



What's really happening among the elderly population?



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Introduction

Global population is rapidly ageing due to an increase in life expectancy and a reduction in fertility rates, while the number of years lived with disability is also on the rise [1-3,5]. In 2010, an estimated 524 million people were aged 65 or older, 8% of the world's population. By 2050 this is expected to nearly triple to 1.5 billion, representing about 16% of the world's population [1]. In the United Kingdom alone, there are about 10 million people aged over 65, a number expected to rise by 1.1 million by 2020 [6].

Ageing presents both challenges and opportunities. It will increase demand for primary health care and long-term care, require a larger and better trained workforce and intensify the need for environments to be made more age-friendly. In addition, it is well known that age is an independent risk factor for the development of non-communicable diseases (NCDs) such as cardiovascular disease, cancer, diabetes and dementia [1].

Even without NCDs, function and independence generally decline in older age as a result of reductions in cognitive and physical capacity [7-8], where reduced or impaired mobility plays an important role in poorer quality of life (QOL) among those living in residential care homes. Approximately, 90% of people in long-term care have some type of reduced mobility [17], with about 40% of those with dementia losing their ability to walk each year [18].

Now more than ever it is vital to investigate ways to encourage "aging well" [9] or "Active Ageing", which refers to older adults being enabled to continue participating in "social, economic, cultural, spiritual and civic affairs" and maintain a good QOL [10].

Performing sufficient physical activity (PA) is a primary modifiable determinant of health especially pertinent to active ageing because it is known to have vast mental and physical health benefits for people of all ages [11,12]. Therefore, with or without NCDs, increasing PA levels is one of the primary targets of the World Health Organization (WHO) [13].

However, despite the known benefits of regular PA [14], 23% of adults globally are insufficiently active, with some high income countries having inactivity rates of up to 54% [15]. In addition, inactivity rates increase with age, with around two-thirds of those

between 65-74 years and three-quarters of those over 75 years not meeting PA guidelines of at least 150 min/week of moderate intensity activity in either the USA [16] or Australia [17], and those living in care homes still spend most of their time in wheelchairs or in bed [19].

Adding to that according to the European Opinion Research Group, 97.4% of people aged 65 and over do not meet recommendations for PA to achieve health benefits [22]. In the older Polish population, the most popular use of free time is watching television and listening to the radio (30.2%), followed by reading (15.5%), passive recreation (13.1%), religious practices (11.9%), and gardening (8.7%) [23].

On the other hand, aging is one of the greatest social and economic challenges facing the European Union (EU). According to a 2011 report by the Central Statistical Office in Poland, nearly 40% of people older than 70 years of age have problems with basic self-care: more than 1.8 million have difficulty self-washing, and more than 1.6 million have difficulty dressing and undressing independently [4,20].

Many behavioral change theories highlighted in addition the importance of social factors such as social support (SS) and social connectedness in maintaining and/or initiating behavior change in PA with older adults [24-29]. Furthermore, the WHO identifies SS as a key determinant of Active Ageing [10].

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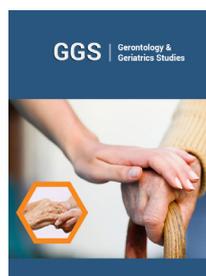
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