Where: PR2 - Topic 2 – Module 2.2 – Video resources: “Maintaining mobility as we age: A key to aging successfully“

https://edusexage-mooc.eu/topic2/

VIDEO: **Maintaining mobility as we age: A key to aging successful**

By 2050, the world’s population will exceed over nine billion people. It is estimated that around one in five of those people, will be over the age of 65. That means that 20 % of the population will be over the age of 65. At no point in human history has there been so many people in this age band. Older people are at grater risk at many chronic diseases, which lowers the quality of life. So how can we age better, with less chronic disease? McMaster university researchers are working to show hove physical activity and nutrition are key components to health in later life. There are studies focusing on ageing more successfully or having a longer health spam. Successful aging is defined by physical, mental and social well-being in older age. Age is the primary risk factor for most chronic diseases, which is why the emphasis on health in later life is extremely important. Chronic disease in later life, combined with loss of strength and muscle mass, often lead to a loss of physical mobility, which puts older persons at risk for further health problems or worsening existing chronic diseases, all of which are precursors to the development of frailty. The age-related loss of muscles and strength is called sarcopenia, which is also associated with the decline in physical performance. It is not known when sarcopenia begins, but it’s measurable in most people around fifty years old. When muscles mass is decreasing in average od 0.5-1 % per year and strengths between 1-3 % peer year. Sarcopenia is associated with an increase risk of falls and fractures, the development of frailty and metabolic disease, like type two diabetes mellitus and cardio vascular disease. Unabated sarcopenia can lead to disability and can exacerbate other chronic disease. So, why do older people develop sarcopenia? The condition is age related, but it’s hastened by lack of physical activity and low dietary energy and especially protein intake. As the years go by, social, physical and mental barriers, can create a mobility pro0blems for older people. In addition, due to several factors, including decline in appetite, this age group aren’t getting enough much needed protein either. This can lead to undernourishment and a reduction in muscle mass and strength. Periodic inactivity is also an important factor in an unsuccessful aging. Factors such as poor mental and physical health and social isolation can easily lead to greater inactivity. Older people tend to go out less in a bad weather conditions and if they can track something like the flue, they can suddenly find themselves hospitalized and conbolescing for longer periods. During this period of inactivity there is often a loss of strength and muscles mass, which is much more difficult to recover in older persons. So how can older people reduce the effects of sarcopenia? There are no pharmaceuticals available to threat sarcopenia. Instead, lifestyle modifications must be made to slowly advanced at the condition and to recover better following inactivity. Evidence shows, that older people may benefit of greater intake of nutrient rich sources of protein. It’s hypothesized, that this age group need more protein, than the reamended daily allowance of 0.8 grams per day if they are to retain their strength of muscle mass. Even more importantly studies show that if older person remain physical active, they have a lower risk of chronic disease and a higher can of aging successfully. Rehabilitation in key, after hospitalization, illness or any other prolonged periods of inactivity. Without it sarcopenia can advanced more rapidly and so will the deterioration of a persons health. In many countries it has already happened. But if not yet, then over the next decade, people over the age of 65, will start to

excide the population of those under the age of 15. So, it is imperative, to be physical active and promote greater protein intakes sooner rather than later for older persons.