanced age
- Relatively large group of men and women in a comparatively good health condition, with a high level of independence and autonomous way of life
- Contradiction to the prevailing and mainly deficit-oriented image of old age (association of old age with illness and need of long-term care)

Old age and frailty

- Nearly half of the study participants, however, are affected by more or less pronounced frailty.
- Frailty often involves multimorbidity, increasing mobility impairments and reduced ability to self-help.

- Especially between the ages of 80 and 85 there is a significant increase of age-related functional disability, combined with the rising need of help and support and long-term care.

Polypharmacy

- An elevated level of multimorbidity leads to relatively high medication consumption.
- Almost half of the 80+ respondents take more than 5 medications at the same time (polypharmacy); one in eight even takes 10 or more medications.
- Medication levels are particularly higher than the average in nursing homes.

Cognitive status

- High level of cognitive limitations. Merely approximately 16% of the participants completed the relevant tests without errors.
- Almost half of the tests give rise to a suspicion of dementia.
- The overall relatively poor cognitive results indicate minor or beginning cognitive deficits, even if the general health condition is otherwise good.

Urinary incontinence

- Slightly more than 1/3 of all respondents suffer from urinary incontinence.
- Depending on the severity, significant reduction of subjective well-being.
- Only a small proportion of those affected are under medical treatment.

Subjective health

- Subjective estimation of personal health condition is relatively good.
- More than half of the respondents qualify their health condition as good or very good; 1/3 at least as medium. Slightly more than one in ten qualify their health condition as bad or very bad.

Old age and gender

- Women do make up the larger part of the 80+ population; however, they tend to be in a worse general state of health than men of that age group.
- They are more significantly affected by chronic diseases, more commonly suffer from pronounced mobility impairments and are more frequently dependent on support and care.

Old age and social inequality

- The higher their level of education and income, the healthier respondents are.
- People with a low educational and income level are affected much more frequently and to a far greater extent by age-related health impairments. It can be assumed that people with a lower socio-economic status are less likely to reach very old age.
- Remarkable differences in cognitive tests: people with a low educational level achieve disproportionately poorer results than those with a higher educational level. Inference to a higher risk of dementia for people from lower social classes.

Loneliness and depression

- With prevalence rates of approximately 10-15% not very frequent, but still affecting a significant minority of the 80+ population.

- Particularly women, but nursing home residents are also disproportionately affected.

Smoking

- The vast majority of the respondents are non-smokers. A large proportion of them has never smoked.
- The few smokers have been moderate smokers throughout their lives.

Way of life and activities

- High level and impressive range of activities at an old age.
- In many cases a dense network of familial and non-familial social contacts. Lively interest in cultural life, frequently also physical exercise in the broader sense and in some cases charitable commitments.
- However, "engagement" and "activity" in old age are also of very different quality and subjective interpretations.
- Clear dependency on functionality and health. Risk of quick reduction to a limited few activities within their own four walls.

Provisions for care

- Personal preparations and provisions for eventual care and support needs play a marginal role. Only few durable powers of attorney for health care and living wills.
- Respondents are reluctant to talk about and reflect on care and support issues, especially if they are not yet in need of it.
- Apparently in part due to low levels of information.

Sexuality

- Plays only a somewhat secondary role. However, for about 1/3, the importance of sexuality in their lives is still relatively high.

Life satisfaction

- Predominantly high life satisfaction: more than 3/4 of the respondents are generally satisfied or even very satisfied with their life situation.
- At the same time, indications of increasing emotional vulnerability – particularly in cases of chronic pain, need of long-term care, more significant cognitive impairments and loss of persons close to them.

Next steps

Demographic changes will continue to bring about new challenges and requirements for the adaption of medical-nursing and social assistance. The ÖIHS considers this and should therefore, in accordance with international examples, be continued longitudinally in three-year survey waves. On the one hand, to follow the development of individual respondents over longer periods of time and, on the other hand, to be able to draw conclusions about how consecutive cohorts of people aged 80 years or older differ from each other – and as a result require further development of existing options.

The ÖIHS should gradually and appropriately to its name be expanded to a national study on the 80+ age group. In the period 2015 to 2017, the ÖIHS plans to include further federal provinces as cooperation partners and survey regions into the study.