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Commentary

Maintenance of Physical Activity in Older Adults

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DESCRIPTION

Regular physical activity is one of the most important things people can do to improve their health. Moving more and sitting less have tremendous benefits for everyone, regardless of age, sex, race, ethnicity, or current fitness level. Exercise can prevent many age-related changes to muscles, bones and joints and reverse these changes as well. It's never too late to start living an active lifestyle and enjoying the benefits. Exercise strengthens bones and helps slow bone loss. Older people can increase muscle size and strength through strength-building activities. Balance and coordination exercises such as Tai Chi can help reduce the risk of falls. Physical activity in older people slows the rate of bone loss and thus slows the progression of osteoporosis. Weight-bearing exercises such as walking and strength training are the best types of exercise for maintaining bone mass. Twisting or twisting movements in which muscle attachments pull on bone are also believed to be beneficial. Older adults who exercise in water (not weight bearing) can still see increased bone and muscle mass compared to older adults who engage in sedentary activities.

Given the gradual increase in life expectancy of the population, the question arises whether the extended time includes healthy life expectancy and promotes a high health-related quality of life in old age. Physical Activity (PA) is defined as any body movement produced by skeletal muscle those results in energy expenditure. PA includes exercise, sports, and physical activity performed as part of daily life, work, leisure time, or active travel. Exercise is a subcategory of planned, systematic, and repetitive physical effort with the ultimate or intermediate goal of improving or maintaining physical fitness. Physical function is the ability of a person to perform the physical activities of daily living. Physical function reflects motor function and control, physical fitness, habitual PA is a protective factor against non-communicable diseases such as cardiovascular disease, stroke, diabetes and some cancers, and PA improves mental health, improves quality of life in relation to delayed onset of dementia and well-being. The health benefits of PA are well documented, with higher concentrations and amounts of PA reducing risk and improving health in many important areas. PA or training dose is described by duration, frequency, intensity and mode.

For optimal effects, the older person must adhere to the prescribed exercise program and follow the overload principle of training, to exercise near the limit of the maximum capacity to challenge the body systems sufficiently, to induce improvements in physiological parameters. Muscular strength inactivity is associated with alterations in body composition resulting in an increase in percentage of body fat and decline in lean body mass. Thus, significant loss in body mass will takes place with inactivity. Skeletal muscle atrophy is often considered a hallmark of aging and physical inactivity. Sarcopenia is defined as low muscle mass in combination with low muscle strength and/or low physical performance. Consequently, low physical performance and dependence in activities of daily living is more common among older people. However, strength training has been shown to increase lean body mass, improve physical performance, and to a lesser extent have a positive effect on self-reported activities of daily living. The type of exercise and intensity will depend upon the ability of the person. Physical activity for older adults can take many forms (e.g. walking, swimming, stretching, dancing, gardening, hiking, cycling or organised exercise sessions).

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