Maintaining autonomy

Maintaining health and cognitive function is vital to ensure that individuals can live autonomously in their later years. How to delay impairments in cognition, health, and mobility for as long as possible is one of the most pressing topics facing today’s ageing societies.

The life course perspective
Interventions that target improving later-life health, social participation, and physical activity are frequently not as successful as desired, and, indeed, they sometimes only show minor improvements on the outcomes of interest.

These often disillusioning findings are put in perspective if we acknowledge that most of the influences on later-life health and cognition occur earlier in the life course. Consequently, to improve later-life outcomes, interventions should target individuals earlier in their lives.

Later-life health is well known to be subject to long-term influences, for instance childhood conditions such as parental socioeconomic status. During the last decades, concepts on how life course influences relate to later-life cognitive function, such as the concept of cognitive reserve, have received ever-more attention and empirical evidence. With the rise of large cross-national longitudinal datasets, moreover, we now have the possibility to look even closer at the impact of influences from early life to mid-adulthood on older-age health and cognition, as well as on other outcomes such as work ability, mobility, and mental health.

Delaying cognitive impairment
Just as some interventions focus on later life, interventions aimed at improving cognitive function unfortunately are often limited in improving cognition in later life. As uncompromised cognitive function is the most important prerequisite to living autonomously up to old age, knowledge about how cognitive function is built up and upheld throughout the life course is more important than ever in ageing societies.

Life history assessments
Social, economic, and environmental conditions during the life course restrict individual choices and reinforce inequalities at later ages. To fully understand these ageing-related inequalities, large population-representative studies, such as the Survey of Health, Ageing and Retirement in Europe, have been designed to assess the health, economic, and social situation of adults aged 50 and older, and have gathered invaluable information on retrospective childhood conditions, partnership and working histories of the respondents.

Prospective studies can now be designed to replicate findings on the importance of these retrospectively assessed influences on later-life health and cognition.

Increasing cognitive reserve
We are only at the beginning of knowing what shapes cognitive reserve during the life course. Education is clearly related to later-life cognitive function, and studies suggest that even extending the years of compulsory schooling make a difference for later-life cognitive function for lower educated adults.

Work characteristics such as occupational complexity also contribute to increasing cognitive reserve. In our research, we investigated how time out of work during working ages, for instance due to training, relates to increasing or decreasing cognitive reserve. Identifying important life course influences, and how impairments in health and cognition can be delayed for as long as possible, has major implications for individuals and policy making, as life-long learning or dedicating time to engage in activities are proven to have cognitively stimulating effects in young and mid-adulthood, and may delay impairments at later ages.

A healthy and active older age
The European Research Area in Ageing (ERA-AGE), led by Professor Alan Walker and his team at the University of Sheffield (UK), has co-ordinated the launch of the three-year postdoctoral fellowship programme Future Leaders of Ageing Research in Europe (FLARE). This is funded by the member states themselves and exclusively funds multinational and multidisciplinary research. ERA-AGE has established a vibrant, intensively collaborating network of ageing researchers in the biomedical and social sciences. This network of ageing researchers is investigating a multitude of health outcomes, such as morbidity and mortality, cognition, mental health, work ability, life-long learning, and mobility, creating synergies by applying a multidisciplinary focus.

We are currently bringing together a book on A Healthy and Active Old Age, trying to shed light on the different layers that affect health and cognition in later life, from biomedical to life course factors, and are approaching healthy and active ageing from a care and interventions as well as a policy making perspective.

Hopefully, our network will further stimulate multidisciplinary ageing research and prove the fruitfulness of including life course data in research on health and cognition in later life.

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