# **Staying Upright and Eating Well Research**

Ageing Well National Science Challenge: 2015 Colloquium 14th August 2015

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# LILACS NZ



- Started in 2010
- 937 octogenarians
  - 421 Māori, 516 non Māori
- 5 year follow-up ongoing



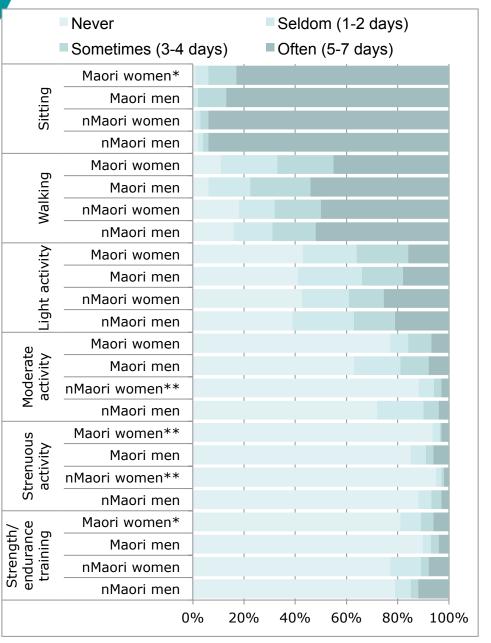




# LILACS NZ



- Risk of malnutrition,
   49% (M); 38% (nM)
- Low physical activity



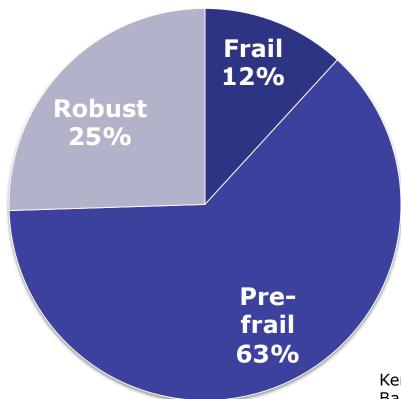
\* p<.05; \*\* p<.001 on female percentages denote significant difference between men and women

# LILACS NZ





• The prevalence of pre-frail, >60%



Kerse et al., Frailty and Sarcopenia, Barcelona, 2014



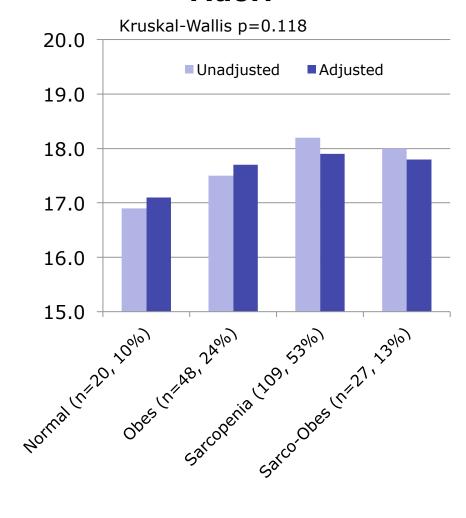
		Waist Circ		
		Low or mod tertile	High tertile	
Muscle	Low tertile	Sarcopenia	Sarcopenia- Obesity	
mass	Mod or high tertile	Normal	Obesity	

Stephen & Janssen . J Nutr Health Aging 2009;13(5):460-66.

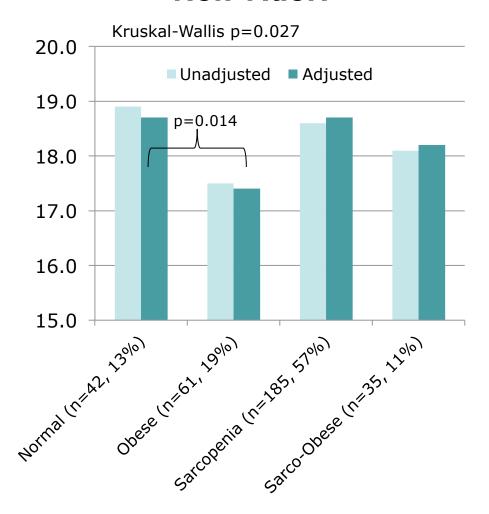


### **NEADL**

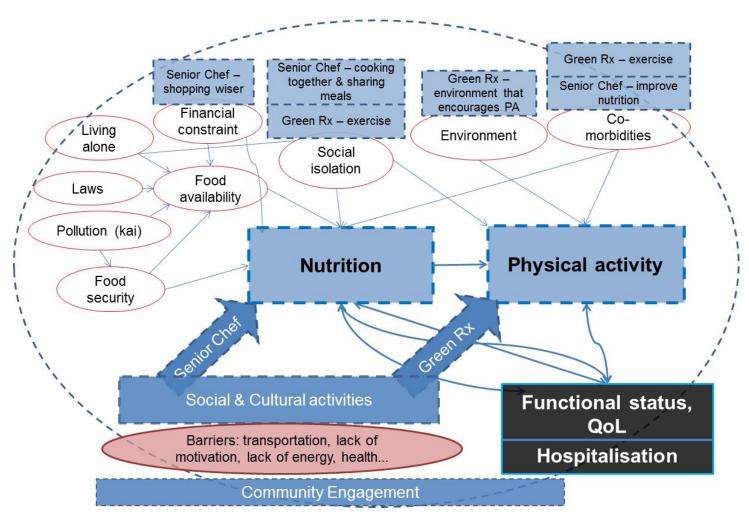
#### Māori



### Non-Māori







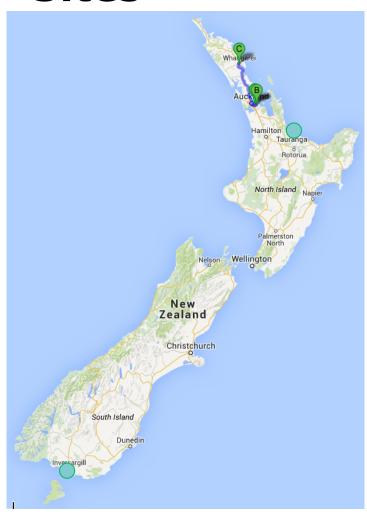


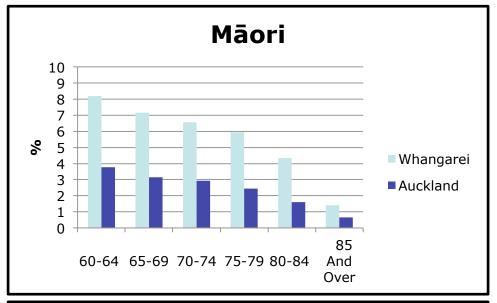
# Staying Upright and Eating Well Research, SUPER Trial

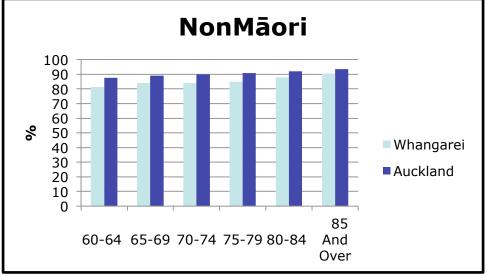
- To establish the effectiveness and cost effectiveness of physical activity and/or nutrition intervention to reduce falls and frailty in pre-frail older people.
- Feasibility study (Health Research Council, NZ; ongoing)
  - To establish feasibility of a 2x2 factorial RCT
- Main study (National Science Challenge)
  - Primary: falls
  - Secondary: frailty (Fried tool), physical performance (SPPB), QoL



# **Sites**







### **Staying UPright and Eating Well Research**

#### STUDY POPULATION

#### Inclusion criteria

- Are aged 75 years or over, aged 60+ for Māori
- Pre-frail (FRAIL score 1 or 2)
- Live in the community (not residential care for older ped
- Able to communicate in English or te reo or have some
- Able to use the kitchen utensils safely
- Able to stand
- Medically safe to participate in low intensity exercise

#### Exclusion criteria

- Terminally ill as judged by the general practitioner or M<sup>‡</sup>
- Advanced dementia from GP records

Random allocation to 4 equal group

Kai ora Senior chef (cooking programme)

Kori kori tinana SAYGO (exercise programme)

SAYGO (exercise programme)

FOLLOW-UP (post intervention: 0, 6, 12, 3

#### **Primary outcome**

Falls

#### Secondary outcomes

- Frailty
- Food intake 24hr MPR x 2
- Physical activity CHAMPS
- Physical performance SPPB
- Functional status NEADL
- Health related Quality of Life SF-12



Transforming ways of Living and Ageing to Advanced Age:



OTÁGO

Staying UPright & Eating well Research

1.	How much of the time during the past 4 weeks did you feel tired?  All of the time Most of the time Some of the time None of the time
2.	By yourself and not using aids, do you have any difficulty walking up 10 steps without resting?  No
3.	By yourself and not using aids, do you have any difficulty walking several hundred meters? (Length of a rugby field is 100 meters)  No
4.	Did a doctor ever tell you that you have?  - High blood pressure (hypertension)
5.	Have you lost weight in the past 12 months without trying to?  Yes Don't know  If "Yes", roughly how much have you lost? kilograms/stones/pounds



## **Senior Chef**

- Discussion about nutrition to eat better, and a cooking class to increase confidence in cooking for 1 or 2 and shopping wiser for nutritious food.
- 8 weeks led by trained facilitator







# Steady As You Go©

- Adapted Otago
   Exercise
   programme to
   improves strength
   and balance and
   reduces falls.
- 10 weeks led by trained facilitator





# Weekly social group

- 4C, Craft Group (Whangarei)
- Communicare (Auckland)
- Selwyn Care centre
- Probus
- Grey Power



# **Assessment schedules**

	Eligibilit Y	Baselin e (T0)	weeks formal Intervention	Om post- interven tion (T1)	6m (T2)	12m (T3)	36m (T4)	60m (T5)
Frail scale	V	$\sqrt{}$	weeks					
Fried tool		$\sqrt{}$	10 v			$\checkmark$	$\sqrt{}$	$\sqrt{}$
All measures*		$\sqrt{}$		$\checkmark$	$\sqrt{}$	$\checkmark$	$\checkmark$	$\sqrt{}$
						Peer-led		

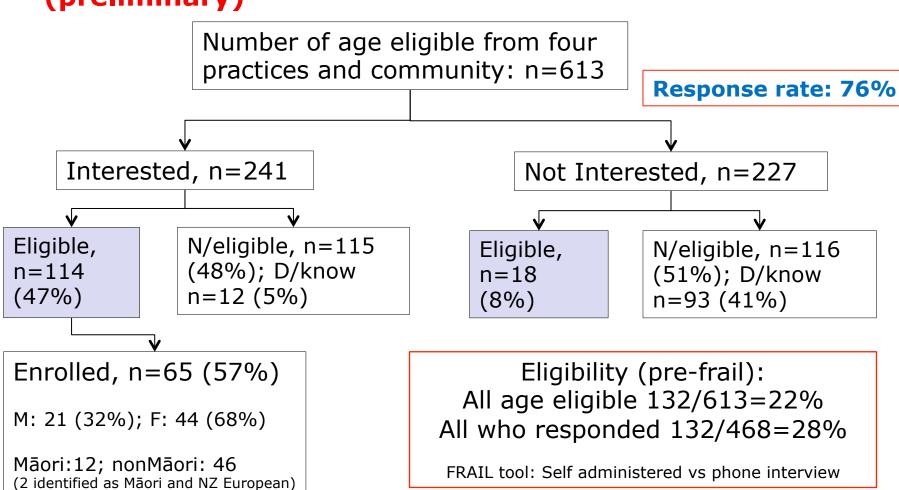
<sup>\*</sup> FES-I, SPPB, CHAMPS, MPR, SF-12, NEADL, GDS and physical assessment. No 3MS at T1. No CHAMPS and MPR at T4.

- Falls incidence will be assessed by monthly fridge calendars, filled in daily, and mailed in monthly (up to T3). Falls questions in T4 and T5.



# Response rate: Feasibility study

(preliminary)





# FRAIL tool: face-to-face interview

	Men, n=21 (%)	Women, n=44 (%)
0	2 (9)	10 (23)
1	8 (38)	10 (23)
2	6 (29)	10 (23)
3	3 (14)	9 (20)
4	2 (10)	5 (11)
5	0	0



# **Feedback**

- Engaged and approved by local stakeholders... ongoing process
  - Took ownership of the process, local newspapers,
     Māori radio, local community centre
- SAYGo: good adherence in Howick (19 regulars)
  - + 3 fillers), Whangarei: need motivation
    - Weekly continuation class → facilitator-led → peer-led
- Senior Chef: excellent facilitators
  - Exchanging recipes
  - Monthly continuation → facilitator-led → peer-led



# Lessons/Challenges

- New research area networking, trust, uptake of research concept
- Uptake of the practices
- Randomisation participants' preference
- Adherence (transportation, motivation)
- Adaptation of the programme
  - SAYGo: more than 10-week facilitator led??
  - Senior Chef: vegetarian/gluten free recipes
  - Running the programme in marae led by Māori facilitators.



# **Research Impact**

- Maintaining independence
- Enabling contribution to society
- Decrease in care burden to the society, family and whānau
- Strengthening Māori community



# Questions, Comments, Suggestions