Health Care Trends for Older People

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Research is showing us a radically different view of aging from the one seen by earlier generations. Attitudes, which were based on the myth that physical and mental decline are inevitable with age, are beginning to change as a result of new scientific information. What we are learning is that aging involves both intrinsic and extrinsic factors. The universal phenomena that occur in all of us as we advance in age are intrinsic characteristics of aging, while extrinsic factors are those characteristics that can be prevented or modified, such as lifestyle choices, environmental exposure, and disease.

Descriptor Key Words: aging; intrinsic and extrinsic characteristics of aging.

In the context of the issue of health care trends for older people, I would like to give my perspective on where we are in understanding aging and the related phenomena of the later years, since these have implications for health care trends. It seems to me that we must start with a good understanding of just what aging and older people are all about before we can talk about health care trends.

We are rapidly dispelling the myths and misconceptions about aging — those beliefs that claim that with age there is an inevitable physical failing, an inevitable mental failing, and an inevitable sexual failing; that most symptoms are due to old age; that old people are all alike; and that most older people end up in institutions (see Figure 1). All of these myths have been disproven only recently (Williams, 1989). Yet they were all once considered doctrines of what old age was like and were until recently even presented as facts in standard textbooks.

To dispel these myths we begin by distinguishing between normal aging processes, or "intrinsic" factors, and other "extrinsic" factors affecting later years. We are learning to distinguish the intrinsic factors, the universal phenomena that we all share in common, from extrinsic factors, those that
Myths and Misconceptions about Aging

Inevitable physical failing
Inevitable mental failing
Inevitable sexual failing
Most symptoms are "just old age"
Old people are all alike -- "the elderly"
Most end up in institutions

Fig. 1. Myths and misconceptions about aging.

may occur in many older people, but not in everyone. Although some intrinsic aging factors can be modified, most extrinsic factors are clearly open to modification, prevention, or change. They include lifestyle choices, environmental exposures, and diseases. Extrinsic factors may be quite variable — not affecting everyone the same way; not affecting some people at all.

Scientists with the Baltimore Longitudinal Study on Aging (BLSA), part of the National Institute on Aging's (NIA) Gerontology Research Center (GRC), have been carrying out repeated examinations of healthy adult volunteers for over 30 years. These volunteers span the entire adult age range — from their 20s through their 90s. Results of these examinations illustrate the difference between aging processes and disease. For example, scientists studying coronary artery disease in this essentially asymptomatic population (Rodeheffer et al., 1984), first took a standard resting electrocardiogram; 15% to 20% of the subjects over the age 60 showed some evidence of coronary artery disease. But when the participants were further examined with a stress test using electrocardiogram and thallium scans (which identify areas of the heart muscle not receiving an adequate blood supply), about half the older group showed evidence of the disease (Figure 2). Previous studies on cardiac output in ostensibly healthy people all had results grouped together that showed a downward trend in cardiac function with age. When the maximum cardiac output of the persons in this study free of coronary artery disease (excluding at rest or stress changes) was determined, it was found that the maximum cardiac output in the standard stress test is both quite variable and showed no evidence of a downward trend with age (Figure 3). The cardiac output of people in their 80s was as good as that of people in their 20s. We can make several conclusions based on this evidence. First, we need to pay attention to underlying conditions when talking about general aging. Second, there is great individual variability across the life span. Third, in people free of coronary artery disease, there really is no evidence that cardiac output declines with age.