

# Lack of Energy in Old Age Might Not Just Be Normal Part of Aging

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Mathew Maurer, M.D. speaks with Vastie Peacock in Northern Manhattan

"Old and tired" is such a common phrase, it's no surprise that a new study in the *Journal of Gerontology* has found that almost 1 in 5 senior citizens report they have so little energy that they spend most of the day sitting on the sofa.

But even though a lack of energy is common in the elderly, the study's authors say that physicians should take their patients' reports more seriously, because the study also showed that a lack of energy – or anergia – is linked to several health problems and greater rates of hospitalization and death. The authors state that anergia constitutes a geriatric syndrome similar to already-identified, common syndromes associated with aging such as falling and memory impairments.

“When elderly patients complain they’re tired, most doctors say, ‘yeah, well, you’re old,” says Mathew Maurer, M.D., associate professor of Clinical Medicine at Columbia University Medical Center, and the senior author of the study. “They tell their patients that feeling listless is an expected part of aging, but there are reasons people are tired and they need to be investigated. For clinicians, the message from our study is that a lack of energy is widespread in the elderly, but it’s not normal.”

In the study, the researchers from the Stroud Center for the Studies of Quality of Life at Columbia University Medical Center surveyed over 2100 residents of New York City between ages 65 and 104. Residents rated their own health and answered seven question related to energy level. Participants were labeled “anergic” if they said they “sit around a lot for lack of energy” and agreed with any two of the six following statements: I recently have had not enough energy, I felt slowed physically in past month, I did less than usual in past month, my slowness is worse in the morning, I wake up feeling tired, and I nap over two hours during the day. Eighteen percent of the study’s participants met the criteria for anergia, by agreeing with two of these latter statements.

Being tired was also a telltale sign of serious health problems. People classified as anergic reported more arthritis, sleep disorders, cardiovascular symptoms and other health issues. They also reported twice as many overnight hospitalizations, emergency department visits and home care services. Anergia was also associated with a 60 percent greater rate of death in the six years after the survey was conducted.

More research is needed to determine if treating anergia can improve health outcomes.

“As our population ages, it has become paramount to the health of our nation, to accurately describe the health problems associated with aging,” said Linda P. Fried, MD, MPH, dean and DeLamar Professor of the

Mailman School of Public Health at Columbia University Medical Center. “A central feature of the frailty phenotype that we described years ago is self reported exhaustion. The current study suggests that this concern expressed by patients or their caregivers is important and may be a very useful question in identifying older adults susceptible to functional decline and poor health outcomes.”

Anergia may stem from many conditions, including heart and kidney dysfunction, arthritis, lung disease, anemia, and depression, or it may have additional yet presently unexplained origins.

“I believe anergia is the universal language by which the elderly talk about their health problems,” Dr. Maurer says. “Instead of noting symptoms of pain or a depressed mood, many older adults feel more comfortable telling their physicians that they are tired. As health care providers, we need to start learning how to further identify the underlying causes of this lack of vigor and address them.”

In the manuscript, the authors went on to delineate factors that were independently associated with the presence of anergia (lack of energy) including reduced physical function, depression, pain, respiratory symptoms, urinary incontinence, hearing difficulty, feeling dizzy or weak, social isolation and social disengagement. Each of these is suggested as causal or contributing factors that should be investigated initially and independently, and could become potential targets for future intervention.

“Unraveling the causes of anergia will expand the scope of geriatric interventions that enable aging persons to preserve their quality of life,” said Barry J. Gurland, M.D., Sidney Katz Professor of Psychiatry and director of the Columbia University Stroud Center for the Studies of Quality of Life, who was also an author of the study.

Dr. Maurer and his colleagues at the Stroud Center, the Advanced Cardiac Care Center and the Healthcare Innovation Technology Lab at Columbia University Medical Center are currently extending these initial findings, focusing on older adults who suffer from anergia in the context of heart failure. In these studies, anergia was found to be prevalent in 39 percent of subjects with heart failure. Additionally, using a non-invasive device that is worn on the wrist, like a watch, called an Actigraph, which automatically monitors activity levels and energy expenditure; they have documented demonstrable differences in physical activity and circadian rhythms in subjects with anergia compared to their non-anergic counterparts.

Ongoing research efforts are focusing on the biological and physiologic pathways that cause or contribute to the development of anergia. Such investigations are likely to be complex, requiring multidisciplinary evaluations and management. Additionally, because of independent association of lack of energy with social isolation, interventions may need to expand beyond the traditional clinical settings and use community-based activities and engagement programs.

Huai Cheng, M.D., assistant clinical professor of medicine, was the first author of this study.

Provided by Columbia University

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