# **Medicine & Clinical Science**



# **Let Healthy Older Adults Run**

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#### **Abstract**

Increases in physical activity promote good health, yet exercise and particularly running are underprescribed for adults over age 65. The authors call for more prescriptions, incentives, and recognition for endurance exercise for older adults, which would increase healthy lifespans and inspire younger adults to run. They describe how new run-walk programs and shoe technologies allow older adults to succeed at endurance running, something not previously identified in the medical literature.

When treating older adults cardiometabolic and other diseases, and to prevent serious sequelae of Covid and other infections, physicians and health systems should remember the many health benefits of physical activity. In fact, low levels of physical activity underlie 7.8 percent of deaths in those over age 70 [1]. Physicians can prescribe and incentivize exercise to improve healthy lifespans. Indeed, the number one recommendation of the American Medical Association for healthy living in 2023 is more physical activity [2]. We advocate that this physical activity include endurance exercise and running, which many older adults prefer.

Studies have long detected that endurance exercise reduces disability in later life and confers a survival advantage [3]. New data place existing concerns for vigorous exercise in perspective. Physicians and the public previously believed that running caused and worsened age-related osteoarthritis, while studies now find land-based exercise improves osteoarthritic joint pain and function [4]. Coronary artery calcification is more common in older male athletes than non-athletes, but plaque composition is calcified and more benign, and exercise training still significantly reduces cardiovascular events in those studied [3]. Prolonged endurance training modestly increases atrial fibrillation in men ages 65-90, but it decreases by almost half the risk of stroke [5]. The American Society of Preventive Cardiology observes that every 1 MET increase in cardiorespiratory fitness confers approximately a 16 percent decrease in mortality [6]. These observations support recent conclusions that increasing exercise volume beyond commonly recommended goals further improves health risks [3].

Running may be the best endurance exercise and is a common goal of cardiac rehabilitation programs that typically progress from slow to fast walking and then to jogging or slow running. Many rehabilitation patients have progressed to full running schedules [7]. New studies using movement monitors show that increasing either the number of steps walked or their intensity, or both, increase the health benefits of moving [8]. A particular advantage of running is that it requires fewer resources than swimming, cycling, skiing, gym machine workouts, or other common exercises. With practice distance running is possible for most adults and many adults over age 65 [9]. Even older adults with heart failure have participated successfully in moderate intensity endurance training [10].

New technologies and programs reduce highstep repetitive-motion injuries from running through better footwear and by alternating running and walking at set intervals. In recent decades, tens of thousands of runners have completed 26.2-mile marathon races by using the run-walk method. They run as little as 30 seconds at a time, walk for a bit, and then run again. These runners don't set records, but they collect well-deserved finisher's medals and achieve high levels of cardiometabolic fitness. A simple run-one-minute then walk-oneminute routine reduces the time needed to meet the minimal exercise recommendation of the Centers for Disease Control from 150 minutes per week to 112. More running would reduce the minimal time further, making run-walks very time-efficient exercise.

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Many adults, including some adults over age 60, eager to extend their years of healthy life have adopted running as their primary exercise. The Sports and Fitness Industry Association reports approximately 50 million United States adults participate in some form of running. Many physicians, however, caution against it. Only a third of adults report a physician ever telling them to increase their physical activity [11]. Thus, fewer than a quarter of adults exercise regularly [11]. To improve this physicians should prescribe physical activities taking into consideration any health limitations. Recording steps taken, stairs climbed, or mileage achieved during patient visits, like weight lost, is a powerful performance motivator. To increase exercise intensity physicians can ask their patients about step cadence or running pace. Patients can determine these with easily purchased wrist devices. Physicians should also tell adults over age 65 how many years of life, on average, they have left, something they often do not know. A 65-year-old man, for instance, has 19 years of life remaining and an 85-yearold woman has 7 years. Recognition by patients of how they can enjoy these additional years with good health is another exercise motivator.

Walking is the most common adult exercise and a good starting prescription for running. Nearly every large employer and community-dwelling center has a wellness program that includes walking, and nearly every city and town has walks and runs that welcome participants. Commercial insurers and Medicare should pay some entry fees for adults to participate, removing this potential barrier. Wellness programs should offer small financial incentives to participate, a strategy known to increase exercise participation. Adults undertaking running should get new running shoes, which are lighter, better cushioned, and more customizable for pronation and other stride idiosyncrasies than shoes of just a few years ago.

Finally, recognizing endurance runners over age 65 as models of good health would counter the common and self-fulfilling expectation that aging brings physical inactivity. A progressive decrease in running the Boston Marathon, for instance, is observed in each 5-year age group from 65 to 79 and is more than can be accounted for by increasing disability. It likely results from misinformation, barriers to participation, and physicians cautioning older adults to avoid vigorous exercise. More adults over age 65 completing distance runs could inspire their peers, as well as younger adults. Life is a marathon, not a sprint. Those who regularly practice endurance running are likely to enjoy a life of joy, high productivity, and good health.

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