Promoting International Collaboration Through Data Sharing

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Te Whare Wānanga o Tāmaki Makaurau
NEW ZEALAND

MEDICAL AND
HEALTH SCIENCES

Acknowledgements:

- Brigette Meehan

- Costa Karavias

……my background
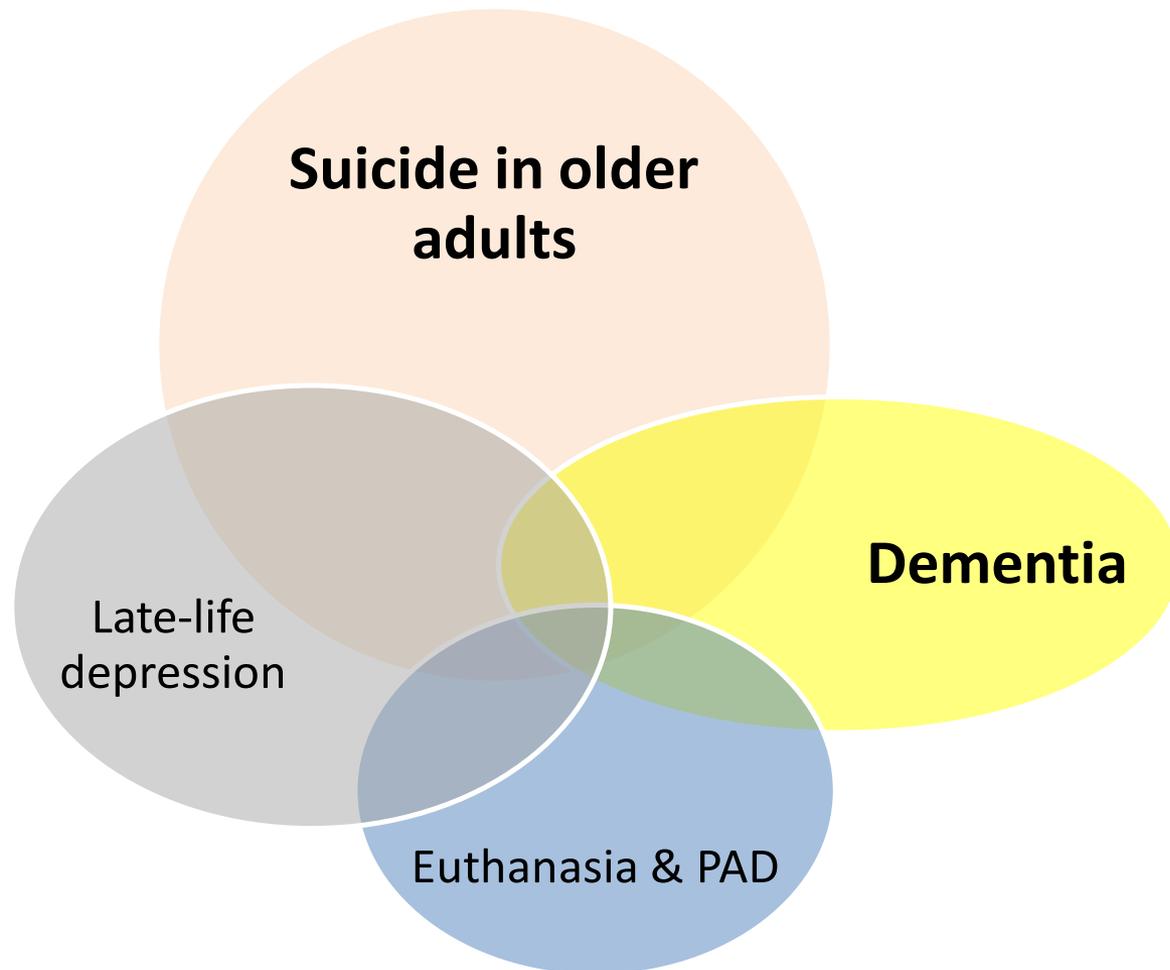
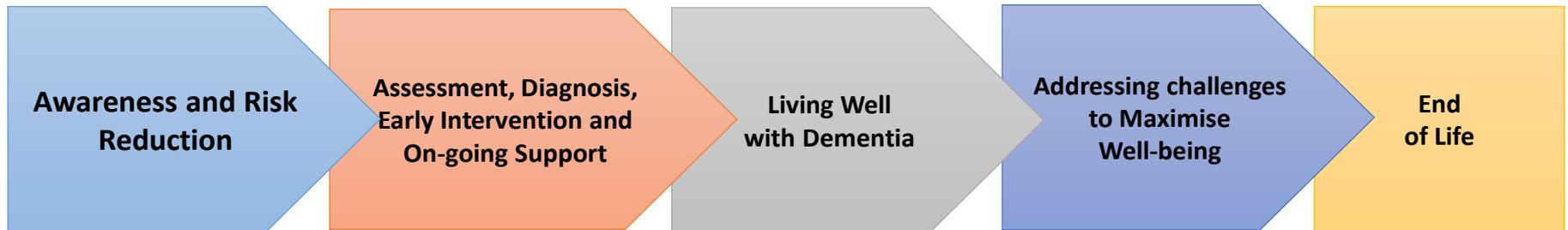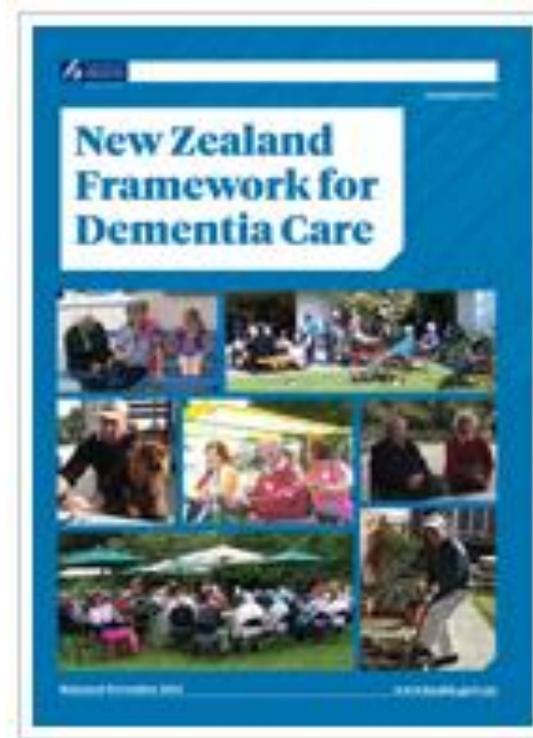Born in HK

NZ since mid 80s

MBChB & BSc (Mathematics)

FRANZCP

PhD

......my research

New Zealand Framework for Dementia Care

| Awareness and Risk Reduction | Assessment, Diagnosis, Early Intervention and On-going Support | Living Well with Dementia | Addressing challenges to Maximise Well-being | End of Life |

…….my interRAI journey

interRAI outcome scales	interRAI-HC & interRAI-LTCF	HK and Canadian data	interRAI-MH	interRAI- PC

How did I get started on interRAI?
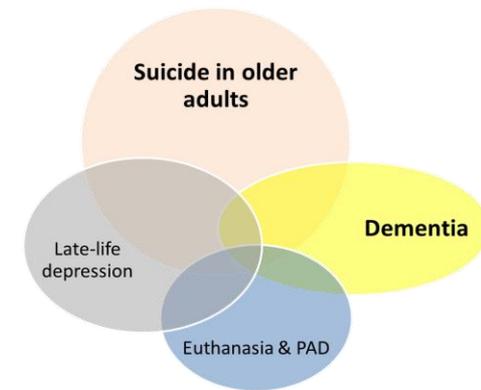
Convergent Validity, Concurrent Validity, and Diagnostic Accuracy of the interRAI Depression Rating Scale

Katherine Penny[1], Alex Barron[2], Ann-Marie Higgins, BA, GCert Arts[3],
Susan Gee, BA, MSc, PhD[4], Matthew Croucher, BSc, MBChB, FRANZCP,
Cert POA RANZCP[4], and Gary Cheung, FRANZCP, MBChB, BSc[1]

Abstract

Aims: Depression Rating Scale (DRS) is one of the clinical outcome measures of the International Resident Assessment Instrument (interRAI) assessment. The primary aim of this study is to investigate the diagnostic accuracy and concurrent validity of the 3-day assessment window version of the DRS. **Methods:** The performance of DRS was compared with a gold standard clinical diagnosis of depression in 92 patients (age ≥65) who had interRAI version 9.1 Home Care assessment completed within 30 days of discharge from psychogeriatric inpatient care or memory clinic assessment. **Results:** The DRS had poor diagnostic accuracy for depression diagnosis with an area under the curve of 0.68 (95% confidence interval [CI] = 0.57-0.77). The DRS score had a poor to moderate correlation with the Health of the Nation Outcome Scale 65+ depression item score (r_s = 0.30, 95% CI = 0.09-0.48, P = .006). **Conclusion:** This study and the existing literature raise concerns that the DRS is not an adequate measure of depression.

I need a chapter for my thesis
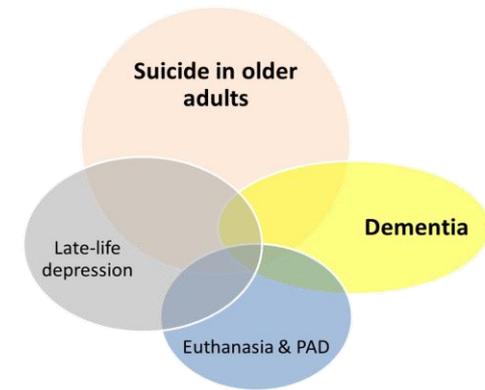
RESEARCH ARTICLE

Death wishes among older people assessed for home support and long-term aged residential care

Gary Cheung[1], Siobhan Edwards[2] and Frederick Sundram[1]

[1]Department of Psychological Medicine, University of Auckland, Auckland, New Zealand
[2]School of Medicine, University of Auckland, Auckland, New Zealand
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Objective: Death wishes in older people are common and may progress to suicidal ideation and attempts. This study used routinely collected data from the interRAI Home Care assessment to examine the prevalence and clinical predictors of death wishes in older New Zealanders assessed for home support and long-term aged residential care.

Methods: Data were collected from 35 734 people aged over 65 during 2012–2014. Chi-squared analyses were used to determine significant relationships between the presence of death wishes and demographic factors, health and functional status, and emotional and psychosocial well-being. A three-step hierarchical logistic regression model was used to determine the predictive variables of death wishes, and odds ratios were calculated.

Results: Death wishes were present in 9.5% of the sample. The following factors were significantly associated with death wishes: physical health (poor self-reported health, recurrent falls, severe fatigue and inadequate pain control), psychological factors (depression, major stressors and anxiety), social fac-

An email from Mexico
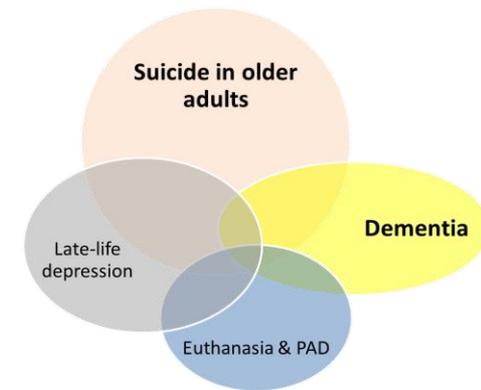
Individual risk factors for possible undetected dementia amongst community-dwelling older people in New Zealand

Adrian Martinez-Ruiz
National Institute of Geriatrics of Mexico, México

Ying Huang
University of Auckland, New Zealand

Susan Gee
Canterbury District Health Board, New Zealand

Hamish Jamieson
University of Otago, New Zealand

Gary Cheung
University of Auckland, New Zealand

Abstract
There is general acknowledgement of the importance of early diagnosis of dementia, yet there are still high rates of undetected dementia internationally. The aim of this cross-sectional study was to determine the sociodemographic characteristics associated with possible undetected dementia in a large sample of community-dwelling older New Zealanders. The sample consisted of older people (age $\geq$ 65) who had received the homecare version of the international Residential Home Care Assessment version 9.1 over a two-year period and who were screened positive for possible dementia on the international Residential Assessment's Cognitive Performance Scale. People with possible alternative explanations for impaired cognitive performance such as depression and other neurological conditions were excluded from analysis. The 5202 eligible individuals were categorized into two groups: (1) those with a recorded

Let's publish something for loneliness
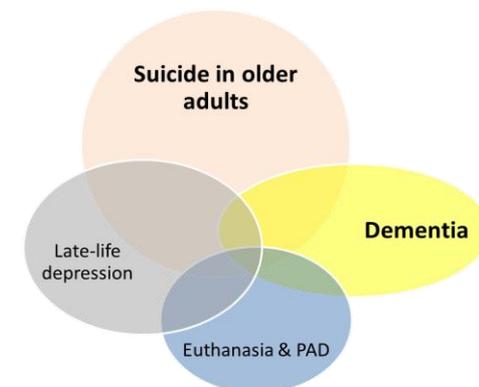
Suicide in older adults

Dementia

Late-life depression

Euthanasia & PAD

Financial difficulty and biopsychosocial predictors of loneliness: A cross-sectional study of community dwelling older adults

Check for updates

Gary Cheung[a], Valerie Wright-St Clair[b], Emme Chacko[c], Yoram Barak[d],*

[a] Department of Psychological Medicine, The University of Auckland, New Zealand
[b] AUT Centre for Active Ageing, Auckland University of Technology, New Zealand
[c] Auckland District Health Board and the University of Auckland, New Zealand
[d] Dunedin School of Medicine, University of Otago, Dunedin, New Zealand

ARTICLE INFO

ABSTRACT

Aim: To investigate the interplay of sociodemographic, health, functional and psychosocial factors in predicting loneliness in community dwelling older adults accessing home support services and long-term aged residential care.

Methods: Older New Zealanders (age 65+), who had their first interRAI Home Care assessment between July 2014 and June 2016, were included. The outcome variable was the binary interRAI item "Lonely". The predictor variables included sociodemographics, hearing, vision, self-reported health, activities of daily living, social interaction and support, and depression.

Results: Data from 51,239 assessments of older adults (mean age: 82.3 years; female: 61%; European: 87.3%) were analysed. Loneliness was reported in 21%. A stepwise logistic regression model explained 12.1% of the variance and was statistically significant (Chi^2 = 3501.0.8, df = 22; p < 0.001). The factors with the largest odds ratios (OR > 1.5) were depression, living alone, being Asian, financial difficulty and not in a relationship. Functional impairment was negatively associated with loneliness.

Conclusions: Determining the predictors of older adults' loneliness is complex, multi-factorial, with each factor

Let's carry on with our collaboration
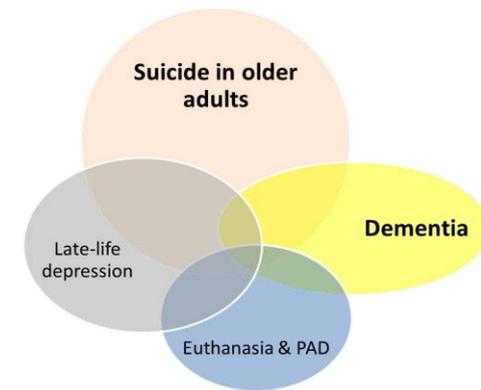
Caregiver burnout of community-dwelling people with dementia in Hong Kong and New Zealand: A cross-sectional study.

Crystal Y CHAN[1], Gary CHEUNG[2], Adrian MARTINEZ-RUIZ[3,4], Patsy YK CHAU[1], Kailu WANG[1], EK YEOH[1], Eliza LY WONG[1*]

[1] Jockey Club School of Public Health and Primary Care, The Chinese University of Hong Kong, China

……2019

Acknowledgement:

Early Identification of Older Adults at High Risk of Suicide Using a Standardized Assessment System
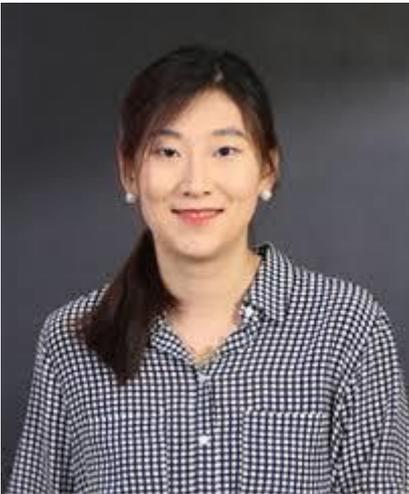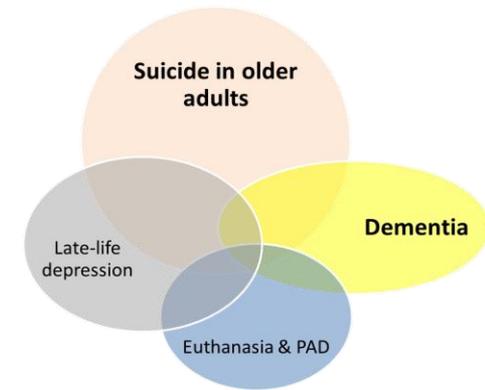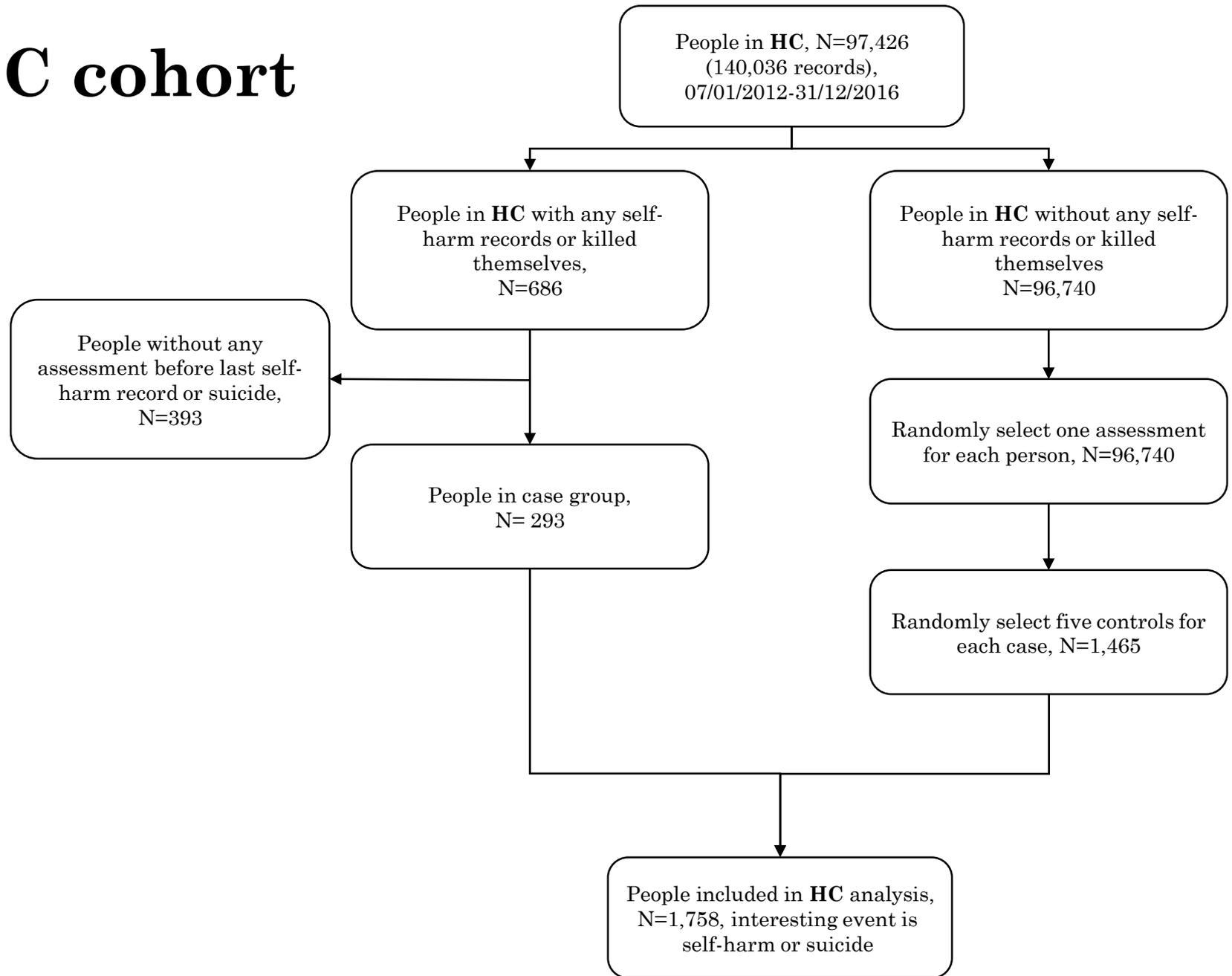

- Develop a predictive algorithm for estimating the risk of self-harm using Canadian interRAI HC & LTCFC data using machine learning

- Validate the algorithm using NZ and Hong Kong interRAI data
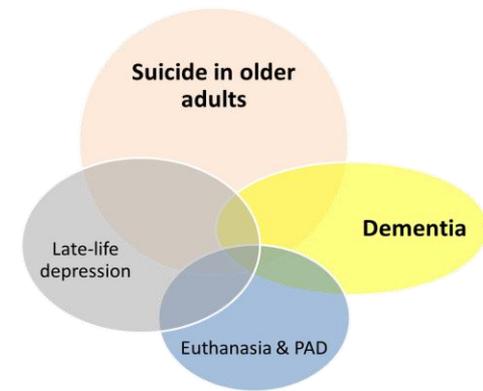
Factors associated with self-harm and suicide among people who had interRAI HC & LTCF in New Zealand

HC cohort

People in **HC**, N=97,426
(140,036 records),
07/01/2012-31/12/2016

People in **HC** with any self-harm records or killed themselves,
N=686

People in **HC** without any self-harm records or killed themselves
N=96,740

People without any assessment before last self-harm record or suicide,
N=393

People in case group,
N= 293

Randomly select one assessment for each person, N=96,740

Randomly select five controls for each case, N=1,465

People included in **HC** analysis,
N=1,758, interesting event is self-harm or suicide

Chair(s): Kirsten Hermans

Using a standardized assessment to improve end of life outcomes: can we mitigate "bad deaths"?

Nicole Williams[1], Dawn M. Guthrie[1], Gary Cheung[2], John P. Hirdes[3], Anne O'Callaghan[2]

[1]Wilfrid Laurier University, Canada; [2]University of Auckland, New Zealand; [3]University of Waterloo, Canada

Abstract summary: A "bad death" was defined as significant signs/symptoms of depression, pain that is excruciating, pain that is not well controlled, or loneliness if experienced within 30 days of dying. Individuals who experienced a "bad death" were more likely to have a decline in functional ability and experience reduced social engagement.

World interRAI Conference 2020

3-5 FEBRUARY 2020 **LEUVEN, BELGIUM**

Rates and determinants of emergency and non-emergency control interventions use in older psychiatric inpatients in Ontario, Canada

Gary Cheung[1], Yoram Barak[2], John Hirdes[3]

[1]University of Auckland, New Zealand; [2]University of Otago, New Zealand; [3]University of Waterloo, Canada
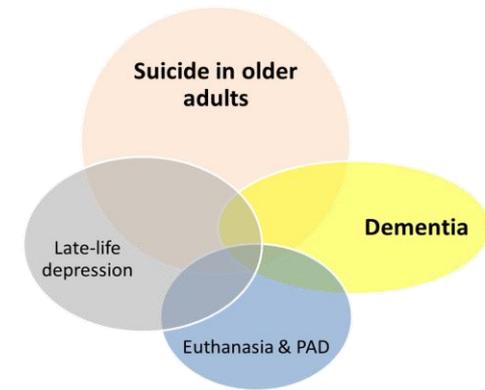
Abstract summary: This study used routinely collected interRAI Mental Health assessments to examine the use of control interventions (CIs) in older psychiatric inpatients. We found the rates of CIs use increased with age. In non-emergency situations CIs were more likely to be used in people with functional impairment, aggressive behaviour and delirium.

World interRAI Conference 2020

3-5 FEBRUARY 2020 **LEUVEN, BELGIUM**

A couple of new research collaboration

Dementia mortality:
An analysis of an electronic health record

Suicide in older adults

Dementia

Late-life depression

Euthanasia & PAD

Predictors of mortality in Māori, Pacific Island and European patients diagnosed with dementia at a New Zealand Memory Service.
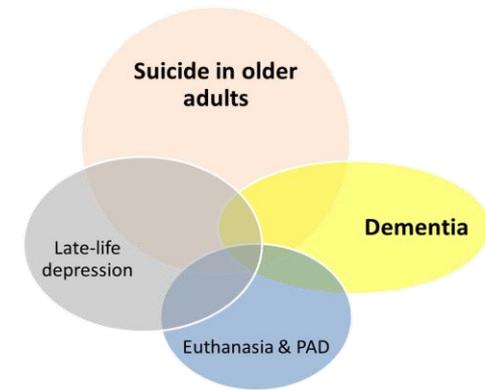
Running Title: Predictors of mortality in dementia at a New Zealand Memory Service

Authors:

Sarah Cullum* (Senior Lecturer, The University of Auckland)
Department of Psychological Medicine
School of Medicine, Faculty of Medical and Health Sciences, The University of Auckland

Social isolation, loneliness, and mortality: a 3-year follow-up among new home care clients over the age of 70

Kim Josefsson, Anja Noro, Aleksandr Gerasin, Satu Havulinna, Matti Mäkelä, Minna-Liisa Luoma

Finnish Institute for Health and Welfare, Finland

Abstract summary: We examined the associations of social isolation and loneliness with all-cause mortality in Finnish RAI-data of all new home care clients 70 years and older in 2012-2014. Isolation and loneliness seemed to be protective which is unexpected. Most probable explanation for this is the Finnish service system and selection.

Keywords: older people, Finland, hazard ratio

World interRAI Conference 2020
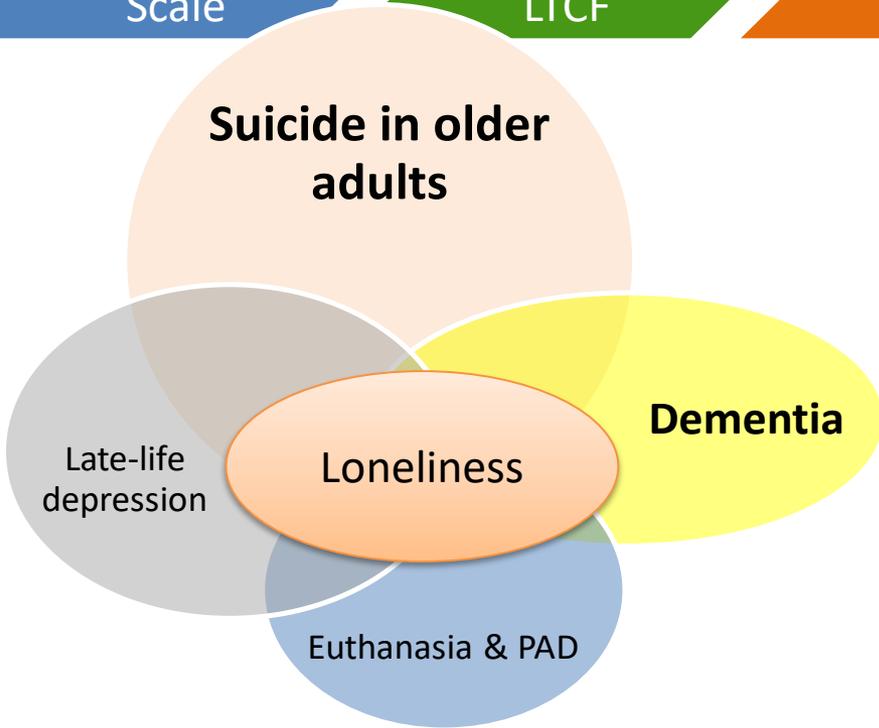
3-5 FEBRUARY 2020 **LEUVEN, BELGIUM**

interRAI outcome Scale → interRAI-HC & interRAI-LTCF → HK and Canadian data → interRAI-MH → interRAI- PC

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