

On ageing

This commentary is addressed to those who are concerned about themselves or others as they contemplate or enter old age and ponder on their future functioning.

We are aware that the population is ageing which means there are increasing numbers of people living into retirement and into a ripe old age. The average life expectancy for a man in Australia is now about 78 years, and for a woman about 83 years. It is rising for both men and women. The major increase in life expectancy until 50 years ago was through reduction of deaths in childhood (due to childbirth itself, inadequate childhood nutrition and infections). The benefits came largely through improved maternal and child care, antibiotics and vaccinations.

In the last 50 years, life expectancy has increased through a decline in illnesses in later life, primarily blood vessel disease such as stroke, heart disease and lung disease. We have benefited enormously through cessation of cigarette smoking. We have also benefited from better nutrition, but are now threatened by increasing weight, obesity and diabetes, which some claim may lead to a fall in future life expectancy.

All cells in the body are able, in varying degree, to multiply and replace themselves (to a point). Eventually they can no longer manage that. We are then entering old age.

What is old age? Arbitrary cut points (eg retirement age of 65 years) to define old age are wildly inaccurate. Some notice significant ageing and consequent impairment long before that. For others, full functioning can continue, unimpaired into the eighties, nineties, and for a few, up to 100 years old.

We can prolong life and retain good function by our behaviours. Physical functions are maintained through use. Exercise leads to retention of muscle strength and efficiency. Mental capacity is retained by use of the brain to perform tasks, to think, to converse, to retain interests, to be with others, to hold responsibilities. These apply to people of all ages but matter particularly for the older person. We can allow ourselves to become physically, mentally, sexually or socially inactive or we can elect to retain all our activities. We need to walk daily if we can. If we can't, we should adopt another favored activity. Activities are often best related to those of daily living. To be able to do the gardening, the housework and the shopping delay the need to be dependent on others. Mental activity is enhanced by reading, having pleasant interactions, by talking and by being in the company of others.

These benefits will not necessarily slow the progress of many aspects of ageing. The elasticity of the skin is reduced over time; it wrinkles. The skin thins as it ages and is more easily damaged. Skin blood vessels become more fragile. Look at the back of people's hands for the bruises which arise from minimal knocks and injuries.

We cannot stop the ageing of the bones and the wearing of the joints, but we can slow these processes. Walking, bending, stretching, lifting, carrying, swimming (even entering the water and

'flapping about') can bring benefits. It would be foolish to take up running, jogging or strenuous activity late in life. Those who do so stand about a 50% chance of injuring themselves within 12 months and then need a period of enforced inactivity. If a golfer, stay a golfer. If a cyclist, stay a cyclist. If a swimmer, stay a swimmer.

Ageing of the heart occurs slowly, with less pumping power and capacity. Breathlessness with exercise appears earlier than was the case in the past. This shortness of breath is not harmful; it just tells you to slow down. Chest pain on effort is another matter; it often means that coronary heart disease is the problem, not ageing.

Forgetfulness is not limited to older age but it becomes more apparent over time. Uncertainty may be mistaken for confusion. "Have I switched off the heater?", "Why have I come to the kitchen?", "Did I agree to meet you today or tomorrow?" We all have these or similar questions. We may find we have to think to find the right answer, name or word, but we do usually find them - slowly. Why should we be rushed? After all, it is not bad to slow down.

There is some evidence that increasing weight in older age is less of a problem than it is earlier in life. The lifetime risks of being overweight include development of diabetes, high blood pressure, cholesterol problems, blood vessel disease, heart attack and stroke. Also those of working age who are overweight suffer more injuries, particularly to the knees, more absenteeism and loss of employment. Prudent eating is recommended at all ages to ensure good nourishment and to avoid over nourishment. If over 70 or 80 years of age, weight loss which is unexplained may be a natural ageing process but it is also a reason for seeing your

doctor. There may be another cause. In the meantime, enjoy your approaching senior or elderly status. It should not be feared; it should be enjoyed.

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