Dementia risk and prevention: lifestyle-related factors

Report for the general public

This report highlights key areas of lifestyle intervention influential in healthy ageing, and it serves as a summary of key points addressed in the massive open online course “Promotion of Healthy Ageing” available on the edX online platform.
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- Charlotta Thunborg, PhD, Research Coordinator, Karolinska Institutet.
- Elisabeth Rydwik, PhD, Associate Professor, Senior Lecturer, Karolinska Institutet.
- Francesca Mangialasche, MD, PhD, Geriatrician, Assistant Professor, Karolinska Institutet.
- Gerd Faxén-Irving, PhD, Associate Professor, Researcher, Karolinska Institutet.
- Kristal Morales Pérez, MSc, Research Assistant, Karolinska Institutet.
- Krister Håkansson, PhD, Research Coordinator, Karolinska Institutet.
- Linnea Sjöberg, PhD, Researcher, Karolinska Institutet.
- Loretta Platts, PhD, Researcher, Stress Research Institute, Stockholm University.
- Miia Kivipelto, MD, PhD, Professor, Senior Geriatrician, Karolinska Institutet.
- Shireen Sindi, PhD, Researcher, Karolinska Institutet.
Did you know that lifestyle plays an important role in the prevention of common ageing-related diseases and disorders including dementia and Alzheimer’s disease? It has been estimated that about 30% of Alzheimer’s cases is related to modifiable risk factors, such as diabetes mellitus, mid-life obesity, high blood pressure, smoking, low physical activity and depression[1-3].

About three decades ago, had we been discussing the factors that influence the ageing process, and particularly the risk for dementia, we would have focused on advanced age and genetics as important risk factors. However, both these factors are non-modifiable. Fortunately, in the recent decades, we have learnt a lot about various modifiable factors, including metabolic, vascular and lifestyle-related factors, as well as the potential underlying mechanisms. This means that there are several lifestyle choices one can make to reduce the risk of developing different diseases and disorders in older age, such as dementias, cardiovascular and musculoskeletal conditions.

Exposure to lifestyle factors occur across the whole life course, from birth to older age. These factors can increase a person’s susceptibility to develop a disease (or be a risk factor), but can also act as a protective factor and decrease a person’s risk. Key lifestyle-related factors that are fundamental building blocks to promote healthy ageing include: vascular and metabolic factors, diet, physical activity, intellectual and social engagement, depression, and more recently identified, psychological stress and sleep disorders.

Vascular and lifestyle-related risk factors

Healthy Ageing is the development and maintenance of mental, social and physical well-being in older age. As we are exposed to various vascular, metabolic and lifestyle-related risk factors during life, it is important to become aware of our own risk profile and identify which lifestyle choices can be improved.

Vascular and metabolic risk factors (such as high blood pressure, high blood cholesterol, obesity and diabetes) are very common among older adults and they often co-occur, with an additive or synergistic effect on health. For instance, people with obesity often have also high blood pressure and diabetes. The harmful effect of these risk factors is especially present when exposure occurs during mid-life or in the youngest old people (i.e., before the age of 75), but they can still be relevant after the age of 75.

These factors can increase the risk of developing dementia and Alzheimer’s disease, and can also accelerate the progression of these disorders if they are already present. Other important risk factors, for both dementia and cardiovascular disease, are the presence of unhealthy diet, alcohol abuse, smoking, and lack of physical activity. Additionally, many of these vascular risk factors are also important for some types of cancer, such as lung and bowel cancer.

On the other hand, we also have the possibility to be exposed to protective factors: in particular, keeping a healthy diet and being mentally, physically and socially active during life has been shown to reduce the risk of dementia in old age, and protect against cardiovascular disease and some types of cancer. For instance, meeting friends or family members and participating in group activities are important sources of social and mental stimulation, and can improve the quality of life and reduce the risk of cognitive decline.
Prevention is especially important for dementia and Alzheimer’s disease because there is currently no cure for these disorders. When planning prevention, the guiding principle is “what is good for the heart is good for the brain”, which means that good vascular care and healthy lifestyle can help preventing cardiovascular disease and dementia.

**What is good for the heart is good for the brain**

When trying to improve vascular and lifestyle-related risk factors, it is important to keep in mind a few essential things:

- We need to identify which factors can be really improved and focus on those. For example, some people smoke and they don’t want to stop, but they are willing to improve their diet and exercise more. Some people have physical limitations and cannot increase their level of physical activity, but they can improve their diet and engage in mentally stimulating activities.
- For prevention to be effective, it is also important to become aware of our own risk profile. One needs to be engaged in the process, otherwise it is difficult to improve and maintain in the long-term a healthy lifestyle and a good use of medication for vascular health.
- Improvement of risk profile can be done by setting realistic, feasible and specific goals: we should not be overly ambitious, to avoid failure and frustration. For instance, a person might not be interested in joining the gym, but can decide to meet with a friend for regular walks to exercise more.
- Keep in mind that healthcare professionals (such as nurses and doctors) can help identify factors for which there is the opportunity for an improvement. They also have a main role in helping to optimise the use of medication for diabetes, high blood pressure and high blood cholesterol.
- It is also important to set a time for a follow-up and periodically review what has been done, if it is working, and if not, alternative strategies can be developed. A person can benefit greatly from openly discussing with their healthcare practitioners how to best manage their vascular risk.
- There is no “one-size-fits-all” approach: for each person an individual strategy can be developed, according to existing clinical recommendations and taking into account the person’s risk factors profile and prevention potential, as well as his/her possibilities and wishes.
Diet

A healthy dietary pattern, with different healthy foods in combination with possible interactions between them, seems more effective for the prevention of diseases in old age than focusing on single nutrients. The Seven Countries Study found that the dietary pattern used in the Mediterranean countries around 1960s was associated with a reduced risk of coronary heart disease[4]. Similar relationships have been found between dementia and Alzheimer’s disease and Mediterranean diet in several studies[5-7].

Dietary patterns (such as the Mediterranean diet) rich in vegetables, including dark green leaves, fresh peas and beans, root vegetables, fruiting vegetables, pulses, fruits and berries, nuts and seeds, whole grains, fish and seafood, vegetable oils, and low-fat dairy products, are associated with lower risk of most chronic diseases compared to Western-type dietary patterns. On the other hand, Western-type dietary patterns are characterised by high consumption of processed meats and red meats (such as beef, pork and lamb), and food products low in nutrients but high in added sugar, saturated fats and salt.

When planning for a healthier dietary pattern, you may ask yourself, what would a healthy diet look like? There are two important points to consider:

I. You can improve carbohydrate quality by:
   a. Choosing whole grains and whole-grain flour, rich in dietary fibre and low energy density compared to refined grains and wheat flour.
   b. Choosing fruits, vegetables and berries that are rich in vitamins, minerals, antioxidants and fibres.
   c. Limiting the intake of “empty calories” (e.g. candies), which leads to a substantial risk of not satisfying nutritional needs, especially at a low total food intake. Even more, sweetened beverages increase the risk of overweight and type 2 diabetes.

II. You can improve dietary fat quality by:
   a. Using low-fat dairy products (such as milk, cheese and spread), instead of high-fat dairy products.
   b. Choosing fatty fish, nuts and seeds, vegetable oils and vegetable oil-based fat spread. Try to consume fatty fish 2-3 times a week and, when cooking, use oil (olive oil or rapeseed oil) or liquid margarine, rather than animal-based fats (e.g. butter).
   c. Limiting your intake of processed and red meat (not more than once a week), and favoring white meat, such as turkey and chicken instead.
Moreover, there are different misconceptions around diet in old age that one should be aware of:

- Some people believe that they don't need so much food when they grow older, but that is wrong. Older adults over 65 years of age are recommended a higher protein intake than younger people to preserve muscles and function. For instance, sarcopenia (loss of muscle mass and muscle function) is primarily related to age and it can be prevented by exercise in combination with a satisfactory intake of protein. Examples of protein-rich foods that can be offered several times a day are: egg, yoghurt, cheese, fish, meat, lenses, and beans.

- Sometimes persons fall into an “all-or-nothing” approach. For instance, it may feel that if one cannot fully maintain a balanced diet, then there is no point in trying improve one’s dietary patterns. However, evidence shows that even small lifestyle changes can impact one’s health, and keeping a balanced diet can be done in a stepwise manner by, for instance, reducing the addition of salt to food when cooking and gradually reducing the intake of refined sugar.

- Another misconception is that ready-made dishes (or frozen) are “bad food”. This is not always true, they are safe to eat when the nutrient content is declared, adequate (i.e. reflecting the dietary recommendations) and controlled for.

- It is important to highlight that involuntary weight loss is not healthy and should be avoided in older adults, as it may be the first sign of a disease. Make sure to consult with a healthcare practitioner if there are any warning signs or changes in weight.

- Keep in mind that specific dietary recommendations may be available in different countries to cater for country-specific food preferences, local availability and diet requirements. For example, the Nordic countries have common Nordic Nutrition Recommendations (NNR 2012)\(^1\), which also align with the Mediterranean diet.

### Physical activity

Since several aspects of the musculoskeletal structure and function become less efficient while ageing (for instance, muscle strength, endurance and balance), we need to be physically active in order to counteract this decline, which is of importance in order to manage our daily life as we please and independent of others.

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\(^1\) The NNR are presented on the Swedish National Food Agency’s website [www.livsmedelsverket.se/en](http://www.livsmedelsverket.se/en). Please note that the NNR are intended for the general population and not for groups or individuals with diseases or conditions affecting their nutrient requirements.
Lack of physical activity increases the risk of having cardiovascular problems, such as high blood pressure and high cholesterol, which might lead to diseases, such as heart disease, stroke and diabetes. In addition, too much sitting might also lead to musculoskeletal problems in the back and joints. It is also important to maintain or improve the balance capacities through physical activity in order to reduce the risk of falling in older age. Furthermore, physical activity can decrease the risk of having dementia, osteoporosis, anxiety and depression: for instance, if a person is suffering from mild to moderate depression, physical activity is a treatment that the person can consider in dialogue with the physician.

What does it mean to be physically active? Physical activity is defined as any bodily movement produced by the contraction of a skeletal muscle, which means that whenever you move your body or part of the body, you are physically active[8]. The more you move your body and with higher intensities, the more active you are. So, physical activity can be anything like: walking, lifting an object, sitting down or standing up, doing household or garden activities.

On the other hand, physical exercise is a subgroup of physical activity and is defined as planned, structured, repetitive, and purposive, in the sense that the improvement or maintenance of one or more components of physical fitness is the objective[8]. For example, if a person cannot climb the stairs because their leg muscles are too weak, then that person would need to exercise the leg muscles 2-3 times a week for several weeks to improve the strength in their legs and be able to take the stairs.

The recommendation for how much you need to be active depends on your goals. If you just want to be physically active to improve your health, you should be physically active 150 minutes per week, at least in bouts of 10 minutes, and you should become a bit warm and breathless. If you want to improve something, for example have stronger legs, you need to strengthen your muscles 2-3 times per week with 3 x 10 or 15 repetitions on 60-80% of your maximal capacity. This means that you should not be able to do more than 10 (80%) or 15 (60%) repetitions on a certain weight. If you can do more, you should increase the weight.

When planning for physical activity keep in mind the following recommendations:

- Remember that physical activity does not necessarily happen in a fitness centre: taking a walk, getting off the bus a stop before destination, walking to get small groceries, doing some gardening, etc., are activities that can support regular exercise.
- It is a misconception that older adults may not benefit from physical activity and exercise: for instance, we know that even the oldest olds (even if a person is over the age of 90) can increase their muscle strength and balance capacity. It is never too late to be more physically active!

*It is never too late!*
• There are simple things that one can do in our home or in our nearby surroundings. One way of exercising is to take the elevator down a couple of flight of stairs and then take the stairs up again. Brisk walking is another effective way of making the heart beat and the breathing work: when brisk walking outdoors one can alter the speed and walk fast for a while and then slower for a while (like interval training). If an older person has problems going outside due to weather or other environmental barriers, just getting up and sitting down from the chair several times are really easy ways of strengthening the muscles.

• It is also important to challenge your balance. Older adults can try to improve their balance by, for example, narrowing the base of support by standing with the feet together or standing on one leg. One can also try to walk backwards and sideways, and in circles or in a figure of eight. If a person is having balance problems, make sure that he has something nearby to grasp if needed, but it is important to try to do the exercises without holding on to something. Also, walking in the forest is a good way of challenging your balance when you move on different surfaces, and need to step over logs and stones, etc.

• If you care for an older person, make sure that you allow the person to do as much as possible by themselves, to encourage them to go for walks, take the stairs, maybe even go to the gym. It is important to remember that being sitting at large is much more dangerous than moving around.

Intellectual and social engagement

There is a saying about human health or brain health: use it or lose it. It means that the brain is like a muscle. In order to function well it needs exercise. The concept of brain reserve is related to this. Brain reserve means that if a brain has well-developed connections between cells, as a result of previous education or other mentally stimulating activities, it can better resist the impact of an underlying pathology, like dementia[9]. Even for persons who already have a dementia diagnosis, intellectual stimulation and being active in other ways may delay further progress of the disease.

As humans, we are social beings. This means that social isolation and feelings of loneliness can be painful and also have bad health consequences. However, there is a difference between actually living alone and feeling lonely: many persons who live with someone may still carry feelings of loneliness, and the other way around. Although the combination of both living alone and feeling alone is the worst scenario, some studies indicate that living with someone could actually protect against the bad health effects from feeling lonely, at least to some degree[10]. However, the reason for living alone is also important, as persons who have always lived as singles seem to be better off than those who were once married and who then continue to live alone after having lost their partner[10].
Another suggestion from previous studies is that the intensity of a social relationship is more important than having a very large social network. In other words, it is good for cognitive health to have at least a few really good friends[11,12]. One way to nurture our social relationships in old age is by combining social and intellectual activities, such as talking, dancing or participating in group activities. If you are caring for an older person, you can try to arrange situations where older adults can get to know each other, and if they have friends they have not met for a long time, try to help them re-establish these relationships! Also, older persons benefit greatly from meetings across generations, for example, for seniors and children to meet.

Keep in mind that sometimes older people want things to be the way they have always been in the past. But, in order to stay alert and develop a rich neural network, change and variation is crucial for the brain. It is therefore important to gently introduce new activities that fit with the interests of the person. The fact that a person prefers simple and repetitious activities, or being on their own most of the time, does not mean that this is the best for them. For a person interested in music, for example, it could be going to a concert, and for people who like traveling, it could be discovering new places, rather than always going to the same place.

Change and variation are crucial for a rich neural network

If you are caring for an older person, remember not to force the person to do things they don’t want to do. Instead, you can try to make the person curious and help them take a step outside their comfort zone. A key point is to relate to interests and preferences that the older person has, to create a motivation, rather than imposing activities that may not be appealing for the older person. For example, exposing older persons to well-known music and encouraging them to participate in activities they used to enjoy is probably both a good way to stimulate the brain and bring old memories to life.

Depression

Overall, the prevalence of depression in older adults aged 65+ years ranges from around 5 to 10 percent (1-5% for major depression)[13,14], and this makes depression one of the most prevalent mental disorders in old age[14]. Moreover, depression is a common source of reduced life-satisfaction and functional impairment in older adults[14]. Functional impairment means that a person has difficulties, or is unable to perform activities in one’s daily life, such as difficulties getting dressed, eating or getting in and out of bed. Considering this, the total healthcare costs (including inpatient and outpatient costs) have been found to be around 50% higher in older adults having minor or major depression, compared to those not having depression, even after adjusting for chronic illnesses[15].
Despite depression being highly prevalent, impairing, and very costly for the society, previous studies have found that only 8 to 35 percent of older individuals with a depression diagnosis were prescribed an antidepressant[16-19], and one study found that only 2.7% received any psychotherapy[18]. This under-treatment may be due to various factors, one of them may be that healthcare personnel, the carer, as well as the older individuals themselves, may interpret depressive symptoms as a “normal” part of the ageing process[20], and therefore the older individuals do not ask for help, or the healthcare does not detect the older adults’ depression and they do not receive treatment. However, it is crucial to detect and treat an older individual with depression since depression can have serious consequences for the person.

**Depression is not a normal part of the ageing process**

The most serious consequence of a depression is mortality (both suicide and non-suicide), and there is an increased risk already when having mild depression. Depression is the most common risk factor for suicide among older adults, and a study found that around 85% of older persons who died from suicide previously have had a depression[21].

Further, there is an association between cardiovascular diseases and depression. This association goes in both directions, since the occurrence of heart disease or stroke may increase the risk of developing depression or depressive symptoms in older adults, but also there is an increased risk of developing stroke or cardiovascular diseases among older individuals who suffer from a depression[13,14,22-25].

A positive relationship has also been found between depressive symptoms or a diagnosis of depression and dementia[26]. There are various explanations for this association but if you are caring for an older person, keep in mind that depression may affect an older individual’s cognition, and therefore carers and relatives need to be attentive to changes in behaviour of an older person, such as reduced ability to think or concentrate, or memory complaints. It is also important to be aware that older individuals with a physical disease and comorbid depression may have worse outcomes, since depressed individuals may have lower adherence to medical treatments and have more difficulties to comply with recommended health advice.

Another key point regards the fact that the manifestations of depression in older individuals can differ from younger persons. In detail, older adults are more likely to express somatic symptoms (such as stomachache or headache), psychomotor problems, weight loss, irritability, and cognitive difficulties, rather than primarily affective symptoms, such as low mood[13]. Also, among older adults, the prevalence of depressive symptoms tends to increase with age[19]. It may be due to the fact that older adults are more likely to become lonely (for example, due to the loss of their partners or their friends), they get more problems with functional disabilities (which can impair their independence), and are at an increased risk of developing physical diseases. All of these are risk factors for developing depression.
Bear in mind that risk factors for developing depression are multifactorial, which means that various factors can influence an older individual’s risk of developing depression[27]. Some examples related to depression risk or vulnerability in older adults are:

- Having low income or being without a partner (socio-demographic factors)[17,28,29].
- Feeling lonely or having poor social support (psychosocial factors)[17,30-32].
- Physical inactivity (behavioral factors)[33].
- Having cardiovascular diseases, such as heart disease or stroke (physical factors)[24].
- High levels of stress, for instance, hyperactivation or dysfunction of the hypothalamic–pituitary–adrenal axis (biological factors)[34-36].

Considering the above you may ask yourself, what can I do to help a person who may be suffering from depressive symptoms?

- Encourage social activities or join them to these activities. For instance, attend to the theatre, movies or concerts together and talk about the experience afterwards.
- Promote exercising as much as possible. For example, go for a walk together, or do easier gymnastics at home together.
- Dancing is another activity, which requires both physical and mental exercise, and promotes social engagement.
- Encourage them to keep their daily routines: for example, you can help them maintain healthy eating habits or regular sleep patterns.
- If you are caring for an older person, know that carers play an important role in preventing and managing depressive symptoms when they first occur, and you should always seek for medical advice if you detect any warning signs.

**Sleep and stress**

Encouraging healthy ageing needs to be viewed from a life course perspective in which all ages are important. Insomnia, or difficulties falling asleep or staying asleep, is a common chronic illness that can affect people at all ages. Consequently, both older adults needing care and their carers are at risk of having sleeping problems. This is an important challenge, because if older adults and their carers are exhausted, it can impede their abilities to stay healthy, to carry out their other activities and it can affect their quality of life.

There can be a tendency to focus on the health of either the carer or the person being cared for, but when it comes to sleeping problems, people are affecting each other, so it is important to think about this in terms of both people together. We know that people tend to develop more chronic illnesses as they age, but researchers are still arguing about the role of stress. Some studies have indicated that high levels of stress might contribute to the development
of chronic illness[37]. However, it is important not to overemphasise this, because we need a certain amount of stress, and the stress response is fundamentally adaptive and healthy[38].

**Older adults and carers are at risk of having sleeping problems**

But stress may be a problem if you or the person you may be caring for are too stressed and tired to maintain a healthy lifestyle with a good diet and enough physical activity. There’s a vicious cycle between lack of sleep and stress. If people aren’t sleeping enough, then they tend to feel more stressed. So, tackling sleeping problems in both carers and the older people they are caring for is important.

There are two important misconceptions concerning stress and sleep in the context of caregiving:

I. The first misconception is the focus on finding individual solutions for carers of family members. In fact, the organization of care work is a public issue, since it relates to how much care the state provides people with and how much is then left over for family members to do. So it is important to understand family care work in this way; it is not an individual’s private issue but a public issue for the whole of society.

II. The second misconception is that drug therapies are the main approach for improving sleep. In fact, for long-term sleeping problems, clinical guidelines frequently encourage better sleep hygiene, working out what any underlying problems are, and talking therapies. These are effective strategies for improving sleep in the long-term.

There are some strategies you can consider to improve sleep and reduce stress levels in daily life:

- Maintain a daily rhythm: this means having a regular sleep-wake schedule, in short, going to bed at roughly the same time and getting up at about the same time.
- Expose yourself to strong outdoor light during the day, especially in the morning. For example, going out for a walk in the morning, perhaps after breakfast, would be best. If that is not possible, then use of a special outdoor light lamp, or even sitting by a bright window in the mornings will help.
- Keep in mind that natural daylight is more potent than regular artificial room light and can help strengthen the natural day and night cycle, which is often weakened in old age. During night-time, on the other hand, it is important to keep the bedroom dark.
- Be physically active during the day because it increases the need for sleep.
• Cut down on caffeine starting in the late afternoon, and avoid alcohol intake.
• Being “hyperaroused” is one mechanism for how stress can lead to sleeping problems. One effective strategy might be to identify worries, talk about them, write them down or find ways to address worries before going into the bedroom at bedtime.
• Create a bedtime routine that involves comforting activities that help you or the person you are caring for to relax.
• If a sleep disorder is severe over a long period, or if you suspect that there might be problems with breathing during the night, it is important to seek professional medical advice. It may be that the sleeping problems are a symptom of underlying issues which can be better controlled, such as pain, shortness of breath or restlessness.

**Behavioural change**

A healthy lifestyle is a way of living that lowers the risk of being seriously ill or dying early. Also, a healthy lifestyle is a way of living that helps you enjoy more aspects of your life. Health is not just about avoiding a disease or illness. It is about physical, mental and social well-being, too.

As with any lifestyle change, it is important to avoid simply making intensive changes that only last for short periods, but rather, the changes need to be introduced gradually, and be sustainable in nature, that way they can be implemented in the long run, and this is related to “behavioural change” and how to support an older person that wants to change lifestyle into a healthier one. As a relative or carer for an older person, you can bring in the joy and reinforcement in the behaviour change process because behaviour change is much easier if you have a supportive peer by your side.

To facilitate a healthy lifestyle behaviour, it’s a merit to focus on the behaviour, not traits. When caring for an older person, you can try to define and measure the behaviour. Brisk walking could serve as an example. Defining brisk walking is that you should walk at a pace that makes you breathless. The World Health Organization recommends 150 minutes each week of moderate-intensity aerobic physical activity[39]. In other words, 30 minutes of brisk walking at least 5 times a week. You can find some merit in dividing the walking into 10-minute bouts of brisk walking, three times a day. For many older persons, the 10-minute bouts of brisk walking is an excellent choice because the older person might not have the energy to start with a 30-minute walk.

*To facilitate a healthy lifestyle behaviour, focus on the behaviour, not traits*
Furthermore, to facilitate the behaviour change, you can get a pedometer. A pedometer is a useful device for assessment of the number of steps or the time spent walking during a regular day. In this example, the behaviour is walking, and the assessment is counting the number of steps or the time. If the older person is not physically active enough to stay healthy, try to identify when the person could be more physically active and how. Encourage the person to find a walking peer if you can't be the peer yourself.

An important aspect to remember is to assess covert behaviours. A covert behaviour is all the thoughts and the reasoning we are doing in a so-called cognitive process. Cognition and behaviour are complexly linked to each other, and sometimes it can be hard to define the behaviour explicitly. Remember that a healthy lifestyle is a complex multifaceted behaviour, and that this "multifaceted" feature is the most important aspect taken into account when we talk about behavioural change and healthy ageing.

If the “new” behaviour is rewarded, the likelihood of that behaviour increases in the future in similar situations, and the opposite, if a new behaviour is punished in some way, it decreases the chance for success. A rewarding consequence after a brisk walk could be the feeling of more alertness, on the other hand, punishing consequences could be knee pain or feeling weak.

There are two important misconceptions regarding behaviour change in older adults:

I. A common misconception around the development of healthy habits in older adults is that many older persons don’t eat enough protein. Both taste and smell are important for eating behaviour and, because of the strong punishment factor if the food doesn’t smell or taste good enough, you can try to test new flavours and textures (even a new style of cooking!) to encourage healthier dietary patterns.

II. Another misconception is that older persons might say that they don’t need as much protein because of a less physically active lifestyle. In fact, it’s the opposite. Older persons might not have the energy to be physically active due to too low calorie (food) intake. To this end, one way to understand and assess the eating behaviour is to keep a three-day diet diary. Make sure to do the diet diary during one weekend day because we tend to change our eating behaviour during weekends.

We also need to consider that loneliness, sleeping problems, and poor nutrition are the most prominent restraining factors for a healthy lifestyle change, as these affect older persons’ well-being and health. Also, the most common barriers to the long-term implementation of healthy lifestyle habits in older adults are illnesses. Many older adults don’t have the physical or cognitive reserve to deal with physical illness, the loss of a friend, or the loss of a husband or wife. It is important to remember that we are social beings. Losing a dear friend can be as difficult as a physical or psychological disease. It is important to know that older persons might have less energy and they often have less physical and cognitive reserve.
So, remember to look out for sleep disorders, pain-related behaviour changes and adherence to any medication prescriptions when promoting healthy lifestyle habits and behavioural change in older adults. Further, to implement long-term healthy lifestyle habits for healthy ageing, use the concept of booster sessions[40]. This means that after a couple of months repeat the measurement of the healthy lifestyle behaviour, listen for any misgivings that the person might have and ask for any thoughts about healthy lifestyle habits that might need to be adjusted[41].

Overall, if you want to implement and innovate your support for the behavioural change process, use these tools:

- Keep a survey, a diary or a device that measures the healthy lifestyle behaviour change; just by mapping the current behaviour, you can facilitate a healthy lifestyle behaviour.
- Be a supportive peer, meaning, provide the older person you may be caring for with a lot of positive reinforcement.
- Find a social activity that brings in the chance to identify a role model that has changed into a healthy lifestyle recently.
- Listen for any problematic covert behaviour.
- Use motivation. We are more prone to change the behaviour if we find it easy and rewarding.
References

Stock photos included in this report feature model(s) that do not represent actual patients or carers.

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