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Pooling longitudinal studies of ageing for epidemiological analyses and to model health futures: the DYNOPTA project

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DYNOPTA – Dynamic Analyses to Optimize Ageing Well

Collaborative, multidisciplinary project among 9 institutions DYNOPTA involves the creation of a pooled dataset from nine existing Australian Longitudinal Studies of Ageing Dataset is being used to answer key questions about the compression of morbidity in late life







Pool and harmonise data from existing studies (*N* = 50652)

Epidemiological, demographic and psychological analyses of 4 key theme areas Develop microsimulation model

Forecast, simulate interventions, costings



Key outcomes

Cognition and Dementia Sensory function Mental Health Mobility/disability Mortality/longevity

Cross-Theme Issues

Multiple morbidity Healthy ageing Gender Social determinants Risk factors



Advantages of data pooling

analysing:

Individual Studies

Lack statistical power for comparisons among particular groups Pooled Data Increased statistical power for

Low-prevalence disorders Co-morbidities Sub-populations

Restricted to localised samples

More representative study population



DYNOPTA – Locations





Establishment of research infrastructure and pooled dataset

DYNOPTA website for communication

Development of harmonization techniques

Creation of the pooled dataset

- 450+ harmonized variables using the by fiat method
- Some projects in progress on latent variable approach to harmonization

Data dictionary, harmonization manual, syntax archive, quality checking procedure, error reporting form Re-releases of data Steering committee



The DYNOPTA Sample

Collection period 1990 – 2006

Sample Size

- Observation 1: N = 50681 (77.2% Female, 9 contributing studies)
- Observation 2: N = 40851 (79.1% Female, 9 contributing studies)
- Observation 3: N = 30003 (84.5% Female, 7 contributing studies)
- Observation 4: N = 25378 (86.6% Female, 6 contributing studies)
- Observation 5: N = 6223 (54.1% Female, 2 contributing studies)
- Observation 6: N = 791 (57.6% Female, 1 contributing study)

Average number of observations per case = 2.9

Average number of observations for cases where: totalobs > 1 = 3.3

Australian Longitudinal Study of Mersonene Health (Old cohort) Longitudinal Study of Healt Household Income and Labour ynamics Survey of Atustyalia 12432 1043 Australian Lor 2 796 Study of V 4658 1000 Health (Mid 5089 5454 VAL4 12338 6164 2651 10716



Different wording in similar items

- 'what is your current marital status?'
- 'what is your formal registered marital status?'

Different reference points for similar items

- 'In the last two weeks how often did you do vigorous exercise?'
- 'In a normal week how often do you engage in vigorous exercise?'

Different response sets across studies (and within studies across waves)

Different coding of variables within/across studies

Aim to derive cutoffs consistent with national guidelines eg. Alcohol recommendations NHMRC, Active Australia cutoffs for physical activity, MMSE cutoff, CES-D cutoff



Sex by Age Comparison to 2001 Census Data



Population %



The DYNOPTA Sample: Sex by Age Comparison to 2001 Census Data (excluding ALSWH)



Population %



Example Epidemiological work

Driving status

- Examined driving status among men and women
- Driving status by geographical region
- Cognitive and visual impairment and driving status
- Evaluation of Age-Based Testing (ABT): Australian states differ in the licensing of older drivers. Enables comparison of driving status between regions with different ABT, adjusting for demographic variables, MMSE and visual acuity.
- Policy implications from driving status research.



Findings on driving status

Men 5.7 times more likely to drive than women Married/partnered 1.25 times more likely to drive 42% men with probable dementia and 11% of women with probable dementia were drivers 57% of men and 26% of women with visual impairment (worse than 6/12) were drivers Patterns of driving similar between Australia and Canada. US results show more drivers at older ages

International comparisons on driving status

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Ross, L. Anstey, K.J. Kiely, K. Byles, J. Luszcz, M.A. Mitchell P. (in press) Older Drivers in Australia: Trends on Driving Status and Cognitive and Visual Impairment *Journal of the American Geriatric Society*



Smoothed probability of dementia for males by age for DYNOPTA pooled dataset





Cognitive impairment free LE (Carol Jagger)

Estimates derived from IMACH Used DYNOPTA data from 3 studies MMSE 0-23 = Cognitive Impairment/probable dementia **MMSE 24-30 = Cognitive impairment free** Other potential data sources to add later Analyses separately for males and females Preliminary, unweighted, assume single population 8 waves of data 1992-2003

Preliminary IMACH estimates of Life Expectancy and Cognitive Disability Free Life expectancy (1992-2003, 9 waves)

Males (n = 1911)





Females (n = 1941)



Future work

Calculation of transition rates in 4 outcome areas **Calculation of health expectancies** Epidemiological analysis of risk factors for 4 outcome areas Dual change score modelling of related domains eg. cognition and depression, vision and memory **Microsimulation modelling Demographic analysis of trajectories of partner status** Measurement models of latent variable depression **Development of imputation methods – cold deck for** education etc. Testing models of healthy ageing



DYNOPTA team

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Further information

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www.dynopta.anu.edu.au

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