Physical Activity in Older Age, Independence and Empowerment: an Australian Perspective

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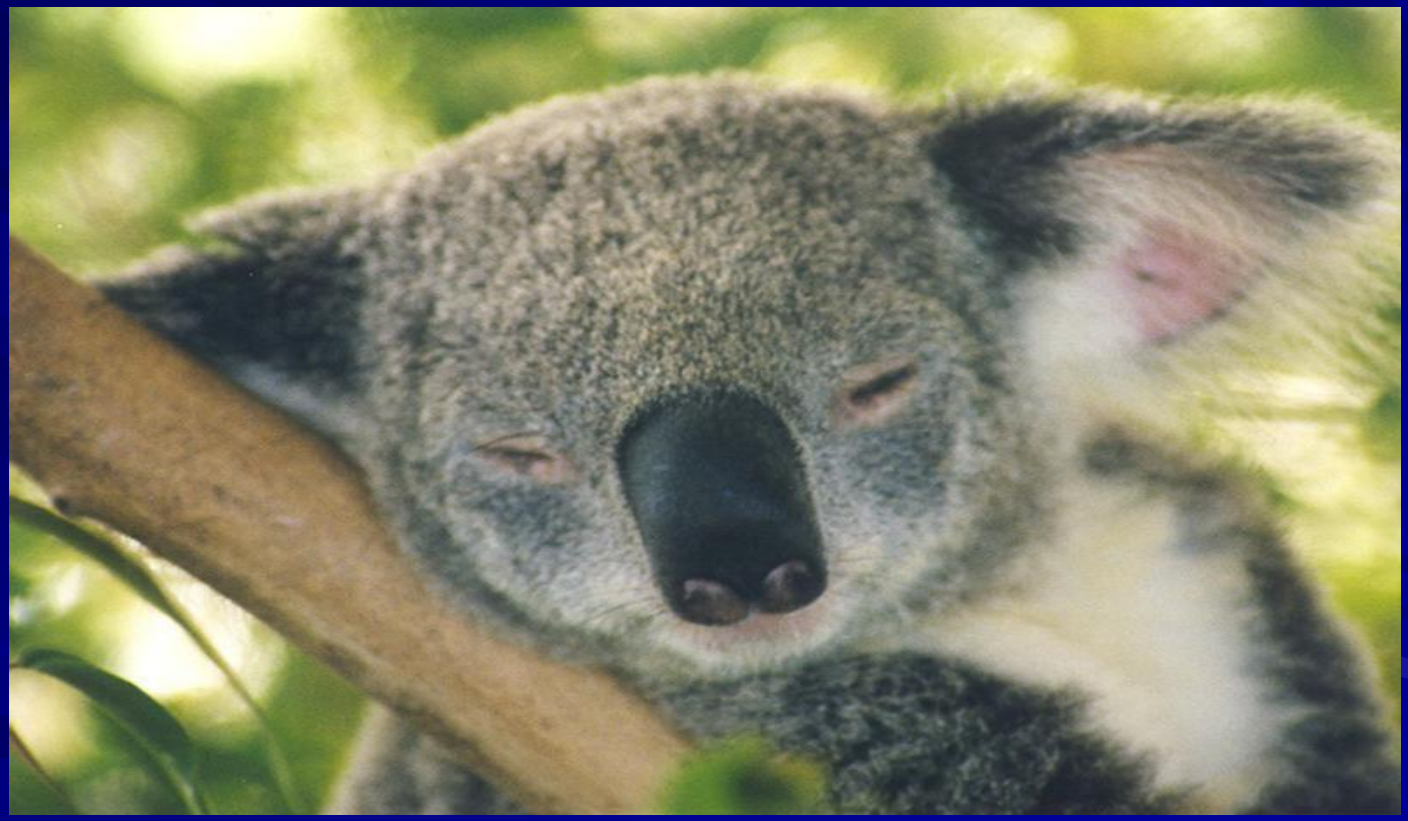
AP



Presentation - Overview

- PA Overview
- Benefits/'Costs'
- Barriers/Facilitators
- Traditional home care (HC)
  - Mobility etc limitations
  - Help with tasks ('doing for')
- Restorative HC
  - Short term help
  - Assist regaining independence
  - Usually includes PA program (strength/balance)
- Lifestyle Integrated Functional Exercise Program
  - PA through daily living tasks

PA Overview - Australia

- > 1/3 of 65+ no PA for recreation or sport
- < 10% regular strength training
- 40% one PA – for 53% this is walking
- Excludes ‘incidental’ exercise via daily routines (see later)
- Need to promote other types of PA – to develop & strengthen muscles, flexibility, balance – to maintain functional independence
- Not forgetting potential role of PA in maintaining social contact (e.g. group activity)

PA Overview - General

- Good for health & wellbeing at any age
- Even very modest levels, e.g. 30 mins/day brisk walking, provides substantial health benefits
- Tendency to decrease PA as we age
- Leading to
  - Decrease in muscle strength/ power
  - Increasing difficulty to complete ADL
  - Hence decreasing functional independence

PA – Benefits

Compared to those less active, older people who are physically active have:

- Lower rates of coronary heart disease, stroke, hypertension, diabetes, etc., etc.
- Healthier body mass and enhanced bone health
- Higher levels of functional health, lower risk of falling, better cognitive function
- Lower mortality

PA – ‘Costs’

The Lancet has estimated Physical Inactivity contributes to:

- 10% of deaths across Australia
- 6% of burden of coronary heart disease
- 8% to diabetes
- 10% to colon and breast cancers
- Similar effect on burden of death and disease as smoking or obesity (two established risk factors targeted for government action worldwide)

Perceived Barriers

- ‘Too old’; fear/risk of injury; self-conscious; motivation
- Lack of time (excuse? related to previous point)
- Don’t know how or where
- Transport, cost, weather issues
- Nobody to be active with
- Injury/illness (ongoing, temporary)
  - pain, fatigue, mobility

Mixture of real and ‘imaginary’ barriers requiring different responses

Home Care Services (HCS)

- Traditional
  - Help with tasks
  - OP not encouraged to become more active

  Social service model

- Important alternative goal of regaining skills so OP can ‘self-care’ (empowerment)

Restorative Home Care (RHC)

- Paradigm shift in HC Service delivery
  - Particularly UK, more recently Australia, US?
- Short-term HCS to assist regaining functional independence
- Often after illness/injury
- Goal oriented and:
  - Usually include a PA program based around strength & balance
  - Typical focus on functional mobility & falls prevention

Restorative HC Case Study

- Home Independence Program (HIP)
- Silver Chain, Perth, Western Australia
- Includes PA program – essentially falls prevention activity program
- HIP clients better outcomes (independence related) than usual HC clients (RCT)
- OK, but
  - Requires specific exercises repeated regularly &
  - Remembering/finding specific time to complete
- Clients preferred ADL tasks (cleaning, gardening, walking to shops) – rather than organised PA

Response – LiFE Program

- Lifestyle Integrated Functional Exercise Program
- Developed by Clemson et al in Australia
- Philosophy
  - Incorporate PA into OP daily living tasks, not forgetting benefits of social contact
  - Rather than requiring OP to allocate specific time to complete activity routine (possible deterrent)

Impact – LiFE Program

- University of Sydney
- LiFE Program - incorporating balance & lower limb strength training into daily routine
- 31% reduction in rate of falls, compared with a control group
- Also enhanced function and participation in ADL
- Provides alternative to traditional exercise for OP to reduce falls, improve function in ADL and enhance participation in daily life

‘Conclusion’

- At individual level we need to develop models of PA which promote independence and empowerment – e.g. LiFE Program; also those with strong peer group emphasis; e.g. group walking, related to OPs who are socially isolated (or at risk)
- At the community and environmental levels improving PA for OP (and all ages) requires united efforts from: city & community planners; transport engineers; school authorities; recreation and parks officials; media; to name but a few

Jealous?