

PERSONAL HEALTH

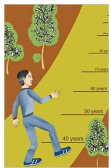
What to Do Now to Feel Better at 100

By [JANE E. BRODY](#)

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Many changes take place in physical abilities as we age. Try as I may, I simply can't swim as fast at 69 as I did at 39, 49 or even 59. Nor am I as steady on my feet. I can only assume my strength has waned as well — I'm finding bottles and jars harder to open and heavy packages harder to lift and carry.

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But in August, I hiked in the Grand Canyon, prompting my 10-year-old grandson Stefan to ask, “Grandma, how many 69-year-olds do you

think could do this?”

The answer, of course, is “a lot.” And the reason is that we work at it. For my part, I exercise daily, walking three miles or biking 10, then swimming three-quarters of a mile. In spring and summer, heavy-duty gardening strengthens my entire body.

But now that my physically stronger spouse is gone, I see that I need to make some improvements. With no one handy to open those jars or lift those heavy objects, I’ve begun strength training so I can remain as independent as possible as long as possible.

In a newly published book, [“Treat Me, Not My Age”](#) (Viking), Dr. Mark Lachs, director of geriatrics at the NewYork-Presbyterian Healthcare System, discusses two major influences (among others) on how well older people are able to function.

Delaying Bodily Decline

The first, called physiologic reserve, refers to excess capacity in organs and biological systems; we’re given this reserve at birth, and it tends to decrease over time. In an interview, Dr. Lachs said that as cells deteriorate or die with advancing age, that excess is lost at different rates in different systems.

The effects can sneak up on a person, he said, because even when most of the excess capacity is gone, we may experience little or no decline in function. A secret of successful aging is to slow down the loss of physiologic reserve.

“You can lose up to 90 percent of the kidney function you had as a

child and never experience any symptoms whatsoever related to kidney function failure,” Dr. Lachs said. Likewise, we are born with billions of brain cells we’ll never use, and many if not most of them can be lost or diseased before a person experiences undeniable cognitive deficits.

Muscle strength also declines with age, even in the absence of a muscular disease. Most people (bodybuilders excluded) achieve peak muscle strength between 20 and 30, with variations depending on the muscle group. After that, strength slowly declines, eventually resulting in telling symptoms of [muscle weakness](#), like falling, and difficulty with essential daily tasks, like getting up from a chair or in and out of the tub.

Most otherwise healthy people do not become incapacitated by lost muscle strength until they are 80 or 90. But thanks to advances in medicine and overall living conditions, many more people are reaching those ages, Dr. Lachs writes: “Today millions of people have survived long enough to keep a date with immobility.”

The good news is that the age of immobility can be modified. As life expectancy rises and more people live to celebrate their 100th birthday, postponing the time when physical independence can no longer be maintained is a goal worth striving for.

Gerontologists have shown that the rate of decline “can be tweaked to your advantage by a variety of interventions, and it often doesn’t matter whether you’re 50 or 90 when you start tweaking,” Dr. Lachs said. “You just need to get started. The embers of disability begin smoldering long before you’re handed a walker.”

Lifestyle choices made in midlife can have a major impact on your functional ability late in life, he emphasized. If you begin a daily walking program at age 45, he said, you could delay immobility to 90 and beyond. If you become a couch potato at 45 and remain so, immobility can encroach as early as 60.

“It’s not like we’re prescribing [chemotherapy](#) — it’s walking,” Dr. Lachs said. “Even the smallest interventions can produce substantial benefits” and “significantly delay your date with disability.”

“It’s never too late for a course correction,” he said.

In [a study published in The Journal of the American Medical Association](#) in 2004, elderly men and women who began strengthening exercises after a hip [fracture](#) increased their walking speed, balance and muscle strength and reduced their risk of falls and repeat fractures.

“Minor interventions that may seem trivial — like lifting small weights with multiple repetitions — can lead to dramatic improvements in quality of life,” Dr. Lachs said.

Supportive Environment

As with your body, your environment can be tweaked to enhance life in the upper decades. You can make adjustments at home to anticipate medical problems you are likely to face as you get older — allowing you to keep your independence, remain in familiar surroundings and minimize the risk of injury.

As Dr. Lachs put it, “It’s not just mold and radon that can make

homes sick.” His colleague Rosemary Bakker says that most dwellings and equipment today were designed for 21-year-olds, and she has listed a set of issues that can jeopardize older people’s ability to function safely on their own:

¶ Windows or doors that are hard to open.

¶ Poor lighting, especially in crucial areas like the bathroom and kitchen.

¶ Rugs, irregular floors and other tripping hazards.

¶ Tubs and showers that are hard to use if you have [arthritis](#).

¶ Stair widths or heights that are difficult to negotiate if you have neurological troubles.

¶ Appliances and utensils that are challenging to handle if you have limited manual dexterity.

¶ Poor layout of rooms, like a bathroom far from the bedroom, that can be a problem when you walk slowly.

Ms. Bakker, a certified interior designer with a master’s degree in gerontology, is the author of “[AARP](#) Guide to Revitalizing Your Home: Beautiful Living for the Second Half of Life” (Lark, 2010). The book shows how homes can be modified to promote lifelong safety and independence and still remain stylish. Many ideas can be found on her Web site, environmentalgeriatrics.com.

“These things are underpublicized, underappreciated and Superbill underutilized,” Dr. Lachs writes. Most fixes are simple and

unobtrusive and “many are dirt-cheap,” he said, adding that if money is tight, it is best spent on improvements in the bathroom.