

Active social, spiritual and physical life helps prevent health decline in seniors

June 8 2011

Small, healthy lifestyle changes and involvement in meaningful activities—going beyond just diet and exercise—are critical to healthy aging, according to a new USC study.

Guided by lifestyle advisors, [seniors](#) participating in the study made small, sustainable changes in their routines (such as visiting a museum with a friend once a week) that led to measurable gains in quality of life, including lower rates of depression and better reported satisfaction with life.

The study validates the current trend in public health strategies to focus on preventing illness and disability, as opposed to treating issues once they have already begun to negatively impact health, according to lead investigator Florence Clark.

"What is critical is that, as we age, we continue to be engaged in life through a sustainable mix of productive, social, physical and spiritual activities. This goal of prevention and wellness is really a key to health care reform, and results in cost savings to society," said Clark, professor and associate dean of the Division of Occupational Science and Occupational Therapy at the Herman Ostrow School of Dentistry of USC, and president of the American Occupational Therapy Association.

"The emphasis now is prevention," she said. "There are non-pharmacologic interventions that work."

The Well Elderly 2 trial was performed between 2004 and 2009, with the write-up appearing in the June 2 issue of the *Journal of Epidemiology and Community Health*.

During six-month periods, licensed occupational therapists assisted more than 200 individuals aged 60 and older to develop sustainably healthy lifestyles and see if they improved the participants' overall quality of life.

"The key to the individualized plans was to make them sustainable," Clark said.

For example, some people like going to the gym to stay physically healthy, but others find the thought of slaving away in a room indoors for three times a week utterly abhorrent—so much so that, no matter what good intentions they have, they will not wind up going. For such individuals, a more effective and longer-lasting strategy to improve physical health may be to instead walk for an hour around their neighborhood in the evenings.

The occupational therapists also provided guidance for using public transportation, getting the participants off of the couch and out into the world.

"You're able to go to a museum, you're able to go to a park... it can open up a whole world of opportunities," Clark said. In one instance, the therapists helped a woman who had taken a nasty fall while boarding a bus to work up enough confidence to ride again. Eventually, she was able to take the bus to go do volunteer work—a fulfilling pastime that she had sorely missed, Clark said.

"Being engaged in a social life has a positive effect on health," she said, "but the public is not sufficiently aware of how key this is to successful

aging."

The older adult participants were described as "well" because they were living in the community, not in a skilled nursing facility or other institutional setting.

To determine the results of the trial, quality of life was measured using a variety of indicators, including physical health, mental health, social well-being and life satisfaction. The program participants were compared to a control group that did not receive the intervention.

Though the two groups started out roughly equivalent, the intervention group showed significant improvement in lessening bodily pain and depression while improving vitality, social function, mental health and overall life satisfaction.

Lesser, though still measurable, gains were made in general health and physical abilities.

At the end of the first phase of the trial, the control group was provided with the same treatment that had been given to the intervention group—and made identical progress.

The study findings replicate the outcomes of the influential Well Elderly 1 trial, but extend them to a more ethnically diverse population living in a wide range of community settings, demonstrating the lifestyle program's value for the general public.

The results of the Well Elderly 1 trial, conducted in 1997, were used by the London-and-Manchester-based National Institute for Health and Clinical Excellence (NICE) to develop recommendations for British public health policies.

"Although people are living longer, it is important that they also live better. This intervention results in improved quality of life and provides a vehicle for maintaining health as we age," Clark said.

The Well Elderly 2 trial demonstrated that, compared with other interventions, this lifestyle intervention was cost-effective. For every dollar spent, there was a significant enough gain in [health](#) outcomes to justify the expenditure, according to Clark.

"The American public needs to know about this," she said. "Making positive changes in how we live each day, and sustaining those changes over the long term, is critical for maintaining independence and healthy aging."

Provided by University of Southern California

Citation: Active social, spiritual and physical life helps prevent health decline in seniors (2011, June 8) retrieved 17 May 2024 from

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