

5<sup>th</sup> World **PHYSICAL MEDICINE AND REHABILITATION CONFERENCE**

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The demographic landscape of the United States (US) population has rapidly shifted over the past several decades, with adults now living longer than ever. By the year 2050, it is predicted that the number of adults over 65 will increase by 40%. However, these extended years are often accompanied by the onset of comorbid conditions, disability, and compromised quality of life (QoL). Defined as the affective evaluation of one's satisfaction with life (QoL) has been frequently identified as a critical component of healthy aging. Specifically, adults with greater life satisfaction have demonstrated a reduced risk of chronic illness and mortality, as well as improved mental and physical health status. Maintaining QoL into advanced age has become a paramount public health concern. Physical activity has consistently been associated with many health benefits in older adults, including improved QoL. This construct is posited as a global, distal health outcome, with more proximal outcomes mediating the effects of behaviors on QoL. Some empirical studies have supported this theoretical conceptualization by examining the impact of physical activity behavior on QoL. For example, Elavsky and colleagues provided evidence that increases in physical activity over four years were associated with improvements in self-efficacy, self-worth, and positive affect in older adults. Greater positive affect, in turn, was associated with greater satisfaction with life over the long-term period. More recent studies have corroborated these findings and suggest that other affective responses to exercise, such as mental health status, may also mediate the relationship between physical activity and global QoL. Despite this growing body of evidence, our understanding of the mechanisms underlying the relationship between physical activity and QoL in older adults is incomplete. It is essential to note the clinical difference between increased positive and diminished negative affective states to enhance our knowledge of such underlying pathways. Despite their correlations, these constructs are highly distinctive and therefore represented separately. For example, increased joy, confidence, and energy (e.g., positive affect) are markedly different from tempered anger, guilt, and fear (e.g., negative affect). Many of the conventional pharmaceutical treatments for adverse effect conditions such as depression and anxiety, while effective, are often costly and associated with many negative side effects (e.g., pain, increased fall risk, sleep disturbance). This has led to increased efforts by providers to identify and implement low-cost, practical methods for reducing negative affect in place of standard pharmaceutical treatments. Indeed, robust literature documenting the effects of exercise training and physical activity on negative symptomologies, such as depression, anxiety, sleep dysfunction, and perceived stress. Expressly, findings across studies have provided evidence of moderate and consistent effects of physical activity on these negative health factors. A recent meta-analysis has highlighted that some of the most potent effects of physical activity on psychological well-being in older adults have been anxiety, suggesting that negative psychological health factors may play a more critical role in older adults' QoL than previously examined. Similarly, past work has demonstrated adverse effects on QoL resulting from sleep dysfunction, depression, and stress. While this suggests that reductions in negative psychological health factors through exercise may improve QoL in older adults, findings are inconclusive. The degree to which activity may influence QoL through reductions in these symptoms is unknown. As such, studies examining the mediating effects of cutbacks in negative psychological health indices on the relationship between physical activity and QoL are warranted. The purpose of the present study was to examine how changes in moderate-to-vigorous physical activity (MVPA), the level of physical activity recommended by the federal government [32], and psychological distress (e.g., anxiety, depression, sleep dysfunction, perceived stress) influenced changes in QoL in older adults across six months. It was hypothesized that increases in MVPA across time would be significantly associated with decreases in psychological distress, which, in turn, would translate to improvements in QoL. Any effects of MVPA on the more distal outcome of QoL would be indirect through reductions in psychological distress. In conclusion, these findings provide promising preliminary support for the role of psychological distress as a mediator between physical activity and QoL in older adults. Notably, MVPA may be a useful modality for future work targeting those individuals most in need of health intervention. As the demographic landscape of the west, especially in the United States continues to shift and individuals progressively age, the number of adults living with the consequences of older adulthood and worsening QoL will continue to increase, thus making it imperative to understand the mechanisms by which healthy lifestyle behaviors can preserve older adults' QoL.

**Biography**

Dr. Ghassan M. Tarabein M.D. is a Top Doctor in America and a World Leading Physician, a true leader in healthcare with unwavering commitment and passion for enhancing patient quality of life for everybody he cares for. He embodies the values of communication, safety, and trust when dealing directly with patients. Board-Certified Neurologist and Spinal Interventionist with a special interest in Stem Cell Holistic Medicine. He is an expert who changed the lives of his patients to the best possible through his designated cause and expertise in his field; a prime example of A world-class who redefined the standards of healthcare Search him at findtopdoc.com For more, visit his website at drtarabein.com

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