OLDEST OLD SENIORS

Age 85 and up

THE FASTEST GROWING SEGMENT OF U.S. POPULATION

As people age, they become more susceptible to diseases and disabilities. Quality of life can be compromised via age-related impairments in cognition (ie. memory and executive function) and by alterations in social, emotional, and economic functioning. Loss of independence can occur from physical muscle atrophy increases (sarcopenia) and bone density decreases.

HEALTHY AGING



- Perform challenging mental tasks (ie. learn a new language), cross-word puzzles, Sodoku, etc.
- Get involved in the community (ie. volunteering)
- Stay physically active via aerobic activity, strength training, Yoga, walking, swimming, etc.

PHYSICAL ACTIVITY

Psychological benefits:

- Reduced anxiety and depression
- Increased satisfaction with life

Physiological benefits:

- Improved insulin action and cardiac function
- · Decreased inflammation and blood pressure

Neurocognitive benefits:

- Increased cerebral blood flow and grey/white brain matter volume
- Improved working memory

CANNABIS

Benefits:

- Increase quality of sleep
- Decrease depression and anxiety
- Improve enjoyment and recovery from exercise
- Decrease pain from physical activity

Risks:

- THC is a psychoactive cannabinoid. Large doses of THC can cause sedative effects and mental health problems.
- Higher THC levels may also mean a greater risk for addiction if people are regularly exposing themselves to high doses.
- The mechanisms are not clear. May be analgesic, psychological, or affective. The optimal formulation, route of administration, dose, and cannabinoid profile are not clear.

Reduce Risks:

- High CBD and low THC ratio of cannabinoids reduces risks while maintaining benefits.
- Slow titration period (up to 2 weeks) to find the proper dose per cannabis product and route of administration.
- Avoid cannabis use before adulthood since it can adversely affect the developing brain.

SOURCES:

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6476562/

Banks E, Reeves GK, Beral V, Balkwill A, Liu B, et al. (2009) Hip Fracture Incidence in Relation to Age, Menopausal Status, and Age at Menopause:

Prospective Analysis. PLOS Medicine 6(11): e1000181. https://doi.org/10.1371/journal.pmed.1000181

https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1000181 Kramer & Erikson, 2007; Kramer & Wills, 2002

Denard PJ, Holton KF, Miller J, et al. Back pain, neurogenic symptoms, and physical function in relation to spondylolisthesis amoung elderly men. Spine J. 2010; 10(10):865-873. Kilgore et al., 2013

