

Healthy aging and physical activity practice: The missing link

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Isabelle J. Dionne, PhD, Professor, Université de Sherbrooke, walks us through physical activity practice and how it impacts research on healthy aging

Major public health agencies around the world urge the older population to get on the move while cities and states invest more and more in safe and attractive infrastructures and programs. Nonetheless, physical activity (PA) levels of aging adults remain low in most developed societies.

It appears that the healthcare systems and the general public do not take advantage of the skills and competencies of qualified PA professionals trained in universities around the globe to support evidence-based physical activity practice and healthy aging. This weakest link needs reinforcement.

Barriers to physical activity: More of the same

Barriers to PA in aging adults have been studied for decades, and knowledge has stagnated; we keep failing at rendering aging adults more physically active. Yet, well-informed PA professionals could play a key role in counteracting these barriers 1 – were these specialists better recognised by the health milieu and general population, and 2 – were their services covered by medical care insurance (public or private) just like other healthcare services?

In broad language, most barriers can fit within one of the five “good reason” categories for aging adults not to engage in physical activity:

1. Everyone knows PA is beneficial – for others!

Most aging adults recognise the health benefits of PA. However, many feel it is too little, too late for them. By the same token, those who consider themselves relatively healthy may not see the relevance. Too often, PA is confused with physical therapy and thus deemed appropriate to the physically impaired, even though its most prominent impact is preventing disability and health maintenance.

As such, our research has shown that engaging in PA participation, regardless of past lifestyle, is the best predictor of today's health in aging adults. In all cases, a PA specialist will provide evidence-based recommendations based on individuals' health conditions and needs.

2. At a certain age, PA can do more harm than good

Some aging adults view PA in the same line as an extreme sport. This may be related to a lack of or rather negative experience. This could be amplified by friends or relatives expressing fear of injury. PA in wintery conditions in Nordic countries is often considered risky because of slippery surfaces.

Hot temperatures (which will aggravate with climate changes) are also not suitable for physical activity practice in aging adults. The presence of discomfort and pain due to health conditions (for instance, osteoarthritis) will also add to the reasoning that PA should be avoided. All these examples lead to the fear of movement, so-called kinesiophobia.

Research has shown that kinesiophobia is highly prevalent in people who had a negative experience or lived with chronic pain. However, evidence also supports that, in several instances, engaging in PA will lead to a decrease in pain and an increase in self-confidence. Research has also shown that kinesiophobia can be counteracted by relevant educational and psychological strategies. Altogether, the PA specialist has access to evidence-based approaches to adapt PA, provide safe alternatives, and reduce kinesiophobia.

3. After a full life, time to rest!

Many of today's seniors had physically demanding professions or actively raised a family. Although this will likely change with future generations, we often hear that one feels compelled to enjoy a sedentary life after a full life. While recognizing these people's paramount contribution to our society, we should not endorse inaction towards a healthy lifestyle for two distinct reasons. First, sedentary elders deprive themselves of the many benefits associated with physical activity. Second, they are affected by an increased risk of morbidity and mortality related to sedentary behaviors. A growing body of evidence shows that this risk may be attenuated by "breaking" sedentary behaviors and practicing pleasant light PA activities. PA specialists are well-equipped to intervene efficiently and provide aging adults with appropriate recommendations and follow-up.

4. It seems like a complex matter...

All developed countries promote PA guidelines to guide the population in performing adequate aerobics, resistance and flexibility activities at the correct intensity, load, duration, and frequency. While this is a good intention, recent research shows that PA literacy is lacking in most aging adults to understand and adequately perform these recommendations. As a result, PA guidelines are perceived as too technical or too arcane for several aging adults.

Then, even though physical activity practice could be simple (brisk walking or dancing, for instance), several feel incompetent or simply ignore that the message speaks to them. While research must identify ways to make PA recommendations accessible, PA specialists have the knowledge and skills to explain the basics and monitor physical activity practice to optimise its impact but also to bring enjoyment.

5. Undeniable limits (or not)

Aging is a heterogeneous process. Genetics, life hazards and lifestyle influence its psychosocial, economic and health components. Hence, individuals' drawbacks to PA are diverse and call for various strategies (programs, infrastructures, support). Isolation, low income, and cognitive impairment all command evidence-based strategies and support. Research needs to provide stakeholders with conditions of success in developing infrastructures and programs for physical activity practice in all circumstances. It will also provide PA specialists with the fundamental knowledge to adapt physical activity practice for these subgroups and propose inclusive PA interventions for healthy aging of all segments of society.

Overcoming the barriers to aging healthily

The past 20 years have seen significant scientific advancements in this field.

Of course, research is still needed to inform PA guidelines for diverse age-related health conditions. But above all, we need to identify more efficient strategies to bring this knowledge to light. This includes supporting the professionalization of PA specialists (are they called kinesiologists in America, Exercise Science or PA specialists in Europe), their inclusion in interdisciplinary healthcare teams and offering proper coverage to democratize access. The ultimate goal is to benefit from their broad spectrum of knowledge and competencies, which are instrumental to healthy aging. Recognition is the missing link.

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