



# Life Style Influences on Ageing Well: Findings from MELSHA

By

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# Presentation Overview

1. MELSHA and the Analyses
2. Predictors of Ageing Well
3. Conclusions and Directions
4. A few references



# 1a Melbourne Longitudinal Studies on Healthy Ageing (MELSHA)

Study Directors: Colette Browning and Hal Kendig

Funding: VicHealth (1994 to 1997) and NHMRC (1998 to 2010)

Sample: 1000 65+ in the community in 1994

Fieldwork: Baseline interview, self complete, and physical measures  
Biennial follow-up by telephone, mail, and death checks

Baseline: Overall 80% were healthy, felt well, and were active  
Health risks with inactivity, nutrition, falls, and medications;  
A small minority had chronic illnesses.



## 1b MELSHA Outcomes: 1994-2006

Of the 1000 initial participants:

- 424 were alive, living in the community and continuing in the study.  
(245 ‘ageing well’ – see next slide)
- 53 were alive in residential care facilities.
- 409 had died  
(136 known to have entered residential care)
- 114 had been lost to the study sample at some point over the follow-up period.



## 1c Our Analytical Approach

- To identify how long people remain in ‘states’ of successful ageing (dependent variables):
  - A) alive (not dead)
  - B) in the community (alive & not residential care)
  - C) ageing well (alive, in the community, &)
    - Self rated health excellent or very good, and
    - Independent IADL (all shopping, meals, housework etc) and
    - Good well being (positive affect scale 18 or above)



# 1d Our Statistical Approach

- Cox Regression with blocks of socio-economic, health, and life style factors to build multivariate models predicting ageing well
- All independent predictors are from the 1994 baseline ('distal' not 'proximal')
- Results show independent significance (after taking account of all other predictor variables).



## 2. Predictors of the Outcomes

- Socio-economic
- Health
- Life Style



## 2a Socio-economic Predictors & Outcomes

Significant Baseline Predictors <sup>1</sup>	Survival	Living in the Community (not in residential care)	Ageing Well <sup>2</sup>
Male	✓		
Age	✓	✓	✓

<sup>1</sup>  $p < .01$  (net of health and life style predictors)

<sup>2</sup> IADL independent, good or better self rated health, high positive affect





## 2b Health Predictors & Outcomes

Significant Baseline Predictors <sup>1</sup>	Survival	Living in the Community (not in residential care)	Ageing Well <sup>2</sup>
Number of medical conditions	✓	✓	
Self rated health	✓		
IADL	✓	✓	
Cognitive impairment	✓	✓	

<sup>1</sup>  $p < .01$  (net of socioeconomic and lifestyle predictors)

<sup>2</sup> IADL independent, good or better self rated health, high positive affect



## 2c Life Style Predictors & Outcomes

Significant Baseline Predictors <sup>1</sup>	Survival	Living in the Community (not in residential care)	Ageing Well <sup>2</sup>
Low Strain	✓		
Physical Activity			✓
Healthy Nutrition			✓
BMI Acceptable		✓	✓
Perceived Social Support Adequacy			✓
Social Activity Amount	✓	✓	

<sup>1</sup> p < .01 (net of health and socioeconomic predictors)

<sup>2</sup> IADL independent, good or better self rated health, high positive affect



## 2d Gender, Life Style, & Ageing Well

Significant Baseline Predictors <sup>1</sup>	Women only	Men only	Total sample
High Strain		✓	
Physical Activity	✓		✓
Healthy Nutrition			✓
BMI acceptable	✓		✓
No Urinary Incontinence	✓		
Perceived Social Activity Adequacy		✓	
Perceived Social Support Adequacy			✓
Social Activity Amount		✓	
Ex-Smoker		✓	

<sup>1</sup> p < .01 (net of all other predictors)



## 3. Conclusions and Directions

### Key Findings for health promotion

- Healthy life styles in later life are related to longer term benefits
- Life Style directly influences quality of life outcomes
- Older women and men face different vulnerabilities

### Further Analyses underway:

- Life Style pathways to health outcomes (and hence indirectly influence community living and survival)
- Consequences of transitions through later life  
(eg becoming a widow)
- Trajectories through time (not all one-way decline)

Question: Can life style interventions yield the same benefits as 'natural' variation?



## 4 A few references

- Kendig, H.; Pedlow, R; Browning, C; Wells, Y; Thomas, S. (2010) “Health, Social, and Life Style Predictors of Entry to Residential Aged Care: An Australian Longitudinal Analysis,” Age and Ageing, 15, 1-7.
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