

An Attitude for Successful Aging

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March 14, 2015

Several theories suggest that aging is entirely a function of biology; a pre-programmed process that indicates a limited expectation that over time, the human body wears out and becomes unable to function in a productive and independent manner (Hooyman & Kiyak, 2011). Since Ponce de Leon searched for the fountain of youth, humans have been looking for the secret to longevity. Not only do people wish to live longer lives, they wish for those longer lives to be as productive and active as possible (USC School of Gerontology). Over time, through research, trial, and error, the life expectancy of the human has increased from 50 years of age in 1900 (National Institute on Aging, 2011) to 79 years by 2020 (NIA, 2012). Living well and living longer is possible, excluding accidental deaths or those caused by non-preventable disease, but involves personal initiative, commitment, and an attitude of attainment.

In a 2009 study that sampled the notion of successful aging as described by a sample of older Americans, McLaughlin et al. discusses that Rowe and Kahn (1987) defined successful aging as avoiding the physiologic declines associated with growing older, and later (1997) expanded on this with the explanation that successful aging involved the avoidance of disease and disability, maintaining physical activity and cognitive function, and continued and frequent participation in social and occupational activities.

Gerontologists cannot agree on the definition of successful aging (McLaughlin et. al, 2009), and it may be that older Americans themselves define successful aging as an objective assessment of an individual's biopsychosocial factors as compared to their peers (i.e., "I'm in better shape than you"), or on their individual assessment as to how they are feeling (Ferri, James & Pruchno, 2009), rather than their actual physical status. It appears that successful aging may be as much a state of mind as a presence of health; in other words, "you're as young as you feel".

According to the CDC in 2014, 75% of all healthcare expenses were devoted to the care of patients with chronic, multiple illnesses and conditions. This prevalence of chronic disease in the United States' population increases in the elderly population, but interestingly reaches only 45% in centenarians. This suggests the role of chronic disease as a cause of mortality and also suggests that prevention of chronic disease may be the key to longevity. Major causes of death among older adults include cancer, chronic lung disease, diabetes, heart disease, and stroke (McLaughlin, Connell, Heering, Li & Roberts, 2009), occurring more commonly in men than women. These are also included in CMS' list of chronic conditions that have been identified as requiring comprehensive care, which also includes acute myocardial infarction, atrial fibrillation, benign prostatic hypertrophy, chronic kidney disease, chronic obstructive pulmonary disease, hypertension, and transient ischemic attack (DHHS, 2014).

Disability is defined as difficulty performing ADLs such as walking, dressing, bathing eating, getting into and out of bed, and toileting (McLaughlin et al., 2009). Cognitive functioning describes the ability to perform basic mathematic equations, provide word recall, having knowledge of current events, and having the psychological orientation to person, place, and time; in other words, what a person can do (Rowe & Kahn, 1997). Predictors of positive cognitive function include higher education, a higher socio-economic status, and ethnicity (Rowe & Kahn, 1997). According to Margery Silver, Ed.D., a neuropsychologist at Harvard University, cognitive capacity, more than physical disability, determines whether people attain old age while remaining active (Volz, 2000).

Psychological health, including the ability to adjust to changing circumstances and to focus on positives rather than negatives, along with a person's character and personality, is perceived as influencing an individual's ability to maintain well-being (Phelan et. al, 2004).

Resiliency in the face of stressful situations may be an indicator of successful aging, particularly as it may relate to a low variable in blood pressure as a symptom of stress (Rowe & Kahn, 1997).

The common motivational concept, “attitude is everything” also pertains to successful aging.

According to the President’s Council on Physical Fitness, only 25% of the entire United States’ population is regularly physically active (USC School of Gerontology), and that inactivity increases with age. Although chronic diseases such as COPD, arthritis, and obesity may be a contributing factor for inactivity, lack of interest, time, and energy are also factors. Unfortunately, the solution for certain chronic diseases—increased activity—is often difficult due to the symptoms of the disease itself, even as it has been shown, according to Kahn, to provide additional benefits such as increased memory (Volz, 2000). Additionally, physical activity helps reduce the risk of falling and improves overall strength and stamina, necessary for performing ADLs (CDC, n.d.). It takes a great deal of commitment to engage in regular and sustained activity to support a healthy lifestyle, a commitment that is certainly representative of the individual’s personality and desire for successful aging and positive health status.

Almost 25% of Americans over the age of 65 are malnourished (USC School of Gerontology). This may be a result of economic status and the inability to afford healthier food choices, education, and a lack of understanding of a healthy diet, or disinterest in preparing healthy foods, and instead choosing faster and less healthy options such as canned, frozen, or instant meals, particularly in those elder male Americans who live alone. Besides contributing to malnutrition, poor eating habits can contribute to difficulties in managing chronic disease such as diabetes, congestive heart failure, obesity, and dental problems, all of which can contribute to poor overall health, and subsequently, poor outlooks and lack of motivation for positive change.

The low probability of disease is related both to the lack of risk of chronic disease through a healthy lifestyle, and the absence of hereditary pre-disposition. Although there's little that can be done about the latter, the former has led healthcare providers to design entire care plans surrounding chronic care management to secure positive patient outcomes and increased pay-for-performance motivations, and to help improve the quality of life for millions of Americans.

As mentioned before, older adults' perception of aging is more meaningful to them than their actual physical status. Diagnostic results aside, if an older person is feeling fine, that individual would feel no need to make changes based on an abstract notion such as elevated lab profiles that seem to have no bearing on daily activities. This is a challenge for physicians, as they attempt to impose lifestyle changes on reluctant individuals. As chronic care programs evolve, the beliefs and perceptions of elder patients must be considered so that they understand the implications of health status outside the concept of simply feeling well (Phelan, Anderson, LaCroix & Larson, 2004).

The role of successful chronic care management for elder Americans involves the treatment of the whole person, with an understanding of both disease management and the provision of a personalized care plan that addresses the need for active engagement, social interaction, and psychological support (Baron, Bernard & Stokesberry, 2011). Whole person wellness recognizes that all adults are complex beings with needs and goals in many areas, including intellectual, social, emotional, physical, vocational, and spiritual (CSU, Fullerton, 2008). Equally important is the encouragement of maintenance of interpersonal relationships and productive activities (Rowe & Kahn, 1997). As healthcare organizations move towards better outcomes for all Americans, the focus on whole-person care as a strategy to encourage wellness

will continue to evolve. Hopefully, by addressing not only physical challenges, but considering psychological, social, and cultural attitudes and beliefs, physicians can partner with patients to make positive changes to ensure their wellbeing and facilitate more successful aging.

There's an incredibly lucrative anti-aging market in the United States, valued at 261.9 billion dollars in 2013 (O'Brien, 2014). Cosmetic companies and plastic surgeons are capitalizing on American's desire to retain their youth. While these cosmetic products won't necessarily prolong lives, there's something to be said about looking good and feeling good as a motivator for positive change. Unfortunately, many of these products and treatments are unproven, unregulated, and possibly unsafe.

The National Institute on Aging has investigated several products and benefits of certain approaches suggested to delay aging in Americans. The use of antioxidants to protect the body against aging due to oxygen is controversial, although the benefits of fruits and vegetables containing antioxidants are supported. Calorie restriction in studies increases the life expectancy in animals by as much as 50% (Hooyman and Kiyak, 2011); although it may be that any weight reduction and prevention or treatment of chronic disease as a result of calorie restriction may also be related. The use of hormone replacement to supplement the naturally-occurring suppression in the elderly is another anti-aging approach, however no research has shown that hormone therapy can add years to life or prevent frailty associated with aging (NIA, 2012). Advertisements tout the advantages of synthetic testosterone and other male enhancement products, but these are not yet approved by the FDA and research is ongoing. Estrogen-replacement therapy (ERT) has been shown to lessen or prevent symptoms related to menopause in women, however studies show that there are risks for women taking estrogen alone, without associated progesterone (NIA, 2012), although there are clear advantages with the prevention of

heart disease and osteoporosis. Still ERT is not associated with longevity; only better living through symptom management.

Only 12% of older Americans experience successful aging in any given year (McLaughlin, et al., 2009), suggesting there is significant room for improvement, for any individual committed to a more positive aging experience. Unfortunately, when it comes to the notion of taking care of oneself, not everyone recognizes what that means. Ideally, prevention of diseases and lifestyles that contribute to poor health and less successful aging should begin as a function of a healthy lifestyle beginning at birth. Of course, lifestyle changes later in life can still provide a positive outcome, and a lifetime of poor habits can still be reversed. Ingrained belief systems that place limitations on an individual's capacity to trust their own abilities will need to be challenged so that adults can recognize that even in old age they have the aptitude to learn new skills, retain memory, and develop strategies to process new information (Volz, 2000). The stereotype of the inactive, infirm, befuddled, and wizened older American must be replaced with that of an active, healthy, focused, and vibrant one before we can become a population of vital elders.

Successful aging can be achieved through a variety of health promotion efforts including physical exercise, a healthy diet, positive attitudes, and continued intellectual and vocational stimulation. Religious and social activities and interaction also play an important part in the whole-person approach to aging ease. But the implementation of a healthy lifestyle plan, the continuation of activities, socialization, and vocational pursuits rely on the belief of the individual that life can continue to be a positive and productive experience for as long as possible. Individuals who see themselves as successful and vibrant will remain so; once doubt and resignation set in, the individual can expect to decline. Physicians can assist aging

Americans by employing whole-person care through chronic disease management, but individual initiative plays the most significant part in successful aging.

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