

Healthy Lifestyles in the Elderly: State-of-the-Art

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ABSTRACT

Aging is a real fact that dominates developed contemporary societies. It is characterized as a challenging process, which occurs throughout the entire life cycle and brings with it multiple transformations that require adaptation. However, acquiring healthy lifestyles is a key starting point for quality longevity. Psychological intervention thus proves to be fundamental in promoting healthier lifestyles in this population and can help elderly to acquire essential habits for better physical and psychological health.

Keywords: Promotion; Healthy Lifestyles; Aging; Psychological Intervention

Introduction

Demographic aging is a real fact that dominates contemporary developed societies, such as Portugal (Francisco [1]). According to Francisco (2020), Portugal shows a visible and continuous propensity for the growth of the elderly population, with an exponential increase in the aging index in recent decades. Population aging thus refers to the continuous decrease in the weight of the younger generations in favor of the older generations, a change that is substantially rooted in the decline in birth rates and fertility, as generational renewal is not confirmed (Francisco [1]). As such, this causes a change in the age pyramid, making the base narrower, i.e., with fewer children and young people, and the top wider, composed of more individuals aged 60 years or more (Francisco [1]). This result is produced, on the one hand, by the increase in average life expectancy after the age of 60 and, on the other hand, by the decline in the mortality rate at older ages (Francisco [1]). There is also a third change that is confirmed at the intermediate level of the pyramid, as an effect of the constant increase in the emigration rate of the active population (Fundação Francisco Manuel dos Santos, 2014 cited in Francisco [1]).

Methodology

To elaborate the state of the art on this topic, it was necessary to conduct a rigorous search in several reliable databases. Therefore, the search period for articles, thesis, books, and other scientifically validated content for this work began on September 19, 2022, and ended on December 10, 2022. The databases used for this were mainly Google Scholar, SciELO, PubMed, RCAAP, and b-on. The articles were written in English and Portuguese only. The most used keywords were “promotion of healthy lifestyles in the elderly”; “cognitive-behavioral therapy with the elderly”; “aging in Portugal”; “motivational interview with older adults”; “group therapy with the elderly”; “positive psychology with the elderly”; “promotion and prevention programs with the elderly”; among others. The inclusion factors included articles published between 2002 and 2022; scientific articles, thesis, and books; and articles with the essential keywords present in the abstract. In turn, the exclusion factors were all documents that did not meet the criteria mentioned in the inclusion factors. Thus, a total of 40 documents were used for the preparation of this state of the art, essentially scientific articles, some thesis, books, and e-books.

The Need for Psychological Intervention

The psychologist's role in intervening with this population is becoming increasingly important, through the implementation of Prevention and/or Promotion Programs throughout aging, to address several aspects that are expected in this phase of life. Thus, a Prevention Program is characterized by a program that aims to prevent the onset of a certain problem or behavior, and there may be developmental goals, but only as ways to prevent a problem (Neufeldn, et al. [2]). Promotion Programs aim to develop the skills themselves (Neufeld, et al. [2]). When talk about Prevention, we immediately examine various issues that are to be worked on such basis, such as preventing substance abuse, gambling addiction, eating disorders, bullying, violence, self-injurious behaviors (such as suicide), risk sexual behaviors (such as teenage pregnancy), psychosocial risks, school failure and dropout (Neufeldm, et al. [2]). However, when we address Promotion, we list resources that one wants to "amplify," such as promoting self-esteem or self-concept, communication skills, social-emotional skills, resilience, among others (Neufeld, et al. [2]). Prevention and Promotion are two sides of the same coin, and enhancing personal and social resources also prevents, without necessarily avoiding, risks related to problematic situations (Neufeld, et al. [2]). It is important to bring these two perspectives together to provide opportunities and support, to listen and engage populations, to expand capacities and manage motivations and expectations, to aggregate and monetize resources (Neufeld, et al. [2]).

Planning a preventive and/or health-promoting intervention requires considering a variety of aspects when deciding which health behaviors to instill, reinforce, or even minimize (Neufeld, et al. [2]). Some of these aspects are the prevalence, risk and protective factors that are linked to the behavior in question, the most appropriate intervention strategy, the subgroup that will participate and how they will access the intervention, and the applicability and delivery of the program in a particular context (Neufeld, et al. [2]). In addition, the participant's motivation and recognition of their initial repertoire are also essential aspects to consider for the success of the intervention (Neufeld, et al. [2]). Therefore, it is very important to carry out plans and/or programs to promote healthy lifestyles in the elderly (Neufeld, et al. [2]). Health promotion programs aim to empower the elderly to improve their own health and quality of life by strengthening emotional, cognitive and behavioral control, psychological well-being, interpersonal and environmental relationships (Neufeld, et al. [2]). Prevention and Health Promotion are areas whose purpose overlap, since both preserving protective factors and minimizing the impact of risk factors present in one's own context and/or for the target population enhance well-being (Neufeld, et al. [2]). These two types of intervention reinforce the development of "safer, more productive, better educated, more cohesive, and certainly happier communities" (Murta, et al. [3]). Thus, the relationship between risk and protective factors is direct, since as protective factors are increased, risk factors are minimized (Neufeld, et al. [2]).

The Directorate-General for Health (2015) reveals that healthy living conditions and lifestyles from the beginning of life are the best investment for the achievement of health potential, prevention of chronic noncommunicable diseases and maximization of individual intrinsic capacities, with a view to promoting the functionality, independence and autonomy of the elderly. According to the literature, there is evidence emphasizing that initiatives to promote healthy aging improve the quality of life of the elderly by stimulating their participation, interaction, inclusion, and consolidation in the execution of daily tasks (Funda [4]). Thus, promoting health in a perspective of autonomy and empowerment throughout the aging process is recognized as a basic goal not only for the elderly, but also for all actors and promoters (Funda [4]). Hence, active and/or successful aging represents a fundamental principle in a social panorama marked by increasingly prominent longevity rates (Francisco [1]). According to the PORDATA portal (2021), aging rates have been increasing exponentially, and in 2021, for every 100 young people, there were 182.1 elderly people, 80 more elderly people per 100 young people than in 2001. Moreover, the dependency level of these elderly people is also increasing dramatically (Pordata [5]). This reveals that more and more of the population is aging, but with less quality of life. These issues pose incalculable challenges for families, the state, charities and the non-profit sector in caring for this fringe of the population, in order to ensure permissible degrees of quality of life in general and that go far beyond healthcare (Francisco [1]). As a result of these changes, the World Health Organization (WHO), in 2002, established the concept of active aging, characterized as "a process of optimizing opportunities to improve quality of life as people age, in order to provide the elderly with a dignified and secure old age" (Francisco [1]). This concept highlights the importance of the elderly understanding their potential and using their skills to promote their continued mental, social, and physical well-being (Francisco [1]).

However, this process does not only involve demographic changes, "but it is also a process that assumes several biological, psychological and social aspects" (Osório, et al. [6]). Therefore, the study of the aging process will require, essentially, a scientific and multidisciplinary reading, such as Psychology, Biology, Gerontology, Sociology, among other areas of study, so that "none of these disciplines alone is able to adequately explain it, given the diverse causes and changes that time causes in the human body" (Paúl, Ribeiro [7]). Thus, ageing is a process characterized as a phenomenon intrinsic to all human beings (Carvalho, et al. [8]). The onset and progression of this phenomenon are greatly influenced by biological, psychological, social and cultural factors, although there are others that intensify it and whose control is not within our reach (Carvalho, et al. [8]; WHO, [9]). Therefore, the aging process, as well as the decline of each individual's faculties, can occur at different ages, taking into account the lifestyle, as well as the greater or lesser tendency to acquire certain pathologies or disorders (Carvalho, et al. [8]). However, each individual is unique with their

own abilities and limitations, which manifest themselves taking into account their genetic heritage and/or lifestyle (Carvalho, et al. [8]). For a long time, aging was understood as a pathological phenomenon, which was related to the wear and tear of the body and the sequelae of disorders suffered in childhood and adulthood (Carvalho, et al. [8]). Currently, scientific evidence shows that aging is not a disease or a pathological phenomenon, but a multifactorial process that induces a physiological deterioration of the organism (Carvalho, et al. [8]).

Population ageing as a social phenomenon is considered to be a challenge regarding the development of behaviors and efforts to increase the average life expectancy (Carvalho, et al. [8]). On the other hand, at the individual level, it is possible to state that aging is perceived as a multidimensional and multifactorial phenomenon, being therefore very complex, considering that there is some difficulty in defining a consensual definition of the concept (Carvalho, et al. [8]). Thus, it is a path that is inevitable and irreversible, which can lead the individual to a situation of disability and dependence, either permanent or temporary (Carvalho, et al. [8]). Therefore, Carvalho and Duque [8] refer that aging is an individualized and collective phenomenon, arising from the biological and developmental process, from the beginning of life and through acquired behaviors and maturation, such as psychological, physiological, and behavioral changes. Hence, the aging process should be reflected according to a holistic approach that considers the analysis of this set of factors, which can be analyzed in individuals with different biological ages, as well as with identical chronological ages (Carvalho, et al. [8]).

Despite medical advances and the living conditions that nowadays allow for a greater longevity than in the past, biological aging is inevitable, and nothing prevents people from aging (Carvalho, et al. [8]). Thus, as human beings age, they begin to see a large part of their physical faculties limited, being surprised by limitations and pathologies at the muscular, bone, hearing, metabolic, digestive problems, central nervous system, among others (Carvalho, et al. [8]). It is important to take into account that these limitations do not occur in the same way in all older people, and, as the years go by, there is a greater tendency for older people to have this type of limitations, despite the fact that aging is not a factor that makes health problems an inevitable condition (Carvalho, et al. [8]). Similarly, it is important to highlight that psychological aging is closely related to the individual characteristics of each individual, considering how he/she reacts and adapts to the challenges and changes that occur throughout his/her life (Carvalho, et al. [8]). Therefore, given the rigorous changes that the elderly may undergo in this phase of life, they become more vulnerable, and the psychological domain tends to become very fragile (Carvalho, et al., [8]). The individual experiences moments of some emotional instability, since there are situations that imply gains and losses, and the losses are generally more evident (Carvalho, et al. [8]). At this stage of life, the elderly left in the past the concern with the education of their children and their jobs and with this a huge

dimension of their social network of contacts and the opportunity to live with them on a daily basis, being common at this stage of life the loss of a life partner and mainly leaving behind their youth, making this phase very marked by losses (Carvalho, et al. [8]).

At the psychological level, "old age" is often marked by the decline and loss of cognitive skills, with most older people experiencing memory loss, difficulty in problem-solving and dealing with new situations, and confusion of certain references (Carvalho, et al. [8]). Chronic diseases are, most of the time, difficult to bear because they cause a lot of suffering and are responsible for triggering other diseases and mental disorders (Carvalho, et al. [8]). Due to the diversity of mental disorders that arise at this age, the elderly feel more fragile and vulnerable, since they are not as able to perform tasks as other individuals whose cognitive faculties are at their full capacity (Carvalho, et al. [8]). These types of mental disorders are the most complicated and difficult to treat and cure, which makes this problem the incentive for many other problems that end up happening in the lives of the elderly, particularly at the socio-familial level (Carvalho, et al. [8]). In this sense, it is common to report that the elderly feel undermined and devalued, making their inclusion or reintegration in the social context difficult, and their social role is compromised (Carvalho, et al. [8]).

Carvalho and Duque [8] state that there are fewer and fewer social contexts that can contribute to closer relationships and, thus, the elderly end up isolating themselves more and socializing less. In order to combat the growing social aging, institutions/organizations for elderly support have been founded in recent years, with the main mission of responding to and minimizing social isolation among the elderly (Carvalho, et al. [8]). However, over time, and in view of the concern related to ensuring the quality of life of the elderly, social facilities and responses were established such as nursing homes, day care centers and senior universities, which aim at providing the elderly with a better adaptation to this new stage of their lives, so that they can cope, in a more natural and balanced way, with the changes inherent to the aging process itself, in order to obtain the necessary strength to overcome the losses resulting from this process (Carvalho, et al. [8]). The arrival of retirement is a moment that marks a break in the individual's life, being accompanied by a feeling of devaluation of their social status (Carvalho, et al. [8]). The lack of productivity in the elderly, combined with the fact that they need a pension to survive, since they no longer practice any paid professional activity, makes society see them as a barrier to development (Carvalho, et al. [8]).

The Developmental Process

To understand aging, it is necessary to deepen the knowledge regarding its typology, and there are three elementary processes: primary, secondary and tertiary aging. Thus, primary aging or normal senescence refers to normal aging and refers to the inevitable and irreversible changes that arise due to age, not including the

existence of diseases (Papalia, Feldman [10]). It should be noted that normal aging is always marked by mild cognitive deficits, and it is always essential to assess their degree to prevent them from increasing to a more problematic situation, sometimes marked by dementia (Carvalho, et al. [8]). In turn, secondary aging, also called pathological development, refers to changes driven by diseases resulting from advanced age, excesses and bad habits that may appear with advancing age, and these factors can, in general, be controlled (Carvalho, et al. [8]). Although they have different causes, primary and secondary aging are closely linked and interact (Carvalho, et al. [8,9]). Environmental stress and pathologies can accelerate the basic aging processes, increasing the individual's fragility to these factors (Carvalho, et al. [8]). Finally, tertiary aging concerns the changes that occur rapidly and suddenly in old age and that, in some cases, can lead to early death (Carvalho, et al. [8]).

In addition to these types of aging, the literature also indicates successful aging, which is part of a strategy of disease prevention and minimization of all negative consequences caused by this phenomenon (Carvalho, et al. [8,10]). Thus, successful aging depends not only on genetic characteristics related to a lower tendency to disease and greater resistance to pain, but also on the individual characteristics of each human being (Carvalho, et al. [8]). However, not all factors are controllable, but if each individual is strengthened to overcome some negative factors, taking care to be more empowered and to optimize their biological, behavioral and social capacities, they can overcome and/or adapt to the inevitable age-related losses. The end of the work activity, the possible widowhood, and the loss of family and close friends are inherent factors associated with this stage of life that lead the elderly to experience loneliness and dependence (Carvalho, et al. [8]). At this stage of life, one increasingly witnesses greater isolation and alienation when there is dependency or other episodes that include the feeling of loss of important roles previously played (Carvalho, et al. [8]). The rotation system by the children's home or even institutionalization, strengthens the feeling of loneliness of the elderly (Carvalho, et al. [8]).

Advancing age inevitably involves greater care regarding the lifestyle of individuals, and it is essential to adopt a healthier and more active lifestyle. The practice of physical exercise cooperates to increase self-confidence, good mood, energy, and, of course, the health of the elderly. Dementia-related diseases, for example, can be combated through physical activity, since the results of this practice in the elderly have proven to be very beneficial (Pedroso, 2009 as cited in Carvalho, Duque [8]). In addition to the physical, psychological and emotional benefits that physical exercise provides, there is evidence that the elderly can also benefit from important results in the preservation and prevention of a more vigilant and active brain, which allows them to develop activities and perform tasks in a safer and more agile way (Carvalho, et al. [8,11]).

Many studies show that physical exercise can become the best treatment for sadness and depression, which are very common factors affecting the elderly (Branco, et al. [12,13]). From a biological perspective, the practice of physical activity causes in the body a substance, endorphin, which develops feelings of self-confidence and well-being, in addition to strengthening the immune and digestive systems, blood pressure, and bones (Carvalho, et al. [8]). Thus, it is common for the elderly, in this phase of life, to have disturbances that affect their well-being at various levels, especially at the level of sleep (Carvalho, et al. [8]). Sleep problems can improve with regular physical activity, which contributes to the balance of a deeper and more relaxed sleep (Pedroso, 2009 as cited in Carvalho, et al. [8,14]). It is essential that the elderly person takes care to maintain a healthy body in a healthy mind, thus having a fit and balanced body, with a view to preventing factors that may contribute to their imbalance in terms of well-being and health and to combat the lack of mobility, which is assumed as an intrinsic reason for aging (Maia, 2001 cited in Carvalho, Duque [8]). It is also important to consider the adaptation of physical exercise to each individual due to all the issues previously mentioned. However, physical activity helps to develop flexibility, posture, and strength, optimizing balance, mobility, and motor coordination in the elderly (Carvalho, et al. [8]). Many authors also argue that exercise is essential in the elderly's weekly routine, and that each session should last between 30 and 50 minutes, depending on the age and physical condition of the elderly (Carvalho, et al. [8,15]).

The best types of physical activity for the elderly are aerobic activities, adapted to each person, considering their physical abilities (Chodzko-Zajko, et al. [16]). The most recommended activities for this population are free walking, gymnastics, dancing, walking, and aquatic activities (Araújo, Melo [17]). Recreational and leisure activities offer relaxation, fun and satisfaction, allowing for the occupation of leisure time and new experiences, such as yoga and gardening (Araújo, Melo [17]). However, the practice of physical activity should be accompanied and monitored by a qualified professional (Carvalho, et al. [8]). According to the report of Help Age International [18], psychological intervention and physical exercise produce immense benefits in the lives of the elderly, significantly influencing their quality of life. These benefits are revealed in feelings of satisfaction, well-being, energy and encouragement, which bring very considerable contributions to the health of the elderly, allowing them to develop other skills such as better socialization and autonomy (Help Age International, [18]). In addition, several studies show that the quality of life of the elderly increased considerably from the moment they started performing sociocultural and relational activities (Raso, et al. [19,20]). The study of Carvalho and Duque [8] revealed that by performing different activities, older people become more enthusiastic, cheerful and in a good mood, showing a remarkable degree of satisfaction with the way they started to face life and their daily problems.

In addition to the activities mentioned above that allow promoting healthier lifestyles in the elderly, the WHO advocates active aging as a continuous process in which individuals, according to their wishes, needs and abilities, promote health, safety and participation, thus promoting quality of life (Passos [21]). This organization has developed strategies that promote active aging, highlighting the health option for the promotion of healthy behaviors, good physical and cognitive functioning, coping strategies, promotion of positive affect, and the promotion of psychosocial functioning and social participation (Passos [21]). The WHO (2002a) cited in Passos [21] states that the determinants of active aging “involve individuals, their families and the communities in which they are embedded, with culture and gender being considered as cross-cutting determinants” (p. 19). In turn, culture affects all determinants of active aging, as it involves the individual shaping him or her according to its influences (Passos [21]). The values, customs, and behaviors of a culture can determine various patterns of aging (Passos [21]). Gender is also a cross-cutting determinant of active aging, as in certain cultures the female gender has less access to a diverse set of opportunities as it is observed from a caregiver perspective, while the male gender is more strength and work oriented (Passos [21]). The determinants related to social systems and health systems are mentioned, since in active aging the promotion of health and the prevention of pathologies in an equal manner are determinants (Passos [21]).

Over the years, there has been an increasing tendency for the acquisition of pathologies, making it essential for healthcare to be available to the entire population (Passos [21]). In turn, adopting and maintaining healthy lifestyles become essential in achieving active aging, as they contribute to delaying functional changes and preventing the emergence of chronic diseases (Passos [21]). Therefore, the WHO suggests regular physical activity, a healthy diet, reducing alcohol consumption, oral hygiene care, and avoiding self-medication (Passos [21]). Physical environments are also one of the determinants identified by the WHO, as an environment with architectural barriers can lead to the isolation of older people, resulting in depression and naturally reduced mobility (Passos [21]). Other physical determinants include clean water, food, and air, as older adults are more vulnerable and the lack of these factors can compromise the immune system and worsen chronic diseases (Passos [21]).

The WHO states that lifelong learning, protection, opportunities, and peace are essential to achieve active aging and are related to increased health and overall well-being (Passos [21]). Economic aspects are also key, as the value of retirement conditions access to health care and food (Passos [21]). Social protection and employment are key determinants of active aging, with the retirement pension for most older people being their only source of income to support all their financial responsibilities (Passos [21]). The longer older people work, the more easily they can settle and support their expenses, maintaining and increasing their social relationships, contributing to

their psychological well-being, which is one of the determinants of active aging (Passos [21]). The WHO has launched guidelines to be practiced by the member states, in which Portugal is included. The action plan has three priority areas of intervention: the older person and their development; the promotion of health and well-being in aging; and the design of an enabling and beneficial environment (Passos [21]). Therefore, United Nations member states should support active aging, especially in the following areas: decreasing the number of early deaths in the childbearing years; decreasing chronic disease-related disabilities in the elderly; increasing active social, cultural, economic, and political participation in the community; improving quality of life in aging; decreasing treatment and health care costs; promoting solidarity between generations, individuals, and their families; and promoting active aging programs and age-friendly environments (Passos [21]).

The WHO suggested a broad view on active aging, taking into consideration determinants of the environment, health services, economic, social, lifestyles, and personal conditioning (Fernández-Ballesteros [21]). Thus, individuals who exhibit good physical, cognitive, social and emotional development tend to preserve, as they age, optimal functioning along with autonomy, plasticity and well-being (Fernández-Ballesteros [22]). For this reason, the WHO admits that active aging is a process of adaptation, where preventive and corrective mechanisms act, adequate by the subject's internal and external resources (Passos [21]). Araújo and Melo [17] refer that reinforcing participation in society is important to consolidate social and family bonds. By being inserted in the community, older people have the opportunity to experience new experiences, bringing them affective, emotional, informational and instrumental benefits and enhancing social interaction (Araújo, Melo [17]). In turn, lifelong learning is increasingly important, and the training of older workers may translate into increased productivity and postponement of retirement, contributing to the promotion of active aging (Passos [21]). According to the OPP [23], psychologists can provide key contributions to successful and active aging, to monetize the potential of the elderly, promoting the adoption of healthy lifestyles and the reduction of risk factors for disease. Planning and implementing health management and supervision systems that make it possible to treat pain and illness; management of chronic diseases and accession to medication and different therapies; prevention and intervention in the fight against loneliness and violence against the elderly; involvement and social participation of the elderly in the community, with effects on the maintenance and improvement of their quality of life; adjustment and adaptation to changes and stress factors related to aging (e.g. retirement, family conflicts or change of roles); loss and bereavement processes; informing the population about the aging processes and their consequences; promoting literacy in health and psychological/mental health; promoting the agreement of “health” measures with measures to promote and protect psychological/

mental health; problem prevention and health promotion (OPP [23]). Many diseases such as hypertension, diabetes or chronic pain, which are characteristic of aging, involve taking medication, following a proper diet and exercising regularly, and Psychologists can help integrating these daily behaviors into a healthy lifestyle (OPP [23]).

Many studies have shown that psychotherapy is very beneficial for the elderly, who often prefer this type of therapy over pharmacological treatment (APA [24]; Oliveira [25]). In addition, there is consensus in the literature that group psychotherapy can be very effective for many demands that the elderly face (APA [24]; Oliveira [25]). Group therapy has been considered a form of therapy that is as effective as individual therapy (Oliveira [25]). In general, it can be stated that the interactions present in groups facilitate information exchange and meaningful learning opportunities (Yalom [26]). Added to these benefits is the containment of costs (more people can be benefited in each period of time; Oliveira [25]).

Bieling and collaborators [27] and Lima [28] expose vast contributions of the group modality of therapy with individuals who are in old age: it allows the individual to prove that one's own problems are neither exclusive nor immutable, causing the elderly to discover issues in common with other participants, which contributes to the reduction of the sense of isolation felt by some elderly people; to obtain hope; to promote social interaction with the development of new relational skills and to increase self-esteem through altruism and empathy, in that the elderly person will feel valued for helping other participants (Bieling, et al. [27]). The group format also helps to introduce positive role models, i.e., other elders, enabling the learning of new behaviors, and is an incentive for autonomy from the psychologist (Lima, [28]). This modality favors the learning and training of various skills and cooperates for the individual to acquire and share information about changes and transitions characteristic of this phase (Neufeld, et al. [2]). Group psychotherapy in old age may offer an improvement in psychological and physical symptoms and quality of life (Rebelo [29]).

Thus, the literature indicates that Cognitive-Behavioral Therapy (CBT) is effectively the most used intervention model with the elderly (Funda [4]). It is characterized by a brief psychological intervention approach that emphasizes the active participation of the patient and requires a collaborative therapeutic alliance and a high motivation for change, with an educational focus, and with the purpose of instructing a set of skills necessary for the individual to face his problems, giving him the commitment for the care of his health (Beach, et al. [30]). This intervention model focuses on helping to promote healthy aging by reflecting on and experiencing their thoughts, emotions, behaviors, physiological states, and everyday living situation (Funda [4]). This model also seeks to identify dysfunctional beliefs, in order to empower the elderly to solve their problems by experiencing possible solutions and facing challenges in their life context (Funda [4]).

The elderly is still capable of learning, and learning is considered to be very important for promoting healthy development until older ages, helping in the balance between the declines resulting from aging and the gains that can occur, for example, from educational activities (Funda [4]). Psychoeducation and cognitive restructuring are two very important techniques in therapy to promote healthy aging. In this sense, group CBT stands out for the fundamental assumption of being an educational intervention from both an individual and group perspective (Funda [4]). In addition, group CBT has been used as a fundamental strategy in different situations and for different purposes, whose intervention may have preventive and/or health promotion or even therapeutic and/or problem-solving goals (Neufeld, et al. [2]).

Many authors claim that the assumptions of CBT can be useful in helping older adults learn about and develop their qualities and strengths, such as resilience and wisdom (Padesky, et al. [31]). When intervening with older adults, it is essential to emphasize the positive aspects of aging and life in general (Rebelo [29]). Psychology is a science that not only studies illnesses, negative emotions and weaknesses, but also studies personal strengths and virtues (Seligman, Csikszentmihalyi, 2000 cited in Neufeld, et al. [2]). Thus, Psychology should involve education, knowledge and growth of the human being, developing and promoting what is best in the elderly, in order to enhance achievements and create positive goals to be achieved by the client (Seligman & Csikszentmihalyi, 2000 cited in Neufeld, et al. [2]).

Motivational interviewing can be a technique used for promoting healthy lifestyles in older adults. This type of interviewing is a client-centered counseling style, thus helping seniors explore and resolve ambivalence about various behavioral changes (Brummel-Smith [32]). Motivational interviewing is collaborative rather than prescriptive, recognizing that only in conjunction with the seniors can decision-making occur (Brummel-Smith [32]). It uses three main types of communication styles: directing, following, and guiding (Brummel-Smith [32]). In addition, there are four useful techniques for addressing motivation: using open-ended questions, affirming what the patient mentions, providing reflections to link ideas, and summarizing (Brummel-Smith [32]). It is therefore important to consider some questions: "What are the elder's goals?"; "How do these goals interfere with current behavior?"; "What are the concerns in the face of change?" (Brummel-Smith [32]) [33-41].

Conclusion

Aging is a worrying and at the same time motivating topic to investigate by the numbers that national statistics reveal to us about the aging index. The growing increase in the aging index and dependency rate of the elderly is remarkable, and statistics reveal that in the future these numbers will continue to increase exponentially (Francisco [1]). All these state-of-the-art literature reviews lead one to wonder how prepared we will be to deal with this population.

A population that often suffers from prejudice by society itself, a society that it helped develop. Psychologists can play a fundamental role, either by promoting healthy lifestyles in this population, so that they live more years with more dignity and autonomy, or by psycho-educating society about the characteristics and specificities of this population. Society can give back in respect and support, the contribution that today's elderly have given to the country's growth and development.

The pandemic of COVID-19 showed that the elderly are a fragile, unprotected population that needs help at various levels. The WHO (2021) cited in Luísa (2021) states that more than 95% of deaths occurred in people over 60 years of age, with 8 out of 10 deaths occurring in the elderly with at least one comorbidity. Aging is an emerging theme in society. To overcome the conditioning factors that accelerate aging, it is necessary to fight against the stigmas of aging, integrating the elderly into society, promoting better living conditions, better access to health care, and encouraging the adoption of healthy behaviors. There is no set time to take care of one's individual health, the time is now. It is urgent that everyone, the young, the old, the "middle-aged", start thinking about taking care of themselves and their health, at all levels. The time to promote healthy lifestyles is now, whatever your age or condition.

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