Healthy ageing

Glenn Duns

We don't stop playing because we grow old. We grow old because we stop playing.

- George Bernard Shaw

The world is in the midst of an important demographic transition, with the number of people aged ≥60 years expected to outnumber the number of children aged <5 years for the first time in recorded history by 2020. While ageing of the population started in high-income countries, it is now occurring most rapidly in low-income and middle-income countries.1

In Australia, older adults, defined as those aged ≥65 years, made up 15% of the population in 2016, compared with 9% in 1977, and this proportion is predicted to increase to 22% by 2056.2 Older adults increasingly are remaining in the workforce, with workforce participation rates of 13% in 2018, compared with 8% in 2006. Participation in sports and other forms of physical activity has remained steady between surveys, but there is still much room for improvement. Keeping active with work and recreation is believed to be essential for healthy ageing, with 'many researchers ... contend[ing] that a fit, active person, past the age of 65 years, has the physical capacity of a more sedentary younger person, with many of the so-called effects of ageing more the results of disuse than of time'.3

This expectation of normal functioning into older age extends to sexual activity as well.4 Menopause is a cause of significant physiological changes that can affect sexual activity, but many of these changes can

be managed, as detailed in the article by Magraith and Stuckey.5 The perceived safety of menopausal hormonal therapy (MHT) changed dramatically following the publication of the Women's Health Initiative trial results in 2002,6 but subsequent studies and re-analysis of the data from the trial have demonstrated the safety and benefit of MHT for most women.

The use of hormone therapy in ageing men has also had its controversies. The physiological situation in men is, of course, completely different to that in women and there is no male equivalent to menopause. Testosterone levels gradually decrease with age and this can affect sexual desire and function. When and how to treat testosterone deficiency in the ageing man is the subject of ongoing debate and research, as described in the article by Grossman.7

An emphasis on maintenance of function as people age is obviously important to individuals but is also important for policy-makers,8 as an ageing population could easily place an enormous strain on the healthcare system. This emphasis on function is addressed in the article by Poulos and Poulos that describes a function-focused approach to reablement and restorative care.9 The authors recognise that an individual's functional ability is not only dependent on 'how well intrinsic capacity has been maintained or can be regained', but also 'the degree of compensation provided through an enabling environment'.

Maintaining health and function into older age is a priority for patients, clinicians and policy-makers. Living longer needs to be associated with a prolongation of functional, enjoyable and playful years. Even in the setting of functional decline,

there is still the possibility of a good quality of life through the development of a well-resourced, enabling environment. As we negotiate the demographic transition to an older population, it is important that the ability to remain active and playful remains possible for young and old alike.

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