

Exercise: Putting the brakes on aging



"Your doctor can only do so much.
The rest is up to you. Stop getting older."



Institute for Healthy Living and
Chronic Disease Prevention
PARTNERS IN RESEARCH FOR BETTER HEALTH



Embrace Aging Month ***Gareth Jones PhD, CSEP-CEP, EMC II***

Institute of Healthy Living and Chronic Disease
Prevention

Faculty of Health and Social Development
University of British Columbia Okanagan



Embrace Aging Month - March 2017



Objectives

1. Exercise is good for you but, age, health, physical condition may make it difficult to participate.
2. Curiosities and concerns about exercise
3. Exercise; how often, how hard, how long, and what should you do
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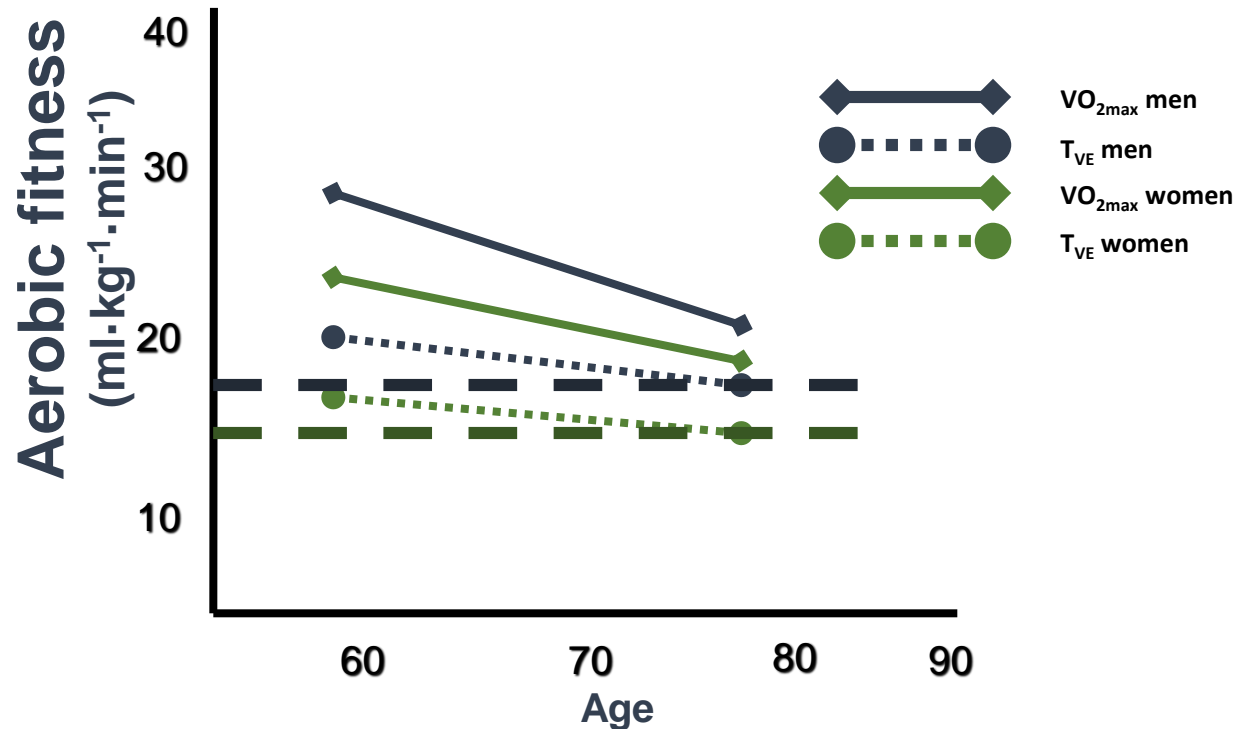


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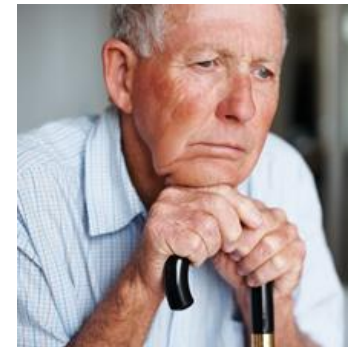
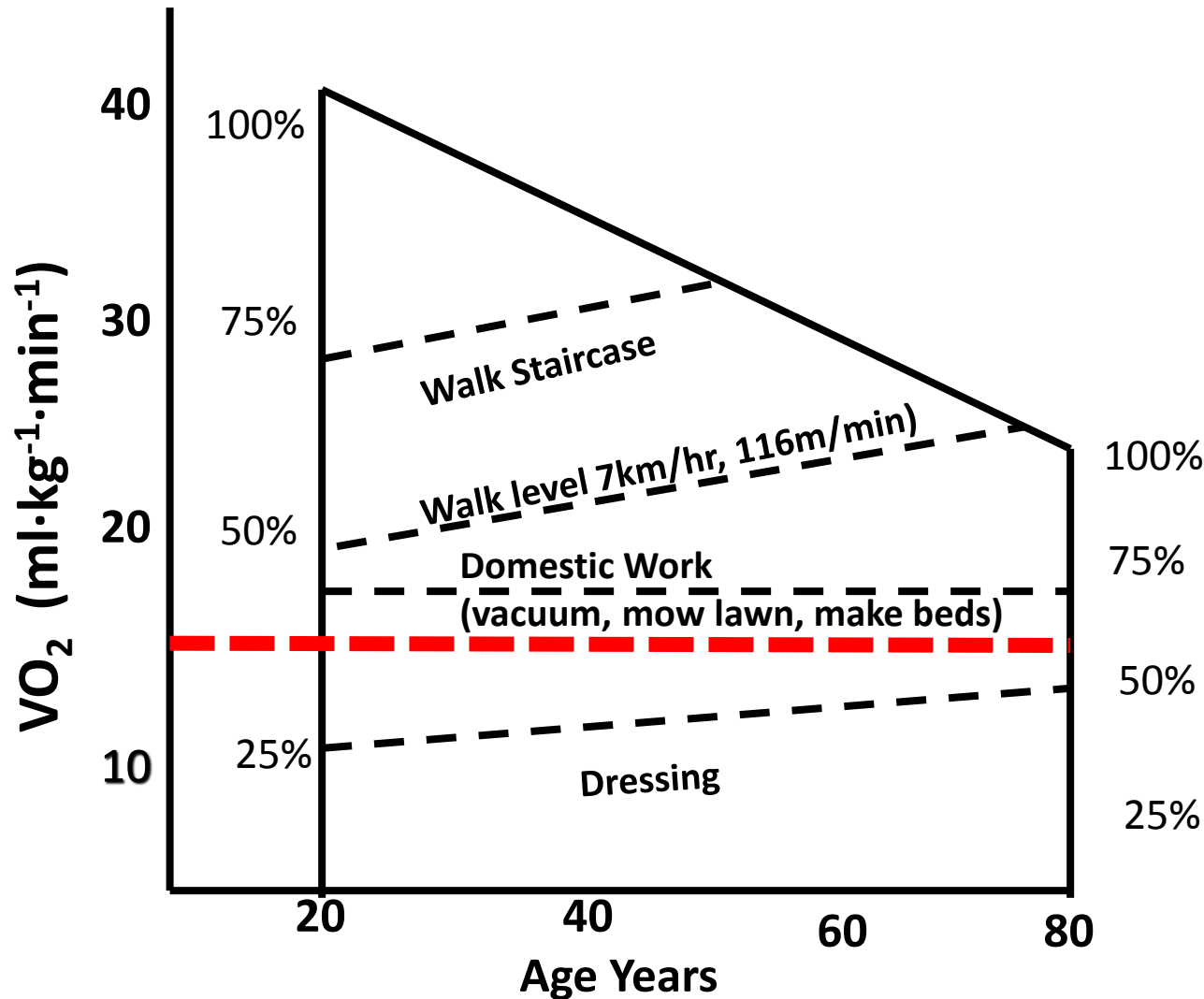


Age-associated decline of aerobic capacity



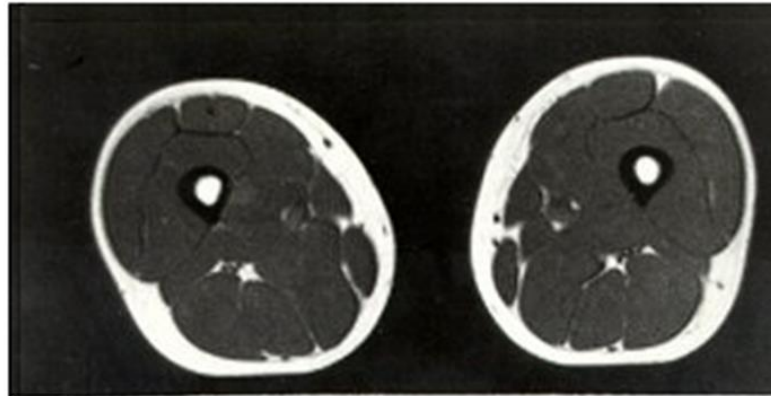
(Stahokotas et al. 2010)

Aging – life gets tougher

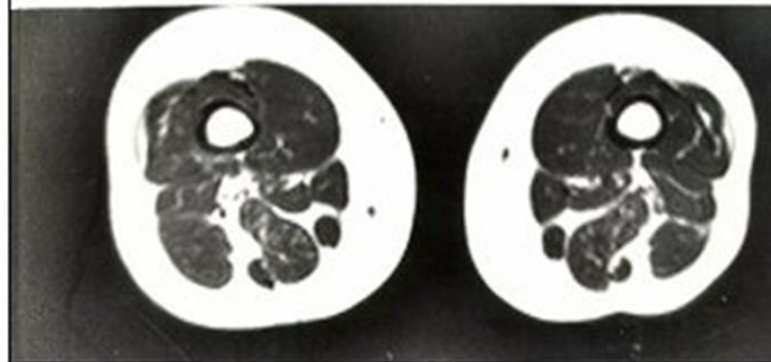


Age-associated decline of muscle

21 year old

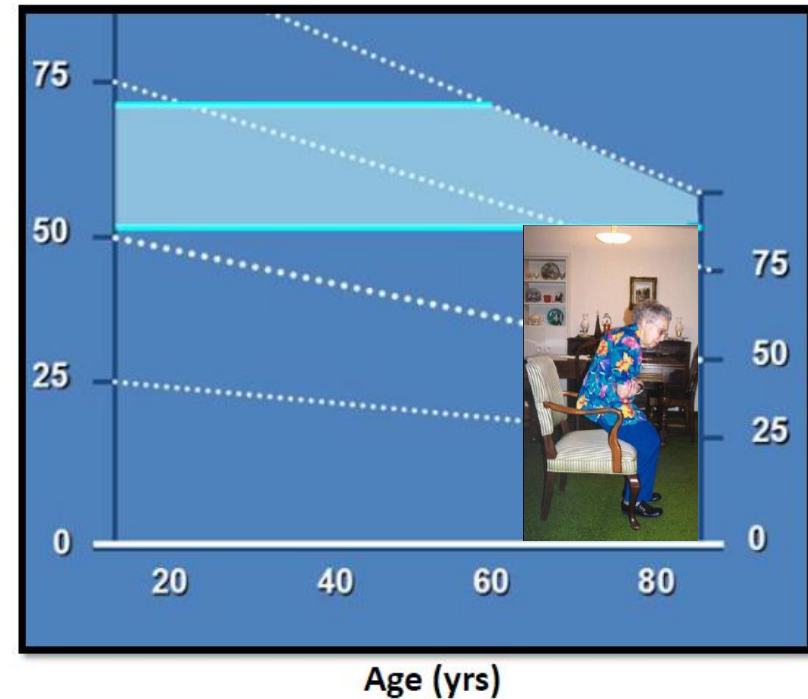


63 year old

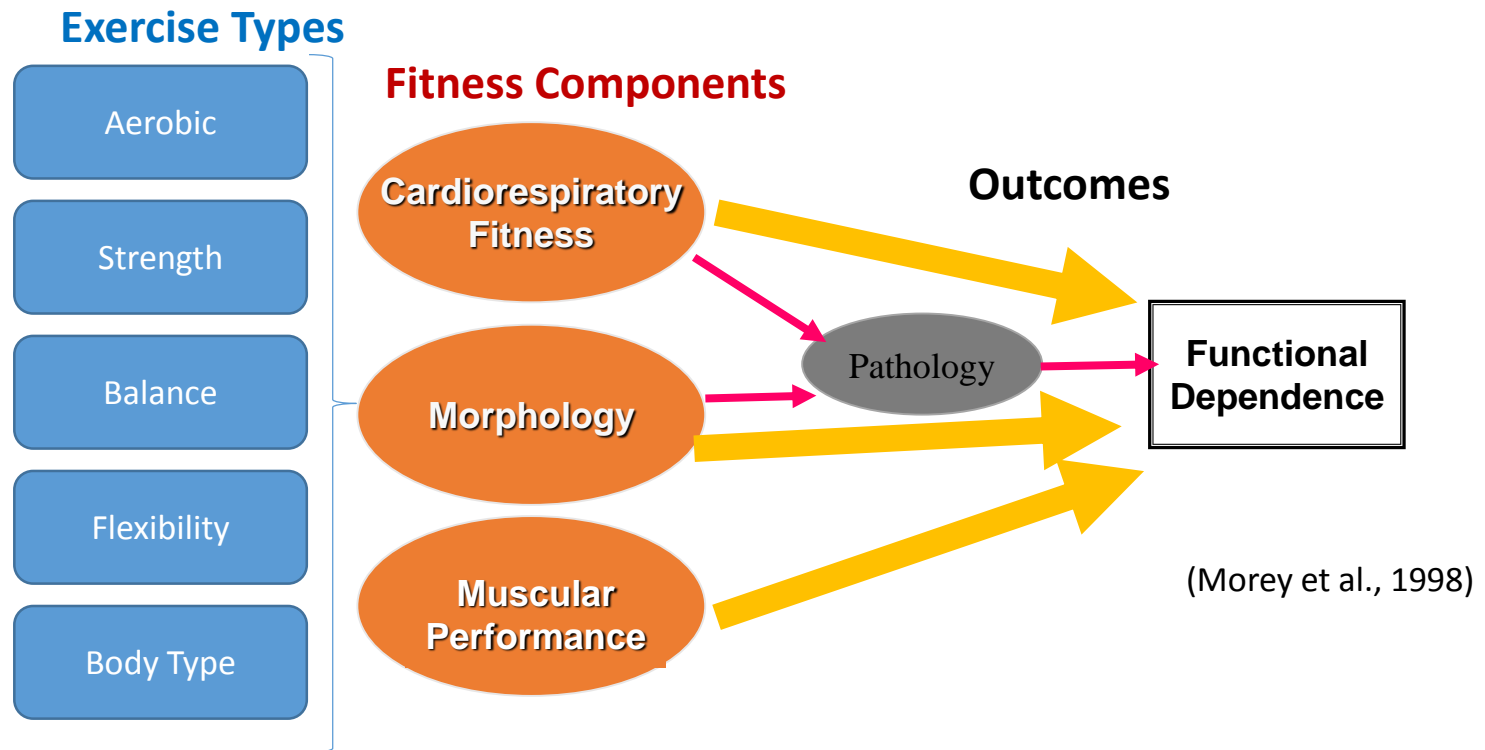


Age-related changes in muscle mass in thigh cross-sectional area of two people with similar BMI

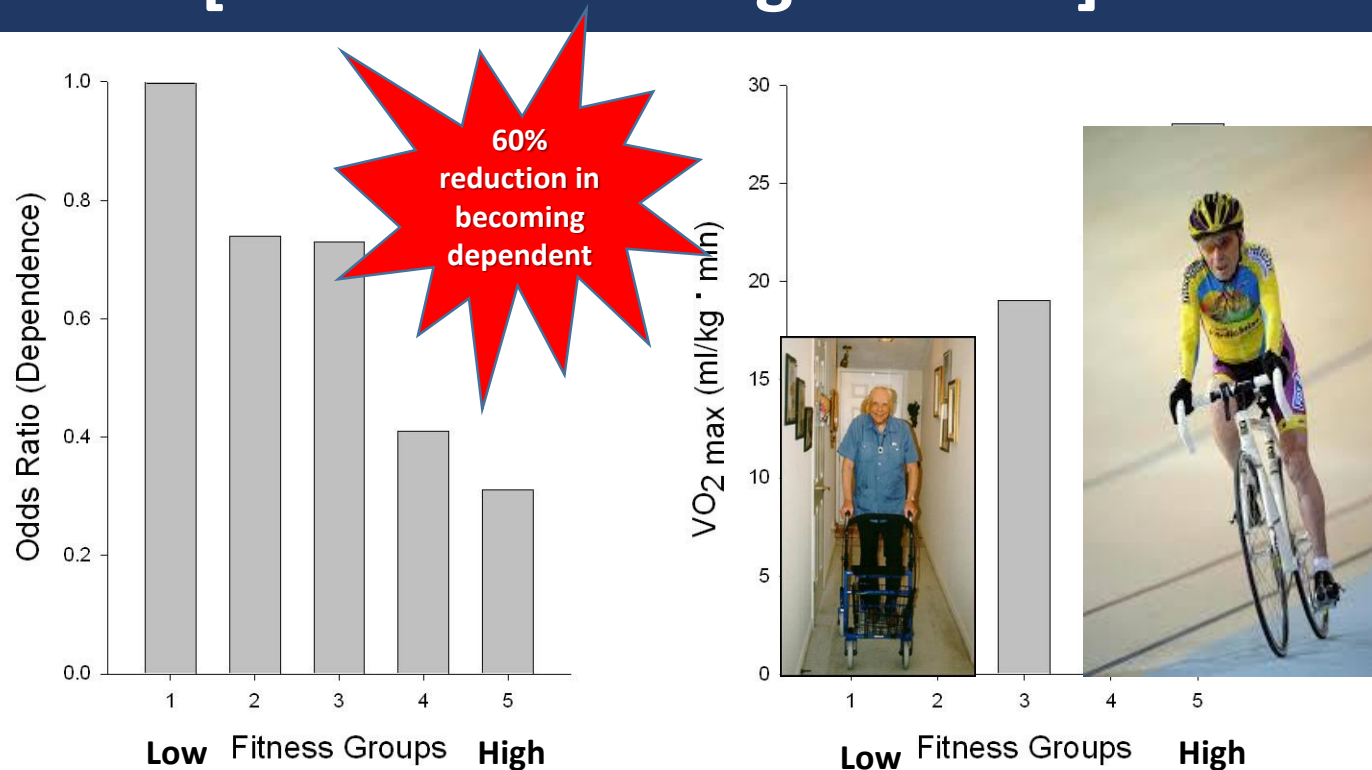
Relative % Strength



Poor Fitness Directly Related to Functional Dependence



Odds of becoming functionally dependent over 8-yr for each fitness group [low fitness to high fitness]



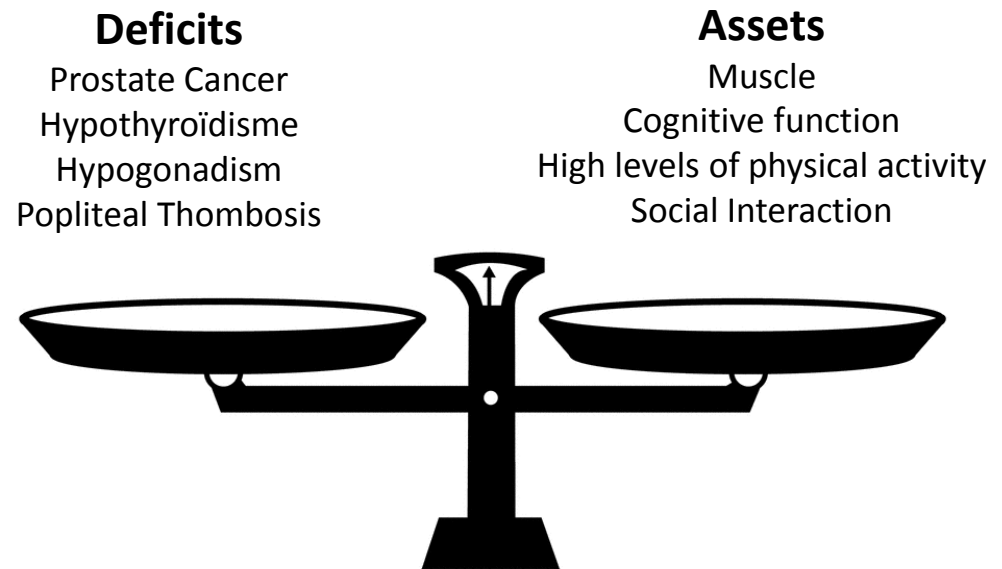
Paterson et al. (2004)

What Makes a 97-Year-Old Man Cycle 5,000 km a Year?

Gerontology, 2016

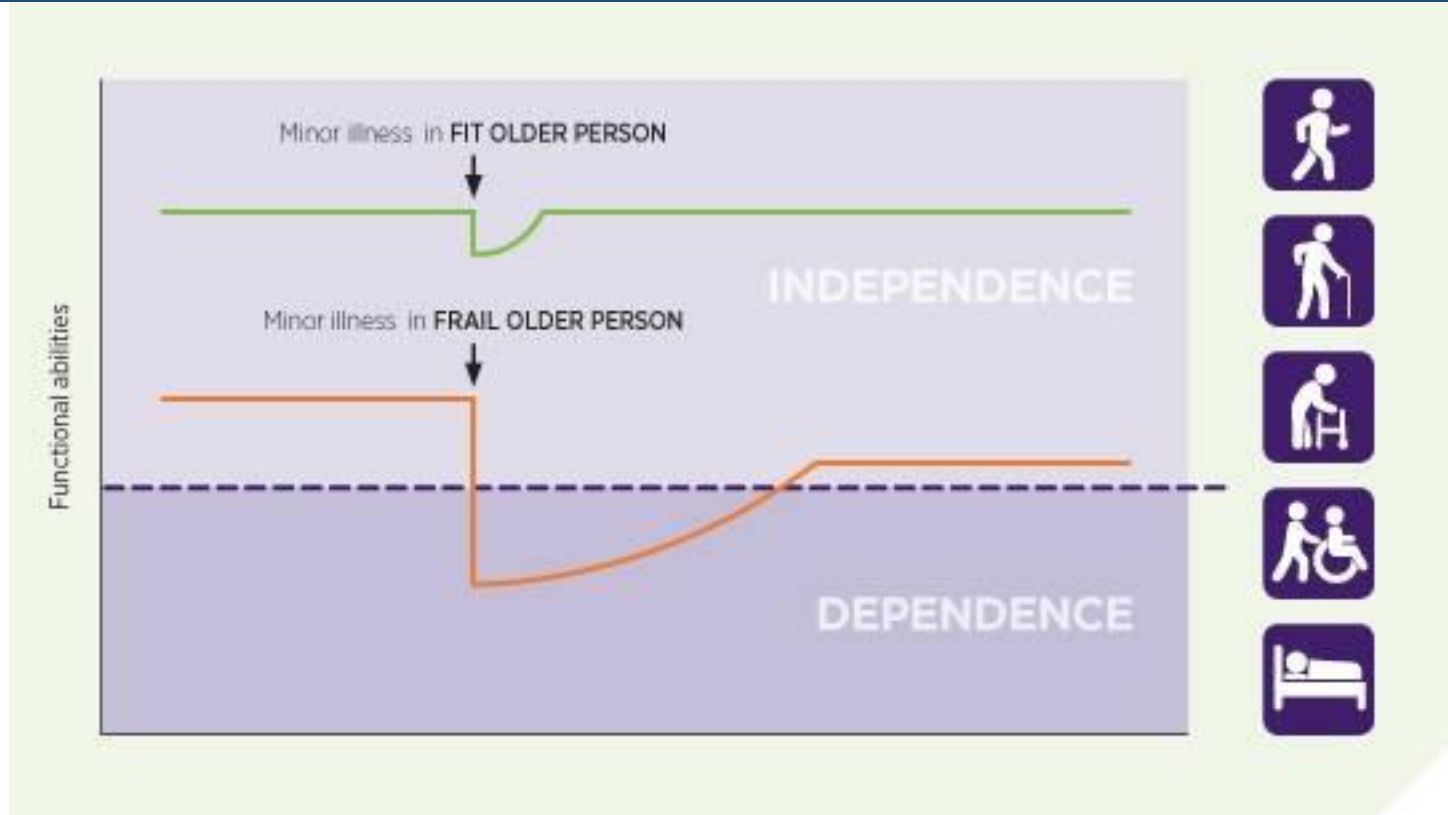


Fig. 1. I.K. at the age of 91 at the World Masters Athletic Championships (2009, Lahti, Finland). Photo: Ken Stone/Masterstrack.com.



Frailty = Poor Fitness

[age-associated physiological decline]



Extensive evidence for the exercise pill

- Prevention and therapy for most chronic diseases
- Exercise as effective as medication
 - Select cases more effective or additive effect
- Long-term exercise participation reduces dependency risk by 60%
- All age cohorts improve functional capacity with exercise (65-100+)

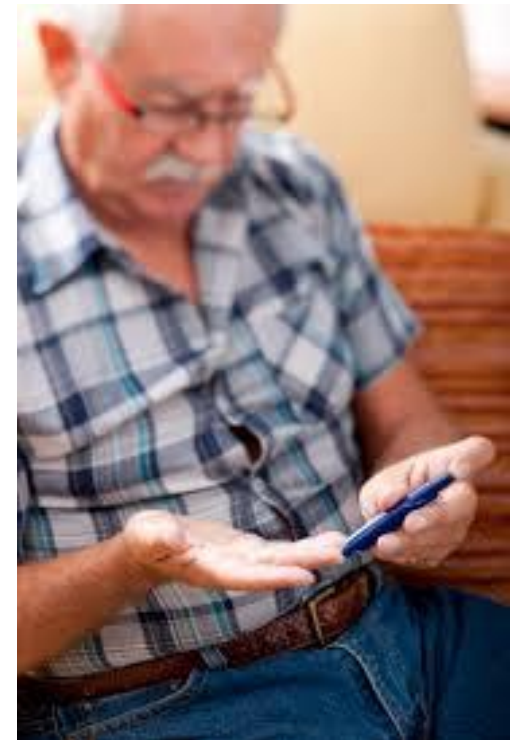


(Paterson, Jones, Rice, 2007)

Type 2 Diabetes Has Been "Reversed" in 40% of Patients for 3 Months

March 16, 2017

- 8 weeks or **16 weeks** respectively – where they were given **personal exercise** plans, meal plans that **lowered their calorie intake** by 500 to 750 calories a day, and regular meetings with a nurse and dietitian.
- 11 out of 27 patients (**40%**) in the 16-week intervention group showed complete or partial diabetes remission, as did six out of 28 individuals (**21%**) in the eight-week group.



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Exercise



(Courtesy of Naoto Miyako, Japan, 2016)

Physical Activity

WALKING IN TREADMILL DRAWS WATER

A BRITISH country dweller walks a quarter of a mile to get a drink of water, without leaving his own cellar! To raise the large bucket in his 300-foot well, Fred Hoare, of Beauworth, Hants, installed a twelve-foot treadmill beside the shaft.

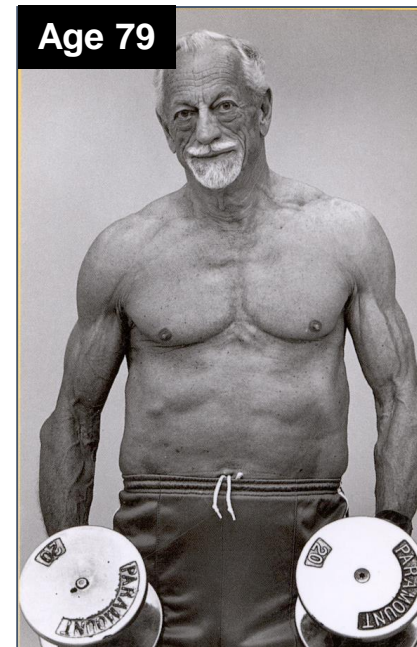
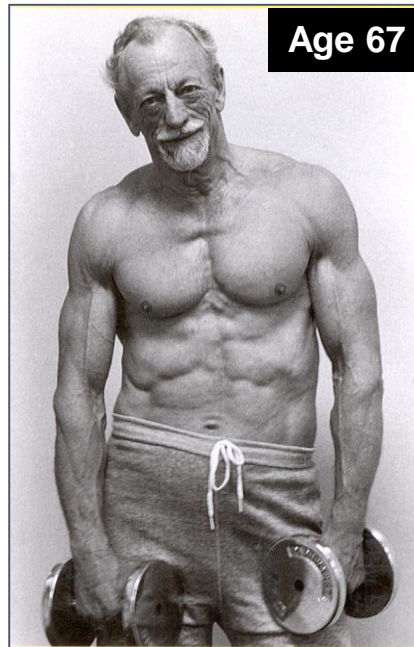
When he steps inside it to take his daily constitutional, a windlass puts his exercise to practical use and winds in the cable to which the bucket, shown in the photograph below, is attached. Thus he secures his daily supply of water.



Fred Hoare, of Beauworth, England, is drawing his daily supply of drinking water. He does this by taking his exercise inside the twelve-foot treadmill which winds up a cable from the well

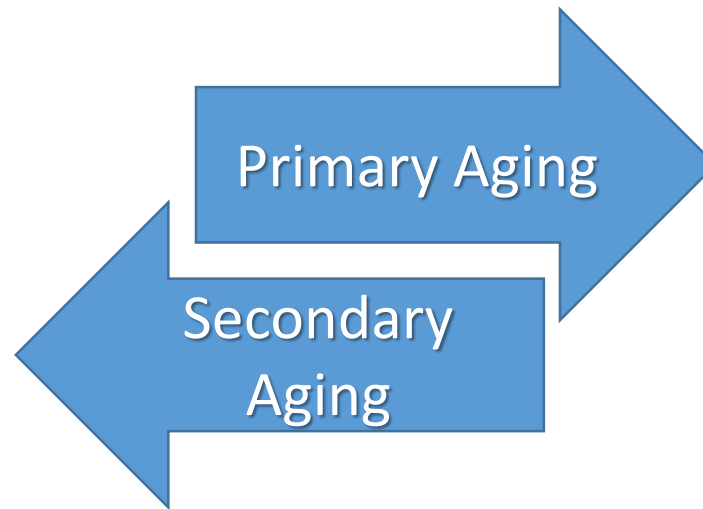
(Popular Science, 1933)

Brakes yes, but not a full stop!



(Etta Clark: Growing Old is Not for Sissies I & II)

Aging is a complex Interaction between Primary and Secondary Factors



Normal Aging

Similar across the species

- Puberty, menopause, andropause

Chronic Disease

Clinical syndrome

- Multi-morbidity

Aging

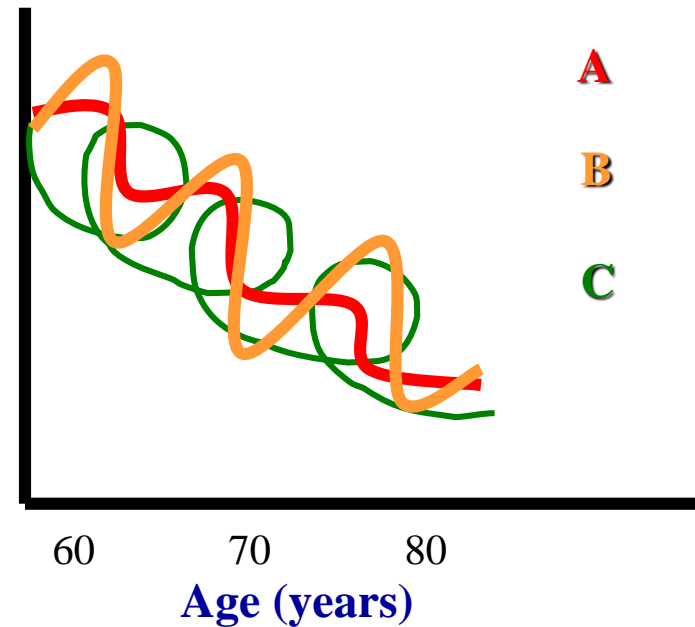
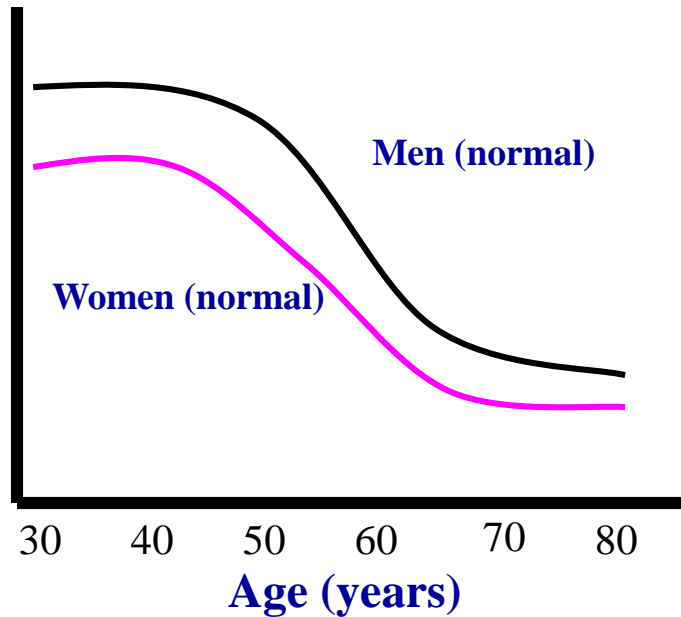
Primary Aging

Age
Heart function
Lung function
Blood vessel stiffening
Sarcopenia
Sensory deficits

Secondary Aging

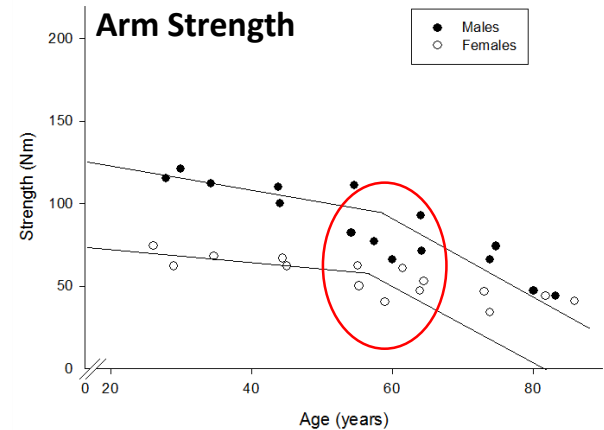
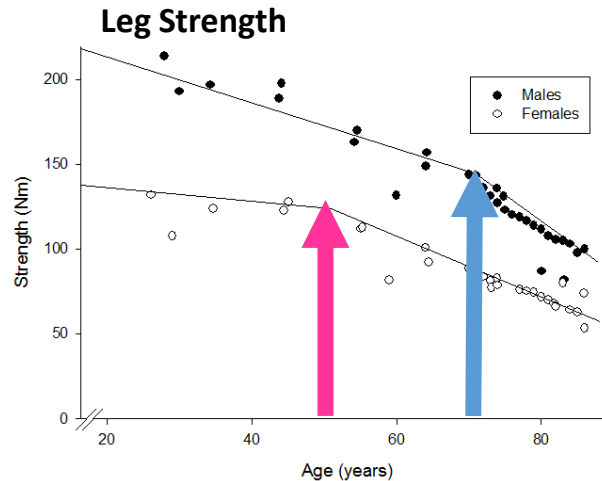
Disease
Disability
Frailty

Aging at different rates of physiological decline



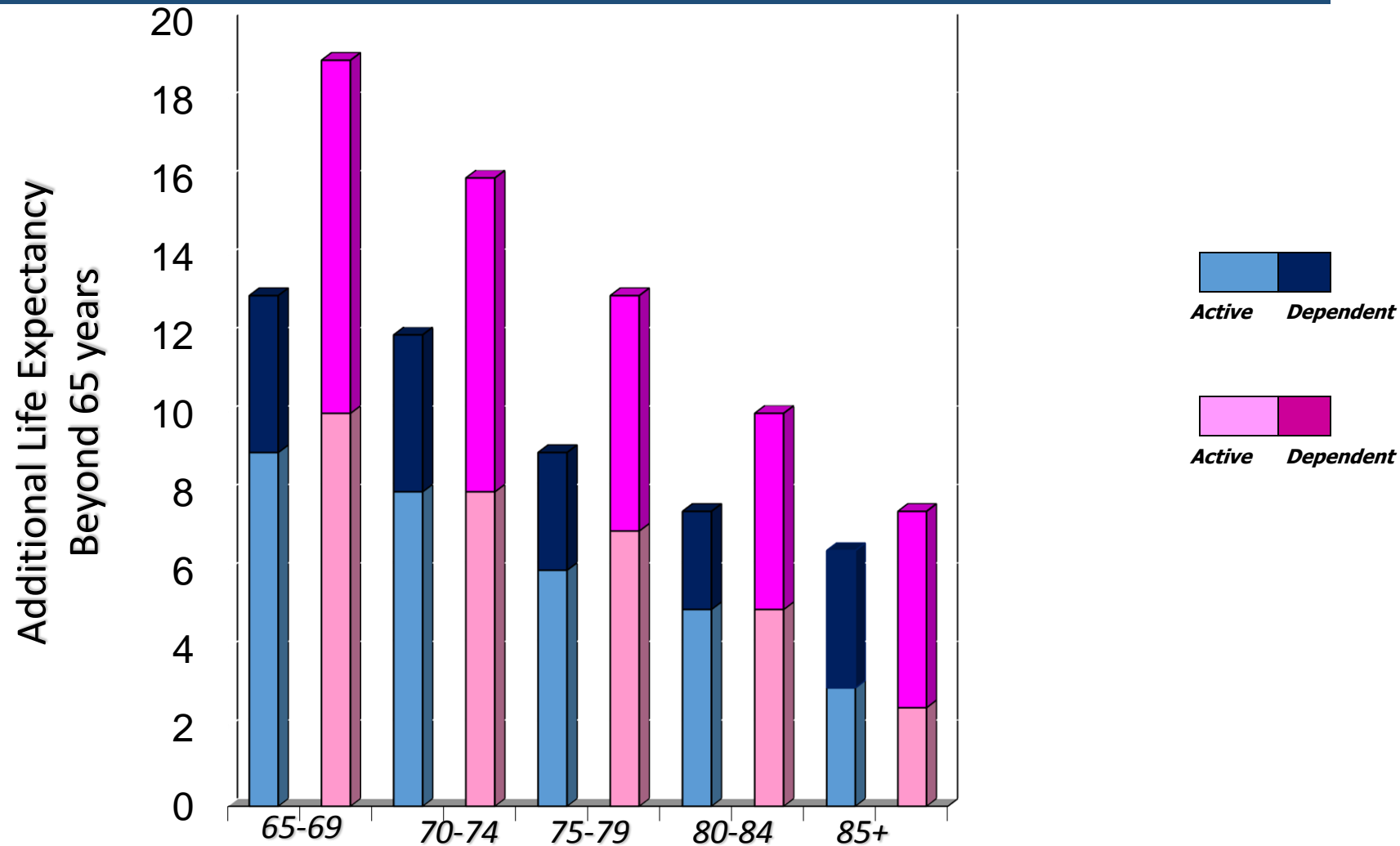
Sex (biological) differences in age-associated strength loss across the adult lifespan

- Females experienced accelerated muscle strength declines at a younger age than males
- Faster rate of decline in males than females in lower limb strength
- No difference in upper-limb strength



(Jones et al., in review)

Years of active life expectancy & projected years of dependent living



Katz et al. 1983

Gender differences in age-related loss of strength

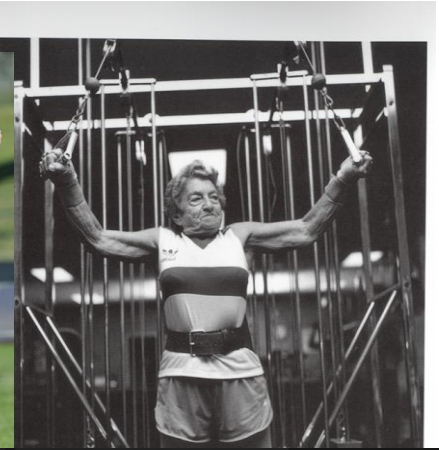
Evolutionary perspective

- Men compete for women
- Women chose men

Social construct

- Home vs. work
- ADL preferences

Most likely that sex-differences influence gender choices when it comes to aerobic fitness and muscle strength



Exercise Paradox

Too much

- Increased risk of falls
- Slight risk of medical events
- Non-fall related injuries
- Better chance of survival

Too little

- Much greater increase risk of falls
- Greater risk of medical events
- Much greater risk of injury
- Least chance of survival



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Cardiorespiratory (Aerobic) Fitness

- 3 x 10 min bout of sustained physical activity for the least fit
- 30 min per day, **MINIMUM** for maintaining health
- 60-90 min per day **MAXIMIZE** health and fitness benefits
- Intensity – moderate to vigorous
 - SWEAT!
 - BREATHING HARD!
 - MOVE AT A BRISK PACE!



Muscle Strength/Power Fitness

- 2x per week **MINIMUM** – included as part of the 150 min accumulated physical activity
- Need to train muscle **POWER** – “rapid contraction of muscle”
- Progression to **POWER** training
 1. Muscular **endurance** (12-15 reps)
 - 4-6 weeks
 2. Muscular **strength** (6-8 reps)
 - 7-12 weeks
 3. **Power** (2-3 @ 40-80% max RAPID)
 - 13-16 weeks



82 years lifting 153lbs

Learning	Endurance	Strength	Power
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Balance/Coordination of movement



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Flexibility

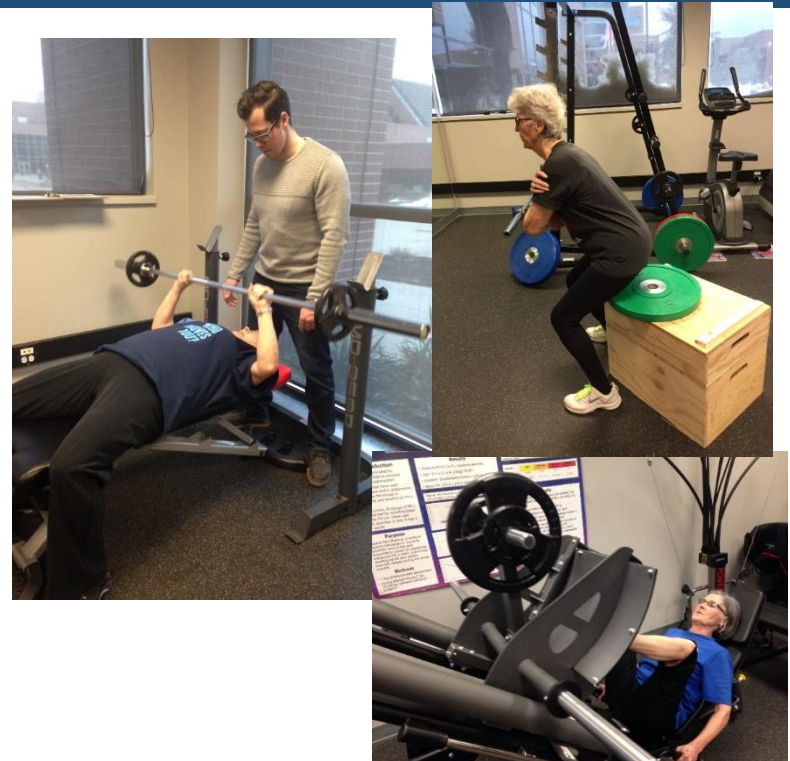
- Specific exercise required if experiencing a reduced ROM.
- Lack of evidence to support flexibility training
- Movement through ROM during other exercise will promote flexibility



Exercise to reverse frailty in pre-frail women

Currently running CT Reg# H16-00712

- 10 EX and 10 CON matched for age (72-84), all pre-frail
- Experimental measures completed at baseline, week 5, week 9, week 13
- Assessment of strength to apply progressive overload occurs every 3-weeks and at the end of the study to assess absolute change in strength.



Exercise to reverse frailty in pre-frail women

Aerobic

- 10 min aerobic exercise

Strength

- 3 sets, 6-8 reps, deadlift
- 3 sets, 6-8 reps squat
- 3 sets, 6-8 reps bench press
- 3 sets, 6-8 reps inclined leg press

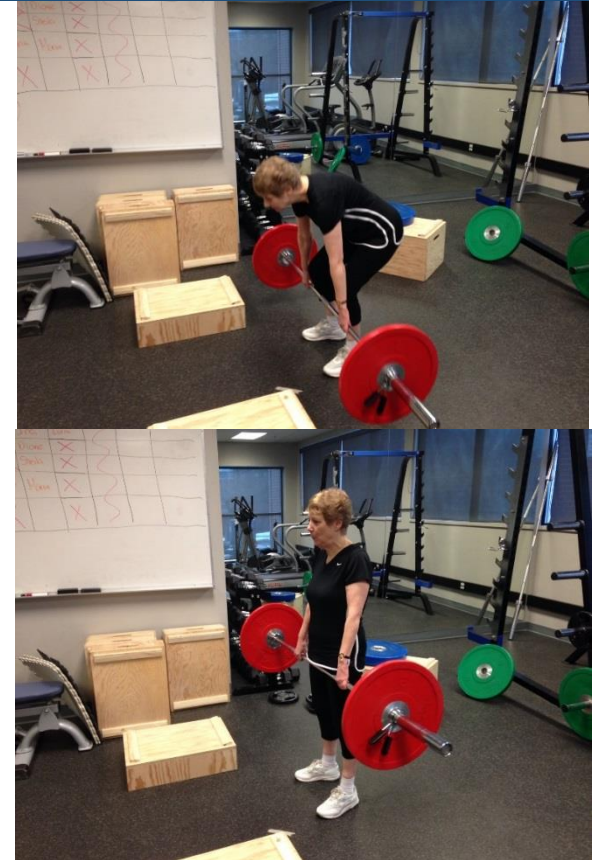
8 weeks –in
results
forthcoming

Balance

- Progression – semi-tandem, tandem, single leg → →

Flexibility

- Hip flexor stretch

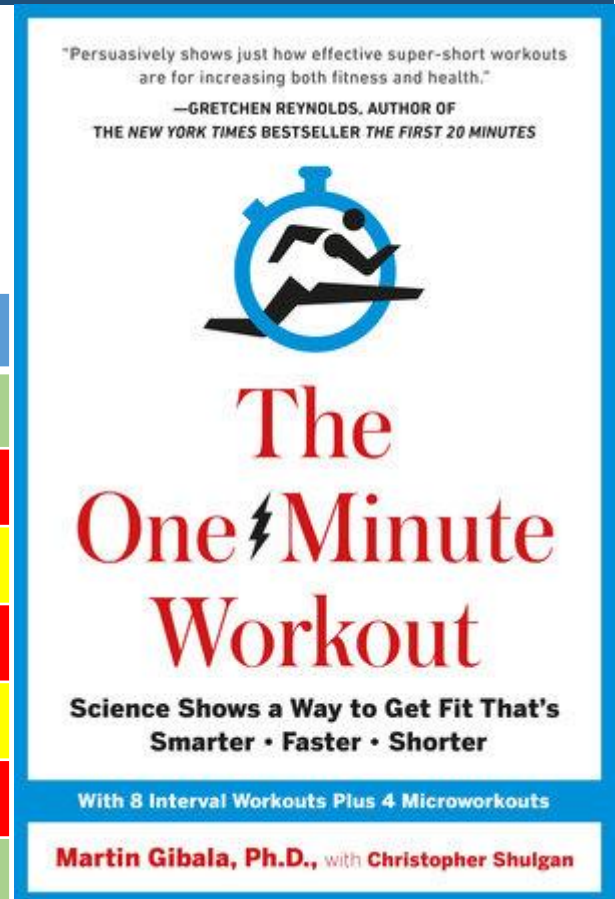


The 1-minute workout: How to get fit in 60 seconds

CBC news 2016

- **Yes, effective for both sexes!**
Even the most unfit and those with failing hearts and metabolic disorders benefit.

Time/Duration	Intensity
5 min	Progressive warm-up to moderate
20 sec	Very hard (90+% of max.)
60 sec	Easy 'active' rest
20 sec	Very hard (90+% of max.)
60 sec	Easy 'active' rest
20 sec	Very hard (90+% of max.)
120 sec	Active recovery, return to rested state



High Intensity Interval Training

- Stress '***eustress***' required for physiological adaptation – **push yourself** beyond comfort zone (i.e. walk uphill); choose a **variety of activities**
- **To much** stress = injury, medical event, overtraining
- **To little** stress = no health or fitness benefit
- Less duration required if you push yourself harder.
- If unaccustomed to High Intensity exercise **consult with your physician first** and work with an exercise professional

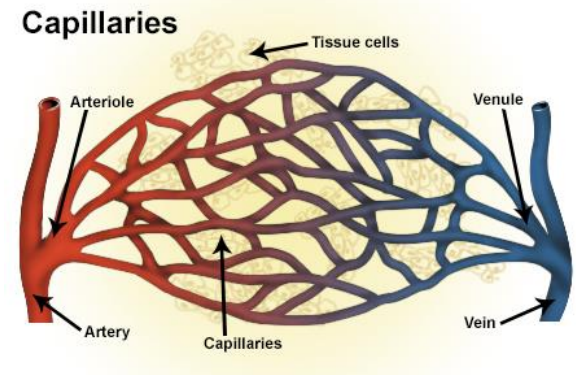
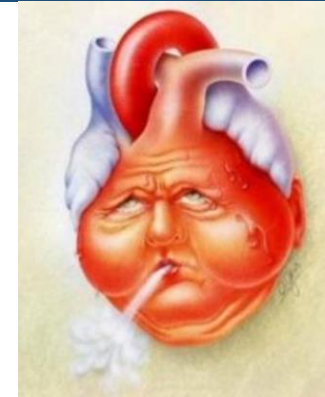
Response to aerobic exercise training in the vigorous zone.

- **Older men** improved aerobic capacity due to improved heart function and increased capillary networks for working tissue.
- **Older women** may only improve through increased capillary networks, but not necessarily heart function.

Why?

This to is likely both a sex and gender effect.

If they exercise hard enough both sexes and genders will experience improvements in heart and vascular performance



What's wrong with the picture?



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Are we getting our message across?



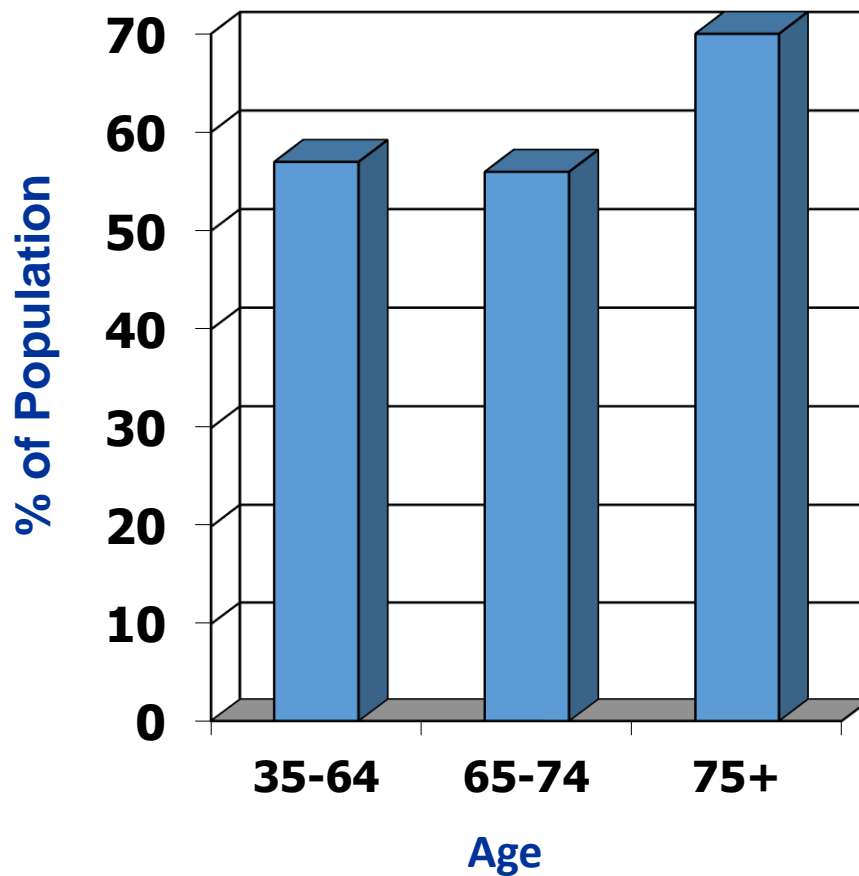
Older adults need exercise prehabilitation

- 91% live with one or more chronic diseases
 - **Disease prevention – too late?**
- 40% live with one or more physical disabilities
 - **Active life expectancy – shorter?**
- 88% of older men and women **do not meet minimal** physical activity (PA) and exercise recommendations
 - **Why are they not listening?**

(NACA, 2006)



A Population of Physically Inactive



(Statistics Canada, 2007)

Yet many older Vernonites are successful at aging



(Paul turns 96, courtesy of **Breakaway Fitness**)

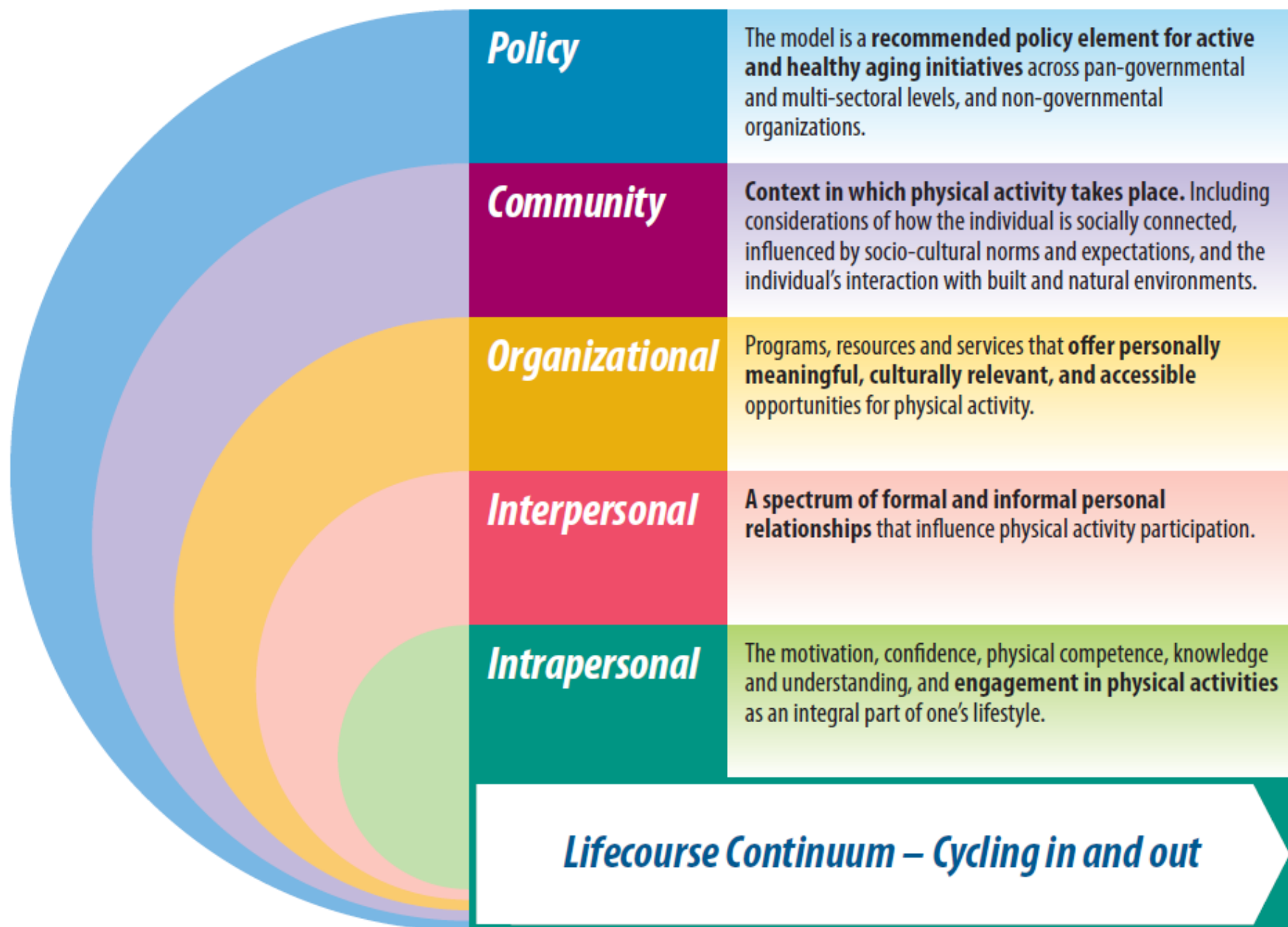


(Sovereign Lake Nordic Club Master Skiers)



(**Kal Running And Triathlon Sports**)

Physical Literacy in Older Adults – An Ecological Model



Exercise Training for Life



Skill Tuning (development)



Skill Retuning

Exercise

the New Activity of Daily Living

Think about it...

- Exercise engenders fitness reducing the risk of physical dependence
- Exercise is the best medicine to reduce the impact of chronic disease
- Exercise becomes an essential self-care activity (Activity of Daily Living)
- Arguably, this concept applies across all age-groups



Take home messages

- **Sorry no easy fix !**
- An effective exercise dose is just the medicine you need to **LIVE BETTER LONGER**
- Your **Olympics** is life and your **event** is **preserving your physical reserve** capacity through exercise
- Gold medal performance is **retaining your physical independence until the end.**





Thank you for listening Questions



OKANAGAN

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