Lecture 15: Limitations of Ageing Studies on Mental Health

Age and Mood
- steadily increase in depression symptoms (by low mood); score on depression checklist increases by 1.5 points between the ages of 65 and 84

Risk Factors of Ageing
- reduced income as an pension rather than working
- loss of social support/partner
- poor health, physical disability, and cognitive impairment
- when risk factors are controlled for, there is no increase in depression risk with age

Issues with Ageing Studies

Age Bias
- elderly were more likely to report better mental health; same symptoms may be age biased
- very few studies reach the true age group and those who do are likely to be healthier; only healthy individuals would be earlier

Sample Bias
- have to exclude those who have died, and those in institutional care sometimes also excluded
- other samples will have more individuals excluded and those remaining in sample may not be representative (less likely to have better mental health)

Cohort Effects: Differences in exposure
- cross-sectional design; each age group has very different childhood circumstances growing up in 1950s vs 1970s
- change in health behaviours; large decrease in smoking over years, but many hidden age groups may be (ex) smokers
- longitudinal design: follow one group at different time points, links to one cohort