



Lifestyle modification in Elderly

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Elderly

- According WHO elder people are defined age 60
- In developed countries 65 is considered as an age of elderly

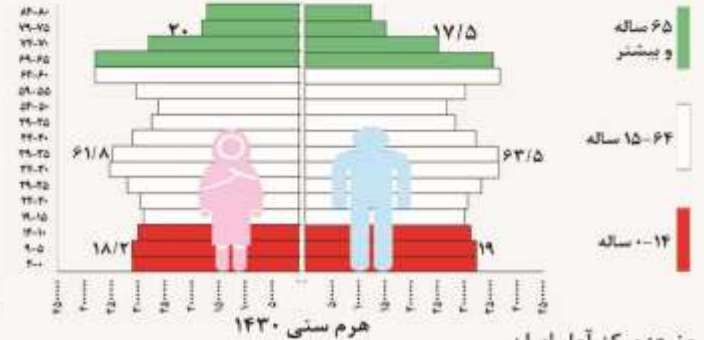
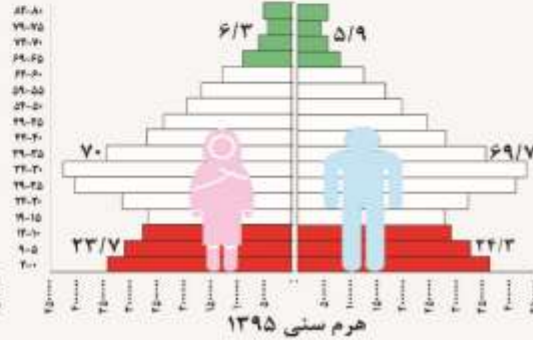
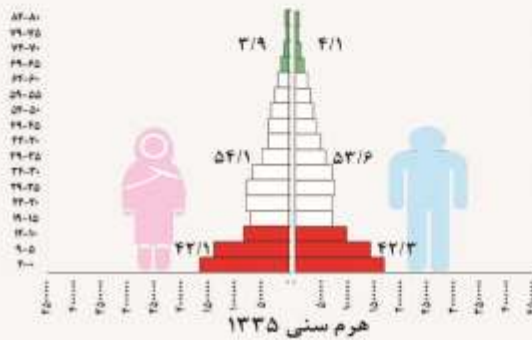
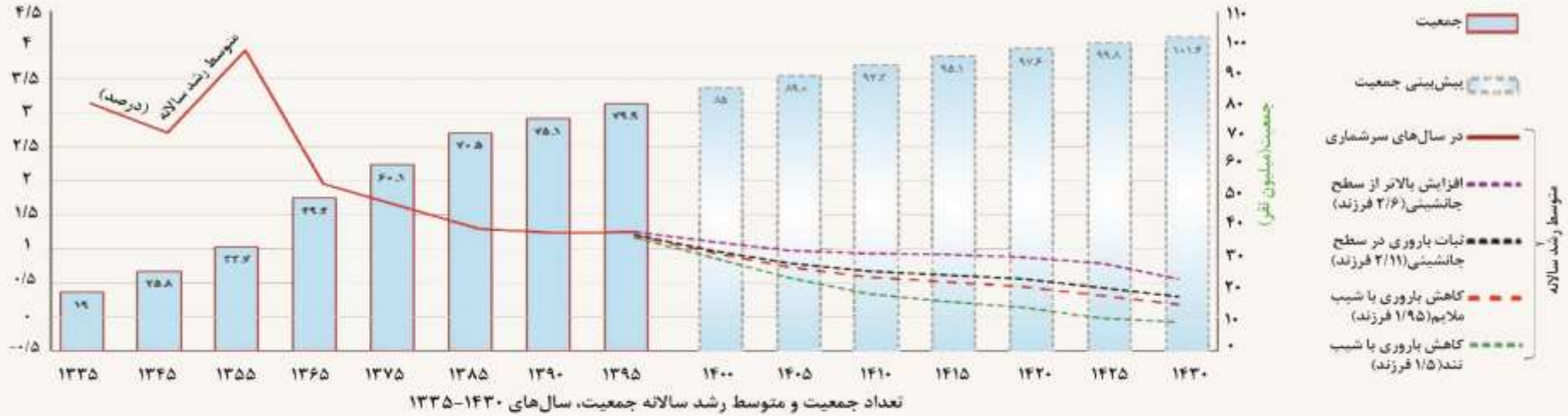




- در حال حاضر ۱۰ درصد جمعیت کشور در رده سالمندی است
- در ۳۰ سال آینده این میزان به بالای ۳۰ درصد خواهد رسید



جمعیت ایران طی یک قرن



منبع: مرکز آمار ایران
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فناوری



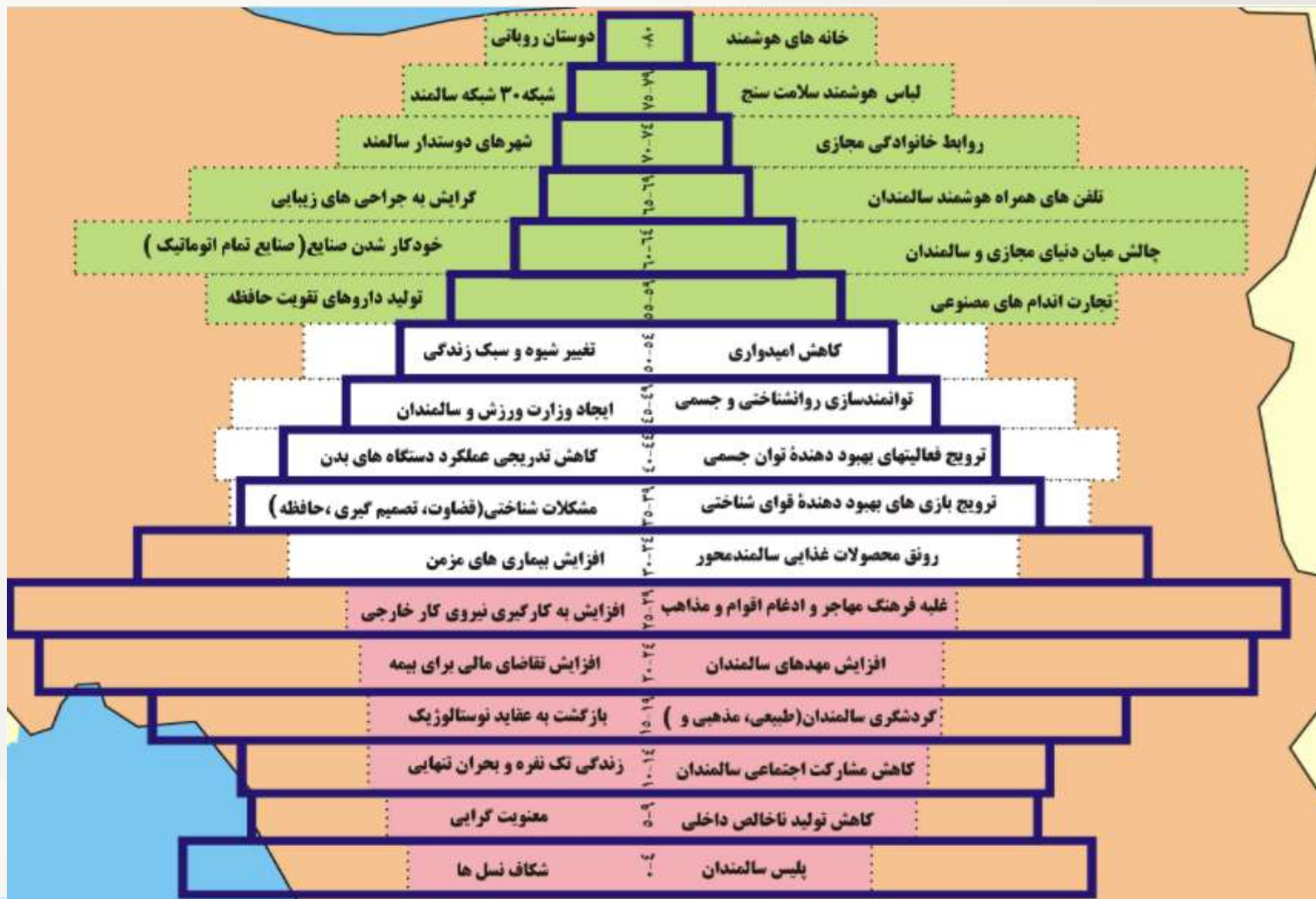
سلامت و بهداشت



اجتماعی و اقتصادی

نادر نمودار ذکر شده در هرم سنی جمعیت همچون کله آریایی با رده های سنی برنوبه ندارد. داده های آماری استوری جمعیت سازمان ملل متحد





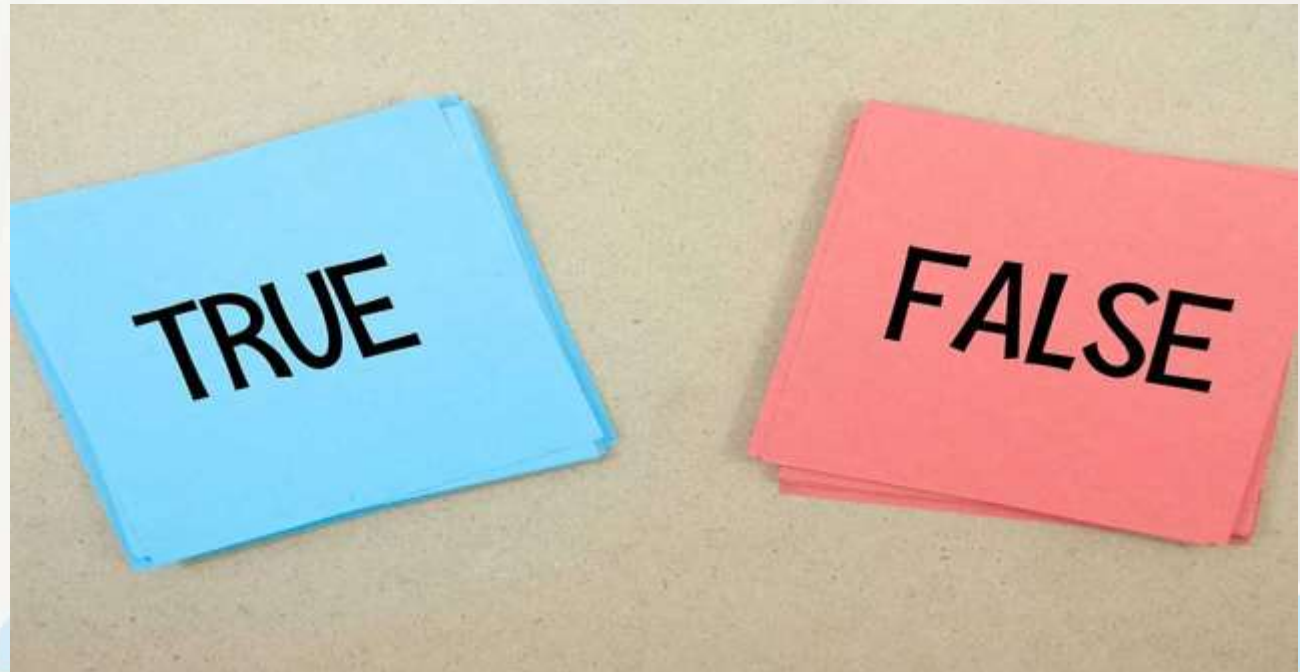
Rural population lifestyle

- Rural populations also have higher rates of risky healthy behaviors, including:
 - smoking,
 - alcohol consumption
 - sedentary lifestyle



Question?

- Behavioral and lifestyle interventions are believed to have only minimal impact on older adults:





■ POPULAR MYTHS OF AGING

MYTH	REALITY
To be old is to be sick	Although chronic illnesses and disabilities do increase with age, the majority of older people are able to perform functions necessary for daily living and to manage independently until very advanced ages. The effects of population aging are mediated, in part, by declining disability rates.
You can't teach an old dog new tricks	People are capable of learning new things over the entire life course—including into old age. This relates to cognitive vitality as well as the adoption of new behaviors.
The horse is out of the barn	The benefits of adopting recommended lifestyle behaviors continue into the later years. It is never too late to gain benefit from highly recommended behaviors, such as increasing physical activity or quitting smoking.
The secret to successful aging is to choose your parents wisely	Genetic factors play a relatively small role in determining longevity and quality of life. Social and behavioral factors play a larger role in one's overall health status and functioning.
The lights may be on, but the voltage is low	The majority of older people with partners and without major health problems are sexually active, although the nature and frequency of their activities may change over time.
Older adults don't pull their own weight	The majority of older adults who do not work for pay are engaged in productive roles within their families (eg, assisting with child care) or the community at large (eg, volunteering or activism).

- Majority of older people are able to perform functions necessary for daily living and to manage independently until very advanced ages.



- People are capable of learning new things over the entire life course



- The benefits of adopting recommended lifestyle behaviors continue into the later years.
- **It is never too late to gain benefit** from highly recommended behaviors, such as increasing physical activity or quitting smoking.

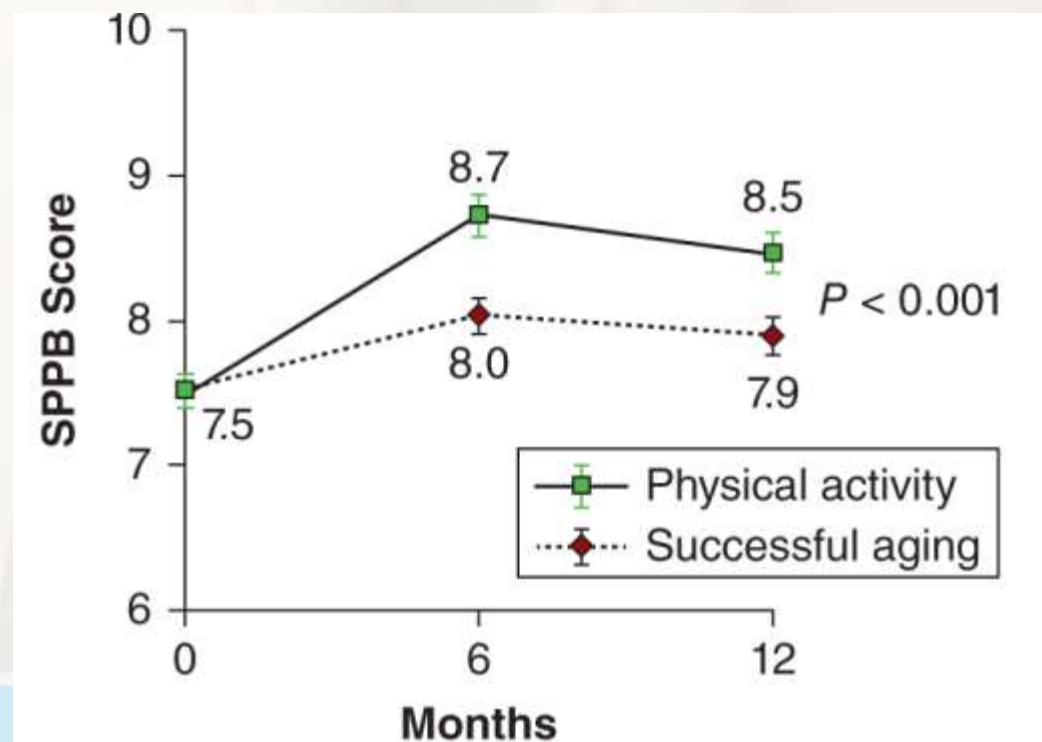


- **Role of life style in diseases**



Results of the lifestyle interventions and independence for elders pilot
(LIFE-P)

- Short Physical Performance Battery Assessment





1.

Balance Tests



Side-by-Side Stand
Feet together side-by-side for 10 sec

< 10 sec (0 pt)

Go to 4-Meter
Gait Speed Test

10 sec (1 pt)



Semi-Tandem Stand
Heel of one foot against side of big toe of the other for 10 sec

< 10 sec (+0 pt)

Go to 4-Meter
Gait Speed Test

10 sec (+1 pt)



Tandem Stand
Feet aligned heel to toe for 10 sec

10 sec (+2 pt)

3-9.99 sec (+1 pt)

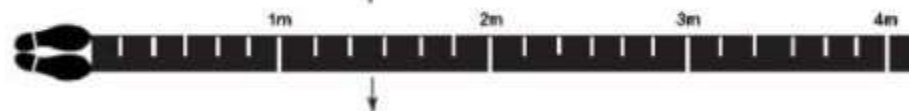
<3 sec (+0 pt)

2.

Gait Speed Test

Measures the time required to walk
4 meters at a normal pace (use best of 2 times)

<4.82 sec	4 pt
4.82-6.20 sec	3 pt
6.21-8.70 sec	2 pt
>8.7 sec	1 pt
Unable	0 pt



3.

Chair Stand Test

Pre-test
Participants fold their arms across their chest
and try to stand up once from a chair

unable

Stop (0 pt)

able

5 repeats
Measures the time required to perform five rises
from a chair to an upright position as fast as
possible without the use of the arms

≤11.19 sec	4 pt
11.20-13.69 sec	3 pt
13.70-16.69 sec	2 pt
>16.7 sec	1 pt
>60 sec or unable	0 pt



JAMA 2014

- Multicomponent physical activity program, anchored with **walking**, **was effective in lowering the incidence of major mobility disability** across a period of 42 months as compared to a health education control group.
- Other studies demonstrate that **training older adults for balance** has noticeable effects on preventing falls.



AGEING and HEALTH

Between 2000 and 2050, the number of people aged 60 and over is expected to double

In 2050, more than 1 in 5 people will be 60 years or older.



By 2050, 80% of older people will be living in low- and middle-income countries.

► EVERY OLDER PERSON IS DIFFERENT



Some have the level of functioning of a 30 year old.



Some require full time assistance for basic everyday tasks.

Health is crucial to how we experience older age.

► WHAT INFLUENCES HEALTH IN OLDER AGE

INDIVIDUAL



ENVIRONMENT THEY LIVE IN



► WHAT IS NEEDED FOR HEALTHY AGEING

A change in the way we think about ageing and older people

Creation of age-friendly environments

Alignment of health systems to the needs of older people

Development of systems for long-term care



Healthy Ageing...being able to do the things we value for as long as possible
#years ahead

 **LIFESTYLE INTERVENTION**

 **LEVEL OF RECOMMENDATION**

LIFESTYLE CHANGES

↓ **SODIUM**
CLASS IA

↓ **ALCOHOL**
CLASS IA

**STOP
SMOKING**
CLASS IB

**AVOID BINGE
DRINKING**
CLASS IIIC

↑ **PHYSICAL
ACTIVITY**
CLASS IA

↓ **WEIGHT**
CLASS IA

HEALTHY DIET
CLASS IA

Life style and Drugs

- Life style affects **body weight** and amount of **fat and water of body** and so distribution of drug.
- Life style also affects **diet** which interacts with drugs



With older adults, take time to **evaluate and to advise** on lifestyle health behaviors

- (a) caloric consumption,
- (b) healthy eating practices,
- (c) smoking behavior,
- (d) level of physical activity, and
- (e) depression/anxiety.



Cataract

- **When the cataract has begun to interfere with lifestyle**, surgery may be performed to remove either the entire lens or the posterior portion.
- Correction for the removal of the lens is provided primarily through intraocular lens implants, but occasionally eyeglasses, or contact lens are used instead



ARHI

- Poor health habits with regard to exercise, smoking, and diet are also considered risk factors for ARHI based on data from population studies.
- **exposure to excessive noise,**
- **ototoxic medications** (primarily aminoglycoside antibiotics and anticancer agents)
- **industrial solvents.**

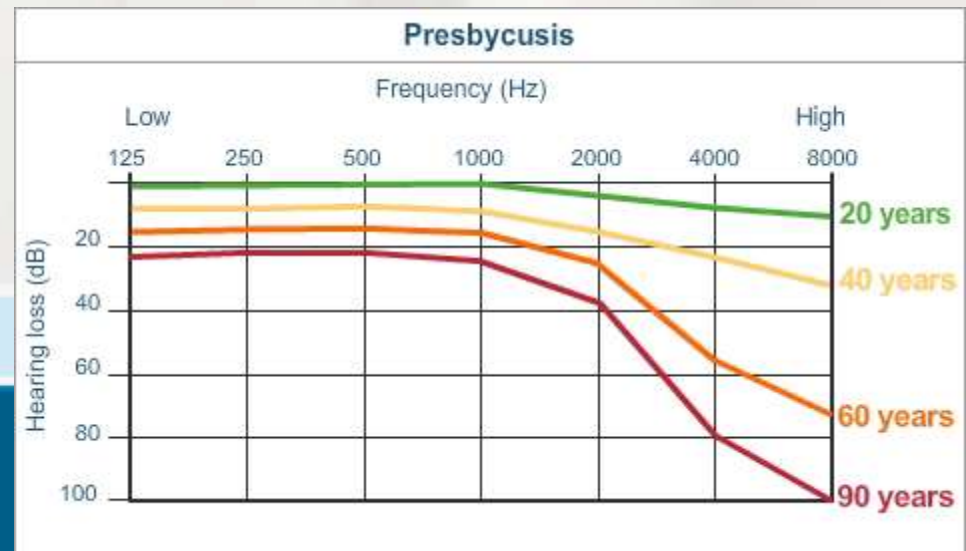


TABLE 43-2 ■ MAJOR ETIOLOGIES OF ERECTILE DYSFUNCTION

1. Vascular disease
Atherosclerotic arterial occlusive disease, corpora venous leak
2. Neurologic disease
Neuropathy, cord injury, stroke, multiple sclerosis, temporal lobe epilepsy, Parkinson disease
3. Diabetes mellitus
Both vascular and neurologic effects
4. Other systemic diseases
Renal failure, chronic obstructive pulmonary disease
5. Hormonal
Hyper- and hypothyroidism, hypercortisolemia, severe hypogonadism
6. Urologic
Lower urinary tract symptoms (LUTS) due to BPH
7. Surgery/trauma
Prostate cancer surgery, Peyronie disease
8. **Lifestyle** related
Obesity, smoking, heavy alcohol use
9. Medications
10. Psychogenic
Depression, anxiety

ED

- **Obesity** alone is associated with a **20% increased** risk of developing erectile problems.
- Obese men have **elevated serum estrogen levels**, due to the conversion of androgens to estrogens in adipose tissue.
- Improving obesity can improve erectile function.



Lower urinary tract symptoms & LSM

- One such program, comprising **education and reassurance, lifestyle modifications, and behavioral interventions** (eg, adjustment in fluid intake), resulted in **30% to 50% less need for medication or surgery** than standard care.



RLS

- There is no specific prevention for RLS.
- Adherence to a **healthy lifestyle** may be beneficial.
- This includes
 - moderate exercise,
 - regular sleep schedule,
 - limiting caffeine and alcohol intake.



Incontinence

- Multicomponent interventions, including lifestyle and behavioral therapies, are effective **first-line** treatments for incontinence in the older adult.



MCI

- might help delay conversion into clinical dementia.
- Careful memory evaluation,
- lifestyle changes,
- medical correction of existing risk factors



Lifestyle interventions such as

- exercise,
- social engagement
- cognitive stimulation



Dementia

- Genes interplay with lifestyle and environment in the course leading to dementia with recent advances in genetics shedding some light on risk factors.

such as

- smoking and
- a lack of regular exercise
- lower levels of education



vascular aging

- “A man is as old as his arteries.”

Thomas Sydenham, Father of English Medicine, 1624–1689

- Lifelong promotion of a healthy lifestyle is essential to **delay and attenuate vascular aging** and its complications.



HF

- Nonpharmacologic therapies, including lifestyle changes and multidisciplinary care interventions, play a fundamental role in optimizing care and outcomes for older patients with heart failure.



NONPHARMACOLOGIC ASPECTS OF HEART FAILURE MANAGEMENT

- Individualized and consistent with needs/lifestyle
- • Avoidance of excess sodium intake (> 2.3 g/d)
- • Avoidance of excess fluid intake (> 2 L/d)
- • Weight loss, if appropriate
- • Low fat, low cholesterol, if appropriate
- • Adequate caloric intake
- • Emphasize adherence while allowing flexibility





In summary

- **LSM is cornerstone of management of most disease's**
- **Always review elderly people lifestyle**
- **Refer them for lifestyle specialist as needed**
- **Check every disease lifestyle guidelines**
- **Check the changes on follow-up**

Thank you

