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Validation and utility of the Attitudes to Ageing Questionnaire: Links to menopause and well-being trajectories

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ABSTRACT

Objectives: Qualitative studies show that women link menopause to the ageing process, and yet surprisingly little research has investigated how attitudes to ageing might shape women's experience of menopause, as well as their overall well-being at midlife. This study validated the Attitudes to Ageing Questionnaire (AAQ) for use among midlife women, and explored the AAQ's role in predicting menopausal factors and 10 year well-being trajectories in the midlife group.

Study design: Scale validation involved cross-sectional group comparisons of the AAQ factor structure between a sample of midlife women aged 40–60 ($n = 517$) and sample of women aged over 60 ($n = 259$). Longitudinal data on 10-year change in subjective well-being was analysed for a subsample of the midlife group ($n = 492$).

Main outcome measures: Hot flush interference ratings, menopausal beliefs, subjective well-being.

Results: Assessment of measurement invariance showed support for configural and scalar invariance, with partial support for strict invariance. Midlife women exhibited more negative attitudes to ageing on the psychosocial loss subscale compared to older women. Attitude to psychosocial loss was the strongest predictor of women's experience of menopause, and women with a negative attitude to psychosocial loss did not experience gains in subjective well-being with age that were characteristic of those with a positive attitude.

Conclusions: Findings demonstrate the validity and utility of the AAQ for use among midlife women. Policies to enhance attitudes to ageing could be beneficial to protect well-being during the second half of life.

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1. Introduction

Attitudes to ageing exert a powerful influence on health and well-being in the second half of life. Longitudinal data has demonstrated that those with a positive attitude to their experience of ageing lead a healthier lifestyle, and are less prone to morbidity and mortality relative to those with a negative attitude to ageing [1,2]. Moreover, a positive attitude is linked to happiness, satisfaction with life and a sense of fulfilment among older adults [3], but

less is known about the potential benefits of feeling good about ageing during midlife—when ageing typically begins to become more personally relevant [4]. Midlife women in particular may be influenced by their attitude to ageing. The experience of menopause is both a biological and psychosocial sign of ageing [5]. Given that cultural representations of older adults, and specifically older women, are predominantly negative [6,7], women who are more influenced by this societal view and hold a negative attitude to ageing may struggle to adapt to menopause, or possibly experience declines in subjective well-being relative to their younger years.

Indeed, preliminary work using brief or unvalidated measures of attitudes to ageing has found that age-attitudes are relevant in the context of menopause. For example, three studies that have investigated the dual roles of attitudes to both menopause and

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ageing found that age-attitudes were a stronger predictor of well-being than menopause attitudes [8–10]. Despite their relevance, however, compared to the large body of research into attitudes to menopause (for a review see [11]), there has been little research into attitudes to ageing among midlife women. Given new evidence that attitudes to ageing may be more malleable in the formative midlife years relative to older adulthood [12], work in this area could not only advance an understanding of well-being at midlife, but it could also inform policy and interventions to promote fruitful ageing trajectories from foundations established in midlife.

One key reason for the paucity of research into attitudes to ageing at midlife is the absence of comprehensive scales of measurement validated for use in this population. For instance, the popular 5-item subscale of the Philadelphia Geriatric Morale Scale has only recently been validated for use at midlife [12], however this unidimensional scale does not capture the multifaceted nature of ageing whereby there can be simultaneous gains and losses associated with age [5].

In 2007, the World Health Organisation's Quality of Life group developed the 24-item Attitudes to Ageing Questionnaire (AAQ) for use among adults aged 60 and over [13]. The AAQ measures three theoretically distinguishable facets of ageing attitudes: psychosocial loss, physical change and psychological growth associated with age. The AAQ has been found to predict a diverse range of health and well-being benefits among older adults [3,14], however it has not been validated or applied to women in midlife who are beginning to experience the ageing process, which is the first aim of this study.

Secondly, we aimed to examine the utility of the AAQ in predicting women's experience of menopause, and change in well-being across adulthood. Experience of menopause is heterogeneous, with some women finding symptoms to be more troublesome than others [15]. Further, women's beliefs about the menopause vary. Our earlier work showed that women who feel a lack of control over menopause, and who believe symptoms have negative consequences for their lives, experience lower well-being relative to women with more positive beliefs about [16]. It is plausible that a woman's experience of menopause is influenced by her attitude to ageing, such that when she feels resilient about ageing in general, she is more able to cope with menopause in particular; a hypothesis tested in this study.

Finally, we considered if attitudes to ageing help explain individual differences in well-being trajectories across adulthood. While ageing is typically associated with gains in emotional balance and satisfaction with life [17], there are also individual differences in these trajectories, with some experiencing greater gains in psychological health than others [18]. In particular, we hypothesize that midlife women with a negative attitude to ageing may not experience the same gains in well-being that are typical of women with a more balanced or positive attitude.

2. Materials and method

2.1. Participants

This study used two data subsets from a larger sample of adults aged between 18 and 98 ($N = 7615$) who were randomly recruited from the Australian electoral roll for participation in an earlier study (Murray et al., 2004). Those in the original study who had indicated their willingness to be involved in further research, were female, and were either aged 60 and over (older cohort; $n = 742$) or aged between 40 and 60 (midlife cohort; $n = 1450$) at the time of data collection were invited to participate in the study. Data for the older adult cohort were collected in 2011, and data for the midlife cohort were collected in 2013.

2.2. Measures

2.2.1. The attitudes to ageing questionnaire (AAQ)

The 24 item AAQ [13] measures three facets of ageing: psychosocial loss, physical change and psychological growth. The psychosocial loss subscale focuses on psychosocial losses associated with ageing; for example "Old age is a time of loneliness." The physical change subscale assesses attitudes towards physical functioning; for example "It is important to exercise at any age." The psychological growth subscale focuses on the personal growth that comes with ageing; for example "Wisdom comes with age." Participants rate each item on a five-point Likert-scale ranging from 1 "Not true at all" to 5 "Extremely true". The physical change and psychological growth domains are positively worded with higher scores indicating more positive attitudes, whereas the psychosocial loss scale is negatively worded, with higher scores indicating a more negative attitude. Following Bryant and colleagues' protocol [3], we defined mean subscale scores > 3 for psychological growth and physical loss, and < 3 for psychosocial loss, as indicating a positive attitude to ageing, with the remaining range indicating a negative attitude on the respective subscale.

2.2.2. Menopausal stage

The Stages of Reproductive Ageing Workshop +10 criteria [19] were used to classify women into three reproductive stages based on the regularity of their menses: premenopausal (regular cycles or subtle changes in length/flow), perimenopausal (persistent change ≥ 7 days in consecutive cycles) or post menopausal (at least 12 months of amenorrhea).

2.2.3. Hot flush and night sweat frequency and interference ratings

Participants were asked on average how many hot flushes and/or night sweats they were currently experiencing. Interference ratings were measured with the Hot Flush Interference Scale (HFI) [20], where the degree of interference on ten life domains is reported on a 10-point scale ranging from 0 (do not interfere) to 10 (completely interfere). A total score is computed by summing items.

2.2.4. Menopausal beliefs

Three subscales of Hunter & O'Dea's Menopause Representation Questionnaire (MRQ) [21] were used to measure menopausal beliefs. The subscales were selected based on their relevance to well-being as reported in an earlier study [16]. Subscales measured beliefs about control over menopause, beliefs about perceived consequences of menopause, and identity beliefs about the number of symptoms women attributed to menopause. The identity subscale involved women rating which of 20 symptoms they believed to be part of their menopause through responding "yes", "no" or "uncertain". Some items on the other subscales were reverse scored such that higher scores on control/cure indicated more positive beliefs about menopause, and higher scores on consequences indicated more negative beliefs.

2.2.5. Subjective well-being

The 20-item Positive and Negative Affect Schedule (PANAS) [22] was used to measure the affective component of subjective well-being, and the 5-item Satisfaction with Life scale (SWL) [23] was used to measure the cognitive component. The well-validated [22] PANAS includes two 10-item subscales measuring the reported frequency of positive and negative affect experienced over the past week on a 5-point Likert-scale. The unidimensional SWL measures global judgements of life satisfaction on a 7-point scale.

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