The traditional view is that most people are able to maintain good health until old age, which is currently defined as beginning at age 65, at which time they experience a series of medical problems that lead to progressive disability late in life. New medical research is challenging this belief by highlighting the remarkable variability in health at older ages. While serious illness is more frequent at older ages, a surprisingly large proportion of people reach advanced age with few or no medical problems or disabilities.

Figure 1 shows the likelihood of serious illness in older Americans.¹ Half (50%) of 65- to 69-year-olds have not been diagnosed with any of the top five chronic diseases. Serious conditions are more common at ages 75 to 79, but many people remain in excellent health even at the oldest ages. At ages 85 and older, about one-in-three (32%) people still have not been diagnosed with any of the top five chronic diseases.

A national survey of Medicare beneficiaries also found remarkable variation in health at older ages (Figure 2).² At ages 65 to 69, two-in-three (67%) people had no functional limitations or had successfully adapted to a disability. Functional limitations were more common with advancing age, but many people were able to avoid disability or adapt regardless of their age. About one-in-three (32%) 85- to 89-year-olds and one-in-five (19%) people ages 90 and older had no functional limitations or had successfully adapted to a disability.

Successful adaptation means independent living via assistive devices such as canes, walkers, wheelchairs, scooters, grab bars, bath or shower seats, and raised toilet seats.

How are some individuals able to reach old age without experiencing a serious illness or significant disability?

There is no single answer.

Health and wellness reflect numerous influences over a lifetime, including genetic predispositions, environmental factors, socioeconomic conditions, education, medical care, lifestyle factors such as diet, exercise, and smoking, and an element of luck. But it’s clear we don’t need to rely on futuristic visions of medical care based on nanotechnology, genetic manipulation, immune system boosters, and miracle drugs. We can benefit from existing strategies that are helping people live longer and healthier lives. This approach is called AgeLess, a prescription for successful aging based on positive steps we can take today to increase our chances for a longer and healthier life.
One of the most commonly cited definitions of successful aging was proposed in 1997 as the “avoidance of disease and disability, the maintenance of high physical and cognitive function, and sustained engagement in social and productive activities.”³ While this is an appealing notion — that we can avoid all illnesses by concerted attention to diet, exercise, and other lifestyle factors — the reality is much different. Most of us eventually experience health problems and physical limitations despite our best efforts.

So what is the key to successful aging? It’s all about attitude: being optimistic, living life to the fullest, developing one’s full potential, and meeting older age head on — on your terms. It also means accepting whatever comes later in life.

**ADAPTING TO THE REALITIES OF AGING**

Adapting to the realities of aging was the subject of a study that explored how people deal with disability late in life. Researchers interviewed a multicultural group (average age, 78 years) consisting of “56 African American, White, Cantonese-speaking Chinese, and Spanish-speaking Latino disabled elders who participated in On Lok Lifeways, a program of all-inclusive care for the elderly” in San Francisco, California.⁴ They found that many people were aging well even though they didn’t meet the conventional definition of successful aging. How did they do it? By using two different strategies: (1) acknowledging the new reality, or (2) rejecting the new reality.

**ACKNOWLEDGING THE NEW REALITY**

» Acknowledging and adapting to aging. Aging is unavoidable and disability at older age is a natural part of life.

» Accepting help. There are things we can’t do for ourselves at older age. We need to ask others for help.

» Shifting priorities. The focus is shifted away from disability, something that is “unsuccessful,” to other aspects of aging, such as financial success and providing a better life for one’s children.

**DENYING THE NEW REALITY**

» Backgrounding aging and disability. These individuals age successfully by minimizing their disability, i.e., by putting it in the background so they don’t think about it.

» The unreconciled self. Not everyone in the study aged successfully. Some people couldn’t adapt or reconcile themselves to the limitations of age.


“You’re only as old as you feel.”
— Anonymous
A POSITIVE ATTITUDE MAY REDUCE FUTURE DISABILITY
A positive attitude helps us adapt to the realities of aging today, but it can also reduce our chances of being disabled in the future. Researchers in England followed more than 3,000 men and women age 60 and older to determine if enjoyment of life predicted a lower risk of functional impairment. Enjoyment of life was rated as High, Medium, and Low according to the answers to these four questions:

- I enjoy the things that I do.
- I enjoy being in the company of others.
- On balance, I look back on my life with a sense of happiness.
- I feel full of energy these days.

Over the next eight years, impairment of two or more activities of daily living occurred in only one-in-twenty-five (4%) people who scored High on the four questions, compared to one-in-eight (12%) who scored Medium, and one-in-six (17%) with a Low score (Figure 3). Walking speed was also faster in people who scored High on the questionnaire. Some results in the study were based on economic factors, baseline health status, and lifestyle. But half of the differences were unexplained by traditional risk factors and the authors suggested that a positive outlook was a significant contributor to a healthier and more active life.

THE POWER OF POSITIVE THINKING
If attitude is such an important contributor to successful aging, is there anything we can do to boost our outlook on life? Emerging evidence suggests there might be. It’s done by harnessing the power of positive thinking.

Subjective age refers to how young or old we feel compared to our actual (chronological) age. The image we have of ourselves, as being relatively young or old compared to our peers, can sometimes rival or even outperform chronological age as a predictor of mental and physical health. A small French study was able to experimentally induce a younger subjective age in older people (average age, 74). Subjects in the study were tested for handgrip strength, a widely used surrogate measurement of mortality, disability, and other health-related complications. Half the participants were given positive feedback by telling them they were stronger than 80% of people their age. The other half received no feedback. Handgrip strength was then retested in both groups.

![Figure 3: Proportion of People Who Developed an Impairment of Two or More Activities of Daily Living](image)

Activities of daily living included bathing, dressing, eating, toileting, transferring, and walking.

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Participants who were told they were stronger than most people their age showed a significant increase in grip strength, whereas no changes were seen in the other group. In other words, people who believed they were younger often had the potential to act younger.

The power of positive thinking as a way to enhance successful aging was further strengthened by a Yale study funded by the National Institutes of Health. Subjects with an average age of 79 were asked a series of questions to determine if they had a positive or negative stereotype of older people. Responses ranged from most negative (decrepit) to most positive (spry). Over the next ten years, some people experienced at least one month of disability, defined as needing help with bathing, dressing, transferring, or walking. The question asked by researchers was, “Does age stereotype affect the likelihood of recovery from serious disability?” The answer was an unequivocal “Yes!” Older subjects with positive age stereotypes were 44% more likely to fully recover compared to those with negative age stereotypes. The likely explanation is that people who believe they can recover from illness and disability devote more time and effort to rehabilitation programs and other healthy behaviors that speed recovery.

What can I do?

» Learn from the best. Talk with friends and relatives who have aged successfully. How did they do it? What is their philosophy of life?

» Redefine success. A recent study reported that the top four ways we define our own success were (1) “good health,” (2) “finding time for the important things in life,” (3) “having a good marriage or relationship,” and (4) “knowing how to spend money well.” “Having a lot of money” didn’t even make the top ten.

» Reduce stress. Chronic stress can overwhelm our ability to care for ourselves and our family. Reduce stress with healthy eating, regular exercise, adequate sleep, avoiding alcohol and drugs, and getting professional help if you’re not improving.

» Look inside yourself. Meditation can help realign one’s perspective on the changing realities of life. Books, online tutorials, and community college courses teach beginners how to focus on the present and achieve a sense of tranquility regardless of life’s circumstances.

GOOD MEDICAL CARE

In an ideal world, the main purpose of health care would be to prevent illness, literally, care that keeps us healthy. But the bulk of health care today — medications, surgery, tests, and visits to health care providers — is to fix problems that have already developed.

Heart disease and cancer are responsible for almost half (49%) of deaths at ages 65 and older, and two-in-three deaths (67%) are due to just five conditions: heart disease, cancer, chronic lower respiratory disease, cerebrovascular disease, and Alzheimer’s disease (Figure 4). Imagine the peace of mind you’d have if there was one guideline that could help prevent or delay all of these conditions. “Health care” would be mainly routine checkups to be sure everything was still going well.

Such a guideline exists: Life’s Simple 7™. Developed by the American Heart Association, Life’s Simple 7™ was created to define ideal cardiovascular health and thereby reduce the likelihood of cardiovascular diseases and stroke. Only later was it discovered that these same recommendations can help prevent or delay cancer, chronic lower respiratory diseases, and Alzheimer’s disease.

> FIGURE 4
PROPORTION OF DEATHS DUE TO THE TOP FIVE CAUSES OF DEATH AT AGES 65 AND OLDER IN THE UNITED STATES

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The components of Life’s Simple 7™ include:  

1. Get active. At least 150 minutes of moderate physical activity each week.
2. Control cholesterol. Keep your cholesterol below 200 mg/dL.
3. Eat better. More fruits and vegetables, unrefined fiber-rich whole-grain foods, and fish, and less saturated and trans fats, cholesterol, and added sugars.
4. Manage blood pressure. Keep your blood pressure in the normal range, which means less than 120 mm Hg systolic and less than 80 mm Hg diastolic, or less than 120/80.
5. Lose weight. If you are overweight or obese, losing as few as five or ten pounds can help reduce blood pressure, cholesterol, and blood sugar.
6. Reduce blood sugar. A fasting blood sugar of 100 mg/dL or higher could indicate diabetes or pre-diabetes. Controlling blood sugar decreases the risk of heart disease and stroke.
7. Stop smoking. If you smoke, quitting is the best thing you can do for your health.

HEART DISEASE AND STROKE
A large study of the U.S. population confirmed the value of Life’s Simple 7™. Researchers compared outcomes in people according to how many of the seven favorable risk factors in the guideline were present. Survival rates during the 15-year study were 51% higher in people with six or seven favorable factors compared to those with zero or one favorable risk factor. Attaining four favorable factors increased survival by 37%, and having even two favorable risk factors increased survival by 19%.

CANCER
Life’s Simple 7™ can also reduce the likelihood of developing cancer. Research supported by the National Heart, Lung, and Blood Institute found that people with six or seven favorable risk factors lowered their risk of cancer by 51% compared to those with zero factors. Four favorable factors reduced cancer risk by 33%, and having even two favorable risk factors reduced risk by 21%. Four risk factors were responsible for most of the reduction in cancer rates: not smoking, physical activity, ideal body weight, and a healthy diet. Of these, “not smoking” was the most important, but people who satisfied five or six of the remaining goals still experienced a 25% lower risk of cancer.

ALZHEIMER’S DISEASE
Many factors that increase the risk of cardiovascular disease are also associated with a higher likelihood of Alzheimer’s disease, including lack of physical activity, unhealthy diet, obesity, diabetes, high cholesterol, hypertension, and smoking. The National Institute on Aging suggests that controlling such risk factors can help reduce the risk of Alzheimer’s disease as well as cognitive decline.

**CHRONIC LOWER RESPIRATORY DISEASES**
Most chronic lower respiratory diseases are caused by chronic obstructive pulmonary disease (COPD), “a group of conditions that cause airflow blockage and breathing-related problems.” COPD includes emphysema, chronic bronchitis, and in some cases asthma.” Since smoking is the main cause of COPD, the value of Life’s Simple 7™ lies mainly with the recommendation to stop smoking.

**PROGRESS, BUT WE NEED TO DO MORE**
Mortality rates for heart disease, the leading cause of death, have declined since 1980. Death rates for cancer, the second leading cause of death, have shown a gradual downward trend since 1993. And mortality rates for stroke, the third leading cause of death, have been declining since 1960.

Yet more needs to be done. Greater emphasis on the components of Life’s Simple 7™ might prevent or further delay the onset of these conditions. Figure 5 shows the proportion of American adults with favorable risk factors. Only about one-in-four (26%) of us have three favorable risk factors, one-in-five (22%) have four, and one-in-six (17%) have six. Even small changes — adding more fruits and vegetables to our diet, a walk after dinner, and losing as few as five or ten pounds — might make a difference.

**FIGURE 5**
**PROPORTION OF AMERICAN ADULTS WITH FAVORABLE CARDIOVASCULAR RISK FACTORS**

What can I do?
Government websites address the many aspects of good medical care. General recommendations include:

- Regular medical examinations.
- Screening tests to detect cancer, high blood pressure, high cholesterol, diabetes, and hepatitis.
- Vaccines recommended by your health care provider.
- Control of cardiovascular risk factors.

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Cardiorespiratory fitness — the ability of the heart, lungs, and muscles to supply oxygen during sustained physical activity — may be the strongest predictor for cardiovascular disease and total mortality.²² And the good news is you don’t need to be an Olympic athlete to reap the benefits of exercise. A large study sponsored by National Institutes of Health found that leisure time physical activity added years to life expectancy after age 40 (Figure 6).²³ A physical activity level approximately comparable to brisk walking for up to 75 minutes per week was associated with a gain of almost two (1.8) years in life expectancy, compared to people with no leisure time physical activity. Life expectancy increased even more with higher levels of activity, with a gain of four-and-a-half years in people who walked briskly for 450 minutes (7.5 hours) or more each week.

"Physical fitness is not only one of the most important keys to a healthy body, it is the basis of dynamic and creative intellectual activity." — John F. Kennedy

**FIGURE 6**
YEARS OF LIFE GAINED AFTER AGE 40 ACCORDING TO MINUTES OF LEISURE TIME PHYSICAL ACTIVITY

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Increased life expectancy and cardiorespiratory fitness aren’t the only benefits of regular exercise. According to the U.S. Department of Health and Human Services, there is strong evidence that adults and older adults who exercise regularly have a lower risk of coronary heart disease, stroke, high blood pressure, high cholesterol, type 2 diabetes, metabolic syndrome, breast and colon cancer, falls, and depression. And exercise often helps even if you’ve already developed health problems, such as arthritis, heart disease, diabetes, balance problems, or difficulty walking.24

Finally, a regular exercise program may also improve cognitive function, help prevent Alzheimer’s disease, and benefit people with early dementia.25 It does this in a number of ways.26 First, it lowers cardiovascular risk factors associated with a higher risk of cognitive impairment, including high blood pressure and high cholesterol, metabolic syndrome, diabetes, and inflammation. Second, exercise increases nerve growth factors (neurotrophins) that regulate brain cells and stimulate formation of new blood vessels within the brain. A Canadian study suggested that people ages 65 or older who exercised 30 minutes a day for five days per week would be almost 40% less likely to develop Alzheimer’s disease compared to those who were inactive. For the province of Ontario, this would mean that more than one-in-seven cases of Alzheimer’s disease might be prevented if everyone who is currently inactive were to exercise at the recommended level.27

**TYPES OF EXERCISE**
Exercises fall into four categories: endurance, strength, balance, and flexibility.28 Some activities fit into several categories. For example, many strength exercises also build endurance, and vice versa.

**Endurance exercises**, also called aerobic activities, are exercises that increase your breathing and heart rate. They include brisk walking, jogging, hiking, climbing stairs, swimming, biking, tennis, basketball, aerobic exercise classes, jumping rope, golf (without a cart), dancing, and yard work (mowing, raking, digging). The American Heart Association recommends “at least 30 minutes of moderate-intensity aerobic activity at least five days per week for a total of 150 minutes, or at least 25 minutes of vigorous aerobic activity at least three days per week for a total of 75 minutes; or a combination of the two.”29

New research suggests that many of the benefits of fitness are possible with shorter exercise durations. One approach uses a seven-minute period of high-intensity circuit training that combines aerobic and resistance training. People can choose from a dozen

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exercises that can be performed at home, including jumping jacks, push-ups, sit-ups, lunges, and squats. Even shorter periods of exercise may be beneficial. A study from Norway focused on ways to improve fitness for inactive middle-aged men who were overweight but otherwise healthy. Vigorous running on a treadmill for just four minutes three times a week for ten weeks significantly improved their fitness and reduced blood pressure and blood glucose levels.

Strength exercises, also called resistance training, increase muscle strength. They also reduce muscle loss that occurs with aging and during a weight-loss program. Examples include weight lifting, using an elastic resistance band, heavy gardening, and calisthenics such as push-ups, pull-ups, and sit-ups. The American Heart Association recommends moderate- to high-intensity strength training at least two or more days per week.

Balance exercises help prevent falls. They include exercises with a balance ball or balance disc, standing on one foot, heel-to-toe walking, Tai Chi, and many exercises that increase lower body strength.

Flexibility exercises become more important at older ages because our muscles, tendons, and ligaments lose some of their elasticity as we age. Useful exercises include stretching, yoga, and Pilates.

You’re never too old to start, and always too young to stop

Two recent reports from the British Journal of Sports Medicine highlight the value of exercise at older ages, even when we start later in life. But the findings come with a caveat: some of the benefits fade over time if we stop exercising.

The first study included almost 3,500 healthy men and women, whose average age was 64 years, who participated in the English Longitudinal Study of Ageing. Exercise levels at the beginning of the study were categorized as “inactive (no moderate or vigorous activity on a weekly basis),” “moderate activity at least once a week,” and “vigorous activity at least once a week.” Healthy aging was defined as survival for the duration of the study without developing depression, physical or cognitive impairment, or a serious chronic illness, such as cardiovascular disease, cancer, diabetes, chronic lung disease, Parkinson’s disease, or Alzheimer’s disease. The association between physical activity and healthy aging was reported over eight years of follow-up.

The second study investigated the likelihood of healthy aging in more than 12,000 Australian men age 65 to 83 who exercised for 150 minutes or more per week, compared to those who exercised less often. Healthy aging was defined as being alive after 10 to 13 years of follow-up and having no significant functional impairment, cognitive problems, or depression.

» Sustained exercisers. Men who exercised for at least 150 minutes per week throughout the entire study were 60% more likely to experience healthy aging than those who exercised less often.

» Late to the game. Those who exercised less than 150 minutes per week at the beginning of the study gained significant health benefits if they became more active during the study.

» Faders. Some participants who had exercised for at least 150 minutes per week became less active during the study. Some of health benefits were lost compared to those who exercised more often.

What can I do?

» Find the motivation that works for you. Some people exercise because of the long-term benefits, such as lower blood pressure and cholesterol, reduced risk of health problems, and weight loss. For others, it’s both social and emotional; exercise makes them feel more productive and engaged, less stressed, and happier because of time spent exercising with friends and being more active with grandchildren.

» Make the time. Rather than “Will I exercise today,” the question is “What type of exercise will I do today?”

» Some exercise is much better than none. The greatest improvement in health and well-being occurs in people who transition from no exercise to small amounts of exercise done on a regular basis.

» Walking is a good way to start. It’s free, easy, fun, and an excellent exercise. After dinner, take a 10-minute stroll with the family. Gradually increase the length of your walks and add other forms of exercise.

» Include all four categories of exercise without overemphasizing any of the components, especially in late middle- and older age when balance and flexibility become even more important.
FORMAL EDUCATION

Formal education is determined by educational attainment. Figure 7 shows life expectancy (average remaining years of life) for Americans who are age 25.³⁵ Life expectancy is significantly higher in people with more education. At age 25, women with less than a high school degree have a life expectancy of 50 years, compared to 62 years for women with a college or graduate degree. The difference is even greater for men. Life expectancy at age 25 is 44 years for men with less than a high school degree, compared to 57 and 60 years, respectively, for men with a college or graduate degree.

Educational attainment also affects the likelihood of disability later in life (Figure 8). For people ages 65 and older, almost four in ten (38%) with less than a high school diploma have a functional limitation, compared to only two in ten (20%) of those with a college degree.36

**FIGURE 8**
FUNCTIONAL LIMITATIONS IN PEOPLE AGE 65 AND OLDER WHO ARE LIVING IN THE COMMUNITY, BY EDUCATIONAL ATTAINMENT

Activities of daily living (ADLs) include bathing, dressing, eating, walking, transferring out of bed or a chair, and using the toilet.

Instrumental activities of daily living (IADLs) include preparing meals, shopping, using the telephone, managing money, and taking medications.

**LIFELONG LEARNING**
Lifelong learning means continuous learning throughout life, mainly outside the classroom. It includes learning by thinking and doing, acquiring new knowledge and skills, and cultivating a mind that is flexible, creative, and adaptable to different ideas, people, and cultures.

Two novel concepts — cognitive reserve and neuroplasticity — highlight the value of lifelong learning. Cognitive reserve is excess brain capacity that confers protection against age-related decline in brain function.37 Neuroplasticity refers to the ability of the brain to change — physically, functionally, and chemically — in response to new information, stimulation, or damage.38 Many people can increase their cognitive reserve, with the accompanying changes in brain structure and function, but it takes work. In much the same way that muscles need regular exercise to keep them flexible and strong, we need to exercise our brain as well, especially at older ages.

What can I do?

Maintain the skills you’ve already acquired.

» For some people this might mean working later in life, either for a salary or as a volunteer. A large study from France reported a lower rate of dementia in people who retired at older ages, probably because of mental activity and socialization during work.39

» Challenge your brain with new tasks, especially those requiring concentration.

This might include reading, learning a new language, taking courses at the community college, playing a musical instrument, cooking, travel, using the opposite hand to tap on the touch screen of your phone or tablet, and new hobbies such as painting or woodworking.

Computerized “brain games” are receiving a great deal of attention as a way to increase cognitive reserve and produce favorable changes in neuroplasticity. One study supported by the National Institutes of Health reported that middle-aged and older adults were able to slow age-related cognitive decline by playing a commercially available video game.40 Another study from the University of California used a custom-designed video game to analyze the effect of multitasking training on people age 60 to 85.41 The challenge was to use a hand-held controller to race a car on a video screen while identifying or ignoring road signs that appeared during the game. As expected, improvements in game performance were observed during the study, but older adults also performed better at memory and attention tests outside the game. Researchers documented changes in brain waves indicating subtle improvements in brain structure and function in response to training sessions. AARP also provides links to online games as a way to strengthen memory and enhance problem-solving and language skills.42

» Exercise your memory. Memorize the names of U.S. Presidents, the 50 states and their capitals, countries of the world, baseball statistics, telephone numbers of friends and family, or the scientific names of plants and flowers in your garden.


EAT HEALTHIER

This dietary advice, given to us decades ago by our mother, captures the essence of healthy eating: eat what has always been recognized as food, rather than what comes in boxes, cans, packages, tubes, and ready-to-eat meals.

The recommendations in the table, which summarize the fundamentals of healthy eating, were largely adapted from the most recent Dietary Guidelines for Americans.\textsuperscript{43} The emphasis is on variety (different foods with different nutrients), balance (don’t eat too much of any single food), and moderation (be mindful of calories and portion size). Note that healthy eating is not a diet and weight loss is not the primary intent. Rather, the goal is to eat healthier, starting today, by gradually changing our dietary habits. For those interested in weight loss, there’s no shortage of options. A list of diets — 670 of them — can be found online.\textsuperscript{44}

<table>
<thead>
<tr>
<th>GENERAL RECOMMENDATIONS FOR A HEALTHIER DIET</th>
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</thead>
<tbody>
<tr>
<td><strong>EAT MORE</strong></td>
</tr>
<tr>
<td>Fruits and vegetables. Choose from a rainbow of colors: red, orange, yellow, green, blue, purple, white, black, and pink.</td>
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<tr>
<td>Monounsaturated (canola, olive, safflower) and polyunsaturated (soybean, corn, cottonseed) oil.</td>
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<tr>
<td>Dairy. Reduced fat milk, yogurt, and ice cream; low-fat cheeses (cottage, ricotta, part-skim mozzarella, string cheese, goat cheese).</td>
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<tr>
<td>Fish. At least twice a week.</td>
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<tr>
<td>Unsalted nuts. A great snack, but watch the portions. Nuts are high in calories.</td>
</tr>
<tr>
<td>Whole grains. Whole-wheat bread, whole-grain cereals and crackers, oatmeal, and brown rice.</td>
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</tbody>
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The U.S. Department of Agriculture recently reported good news about the eating habits and diet quality of working-age adults.\textsuperscript{45} Between 2005 and 2010, average daily caloric intake decreased by 118 calories, the share of calories from fast food declined, and more meals were eaten at home. Intake of cholesterol and saturated also decreased. The improvements were due to increased consumer preferences for nutritious foods, greater use of nutrition information during food shopping, and to a lesser degree, the recession of 2007 to 2009, which reduced the money available for meals away from home.

What can I do?

» No foods are “off limits.” There’s no need to give up the meals we love. Everyone enjoys certain foods that are not the most nutritious choices. It’s okay to eat them, but less often, and in smaller amounts.

» Smaller portions. Use smaller plates to trick your brain. Fill half the plate with vegetables and salads.

» Don’t skip meals. If you do, you might be ravenous when lunch or dinner arrives and then overeat at the next meal. Plan on four to six meals a day: breakfast, lunch, dinner, and healthy snacks between meals and after dinner if you like.

» Focus on nutrition, not calories.

» Eat slowly. It will be easier to recognize when you’ve had enough to eat.

» Don’t multitask. This is your time to eat. Don’t text, check emails, or watch TV while eating.

» Be easy on yourself. Eating habits are not acquired overnight and relapses into old patterns are inevitable.

» Get professional advice from a health care professional if you have health problems or special dietary needs.

SLEEP

Sleep, like good nutrition and regular physical exercise, is critically important to overall health and well-being. It plays a role in metabolic and emotional regulation, performance, memory consolidation, and learning. New research also suggests sleep may help remove waste products that accumulate in the brain while we’re awake.

Adults need seven to eight hours of sleep per night, yet more than one-in-three (35%) of us sleep less than seven hours most nights. Sleep-deprived adults are more likely to have daytime sleepiness, which can lead to poorer job performance, workplace injuries, and impaired driving. Insufficient sleep and poor quality of sleep are also associated with obesity, diabetes, hypertension, heart disease, stroke, depression, a weaker immune system, and problems with memory, learning, and concentration.

Medical studies have identified an association between poor sleep and cognitive impairment in older adults, especially in people with Alzheimer’s disease. For example, many people with early Alzheimer’s disease sleep poorly or for short durations. It’s not known if poor sleep is a risk factor for Alzheimer’s disease or simply a consequence of the disease. But these studies confirm what has long been known: sleep is not a luxury; it’s a necessity for good health, even at older ages.

What can I do?

The Centers for Disease Control recommends the following steps to improve sleep hygiene:

» Go to bed at the same time each night, and rise at the same time each morning.

» Sleep in a quiet, dark, and relaxing environment, which is neither too hot nor too cold.

» Make your bed comfortable and use it only for sleeping and not for other activities, such as reading, watching TV, or listening to music.

» Remove all TVs, computers, and other “gadgets” from the bedroom.

» Avoid large meals before bedtime.

Other tips for a good night’s sleep are to finish eating at least two to three hours before bedtime, avoiding caffeine and alcohol close to bedtime, regular exercise, and stopping smoking.

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SOCIALIZATION

Social relationships are a fundamental part of health and wellness. We spend our lives interacting with friends and family, neighbors, coworkers, and strangers, sharing their joys and sorrows, learning from each other, helping them and being helped. So it’s no surprise that social isolation and loneliness are often associated with poor health and higher mortality.

SOCIAL ISOLATION

Social isolation means a smaller social network. It’s more common at older ages because of reduced economic resources, health problems that limit mobility, and the death of family members, friends, and neighbors who represented the majority of our social contacts. Social isolation has been associated with a higher risk of cardiovascular disease, cognitive deterioration, and mortality.

A recent study of older men and women in England shed additional light on the relationship between social isolation and mortality. Social isolation was based on being “unmarried or not cohabiting; having less than monthly contact (including face-to-face, telephone, or written/email contact) with children, other family members, and friends; and no participation in organizations such as social clubs or residents groups, religious groups, or committees.” Over the next seven years, mortality was 26% higher in the most socially isolated people. Why would social isolation increase the risk of death? People with limited social contact may have an unhealthy diet, be less active, smoke more, not follow medical recommendations, and lack access to help from others if they become sick or disabled.


**LONELINESS**

Loneliness is a feeling of isolation, not belonging, or lacking companionship. It’s different from being alone. For example, we might feel lonely when surrounded by family and coworkers, and not at all lonely even though we live alone. The difference is that loneliness reflects dissatisfaction with the relationships we have and those we’d like to have.

Researchers have reported a higher risk of health problems and early mortality in people who feel lonely. One of the largest studies was done at the University of California, San Francisco. Subjects in the study, whose average age was 71 years, were asked if they (1) “feel left out,” (2) “feel isolated,” or (3) “lack companionship.” They were classified as “lonely” if they responded “some of the time” or “often” to any of the three questions. Outcomes were assessed six years later, and the results were striking. Lonely people were more likely to experience functional decline, including decreased mobility and greater difficulties with upper extremity tasks, climbing stairs, and the activities of daily living. Death rates were also 45% higher in people who were lonely compared to those who were not lonely. Explanations for poorer outcomes in lonely people include inadequate nutrition, medication noncompliance, decreased mobility, and the stress and poorer quality of life that often occur in people who lack social support.

**What can I do?**

» **Volunteer.** There’s no better way to make friends, build your social network, and help others in the community.

» **Rekindle a passion.** Join a walking or gardening club, learn ballroom dancing, build furniture, or write your memoir.

» **Adopt a pet ... especially a dog.** Taking Fido for two walks a day is a great way to get exercise, have a break from your daily routine, and meet new people.

» **Go online.** The possibilities are endless: games, including games that improve memory, chat rooms, and education.

» **Take a class.** Learn a new language, pursue your life-long dream of being a painter, creative writer, or chef, or join others in a line dancing or exercise class.

» **Sail away.** Many tour companies specialize in international travel and cruises geared specifically for older adults.

**FINAL THOUGHTS**

We all arrive at today with the opportunity to make tomorrow better. AgeLess, a prescription for successful aging, can help. For some people, it might be a concerted effort to improve our attitude, receive good medical care, start an exercise program, or learn something new. Others might decide to eat healthier, make time for a good night’s sleep, or build a broader social network. There’s no guarantee these steps will add years to our life. But they’ll probably add life to our years, and help us enjoy a happier and more fulfilling retirement.

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All guarantees and benefits of the insurance policy are backed by the claims-paying ability of the issuing insurance company. Policy guarantees and benefits are not backed by the broker/dealer and/or insurance agency selling the policy, nor by any of their affiliates, and none of them make any representations or guarantees regarding the claims-paying ability of the issuing insurance company.

[The opinions reflected are those of the author and are not necessarily those of Merrill Lynch and Merrill Lynch expresses no opinion with regard to them.]

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