



UNIVERSITY OF
AUCKLAND
Waipapa Taumata Rau
NEW ZEALAND

MEDICAL AND
HEALTH SCIENCES

Ageing Well in New Zealand: Highlights from Past, Present and Future Research

Ngaire Kerse MNZM

Joyce Cook Chair in Ageing Well

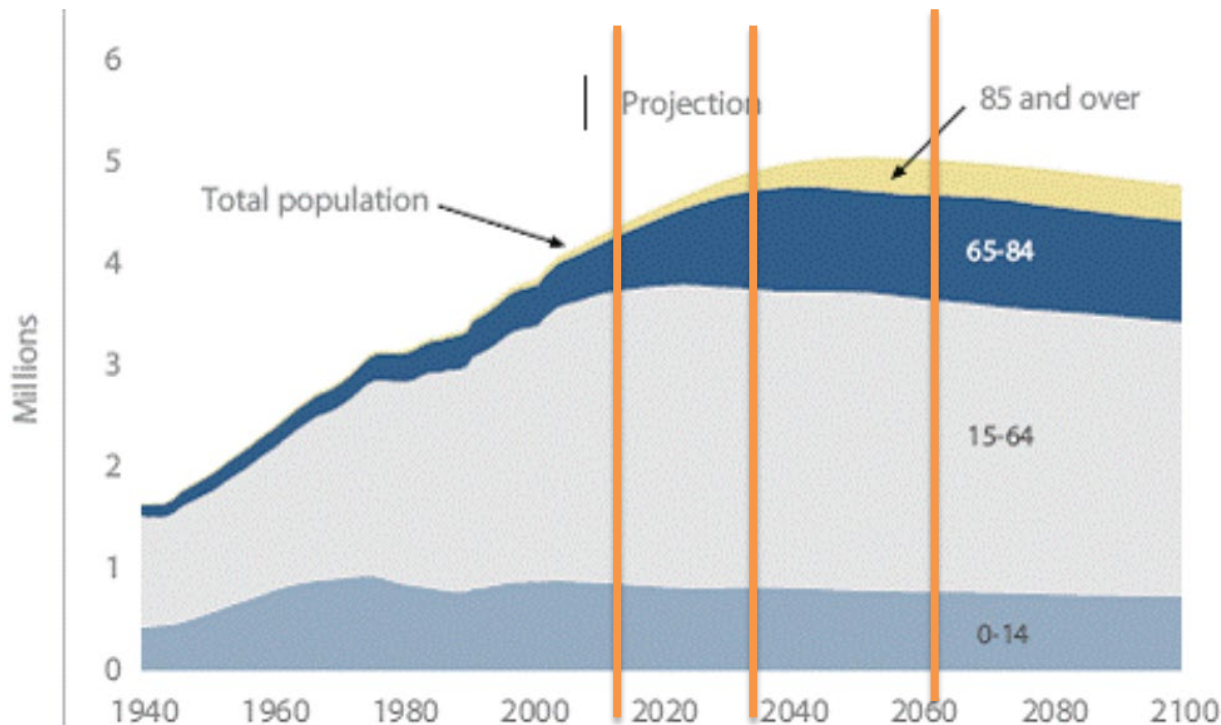
General practice and primary health care

University of Auckland

2024

Support ratio 50-74/85+

Statistics New Zealand



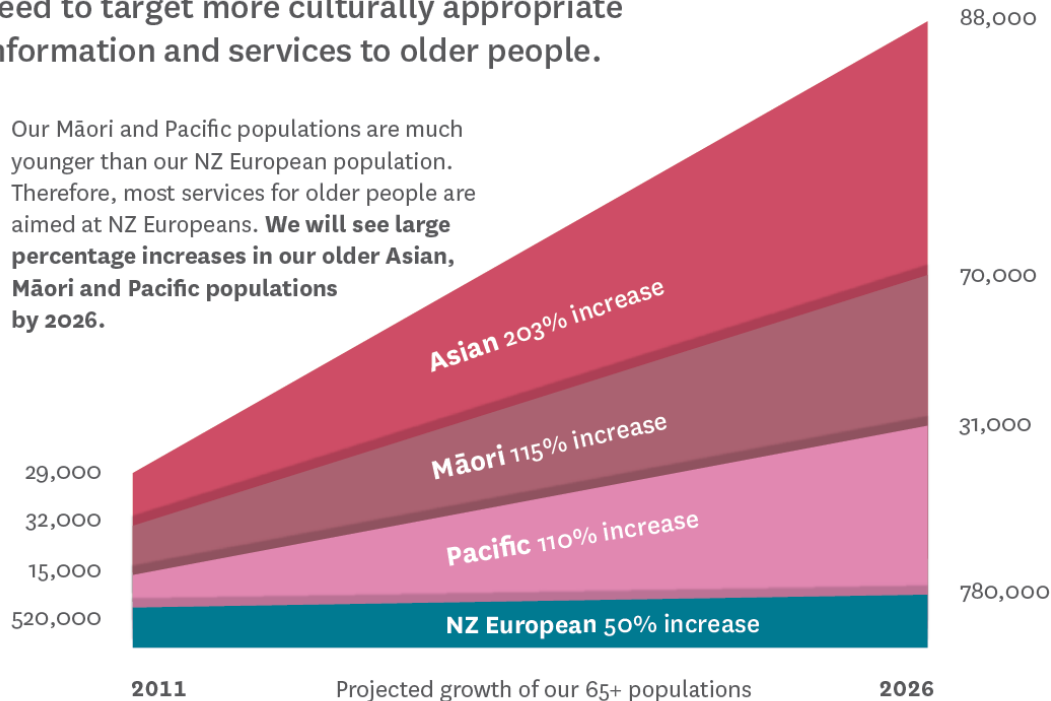
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	2016	2033	2063
total	15:1	8.8:1	4.9:1
Women	7:1	4.6:1	2.4:1

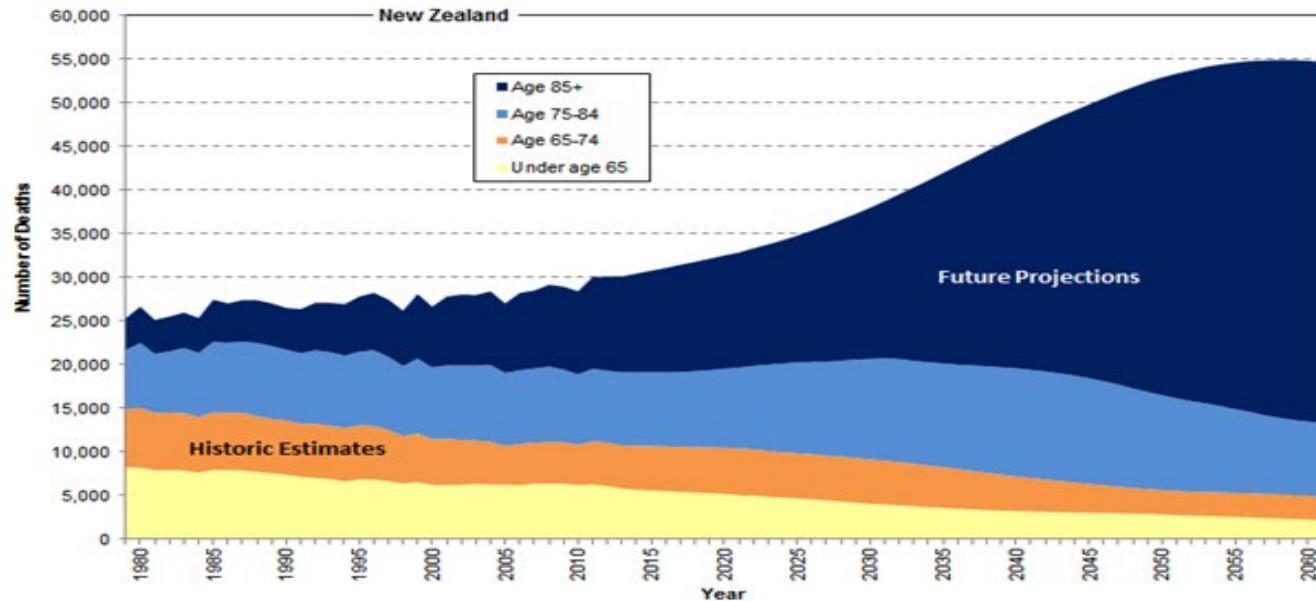
Diversity of older people

Our older population is becoming more culturally diverse, and organisations will need to target more culturally appropriate information and services to older people.

- ▶ Our Māori and Pacific populations are much younger than our NZ European population. Therefore, most services for older people are aimed at NZ Europeans. **We will see large percentage increases in our older Asian, Māori and Pacific populations by 2026.**



Historic Deaths and Future Projections by Age Band





Te Puāwaitanga o Ngā Tapuwae Kia Ora Tonu-LiLACS NZ

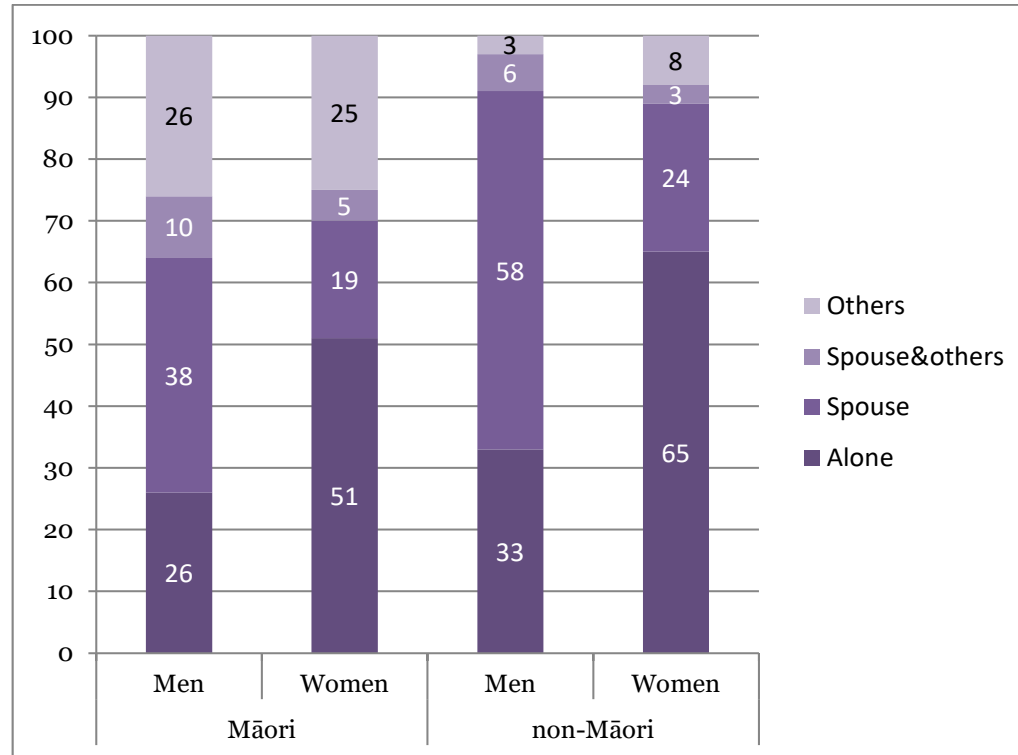
- Longitudinal cohort
- Bay of Plenty and Lakes DHBs
- Recruited **421 out of 766 Māori**
80- 90 years (56%)
- **Non Māori 516 out of 870**
aged **85 yrs** (59%)
- Visit every year until death

Measures – Core and Full

- Functional transitions, care
- Falls, fractures
- Care and services
- Health
 - Multimorbidity
 - Medications – STOPP, START
 - Quality of life – SF-12
- NHI match
 - Hospitalisation,
 - mortality

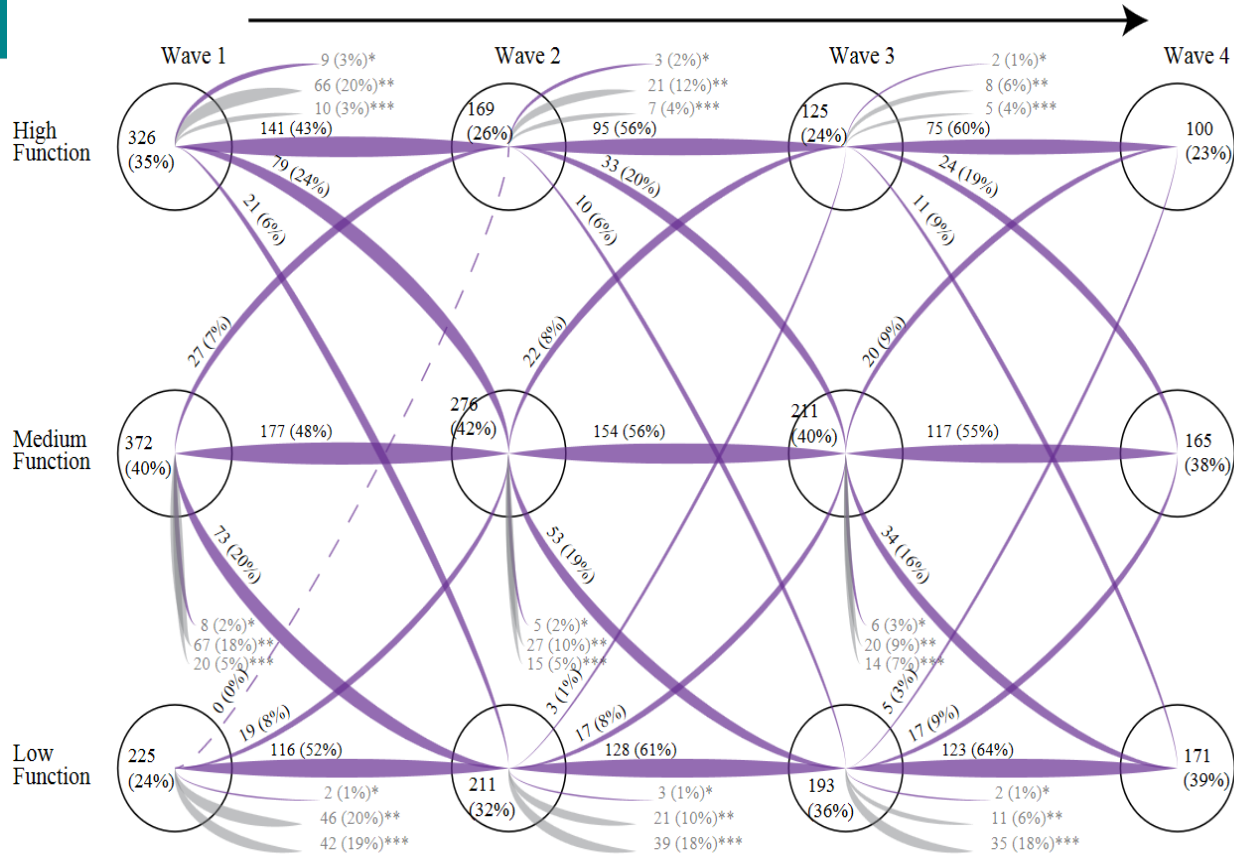


Figure 2 Living arrangement, by sex and ethnic group.



Source: LiLACS NZ first wave of data collection

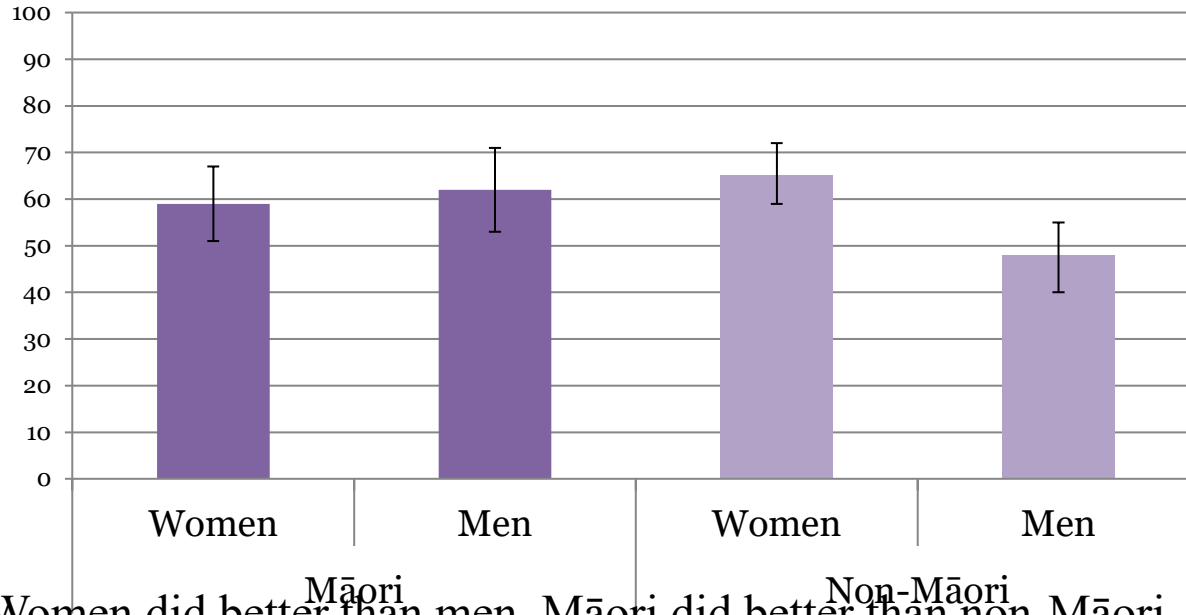
Note: living with spouse included partners



*no functional data in the subsequent wave
 **dropped out
 ***died

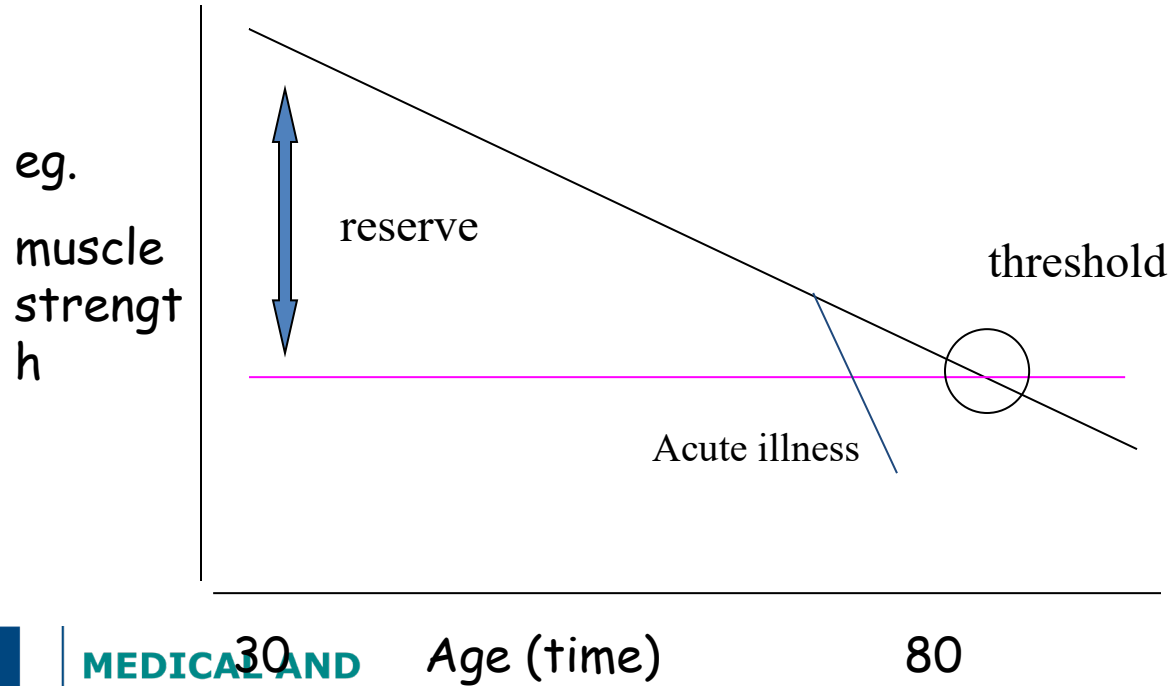
Stayed the same or improved

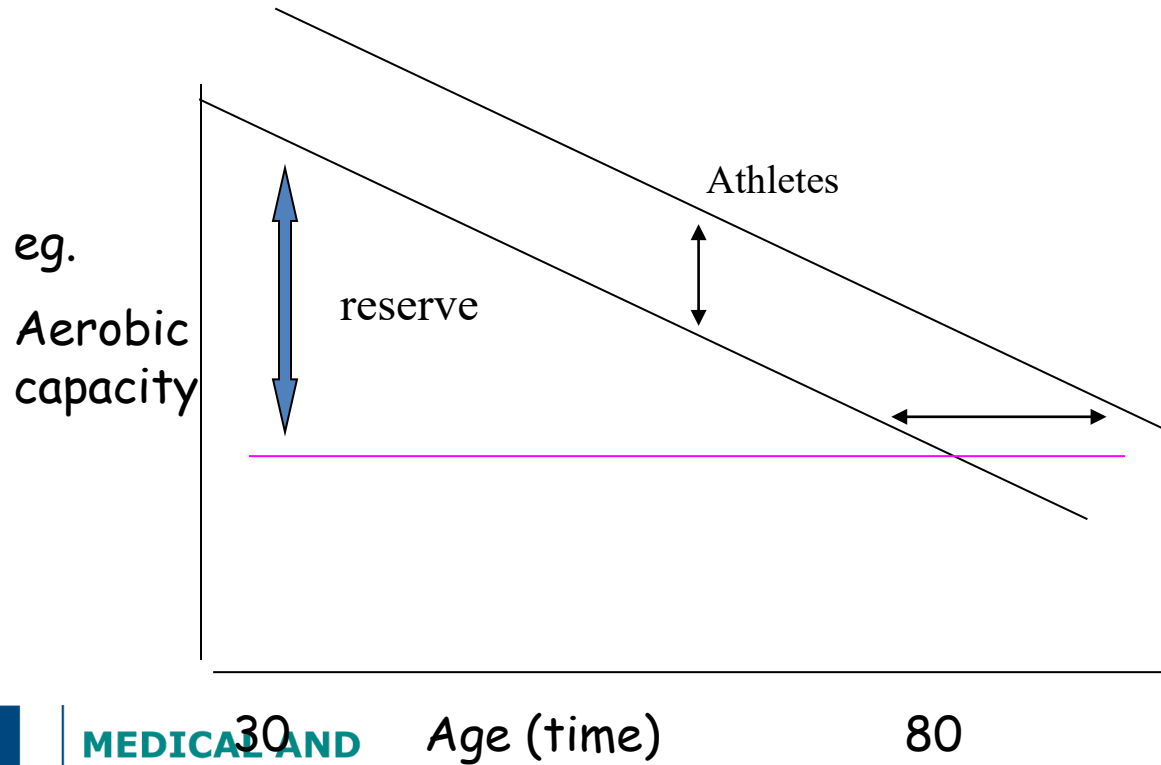
Percent



Women did better than men, Māori did better than non-Māori

No impact on HRQOL





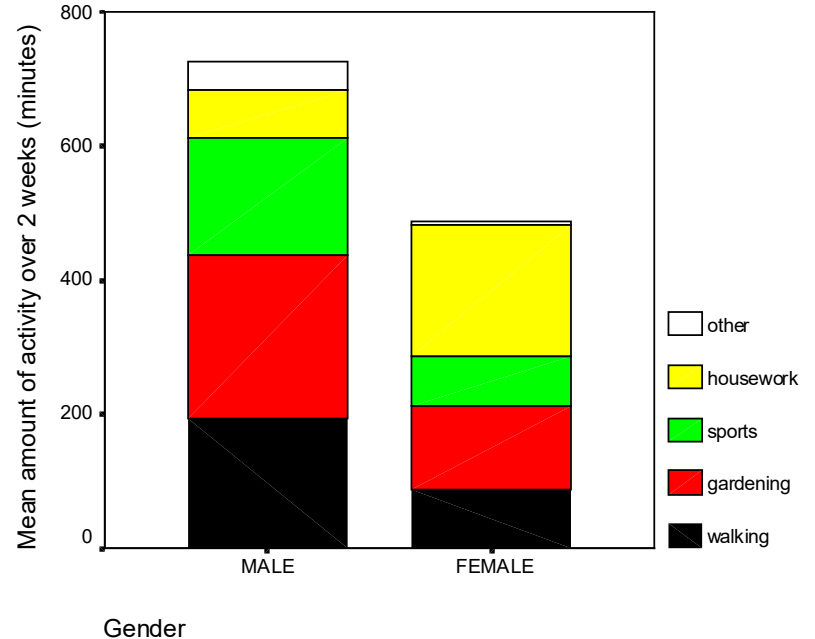
Aim – to increase activity

- What activity is usual
- What is acceptable
- What interventions have worked
- What could work in NZ



An Australian sample - community

- 164 women, 103 men
- age 73.6 (65-97yrs)
- Walking, (min/ 2 wks)
137min
- Oldest old had similar pattern

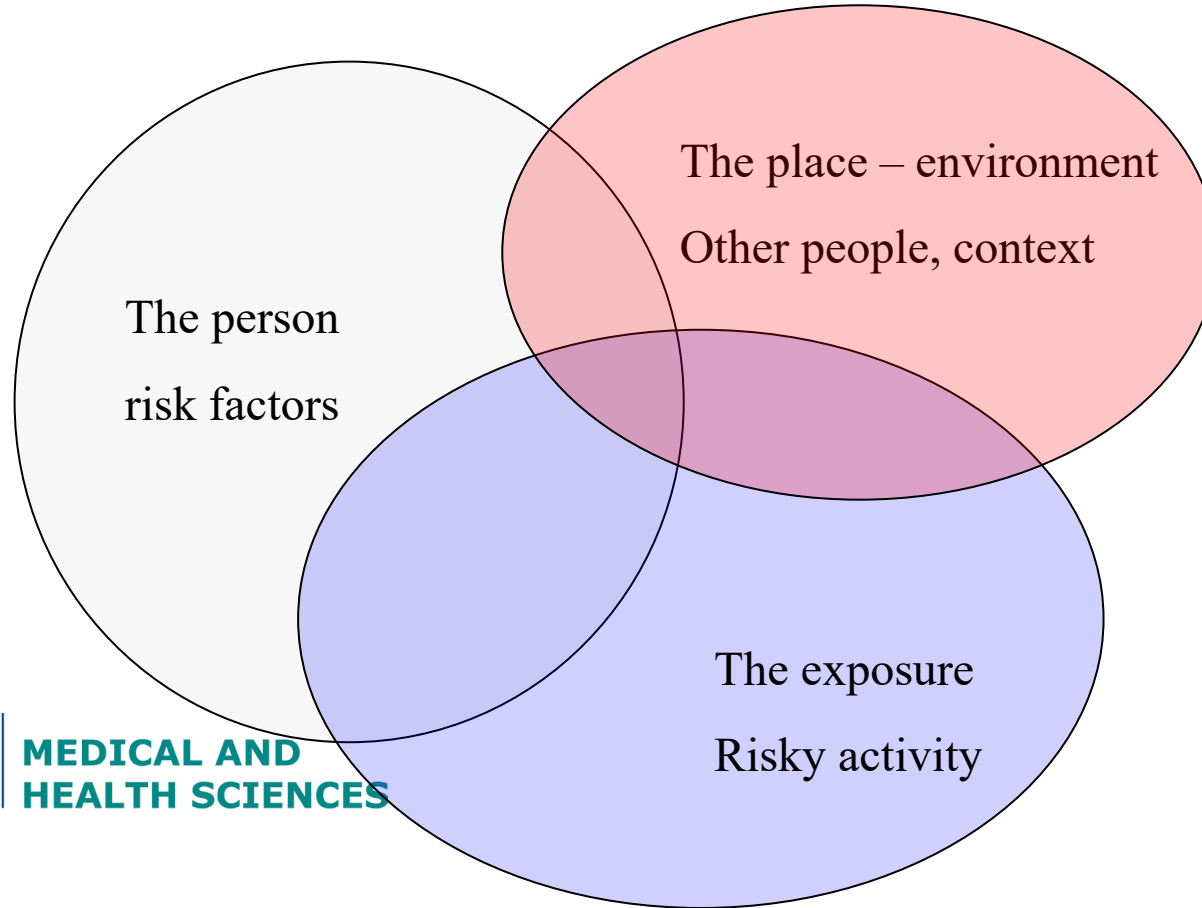




The most frail

- Residential care
 - 22% of those over 75yrs
 - Rest homes, Private hospitals
 - Less activity, more dependence
- Specific groups
 - Visually impaired
 - Those who fall
 - Those with low mood
- Activity can be a life preserver

Fall mechanism



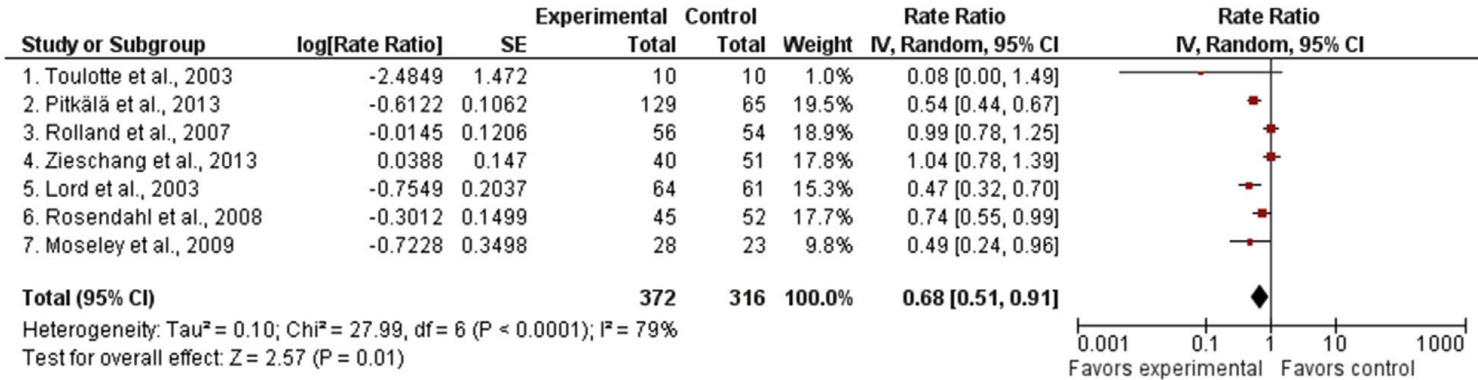


Successful prevention - community

Multi-faceted individualised strategy successful (*Gillespie, Cochrane review 2012*)

- individualised exercise program (*Campbell, BMJ 1998, Lord 2002*)
- Group exercise – lower leg, balance
- reduction of sedatives (*Campbell 1999, JAGS*)
- not visual assessment and intervention alone
- OT home assessment for those with low vision
- Proper medical assessment and follow up (CGA)

Exercise for falls in people with cognitive impairment



Group and individual – lower leg strength and balance retraining, good adherence

Wai Chi Chan et al. Efficacy of Physical Exercise in Preventing Falls in Older Adults With Cognitive Impairment: A Systematic Review and Meta-Analysis JAMDA 16 (2015) 149e154



- Lower leg strengthening and balance retraining
- Individual, Groups
- Make it fun
- Keep it safe
- Add cognitive challenge



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FOOFIE HARLAN

Age 78. Sun City, Arizona. Member of the Sun City cheerleaders, the Poms, Harlan does a 60-minute stretching routine twice a week and also works in two three-hour weekly rehearsals. She does splits, front flips, handstands, and cartwheels. She started training for flexibility when she was 64.

Frailty

An increased state of vulnerability to stressors

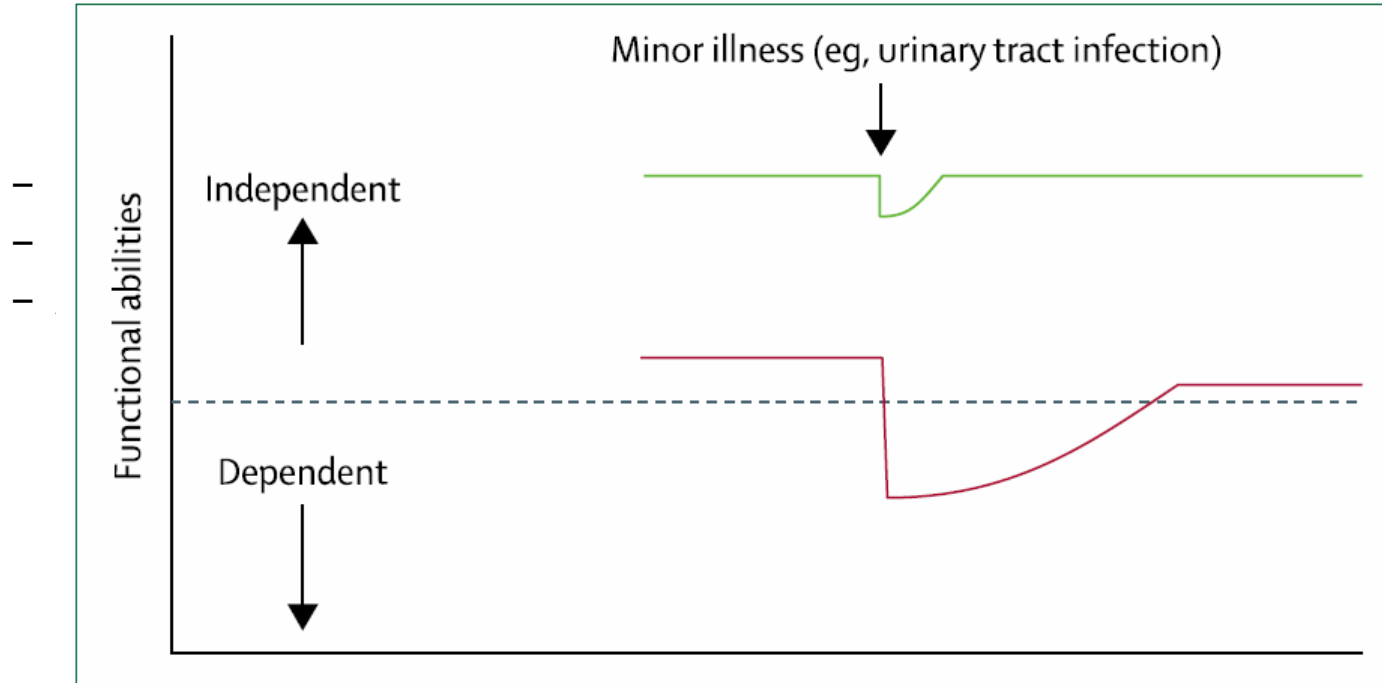
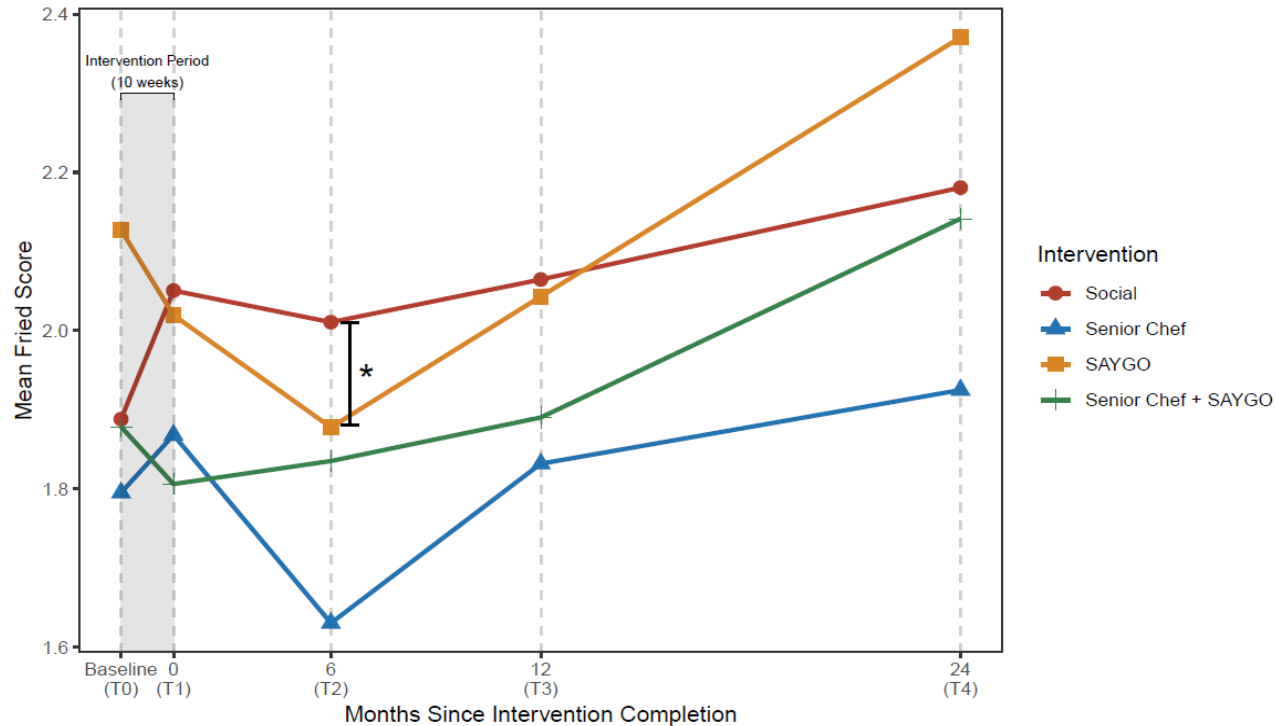
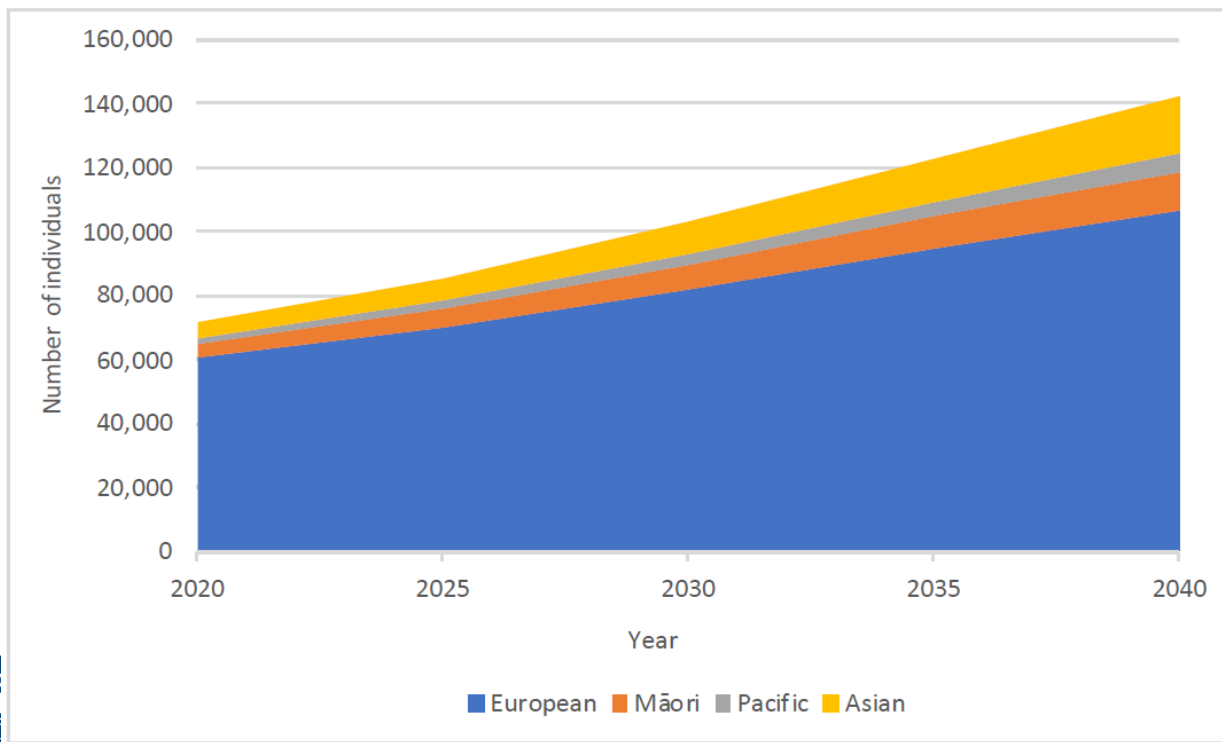


Figure 1: Vulnerability of frail elderly people to a sudden change in health status after a minor illness

Exercise SAYGO, Nutrition Senior Chef, vs social



Teh R, Lancet Longevity, 2022: Prefrail 75+



Source: Deloitte Access Economics (2016) and Statistics NZ population projections (2021).

Makarena Dudley Te Rarawa, Te Aupōuri, Ngāti Kahu Bringing te ao Māori to dementia

Extensive qual work
World view
Cognitive assessment
Development
Validation
MANA tool released 2024

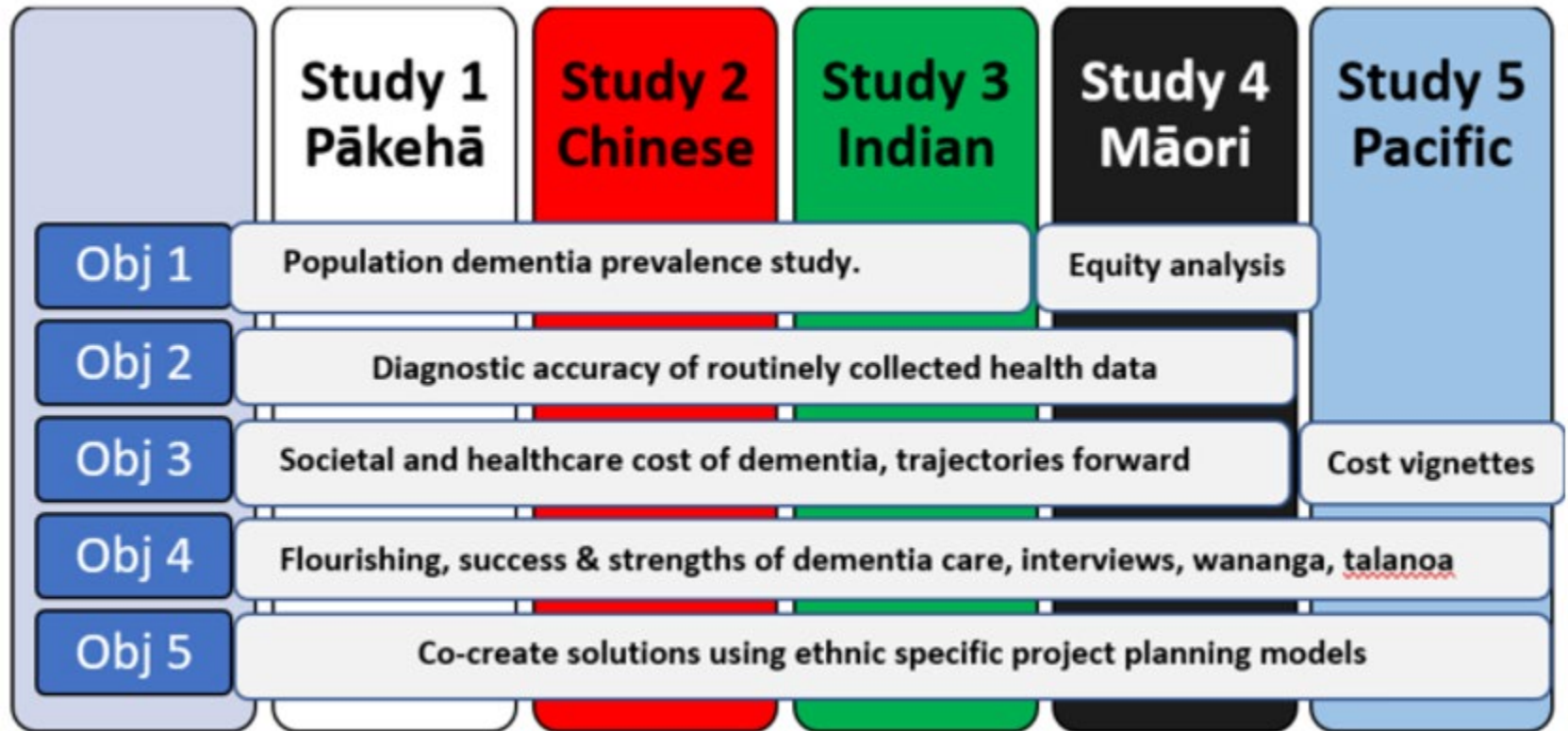


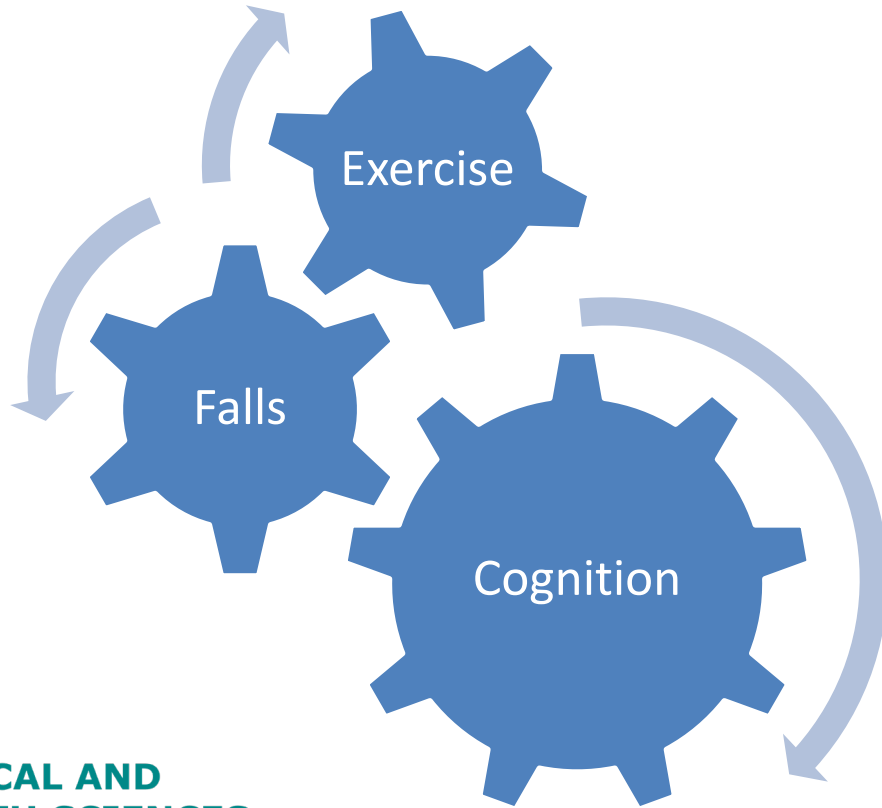
He Rapunga Hauora mō te Mate Wareware - A Prevalence Study

6 regions
Door knocking
10/66 protocol
Started in Ahipara (Kaitaia)



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Funding from Physio NZ, NZSDRT Inc., The Hope Foundation and Elizabeth Knox along with support from Age Concern.

Ronnie, Mariken Jaspers and Andre de Jong – Master Trainers came to NZ in 2019.



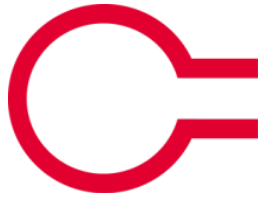
Introduction and Ground Courses around the country: Kaitaia, Auckland, Christchurch, Dunedin.

80 did the Introduction and 30 went on to complete the Ground Course to become Accredited RGM International practitioners.

In 2022 – picked it up again and ran more Introduction Courses plus one Ground – with two more planned.

RGM Aotearoa Team of Ngaire, Jenny Gordon, Kris Tynan, Jaimee Wilkie and Orquidea Tamayo Mortera.

How did Ronnie come up with the names?



BAAA

TING

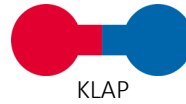
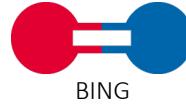


CHIK



BOOM

The seven “double” symbols of the introduction course



BICK – KLAP – TOOM – KLAP
Now a 4/4 time signature!



JG

1

BICK	KLAP	TOOM	KLAP

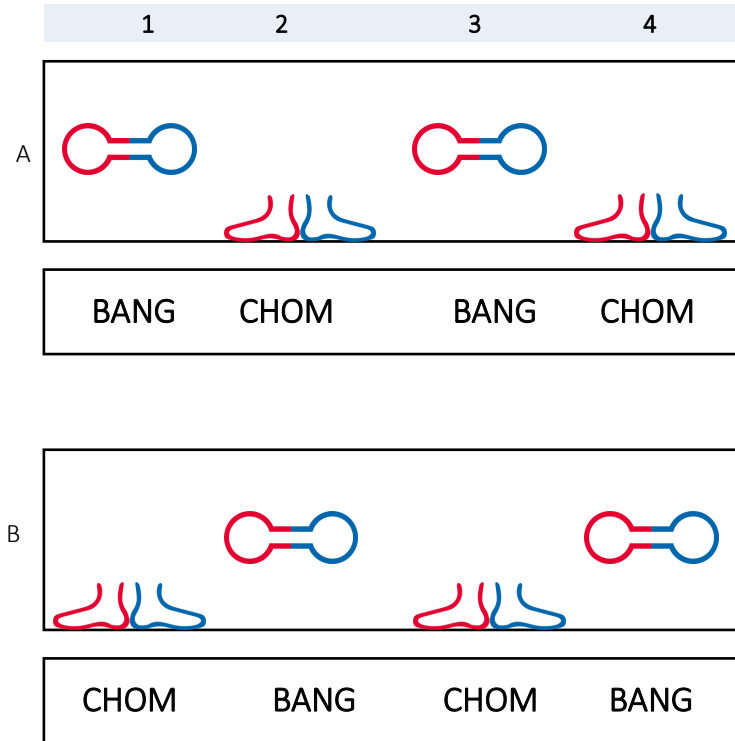
2

BICK	KLAP	TOOM	KLAP

Eric Clapton (Unplugged), Layla, 94 bpm (12x4)

Eric KLAPton, Before You Accuse Me, 100 bpm (4x4)

Michael Jackson, Bad, 114 bpm (8x4)



Gun 'n Roses, Knockin' on Heaven's Door, 64 bpm



Wade in the water

Memory exercise

CD track 20



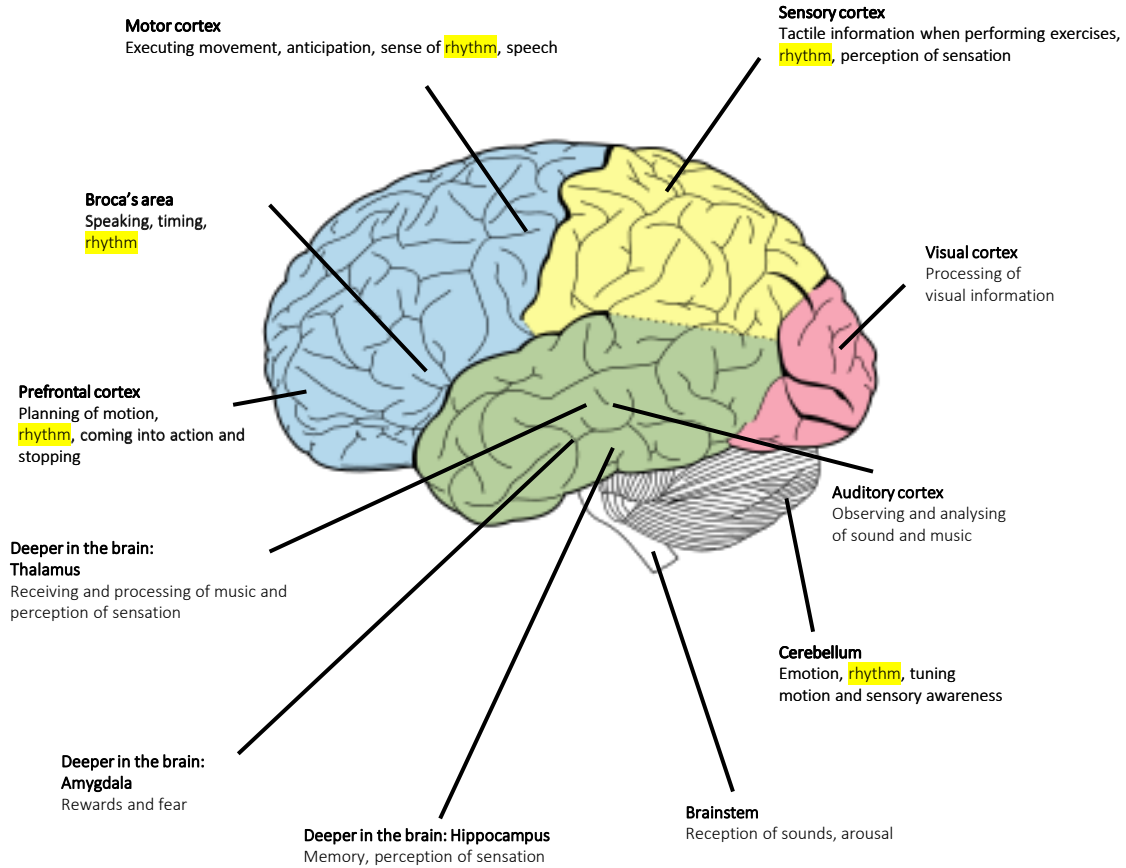
NK

	1	2	3	4		1	2	3	4
A									
B									
C									
D									

Eva Cassidy, Wade in The Water, 112 bpm

(4x4)

This exercise works best if you start with the KLAP on line "D" after counting in.



Possible targetgroups for RGM:

- Stroke
- Traumatic brain injury
- Parkinson's disease
- Multiple Sclerosis
- Early dementia
- Psychiatry
- Healthy ageing
- Children
- Autism spectrum disorder
- PTSD



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IDEA Programme

Impact of **Dementia** mate wareware
and solutions for **Equity** in Aotearoa

Coming to your door, please answer

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