# Ageing Well Tool with immediate feedback on personalised risk reports and treatment recommendations

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# Identifying eligible patients.

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The **Ageing Well Tool** detects common mental disorders and risk factors for dementia and poor wellbeing, including cardiovascular risk, depression, anxiety, and social isolation. This involves immediate feedback on personalised risk reports and treatment recommendations.

## ELIGIBILITY CRITERIA

- ✓ 60-70 years of age with a life expectancy of 5+ years
  - Exclude patients with a significant medical condition who don't have capacity to engage in recommendations over the next 12 months.
- ✓ Normal cognition
  - Exclude patients with mild cognitive impairment or dementia.

# Identifying eligible patients.

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## ELIGIBILITY CRITERIA (continued)

- ✓ Community dwelling
  - Exclude aged care.
- ✓ Able to read and write in English at a sufficient level (for consent)

- The GP/practice identifies patients eligible for screening.
- We have a Recruitment Target of 30 patients per practice completing the baseline measurement in 3-6 months – that's 1-2 patients per week.
- You may wish to look at patients who are already coming in for something like a Shingrix vaccine / flu shot and ask them if they would like to add the Ageing Well Tool to their appointment.

# Booking the patient and informed consent

- Pass patient details to your practice manager/administrator to introduce the study, manage the booking, and get informed consent from patients.
- Informed consent is completed by participants online on Qualtrics software. Your practice manager/administrator can access the survey links in the spreadsheet provided to your practice and will assign a Participant Study ID.

**[PRACTICE NAME HERE]**

When an interested participant completes the Particiapnt Information and Consent form (PICF), please assign them an ID from below, and enter the date their PICF was completed next to the assgined ID below. This ID number will function as a login for them to access the surveys. When they return for their baseline appointment, 6 month follow up or 12 moth follow up, please select the relevant link below and enter their participant ID for them, and then hand it to them to finish or email them the link and ID for them to complete it before their appointment. The first few questions MUST be completed by the practice staff.. If they are not able to complete the survey in one sitting, please reopen the relevant link and login again using their assigned Participant ID - they will be able to pick up where they left off.

| | Participant information and consent form (PICF) https://mquni.au1.qualtrics.com/jfe/form/SV_dd6B8TKaGHC4Wt8 | Baseline survey https://mquni.au1.qualtrics.com/jfe/form/SV_0kqHviBDxbjpMwe | 6 month survey https://mquni.au1.qualtrics.com/jfe/form/SV_eOQtD4SqEnAQ0PY | 12 month survey https://mquni.au1.qualtrics.com/jfe/form/SV_8v3WPXPI8wf9IFg | |
|---|---|---|---|---|---|
| **Participant ID** | **Date PICF completed** | **Date baseline completed** | **Date of 6mnth follow up** | **Date of 12 mnth follow up** | **Notes** |
| 654246 | 21/09/2023 | 25/09/2023 | | | |
| 254335 | 28/09/2023 | 23/10/2023 | | | |
| 354321 | | | | | |
| 343545 | | | | | |
| 313535 | | | | | |
| | | | | | |

# Informed consent

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- Patients will provide their name and contact details when they complete informed consent.
  - ✓ The research officer will inform you when the patient has completed their consent form.
  - ✓ The research team will use these details to contact patients for the measures they administer (cognitive screening for dementia, baseline and 12-month measures of neuropsychological functioning such as processing speed and memory).
  - ✓ Patients will be tracked using their Participant Study ID.
  - ✓ Your practice manager/administrative assistant will keep a record of which patient record is connected to each Participant Study ID. The research team will never have access to the patient's record or any identifying patient record information.

# Baseline Survey

## SCREENING

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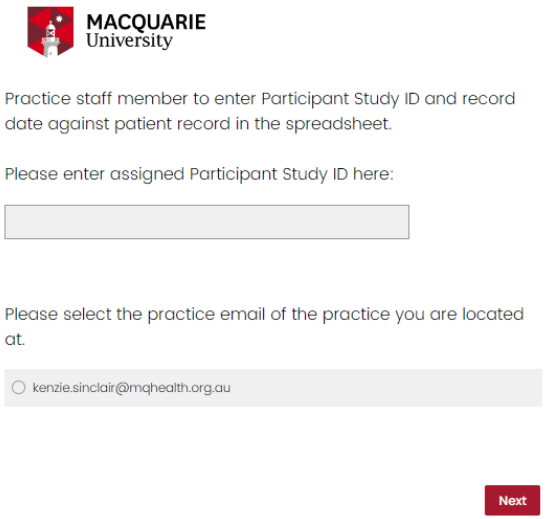
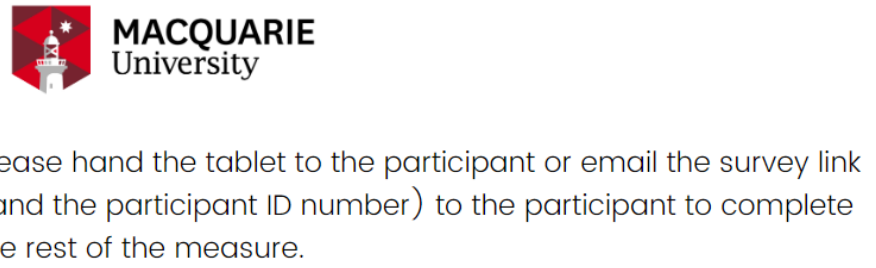
- 30 minutes before appointment or online at home, patient completes the online survey on a tablet/home device.
  - ✓ Use the Baseline Survey link provided in your practice tracking sheet and enter the Participant Study ID
  - ✓ The practice manager/administrator will need to select their practice email before handing the survey link and the Participant ID Study to the patient

**Baseline survey**
https://mquni.au1.qualtrics.com/jfe/form/SV_0kqHviBDxbjpMwe

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# Baseline Survey

## SCREENING

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Patient completes demographics and measures of modifiable risk factors including:

- Depression
- Anxiety
- Social isolation
- Loneliness
- Alcohol consumption
- Diet (fish consumption)
- Hearing loss
- Falls and Head injury risk (frailty)
- Physical activity
- Cognitive engagement (mental stimulation)
- Insomnia

FAMILY (Questions 1-3): Considering the people to whom you are related by birth, marriage, adoption, etc.

FRIENDSHIPS (Questions 4-6): Considering all of your friends including those who live in your neighbourhood.

| | None | One | Two | Three or four | Five to eight | Nine or more |
|---|---|---|---|---|---|---|
| 1. FAMILY. How many relatives do you see or hear from at least once a month? | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. FAMILY. How many relatives do you feel at ease with that you can talk about private matters? | ○ | ○ | ○ | ○ | ○ | ○ |

# Baseline Survey

## SCREENING

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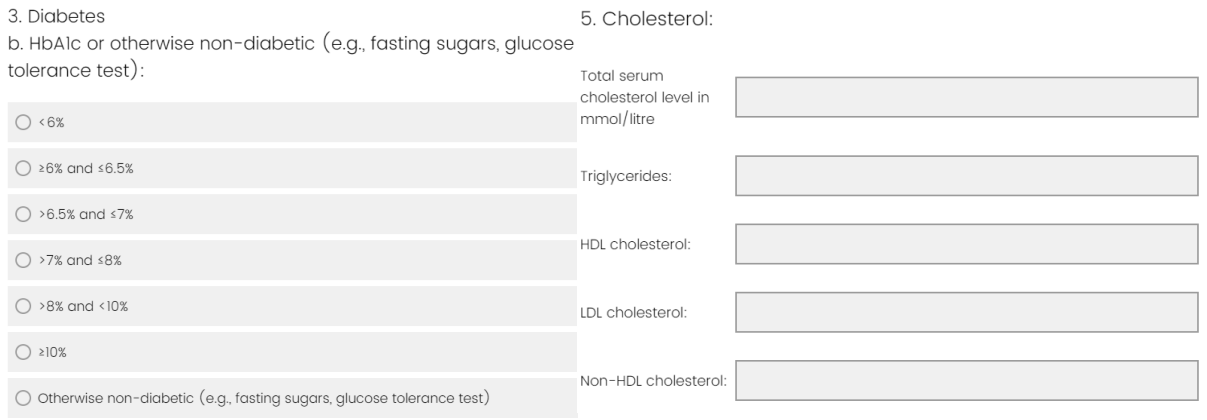
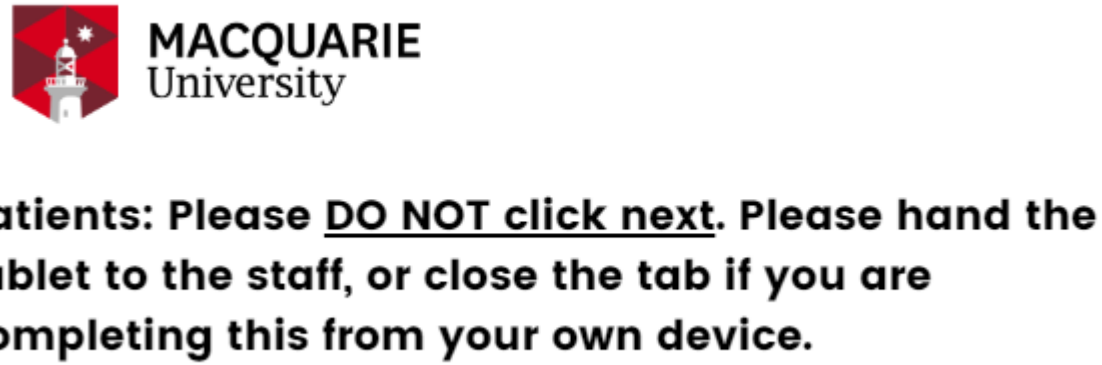
- GP/practice nurse completes 5 medical questions at the end of the online survey on the tablet (need survey link and Participant Study ID), including cardiovascular risk, body mass index, diabetes, cholesterol, and smoking. HbA1c and cholesterol data are needed.
  - ✓ You can use existing data within ≤12 months for baseline or ±2 months for follow-up. You may wish to make a note / create an alert in medical software to collect medical variables including blood tests within 2 months (before or after the measurement timepoint) of the next screen when if patient is at the practice for other reasons.
    - ✓ However, for the 6-month measurement, if you believe nothing has changed, you can carry forward measurements from the baseline survey.
  - ✓ You can resume the Ageing Well Tool survey using the Participant's Study ID after getting bloodwork.



# Baseline Survey

## SCREENING

- There is clear labelling for patients instructing them not to click past the patient questions to your medical questions.




- If a patient does enter data in the medical variable fields, you can email ageing.well@mq.edu.au with the Participant Study ID and the correct data and we can update this for trial reporting.

# Baseline Survey

## RESULTS

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- When the survey is complete, full risk factor results are visible on the tablet. You can also see what patients selected in each of the measures of risk factors.
- The patient's report is emailed from survey software through to your practice manager/administrator.
- Your practice manager/administrator attaches the emailed report to the patient's record.

Social isolation score (range: 0-30): 6

Risk present range: 0-12

Loneliness score (range: 0-6): 6

Risk present range: 2-6

Cognitive stimulation score (range: 1.0-5.0): 1.1

Risk present range: 1.0 to <4.0

Alcohol: Yes, I drink 17 or more standard drinks per week

Risk present

**Three statements are made about 'emotional loneliness' and three about 'social loneliness'. Social loneliness (SL) occurs when someone is missing a wider social network and emotional loneliness (EL) is caused when you miss an "intimate relationship".**

| | Yes | More or less | No |
|---|---|---|---|
| 1. EL: I experience a general sense of emptiness | ○ | ○ | ◉ |
| 2. EL: I miss having people around me | ○ | ○ | ◉ |
| 3. EL: I often feel rejected | ◉ | ○ | ○ |

| | Yes | More or less | No |
|---|---|---|---|
| 4. SL: There are plenty of people I can rely on when I have problems | ○ | ◉ | ○ |

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# Baseline Survey

## RESULTS AND RECOMMENDATIONS

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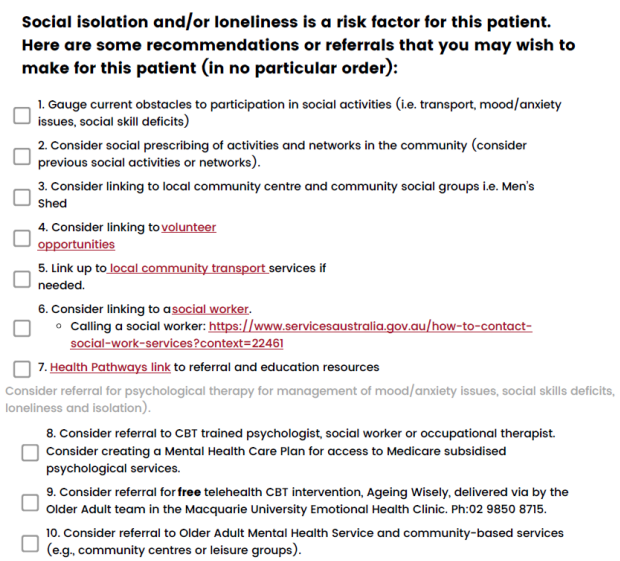
- GP/practice nurse discusses results with the patient and makes recommendations as appropriate, gives the patient a recommendations handout, and records recommendations in survey software.
    - IF the patient wants a copy of their risk profile report, you can provide that too (emailed to your practice).



**Social isolation and/or loneliness is a risk factor for this patient. Here are some recommendations or referrals that you may wish to make for this patient (in no particular order):**

- ☐ 1. Gauge current obstacles to participation in social activities (i.e. transport, mood/anxiety issues, social skill deficits)
- ☐ 2. Consider social prescribing of activities and networks in the community (consider previous social activities or networks).
- ☐ 3. Consider linking to local community centre and community social groups i.e. Men's Shed
- ☐ 4. Consider linking to volunteer opportunities
- ☐ 5. Link up to local community transport services if needed.
- ☐ 6. Consider linking to a social worker.
    - Calling a social worker: https://www.servicesaustralia.gov.au/how-to-contact-social-work-services?context=22461
- ☐ 7. Health Pathways link to referral and education resources

Consider referral for psychological therapy for management of mood/anxiety issues, social skills deficits, loneliness and isolation).

- ☐ 8. Consider referral to CBT trained psychologist, social worker or occupational therapist. Consider creating a Mental Health Care Plan for access to Medicare subsidised psychological services.
- ☐ 9. Consider referral for **free** telehealth CBT intervention, Ageing Wisely, delivered via by the Older Adult team in the Macquarie University Emotional Health Clinic. Ph:02 9850 8715.
- ☐ 10. Consider referral to Older Adult Mental Health Service and community-based services (e.g., community centres or leisure groups).

**STIMULATING MENTAL ACTIVITIES**

**Regularly engage in a variety of mentally challenging activities to keep your brain active:**

- Regularly do a variety of mentally-challenging activities such as crossword puzzles, sudoku, quizzes or playing board games. Variety is key.
- Try a new activity like joining a book club, attending community talks, and watching documentaries.
- Learn a new skill. See your local newspapers, community and Council pages, also see this link for some ideas. https://www.skillshare.com/en/
- Read regularly (e.g., books, magazines, newspapers, information online). Borrow books from your local library.

**ALCOHOL**

**Aim to drink less than 10 standard drinks per week to reduce risk for dementia and chronic illness.**

- Drink less than 17 standard drinks per week to **reduce risk for dementia**. This is equivalent to approximately 2 bottles of wine, 11 schooners (425ml of full-strength beer), or 500ml of high-strength (40%) spirits.
- Drink less than 10 standard drinks per week to reduce **risk for other illnesses**. Read the latest guidelines on safe alcohol consumption: https://www.nhmrc.gov.au/health-advice/alcohol
- Link up with Alcohol and Other Drugs Information Service for support services and guidance on quitting (https://www.health.nsw.gov.au/aod/Pages/contact-service.aspx), phone: 1800 250 015.
- Ask your GP for a referral to a psychologist, or for information on medical interventions appropriate to you.

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# 6- and 12-month surveys

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## SCREENING

- Our Research Officer tracks patient timeline and informs practice when 6- and 12-month follow-up appointments are needed.
- 30 minutes before appointment or online at home, patient completes the online survey on a tablet/home device.
  - ✓ Use the 6-month / 12-month survey link provided in your practice tracking sheet and enter the Participant Study ID
  - ✓ The practice manager/administrator will need to select their practice email before handing the survey link and the Participant Study ID to the patient

**6 month survey**
https://mquni.au1.qualtrics.com/jfe/form/SV_eOQtD4SqEnAQ0PY

**12 month survey**
https://mquni.au1.qualtrics.com/jfe/form/SV_8v3WPXPI8wf9IFg

Practice staff member to enter Participant Study ID and record date against patient record in the spreadsheet.

Please enter assigned Participant Study ID here again:

Please select the email address of the practice you are located at.

○ kenzie.sinclair@mqhealth.org.au

Next

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Please hand the tablet to the participant or email the survey link (and the participant ID number) to the participant to complete the rest of the measure.

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# 6- and 12-month survey

## SCREENING, RESULTS AND RECOMMENDATIONS

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- Patient risks re-measured on the online survey in the 6- and 12-month measurements and compared to (auto-populated) baseline scores through the survey software. Survey software also pulls previous GP/practice nurse recommendations to see what the patient did/didn't do, which you will record. Provide further recommendations if needed.

**Depression score (range: 0-15): 8**
**Risk present range: 6-15**

**Here are the scores and recommendations/referrals made during the last assessments:**

| | 6 months ago |
|---|---|
| **Score** | **6**<br>**RISK PRESENT** |
| **Recommendations/**<br>**Referrals** *(if blank, no recommendations/referrals were made at that time)* | **1, 8** |

**Last time, you selected this recommendation/referral option for the patient: "Consider referral to Older Adult Mental Health Service and community-based services (e.g., community centres or leisure groups)."**

**Did they follow this recommendation/referral?**

- ○ Yes
- ◉ No
- ○ Partially

# 6- and 12-month survey

## RECOMMENDATIONS, PAYMENT AND CPD

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**Recommendations or referrals that you may wish to make for this patient particular order):**

- [ ] 1. Provide psycho-education on anxiety (resources).
- [ ] 2. Consider self-help resources and e-mental health services, treatment and support including: This W Mindspot; E-couch; Beyond Blue; relaxation strategies and apps available online e.g. Headspace, Calm
- [x] **3. Consider antidepressant medication.**
  - **Consider referral to psychiatrist or Older Adult Mental Health Service.**
- [ ] 4. Refer to NICE guidelines
- [ ] 5. Health Pathways link to referral and education resources

Consider Cognitive Behavioural Therapy (CBT)

- [ ] 6. Consider referral to CBT trained psychologist, social worker or occupational therapist. Consider cre Mental Health Care Plan for access to Medicare subsidised psychological services.
- [ ] 7. Consider referral to Older Adult Mental Health Service and community-based services (e.g., commu centres or leisure groups).

- The payment structure includes a payment for practices and for patients.
- CPD opportunities are also offered.

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## Want to earn CPD credits?

Earn credit towards your CPD by participating in our Ageing Well research project

Join us in trialing a screening and early intervention tool (Ageing Well Tool) designed to identify and reduce risks for dementia and enhance overall wellbeing in older primary care patients aged 60-70!

**As part of this trial, there will be an opportunity to acquire CPD points!**

### What do you need to do?

GPs/practice nurses participating in this study will be randomly assigned to one of two conditions: (1) Implementing the Ageing Well Tool with personalised risk reports and treatment recommendations with immediate feedback, or (2) Self-help patient booklet and tracking health and wellbeing for 12 months with access to full reports and recommendations after the 12-month survey.

- Reviewing any changes in usual practice related to the self-help patient booklet and tracking health and wellbeing for 12 months with access to full reports and recommendations after the 12-month survey compared to reports received at 12 months.
- Audit: compare measurement of medical variables measured in the trial including cholesterol, HbA1C, BMI, smoking, and hypertension and CVD risk and reflect on any differences in frequency of measurement compared to usual care in line with RACGP guidelines.

**Reviewing performance.** Patient feedback: Asking patients (1) how useful it was to get report (immediate or 12-month feedback) and recommendations and (2) how this could be better or different.

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For any questions, please contact:

ageing.well@mq.edu.au