

# The Old and the Restless

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**Richard Suzman**, associate director for the Behavioral and Social Research Program at the National Institute on Aging, studies why the elderly are becoming increasingly healthy.

Just a few years ago, most people saw modern medicine's great success, dramatically longer life spans for human beings, as something of a mixed blessing. By the year 1977, the expert consensus held that while doctors could extend life of a sort for individuals perhaps indefinitely, medical science could not extend vitality. People who lived beyond the age of 80, the experts argued, could expect their remaining lifetime to be one of dramatically increasing disability. The ability to see, hear, move, and finally even comprehend reality would begin slipping away from even the hardiest of us as we ended our fourth score on this Earth. Popular fiction, absorbing that analysis into our cultural gestalt, increasingly painted a dystopian future in which elderly people, too feeble to actually function but too well-cared for to pass away, would be all but stacked up like cords of wood as their great-great grandchildren scurried about to pay the bills sent out by warehouses for the living dead.

But a funny thing happened on the way to the warehouse. Far from becoming increasingly crippled as we aged, the elderly became increasingly healthy. "Between 1982 and 1999 the prevalence of disability actually declined," said Richard Suzman, associate director for the Behavioral and Social Research Program at the National Institute on Aging, a part of the National Institutes of Health. "There was lots of disbelief. Now that's become pretty well accepted, and that was a very important line of inquiry for policy makers in this country."

It's important because if the number of older Americans with chronic disabilities continues to decline by about 1.5 percent a year, then even though the average age of the population is rising, instead of having to deal with the economic, sociological, and political ramifications of 20 million chronically disabled elderly people in America in the year 2050, there will be only 7 million, roughly the same number that exist today. While it's not clear that those declines can continue for the next 46 years – much of the existing reduction may be due to improvements in medical treatments, such as the increasingly routine use of joint-replacement surgery that will eventually peak without possibility of further significant improvement – many researchers suspect that continued changes in health-related behaviors can cause the disability rate to continue its decline. Obviously, genetics plays a significant role in all this, along with environment and socioeconomic status, but the relationship of these variables is not always clear.

And it's this relationship that consumes Suzman, especially the ties between factors such as health, disability, and economics. The relationship between retirement and health hadn't really been adequately explored until he helped set up the NIA-sponsored Health and Retirement Study in 1992. The data

provided solid evidence that a wealthier elderly person is more likely to be healthy, but it also found that poor health in childhood led to lifelong reductions in wealth, and that as far as health was concerned, parental wealth was more important than one's own. Cause and effect can actually shift places in this complex equation.

## **Cacioppo**

Such trends will play a critical role in the economics and policy of the nation, according to Suzman. For example, if we're less likely to develop disabilities as we grow older, we're more likely to work longer before retiring. But that would open up a completely new assortment of problems. Nobody really knows what effect a significantly older workforce would have on safety and productivity. As a result, there is major interest in studying the way older people function in work and other environments.

The term "environmental press" refers to the aspects of an environment that restrict instead of aid a resident of that environment. Jeffrey W. Elias, head of the cognitive aging program at the NIA's Behavioral and Social Research Program, or BSR, uses the term "technological press" to describe the same sorts of issues directly related to technology. For example, Elias said computers aren't always the great engines of productivity they're supposed to be, but rather a frustrating and scary hindrance to getting through the day. "Sometimes the computer actually becomes hazardous," he said, giving the example of "phishing," in which a person provides sensitive financial information over a poorly secured browser and has his or her bank account drained. "Obviously we've got a major interest in making sure this doesn't happen to older people, so we need to study the relationship of technology to behavior and health."

And technology is only one of the factors that influence health in the elderly. "For instance, you've got things like personality factors," Elias said. "We think a great many of the aspects of our personalities lead us in certain directions for things like seeking out health care and making good decisions, but how does age change things like health literacy?"

"A lot of what BSR tries to do is translate or apply work in different areas," he said. "If we know that emotional regulation in later life plays a role in some decisions, how does that relate to when people buy a car at 65 or long term health insurance? We're also looking at things like the influence of genetics, which obviously plays a large role in all this, but that role varies significantly depending on a number of variables. For instance, it seems that at lower socioeconomic levels, the environmental influence may be more important than the genetic influence."