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CENTRE FOR EDUCATION
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Mr Adam Cummingham
Inquiry Secretary
Standing Committee on Ageing
Parliament House
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RE: INQUIRY INTO LONG-TERM STRATEGIES TO ADDRESS THE AGING OF THE AUSTRALIAN POPULATION OVER THE NEXT 40 YEARS.

The Centre for Education and Research on Ageing (CERA, University of Sydney and Concord RG Hospital) is Australia's premier centre for research and health care in geriatric medicine. We have proven research strengths spanning biomedical, clinical and population-based domains. Our fulltime academic members include a Professor of Geriatric Medicine, Professor of Epidemiology and Geriatric Medicine, Associate Professor in Geriatric Medicine and two clinician Lecturers (currently holding 9 separate NHMRC grants). In addition, CERA includes four specialist Geriatricians and embraces many other health care workers involved in the delivery of aged care services at Concord RG Hospital and the Central Sydney Area Health Service. Our health service activities include psychogeriatric medicine, acute geriatric medicine, geriatric rehabilitation, community care and specialty clinics in dementia, falls and incontinence.

This submission is endorsed by all our members – academic and clinical. CERA would be very pleased to provide further information to the Committee, and to contribute to any further undertakings related to ageing.

The academic success of CERA is based upon the fact that it links health care delivery in the hospital, community and residential care facilities with its research and training strategies. The close linkage of health service delivery with research and teaching, has been proven to be the only effective way to generate useful health outcomes in other domains such as HIV/AIDS, diabetes, heart disease and cancer research. The relevance of our work is strengthened by the deliberate inclusion of older people themselves with our programmes.

CERA led the recent NHMRC Scoping Study on Ageing Research and we draw attention to this important document (Appendix) which provides a summary of the issues of ageing and ageing research in Australia and internationally. The conclusions and recommendations of this report are strongly supported by CERA and its major collaborator in this project, the National Ageing Research Institute.

The major health and medical considerations regards old age are:

1. old age is *the* major risk factor for disease and disability,
2. old age is *the* major risk factor for impaired response to therapeutic interventions (including pharmacological, surgical and rehabilitative interventions).

Without disease and disability, old age would not represent the crucial and urgent issue to government that it clearly does. The major medical issues in older people include dementia, vascular disease and falls. If older people responded effectively to therapeutic interventions, then disease and disability would be less of an issue. However, the failure rate of therapeutic interventions increases in older people, as unfortunately does the rate of adverse effects. Polypharmacy, adverse drug effects and the lack of evidence for therapies are critical issues in geriatric medicine.

Disease and disability are the major issues of old age because they have the most dramatic impact on:

1. quality of life,
2. independent living,

3. continuing contribution by older people to the economy of Australia,
4. health care costs to the government,
5. residential care costs to the government.

And, furthermore, older people themselves and their carers acknowledge that health care issues are the most important issues in their lives.

Clearly, if people remain healthy and independent into old age, or if they respond effectively to therapeutic interventions, then they will be able to contribute to the economy, avoid the expenses associated with long term medical care and avoid the expense and disempowerment often associated residential care. It is important to note that the majority of people who enter residential care facilities do so after an acute medical illness and hospitalization, further emphasising the significance of disease in the lives of older people.

However, the evidence upon which medical, therapeutic and health care issues are based is almost non-existent. Medical therapies studied in younger adults are extrapolated to older frail people with increased risks of adverse reactions and poor outcomes. Interventions are provided with no evidence of benefit. Furthermore, there is essentially no understanding of why older people develop disease and respond so poorly to therapeutic interventions.

It is inappropriate to extrapolate the results of research performed in younger adults to frail elderly people. Older people have multiple illnesses with different pathogeneses to those seen in younger people. Old age is associated with increased adverse drug reactions and inadequate responses to therapeutic interventions. For example, the use of medications found to be useful in younger people with heart failure, osteoporosis, atrial fibrillation and dementia are not generally effective in frail older people and contribute to polypharmacy, hospitalization and loss of independence in this group. Research focused on individual diseases have not, and are unlikely to, generate useful outcomes for the frail and very elderly populations.

There have been major advances in the health care of other areas such as cancer, heart disease and HIV-AIDS. These advances have followed funding of research into these disease domains. The

research has led to substantial therapeutic advances. Perhaps just as important, research has made these areas popular and prestigious for high quality health care workers and clinicians, with profound effects on health care delivery and translation of best practices. The same approach needs to be adopted for geriatric medicine and ageing. Adequate funding and infrastructure for research into ageing will improve health care and improve the health care workforce, just as it has in these other areas.

A strong and well- funded ageing research community will:

- Increase dissemination and translation of best practices in health care for older people,
- Increase quality and quantity of training for health care professionals in aged care,
- Reduce societal ageism,
- Provide evidence for policy and practice in the short-term,
- Provide advances in health care in the longer-term.

The Government, in the National Strategy for an Ageing Australia has recognised the priority of ageing over and above other fields of biomedical and scientific research. The response to this recognition should include:

- Provision of infrastructure required for the development of an effective ageing research community,
- Assurance that appropriate representation for ageing researchers will occur in the NHMRC and ARC (for example, separate discipline panels),
- Consideration of the recommendations of the commissioned reports, Healthy Ageing Research (Kendig et al 2001) and Scoping Study on Ageing Research (Le Couteur et al 2002).

The most successful model internationally is the National Institute on Aging (NIA), USA. This year, CERA together with the National Ageing Research Institute invited Professor Darrell Abernethy, NIA to visit Australia. During this visit he met representatives of the NHMRC and the Office on Ageing. We would commend this NIA model to the Committee, and would be delighted

to facilitate discussions between the Committee and the National Institute on Aging. We would encourage the Committee to consider the merits of establishing Institutes on Ageing in Australia.

The 'crisis' of ageing will occur over the next few decades. This represents the convergence of population ageing and the failure of biomedical and health research to focus on the needs of our very elderly population. Preventative approaches and 'whole-of-life' approaches to ageing may be effective in helping future generations of older people – but this will only become effective after the ageing crisis has passed. Old age is not a problem in the absence of disease and disability, or is less a problem if there are effective medical interventions. The solution is multidisciplinary research with a genuine focus on ageing and linked with the capacity to integrate research findings into best practices, education and training.

Yours truly,

David Le Couteur (on behalf of the members of CERA)

APPENDIX. NHMRC SCOPING REPORT ON AGEING RESEARCH. PDF FILE