

Healthy aging



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Healthy Aging The rapidly increasing aging population is one of the major concerns of the U. S. health care system. Today, one out of every nine Americans is " old" and another former youth turns 50 every eight seconds (Pirkl, 2009). Health promotion to increase longevity is crucial for the aging population because of the fact that while the person ages, the demand for health care needs also increases due to the greater risks for old-age-related diseases (such as coronary heart disease). Physical activity is a preventive tool to reduce or offset the deleterious consequences of these maladies. A regular exercise has been proven through various studies to decrease morbidity and increase the quality of life enjoyed by the elderly population. In the six-year study carried out by the researchers at the U. S. National Institute of Aging participated by 302 high-functioning, community-dwelling older adults (aged 70-82 years), results showed that free-living activity energy expenditure was strongly associated with low risk of mortality in healthy older adults and may influence survival (Manini et al., 2006). Todd Manini, the head researcher of the team and an Exercise Physiologist, wanted to find out the beneficial value of the " just usual" daily activities to the elderly. Found out that 600 calories is equivalent to approximately 2 hours length of physical activity which could either be derived from a structured gym exercise or simply a variety of routine household activities such as washing the dishes, vacuuming the house, or gardening. Another study related to the significance of exercise for older adults was conducted by Martins, Verissimo, Coelho e Silva, Cumming, and Teixeira (2010). Martins et al., (2010) research's objective was to investigate the training effect of sixteen weeks of moderate intensity, progressive aerobic and strength-based training on metabolic health of older women and men, considering 63

sedentary individuals (with mean age of 76 years old) assigned randomly to control (n= 31) or exercising groups (n= 32). Results showed that exercising group attained after treatment significant differences on body weight, waist circumference, body mass index, diastolic blood pressure, triglycerides, total cholesterol, HDL-cholesterol, LDL-cholesterol, total cholesterol/HDL-cholesterol relationship, high sensitivity C-reactive protein, and 6-minute walk distance. The control group only had significant differences on waist circumference. Hence, the training programs produced significant benefits on metabolic health indicators of sedentary older women and men.

Furthermore, while age is considered as a non-modifiable risk factor for heart disease, according to Kannel (2002), hypertension, dyslipidemia, impaired glucose tolerance, and obesity remain the major modifiable risk factors for most of the coronary disease afflicting the elderly. The American Heart Association or AHA (2011) pointed out that physical inactivity is a major risk factor for developing coronary artery diseases. With regular aerobic physical activity (such as brisk walking, jumping rope, jogging, bicycling, cross-country skiing and dancing), fitness level and capacity for exercise increases. It also plays a role in both primary and secondary prevention of cardiovascular disease for it helps control blood lipid abnormalities, diabetes and obesity. Physical activities improve flexibility, build muscular strength, and increase endurance, making the heart work more efficiently. Exercise should, therefore, be encouraged to the elderly as studies have shown that physical activity brings many health benefits and longevity, indeed.

However, people should not wait reaching the old age to start aerobic exercises because starting to be physically active now while still young promises a healthier, brighter, and worthwhile way of life tomorrow.

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