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Letter to the editor

Healthy ageing: Evidence that improvement is possible at every age

The extensive review on healthy ageing by Michel et al. [1] appropriately emphasizes the life-course viewpoint and importance of maintaining functional ability. They divide their review in 4 parts:

- interventions focused on habits and behaviours;
- interventions focused on diseases which increase both mortality and disability;
- interventions on chronic diseases most relevant for disability;
- interventions to delay or prevent frailty.

In the following I'll present some fulfilling remarks on this excellent paper.

In the spirit of the recently launched WHO World Report on Ageing and Health 2015 (<http://www.who.int/ageing/events/world-report-2015-launch/en/>), the review nicely consolidates and summarizes some earlier work presented in this journal: The aim to find an operational definition of the concept of active and healthy ageing [2] and reports on the European Innovation Partnerships on Active and Healthy Ageing (EIP on AHA), which aim to enhance EU competitiveness, tackle societal challenges and improve older people's status through research [3]. EIP on AHA has growing importance in Europe [4,5].

Contributions of geriatrics are essential for healthy ageing, but as importantly we need prevention earlier in life: primordial prevention so that development of important risk factors such as hypertension, hypercholesterolemia and obesity would not occur, and primary prevention, treating those risk factors, if developed, to prevent clinical events. For primordial prevention, physical activity, nonsmoking, "heart and brain healthy" diet, and prevention of substance abuse are cornerstones already from birth, and they require societal actions. We must ensure an environment where physical activity is easy and safe, laws on smoking to reduce consumption, and helping people to make healthy choices on diet. For prevention, we have currently efficient drugs (like statins and antihypertensives) and other means to prevent cardiovascular diseases and some forms of cancer. These diseases increase both mortality and risk of disability, which could be prevented or postponed by more efficient treatment of hypertension, hypercholesterolemia and obesity. Michel et al. duly emphasize the importance of preventing and treating conditions, which may not be immediate causes of death but cause enormous costs to societies [1]. These conditions include cognitive disorders and dementia, osteoporosis and related fractures, osteoarthritis,

sarcopenia, and sensory deficiencies. For some of these, like osteoporosis and fractures we have existing ways to prevent and treat [6], but many forms of sensory impairments and dementia still seek efficient cure, not only symptomatic treatment. The proof of concept study, FINGER [7] shows promise for multidomain lifestyle intervention (diet, exercise, cognitive training) to prevent cognitive decline, but whether it also prevents clinical dementia, is to be waited. However, it is important to note that midlife risk factors, like hypercholesterolemia predict Alzheimer's disease [8]. So also here we need a life-course strategy.

Finally, frailty is increasingly seen as central condition in geriatrics [9], discerned in 10% of 70+ people and strongly increasing with older age. Both overweight and cardiovascular risk in midlife are known to predict old age frailty [10] – again stressing the life-course viewpoint –, but we clearly need more information about its origins and proper treatment. For this the recently launched European Sarcopenia and physical frailty in older people: multi-component treatment strategies (SPRINTT)-project is seeking effective solutions (<http://www.imi.europa.eu/content/sprintt>).

Disclosure of interest

The author declares that he has no competing interest.

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