

## Editorial

# Older Person Research in Ireland

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## Editorial

Ireland has rapidly changing demographics. The 2006 Irish Census indicated that there was 468,000 people aged 65 or over resident in the country. By 2021 this is projected to rise to approximately 751,000 or 16% of the population [1]. Allied with these figures is the estimation that dependency rates among the elderly population will also grow sharply to 52.8% in 2021. In relation to dependency, Barry [1] indicates that older people in Ireland would prefer to live and be supported in their own homes. The resultant outcome of this is the need for quality and integrated community, health and social care services. A further outcome of home and community based care is that many older people experience care provided by family or neighbors. In Ireland more needs to be known about all types of community care for older people.

The past decade has witnessed a growth in the type and level of older person research completed in Ireland. For the purpose of this editorial the author will focus on a number of key studies completed by the *Centre for Ageing Research and Development in Ireland* (CARDI) and *The Irish Longitudinal Study on Aging* (TILDA). More information can be found on their websites [www.cardi.ie](http://www.cardi.ie) and <http://tilda.tcd.ie/>.

## Centre for Ageing Research and Development in Ireland (CARDI)

Two studies completed through CARDI will be used to highlight the wide spectrum of medical, physical and social research being undertaken with older people populations in Ireland.

First, according to Scarlett et al. [2] older people in Northern Ireland are up to three times more likely to be frail than those in the Republic of Ireland. Furthermore, this study found that females and those from lower socio economic groups were more likely to be frail than those in the general older person population. Among people aged 60-64, the rates of limiting disability range from 43% in Northern Ireland to 25% in the Republic of Ireland [3]. In the 80 years plus age group, Northern Ireland has a 54% rate of limiting disability whilst in the Republic of Ireland this figure is 29%. This research also showed that the prevalence of frailty rises with age, for example, in Northern Ireland 16% of people aged 60-64 are frail whilst in the Republic of Ireland this figure is 3%. These researchers conclude that

the reasons for differences in North and South data in frailty merit further investigation and discussion.

Research by Parsons et al. [4] examined medication use in people with dementia at end of life. This study was carried out within the context that there are currently around 41,740 people with dementia in the Republic of Ireland, with the numbers expected to grow to between 141,000 and 147,000 by 2041. Approximately 19,000 people have dementia in Northern Ireland. It is expected there will be 23,000 people with dementia by 2017 and 60,000 by 2051 in Northern Ireland.

With limited research in the area of medication use in dementia at end of life this project aimed to evaluate the extent to which patient-related factors influenced clinical decision-making in the area of medication use. Numerous key findings emerged. Among these were that there are substantial differences in how doctors make decisions about continuation or discontinuation of some medications particularly antibiotics and some dementia medications when caring for people with dementia at end of life. Advance directives did not seem to affect Doctor decision-making regarding medications. A conclusion drawn by these researchers was that Doctors should possess a proper understanding of the legal basis of advance directives. A further key finding was that practice guidelines for the prescription of medications such as statins and anti-psychotics for dementia patients are necessary, with an emphasis on building the evidence base on medication use with the resultant outcome that Doctors will make better decisions. Finally, it was found that patients and their families should be central to decision making when it comes to end of life care in dementia. These two research projects, whilst existing among many, showcase the breadth of research being promoted and completed under the umbrella of CARDI.

## The Irish Longitudinal Study on Aging (TILDA)

TILDA is a national and longitudinal study on many aspects of ageing in Ireland, collecting information on all aspects of health, economic and social circumstances from people aged 50 years and over in a series of data collection episodes every two years. The breadth of data collected and collated makes TILDA unique amongst its international peers. Two studies from the many papers and reports that have emanated from the TILDA project show the high quality and contemporary nature of the research being undertaken.

The wealth, health and well-being of older people in Ireland during the period of the recent economic crisis was explored by Barret and O Sullivan [5]. Using nationally representative samples of older people collected before and during the crisis, this study showed that the average of net assets fell by 45% between 2006/7 and 2012/13. The researchers stated that in spite of this massive fall in wealth, measures of health and well-being remained broadly unchanged; however, expectations about future living standards were less optimistic with many not having a hopeful outlook on their future. These findings are not alone and are consistent with similar international and national

studies [6,7].

The issues of social isolation, loneliness and return migration were examined by Barret and Mosca [5]. Despite much having been written about the issues facing immigrants, much less has been written about return migrants. This study examined the extent to which a group of returned migrants experience higher degrees of social isolation and loneliness compared to compatriots who never lived outside their country of birth. Findings showed that social isolation is a significant feature of the lives of return migrants and that the degree of social isolation is typically stronger for people who spent a longer time away and who have returned home recently. It was also found that social isolation is a cost of migration although it may not be taken fully into consideration when initial migration decisions are made. From a broader social perspective, this research concluded that the presence of large numbers of return migrants in countries such as Ireland leads to concerns of social isolation among these people with the potential consequences for physical and psychological health well being and subsequent need.

In conclusion according to CARDI [8] by 2030 one in every 5 people will be 65 years or over in Ireland. Knowing this there is a need to promote, develop and complete cutting edge research which will improve the health and social gain for Ireland's growing number of older persons. This editorial has given a snapshot of the research being undertaken by two national funding bodies. What is clear is that Irish health and social care is currently awash with an interest in

finding new knowledge which will lead to the betterment of the lives of older people in Ireland.

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