ICAA RESEARCH REVIEW
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Brief reports

Vegetables and fruit may help vision. Following a review of multiple studies evaluating the effects of the carotenoid pigments lutein and zeaxanthin (found in green leafy vegetables and colored fruits), the review authors reported that lutein and zeaxanthin can reduce disability and discomfort from glare, enhance contrast and reduce photostress recovery times. They can also reduce glare from light absorption and increase the visual range.

Lead author Dr. Billy R. Hammond Jr. noted that "it is clear that [lutein and zeazanthin] could potentially improve vision through biological means. For example, a study conducted in 2008 suggests that the pigments protect the retina and lens and perhaps even help prevent age-related eye diseases such as macular degeneration and cataract."

SOURCE: Journal of Food Science, early view (December 11, 2009)

Older adults more likely to have activity limitations. Respondents who answered questions during telephone interviews for the National Health Interview Survey 2008 reported whether they needed help from another person to complete daily activities. Persons ages 75 years and older were approximately three times more likely than persons ages 65-74 years to report limitations in activities of daily living, such as dressing or bathing (10.0% versus 3.4%), or instrumental activities of daily living, such as grocery shopping (19.2% versus 6.9%). In each age group, people were approximately twice as likely to require help with instrumental activities of daily living than they were with activities of daily living.

SOURCE: Morbidity and Mortality Weekly Report, 58(48):1357 (December 11, 2009)

Heart disease costs in billions. In an annual update of statistics on heart disease in the US, the authors projected that estimated costs for cardiovascular disease (CVD) and stroke treatments will reach US $503.2 billion in 2010, a 5.8% increase over the previous year. The CVD and stroke figure includes both direct costs (physicians and other professionals, hospital and nursing home services, prescribed medications, home health care, and other medical durables) and indirect costs including lost productivity resulting from death and disease.

SOURCE: American Heart Association (December 17, 2009)

ICAA Research glossary

Hazard model. A statistical method to relate a factor, such as an intervention, to the time it takes for a hazard (e.g., a heart attack, unemployment or death) to occur.

Oldest-old feel just fine

The population of people ages 85 and older (dubbed the oldest-old) is one of the fastest-growing age groups internationally. From 2009 to 2050, the world's 85 and older population is projected to increase more than fivefold, from 40 million to 219 million (US Census Bureau).

STUDY: For the Newcastle 85+ Study, 1,042 individuals born in 1921 and living in Newcastle and North Tyneside, England, were enrolled. The majority of participants underwent a detailed health assessment and a medical record review.

FINDINGS: The results showed that 78% of participants rated their health as good as or better than other people their age. A small percentage (10%) lived in institutions and 61% of older people who were not in institutional care were living alone.

The most prevalent health conditions in the group were high blood pressure (58%) and osteoarthritis (52%). Moderate-to-severe cognitive impairment was present in 12% of the group, and 21% of them had severe-to-profound urinary incontinence. Over half (60%) had some form of hearing impairment and 37% had visual impairment.

COMMENT: "Perhaps the most striking findings were the low levels of disability and people living in institutional care, and positive self-rated health (compared with others of the same age) despite high levels of disease and impairment," the authors wrote.

SOURCE: BMJ, 339:b4904 (December 22, 2009)

Behavioral program can reduce fear of falling

Fear of falling can be more detrimental to a person's quality of life than actually falling, according to a study previously published in *ICAA Research Review* (8[43] 2008).

INTERVENTION: In The Netherlands, a team adapted the A Matter of Balance intervention by translating program materials to the Dutch language, scheduling more time for some activities, reducing the frequency of sessions from twice a week to once a week, and adding a booster session after six months. During the program, participants talked about their beliefs and concerns about falling, learned about fall hazards, practiced techniques to shift their thoughts to a more positive and assertive framework, and practiced physical exercises.

STUDY: Among 540 people ages 70 years and older who reported fear of falling and avoided activity because of that fear, 280 participated in the adapted intervention in two-hour sessions for eight weeks. The remaining 260 individuals served as the control group.

FINDINGS: People in the intervention group reported a decrease in fear of falling, avoiding activities and concerns about falling at two months and at eight months, compared to the control group. At 14 months,

participants in the intervention group reported lower levels of fear of falling and more perceived control over falling than the control group, but there was no between-group difference in activity avoidance or concerns about falling.

COMMENT: "The strengths of this intervention include a theory-based basis, a focus on realistic and adaptive views regarding falls, fear of falling and activities, and performing activities safely (i.e. without falling)," corresponding author G.A.R. (Rixt) Zijlstra, PhD, told *ICAA Research Review*. "The intervention showed several positive outcomes in both the psychological and physical domains. Therefore we recommend implementing this intervention in regular care, maybe even as a precursor for other fall prevention programs (e.g., strength and balance training)."

SOURCE: Journal of the American Geriatrics Society, 57(11):2020-2028 (November 2009)

Cardiac rehab saves older lives

The combination of lifestyle education, nutrition counseling and exercise training that is presented during cardiac rehabilitation has the potential to aid recovery following a cardiovascular event as well as prevent future heart problems and hospital stays. A cardiac rehab program is individualized for each person and delivered through a team of professionals. In the United States, Medicare is the government health insurance program for people ages 65 and older. Medicare will reimburse for 36 sessions of cardiac rehabilitation.

STUDY: The records of 30,161 Medicare beneficiaries who had gone to at least one cardiac rehabilitation session between 2000 and 2005 were analyzed. A Cox proportional hazards model was used to estimate the relationship between the number of sessions attended and, four years later, heart attack (myocardial infarction) or death.

FINDINGS: The more cardiac rehab sessions that were completed, the lower the risk of heart attack or death. Compared to people who went to one session, people who attended 36 sessions of cardiac rehab had a 31% lower risk of heart attack and a 47% lower risk of death.

Compared to people who attend 12 sessions, those who went to 36 sessions had a 23% lower risk of heart attack and a 22% lower risk of death. People who went to 36 sessions had a 12% lower risk of heart attack and 14% lower risk of death compared to those who attended 24 sessions.

COMMENT: "We were not surprised that patients who attended more rehabilitation had better outcomes," said Bradley G. Hammill, MS, lead author of the study. "We need to encourage physicians to recommend cardiac rehabilitation to eligible patients, and we need to encourage those patients to attend and stay with it....Unfortunately, use of cardiac rehab is very low. Under 20% of those eligible ever go and women and minorities go less often than white men. We need to promote cardiac rehab for everyone."

SOURCE: Circulation: Journal of the American Heart Association, online (December 21, 2009)

Do extra pounds change attitudes toward exercising in health clubs?

Health clubs are holding their own in the current economy, according to reports from an industry trade association: In the US and Canada, health club revenue totaled $21.2 billion, and over 33,000 facilities served over 50 million members in 2008. People over age 55 and those who were most affluent had higher-than-average attendance (International Health Racquet and Sportsclub Association). A separate study sheds light on why some people intend to exercise at health clubs—and others do not.

STUDY: An online survey was completed by 1,552 individuals (822 women and 730 men). Of the respondents, 989 were classified as overweight. Survey questions asked about attitudes toward exercising for one month at a health club for 30 minutes, two times a week.

FINDINGS: People who were overweight believed exercise improved appearance and self-image more than individuals who were normal weight. People who were overweight felt more embarrassed and intimidated about exercising, exercising around young people, exercising around fit people, and about health club salespeople than did individuals of normal weight.

However, whether individuals were overweight or normal weight, they felt the same about exercising with the opposite sex, complicated exercise equipment, exercise boredom and intention to exercise.

COMMENT: The authors wrote that "one of the most noteworthy findings of this study was that overweight and normal weight subjects did not differ in their overall attitude toward exercising at a health club. … Accordingly, individual beliefs about health club exercise should be evaluated for each new client. If a plan to increase the positive beliefs and reverse the negative beliefs is constructed and followed, the likelihood of retention of that client will be augmented."

SOURCES: International Health Racquet and Sportsclub Association, IHRSA Profiles of Success (December 4, 2009) and IHRSA Health Club Consumer Report (December 15, 2009) and Journal of Nutrition Education and Behavior, 42(1):2-9 (January/February 2010)

ICAA News: Physical activity guides for older adults

With New Year's resolutions on the way, it's a good time to review the consumer information ICAA offers as a service to the active-aging industry. Two pamphlets, How to Choose an Age-Friendly Personal Trainer and How to Select an Age-Friendly Facility are available as PDF downloads for you to print and distribute.

MORE: International Council on Active Aging, Age-friendly guides, www.icaa.cc/consumer/age-friendlyguides.htm

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