

# Higher levels of social activity decrease the risk of developing disability in old age

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Afraid of becoming disabled in old age, not being able to dress yourself or walk up and down the stairs? Staying physically active before symptoms set in could help. But so could going out to eat, playing bingo and taking overnight trips.

According to research conducted at Rush University Medical Center, higher levels of social activity are associated with a decreased risk of becoming disabled. The study has just been posted online and will be published in the April issue of the [Journal of Gerontology: Medical Sciences](#).

"Social activity has long been recognized as an essential component of healthy aging, but now we have strong evidence that it is also related to better everyday functioning and less disability in old age," said lead researcher Bryan James, PhD, postdoctoral fellow in the epidemiology of aging and [dementia](#) in the Rush Alzheimer's Disease Center. "The findings are exciting because social activity is potentially a risk factor that can be modified to help older adults avoid the burdens of disability."

The study included 954 older adults with a mean age of 82 who are participating in the Rush Memory and Aging Project, an ongoing [longitudinal study](#) of common [chronic conditions](#) of aging. At the start of the investigation, none of the participants had any form of disability. They each underwent yearly evaluations that included a medical history and neurological and [neuropsychological tests](#).

Social activity was measured based on a questionnaire that assessed whether, and how often, participants went to restaurants, sporting events or the teletract (off-track betting) or played bingo; went on day trips or overnight trips; did volunteer work; visited relatives or friends; participated in groups such as the Knights of Columbus; or attended religious services.

To assess disability, participants were asked whether they could perform six activities of daily living without help: feeding, bathing, dressing, toileting, transferring and walking across a small room. They were also asked whether they could perform three tasks that require mobility and strength: walking up and down a flight of stairs, walking a half mile and doing heavy housework. Finally, they were asked about their ability to perform what are referred to as "instrumental" activities of daily living, such as using the telephone, preparing meals and managing medications. Difficulties with household management and mobility are more common and represent less severe disability than difficulty with self-care tasks, so the measures represented a range of disability.

Results showed that a person who reported a high level of social activity was about twice as likely to remain free of a disability involving activities of daily living than a person with a low level of social activity, and about 1.5 times as likely to remain free of disability involving instrumental activities of daily living or mobility.

Why social activity plays a role in the development of disability is not clear, James said. Possibly, social activity may reinforce the neural networks and musculoskeletal function required to maintain functional independence.

Future research is needed to determine whether interventions aimed at increasing late-life social activity can play a part in delaying or preventing disability, James said.

Provided by Rush University Medical Center

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