Research in Older People – a multidisciplinary framework

Asangaedem Akpan MBBS MPH MSc FRCP(UK) FRCPI FAcadMed
Consultant Geriatrician, Bunbury Regional Hospital
Adjunct Clinical Associate Professor, Curtin University
Adjunct Associate Professor, University of Western Australia
Honorary Associate Professor, University of Liverpool, UK

Acknowledgement of Country

I’d like to begin by acknowledging the Traditional Owners of the land on which we meet today, the Wardandi people of the Noongar nation and pay my respects to Elders past, present, emerging and Aboriginal people in the audience today.

Declarations / Conflict of interests

None

Advertisements...

About the FITTEST Study

We know that programs that promote good nutrition, regular exercise, optimisation of medicines, and social support networks can reduce frailty levels. However, these programs are not routinely available and, where they are, people do not always join in.

In the FITTEST Study we will compare different ways to support older people to participate in frailty prevention programs. We want to understand whether a supervised or a self-directed activity program can slow or reverse frailty in older adults.

FITTEST stands for Frailty Interventions Through Specific Therapies.

No donation is too big.....

Outline of my talk

- My story
- Audit / Evaluation / Clinical quality improvement / Research
- Why research
- Older people
- The MDT framework
- Examples / Potential ideas
- Summary
- Q and A

My story....

Nigeria 49%
Central & Eastern Europe 40%
Baltics 10%
Nigerian Woodlands 1%

Poland

Nigeria

UK

USA

Australia

Ways we get better in healthcare

- Research is designed and conducted to generate new knowledge.
- Service evaluations are designed to answer the question “What standard does this service achieve?”.
- Audits are designed to find out whether the quality of a service meets a defined standard.
- Clinical quality improvement aims to standardize processes, reduce variation, and improve outcomes for patients and healthcare systems. It involves systematic analysis of practice performance, data collection, intervention development, and evaluation3

Why research?

- Enhance our image
- Another career path / makes one’s job more interesting
- Opportunity to attend conferences, see interesting places
- Postgraduate degrees
- Network with similarly minded colleagues
- Academic titles
- Grants / publications
- Contribute to new knowledge
- Principal/Chief investigator
- Other reasons….

The good news

- Enough resources out there
- Not a solo effort any more
- Join a group
- Invite yourself…don’t wait to be invited
- You are an expert in your discipline

What is the end game?

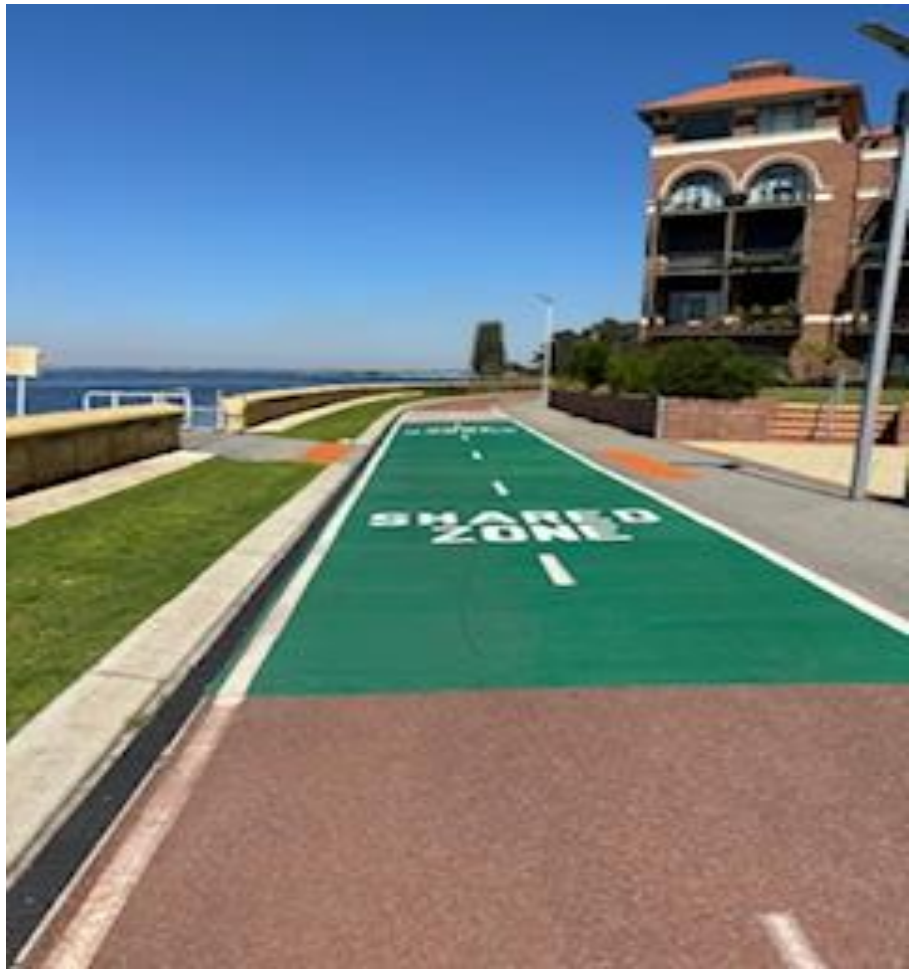
- Health
- What is health?
- A state of physical, mental and social wellbeing
- Silos have served us well
- Demographics have changed…
- have to also change how we do things in healthcare
- We have in our clinical work
- we need to do the same in research

Older People

- The ones who need healthcare
- Multiple chronic conditions
- Horizontal journey / Vertical silos
- Frailty syndrome
- Polypharmacy
- High risk of delirium and deconditioning
- Take longer to recover
- This group are excluded from most research studies
- Drug trials are notorious in this regard

The MDT framework

- integrating insights, theories, and methodologies
- various disciplines.....
- comprehensively address the needs of older people



Clinical.....

MY TEAM IS MADE UP OF:
DOCTOR
OCCUPATIONAL
THERAPIST
PHYSIO-
THERAPIST
WELFARE
OFFICER
CONTINENCE
NURSE
DIETITIAN
CLINICAL
PSYCHOLOGIST
SOCIAL
WORKER

Can you think of other types of MDTs?

Key research topics to consider

- Physical Health and Chronic Disease Management: Frailty, mobility issues, and multimorbidity, chronic conditions (e.g., cardiovascular disease, arthritis, diabetes)

- Cognitive Health and Neurodegenerative Disorders: Alzheimer's and other forms of dementia, mild cognitive impairment (MCI)

- Mental Health: Depression, anxiety, and emotional well-being in later life, social isolation and loneliness.

Key research topics

- Social Inclusion and Quality of Life: Family and community relationships. Social participation and lifelong learning
- Health Equity and Policy: Addressing disparities in healthcare access. Long-term care policies, elder rights, and advocacy
- Technology for Aging: Telemedicine, wearables, and home monitoring systems. Smart homes and assistive devices.

Research methods

- Quantitative Methods: Surveys, longitudinal studies, clinical trials, and epidemiological research. Biostatistics to analyze health trends in aging populations

- Qualitative Methods: Interviews, focus groups, ethnographies to explore subjective experiences. Case studies and narrative analyses.

Research methods

- Mixed-Methods Research: Combines quantitative and qualitative approaches for richer insights

- Community-Based Participatory Research (CBPR):Involves older adults as co-researchers, ensuring research is relevant and practical.

Ethical considerations

- Informed Consent and Capacity: Ensuring participants understand the research, especially those with cognitive impairments
- Privacy and Data Protection: Managing health and personal data responsibly.
- Minimizing Burden and Risk: Designing studies that respect participants' time and well-being
- Intergenerational and Cultural Sensitivity: Recognizing cultural norms and generational differences in perspectives on aging.

Framework for collaboration

- Interdisciplinary Teams: Bringing together researchers from diverse fields to design and implement studies
- Stakeholder Engagement: Involving caregivers, healthcare providers, policy makers, and older adults in research planning.
- Knowledge Translation: Ensuring research findings are accessible and actionable through policy briefs, public reports, and educational campaigns
- Technology Integration: Applying AI, data analytics, and mobile technologies to enhance research and interventions.

Examples

- Comprehensive Aging Programs: Combining physical therapy, mental health services, and social engagement activities
- Smart Cities for Aging Populations: Integrating assistive technologies and inclusive urban design
- Policy Recommendations: Using evidence-based research to inform long-term care policies.

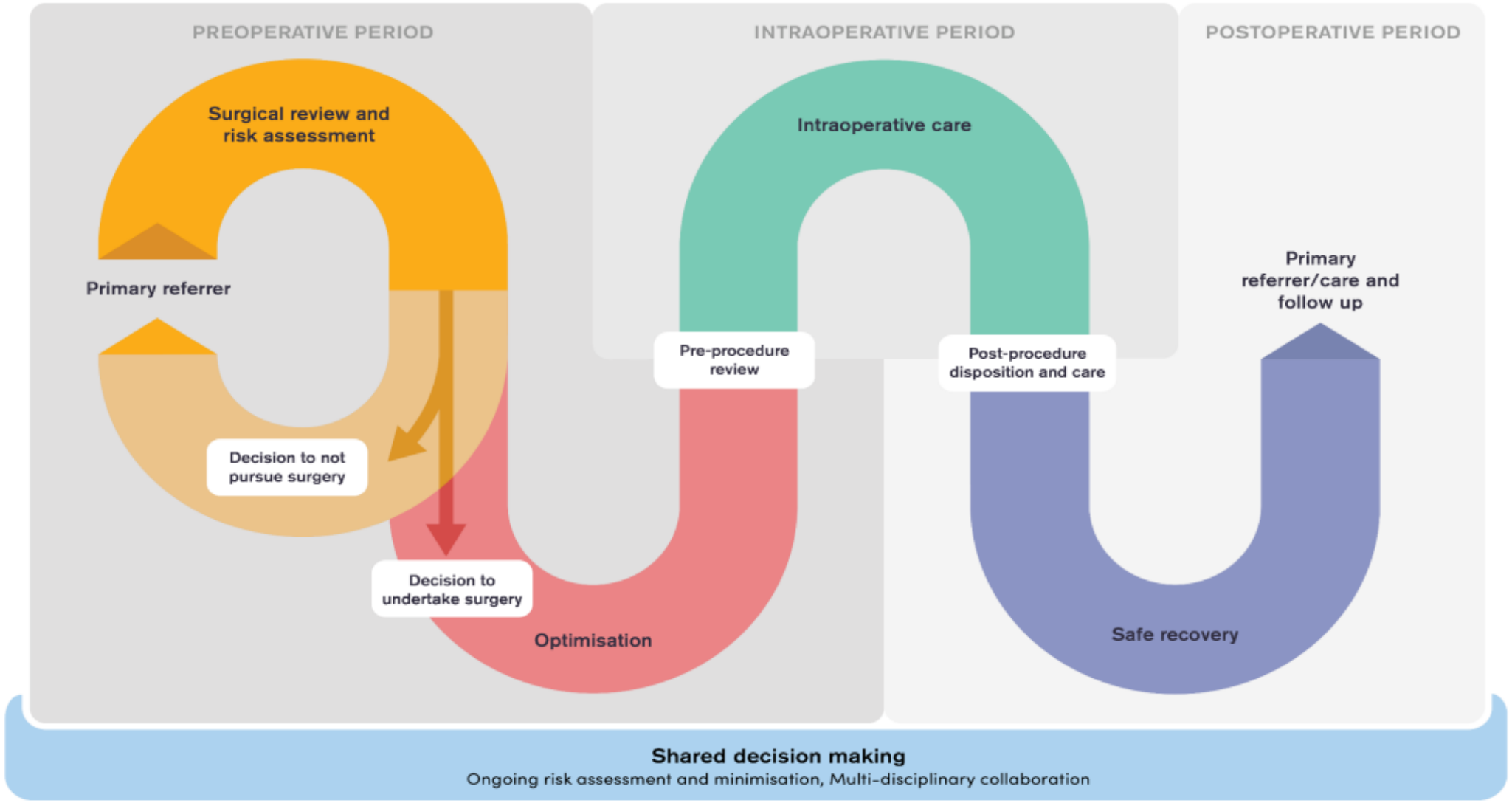
Examples

- Falls research – silos of excellence
- But falls = multifactorial
- The research should also mirror this
- I believe this is why we are no further along despite millions of $
- This is something we can do in Bunbury
- The outcome would be groundbreaking I believe

The Perioperative Care Framework

From the contemplation of surgery to an optimal outcome

ANZCA
FPM



Others….

- Parkinson’s disease
- Dementia
- …….

What matters to our community

- First nations….
- Bunbury
- Southwest
- Inpatients / Outpatients
- Us – clinicians, administrators, etc

Codesign research

- Best outcomes
- Stakeholder engagements
- Multiple benefits…

Leverage opportunities

- ECU Department of Rural Health (UDRH)
- Each other – stronger together
- WACHS research department
- Our leaders….

Summary

- Audit / Evaluation / Clinical quality improvement / Research
- Why research
- Older people
- The MDT framework
- Examples
- Next steps….we can form a collaborative and start a conversation

References

- https://nspccro.nihr.ac.uk/working-with-us/research-service-evaluation-or-audit
- Quality Measurement and Quality Improvement | CMS
- Research Hub | British Geriatrics Society

Q and A

- My contact details
- Email: asan.akpan@health.wa.gov.au
- Mobile: 0437 904 782
- Office: SARU, Bunbury hospital
- Social media take your pick – Facebook, Instagram, Tiktok, LinkedIn, Threads, Bluesky (type asangaedem akpan), X (formerly known as Twitter) @asanakpan