

# Live Longer Better with the Optimal Ageing Programme

## HOW TO LIVE LONGER BETTER

Research has produced many amazing treatments such as hip replacement and chemotherapy and this has helped increase life expectancy, but what most people want is to increase healthy life expectancy, to live longer better and not spend the last years of life in a home or dependent on children. We also have research that this is possible. The risk of dementia, frailty and dependency can be reduced.

The preventive services offered to people under sixty, for example treatment of high blood pressure, is still relevant but after the age of sixty it is what people do for themselves that matters most, principally keeping active or getting more active. By this we mean not only physically active, which is of great importance, but so too is social activity, either with family or work or volunteering, and intellectual activity such as learning a new skill.

Increasing physical, social and intellectual activity helps people not only become physically fitter but also feel better and, perhaps of greatest importance, increase their brain ability and reduce the risk of dementia. First of all we need to get the language clear and here are the key terms

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- **Ageing** a normal process, with a decrease in maximal ability such as the maximum heart rate and loss of reserve and the ability to adapt to challenges . Scientists call this process senescence
- **Disease** an abnormal process, sometimes related to ageing but more often due to lifestyle and environmental factors which become more important the longer a person is exposed to the factors, explaining why many diseases become more common as people live longer
- **Loss of fitness**, resulting from inactivity and having an impact from the age of the first car or the first sedentary job which often occur together, The effects loss of fitness are loss of maximal ability eg muscle strength and a loss of reserve or resilience, that is ability to respond to challenges. These are very similar to the effects of ageing which is one reason these two processes are often confused. Increasingly the focus is on three types of fitness – physical, cognitive and emotional.
- **Growing older**, a social process, influenced by beliefs and social culture

Other key terms are

- **Frailty**, is a distinctive health state related to the ageing process in which multiple body systems gradually lose their inbuilt reserves. It is also important to recognise prefrailty. If frailty is “the presence of three or more out of five indicators: weakness (reduced grip strength), slowness (gait speed), weight loss, low physical activity, and exhaustion. People with one or two indicators are classified as pre-fail
- **Dementia**, is a condition defined by severe impairment of cognitive ability, Alzheimer’s Disease is one of the two most common causes of dementia, the other being disorder of the blood flow to the brain, vascular dementia

**Wellbeing** is a term increasingly used rather than healthy to describe the outcome that people aspire to

## HOW ARE THESE PROCESSES INTER RELATED ?

It is now known that what happens to us after the age of 60 should not just be assumed to be caused by the ageing process. The ageing process affects everyone and from about forty on but by itself does not cause major problems until after ninety. There are three inter related causes of the problems that occur more frequently as people live longer,

\*Loss of fitness

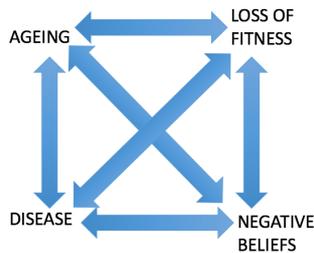
\*Disease, much of which is preventable, complicated by accelerated loss of fitness and

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\*Pessimistic and negative beliefs and attitudes



These can be influenced by

\*Getting fitter, both physically and mentally, or as we think of it increasing activity levels - physical, emotional and cognitive enabling social connections as well as encouraging physical activity

\*Reducing the risk of dementia, disability, frailty and the need for long term care, including the effective prevention and management of disease, and the accelerated loss of fitness that often follows the onset of disease

\*Understanding what is happening to you and around you so that you can be more positive and believe that action, engagement with others, particularly with a social purpose can reduce the impact of what most people think is the effect of ageing.

The scientific evidence is strong that the need for social care can be reduced by approximately 20% by preventing or delaying dementia and frailty. The means of doing this are by promoting activity physical, cognitive and emotional, and although we obviously need to get people out of their homes more often, and about five million people have significant difficulty in leaving their homes, the Internet allows us to support activity when people are on their own. In addition to the traditional risk factors of midlife , smoking, diet and inactivity for example, people with limited mobility due to multimorbidity develop a new set of risk factors – lack of purpose, depression, isolation and loneliness.

## THE NEW FACTS OF LIFE

In the meantime you might like to look at what has been called the new facts of life, not ‘the birds and the bees’ facts of life that we teach children, but the facts of life about living longer better.

- Understand what is going on inside you
- Don’t accept what most people say about ageing – be positive
- Become more active physically, get even fitter
- Become more active mentally, learn new skills
- Become more active socially, for example by helping other people even more
- Get more sleep
- Be cautious users of healthcare
- Eat more plants and eat fewer wrapped foods

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- Plan for dying well as well as living well
- Define yourself or be defined

## WHAT WOULD SUCCESS LOOK LIKE?

“ Do just want to compete in the Olympics or do you really want to win gold?”

This is the sort of question a coach asks an athlete to focus their mind and set a goal, before they put a foot on the track. They do this partly for clarity but even more for the person to start thinking and focusing so let's start with the prospect you are facing

“ Do just want to reach you 90s or do you really want to have a good quality of life too?”

We assume your aim is for life to be as good as, or better than, your life to-day so the next step is to set specific objectives. It's more like preparing for the decathlon than preparing just for the 1500 metres so decide what success would look like for you

Now write out a plan setting out what you want to achieve. Set out below is an example of a plan

“In my eighties and nineties I aim to be able to

- Live in an independent dwelling without help more than once a week
- Walk for ten minutes
- Continue to support friends and family
- Continue to raise funds for the World Wildlife Fund
- Enjoy discussing books and music with like minded people
- Do the same number of press-ups as my age, in three batches
- Die in my own home with the wishes in my advance directive respected”

## WHAT WORRIES YOU MOST ABOUT THE FUTURE

Now let's review what is bothering you most with your fears, what you would not like to happen

Listed below are some common fears about things that happen. Rate your concern from 1 “ well if it happens it happens” through to 5 “I dread this happening and try not to think about it”

You can have more than one 5 , they might all be 5s

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	1-5	Thoughts and comments
Heart attack		
Dementia		
Not being able to go out by myself		
Cancer		
Not being able to get to the toilet in time		
Stroke		
Being in a home		
Parkinson's disease		
Being a burden for my children		
Having a bad death		
Other issues		

So how does the table look, how many fives did you have. Now let us look at the potential for preventing or delaying the problems you fear and what can be done to reduce risk and live longer better

Heart attack

Risk can be reduced – here is a link to the key part of our wellbeing programme

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## Dementia

There are two common causes of about equal importance; one of them – Alzheimer's disease cannot be prevented – but it is now agreed that other causes of dementia can be prevented, and the risk of dementia can be reduced

## Not being able to go out by myself

This sometimes occurs as the direct result of a single condition, such as a stroke, but is also for many people the result of years of loss of fitness due to inactivity and is therefore preventable; so too is the loss of the driving licence if you keep fit and keep your vision sharp

## Cancer

Some cancers are prevented by taking action after the age of sixty, including the offer of screening. Cancer is now a treatable condition.

## Not being able to get to the toilet in time

Urgency, the sensation that you need to go quickly is treatable, and the time you take to get there, whether or not you have urgency is also a factor that is under your ability to control because it, like your ability to get out and about is usually due to a progressive loss of fitness from inactivity

## Stroke

The risk of stroke can be reduced at any age

## Being in a home

The risk of being admitted to a home can be reduced by reducing the risk of the common diseases that lead to admission, stroke or dementia for example, and keeping physically, mentally and socially fit

## Parkinson's disease

This is not a preventable condition so you need a bit of luck to avoid it, and good treatment if you do to limit its effects

## Being a burden for my children

To do this you do need, as for all these problems a little bit of luck, but by taking all the steps to prevent the common causes of severe disability you should be able to continue helping them into your 80s and 90s

## Having a bad death

Although it is not possible to guarantee a good death it is possible to reduce your risk of a bad death by thinking about and talking about the end of life and preparing the documents that will help you and others make the right decisions, an advance directive and Power Of Attorney. Look at the website of [Compassion in Dying](#)

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Other things you want to avoid

There are many problems that occur the longer people live, not because they are caused by ageing but because they are the result of living longer in a particular environment or in a particular way. But the impact most common causes of disability and dependence on others, conditions like arthritis for example, can be either delayed or made less severe by maintaining or increasing activity, mental and physical

The medical profession is now understanding a broader perspective and the first editorial in the famous Journal of the American Medical Association in 2020 was titled a Longevity Prescription for the 21<sup>st</sup> century and subtitled Regaining Purpose, Building and Sustaining Social Engagement and Embracing a Positive Lifestyle

As you can see most of the things we fear can, in the words of NICE, the national Institute of Health and Care Excellence “prevent or delay [the] onset” of “dementia, disability and frailty”. NICE produced guidance for the NHS, and the public, after reviewing all the scientific evidence. So, what is next? The answer is to set your objectives and that is the next stage of your plan for Living Longer Better

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