

GroupHealth.



**Enlightened Aging**

Old Age as a Reward—Not a Punishment—for a Life Well-Lived

A presentation to the  
Employee Benefit Planning Association

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June 4, 2015

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**Evangeline Shuler at age 100**




Community activist, mother, social worker, Peace Corps volunteer  
...and tango dancer

Group Health member and research participant

Lived to age 108!

A role model for "enlightened aging"

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**What is enlightened aging?**



- A hope-filled approach that's based in the science of growing old
- Combines knowledge of healthy aging with the foresight to use it
- Enlightened aging empowers you to:
  1. Prepare well for late life
  2. Live well with changes that are a natural part of the aging process
- A concept that emerged from our research on healthy aging at Group Health Research Institute

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**Group Health Research Institute** 

- Established in 1983 to oversee all research at Group Health.
- Non-proprietary, **public-interest** research; results are shared in the public domain.
- Interdisciplinary faculty** of more than 60, including 14 physician scientists.
- 40 affiliate investigators.
- 31 Group Health clinical associates.
- About 300 other employees working on 250+ studies.



*We do practical research that helps people everywhere stay healthy and get the care they need.*

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**GHRI's mission and vision** 

**Mission:** To improve health and health care for **everyone** through leading-edge research, innovation, and dissemination.

**Vision:** We envision a future where, through **public-domain** research and evaluation:

- We influence health care and policy to benefit all.
- We advance Group Health's capabilities as a learning health care system.
- We develop the health science leaders of today and tomorrow.
- We are the preferred health research partners for local, national, and international collaborations.

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**GHRI's main research areas** 



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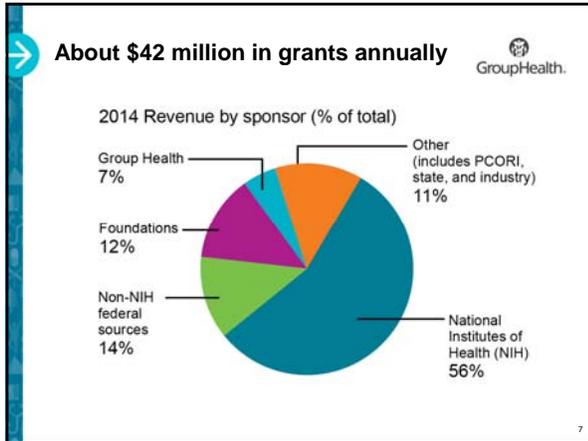
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**Research in aging explores...** 

What are the normal changes (mental and physical) as we age?

What is unusual decline as we age?

How can avoidable decline be minimized?

How can we prevent or delay the onset of chronic diseases or conditions?

How can we successfully adapt to chronic conditions if they do occur?

How can we help people remain functional and independent as long as possible?



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**Acting study: Adult Changes in Thought (ACT)** 

A research study I've been leading at Group Health and UW since 1986

- Objective: To study the frequency and risk factors for dementia
- Has evolved to be a "living laboratory" for studying dementia, aging, genetics, and more
- Funded by the National Institute on Aging
- The longest running study of its kind—nearly 30 years
- Researchers observe older people over time
- Allows observation of normal and abnormal aging in a group that represents the larger population

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 **ACT's unique capabilities** 

The world's only study that can link outcomes for dementia, frailty, and aging to data on each participant's whole health history, including:

- Medical records
- Lab tests
- Pharmacy records
- Extensive brain tissue from autopsies
- DNA and other genetic material

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 **Why research on aging matters** 

Fastest growing segment of our population is the oldest old:

- 1980: 720,000 Americans over age 90.
- 2010: 1.9 million Americans over age 90

Baby Boomers will create a demographic tsunami:

- From 2010 to 2050, U.S. population aged 65 to 89 is expected to *double*.
- In that same period, the total population aged 90 and over will more than *quadruple*.
- By the 2040s, the U.S. will see its biggest spike ever in the number people over age 90. During that decade, the 90-and-older population will jump *71 percent*.

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 **Why research on aging matters** 

Dementia affects:

- 35% of people age 85-90
- 50% of people age 90-95
- 75% of people age 95 and older

Over half of those born today will live to be at least 100 years old.

Much of our research has focused on possible ways to prevent or delay the onset of dementia.

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 **How ACT participants are selected** 

- Randomly selected
- Must have been enrolled in Group Health for at least two years
- Free of dementia at their enrollment visit
- From the Seattle region
- At least 65 years old; no upper age limit
- We cannot accept volunteers

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 **Some findings from ACT study** 

**2003:** Exercise training combined with teaching care-givers techniques for managing behavior improved physical health and depression in patients with Alzheimer's disease.

**2004:** Wearing athletic shoes reduces the risk of falls in older people. Going barefoot or wearing stockings greatly increases the risk of falls.

**2004:** People newly diagnosed with Alzheimer's disease survive about half as long as those of similar age who do not have the condition.

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 **Some findings from ACT study** 

**2006:** Seniors who exercise three or more times a week have a 30% to 40% percent lower risk for developing dementia compared with those who exercise less.

**2006:** Good physical function is linked to delay in Alzheimer's disease, suggesting that re-engaging in physical activity may help to stop or slow cognitive decline.



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**More findings from ACT** 

**2007:** Microscopic injuries to blood vessels in the brain (“micro-infarcts”) may be responsible for more cases of dementia than previously recognized. Controlling high blood pressure may lower the risk of dementia by minimizing micro-infarcts.

**2008:** Seniors who participate in Group Health’s fitness programs have lower health care costs.

**2009:** Anti-inflammatory pain relievers like ibuprofen do not prevent AD in older people.

**2010:** Hospitalization for acute illness is linked to greater cognitive decline for older adults.

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**More findings from ACT** 

**2011:** The most common kind of chronically irregular heartbeat (atrial fibrillation) is associated with a greater risk of dementia, including Alzheimer’s disease.

**2011:** Depression at age 50 or older is linked to an increase in dementia and may be an early sign of the condition.

**2013:** High blood sugar levels averaged over a five-year period were associated with rising risks for dementia, even among people who do not have diabetes.

**2015:** Long-term use of high doses of anticholinergic drugs such as Benadryl were linked to greater risk of dementia.

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**Looking forward: ACT will advance genetics and brain science** 

ACT data is being used in genetics research and brain science, nationally and internationally:

- Studies at UW and elsewhere may help us better understand the genetic roots of Alzheimer’s and other diseases.
- Research with the Paul G. Allen Brain Institute may help us better understand the lasting effects of traumatic brain injuries.
- Meanwhile, research into healthy aging continues with renewed funding from the National Institute on Aging.

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**Don't believe myths about aging!** 

Myth #1: There's no "magic bullet" to fight the effects of aging.

- But exercise is the next best thing!

Myth #2: Aging is *NOT* an inevitable downward spiral.

- There's now a greater chance of avoiding disability. Example:
  - # of people with Alzheimer's disease and dementia is growing, *but the percentage* of very old with these conditions is actually dropping!
  - Greater percent of very old people with Alzheimer's disease and dementia are staving off symptoms *until just a year or two before they die.*

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**Don't believe myths about aging!** 

What's behind this "compression" of aging?

- Advances in education and health care
- Improved treatment of cardiovascular disease
- Reduction in smoking

Obesity epidemic and more diabetes could wipe out these gains.

But healthy lifestyles and better health care can turn the tide!

There's cause for optimism: You can take steps to prevent or postpone disability until well into late life.

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**Don't believe myths on aging!** 

Myth #3: Young people are happier than old people. Not true!

- 2006 study published in the *Journal of Happiness*.
  - VA researchers surveyed two groups:
    - one younger (average age 31)
    - one older (average age 68)
  - Which group did participants *believe* to be happier? "The youngsters," they said.
  - But when they asked both groups to rate *their own* well being, they found the older group was the happier bunch!
- Many other studies have reached the same conclusion:
  - The happiness "U Curve": Happiness dips in mid-life, then rises again.
  - People generally get happier in their 70s and 80s.

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**What leads to well being as we age? Resilience** 

Resilience is the ability to adapt to stress and adversity.  
 Demonstrated in three interrelated abilities:

1. Activation: Taking an active role in your own health and well being
2. Accepting change, not denying or ignoring it
3. Building your reserves: Mentally, physically, and socially

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**Activate: Take an active role in your own health and well being** 

Take charge of your health by preventing illness and managing chronic conditions:

- Don't smoke or chew tobacco
- Avoid excessive alcohol use
- Maintain a healthy weight
- Exercise regularly
- Manage stress by learning to cope with problems

Partner with your health care providers to take care of yourself :

- "Shared decision-making" about your care
- Avoiding over-treatment, over-prescribing

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**Accept change: Approach aging with equanimity and mindfulness** 

What do older people want most? Research shows:

- Longevity? Not so much.
- Meaning, fulfillment, purpose
- Strong relationships with friends and family
- The ability to continue contributing through work, volunteerism, hobbies
- Independence ("I don't want to be a burden to others.")

When you plan for the changes aging brings, keep these values in mind.

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**Build your reserves mentally, physically, and socially** 

Staving off of disability requires four inter-related functions:

1. Cognitive function (Remember: The brain relies on whole-body health, especially avoiding heart disease and stroke.)
2. Mobility (Takes balance, bone strength, and muscle strength)
3. Hearing
4. Vision

Preserve, protect, and enhance these functions by staying active mentally, physically, and socially.

We're like athletes in a marathon. We need resources all the way to the finish line!

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**Healthy aging before age 40** 

- Build bone density (calcium, vitamin D, weight-bearing exercise)
- Avoid sports injuries
- Protect your hearing
- Protect yourself from skin cancer (wear sunscreen, no tanning booths)
- Practice safe sex
- Women: Get pap tests to screen for cervical cancer
- Strike a balance between work and family

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**Healthy aging in your 40s and 50s** 

- Have a primary care doctor you know and trust
- Be an "activated patient"
  - Be familiar with your medical record
  - Learn about your medical risks from a trusted source
  - Ask your doctor questions
  - Actively pursue wellness
- Learn about menopause
- Manage cholesterol levels
- Get breast and colorectal cancer screening based on individual risk

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**Healthy aging in your 60s and 70s** 

- Seek meaningful activities (Keep working? Retire early? Volunteer? What's *your* passion?)
- Build muscle strength through daily exercise and activity
- Know your medications and medication options.
  - Talk with your doctor about how your medications affect you – especially if you decide to stopping taking a medication.
- Test for hearing problems
- Get regular eye exams
- Prepare for end-of-life care; have a "Living Will"

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**Healthy aging in your 80s** 

- Socialize!
- Stay physically active
- Welcome help from family and friends
- Avoid falls
  - Correct for poor vision; make sure rooms are well lit
  - Wear lace up/Velcro shoes with non-slip soles; avoid high heels
  - Talk to your doctor about eliminating drugs that affect balance
  - Use canes or walkers if needed
  - Avoid too much alcohol
  - Eliminate loose electric cords and throw rugs
  - Use handholds in bathrooms

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**Healthy aging in your 90s** 

**STAY THE COURSE!**

- Keep moving, keep socializing, celebrate life!



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 **Enlightened aging**

 GroupHealth.

QUESTIONS?

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