



Physical health, mental health and wellbeing, and independence-related factors of healthy ageing

Results in brief

Physical health, mental health, wellbeing, and functional independence are all related to healthy ageing. The PATH Through Life Project is a longitudinal study with concurrent assessments of three age groups that examines factors associated with physical and mental health over the adult life course.

This insights brief examines health and wellbeing as people age. It follows three cohorts of people from the ACT and surrounding regions who have been followed for more than 20 years. It provides a summary of the detailed report *The PATH Through Life Project: Physical health, mental health and wellbeing, and independence-related factors of healthy ageing*, which was prepared by the University of New South Wales on behalf of the ACT Health Directorate. To download the full report, see [HealthStats ACT](#) or click [here](#).

At study commencement (1999–2000), the youngest cohort was aged 20–24 years, the middle cohort was aged 40–44 years, and the oldest cohort was aged 60–64 years.

Key messages

- Physical health declined rapidly in the oldest cohort. The ability to perform regular activities such as walking, bending, kneeling and stooping became increasingly difficult as they aged.
- Monitoring this cohort as they age into their 80s and 90s would provide valuable information to ensure the health and wellbeing needs of our older residents are considered in policy development and service planning.
- Using longitudinal data with different cohorts allows us to investigate cohort differences. Younger cohorts were less healthy, both physically and mentally, at the same age, compared to older cohorts. Younger cohorts tended to have higher levels of obesity, arthritis and thyroid disease than older cohorts at the same age, suggesting that younger cohorts are becoming unhealthy at an earlier age than their older counterparts. Although mental health improves with age (reflecting an ageing effect), younger cohorts in general had poorer mental health than older cohorts at the same age.

Aspects of healthy ageing

For more than 20 years, the PATH study has collected physical and mental health and wellbeing information on three cohorts of individuals from the ACT and surrounds. This information enables researchers to paint a unique picture of ageing across our region. The study has asked a similar series of questions of the same individuals on a regular basis over the past 20 years. Figure 1 includes a number of measures that illustrate how age impacts our health and wellbeing.

Figure 1a presents the mean Physical Component Score across all three cohorts and illustrates how physical capacity declined with age. This is most noticeable among respondent from the oldest cohort.

Figure 1b shows how mental health improved with age. While this trend can be seen among the middle and oldest cohorts, overall Mean Mental Component Summary Scores (MCS) appear to be declining among the youngest cohort. Concerningly, mean MCS for each cohort were lower than older cohorts at similar ages. For example, mean MCS were lower among those from the youngest cohort who turned 35 years in 2017 compared to their counterparts from the middle cohort who were a similar age in 2001. A similar gap was observed for the middle cohort as they approached their early 60s compared to the oldest cohort at age 60 years.

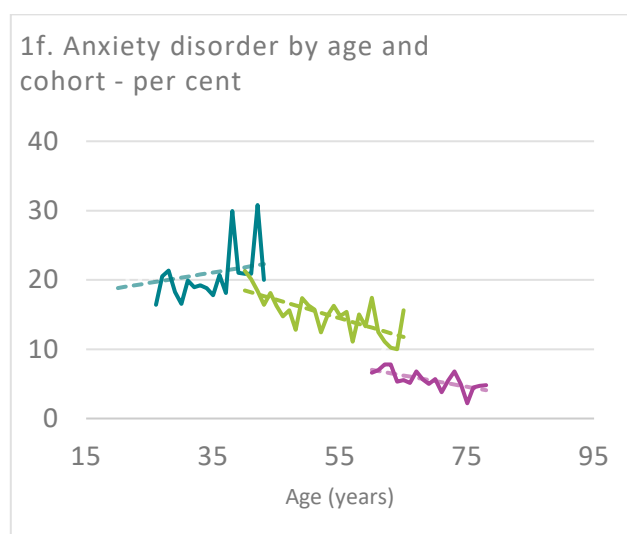
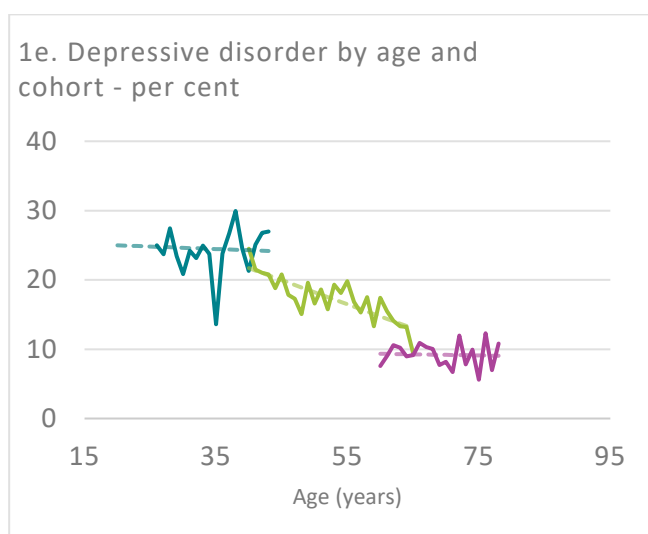
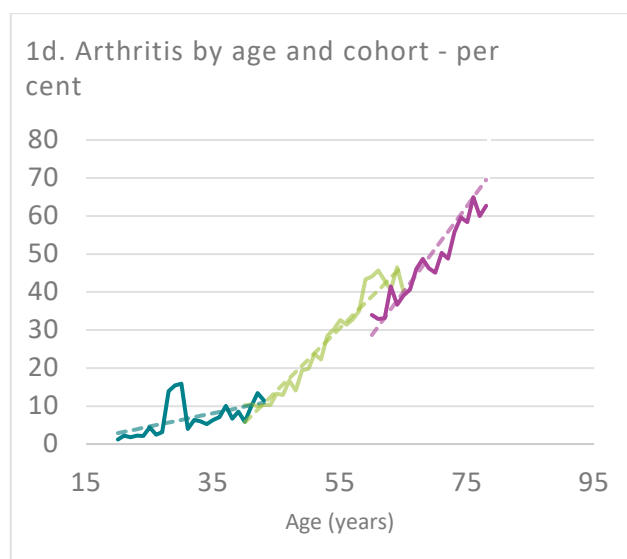
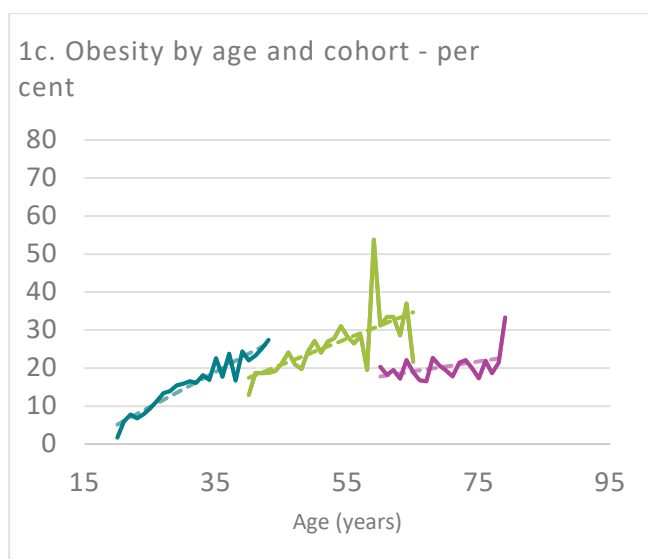
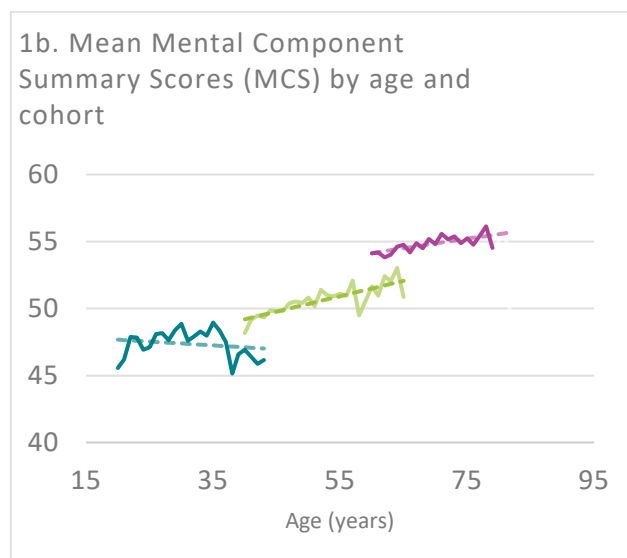
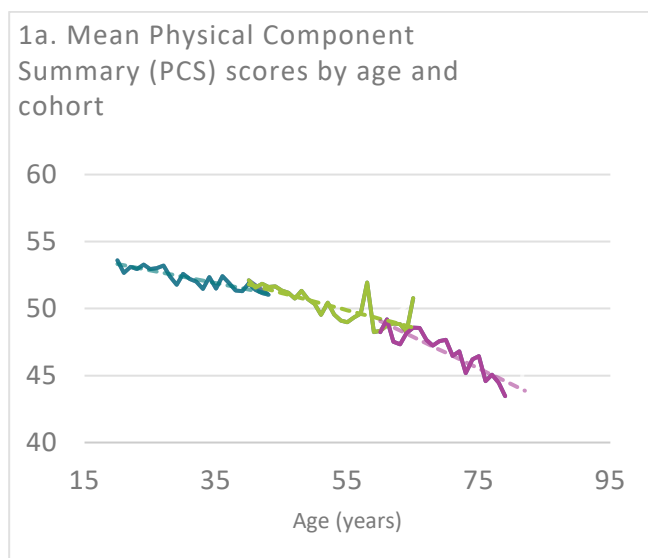
Obesity increased markedly with age across all cohorts (**Figure 1c**). However, these increases were steeper in younger cohorts creating a distinct gap between cohorts i.e., the youngest cohort had a higher proportion of people who were overweight or obese at age 35 years than the middle cohort. This gap is also evident between the middle and the oldest cohort in their early 60s. This indicates that not only did obesity increase with age, it also increased between cohorts over time.

Arthritis (**Figure 1d**) is a common condition that strongly contributes to illness, pain, and disability. The proportion of respondents who stated that they had been diagnosed with arthritis increased steadily with age across all three cohorts. Notably, this increase became steeper with each successive cohort.

Figure 1e presents the proportion of respondents who were experiencing symptoms of depression over the past 4 weeks. Depressive symptoms were lowest among the oldest cohort and highest in the youngest cohort. The middle cohort saw a large decline in depressive symptoms as they aged.

Anxiety (**Figure 1f**) also tended to decline with age with each successive cohort recording lower proportions than the previous cohort. Anxiety appeared to be increasing among the youngest cohort and was higher compared to the middle cohort at the same age. Despite seeing a decline in the proportion of those experiencing anxiety disorders, a higher proportion of the middle cohort had experienced anxiety symptoms than those from the oldest cohort at the same age. These higher rates in younger cohorts will need to be monitored over time.

Figure 1. Physical and mental health and wellbeing as PATH participants age



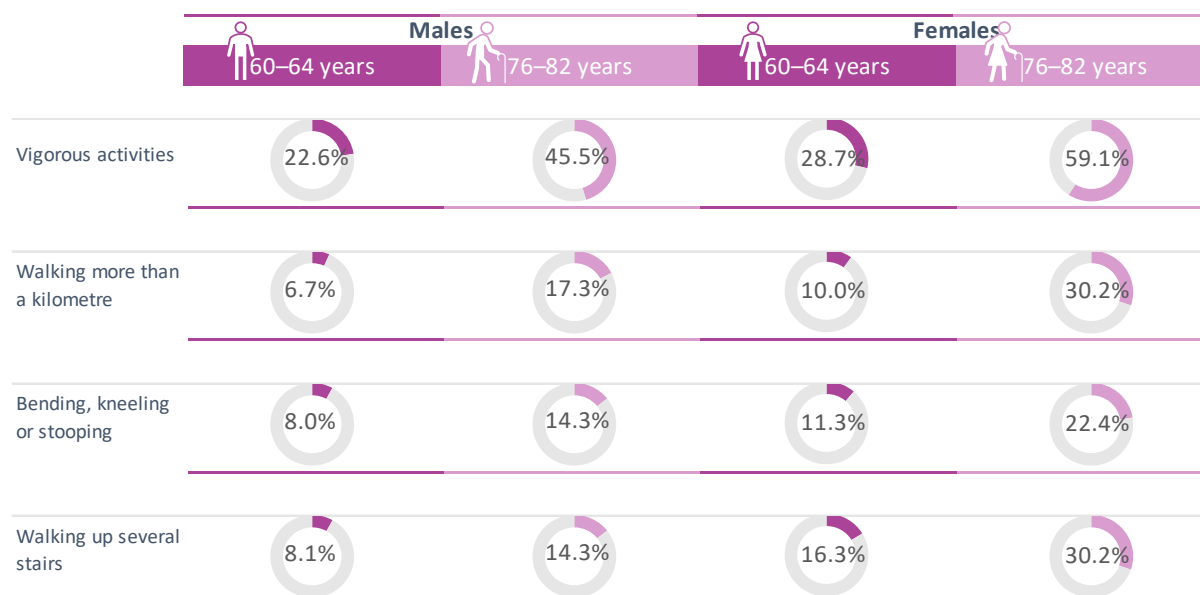
■ Youngest cohort

■ Middle cohort

■ Oldest cohort

PATH participants were asked if their health issues limited them when doing various activities such as walking, bending, and climbing stairs. The proportion of the oldest cohort who had difficulties performing various activities increased as they aged from their 60s to their early 80s (Figure 2).

Figure 2: 'Limited a lot' in activities due to health issues, oldest cohort by sex



What does this mean?

- For some health measures, including anxiety, depression and obesity, the youngest cohort recorded poorer outcomes than the middle cohort at the same age.
- Continued monitoring of the youngest cohort as they age into their 40s and beyond will be important for these health measures. If current trajectories continue, this cohort may experience poorer health outcomes than their older counterparts as they age.
- Physical health declined rapidly in the oldest cohort. Monitoring this cohort as they age into their 80s and 90s will provide valuable information to ensure the health and wellbeing needs of our oldest residents are considered in policy development and service planning.

Acknowledgements

This report was prepared by the University of New South Wales (UNSW) and the ACT Health Directorate's Epidemiology Section.

To access the full report, click the download links on page one or visit [HealthStats ACT](https://www.healthstats.act.gov.au).



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