

■ LIFE

Life begins at 60 — the rise of the ‘young-old’ society

If the disenfranchised spend decades in a ghostly twilight of senescence, we will all be the poorer

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A number of studies around the world have identified exercise as the single most powerful predictor of whether we will age well. Picture: LEEAVISION/123RF

Last spring, I began to realise that getting ahead of ageing had become the ultimate status symbol.

I was sitting in the Harvard Medical School office of the elfin biologist David Sinclair, whose team had reversed signs of ageing in the tissues and muscles of elderly mice. Sinclair was talking excitedly about the various compounds he and other scientists were working on, which aimed to trigger ancient protective circuits in the body.

The night before, he told me with some glee, he had been across the river giving a talk to Harvard donors. While outwardly sceptical of his claims, many quietly asked him over drinks which pills — whether licensed as medicines or not — they should be taking.

The race for the anti-ageing pill is just one consequence of the two demographic shifts that are transforming our world. Longer lifespans and declining birth rates — as fertility plummets almost everywhere outside sub-Saharan Africa — constitute the most dramatic story of our age.

Shrinking ageing populations may alter the balance of power between countries: notably between the US and China, the latter of which is growing old before it gets rich. Longevity will create multigenerational households and age-diverse workforces. The falling ratio of young to old will rewrite social contracts and force us to rethink the whole notion of family.

The prevailing narrative is one of gloom: that rising numbers of elderly will drag down GDP and hold governments to ransom, demanding ever-larger shares of the welfare pie. And indeed, if people continue to retire when they are only three-quarters of the way through their lives, and if large numbers are crippled with chronic disease, the burden will become unbearable.

But it does not have to be this way. Many Brits and Americans are already “unretiring” and going back to work. The incidence of dementia has fallen by a fifth in 20 years. When a doctor friend of mine held a flu jab clinic for his over-65 patients this winter, it was the first time most had visited the surgery in years.

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Almost without noticing, we have created an extended middle age. “The ‘young-old’ are very active and healthy and productive, totally different from 30 years ago,” says Takao Suzuki, professor of

gerontology at Tokyo’s JF Oberlin University, who defines young-old as 60 to 75 or older. “The World Health Organisation defines ‘old’ as 65 but as gerontologists, our main concern is with the ‘old-old’, who are very different.”

Much of this is good news. “If you don’t consider people old just because they have reached age 65 but instead take into account how long they have left to live, then the faster the increase in life expectancy, the less ageing is actually going on,” says the Austrian demographer Sergei Scherbov, whose work suggests that in the Organisation for Economic Co-operation and Development countries, most baby boomers are “middle aged” into their mid-70s. He argues strongly for linking pension ages to life expectancy and getting people to work for longer.

The problem is that back in the 1970s, “early retirement” started to be marketed as a golden time, just at the moment when life expectancy for older people was taking off. This was in large part because of the decline of smoking, which hugely reduced deaths from heart attack and stroke. Life expectancy at 65 rose 20 times faster between 1970 and 2011 than it had done between 1841 and 1970. It’s now levelling off again in the UK and US, partly due to obesity.

Society has not caught up. Many employers remain reluctant to hire people over 50, assuming they are dull plodders. Well-meaning campaigners sometimes reinforce this idea when they insist that the over-50s must have flexible, part-time work options from their first day on the job. This inadvertently suggests that the over-50s are somehow weaker, when we should be fighting to show that they are just as good as their younger colleagues.

According to the Harvard Business Review, older entrepreneurs have a much higher success rate than younger ones. The average age of founders of the highest-growth US start-ups is now 45, or 47 if you remove social media companies. Carmaker BMW boosted productivity by 7% and saw absenteeism fall from 7% to 2% when it created a production line for skilled workers over 50 and improved conditions in consultation with the workforce.

Many car companies are now giving workers exoskeleton suits — metal frames with motorised muscles — which help with the heavy lifting. Such inventions will revolutionise our ability to sustain physical tasks in all sorts of areas.

But the BMW story is not just about technology: it’s also about belonging. I think the men worked faster partly because they felt like a vital part of the company’s future, not a bunch of guys on their way out.

Work can confer a vital sense of purpose and social connection. On the islands of Ikaria in Greece and Okinawa in Japan, where people live exceptionally long lives with low levels of stroke and dementia, they continue to fish or look after grandchildren until they die. In the West, we create bingo games or coffee mornings to forestall loneliness, but we forget to help people feel needed.

“I like being useful,” says Mio Miyao, 88, a former seamstress who lives in Edogawa, Tokyo. With eight other women, she is busy fitting cleaning brushes on to handles in one of Japan’s silver centres, which find part-time work for older people.

The work saves the local factory time and Fumio Takengi, the centre’s director, says it also promotes a sense of *ikigai*, or “reason for being”. “Ninety-three percent of our members are very healthy,” Takengi said. “We believe that our system helps keep them that way.”

Value of wisdom and experience

The value of wisdom and experience can show up in unexpected ways. As one of a handful of psychiatrists in Zimbabwe, Dixon Chibanda realised that he and his colleagues would be unable to provide enough mental health support unless they identified and trained counsellors who could work in the villages.

The most effective counsellors turned out to be grandmothers. They had the three qualities Chibanda valued most: listening skills, empathy and an ability to reflect. Astonishingly, a study showed that the patients who received six one-to-one therapy sessions from the trained grandmothers had a lower incidence of depression and

anxiety after six months than those who had experienced standard care.

The Zimbabwean grandmothers are not the only ones with the ability and vocation to help others. Older people can make excellent mentors, teachers and social workers. When there are so many societal problems to fix, why don't we put the two together? Some charities already do this, such as Experience Corps in the US and HelpForce in the UK. But why not consider a national programme?

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Researchers at King's College London who studied two groups of endurance cyclists — those aged 55 to 79 and those in their 20s — found the two groups had very similar immune systems, strength and muscle mass. They could not tell how old the cyclists were by looking at the physiological data, only by their physical appearance.

Further evidence comes from the amateur World Masters Games. Here, four decades of sustained performance improvements by athletes, especially those aged over 75, suggest that the path of true biological ageing may look very different to our modern accumulation of chronic, lifestyle-related diseases.

This matters acutely, because we are ageing unequally. There is now a 15-year gap in life expectancy between the poorest and richest Americans, according to Raj Chetty at Stanford University. When they turn 80, the richest third of Britons are only just beginning to experience the limitations that people in the poorest third have been suffering from 70, according to James Nazroo at the University of Manchester.

Narrowing those gaps is one of the most important social justice missions of our times. But it will require a relentless focus on what are called lifestyle behaviours. Even as smoking declines, obesity, and the diseases with which it is associated, is making some people old before their time. If only the rich and well educated enjoy extended healthier lifespans, and the rest spend decades in a ghostly twilight of senescence, we will all be the poorer.

It need not be this way. The average Japanese man gained an entire year of good health between 2013 and 2016, thanks mainly to the Japanese government’s relentless focus on healthy life expectancy, with targets for everything from blood pressure to the number of steps people walk a day. Other governments need to learn from this.

With type 2 diabetes now costing almost 10% of the UK’s National Health Service budget and leading to appalling misery, the case for preventing obesity is overwhelming. But that will mean doctors prescribing exercise, and governments treating junk food like tobacco with an all-out assault on advertising, prices and social acceptability.

There is a multitude of ways in which we can improve our own odds of enjoying the time we have left. But until we abolish bad luck, we must also improve the way we look after the old-old.

A few years ago, I met an 89-year-old who had made a note of every carer who had crossed his threshold. There were 102 names on the list. Some had visited only once then vanished, probably into a better-paying job at the local supermarket.

It is not just in England that social care is broken. All over the world, health systems that were set up to treat and fix single illnesses are grappling with how to look after people with long-term chronic disease. Too often, bureaucracy trumps humanity. But it shouldn’t.

In the Netherlands, a nurse called Jos de Blok became disillusioned with the way that care had become systematised, with tasks parcelled up and outsourced. He created Buurtzorg, which lets qualified nurses in local teams, not some remote cost-cutting manager, decide what patients need.

Whether the task is making someone a sandwich or dispensing medication, the same nurse does it all. One even takes her dogs to some clients, who light up with joy. No-one fusses about hygiene. Patient trust has soared because they are able to build a relationship with one person. Staff satisfaction has leapt: Dutch nurses have come out of retirement to join. And Buurtzorg’s overheads are less than a

third those of comparable organisations, because the model is so simple. It should be adopted everywhere.

Every country also needs an equitable way to fund good care. In 1994, when Germany created its long-term care insurance fund, its care system looked about as frayed as England’s does now. With hospitals breaking under the strain of elderly people who are medically fit to be discharged but have nowhere to go, it is time for the UK to adopt a similar scheme, which would share the burden and pool the risk.

This could be partly funded through a rise in national insurance for all workers over 40, including pensioners who are currently exempt. The Labour party’s knee-jerk dismissal of Conservative MP Damian Green’s suggestion that the old might need to pay towards a universal system of social care shows how badly the UK needs to build a German-style cross-party consensus.

While some Silicon Valley billionaires are on a quest to achieve “escape velocity” from death, most of us would happily settle for checking out a bit later, but as fast as possible, to avoid the time spent in senescence.

One important way to aid that may be to define ageing as a disease. If that sounds outlandish, remember that conventional medicine treats one illness at a time. Yet scientists have now identified genes that influence ageing and which suggest that it may be possible to harness the body’s defences against not just single conditions but widespread decay.

A clinical trial is now under way in the US to test whether age-related diseases can be delayed in older people by taking Metformin, which is officially a diabetes drug but which appears to have additional properties, notably against cancer. If it succeeds, regulators may approve ageing as a specific, treatable condition and unlock pharmaceutical investment into a whole new generation of drugs.

We may not be able to outwit fate altogether. But we can immeasurably improve the quality of our lives, and those of older generations, if we redefine our notion of “old”. In extra time, there is still everything to play for.

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