



# Interpreting the UK physical activity guidelines for older adults (65+)

Guidance for those who work with older adults described as *actives*

# Contents

What are the UK physical activity guidelines for older adults?	1
How do the guidelines reflect differences among the older population?	2
How to use the physical activity guidelines	3
Why do we need physical activity guidelines for the <i>actives</i> ?	4
Interpreting the CMO guidelines for the <i>actives</i>	5
Supplementary information	8
Working towards achieving the guidelines	9
Key messages	9
Planning for the individual, what activities count?	10
Motivating the actives	12
Public advice on physical activity for older adults	14
Case study	15
Resources to help promote physical activity and reduce sedentary behaviour amongst active older adults	16

Information for stakeholders, including physical activity and sports development, active ageing, health and social care professionals (including primary care), leisure and recreation, fitness and exercise providers, voluntary sector and lifelong learning organisations.

This is one of a series of three documents designed to assist those who work with active older people to interpret the Chief Medical Officers' (CMO) guidelines on physical activity for older adults (65+).

**Key term - older adults**

In this document, the term older adult is used to describe people over the age of 65 years.

**Key term - the *actives***

Is used to describe those older adults who are identified as already active, either through daily walking, an active job and/or who are engaging in regular recreational or sporting activity. This group may benefit from general increases in activity or a specific activity to improve particular aspects of fitness or function as well as sustaining their current activity levels.

Achieving the physical activity recommendations for older adults can play an important part in assisting all older people to maintain their health, wellbeing, independence and social participation in later life.

## The UK Chief Medical Officers' guidelines for older adults

The introduction of the UK physical activity guidelines for older adults in 2011 follows the lead of other international countries. They are based on evidence from research and provide information on how much physical activity is required to achieve health and other benefits.

## What are the UK physical activity guidelines for older adults?

1. Older adults who participate in any amount of physical activity gain some health benefits, including maintenance of good physical and cognitive function. Some physical activity is better than none, and more physical activity provides greater health benefits.
2. Older adults should aim to be active daily. Over a week, activity should add up to at least 150 minutes (2½ hours) of moderate intensity activity in bouts of 10 minutes or more - one way to approach this is to do 30 minutes on at least 5 days a week.
3. For those who are already regularly active at moderate intensity, comparable benefits can be achieved through 75 minutes of vigorous intensity activity spread across the week or a combination of moderate and vigorous activity.
4. Older adults should also undertake physical activity to improve muscle strength on at least two days a week.
5. Older adults at risk of falls should incorporate physical activity to improve balance and co-ordination on at least two days a week.
6. All older adults should minimise the amount of time spent being sedentary (sitting) for extended periods.

A full copy of the Chief Medical Officers' Report *Start Active, Stay Active* (2011) is available to download at [www.bhfactive.org.uk/guidelines](http://www.bhfactive.org.uk/guidelines)

## How do the guidelines reflect the differences among the older population?

These guidelines are relevant to all older adults, but it is not appropriate to consider all older adults as a homogeneous population. With an age range of 40 years or more there is significant diversity, and chronological age is not always helpful when describing differences in health, physical function and disease status among older adults. Many people in their late 80s do as well as those in their 60s, yet some in their early 70s have a functional status more expected of a 90 year old.

Regardless of age, ability or previous activity patterns, these guidelines can be applied to all older adults. It is recommended though they are adjusted for each individual according to their needs and abilities. To assist in clarifying how the CMO guidelines should be applied, three groups of older adults have been identified, each with differing functional status and therefore different physical activity needs. They can be described as:

1. **The *actives*** - those who are already active, either through daily walking, an active job and/or engaging in regular recreational or sporting activity. This group may benefit from increasing their general activity or introducing an additional activity to improve particular aspects of fitness or function, as well as sustaining their current activity levels.
2. **Those *in transition*** - those whose physical function is declining due to low levels of activity, too much sedentary time, who may have lost muscle strength and balance, and/or are overweight but otherwise remain reasonably healthy. National data indicate that this makes up the largest proportion of older adults and that they have a great deal to gain in terms of reversing loss of function and preventing disease.
3. **Frailer, older people** - those who are frail or have very low physical or cognitive function perhaps as a result of chronic disease such as arthritis, dementia, or very old age itself. This group may require a therapeutic approach, eg, falls prevention programmes, and many will be in residential care.



## How to use the physical activity guidelines

The guidelines are issued by the four Chief Medical Officers of England, Scotland, Wales and Northern Ireland and draw on global evidence for the health benefits of regular physical activity throughout the life course. They take the form of evidence-based summary statements and are the basis for the development of a population based approach to physical activity.

These guidelines are written for the professional audience who work with the actives population and are not intended to be used as communication messages, eg, for motivation, promotion and marketing purposes. They will need to be interpreted differently for direct communications activities with older adults. In general, the CMO physical activity guidelines and this advice should be used to:

- inform the professional development and training of those working with those described as *the actives*
- form the basis of any advice given to older adults within motivational settings, eg, by those in primary care, health trainers, active ageing organisations, physical activity leaders, exercise class instructors
- underpin the design and implementation of physical activity programmes
- provide a focus for national and local campaigns designed to target older adults, once translated into appropriate communication messages
- inform educational materials (booklets, leaflets) and other forms of written advice and guidance for older adults
- inform the marketing and promotion of local opportunities and programmes for older adults.

### *The actives*

Even though this group is described in the CMO report as being active, surveys indicate low levels of physical activity among older adults of all ages. Evidence suggests that even among active older adults, many may also be spending prolonged periods of time being sedentary.



## Why do we need physical activity guidelines for the *actives*?

### Physical activity is important for all older adults

Physical activity declines and sedentary behaviour increases with age. Physical function, mobility and the ability to perform activities of daily living also declines with age. Regular physical activity can assist in reversing the age-related decline in physical and psychological function.

Benefits of physical activity that can be achieved in later life include:

- good physical and psychological health and wellbeing
- maintaining cognitive function
- reaching/maintaining a healthy weight (combined with a reduction in calorie intake through dietary restriction)
- preserving physical function, mobility and independence



- maintaining social contacts and remaining engaged with the local community
- engaging in opportunities for new learning and experiences
- maintaining higher levels of energy and vitality to enjoy life
- improvements in quality and quantity of sleep
- lower levels of anxiety and depression, improved mood and self esteem.

One of the major risks of daily living associated with this age group is the risk of falls. There is strong evidence to support the benefits of specific, targeted and progressive exercise programmes to help reduce this risk.

### Physical activity participation declines with age

In 2009 in England, only 20% of men and 17% of women between the ages of 65 and 74 achieved the Chief Medical Officer's recommendation for physical activity. This drops to 9% and 6% of men and women respectively over the age of 75. Similar levels are reported in Northern Ireland, Scotland and Wales <sup>(5)</sup>.

### The consequences of inactivity

Functional capacity declines with age and is accelerated by low levels of physical activity. Even among healthy active people, strength, endurance, balance, bone density and flexibility are all lost at about 10% per decade. Muscle power is lost at an even faster rate at around 30% per decade <sup>(2)</sup>.

Gradually, this loss in physical function will impact upon an older person's ability to maintain an independent life and perform activities of daily living. For example, by the age of 74, only 42% of men and 22% of women can walk for 30 minutes or more without difficulty. Similarly, because of low strength, 25% of women and 7% of men of this age are at risk of being unable to get out of a low chair <sup>(2)</sup>.

**Key term - physical inactivity**

Physical inactivity is described as “doing no or very little physical activity at work, home, for transport or during discretionary time...not reaching physical activity guidelines deemed necessary to benefit public health.”<sup>(1)</sup>

**Sedentary behaviour**

Sedentary behaviour increases with age and observational evidence using self-reporting and accelerometry indicates that sedentary time rises sharply from age 70 onwards<sup>(6)</sup>. Furthermore, many older adults spend ten hours or more each day sitting or lying down, making them the most sedentary population<sup>(4)</sup>.

**Key term - sedentary behaviour**

Sedentary behaviour is not defined simply as a lack of physical activity. It refers to a group of behaviours that occur whilst sitting or lying down and that typically require very low energy expenditure<sup>(3)</sup>. The low energy requirements distinguish sedentary behaviours from other behaviours that also occur whilst seated, eg, chair-based exercise, but which require greater effort and energy expenditure.

## Interpreting the CMO guidelines for the *actives*

These guidelines are applicable to all older adults, irrespective of gender, race or socio-economic status. When interpreting the guidelines, consideration should be given to individual physical and mental capabilities.

This section provides greater detail on each of the guidelines with the purpose of providing professionals with an understanding of their relevance and how they apply to their work with older adults.

**Guideline 1**

**Older adults who participate in any amount of physical activity gain some health benefits, including maintenance of good physical and cognitive function. Some physical activity is better than none, and more physical activity provides greater health benefits.**

This guideline may not seem to be of great importance to the *actives* as they are already engaged in some form of physical activity. However, this guideline may assist to maintain and increase physical activity levels, especially if there is a change in participation due to illness or other circumstances.

**Some physical activity is better than none**

- It is recommended that older adults described as the *actives* take part in some physical activity every day.
- Older adults engaging in smaller amounts of physical activity will gain some benefits relative to being inactive.

**Doing more physical activity provides greater health benefits**

- The dose-response relationship for physical activity and health indicates ‘more is better’ in terms of the health benefits of physical activity.
- For those already active, this can be achieved by increasing the general level of activity as well as introducing an additional activity to improve particular components of fitness or function.

- For those already active, increasing the general level of activity as well as introducing an additional activity will help to improve particular components of fitness or function.

### Guideline 2

Older adults should aim to be active daily. Over a week, activity should add up to at least 150 minutes (2½ hours) of moderate intensity activity in bouts of 10 minutes or more - one way to approach this is to do 30 minutes on at least 5 days a week.

#### Build up to a total of 150 minutes of physical activity each week

- Obtaining 150 minutes of physical activity may still be a challenge for some of the *actives* due to a busy life or low levels of fitness or functional capacity. Therefore a gradual increase, working towards a goal of 150 minutes a week is recommended.
- The CMO guidelines suggest sessions as short as ten minutes can provide health benefits. Accumulating numerous sessions of ten minutes over a period of time is a good way for any older adult to achieve the CMO guidelines.
- For those that are already active, periods of 30 minutes on 5 or more days of the week is a good target to aim for.

#### Moderate intensity

- The type of activity someone needs to do to qualify as moderate intensity varies from one individual to another. One person with a lower functional capacity may only have to walk at a slow pace for a short time or distance, whereas a very fit athlete may be able to run quite fast before reaching this level.
- Moderate physical activity will cause older adults to become warmer, breathe harder and feel their heart beating faster than usual, but they should still be able to carry on a conversation.
- Many older adults may feel nervous at being asked to raise their heart and breathing rate and may interpret this as an onset of a cardiac event or asthma.

- Education may be required to reassure the older adult that these are normal responses to physical activity and are safe, appropriate for them and necessary to improve fitness.
- In an activity like walking, older adults should focus on the perception of the effort they need to make rather than their speed. On a perceived effort scale of 0 (no effort) - 10 (major effort), moderate intensity physical activity is usually rated 5-6.

### Guideline 3

For those who are already regularly active at moderate intensity, comparable benefits can be achieved through 75 minutes of vigorous intensity activity spread across the week or a combination of moderate and vigorous activity.

- Vigorous intensity physical activity brings significantly increased benefits for some fitness and health outcomes. However, vigorous intensity activity is only recommended for those who are used to this level of activity.
- A small percentage of older adults continue with vigorous intensity physical activity through activities such as running, swimming, cycling or sports.
- Vigorous intensity activity will cause older adults to get warmer, breathe much harder and feel their hearts beating rapidly, making it difficult to carry on a conversation. On a perceived effort scale of 0 (no effort) - 10 (major effort), vigorous intensity physical activity is usually rated 7-8.
- Vigorous physical activity provides health benefits that are comparable with, and in some cases greater than, those obtained through moderate activity.
- To gain the same benefits as 150 minutes of moderate physical activity, it only takes half the amount of vigorous intensity activity.
- It is important to build up activity gradually to reach recommended levels. When an individual has been able to meet the recommended levels of moderate intensity physical activity over an extended period, then more vigorous activities might be considered.



#### Guideline 4

Older adults should also undertake physical activity to improve muscle strength on at least two days a week.

- There is strong evidence for the additional health benefits of muscle strengthening activities.
- The strength recommendations are *in addition* to the 150 minutes a week.
- Strength activities should not be undertaken on consecutive days to allow the muscles to rest and repair.
- Some everyday activities can be used as strength activities, as well as participation in a class or home-based programme.
- Activities that improve strength are those that use the muscles against a resistance or extra weight and where they are performed slowly and repetitively, eg, 8-12 times.
- For older adults, body weight or light resistance will initially have a strengthening effect. However as strength improves, heavier weights and slower repetitions will allow the training effect to continue.
- Muscle strengthening activities involving all major muscle groups (including the shoulder girdle, arms, trunk, legs and muscles that surround the ankle) will provide substantial benefits for older adults.
- Strengthening activities include using the stairs frequently, Tai Chi or dance, heavy housework or gardening, lifting and carrying, repetitive slow sit to stands (rising from a chair) as well as home-based or group classes that involve strength exercises, eg, with weights or resistance bands.
- Muscle strengthening activities will make the muscles feel more tension than normal, perhaps 'shake' and be warmer.
- It is normal and anticipated that the day after strengthening activities are undertaken there will be mild muscle stiffness, indicating the activity had a training effect.

- Education may be required to reassure the older adult that these normal responses to muscle strengthening activities are safe and appropriate for them and necessary to improve strength.

#### Guideline 5

Older adults at risk of falls should incorporate physical activity to improve balance and co-ordination on at least two days a week.

33% of older adults aged 65 fall every year, and this figure increases to 50% at the age of 80. There is good evidence that physical activity programmes which emphasise balance training, limb co-ordination, muscle strengthening and are tailored to the individual are safe and effective in reducing the risk of falls amongst older adults.

- The balance recommendations are *in addition* to the 150 minutes a week.
- Activities that improve balance include, standing, or moving about whilst standing and fit in one of the following categories:
  - reduced base of support, eg, standing on one leg for a while, going up onto tip toes, walking heel to toe
  - movement of the centre of mass, eg, dancing, standing Tai Chi and yoga, bowling, moving in different directions, most standing exercise classes and most music to movement classes
  - using movements that challenge balance by reducing the amount of upper body support, ie, switching from holding on to then being unsupported during the activity.

#### Guideline 6

All older adults should minimise the amount of time spent being sedentary (sitting) for extended periods.

Prolonged periods of sedentary behaviour are an independent risk factor for poor health. Sedentary behaviour is associated with age and rises sharply from the age of 70 onwards. There is also evidence that

even among active older adults, many may also be spending prolonged periods of time being sedentary.

- Sedentary behaviour refers to any activity that typically occurs whilst seated or lying down and which requires very low levels of energy expenditure.
- Sedentary behaviour may be reinforced by activity restrictions brought about by loss of physical function, fear of falling and by activity limiting living environments. For example, an older adult with a fear of falling may choose to stay in and watch TV instead of going out with friends if they are worried about navigating a set of stairs.
- Breaking up prolonged periods of sedentary behaviour is highly recommended. Examples to help do this are walking around for a few minutes or slow sit to stands.

## Supplementary information

- There is evidence that some activities, eg, repeated sit to stands, dancing and standing exercise to music will contribute towards achieving combined aerobic, strength and balance recommendations.
- When working with older adults who have strength and balance deficits, additional care needs to be taken when promoting brisk walking because there can be an increased risk of falls. There is evidence that in these individuals, combining specific strength and balance training with a walking programme can help reduce this risk. This is particularly important with the *actives* as they will be outdoors more often and will expose themselves to more risk in terms of tripping or slipping.
- There is no evidence to support the use of chair-based activities with older people described as the *actives*.



## Working towards and achieving the guidelines

### The more you do, the greater the benefits

There is a clear dose-response relationship between physical activity and the prevention of diseases such as coronary heart disease and type 2 diabetes and greater benefits occur with increased participation. From a public health perspective, helping older adults to progress from moving, to moving more often, to moving regularly and frequently will produce the greatest reduction in risk. The more an older adult is able to move (ie, be physically active), the greater the improvement in health and physical and psychological function. Additionally, greater physical activity levels will significantly contribute towards maintaining independence and successful ageing in later, later life.

In this document, when we describe the three stages of *moving*, *moving more often* and *moving regularly and frequently*, we are referring to the progressive increase in both duration and intensity.

### Key messages

The evidence suggests that **the overall volume** is the key to obtaining the beneficial effects of physical activity rather than specific types of activity or combinations of frequency and intensity.

Increasing the **duration** and then the **intensity** of physical activity should be the priority for those described as the *actives*.

The addition of strength and balance activities will bring increased benefits related to independence and mobility.

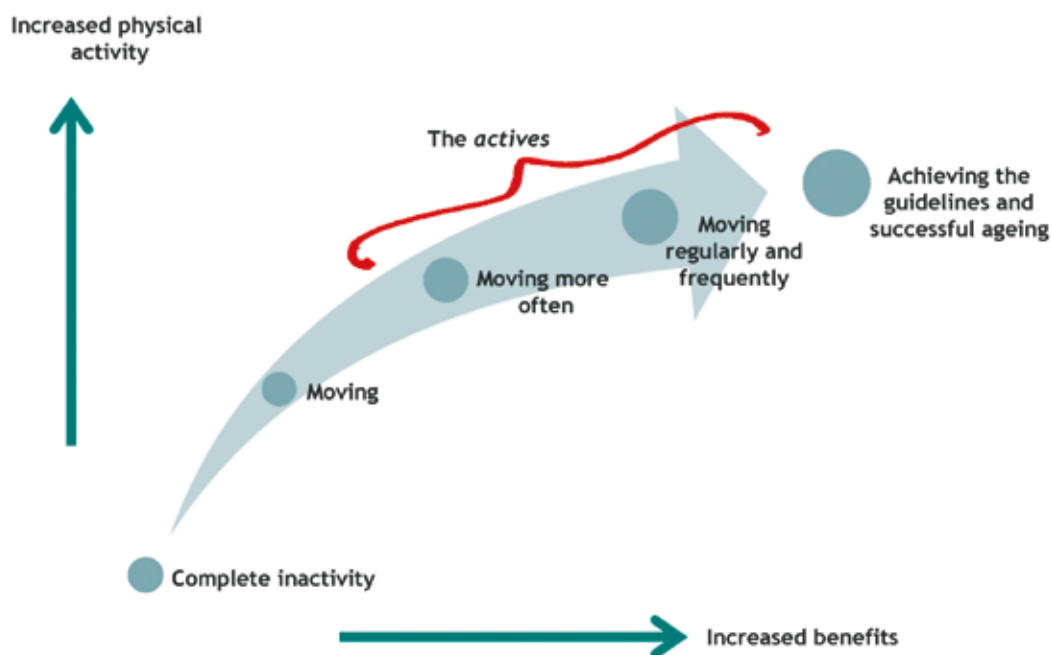


Figure 1 Increasing physical activity throughout the life span

## Planning for the individual, what activities count?

It is difficult to be prescriptive about what activities are appropriate for those older adults described as the *actives*. The needs of the individual should be the starting point of physical activity participation. Understanding individual interests and abilities, previous successful physical activity experiences, personal beliefs and expectations of others **should inform personal choice** on suitable activities. Life circumstances should also be used to help inform personal choice and professional recommendations on suitable activities.

### Sedentary behaviours

As already stated, sedentary behaviours refers to a group of behaviours that occur whilst sitting or lying down and that typically require very low energy expenditure. It is important to recognise that sedentary behaviours can be present across the model in Figure 1 and regardless of if an individual is on their way to meeting the physical activity guidelines.

Frailer, older people tend to spend most of their day in sedentary behaviours. It is important to offer them opportunities and encouragement to break up these periods of sitting, even if it is just with simple movements, like standing up from their chair.

Even for those already active, it is important to break up periods of sedentary behaviour. This can be achieved by:

- decreasing time spent in front of a screen, eg, TV or computer
- taking standing breaks from seated activities, eg, working at a desk or prolonged travel
- standing to talk on the telephone or whilst on the train or bus
- using the stairs more frequently
- walking or cycling for regular journeys, eg, to work or shops
- walk and talk conversations with work colleagues, friends and family
- active play with the grandchildren.

### Moving

While it is important to encourage movement across the lifespan, those older adults described as the *actives* should be past this moving phase as they are already performing activities above and beyond those of daily living independently.

### Moving more often

More physical activity can be built into individual lives by increasing both the frequency, eg, the number of times per day or per week, as well as the intensity, eg, by walking more briskly. These might include:

- walking with purpose, eg, to work, to places of worship or to visit neighbours and friends
- getting started in a new activity of choice
- returning to a previous interest
- visiting places of interest in the local community that provide safe and interesting walking routes, eg, garden centres, shopping centres, parks.

For some older adults, encouraging them to move more often may also provide the stimulus to increase from low to moderate intensity activities.

### Moving regularly and frequently

The most significant change that any older adult can make is increasing the regularity and frequency of physical activity. This can be achieved by:

- aerobic activities that involve the large muscle groups and repetitive movements, eg, swimming, dancing and cycling
- augmenting weekly group-based activities with individual home-based activities
- taking part in a club or group-based activity, eg, Tai Chi, Nordic walking and racket sports
- increasing opportunities to visit places of interest in the local community, eg, garden centres, shopping centres, places of worship
- building physical activity into a daily and weekly routine.

### Including strength and balance

The strength and balance recommendations are *in addition* to the 150 minutes a week. Strength and balance activities can be achieved through some everyday activities as well as participation in a class or home-based programme of specific exercises, like the Otago Exercise Programme or postural stability classes.

Activities that improve **strength** are those that use the muscles against a resistance or extra weight and where they are performed repetitively, eg, 8-12 times. Muscle strengthening activities should involve all major muscle groups (including the shoulder girdle, arms, trunk, legs and muscles that surround the ankles). Some good example of strength activities include:

- using the stairs frequently, Tai Chi or dancing, heavy housework or gardening, lifting and carrying
- gym, home-based or group classes that involve muscle strengthening exercises, eg, with weights or resistance bands
- frequent sit to stands from a chair (increasing repetitions or at a slower pace to progress) and repeated use of stairs and steps (including repetition and changing leading leg)
- using repetitive body weight movement, such as resistance bands, eg, exercise to music or gym weight machines
- aqua aerobics or other water-based activity that uses floats or equipment to add resistance in the water.

Activities that improve **balance** include, standing, or moving about whilst standing and that fit in one of the following categories:

- reduced base of support for body weight, ie, standing on one leg for a while, going up onto tip toes or walking heel to toe
- movement of the centre of mass and moving in different directions, eg, dancing, standing Tai Chi and yoga, bowling and most standing exercise to movement classes
- three dimensional movement activities, eg, racket sports, walking on uneven ground, eg, rambling

- using movements that challenge balance or reducing the amount of upper body support, eg, from slow heel raises whilst supported to increase confidence then moving to unsupported.

### Chair-based activities (including exercise)

Whilst chair-based activities are a popular way of providing activities for older adults and are a good way of introducing physical activity, they have a limited value for people who are already active.

While some people will prefer the security and stability provided by a chair, the very nature of chair-based activities means that what is achievable is limited. However, some strength activities started in a chair will allow joints to become stable and encourage an older person to progress to standing work.

To achieve optimal improvements in endurance, balance, co-ordination and the wide range of functional movements involved in everyday life, the priority and focus of physical activity programmes should be on (supported) standing activities that challenge balance and free standing strength and walking activities. These sorts of free standing and walking activities are of particular importance for those older adults who are already active as the maintenance and improvement of strength and balance is a priority.

### Group-based activities

In addition to providing opportunities for physical activity, group activities such as dance, Tai Chi and games provide increased motivation through social interaction and opportunities for learning. However, it is unrealistic to expect these activities can be undertaken on a daily basis. Teachers and group leaders should encourage participants to continue with activities included within group sessions in their own time. This will allow older adults to continue adding to their total volume of physical activity undertaken throughout the week.

## Motivating the *actives*

These new guidelines for older adults represent a significant challenge to increase levels of physical activity, both to older adults and for services who work with them. Evidence indicates physical activity levels among older adults 65+ years are low and sedentary behaviour increases with age. For many older adults, even those who are already active, accumulating 150 minutes a week as well as incorporating strength and balance activities represents a substantial challenge. Most older adults also over-estimate the amount of physical activity they undertake.

An older adult's motivation to participate in physical activity depends on a variety of personal attitudes, appropriate opportunities and broader environmental factors. There is also some evidence that older adults are not motivated to take part in strength and balance activities as a means of avoiding falls. Older adults will however undertake these activities if they know these activities will help to maintain their independence and allow them to remain engaged in activities that are integral to an active later life.

Below are listed factors which could enable even those who are already active to increase their physical activity levels.

Individual motivation to participate will depend upon:

- a positive attitude towards physical activity
- a belief in the benefits of physical activity
- feelings of confidence, success and achievement
- belief in one's ability to be active (self-efficacy)
- activities that are consistent with personal goals, identity and lifestyle
- social support from friends, peers and family
- education as to the way the body feels when activity is having a training effect.

Appropriate opportunities that meet their needs which may include:

- convenient and attractive walking and cycling opportunities
- age-appropriate community-based programmes
- accessible groups and classes
- opportunities for social interaction
- experienced and qualified leaders, instructors and teachers
- opportunities to try out and experience new activities as well as continuing with those they enjoy.

Participation will also depend upon broader environmental factors such as:

- safe, age-friendly neighbourhoods and communities
- support from significant others, eg, primary care, health professionals, friends, family and peers
- local policies that ensure high quality, sustainable and age-friendly physical activity opportunities
- access to green and other natural environments.

### Appropriate programming and leadership

With the right help and support, older adults can make small but significant changes in their physical activity levels. To help do this, older adults need accurate information about how much and what type of physical activity they should be doing.

It is important that community-based physical activity programmes are designed to meet the needs of participating older adults. Their impact on older adults should also be evaluated using relevant outcomes for physical function and quality of life.

Furthermore, leaders, teachers, instructors and coaches providing physical activity programmes in all settings should:

- have adequate training and understanding of the specific needs and differences in physical activity for older adults
- ensure programmes are age-appropriate
- provide a supportive environment.

### Benefits and risk

Whilst older adults may be concerned about over-exertion and causing harm, the risks associated with taking part in physical activity at a level that promotes good health are low. Continuing with an inactive and sedentary lifestyle presents greater health risks than gradually increasing physical activity levels.

In general, engaging in physical activity carries a very low health and safety risk for older adults described as the *actives*. The risk of activity-related injury is linked to a person's usual amount of activity and the increase in volume or intensity of these activities. Small, gradual increases in the volume or intensity of activity will allow for adaptation and a lower risk of injury.

Higher risks can occur, predominantly among those exercising at vigorous levels or taking part in contact sports. However, most of these risks are preventable, and these sorts of activities are unlikely to be undertaken by older adults. In extremely rare cases, inactive and unfit individuals who start doing vigorous physical activity may face increased cardiovascular risks.

**Most importantly, the health benefits of physical activity outweigh the risks. By contrast, the risks of poor health as a result of inactivity are very high.**



## Public advice on physical activity for older adults

### Top line messages

#### Moving more often every day

1. Something is better than nothing.
2. Build up your physical activity gradually.
3. Be sure to add activities that will help you be strong and steady.
4. Limit and break up the amount of time you spend sitting still.
5. The health benefits of physical activity outweigh the risk.

In providing clear and simple advice for active older people, these top line messages summarise the important information included in the CMO guidelines for physical activity and older adults. These messages may need to be tailored for the individual.





## Case study

This case study is provided to illustrate how it is possible for an active older adult to increase activity levels and work towards achieving the CMO physical activity guidelines. In addition to the activities suggested it also highlights the type of support from significant others, access to physical activity enhancing environments and opportunities that might make this possible.



### **Sue 66 years - active older adult living with her husband at home**

Sue, an active 66 year old, has recently retired. She takes part in a range of both active and sedentary activities. While Sue's activity-related interests include gardening and helping out with her grandchildren, her favourite activity is dancing. Sue has been dancing since she was at school and together with two of her close friends she attends a local dance group every week. To keep up her activity levels she and her husband John tend to their garden all year round and enjoy visiting garden centres, show gardens and heritage sites.

During the summer, she spends some of her time volunteering which involves either walking or leading visits to gardens. During the term time, she loves to help out with her three grandchildren. Three times a week, she meets them after school and on the way home takes them to the local playground where she too joins in the fun.

Sue does spend increasing amounts of time at her computer keeping in touch with the rest of her family in New Zealand and tracing her family history. But she tries to break up this pattern by setting an hourly timed alert on her PC which prompts her to stand and catch up on five minute tasks around the house.

Sue's husband John also ensures that they get out for a regular walk at weekends and they are trying Nordic walking as a means of taking up a new active interest that they can share together.

## Resources to help promote physical activity and reduce sedentary behaviour amongst active older adults

### Chief Medical Officers Report (2011) Department of Health

Start Active, Stay Active - For the full report on physical activity for health which summarises the guidelines, including for the first time, guidelines for early years and older adults (65+). Available at [www.bhfactive.org.uk/guidelines](http://www.bhfactive.org.uk/guidelines)

### Active for Later Life Resource (2008)

A resource for professionals promoting physical activity amongst older adults, including summaries of evidence, programme planning, working papers and links to other organisations. Available at [www.bhfactive.org.uk/older-adults](http://www.bhfactive.org.uk/older-adults)

### Occupational therapy interventions and physical activity interventions to promote the mental wellbeing of older people in primary care and residential care NICE public health guidance 16 (2008)

This guidance focuses on the role of occupational therapy interventions and physical activity interventions in the promotion of mental wellbeing for older people. The guidance is for professionals who have a role in promoting older people's mental wellbeing, including the public, private, voluntary and community sectors and carers and family members who support older people. Available at [www.nice.org.uk/PH16](http://www.nice.org.uk/PH16)

### Physical activity and older adults (65+) - evidence briefing (2012)

A summary of the evidence on physical activity for older adults for commissioners, policy makers and practitioners. Available at [www.bhfactive.org.uk/older-adults](http://www.bhfactive.org.uk/older-adults)

### Prevention Package for Older People (2009) Department for Health

The prevention package raises the focus on prevention as a means of ensuring good health, wellbeing and independence in later life by promoting and encouraging uptake of comprehensive health and social care services for older people. Available at [www.dh.gov.uk/publications](http://www.dh.gov.uk/publications)

### Functional Fitness MOT

A tool for raising awareness about the components of fitness with older people as a starting point for providing guidance and advice on increasing levels of physical activity and appropriate types of activity. Available at [www.laterlifetraining.co.uk](http://www.laterlifetraining.co.uk)

### Let's Get Moving

A physical activity care pathway for the NHS that encourages patients to set their own physical activity goals, drawing upon community-based physical activities, and take gradual steps to becoming more active. Available at [www.dh.gov.uk/publications](http://www.dh.gov.uk/publications)

### Staying Strong - Staying Steady (AGE UK) DVD and booklet

Guidance and resources on strength and balance exercises for older people. Available at [www.ageuk.org.uk/exercise-materials](http://www.ageuk.org.uk/exercise-materials)

### Chair based Exercise and Otago Exercise programme exercise booklets

Resources written for physical activity and exercise instructors and leaders on exercises for frailer, older people. Available at [www.laterlifetraining.co.uk](http://www.laterlifetraining.co.uk)

## References

1. Bull FC, Armstrong TP, Dixon, T, Ham, S, Neiman A, Pratt M. V. Chapter 10 physical inactivity. In: Erzzati M, Lopz AD, Rogers A, Murray CJL, editors. *Comparative Quantification of Health Risks, Global and Regional Burden of Disease Attributable to Selected Major Risk Factors*. Volume 1 ed. Switzerland: World Health Organization; 2004. Pp. 729-881.
2. Skelton DA, Young A, Walker A, Hoinviolle E. *Physical Activity in Later Life: Further analysis of the Allied Dunbar National Fitness Survey and the HEASAH*. London: Health Education Authority; 1999. pp. 40-58.
3. Pate RR, O'Neill JR, Lobelo F. The evolving definition of "sedentary". *Exerc Sport Sci Rev*. 2008; 36(4): 173-8.
4. Grant MP, Granat MH, Thow MK, Maclaren WM. Analyzing free-living physical activity of older adults in different environments using body-worn activity monitors. *Journal of Aging and Physical Activity*. 2010;18(2):171-84.
5. British Heart Foundation National Centre for Physical Activity and Health. *Physical activity for older adults (65 + years) Evidence Briefing*. BHF National Centre for Physical Activity and Health. 2012.
6. *Health survey for England 2008. Volume 1: Physical activity and fitness*. Leeds: The NHS Information Centre for Health and Social Care; 2009.

## Keep up-to-date

Our bi-monthly updates bring the latest developments in physical activity and health straight to your inbox and feature all the latest resources and publications, funding opportunities, conferences, events and much more.

## Sign-up to our database - It's FREE!

To receive our bi-monthly physical activity update and information about other resources like this evidence briefing subscribe to the free BHFNC database at [www.bhfactive.org.uk/subscribe-to-database](http://www.bhfactive.org.uk/subscribe-to-database)

## Follow us on Twitter



You can also keep up-to-date on the latest news by following us on Twitter. Follow us on [@BHFactive](https://twitter.com/BHFactive)

## Got a burning question?

Do you have a physical activity query you need an answer to? Our helpline may be able to help. Get in touch on **01509 226421** or email [bhfnc@lboro.ac.uk](mailto:bhfnc@lboro.ac.uk)

*Last updated July 2012*

Published by  
British Heart Foundation National Centre (BHFNC)  
for Physical Activity and Health, Loughborough University

T: 01509 226421 F: 01509 226420

[www.bhfactive.org.uk](http://www.bhfactive.org.uk)



[@BHFactive](https://twitter.com/BHFactive)

 Loughborough  
University

The British Heart Foundation is a registered charity in England and Wales (225971) and Scotland (SC039426).