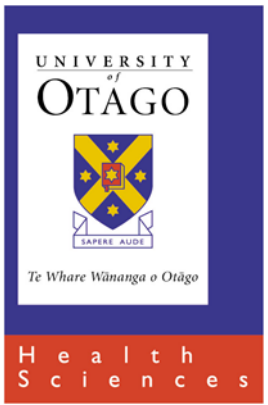
G: Risk factors for reduced social engagement in older people Dr Sally Keeling & Dr Hamish Jamieson et al.

H: Evaluation of the drug burden index to predict falls, fractures & recurrent admissions in older people, Dr Hamish Jamieson et al.

National Science Challenge

Ageing Well

1 December PI meeting, 2015



Analysis of interRAI-HC measures of social engagement

Variables: Section F – Social Functioning

Involvement

Change in social activities (as compared to 90 days ago).

Isolation – a) length of time alone during day b) says or indicates that s/he feels lonely yes/ no.

Section G. Informal Support Services

Name 2 Key informal helpers – Primary and 2ndary Lives with client yes/ no

Relat to client - Spouse, 2, other relative, 3. Friend/neighbour.

Areas of help: advice/ emotional support / IADL & ADL

Willingness to increase help

Extent of informal help with Adl/IADL: Hrs of care, rounded: In last 7 days.

OUTCOMES: Multiple hospital admissions/ Res Care admission/Mortality at 12 months.

Potential Confounds: Depression/ Cognition/ Age / Gender/ Ethnicity / CHESS score etc. Plus variables within above sections will be tested for significance.

Implications and dissemination

- Within AW Challenge: PI Meetings, Dec 2015, June and October 2015.
- Maori Engagement: 5 bi-monthly meetings Feb-Oct, 2016.
- Contributions to Challenge: Health Economics workstream
- Two national conference presentations (NZAG + ?) & 2 x peer reviewed publications per project.
- Two-way public engagement workshops (May and October, 2016) for sharing results and work in progress.
- Into policy and practice: Improving individual care planning and integrating health and social services.
- “Research to practice” workshops: Local, regional and national levels, sharing results and work in progress.

Polypharmacy in New Zealand

The issues:

Inappropriate prescribing leads to adverse outcomes in older people (falls, fractures, increased hospital admissions).

We have an opportunity to examine this through use of the big data available in New Zealand's world leading interRAI database on older people . The key advantage of using the interRAI data is that potential confounding factors can be accounted for.

Exclusion of this data has been a major deficiency of previous polypharmacy research

Project H: Evaluation of the Drug Burden Index to predict adverse outcomes in older people

Will an increased Drug Burden Index (DBI) score predict poor medium-term health outcomes (e.g. falls, residential care admissions, and mortality) for New Zealand elderly people?

Is the DBI independent of other potential confounding factors (such as gait speed)?

What poor medium-term outcomes will the DBI predict for New Zealand Māori and other minority ethnic groups in New Zealand?

Could the DBI be added to New Zealand hospitals' new electronic prescribing system as a decision support aid?

Implications and dissemination

- Within AW Challenge: PI Meetings, Dec 2015, June and October 2015.
- Maori Engagement: 5 bi-monthly meetings Feb-Oct, 2016.
- Contributions to Challenge: Health Economics workstream
- Two national conference presentations (ANZSGM) & 2 x peer reviewed publications per project.
- Two-way public engagement workshops (May and October, 2016) for sharing results and work in progress.
- Into policy and practice: links with CDHB and Ministry of Health and Pharmac
- “Research to practice” workshops: Local, regional and national levels, sharing results and work in progress.