

You Should be Recruiting Older Adults

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Finding the Frame:

An Empirical Approach to Reframing Aging and Ageism

A FrameWorks Research Report

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Rhetorical Traps

Because Demography

Another Ism

Living Proof

Sympathetic Senior

Terms like, “Silver Tsunami” or “Gray Wave” invoke fear and suggest Us vs. Them thinking.

Comparing ageism to other “isms”

Featuring Exceptional Older Adults in Stories Reinforce Individualism

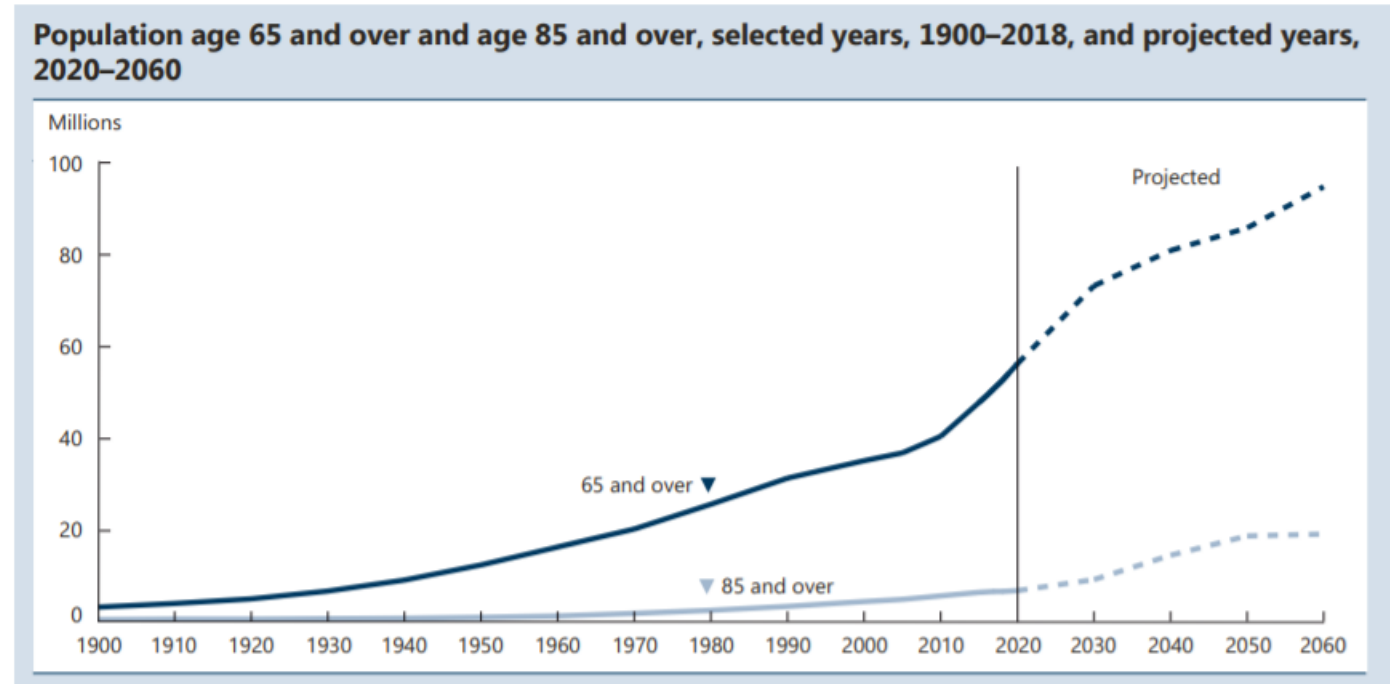
Sympathy stories reinforce framing of all older people as vulnerable

Inclusion of Older Adults . . .

- Meets the Needs of a Changing Nation
- Satisfies Our Desire for Justice
- Is Consistent with Our Scientific Values
- Has Practical Benefits
- Is Consistent with the Flow of Policy

A Century of Progress Means that 4 out of 5 Americans Live to 65

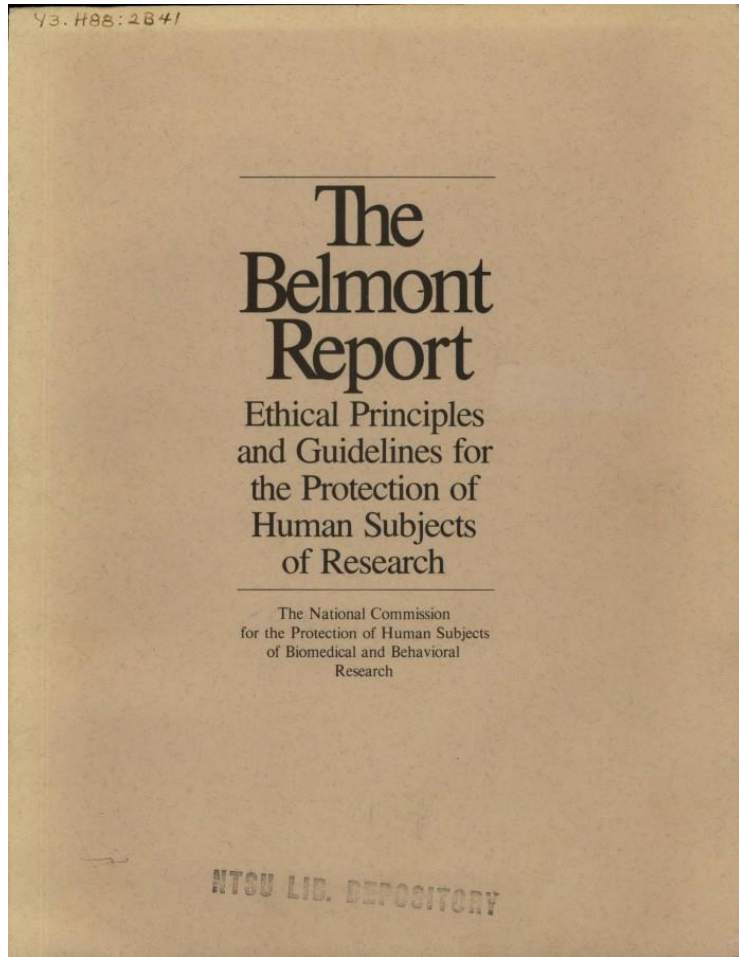
	100 Years Ago	Today
Life Expectancy	54 years	79 years
% Reaching 65	66%	83%
Chances of reaching 100	1 in 114	1 in 58



www.agingstats.gov/docs/LatestReport/OA20_508_10142020.pdf

We need to **keep up the momentum** to continue this astounding progress.

We Wish to be Just



- The Report Lays out the Underlying Ethical Principles of Research: Respect for Persons, Beneficence & Justice.
- **Justice** includes the concept that risks and benefits are distributed to each person in equal share & to each person according to individual need.

Scientific Rigor: Generalizability / Reproducibility

Generalizability: To whom do your study results fairly apply?

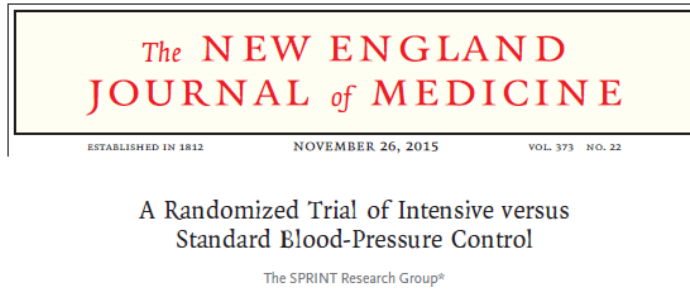
US Pop > 65 years	US Inpatients ≥ 65 years	Those with CVD ≥ 60 years
15%	42%	51%

Reproducibility: Can the results from your study be reproduced by you, others, in other settings, in other population segments?

What's the Risk Factor?	Younger Ages	Older Ages
Blood Pressure	Hypertension	Hypertension & Hypotension
LDL-C	Hypercholesterolemia	Hypocholesterolemia
Body Mass Index	Obesity	Weight Loss
Glucose	Hyperglycemia	Hyperglycemia
Inflammation	“Sterile” inflammation	“Sterile” inflammation

Payoffs of Inclusion

- Increased Risk of Events implies lower sample sizes to detect equivalent treatment differences.



Age-Group	Intensive Treatment Events (n/N)	Standard Treatment Events (n/N)	Hazard Ratio	Number Needed to Treat
Entire Sample	243/4678	319/4683	0.75	61
75+	102/1317	148/1319	0.66	27

The primary outcome was: myocardial infarction, other acute coronary syndromes, stroke, heart failure, or death from cardiovascular causes.

The 75+ group contributed 44% of the events but 28% of the participants

SPRINT Research Group.. A Randomized Trial of Intensive versus Standard Blood-Pressure Control. N Engl J Med. 2015 Nov 26;373(22):2103-16.

Williamson JD, Supiano MA, Applegate WB, et al. Intensive vs Standard Blood Pressure Control and Cardiovascular Disease Outcomes in Adults Aged ≥ 75 Years: A Randomized Clinical Trial. JAMA. 2016;315(24):2673–2682.

Practical Advantages of Including Older Adults In Research

- Many desire to leave a legacy
- The salience of health related research is very high for older adults
- Adherence is usually better in older adults
- Many older adults have flexible schedules
- Older Adults are have been through a lot: giving blood, muscle and fat is not that big a deal.

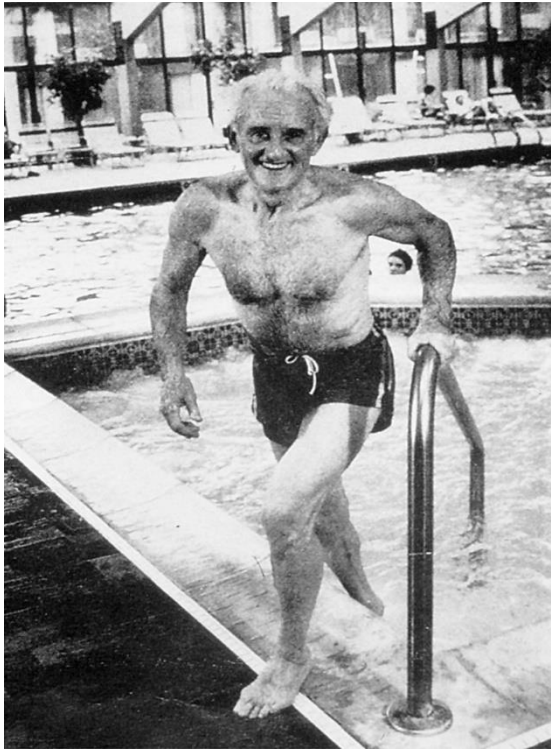
Getting Ahead of Policy



“Applications and proposals involving human subjects research must address plans for including individuals across the lifespan in the PHS Human Subjects and Clinical Trial Information Form. **Any age-related exclusions must include a rationale and justification based on a scientific or ethical basis.**” (NIH Policy on Inclusion across the lifespan effective January 25, 2019)

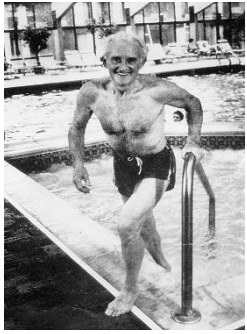


“**For most cancers, clinical trials should include a representative population of older adults.** Older adults, including those with frailty, should be enrolled in all phases of clinical trials, when they can be safely and ethically enrolled.” (FDA Draft Guidance on Industry Sponsored Trials in Oncology, March 2020).



The Perception





The Reality



