

A Fresh Perspective on Aging: The Active Older Adult

About 100 years ago, in his poem *Desiderata*, Max Ehrmann described the process of aging as “gracefully surrendering the things of youth.” But our perspective on aging is been anything but graceful, as society has adopted a negative view of old age as a time when people inevitably lose their bodies and minds. Sure, we all have known older adults who lived active and energetic lives, but they are often thought to be the exception to the rule. After all, there are difficult realities associated with aging that can’t be overlooked. According to the National Council on Aging and the Centers for Medicare and Medicaid Services, over 80% older adults have at least one chronic health condition and Medicare accounted for 34% of the nation’s total health care expenditures in 2019. These expenditures totaled \$400 billion and averaged \$6,833 for every older adult (1,2)!



But the good news is that times are changing! The newest cohort of older adults, the Baby Boomers, see themselves very differently than those that came before them. In many ways, the Baby Boomers are redefining what it

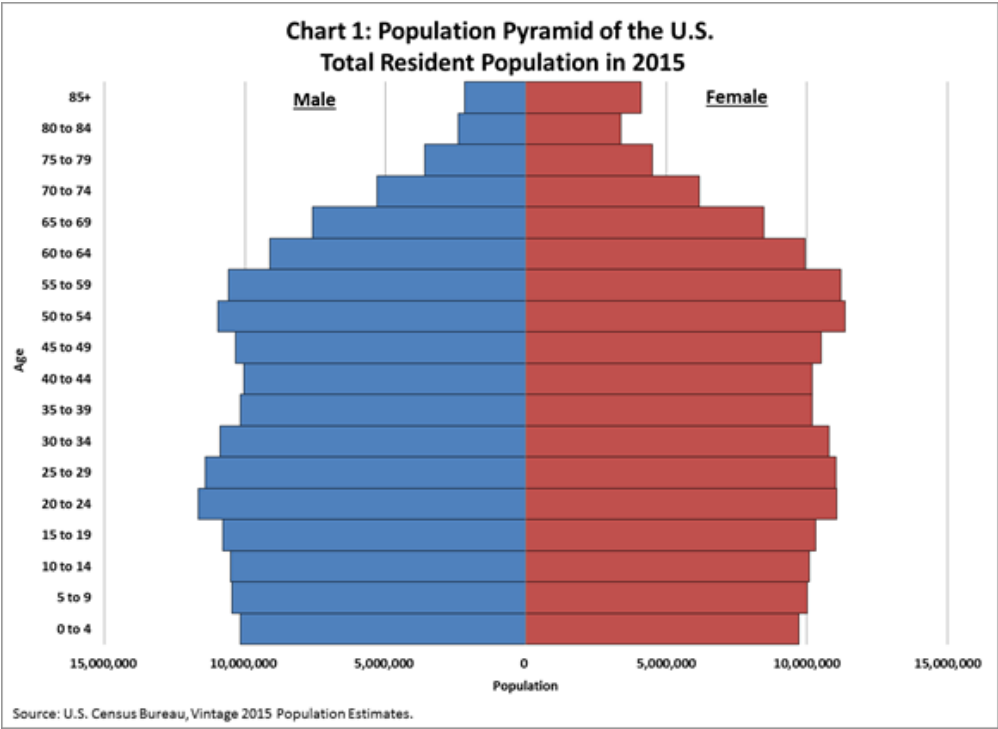
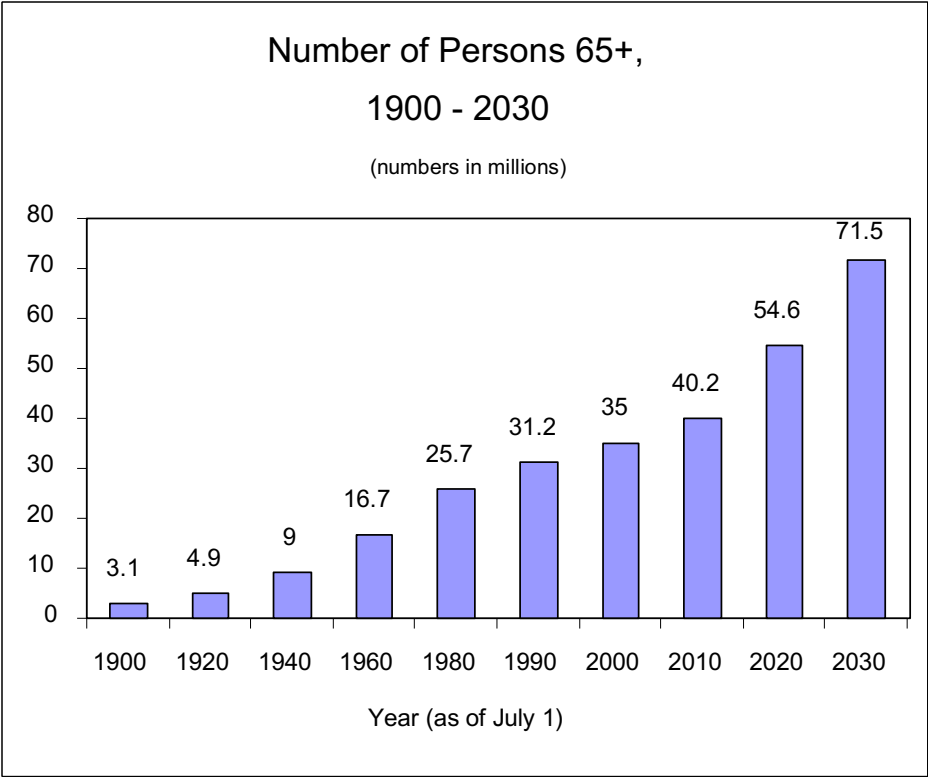
means to get older. To illustrate the changing mindset of older adults, consider this: In 2006, the American Association for Retired Persons (AARP) published results of a study of 2,500 people aged 65 and older and reported that only 39% of them rated their health as good or excellent. In 2014, the AARP repeated the study on a new group of almost 2,000 older adults and reported that percentage increased to a whopping 66% (3). Additional recent surveys revealed that over 70% of older adults do not consider themselves “old” at all (4,5). In fact, most people over the age of 65 now define being old not as a chronological age, but instead as the time when they can no longer live independently or fully take care of themselves. And, since approximately 80% of people over the age of 65 live independently, it is clear that this new breed of older adults see themselves differently than older adults of the past. And, since many of them are our current and future clients, we need to see them differently too!



So what does this all mean for fitness professionals working with the active older adult? Who are these people? What should guide the choice of fitness/functional assessments to determine current level of function? How rigorous of a training program should be delivered and what components should be included? How much should we worry about diseases and chronic conditions? How do we build rapport with our older clientele? This training course is devoted to answering those questions.

The Demographics of Aging

It does not require an expert in demographics to be aware that our country's population is getting older. According to the US Census Bureau and the Administration on Aging, there are currently over 46 million older adults living in America which accounts for approximately 14.5% of the total population (6). By 2050, there will be almost 90 million persons aged 65+ in the United States which will account for nearly 25% of the population (6). To put this in perspective, there will be 10,000 people celebrating their 65th birthday EVERY DAY until the end of 2029! This is illustrated by the population pyramid for the United States which graphically represents the population as a whole and, in the case of the Baby Boomers in the United States, indicate where there are "age spikes" in the population.



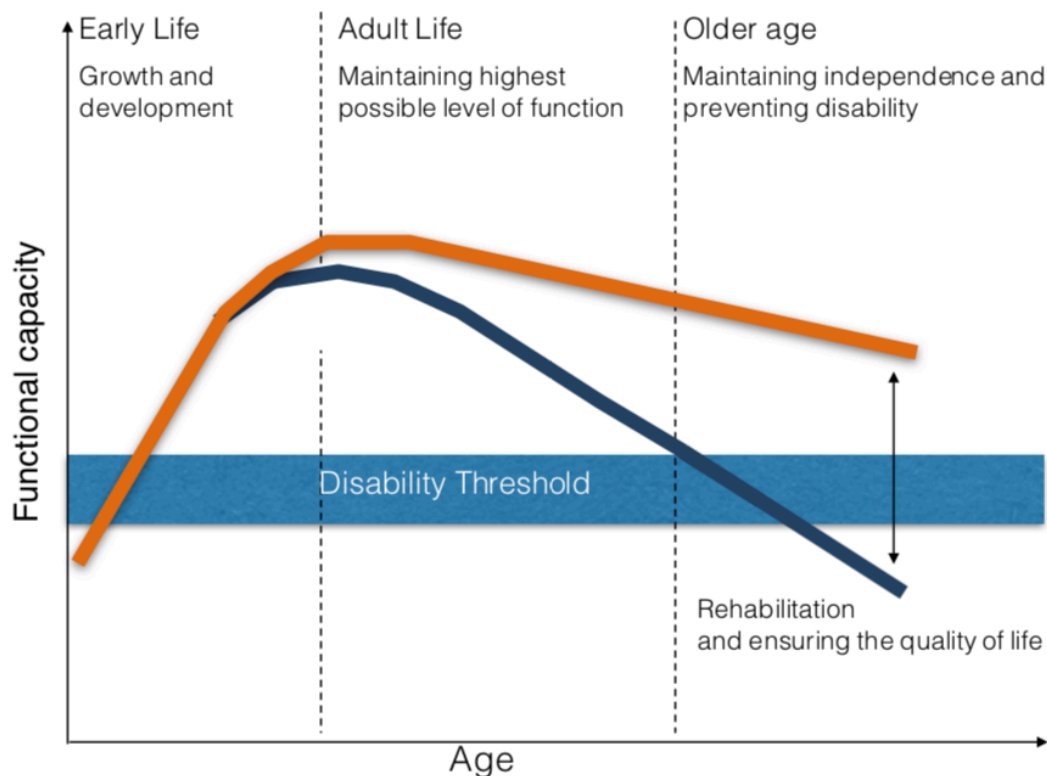
This large increase in the 65+ population will mean that there will soon be a much greater burden on the social and economic costs associated with aging and a reduced proportion of working Americans contributing to the governmental programs that the United States currently has in place (i.e., Social Security and Medicare) to fund these programs.

If there is a silver lining to be found here, it is in the fact that the majority of the chronic conditions leading to disease and disability in older adults are counteracted with a commitment to healthy living. Diseases such as cancer, diabetes, heart disease, stroke, arthritis, and emphysema have all been found to be less common in persons who choose healthy lifestyles (7). This is because these diseases develop over the span of many years before they have progressed to a degree where morbidity is apparent. In fact, even the healthiest people have evidence of early coronary artery disease (CAD) by the time they are 20 years old! The rate at which this damage progresses is what determines if the person shows symptoms of CAD at age 60, age 75, or, ideally, never. This *compression of morbidity* should be the goal of all people as they age.

enjoy Life

Stay Healthy

However, even healthy people who are free of chronic disease and disability lose some degree of physical function as they get older. A way to illustrate this decline is with “aging curves”, a graphic representation of how physical function changes over the lifespan. These curves can be applied to most physiological processes and show how peak capacity declines with age and eventually reaches a threshold that puts the person at risk for disease and disability (8).



The trajectory of decline in an aging curve is not the same for everyone, it is greatly influenced by the lifestyle choices that a person has made over their lifetime, or through the adoption of new behaviors at any point. Aging curves decline more slowly in people who are more physically active and decline more rapidly in those who are sedentary. This has been proven

time and time again by research demonstrating the protective effect of exercise and the ability for older adults to be active agers into the foreseeable future (7,8). Our active aging clients are likely to be in much better shape than the “average” older adult and we need to ensure that our training programs are challenging enough to keep them building, or at least maintaining, their fitness.

The next section will focus on the expected age-related changes in systemic function. Now you know that active agers will see a slower decline in these systems than their sedentary or frail counterparts, but changes still do occur. Later in the course, discussion of common conditions and diseases will be discussed, as well as suggestions on how to manage these when training your active aging clients.

