



HEALTHY AGING

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Objectives and Topics Covered

- ▶ What Is Healthy Aging?
- ▶ Evidence for Preventing Some Target Conditions
- ▶ AGS Framework for Healthy Aging
- ▶ Assessing Readiness for Change and Matching Counseling Appropriately
- ▶ Models That Promote Healthy Aging

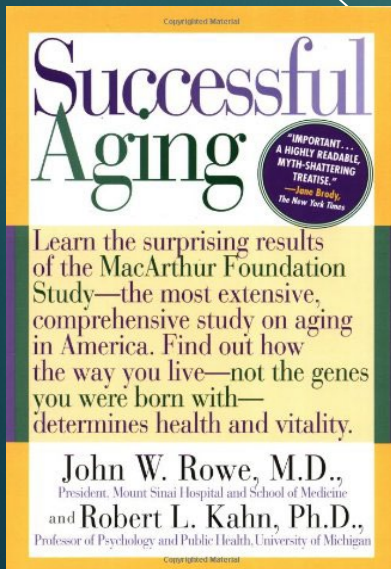
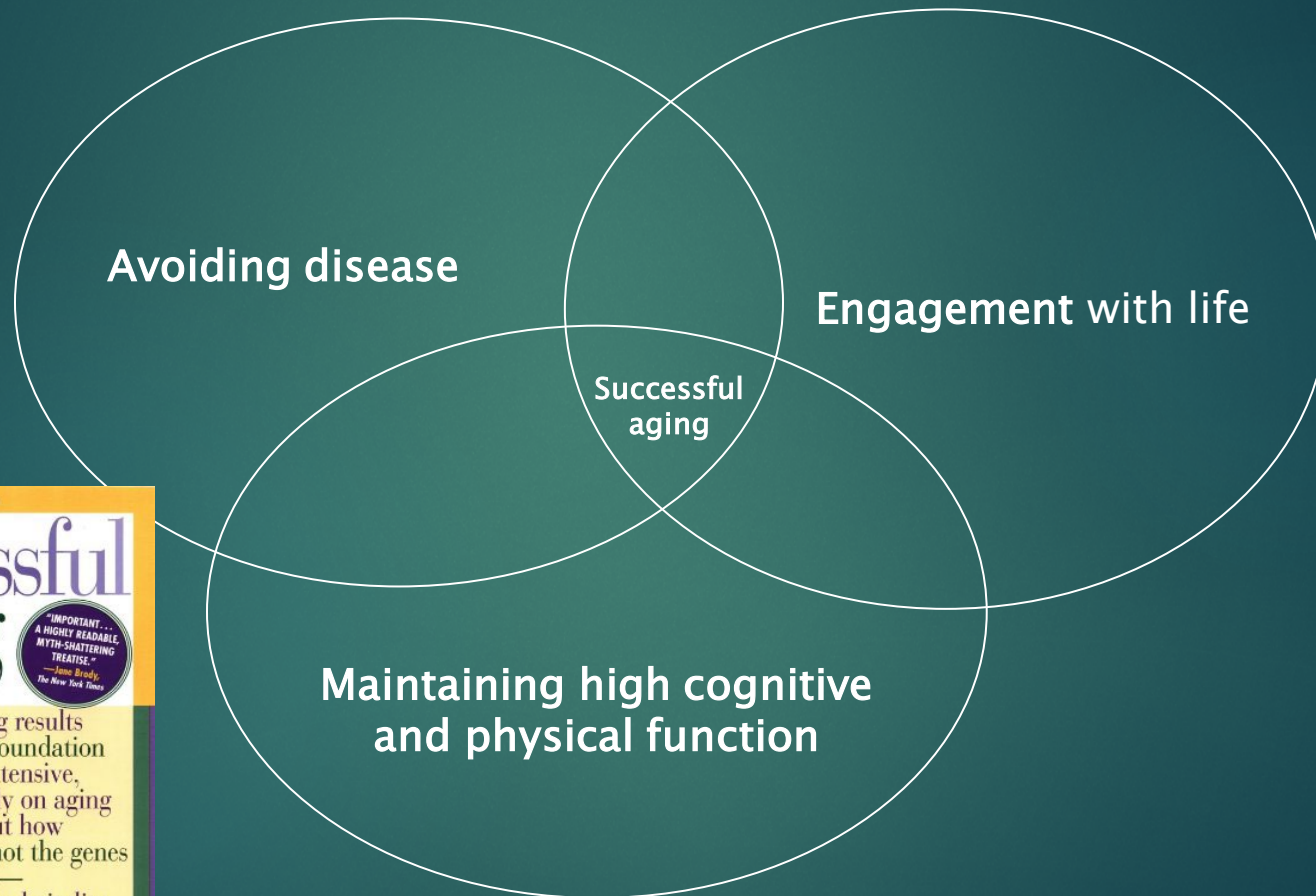


WHAT IS HEALTHY AGING?

THE WORLD HEALTH ORGANIZATION

- ▶ The WHO defines health in a multidimensional way, as “complete physical, mental and social well-being, not merely...the absence of disease or infirmity”
- ▶ Its vision includes ideas such as meaning and purpose, connectedness, dignity, adaptation, and resilience
- ▶ **This broad definition focuses attention on multiple realms that can be used to maximize quality of life at every stage of aging**

WHAT IS HEALTHY AGING? THE ROWE AND KAHN MODEL



WHAT IS HEALTHY AGING?

THE PERSPECTIVES OF OLDER ADULTS

- ▶ Perspectives on healthy aging vary by culture, country, and life experience (SOE=A)
- ▶ **The best way to ascertain how an individual envisions healthy aging is to ask them**
 - Framing this discussion from the perspective of what gives life meaning and value aids in providing patient-centered care and optimal care planning
- ▶ Older adults' views of successful aging often change over time

WHAT IS HEALTHY AGING?

CONTRIBUTORS TO HEALTH

- ▶ Contributors to premature death:
 - Environmental exposures — 5%
 - Health care — 10%
 - Social circumstances — 15%
 - Genetics — 30%
 - Behavioral patterns — 40%

- ▶ Adopting positive lifestyle behaviors increases longevity, decreases chronic disease, and improves quality of life in old age (SOE=A)

WHAT IS HEALTHY AGING?

RESILIENCE

- ▶ The term “healthy aging” often conjures an ideal state of freedom from illness or medical conditions
- ▶ In reality, **healthy aging requires adaptation to stress, change, and adversity**
- ▶ Resilience, the term used to describe this capacity, can be conceptualized across physical, psychological, and social domains
- ▶ High resilience may have particularly strong associations with adaptive coping styles, optimism and hopefulness, positive emotions, social support and community involvement, independence in activities of daily living, and being physically active (SOE=B)

PREVENTION OF SOME TARGET CONDITIONS: COGNITIVE DECLINE

- ▶ Dementia is a process that can be asymptomatic for ~20 years; treatment is likely to be ineffective and **prevention is an important approach (SOE=A)**
- ▶ The risk of dementia appears to be a result of the interplay between genes, age, and lifestyle
- ▶ Chronic diseases and lifestyle factors have been identified as risk factors for dementia, including diabetes, midlife hypertension and obesity, depression, physical and cognitive inactivity, and smoking (SOE=A)
- ▶ Lifestyle interventions (eg, nutrition, exercise, cognitive training, maintaining social connectedness, and managing vascular risk factors) can delay the onset of cognitive decline (SOE=B)

PREVENTION OF SOME TARGET CONDITIONS: FUNCTIONAL DECLINE

- ▶ **Some risk factors** for functional decline: cardiovascular disease, diabetes, COPD, arthritis, overweight, smoking
- ▶ **Some protective factors** are high levels of physical activity, emotionally supportive social networks
- ▶ Regular physical activity is the most effective strategy known to prevent loss of function in aging (SOE=A)
 - To improve adoption and adherence, offer behaviorally based exercise interventions, behavior change strategies, supervision by an experienced fitness instructor, and exercise that is pleasant and enjoyable

PREVENTION OF SOME TARGET CONDITIONS:

LONELINESS (1 of 2)

- ▶ **“Lonely” and “socially isolated” are distinct concepts:** individuals can be one without the other or be both
- ▶ **Loneliness** is a subjective negative feeling associated with a perceived lack of a wider social network (social loneliness) or the absence of a specific desired companion (emotional loneliness)
- ▶ **Social isolation** is an objective state marked by few or infrequent social contacts
- ▶ Loneliness has been associated with impaired daytime functioning, reduced physical activity, lower subjective well-being, and poorer physical health (SOE=B)

PREVENTION OF SOME TARGET CONDITIONS: LONELINESS (2 of 2)

- ▶ A variety of interventions have been attempted:
 - Improve social skills (eg, through social recreation)
 - Enhance social support (eg, via mentoring, home visits)
 - Increase opportunities for social interaction (eg, telephone outreach, nonverbal communication)
 - Address maladaptive social cognition (eg, psychological reframing or cognitive behavioral therapy)
- ▶ **There is no one-size-fits-all solution** for preventing loneliness and social isolation, but promoting resilience and high-quality social relationships throughout the lifespan appears to be vital

AGS FRAMEWORK FOR HEALTHY AGING



- ▶ In a 2019 white paper on healthy aging, the AGS outlined a holistic approach to interventions to promote healthy aging that **accommodates the diversity of health trajectories as we age**
- ▶ It organizes interventions around the National Prevention, Health Promotion and Public Health Council strategy on Healthy Aging in Action
- ▶ Five domains are mapped to the 3 levels of prevention (examples follow)

AGS FRAMEWORK FOR HEALTHY AGING

Domain	Primary Prevention	Secondary Prevention	Tertiary Prevention
Promoting health, preventing injury, and managing chronic conditions	<ul style="list-style-type: none"> • Maintain healthful balanced nutrition • Avoid tobacco • Avoid recreational drugs or excess alcohol • Maintain sleep hygiene • Maintain ideal body weight • Manage stress 	<ul style="list-style-type: none"> • Hypertension management • Hyperlipidemia management • Diabetes treatment • Ischemic heart disease treatment 	<ul style="list-style-type: none"> • Rehabilitation services • Use of adaptive equipment • Palliative care
Optimizing cognitive health	<ul style="list-style-type: none"> • Engage in lifelong learning • Engage in lifelong intellectual 	<ul style="list-style-type: none"> • Early detection of sensory impairment 	<ul style="list-style-type: none"> • Community modification • Environmental modification

AGS FRAMEWORK FOR HEALTHY AGING

Domain	Primary Prevention	Secondary Prevention	Tertiary Prevention
Optimizing physical health	<ul style="list-style-type: none"> • Optimize calcium and vitamin D intake • Engage in regular physical activity • Get adequate sleep 	<ul style="list-style-type: none"> • Fall prevention programs • Osteoporosis screening and management • Dental examinations • Osteoarthritis management 	<ul style="list-style-type: none"> • Rehabilitation services • Use of adaptive equipment • Environmental modification
Optimizing mental health	<ul style="list-style-type: none"> • Engage in meaningful work • Participate in enriching social activities • Find life purpose 	<ul style="list-style-type: none"> • Effective management of mental health disorders • Reduction of stigma 	<ul style="list-style-type: none"> • Elder abuse screening • Accessible family and social supports • Senior safety services

AGS FRAMEWORK FOR HEALTHY AGING

Domain	Primary Prevention	Secondary Prevention	Tertiary Prevention
Facilitating social engagement	<ul style="list-style-type: none">• Form meaningful relationships with people who share interests• Engage in civic activities• Meet safety, financial, and housing needs	<ul style="list-style-type: none">• Education and prescriptive planning for social networking	<ul style="list-style-type: none">• Use of adaptive equipment• Accessible and safe environments• Empowered community outreach

- **Primary prevention**—Prevent risk factors and disease onset
- **Secondary prevention**—Prevent progression of disease
- **Tertiary prevention**—Reduce or limit the impairments, disabilities, and complications that can result from disease

SUPPORTING LIFESTYLE CHANGE



Any counseling about behavior change should be based on the patient's goals of care:

- ▶ **Clinical** (eg, "I want to breathe better," "I want to have less pain," "I want to take less medication")
- ▶ **Situational** (eg, "I want to attend my daughter's wedding," "I want to live long enough to have a conversation with my grandson")

Cognitive-behavioral therapy for behavior change

- ▶ Encourages patients to identify “red flags” (nonproductive responses to situations):
 - All-or-nothing thinking
 - Catastrophizing/overstating
 - Discounting the positive
 - Overgeneralizing
 - Having negative views of the future (“This will never work”)
 - Making “should” and “must” statements
- ▶ Patients can use the “ABCD” approach: What **A**ction occurred? What **B**eliefs do you have about what occurred? What are the **C**onsequences of those beliefs? How will you **D**ispute (reframe) those thoughts more productively?

SUPPORTING LIFESTYLE CHANGE



Counsel according to stage of change:

- ▶ **Precontemplative:** Motivational interviewing. Assess patient's level of confidence in making the change and the level of importance that they ascribe to it. Discuss the general benefit. If patient is still not ready to make changes, say you will continue to provide support.
- ▶ **Contemplative:** Motivational interviewing. Link anticipated results of behavior change to patient's specific goals.
- ▶ **Later stages:** Cognitive-behavioral therapy.

MODELS OF HEALTHY AGING: BLUE ZONES

- ▶ Areas around the world with low levels of chronic disease, high levels of cognitive and physical function, and long life expectancy
- ▶ The 5 original Blue Zones were Okinawa, Japan; Sardinia, Italy; Ikaria, Greece; the Nicoya Peninsula, Costa Rica; and Loma Linda, California
- ▶ Residents of these communities share several behaviors:
 - Minimizing sedentary behavior
 - Eating a diet centered on whole, nonprocessed foods and plant-based nutrition, with limited caloric intake
 - Limiting alcohol intake
 - Maintaining a sense of meaning and purpose
 - Maintaining spirituality and faith communities
 - Focusing on a multigenerational family

MODELS OF HEALTHY AGING: AARP AGE-FRIENDLY COMMUNITIES



- ▶ The AARP (formerly American Association of Retired Persons) has worked with the World Health Organization to design communities through principles that foster active and healthy aging
- ▶ **Areas of focus:** infrastructure (built environment, housing) and programming (community engagement, volunteering, social inclusion, reducing isolation)
- ▶ Some examples: accessible and varied public transportation; diversified housing options; increased proximity of homes to shops and services; and quick-action grants to fund demonstration programs that can be adopted in other communities



Thank You

Questions?