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2016-06

Springer Science and Business Media Deutschland GmbH

http://hdl.handle.net/10138/224037

Strandberg, T E, Michel, J-P & Maggi, S 2016, 'Healthy ageing requires a triple strategy', Aging Clinical and Experimental Research, vol. 28, no. 3, pp. 369-370. https://doi.org/10.1007/s40520-016-0583-9

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Aging Clin Exp Res (2016) 28:369–370
DOI 10.1007/s40520-016-0583-9

EDITORIAL

Healthy ageing requires a triple strategy

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Received: 12 April 2016 / Accepted: 22 April 2016 / Published online: 6 May 2016
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Experts often tend to look at things from their own angle, but in this point of view European geriatricians aim to take a global look at healthy ageing, combining views from the United Nations formulated Sustainable Development Goals (SDGs) for 2030 with focus on <70 years [1], and ongoing WHO efforts [2], with the focus on older people. We appraise WHO and other experts [3, 4] for taking healthy ageing—not only nursing or long-term care—on the foremost arena; it is best for both individuals and society that extra years are spent with good functional capacity and well-being. As geriatricians, we are working for that goal by promoting healthy life styles, targeting prevention and using therapies that are attuned and efficient in our ageing and oldest old patients. Geriatric medicine has been successful; a substantial proportion of current prolongation of life expectancy without cognitive decline [5, 6] is certainly explained by improved ageing and old people's care [7]. Whether extra years are also better in quality is a matter of controversy [2].

Moreover, premature mortality and disability are getting more frequent in younger cohorts [8]. Therefore, we must consider healthy ageing in a life course perspective. Few studies exist, but in a recent long-term study from early midlife to old age, only 5 % of the original cohort of octogenarian men experienced "healthy ageing" (defined by the absence of important non-communicable diseases, intact memory and ADL, happy and socially active) [9]. In older survivors, the proportion has been higher, for example 12 % in a national US sample of 65+ individuals [10].

However, it is very obvious that the proportion of people with the historical definitions of "healthy ageing" closely hinges on the definitions used [10, 11], and it can be argued whether, for example, the absence of adequately treated chronic conditions in old age should be included. In any case, we have still work to do in preventing premature deaths, compressing morbidity and disability to the end of life span, improving function and well-being in later life and favouring dignified death.

Modifiable risk factors should be tackled early, with primordial prevention if possible. As a threat for healthy ageing especially hypertension is important worldwide [12]. High blood pressure is insidious, and strokes and myocardial infarctions are not the only serious outcomes. Equally important from the healthy ageing viewpoint is small vessel dysfunction leading to geriatric syndromes such as cognitive disorders, mobility disability and fall tendency [13], which are prime threats for functional old age. Recently also subclinical atherosclerosis, reflected as increased coronary artery calcium score, was associated with higher risk of dementia in older women [14].

Consequently, to achieve healthy ageing, we need a tripled-edged strategy: (1) promotion of healthy lifestyle at the population level to keep body weight in check, and prevent atherosclerosis and hypertension in the first place: moderate and regular physical exercises, wise and adequate diet, no smoking and low/moderate alcohol consumption, (2) identification and efficient control/treatment of early

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and midlife risk factors, especially hypertension, hypercholesterolaemia, smoking and obesity, to ensure that people have good functional capacity when they enter old age and (3) good coordination of services to treat diseases and prevent frailty and disability of older people, also taking into account their special individual and environmental features. Geriatric medicine is best attuned for the third goal, but geriatricians also need to inform general practitioners and other physicians treating younger people, as well as the health care system overall, how to maximize the odds of healthy ageing and without age discrimination [15], as so well described in the recent first WHO World Report on Ageing and Health [2].

Compliance with ethical standards

Conflict of interest On behalf of all authors, the corresponding author states that there is no conflict of interest.

Ethical approval This article does not contain any studies with human participants performed by any of the authors.

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