Are We Encouraging Enough Exercise in Our Older Adults?

The Federal Interagency Forum on Aging Related Statistics (2010) has reported that only 22% of adults older than 65 engage in physical activity, and this dwindles to 11% of adults older than 85. Two of the Healthy People 2010 (U.S. Department of Health and Human Services, 2000) indicators are to increase physical activity and decrease obesity. As geriatric nurses, we need to debunk myths about possible exercise-induced injury in older adults such as muscle strain, falls, and possible cardiac events. These negative events are very rare (Michael et al., 2010). In many cases, exercise will help prevent these events from occurring. Exercise delays disease morbidity and improves quality of life. In fact, the benefits are so important that if we’re worried about cardiac events or falls, why not implement medical exercise programs for these at-risk patients?

We spend so much of each office visit going over what is wrong with our patients and little, if any, time telling them what will keep them well. We’re so quick to write prescriptions for antidepressant agents, blood pressure medications, and diabetes pills, but where is the emphasis on activity as a treatment? Are we afraid to “prescribe” the gym because of heart disease and risk of falls? Our aging patients also have concerns about the effects of exercise. They are concerned about self-image, the potential health benefits, and the amount of time needed to gain benefit. The benefits of exercise should be addressed during office visits so that all older patients have the opportunity to dramatically improve their quality of life.

Research shows multiple benefits of increased physical activity for older adults. A study published in the Archives of Internal Medicine followed older adults’ physical activity longitudinally over 18 years (Stessman, Hammerman-Rozenberg, Cohen, Ein-Mor, & Jacobs, 2009). The research showed that older adults who exercise not only have an increased life span but also experienced a decrease in falls, fractures, and joint and musculoskeletal pain (Stessman et al., 2009). In addition, research shows that balance training decreases fall occurrences (Sherrington et al., 2008). Stessman et al.’s (2009) research also demonstrated that as little as 4 hours per week is as effective as more intensive and time-consuming exercise. In another study, exercise programs for dementia patients prevented short-term decline in activities of daily living function (Littbrand, Lundin-
kinds of exercise provide the most benefit with the highest adherence rate. Furthermore, at each health care visit nurses should assess and document our patients’ willingness to exercise, similar to smoking cessation assessment. If willing, nurses should start to recommend physical activity. Nurses need to work with the patient to find a practical and realistic form of exercise for him or her. The practitioner should be sure to include mode, intensity, and frequency (Heath & Stuart, 2002). We should also educate our patients on side effects, such as muscle soreness, and give them guidelines for when to stop exercising, such as if they experience angina or dizziness. Patients should keep track of their exercise, similar to recording blood sugar or documenting which medications they take. Practitioners should schedule follow up for exercise, just as they do for other kinds of treatment.

Research by Courtney et al. (2009) showed that it is difficult to keep older adults enrolled in exercise programs. To alleviate this barrier, fitness centers could be placed in primary care offices, assisted living centers, and even nursing homes, where older adults can engage in safe and monitored physical activity.

As health care providers and advocates for older adults, nurses should be at the forefront as proponents of exercise. We need to be proactive in debunking common misconceptions that older adults have about exercise. Furthermore, we should take a leadership role in designing safe and aging-friendly exercise centers so older adults can enjoy the physical and psychological benefits of exercise.

REFERENCES

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intestinal diseases (Courtney et al., 2009). These researchers found that a combination of muscle stretching, balance training, walking, and muscle strengthening provided the most benefit with no adverse effects (Courtney et al., 2009). Research shows that older adults who exercise not only have an increased life span but also experience fewer falls and fractures, less joint and musculoskeletal pain, improved sleep and cardiovascular health, and reduced depression (Elsawy & Higgins, 2010). In addition, depressed older adults who use exercise as treatment may benefit as much as those who take antidepressant medications (Blumenthal et al., 1999). Even low-intensity yoga results in improvement in older adults’ strength and mood (Kraemer & Marquez, 2009). The pros of exercise far outweigh the rare cons.

Geriatric nurses should not underestimate their effect on patients. Patients listen to what we say. Future research by geriatric nurses is needed to show which kinds of exercise provide the most benefit with the highest adherence rate. Furthermore, at each health care visit nurses should assess and document our patients’ willingness to exercise, similar to smoking cessation assessment. If willing, nurses should start to recommend physical activity. Nurses need to work with the patient to find a practical and realistic form of exercise for him or her. The practitioner should be sure to include mode, intensity, and frequency (Heath & Stuart, 2002). We should also educate our patients on side effects, such as muscle soreness, and give them guidelines for when to stop exercising, such as if they experience angina or dizziness. Patients should keep track of their exercise, similar to recording blood sugar or documenting which medications they take. Practitioners should schedule follow up for exercise, just as they do for other kinds of treatment.

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