

Midlands Ageing Forum

BPS Research Seminar Series:

Beyond Boundaries: Exploring Psychologies of Ageing

Seminar 2

Positive Ageing: Lifestyles and living well

Conference blog: Anita Morrison-Fokken

As a researcher in the Ophthalmic Research Group and a member of the Ageing Eye Cluster, I was well aware of the effects of ageing on ocular health, and that nutrition plays a role in age-related ocular diseases. This conference provided a unique opportunity to meet professionals from other backgrounds and enhance my understanding of the ageing process related to the whole person, not just their eyes!

Dr Anne Hendry highlighted that frailty is part of a continuum (Robust > Frail > Functional limitation > Disability > Dependency) and that there is potential reversibility of functional decline from the onset of the “Frail” stage. This leads to the concept of anticipatory care and the benefits of physical activity. The “Living it up” programme is an online tool (<https://portal.livingitup.org.uk/page/about-us>) for health and wellbeing management and is the Scottish element of the UK wide “dallas” programme (<https://connect.innovateuk.org/web/dallas>). Activities should be suitable for all interests, and the men’s shed organisation was mentioned as an example (www.menssheds.org.uk). We were also encouraged to look at the 9 healthy lifestyle habits as described by Dan Buettner: move naturally, purpose, downshift, 80% rule, plant slant, wine@5, belong, loved ones first, and right tribe. More about these can be found at <https://www.bluezones.com/live-longer/>.

My personal take-home message from this presentation was “There’s no ward like home.”

We all know that stress isn’t good for us. Dr Anna Phillips gave us some insight into the psychobiological processes created by stress. Chronic stress results in poorer immunity as demonstrated by wound healing and response to vaccination. There is also an effect of ageing of the immune system. Caregiving was highlighted as one source of chronic stress that has increased detrimental effects when combined with age. Cortisol is an immune suppressor. DHEA (dehydroepiandrosterone) is an adrenal steroid whose levels decline with age: the adrenopause. The cortisol:DHEA ratio is affected by stress, but it has been shown that physical exercise can buffer against these effects. Even just being a little more active can show a positive response.

Certain physical measures, such as poor grip strength, impaired balance, or gait speed are associated with falls, but Dr Sarah Bauermeister reported on her investigations into the influence of cognitive variability on falls risk in older adults. Cognitive variability is defined as the trial to trial reaction time variability for a single person in a given cognitive task. Executive control deficits have been found in those reporting a fall, and cognition mediates executive function. This study found greater cognitive variability and deficits in EF as well as physical measures were all associated with a higher likelihood of falling. The take-home message

here was to encourage even small amounts of physical activity: sitting down and moving your arms around vigorously would count as long as it brought a little flush to the cheeks!

Smoking, diet and exercise are all risk factors for dementia. Professor Eef Hogervorst gave a fascinating presentation on the influence of nutrition on its development. Obesity doubles the risk of dementia, as does high cholesterol and diabetes. I was surprised to learn that poor oral health and having fewer than 10 teeth also doubles its risk. The Okinawa diet and the 5:2 fast were mentioned, the latter being reported as very good for resetting the body's insulin levels. In common with previous presentation, the benefits of physical exercise were also stressed, with resistance exercises being found better than Yoga for improving memory! The way forward to reduce dementia is to stop smoking, brush your teeth, eat and drink well (good fats, legumes, vegetables, fruits and grains). The thing to remember here is that what is good for the heart is good for the brain.

A small group discussion followed. Some of the soundbites from this were:

- The term “resilience”
- Using people as their own assets: not be done unto
- Quality of Life: living well
- Avoid social isolation: keep in touch with friends
- There can be transmission of deprivation not just in education or nutritional aspect, but also in aspiration
- A fascinating blend of focus on stress and when does it become distress / destructive
- How do we make that critical mix of all elements (diet, lifestyle, community purpose) happen in our society?
- Is the Ageing epidemic going to happen?
- It is about localism: some of the best outcomes have been disseminated by collaborative working
- Learned a lot to help facilitate a whole new activity programme around arts and dementia
- Start early with intervention
- Buy peanut butter and marmite!
- And, last not least, walk the dog (for those in attendance, remember it was naked, but not with a terrier!)

A thoroughly educative event. I enjoyed it immensely.