

Emerging Researchers in Ageing Conference

“Getting the right skill mix”

21st and 22nd October 2010, Newcastle

PHOTO ALBUM



**PRIORITY RESEARCH CENTRE
GENDER, HEALTH AND AGEING**





Attendees at the Conference



Writing & Reviewing for Publication Workshop



Mixed Methods Workshop



Mixed Methods Workshop

Australia

2010
National Conference of
Emerging Researches in Ageing

Hunter Room

8:45am – 9:30am – Registration
9:30am – 12:15pm – Pre Conference Postgraduate Workshop
1:00pm – 2:10pm – Conference Opening & Keynote Speaker
2:40pm – 4:00pm – Session # 1 Concurrent papers
4:00pm – 5:20pm – Session # 2 Concurrent papers
6:30pm – 7:30pm – Lecture



Julie Byles (RCGHA), Helen Bartlett & Matthew Carroll (Monash University)



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AUSTRALIA

PSYCHOSOCIAL CHARACTERISTICS OF ARTHRITIS AT MIDLIFE: FINDINGS FROM 10,532 AUSTRALIAN WOMEN

Melissa L. Harris, Deborah J. Loxton, David W. Sibbritt, & Julie E. Byles



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Background

- Chronic disease represents a growing public health challenge, contributing significantly to global healthcare expenditure and burden of disease.
- Between 50-90% of people are living with at least one chronic condition, with disease incidence increasing with age.
- Research conducted at whole systems and cellular levels highlight psychological stress as a possible mechanism integral to the ageing-chronic disease process acting through immunological and neuroendocrine pathways.
- Stress has been linked to chronic inflammatory processes and may play a role in arthritis - an age-related inflammatory disease of the tissues in and around the joints.

Objective

- To investigate the relationship between psychological stress, psychosocial factors, and arthritis in midlife women within a biopsychosocial framework.

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Methods

Sample: The 10,532 women from the mid-age cohort who responded to the questions about arthritis diagnosis in the 19th survey (2007) of the Australian Longitudinal Study on Women's Health.

Measures: "Arthritis" was defined as being diagnosed with, or treated for osteoarthritis, rheumatoid arthritis, or another form of arthritis in the past 3 years.

Psychosocial Variables: The Perceived Stress Scale was used to assess levels of psychological stress. Cohort-specific negative life events were measured from a modified version of the Life Event Questionnaire. Psychosocial disorders were modelled on the Australian Bureau of Statistics National Health Survey. Perceived social support was assessed using the Medical Outcomes Study Social Support Survey. The Revised Life Orientation Test was used to measure optimistic/pessimistic life approach.

Covariates: Health-related quality of life, health care utilisation, physical comorbidity, comorbid somatic symptoms, sleep disturbance, menopausal status, current NSAID usage and health behaviours relating to obesity, smoking and alcohol consumption and demographic characteristics were also included in the multivariate model.

Analysis: Health-related quality of life, health care utilisation, physical comorbidity, comorbid somatic symptoms, sleep disturbance, menopausal status, current NSAID usage and health behaviours relating to obesity, smoking and alcohol consumption and demographic characteristics were also included in the multivariate model. A final multivariate model including behavioural, demographic, and medical characteristics was also fitted. All analyses were conducted using chi-square, independent t-tests and logistic regression (95% CI). A final multivariate model including behavioural, demographic, and medical characteristics was also fitted. All analyses were weighted by area to correct for oversampling of women from rural and remote areas. Statistical significance was set at p<0.05.

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Results - Univariate and Multivariate Analyses

| | Meaning | OR (95% CI) | p-value | OR (95% CI) | p-value |
|------------------------|---------|-------------|---------|-------------|---------|
| Personal history | | | | | |
| Arthritis | 100.0% | 1.00 | | 1.00 | |
| Other | 100.0% | 1.00 | | 1.00 | |
| Family history | | | | | |
| Arthritis | 100.0% | 1.00 | | 1.00 | |
| Other | 100.0% | 1.00 | | 1.00 | |
| Psychological stress | | | | | |
| High | 100.0% | 1.00 | | 1.00 | |
| Low | 100.0% | 1.00 | | 1.00 | |
| Life events | | | | | |
| High | 100.0% | 1.00 | | 1.00 | |
| Low | 100.0% | 1.00 | | 1.00 | |
| Psychosocial disorders | | | | | |
| Depression | 100.0% | 1.00 | | 1.00 | |
| Anxiety | 100.0% | 1.00 | | 1.00 | |
| Other | 100.0% | 1.00 | | 1.00 | |
| Social support | | | | | |
| High | 100.0% | 1.00 | | 1.00 | |
| Low | 100.0% | 1.00 | | 1.00 | |
| Life orientation | | | | | |
| Optimistic | 100.0% | 1.00 | | 1.00 | |
| Pessimistic | 100.0% | 1.00 | | 1.00 | |

3025 midlife women reported having been diagnosed with or treated for arthritis within the previous 3 years. A small number (n=410) reported comorbidity in arthritis conditions.

Significant associations were found between arthritis status and having a family member or close friend with a major illness, experiencing interpersonal and family difficulties, and financial crisis (see Table 1).

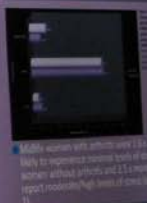
Having self-reported arthritis resulted in a 2-fold increase in being diagnosed with a mental health disorder (depression and anxiety).

An inverse association between arthritis status and positive life approach was also found.

Women with arthritis were less likely to use all 3 forms of social support than controls. In particular, women with arthritis were 1.3 x more likely to use emotional, or information-based support exclusively or not at all.

"My only health fear is arthritis..."

Univariate



Multivariate

Diagnosis of an anxiety disorder was an independent psychosocial predictor of self-reported arthritis (OR 1.3, 95% CI 1.1, 1.6, p<0.001).

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Conclusions

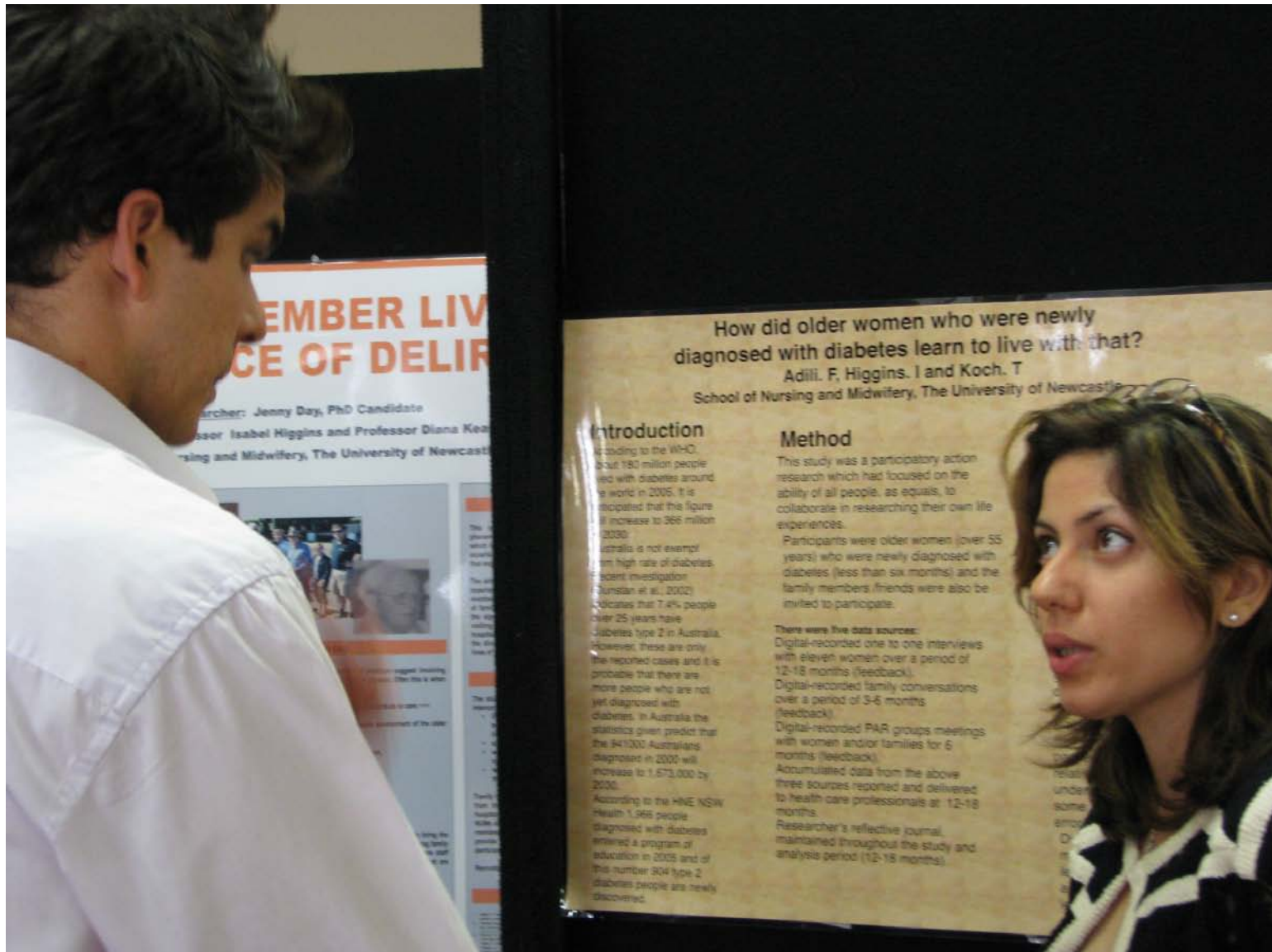
- Midlife women with arthritis are more likely to report a range of psychosocial problems.
- In particular, women with arthritis experience more psychological stress and poorer mental health (depression and anxiety) than women without the disease.
- Longitudinal analyses are required to elucidate the pathways in which the disease process (stress perception and anxiety) and psychosocial mediators may contribute to arthritis risk and poor adaptation in terms of health-related quality of life.

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Acknowledgements

The research on which this poster is based was conducted as part of the Australian Longitudinal Study on Women's Health. The University of Queensland and The University of Newcastle are gratefully acknowledging the support of the Department of Health and Ageing for funding, and the research participants who contributed to the survey data.

Poster Presenter



Poster Presenter



Lynne Parkinson and Julie Byles from the Research Centre for Gender Health and Ageing (RCGHA), ERA 2010 conference convenors



Lynne Parkinson (RCGHA), Helen Bartlett (Monash University), Julie Byles (RCGHA) and Mike Calford (University of Newcastle)

How did older women who were newly diagnosed with diabetes learn to live with that?

Adili. F, Higgins. I and Koch. T
School of Nursing and Midwifery, The University of Newcastle

Introduction

According to the WHO, about 180 million people lived with diabetes around the world in 2005. It is anticipated that this figure will increase to 366 million in 2030.

Australia is not exempt from high rate of diabetes. Recent investigation (Dunstan et al., 2002) indicates that 7.4% people over 25 years have diabetes type 2 in Australia. However, these are only the reported cases and it is probable that there are more people who are not yet diagnosed with diabetes. In Australia the

Method

This study was a participatory action research which had focused on the ability of all people, as equals, to collaborate in researching their own life experiences.

Participants were older women (over 55 years) who were newly diagnosed with diabetes (less than six months) and the family members /friends were also be invited to participate.

There were five data sources:
Digital-recorded one to one interviews with eleven women over a period of 12-18 months (feedback).
Digital-recorded family conversations over a period of 3-6 months (feedback).
Digital-recorded PAR groups meetings with women and/or families for 6 months (feedback).
Accumulated data from the above sources reported and delivered professionals at 12-18

Results

The findings of this study suggested that the women learnt to manage their condition in a multitude of different ways in accordance with their readiness and capacity to learn. Over time, following the initial formal diabetes classes, the women seemed to acquire greater understanding of their condition motivated by curiosity, trial and error, and from their own readings, partners, friends and relatives understandings and to some extent trial and error.

During the PAR group meetings the women learnt from each other

The women learnt how they could overcome to their feeling post diagnosis, changing their eating and cooking habits, doing more exercise and checking their blood sugar level. Having support from the family/friends was an important factor in the women's learning process.

Conclusion

During the group meetings, the women suggested many ideas and strategies to support the professionals to support the diabetes classes and services for the future years.



Poster Presenter



Plenary session and Welcome



Helen Bartlett (Monash University), Mike Calford (University of Newcastle) and Gita Mishra (University of Queensland)



Prof. Julie Byles, Director, Research Centre for Gender, Health and Ageing University of Newcastle



Prof. Helen Bartlett, Pro-Vice Chancellor, Monash University Gippsland

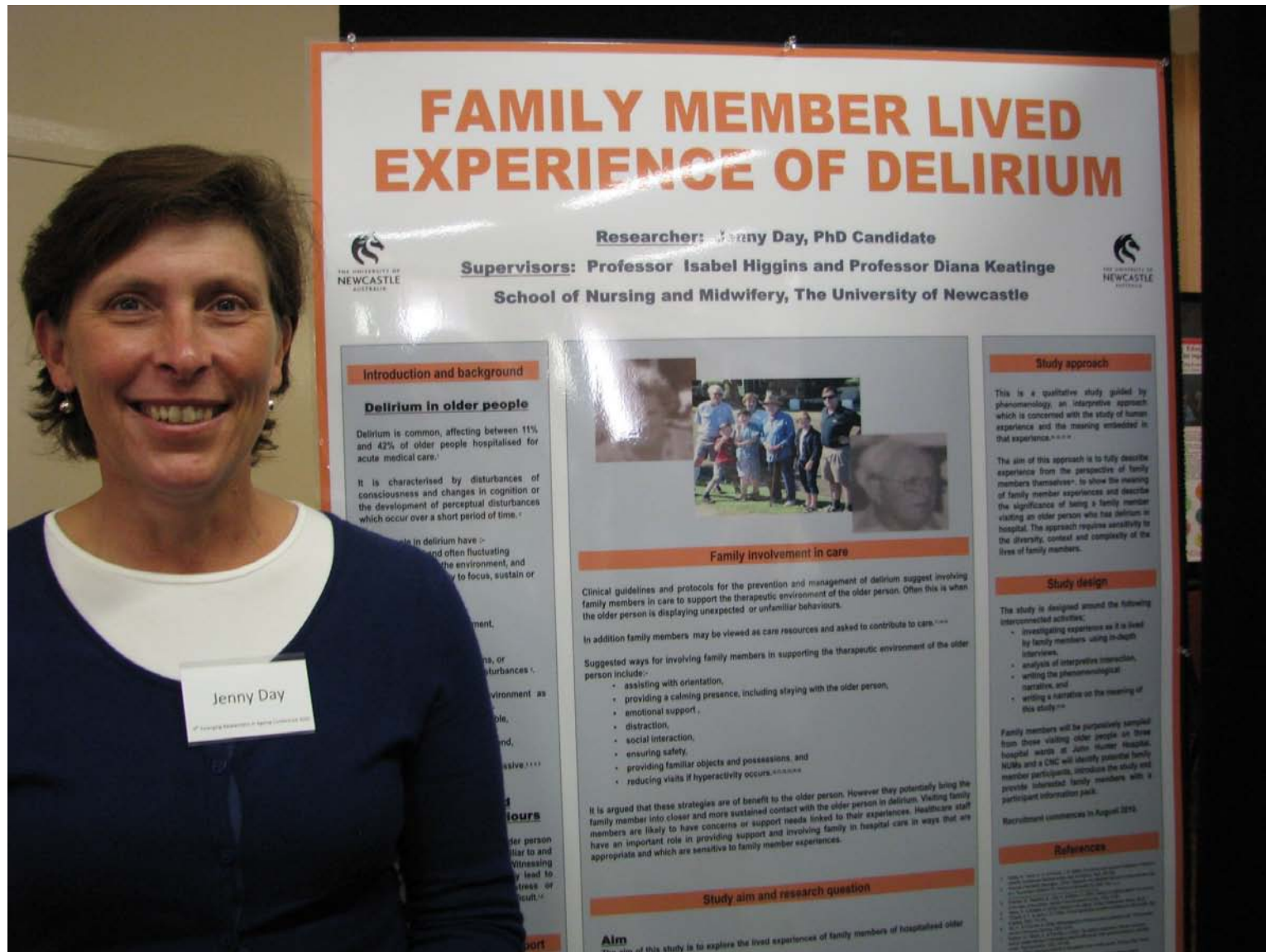


Welcome to the Conference, Prof. Mike Calford, Deputy Vice
Chancellor Research, University of Newcastle



Keynote Speaker Prof. Gita Mishra, University of Queensland





Best Poster Presentation Winner



Fatemeh Adili, Isabel Higgins and Priya Saravanakumar from the School of Nursing and Midwifery, University of Newcastle



Joanne Harmon and Isabel Higgins from the School of Nursing and Midwifery, University of Newcastle



ERA Presenter



ERA Presenter



Conference attendees