Healthy Ageing Current Awareness update

August 2020

Welcome to the monthly Healthy Ageing Current Awareness Update (HACAU), produced by PHE Knowledge and Library Services and the Life Course Team. The purpose of this update is to provide you with the latest, best evidence about healthy ageing and dementia risk reduction, to help you make informed decisions.

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Please note that not all the articles and resources referred to in this alert are freely available. Some articles may require an Athens username and password, and for PHE and the NHS staff, these can be obtained from https://openathens.nice.org.uk/. If you do not work for Public Health England, please contact your local library service who will be able to help you obtain articles.

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- Health Risk Factors, Healthy Ageing, and Dementia
- Living Well with Dementia
- Mental Health and Ageing
- Employment, Volunteering, and Ageing
- Multiple Long Term Conditions and Frailty

Health Risk Factors, Healthy Ageing, and Dementia

Blood pressure and cognitive function across the eighth decade: a prospective study of the Lothian Birth Cohort of 1936.

We investigated the associations among blood pressure and cognitive functions across the eighth decade, while accounting for antihypertensive medication and lifetime stability in cognitive function.

Anticholinergic drugs and incident dementia, mild cognitive impairment and cognitive decline: a meta-analysis.

Anticholinergic drug use is associated with increased dementia incidence and cognitive decline in observational studies. However, a causal link cannot yet be inferred, as studies were observational with considerable risk of bias. Stronger evidence from high-quality studies is needed to guide the management of long-term use.
Living Well with Dementia

The effects of cognitive-motor training interventions on executive functions in older people: a systematic review and meta-analysis.

Ageing is associated with physical and cognitive decline, affecting independence and quality of life in older people. Recent studies show that in particular executive functions are important for daily-life function and mobility. This systematic review investigated the effectiveness of cognitive-motor training including exergaming on executive function (EF, set-shifting, working memory, inhibitory control) in healthy older people.

Mental Health and Ageing

The burden of psychotropic and anticholinergic medicines use in care homes: population-based analysis in 147 care homes.

Care-home residents have high psychotropic and anticholinergic burden, with considerable variation between care-homes that is not related to existing measures of quality of care. Research to better understand variation between care-homes and the interaction with local prescribing cultures is needed.

Loneliness and Health: The Moderating Effect of Cross-Cultural Individualism/Collectivism.

The adverse health effects of loneliness are well documented, but less is known about cultural moderators of this relationship. Contributing to the literature, we examined whether cross-cultural differences in individualism moderate the effect of loneliness on health.

Ageing and cohort trajectories in mental ill-health: An exploration using multilevel models.

Analyses of health over time must consider the potential impacts of ageing as well as any effects relating to cohort differences. The British Household Panel Survey (BHPS) and Understanding Society longitudinal studies are employed to assess trends in mental ill-health over a 26-year period. This analysis uses cross-classified multilevel models in an exploratory, non-parametric approach to evaluate age and cohort effects net of each other. Mental ill-health evidences an initial worsening trend as people age which then reverses and exhibits improvement in late-middle-age, before declining again in the latter stages of life.

Health and Well-Being in the Year before Death: The Association with Quality of Life and Care at the End-of-Life.

We examined whether older adults’ health and well-being during their final year of life predicts end-of-life (EOL) quality of life (QOL) and quality of care (QOC). Using data from deceased participants ($n = 1125$) in the 2011-2015 National Health and Aging Trends Study, we performed latent class analysis to identify profiles of health and well-being, and we examined the association between these classes and EOL QOL and QOC. Four classes were identified: healthy/happy (20%), frail/happy (37%), cognitively impaired/moderately distressed (27%), and highly impaired/highly distressed (16%). Persons in the highly impaired/highly distressed class showed a poorer QOL at the EOL, whereas those in the healthy/happy class reported a lower level of QOC at the EOL.

Employment, Volunteering, and Ageing

Retirement ages are rising in many countries to offset the challenges of population ageing, but people's capacity to work for more years in their later working life (>50 years) is unclear. We aimed to estimate healthy working life expectancy in England.

Education and wealth inequalities in healthy ageing in eight harmonised cohorts in the ATHLOS consortium: a population-based study.

The rapid growth of the size of the older population is having a substantial effect on health and social care services in many societies across the world. Maintaining health and functioning in older age is a key public health issue but few studies have examined factors associated with inequalities in trajectories of health and functioning across countries. The aim of this study was to investigate trajectories of healthy ageing in older men and women (aged ≥45 years) and the effect of education and wealth on these trajectories.

Multiple Long Term Conditions and Frailty

Eleven-year multimorbidity burden among 637 255 people with and without type 2 diabetes: a population-based study using primary care and linked hospitalisation data.

To compare the patterns of 18 physical and mental health comorbidities between people with recently diagnosed type 2 diabetes (T2D) and people without diabetes and how these change by age, gender and deprivation over time between 2004 and 2014. Also, to develop a metric to identify most prevalent comorbidities in people with T2D.

Comparing associations between frailty and mortality in hospitalised older adults with or without COVID-19 infection: a retrospective observational study using electronic health records.

In this study frailty, measured using the Clinical Frailty Scale, appeared to make little incremental contribution to the hazard of dying in older people hospitalised with COVID-19 infection; illness severity and comorbidity had a modest association with the overall adjusted hazard of death, whereas confirmed COVID-19 infection dominated, with a seven-fold hazard for death.


The COVID-19 pandemic has placed unprecedented strain on health-care systems. Frailty is being used in clinical decision making for patients with COVID-19, yet the prevalence and effect of frailty in people with COVID-19 is not known. In the COVID-19 in Older PEople (COPE) study we aimed to establish the prevalence of frailty in patients with COVID-19 who were admitted to hospital and investigate its association with mortality and duration of hospital stay.

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