

# Maintenance of Physical Mobility in Older Canadians: A Key to Successful Aging

Stuart M. Phillips, Ph.D., FCAHS, FACN, FACSM

Professor & Canada Research Chair

 McMaster University

 @mackinprof

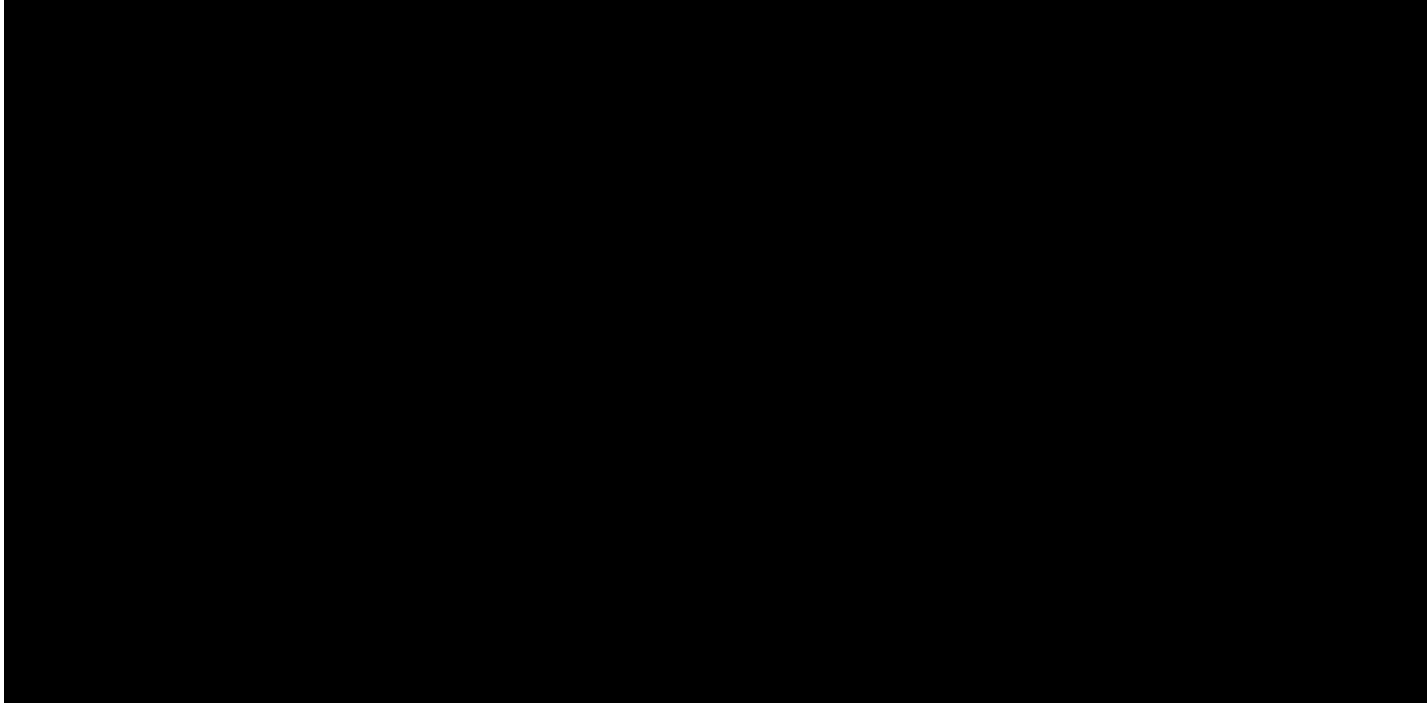
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E: phillis@mcmaster.ca

Over the past 100 years we have added *an additional 30 plus years to life expectancy*

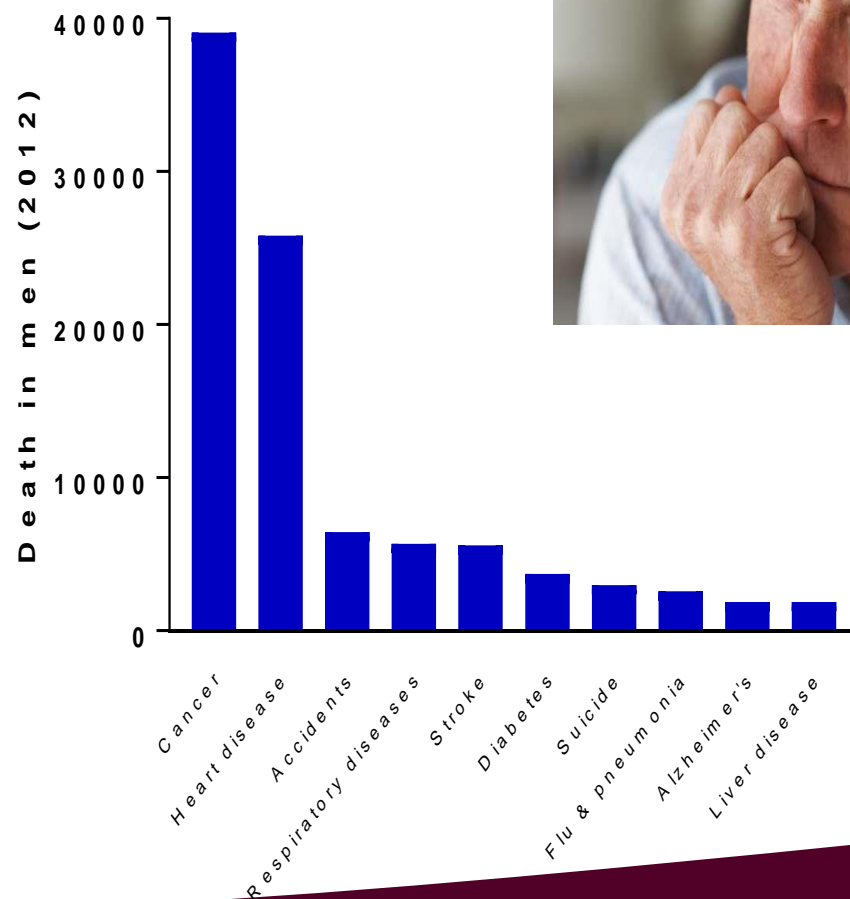
**THIS *SINGLE FACT* - LONGER LIFE - IS THE  
ROOT CAUSE OF A TIDAL WAVE OF  
CHANGE THAT IS IMPACTING ECONOMIES,  
BUSINESSES, GOVERNMENTS,  
COMMUNITIES, FAMILIES AND  
INDIVIDUALS**

# What will your last 10 years look like?

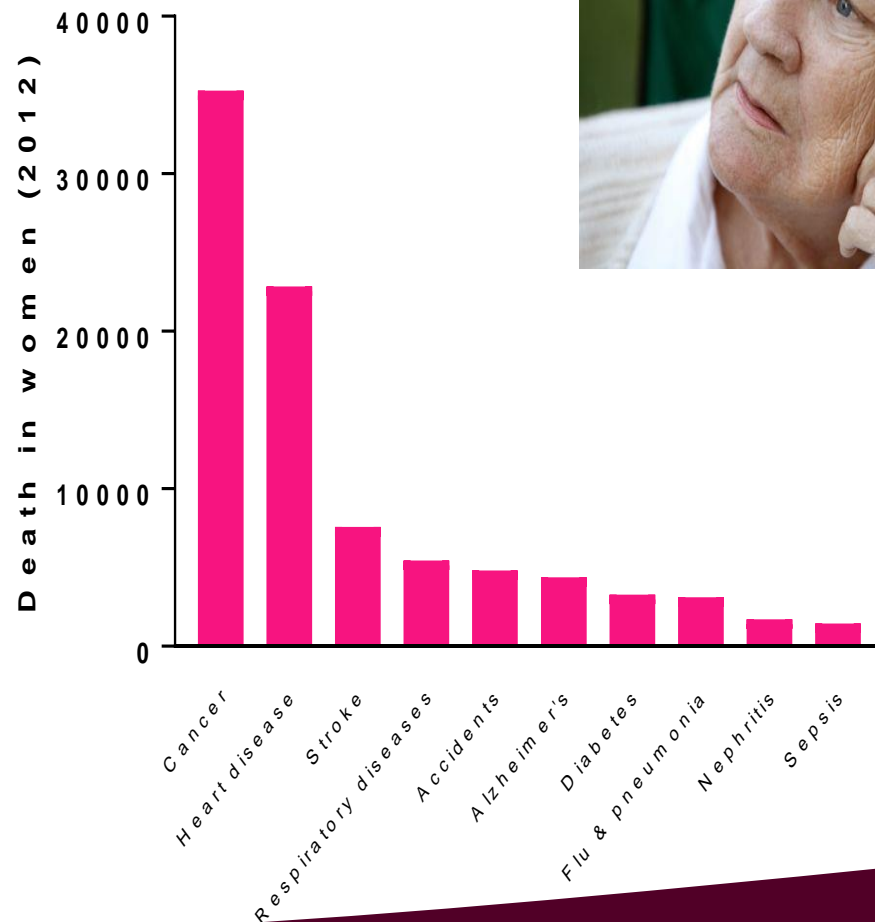


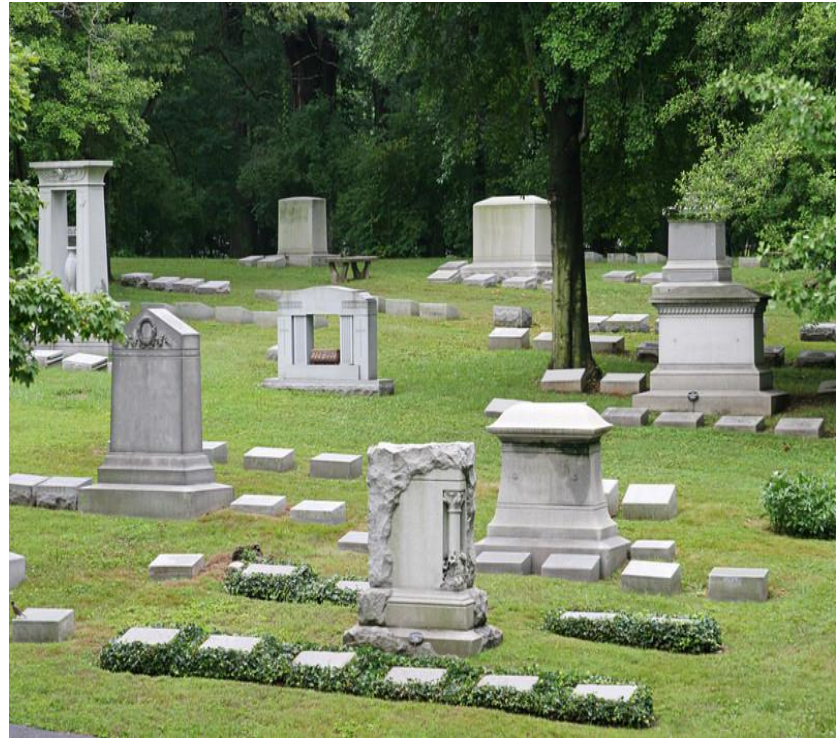
<https://www.youtube.com/watch?v=Qo6QNU8kHxI>

# Causes of death in men



# Causes of death in women

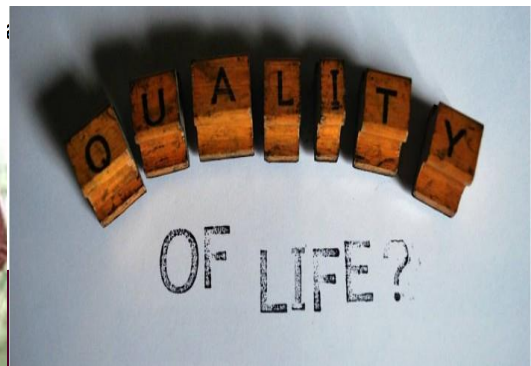
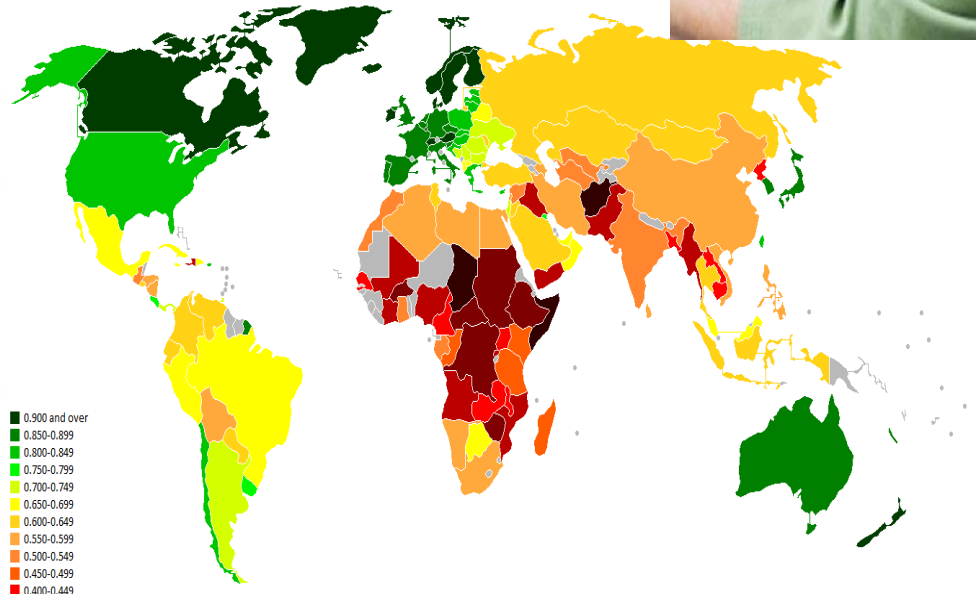




**BUT IT'S NOT JUST  
MORTALITY!**



Quality  
of  
Life



# Diseases associated with reductions in quality of life

1. Cancer
2. Heart disease
3. Stroke
4. Lung disease
5. Diabetes
6. Renal disease
7. Depression/Mental Health
8. Osteoporosis
9. Osteoarthritis

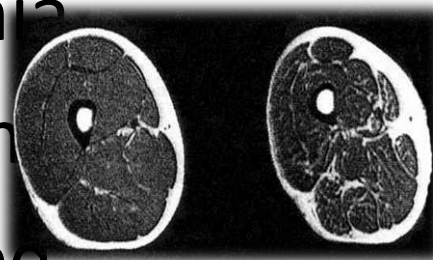




- On top of all of these diseases another 'disease' made all of them worse?
- What if this disease were so under-recognized that rarely is anything done to treat it?
- In fact, most clinicians consider it a normal and inevitable part of aging!

# Sarcopenia: The loss of strength/function and muscle

- Quantity... myopenia
- Strength... dynapenia
- Insipid – age-related



# What does it mean to be sarcopenic at age 65?

- 4x more likely to be frail at 80
- 3.5x more like to have a major mobility disability at 80
- 12x more likely to be functionally dependent in one or more IADL task
- 3.8x more likely to be institutionalized
- 4.3x more likely to be socially isolated



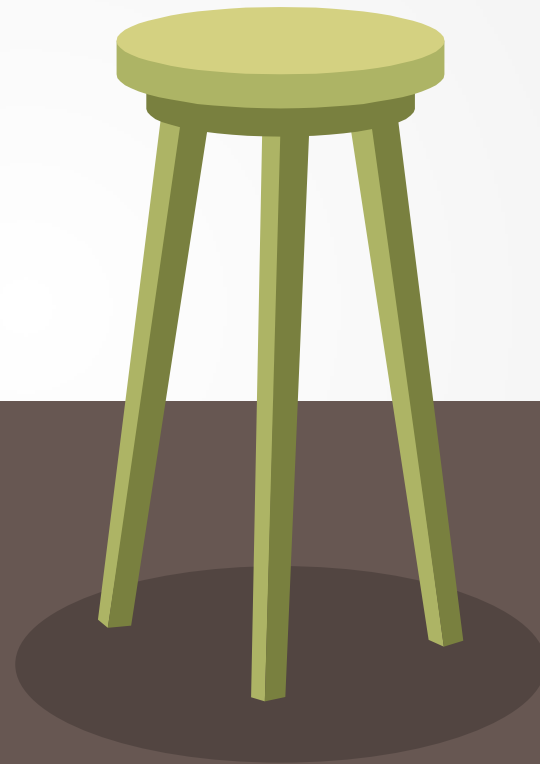
- There were a treatment that would lower risk for all known chronic diseases
- It would work regardless of age, sex, race, and pre-existing risk
- It already has a large evidence base on which to base recommendations
- It could save the healthcare system billions of dollars and cost comparatively little in return
- The side-effect profile of this treatment includes better prognoses for a variety of entirely unrelated ailments: depression, dementia, diabetes, and even suicide incidence

# What can mitigate disease risk in aging?

## DIET and ACTIVITY



# Aging Well is Like a Stool



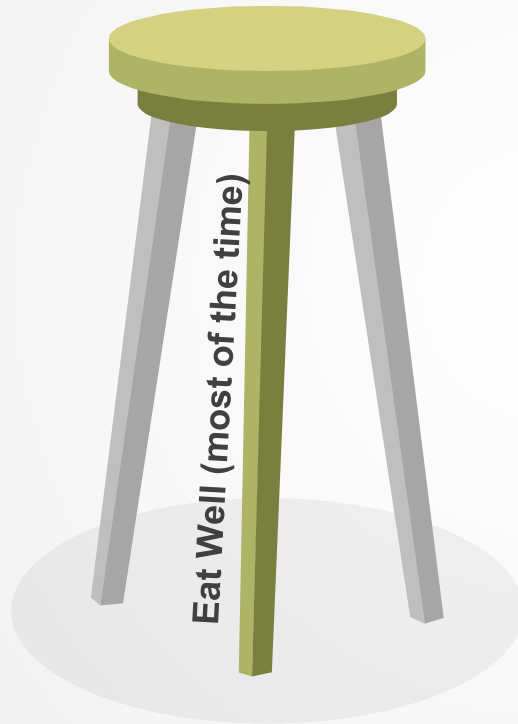
# The first (and most important) leg



## (very) Broad Strokes

- Find an activity you like
- **Minutes count** — increase your activity level 10 minutes at a time. Every little bit helps
- **Active time can be social time** — look for group activities or classes in your community, or get your family or friends to be active with you (see 3<sup>rd</sup> leg)
- Walk wherever and whenever you can
- Take the stairs instead of the elevator, when possible
- Carry your groceries home
- Get a membership and lift weights

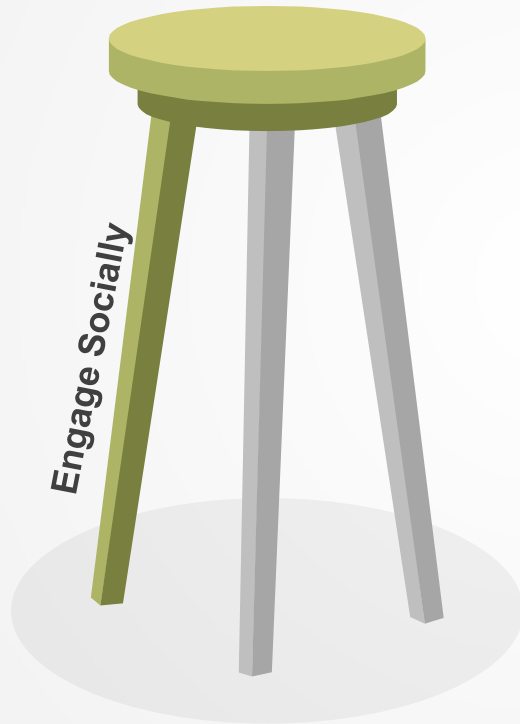
# The second leg



## (very) Broad Strokes

- Real foods
- Nutrient dense foods: milk, eggs, cheese, lean meat
- Variety
- Eat more vegetables and fruits
- Chose whole grains
- Nuts

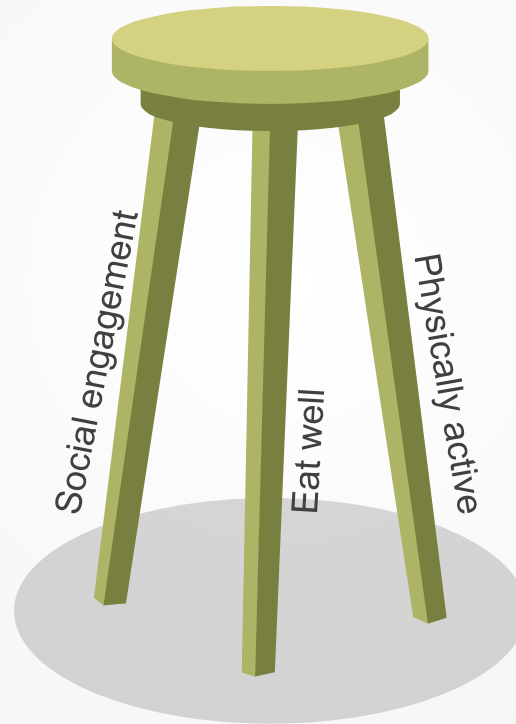
# The third leg



## (very) Broad Strokes

- A rich web of human relationships enhances your health and stimulates your mind and memory
- How many friends/relatives do you hear from monthly?
- How many friends/relatives do you feel at ease talking to about private matters?
- How many friends/relatives do you feel you could call on for help?

# Aging Well is Like a (balanced) Stool



# How does the CLSA fit in?

1. Who ages well and why?
2. Are there early 'warning signs' that we can use to see who is not aging well?
3. How much physical activity?
4. What kind of diet?
5. What types of social engagement?
6. Is this different if you live in a rural versus an urban area?
7. Racial, cultural, sex, gender, and a multitude of other influences



# THANK YOU



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FB: [www.facebook.com/SMPPPh.D](https://www.facebook.com/SMPPPh.D)

E: [phillis@mcmaster.ca](mailto:phillis@mcmaster.ca)