

 DEFINITION AND INTRODUCTION TO RESEARCH IN THIS AREA

 PRESENTATION OF AGING AND PHYSICAL ACTIVITY AS AN EXEMPLAR FOR RESEARCH IN THE EPIDEMIOLOGY OF AGING



 THE STUDY OF THE AGE-RELATED DISTRIBUTION AND CAUSES OF DISEASE, DISABILITY, AND MORTALITY IN HUMAN POPULATIONS.



- CHRONOLOGICAL AGE IS ASSOCIATED WITH INCIDENCE AND PREVALENCE OF MOST HEALTH OUTCOMES.
- DESPITE THIS AGE ASSOCIATION, THERE IS CONSIDERABLE VARIATION IN HEALTH OUTCOMES WITHIN AGE CATEGORIES.



• WHY ARE OLDER PEOPLE AT ELEVATED RISK FOR DISEASE, DISABILITY, AND DEATH?



- ACCUMULATION OF ENVIRONMENTAL/BEHAVIORAL INSULTS.
- REDUCED IMMUNOLOGICAL
 SURVEILLANCE



WHY IMPORTANT? AGING OF THE HUMAN POPULATION HEALTH AND VITALITY OF AN AGING POPULATION QUALITY OF LIFE AND COST OF CARE



 AGING OF THE U.S. POPULATION, PERCENTAGE AGED 65+ YEARS BY YEAR

4.0% 8.0% 11.5% 12.6% 20.0%



THERE IS CONSIDERABLE VARIABILITY BY REGION OF THE COUNTRY, 2000

- FLORIDA - CALIFORNIA - ALASKA

18.1% 10.4% 5.8%



RACE, ETHNICITY, AND AGE, U.S. 2000 2050

NH white	83.5%	64.2%
NH black	8.1	12.2
NH Asian/Pl	2.4	6.5
Hispanic	5.6	16.4



MAJOR AGE-ASSOCIATED CAUSES OF DEATH

- CARDIOVASCULAR DISEASE

- CANCER
- CHRONIC OBSTRUCTIVE PULMONARY DISEASE
- DIABETES



AGE-SPECIFIC COLORECTAL CANCER INCIDENCE RATES (Per 100,000 in population)

 WM
 WF
 BM
 BF

 <65</td>
 20.4
 14.7
 25.3
 20.4

 65+
 408.0
 269.3
 385.8
 286.1



- COGNITIVE FUNCTION
- Moderate/Severe Memory Impairment

•	Male	Female
• 65-69	5.3	3.8

• 85+ 37.3 35.0



 Moderate or severe memory impairment defined as four or fewer words recalled (out of 20) on combined immediate and delayed recall tests. Source: Health and Retirement Survey.



DEPRESSIVE SYMPTOMS

•	Males	Females

• 65-6912.118.0• 85 +22.523.0



• DEPRESSIVE SYMPTOMS ARE DEFINED AS FOUR OUT OF EIGHT SYMPTOMS FROM AN APPREVIATED CES-D SCALE.

• SOURCE: HEALTH AND RETIREMENT SURVEY



PERCENT OF MEN AND WOMEN AGED 60+ REPORTING TWO OR MORE HEALTH CONDITIONS

•		MEN	WOMEN
•	60-69	35	45
•	70-79	47	61
•	80+	53	70



FUNCTIONAL LIMITATIONS AND DISABILITIES

• FALLS, INJURIES, ACCIDENTS



 FUNCTIONAL LIMITATIONS – DIFFICULITIES IN THE PERFORMANCE OF GENERIC TASKS, E.G., THOSE RELATED TO UPPER- AND LOWER-BODY STRENGTH, BALANCE, AND FINE DEXTERITY.



 DISABILITY – DIFFICULTY OR INABILITY IN THE PERFORMANCE OF A SOCIAL ROLE CAUSED BY A PHYSICAL OR COGNITIVE PROBLEM.





- 30% OF PEOPLE AGED 65+ FALL EACH YEAR.
- 10-15% OF THOSE FALLS ARE CONSIDERED "SERIOUS/NON-FATAL"
- FALLS REPRESENT THE LEADING CAUSE OF ACCIDENTAL DEATH IN PEOPLE AGED 65 AND OLDER.
- FEAR OF FALLING IS A LEADING REASON FOR NOT ENGAGING IN PHYSICAL ACTIVITY.



- CAUSES OF FALLS IN THE
 ELDERLY
- DIZZINESS
- POOR COGNITIVE FUNCTION
- VISION PROBLEMS
- GENERAL FRAILTY
- ENVIRONMENTAL HAZARDS



HEALTH PROMOTION

- NATIONAL INSTITUTE ON AGING STRATEGIC PLAN FOR 2001-05
- CENTERS FOR DISEASE CONTROL, AGING
 WHITE PAPER



• NIA STRATEGIC PLAN – PHYSICAL ACTIVITY

Delay the onset of disabilities and disease

Reduce the risk of falls and fractures

Improve mood and depression Increase life span



CDC PLAN

- Key Component to Healthy Aging
- Increases strength
- Reduces risk of death
- Improves mood
- Improves muscular performance, flexibility, and mobility



- If it's such a good thing......
 - Many Americans are not engaging in physical activity.
 - Although more and more older adults are aware of the benefits of physical activity, only one-third exercise regularly.



- STUDY OF PHYSICAL PERFORMANCE AND AGE-RELATED CHANGES IN SONOMANS (SPPARCS PROJECT)
 - Sonoma residents aged 55 and older (n = 2096)
 - Home and laboratory assessments. Four assessments over a 8.5 year period.
 - Focus on the effects of leisure-time physical activity and health, functioning, and survival.



ECOLOGICAL MODEL

- DIFFERENCES IN HEALTH AND WELL BEING ARE AFFECTED BY A DYNAMIC INTERACTION BETWEEN BIOLOGY, BEHAVIOR, AND THE ENVIRONMENT.
- INTERACTION UNFOLDS OVER THE LIFE COURSE OF INDIVIDUALS, FAMILIES, AND COMMUNITIES.
- AGE, GENDER, RACE, ETHNICITY, AND SOCIOECONOMIC DIFFERENCES SHAPE THE CONTEXT OF THAT INTERACTION.



ECOLOGICAL MODEL

MULTIPLE POINTS OF INTERVENTION TO POSTPONE DISEASE, DISABILITY, AND DEATH; AND ENHANCE THE CHANCES FOR HEALTH, MOBILITY, AND LONGEVITY.



• PHYSICAL ACTIVITY

DECLINES WITH AGE MEDICAL AND NON-MEDICAL CAUSES



- FEMALES AGED 55-64 ARE MORE LIKELY THAN MEN OF THE SAME AGE TO LIMIT OR AVOID LTPA BECAUSE OF THE ABSENCE OF AN EXERCISE COMPANION.
- NEARLY 1/3 OF WOMEN AGED 75+ REPORT THE ABSENCE OF AN EXERCISE COMPANION AS A LEADING REASON.
- AMONG MARRIED COUPLES, THE LTPA OF THE SPOUSE WAS THE BEST PREDICTOR OF THE SUBJECT'S LTPA.



• WHY IS THE ABSENCE OF AN EXERCISE COMPANION MORE SERIOUS FOR FEMALES THAN FOR MALES?



• PERCENT AGED 65+ MARRIED BY GENDER IN THE U.S.

Male

Female

75.1% 42.9%



 STRATEGIES TO ENHANCE HEALTH AND FUNCTIONING THROUGH PHYSICAL ACTIVITY

 RWJ PROGRAM IN "ACTIVE FOR LIFE"
 RWJ PROGRAM IN "ACTIVE ENVIRONMENTS"