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

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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

http://www.statcan.gc.ca/tables-tableaux/sum-som/l01/cst01/hlth36a-eng.htm
Causes of death in women

http://www.statcan.gc.ca/tables-tableaux/sum-som/l01/cst01/hlth36a-eng.htm
BUT IT’S NOT JUST MORTALITY!
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?

D I E T

and

A C T I V I T Y
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 3rd 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

Social engagement

Eat well

Physically active
How does the CLSA fit in?

1. Who ages well and why?
2. Are their 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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