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Active Ageing in community dwelling elderly: The link between Mobility and Activities of Daily Living Results from a Survey in Flanders

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Introduction Population Ageing



Worldwide phenomenon

- Additional years: new opportunities and contributions
 - Health !!

(WHO, 2015)

Introduction *Active Ageing (1)*

- WHO (2001)
 - Optimization Opportunities
 - Health, participation and security
 - Quality of life



Effect:

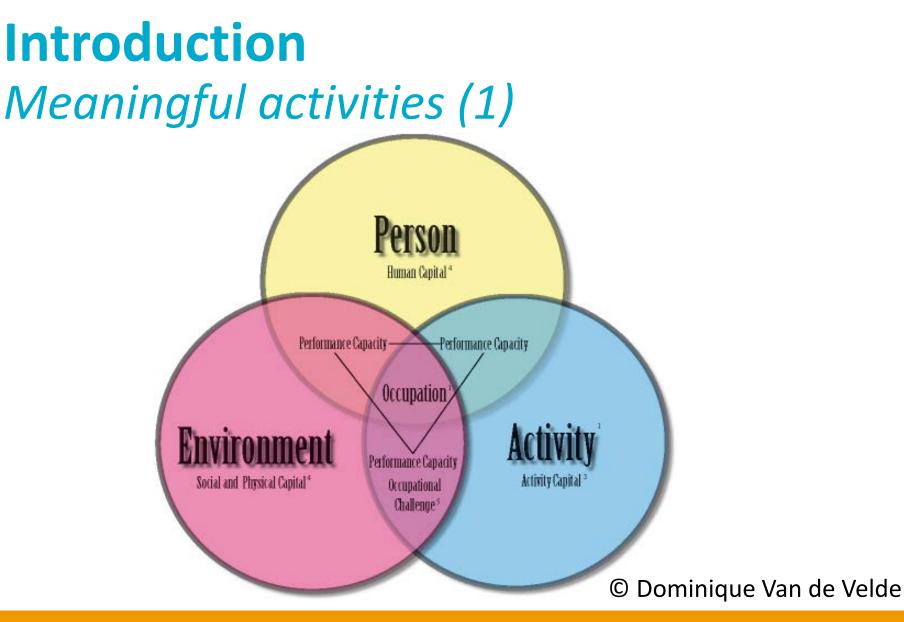
- physical, social and mental well-being
- participation

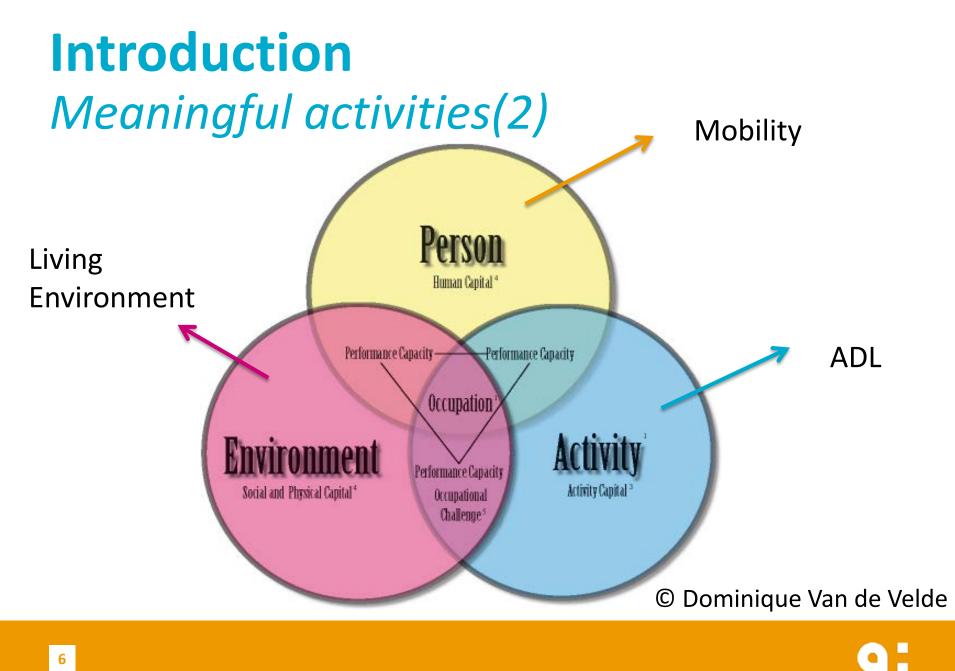
Introduction *Active Ageing (2)*

- 'Active'
 - Physical ability
 - Continuing participation
- Meaningful) activities !!



(WHO, 2002)





Introduction basic-ADL











Introduction instrumental-ADL













Introduction advanced-ADL











Research question

What's the link between Mobility and Activities of Daily Living (ADL) for community dwelling elderly? Method Design

Quantitative study

Explorative research



Cross-sectional survey research

Method Data collection: general

- Semi-structured survey
 - Interviewer: student
 - Face to face
- Survey guide
- Duration: ± 45 minutes



Method Data collection: assessment (1)

- Mini-Mental State Examination (MMSE) (Folstein, 1975)
 - Focus: screening cognitive impairment
 - <u>Score:</u>... / 30
- Elderly Mobility Scale (EMS) (Smith, 1994)
 - Focus: mobility limitations
 - Score: .../ 20



Method Data collection: assessment (2)

- Brussels Integrated ADL (BIA) (De Vriendt, 2012; 2013; 2015)
 - Focus: b-, i- and a- ADL
 - Score:
 - 0: independent
 - 1: mild limitation
 - 2: moderate limitation
 - 3: severe limitation
 - 4: dependent



Method Sample group (1)

- 161 research persons
 - Criterion sampling

Inclusion criteria

Age: >70

MMSE-score: ≥18

Community dwelling



Method Sample group (2)



Demography	Research persons (n= 161)
 Sex Male (n) Female (n) Age Mean (min – max) Minimum Maximum 	46 115 77, 83 70 93
Marital status Married (n) Divorced (n) Widow (n) Otherwise (n) 	95 5 60 1

Method Sample group (3)



Demography	Research persons (n= 161)
 Education Primary education (n) High school diploma (n) College degree (n) University degree (n) 	48 101 11 1
Health satisfactionMeanMinimumMaximum	2,88 1 5

Method Sample group (4)



Demography	Research persons (n= 161)
Walking aids indoors Yes No 	8.7 % 91.3 %
 Walking aids outdoors Yes No 	16.1 % 83.9 %
Professional helpYesNo	48 % 52 %
MMSE Mean (min – max)	27.68 (23.00 – 30. 00)

Results (1) *Central Tendency and Dispersion*

EMS	
Mean	18.83
Minimum	12.00
Maximum	20.00
Stand. Dev.	2.34

Results (2) Central Tendency and Dispersion

BiA b-ADL	
Mean	0.89
Minimum	0.00
Maximum	9.00
Stand. Dev.	1.67

Results (3) Central Tendency and Dispersion

BiA i-ADL	
Mean	4.23
Minimum	0.00
Maximum	25.00
Stand. Dev.	5.16

Results (4) *Correlations*

EMS and b-ADL/i-ADL mobility ADL- limitation

b-ADL and i-ADL

■ **↓** b-ADL-performance **↓** i-ADL-performance

Discussion (1) Social Relevance



<u>Now:</u> Physical-activity programs (without ADL)

- 'Growing Stronger ' (CDC, 2014)
- Évidence based Physical Activity (EUNAAPA, 2014)

<u>Need</u>: mobility-based programs that include ADL <u>Need</u>: participation improving

Global Age Friendly Cities (wнo, 2007)

Discussion (2) *Research-related aspects*

Strength	Weakness
Standardized protocol	Not the same capabilities of interviewers
Living environment	Some elderly not reached
<u>Reach:</u> 161 elderly	Duration of evaluation
Highly including	

Discussion (3) Further research



Better socio-economic scatter

Map out obstructive elements

Conclusion



Thanks for your attention

