



Active Living Tips for Older Adults

Practical, leading edge research results applied to physical activity for older adults, in plain language for health practitioners and leaders.
 Sponsored by the Active Living Coalition for Older Adults (ALCOA).

Benefits of physical activity for people with Alzheimer disease

Written by Stephanie Luxton, M.Ed. Candidate, Education Coordinator, Canadian Centre for Activity and Aging;
 Elizabeth Lusk, M.Sc. Candidate, University of Western Ontario, Canadian Centre for Activity and Aging;
 and Denise Connelly, PhD, Associate Professor, Faculty of Health Sciences, University of Western Ontario

Active Living Coalition for Older Adults

33 Laird Dr., Toronto
 ON, M4G 3S9
 Toll-free: 800 549-9799
 Tel: 416-423-2163
 Fax: 416 423-2112
 E-mail: alcoa3@ca.inter.net
www.alcoa.ca

Additional copies of ALCOA Research Update issues and research references for this article are available in print and electronic formats from the ALCOA office, or can be downloaded from www.ALCOA.ca

The financial support of Health Canada is gratefully acknowledged.

Ce document est aussi disponible en français.

There is growing evidence that regular physical activity helps to ward off mental decline as people age, and may even protect against Alzheimer disease. Research has also shown that following a regular exercise routine can have many benefits for individuals with Alzheimer Disease.

Exercising regularly can help those with Alzheimer Disease:

- Walk farther and faster.
- Continue to do household chores and daily activities.
- Be healthy and prevent disease.
- Reduce anxiety, agitation and tension.
- Feel more alert in the day.
- Sleep better at night.
- Decrease wandering.
- Improve continence (bladder & bowel control).
- Feel better about yourself.

It is never too late to start

Increasing the level of physical activity does not mean that a person has to join a gym or buy expensive equipment. Activities such as walking and dancing are easy to do and can be fun too! Strength training can be done by using one's own body weight for resistance. Even if someone has not exercised much in the past, it is never too late to start. Joining an exercise class or walking group is a great way to start, and also to meet new friends. Physical activity should be part of a daily routine.

What kind of exercise should be done?

All kinds of exercise are good for people with Alzheimer disease, as long as they are safe and not too tiring. It is better to choose activities that are enjoyable.

A good exercise routine includes three types of exercise: *Aerobic exercise* to strengthen the heart and lungs. *Strength training* to build muscles. *Flexibility stretching exercises* to help one move more easily.

Aerobic exercise

Aerobic exercise helps individuals have more energy. Examples of aerobic activities are walking, dancing, and cycling. It is better to choose activities that are enjoyable and that can be performed safely. For the best results, a person should do 30 to 60 minutes of aerobic activity each day on most days of the week. In case someone is just starting, they can do several shorter sessions and gradually build up to 30 minutes sessions.



Strength training

These exercises make muscles stronger and help to improve balance. This helps a person to keep doing things like carrying groceries and lifting grandchildren! Strength training should be done at least twice a week, with a day off in between to rest the muscles.

If going to a weight training class is difficult, equipment such as hand weights can be used in the home – but make sure that the person exercising learns to use the equipment safely. For many strength training activities no equipment is needed. For example, a person can stand up and sit down several times, do leaning push-ups against the wall, or climb the stairs. These are all good ways to strengthen the muscles.

Flexibility

Flexibility or stretching activities will help a person move more easily, so that they can do things like tie their shoes or reach in the top cupboard. Some movements like seated toe touches, lunges, ceiling reaches can be done every day. It is important to stretch all of the major muscle groups – arms, legs, shoulders, and muscles in the back. The stretches should be held for up to 30 seconds and care should be taken to not stretch too far. Stretching should not be painful. In case pain is felt the movement should be eased up slightly.

Be active safely

- It is important to talk to a doctor, health care provider or fitness instructor before making any big changes in the level of physical activities.
- Some medications prescribed for people with Alzheimers Disease may affect the way the body responds to exercise – ask a doctor or pharmacist for information on how to exercise safely.
- If a person is new to exercise, they should get help from a qualified fitness instructor to make sure that they are doing exercises correctly.
- Wear proper footwear for the conditions, running shoes or shoes with non-slip soles can be a good choice.
- Ask for help if unsure about whether the exercises are being done properly.

- A person should not hold their breath when doing strength training or using exercise equipment.

How to make exercising sessions better for people who have Alzheimer disease and related dementias

Caregivers, friends and relatives who are involved in the exercise session can help make these sessions better by following the tips given below.

Key points for successful physical activity sessions:

- Keep instructions simple.
- Repeat if necessary.
- Build on familiar activities.
- Limit distractions.
- Use demonstrations.
- Be flexible.
- Praise and encourage.
- Make it fun!
- Walks in familiar indoor or outdoor environments can be particularly appealing.

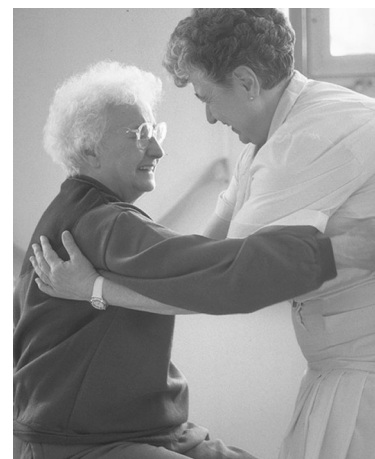
Watch for signs of overexertion:

- Shortness of breath
- Pale or red in the face
- Dizziness
- Decreased coordination (stumbling, tripping, slower movements)
- Not paying attention

What to do if there are signs of overexertion

If signs of overexertion are noted, have the individual cool down slowly. Continue to monitor them for 15 – 30 minutes.

Note: Do not allow them to leave the room. If symptoms are still there after 30 minutes, contact a health professional.



Health practitioners, leaders and others please post, copy and distribute this article to older adults. The views expressed in this article are those of the author and do not necessarily reflect the views of Health Canada or ALCOA.