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Body weight and smoking influence independence years later

When they were between the ages of 48.6 and 51.1 years, 2,293 men in Sweden were evaluated for cardiovascular risk factors, body weight and lifestyle choices as part of the Uppsala Longitudinal Study of Adult Men. At ages 84.8-88.9 years, 472 men were evaluated again. Those who performed their own personal care, could walk outdoors without help and did not experience dementia were classified as "independent."

Of the original group, 38% survived to age 85, and 74% were independent. Normal body weight in midlife and not smoking were associated with being independent. Cardiovascular risk factors were associated with mortality. High levels of leisure-time physical activity did not predict independence, but did predict longevity. Independence was also associated with low levels of work-related physical activity more than it was associated with survival to the older age.

SOURCE: Journal of the American Geriatrics Society, 63(5):877-885 (May 2015)

Barriers to exercise may differ for oldest ages

A questionnaire was completed by 144 people ages 65-95 years who reported on their motivations to exercise, barriers to exercise, health and feelings of well-being. The greatest influence on both motivators and barriers to exercise was age. The recommendation, presented as a poster during the conference of the British Psychology Society, was to develop different exercise interventions and health messages for people ages 65-79 and for those 80 years and older. Additional influences on exercise were health constraints, a negative mind-set, social constraints and age appropriateness.

SOURCE: British Psychology Society (May 7, 2015)

Wii games benefit function and quality of life

A literature review uncovered 22 studies that looked at the effects of Nintendo Wii™ exergames being played by older adults. Analysis showed that playing the games had positive effects, including improving physical function, decreasing depression, and increasing cognition and quality of life. Some older adults reported improvements in socializing and willingness to exercise.

SOURCE: Journal of Aging and Health, 27(3):379-402 (April 2015)

Independent residents avoid moving to higher levels of care

Interviews were conducted with 367 people who lived in residences for older adults that feature multiple levels of living, such as independent, assisted and skilled nursing. The policy in some organizations is to monitor residents' health and relocate them to higher levels of care if their health declines. Information in the surveys showed that residents who were more independent living in communities that required relocation tended to have negative beliefs about residences offering more care. They hid health and cognitive conditions because they feared being relocated, chose to isolate themselves, and reported being uncomfortable mixing with others in higher levels of care.

SOURCE: The Gerontologist, online (May 4, 2015) doi:10.1093/geront/gnv055

Employment and lifelong learning lead to health at older ages

Interviews were conducted among older adults for the Nihon University Japanese Longitudinal Study of Aging. Researchers wondered if social participation is related to mortality. People who were members of a group did have "advantages" that reduced the risk of mortality, especially individuals who participated in self-development activities, such as being employed or engaging in lifelong learning. The authors suggested that "continued social participation at advanced ages produces positive health consequences, highlighting the importance of active aging in achieving successful aging in the Japanese context."

SOURCE: Research on Aging, 37(5):481-499 (July 2015)

What works in evidence-based programs

Evidence-based programs are based in research that has tested the effectiveness of an intervention or model (National Council on Aging). A focus on evidence-based programs emerged in the early 2000s, according to a brief history supplied by authors in a special section examining the lessons learned from developing and disseminating such programs for older adults.

EXAMPLES: The programs referenced in the articles include the Stanford Chronic Disease Self-Management programs; a Matter of Balance; stepping On; Otago Exercise Program; enhance fitness; fit and strong!; texercise; and Program for Encouraging Active and Rewarding Lives (PEARLS).

LESSONS: The developers of these programs advised that it is important to construct them while keeping in mind the potential users of the program, to clarify the responsibilities of partners and build an infrastructure that can grow as more people use the program, and to recognize the need to maintain funding. They also identified the challenge of maintaining a program's key elements while making reasonable adaptations to suit different populations and settings.

COMMENT: "Dramatic progress has been made over the past three decades," wrote Marcia Ory, PHD, from the Texas A&M Health Science Center and Matthew Lee Smith, PhD, at the University of Georgia, in an editorial. "Yet, more attention is needed to monitor and understand the dynamic interplay between specific intervention components (e.g., type, duration and intensity) and various health, health care, and cost-related outcomes across different settings and populations."

SOURCE: Frontiers Public Health—Public Health Education and Promotion, Evidence-Based Programming for Older Adults Research Topic (April 27, 2015)

Stats watch: two new reports profile midlife and older adults

The current editions of two compendiums of statistics, "Profile of Older Americans 2014" and "Health, United States, 2014" (with a special section on people ages 55-64 years), have been released. Both publications collect data from a number of federal surveys and bureaus. One group of numbers details the chronic conditions prevalent at older ages, many of which are related to lifestyle.

HEALTH IN MIDLIFE: There were 39 million people ages 55-64 in the United States in 2013. Within this age group, over half (51.4%) had hypertension, 50.1% reported high cholesterol, 40.6% were obese and 18.9% had diabetes (2009-2012).

PROFILE OF 65+: The US population 65 years and older was 44.7 million in 2013 (a 24.7% increase from 35.9 million in 2003). Among older adults who did not live in an institution, 43% assessed their health as excellent or very good (compared to 55% for persons ages 45-64 years) in 2011-2013.

Most older persons have at least one chronic condition and many have multiple conditions. In 2011-2013, the most frequently occurring conditions among older persons were: diagnosed arthritis (49%), all types of heart disease (31%), any cancer (25%), diagnosed diabetes (21% in 2009-2012), and hypertension (high blood pressure or taking antihypertensive medication) (71% in 2009-2012).

SOURCES: Centers for Disease Control and Prevention, Health, United States 2014: With a Special Feature on Adults Aged 55-64 (May 2015) and Administration on Aging, A Profile of Older Americans: 2014 (May 2015)

--reported by Patricia Ryan