

# BRENDAN DEE – PHD RESEARCHER

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Hello everyone. My name is Brendan Dee and I have over 15 years of experience working with people with an intellectual disability (ID) in various clinical and management positions including Health Care Assistant, Staff Nurse, Registered Nurse Prescriber, Clinical Nurse Manager and Project Manager. I am currently a Teaching Fellow on the Intellectual Disability Programme in the School of Nursing and Midwifery, Trinity College Dublin. Further to obtaining a BSc in Intellectual Disability Nursing, I successfully completed a MSc in Intellectual Disability Nursing Practice. I am currently entering my third year as a part-time PhD student with the Trinity Centre for Ageing in Intellectual Disability (TCAID). The focus of my dissertation is social frailty among older adults with an ID.

## HOW DID YOU GET INVOLVED WITH TCAID?

Throughout my career I have always had an inquisitive nature. The cutting-edge research generated by TCAID, which has emanated from the Intellectual Disability Supplement to The Irish Longitudinal Study on Ageing (IDS-TILDA), has provided me with the opportunity to explore key issues surrounding ageing of people with an ID, specifically the area of frailty. The impact of IDS-TILDA in highlighting health disparities in this population inspired me to become involved with TCAID and contribute to frailty research in the field of ID. Engaging in research activities as part of IDS-TILDA has been hugely beneficial in developing my skills as an early stage researcher. A key benefit of undertaking a PhD with TCAID is the opportunity to collaborate with a highly skilled multi-disciplinary team of experts and work closely with people with an ID in identifying issues that are important to them in their lives and impact their health and well-being as they grow older.

## TELL ME A BIT ABOUT YOUR CHOSEN RESEARCH AREA?

**My PhD Title is Social frailty and its relationship with physical frailty and adverse outcomes among older adults with an intellectual disability.**

Frailty is considered a relevant health measure in ageing populations and has become a widely used concept to describe a complex state of increased vulnerability due to adverse age-related health outcomes. People with an ID are at an increased risk of becoming frail and at a younger age in comparison to those in the general population. There is however a lack of consensus on the specific nature of frailty which has led to a plethora of different conceptualisations being developed. My research area is social frailty which recognises that social circumstances may contribute to health outcomes

and affect access to appropriate interventions and supports. Social frailty has been described as a continuum of being at risk of losing, or having lost general or social resources, social behaviours and activities, and self-management abilities that are important for fulfilling one or more basic social needs during the life span. The utility of a social frailty measure is that it may assist in identifying poorer health status among older adults with an ID not captured by the presence of physical health issues alone. Current research evidence shows that social frailty among older adults in the general population becomes more prevalent with increasing age and is associated with functional decline, overall frailty and mortality. However, ageing populations are highly heterogeneous and the generalisability of these findings to older adults with an ID cannot be assumed, especially given this group's unique exposure to several health disparities.

## **WHY HAVE YOU AN INTEREST IN THIS AREA?**

As a Registered Nurse in Intellectual Disability, I am passionate about highlighting health inequalities in the ID population. IDS-TILDA findings have revealed that many older adults with an ID do not feel they are a part of their community or involved enough in making life decisions. In comparison to those in the general population, this group are more likely to experience unmet social needs and difficulties participating in social activities. Unemployment and low levels of education attainment have greater prevalence in this population. Older adults with an ID have been found to have fewer social connections and are prone to experiencing loneliness. They are also more likely to lead a sedentary lifestyle and less likely to use or have access to a mobile phone. Furthermore, this group are predisposed to physical, cognitive and mental health issues which may affect their ability to engage in social activities. The social conceptualisation of frailty being adopted by my study may provide a novel approach to understanding the accumulative effect of social-related issues, ordinarily studied separately, on health outcomes among older adults with an ID.

## **WHAT IMPACT WOULD YOU LIKE YOUR RESEARCH TO HAVE?**

Research focusing on social aspects of health is perhaps timely given current events surrounding the COVID-19 pandemic. From a social frailty perspective, the limited ability to engage in and access social, leisure and work activities resulting from restrictive public health measures may potentially contribute to health outcomes and affect access to appropriate interventions and supports. Moreover, it has been asserted that the adverse social health impact of these measures may be even more pronounced among people with an ID due to having communication difficulties, smaller social networks, fewer social supports, and no support of partners or children of their own. The ability to identify socially frail individuals at a heightened risk of adverse health outcomes may have significant implications for health and social policy.

## **WHAT DO YOU PLAN TO DO AFTER YOU HAVE COMPLETED YOUR PhD?**

There is a relative paucity of literature on frailty among older adults with an ID and my study is the first to explore frailty in this population using a social conceptualisation. As a member of TCAID, I plan on conducting further research in relation to social frailty among older adults with an ID with the intention of producing actionable information useful to service providers and policymakers aiming to support this group to age successfully in the community. I look forward to disseminating my findings through conference presentations and publications.

## **WHAT DO YOU LIKE TO DO WITH YOUR TIME THAT'S NOT WORK/RESEARCH RELATED?**

I am a big proponent of maintaining a healthy work-life balance, especially given the challenging times we currently find ourselves in. I like to keep active with hiking and running. I also enjoy reading and recently took up photography as a hobby.