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Active Versus Healthy Aging: a Step Backwards?

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Letter to Editor

In its constitution, the World Health Organization defines health as the "*state of complete physical, mental and socialwell-being and not merely the absence of disease or infirmity*"; thus, this oldest concept of health as *absence of disease*–as an objective medical concept after a medical exam- was transformed into a multidimensional subjective state of physical, mental, and social well-being; this transformation entails a multidisciplinary vision and requiresmultiprofessional management.

This fact is also evident when health is considered in the context of age and aging. Without doubt, population aging is the expression of the success of human beings and our social organization; but aging is also associated with chronic disease and disability, and is thus also a challenge. Since the middle of XIX Century, life expectancy has been increasing, and during the last decades of XX Century aging (in the sense of decline and disability) has been postponed by about 10 years [1].

Two International Plans of Action on Aging were drawn up in 1980 and 2002 by the United Nations [2,3] and, concurrently with the *II Plan of Action on Ageing*, two important documents were published by the WHO. The first, Health and *Ageing. A Discussion Paper* [4] stated that longer life must be accompanied by continuing opportunities for independence and health, productivity and protection, and called this new concept "active ageing", defining it as "*the process of optimizing opportunities for physical, social, and mental well-being throughout the life course, in order to extendhealthy life expectancy, productivity and quality of life in older age*" (p.17). In the booklet, this concept was complemented by its determinants (social, environmental and economic factors as well as health and social services and personal and behavioural factors) supported by empirical references. But, although active ageing is closed to the concept of health already mentioned, adds two important issues: the processual lifelong nature of health along the life cycle and the expected outcomes to be reached at population level. This concept was lightly modified by *Active ageing: a policy framework* [5] and later enriched by the ILC [6], who defined it as "*the process of optimizing opportunities for health, lifelong learning, participation, and security to enhance quality of life as people age*" (p.20).

At the time, the concept active aging was welcome since it was in accordance with others (such as successful, optimal, productive, vital, positive aging [7-9] embedded within the semantic network of "aging well" [10], which supported a new paradigm in gerontology in opposition to one focused on deficit and loss, and reinforced those positive aspects of aging as well as environmental and behavioural factors accounting for the variability of the process of aging. Most importantly, the concept of *Active Aging* has being a motor for the implementation of thousands of programmes all over the world (at least across four continents).

Twenty five year later, without an empirical analysis of the extent to which the active aging concept has influenced policies and whether these policies have had positive repercussions in health indicators, the WHO [11] publishes *The World Report on Ageing and Health*, introducing *healthy aging* as a new concept:"*the process of developing and maintaining the functional ability that enables well-being in older age… functional abilitycomprises the health related attributes that enable people to be and to do what they have reason to value (p.41)*.

Never before has health been identified with functional ability for the simple reason that functional ability is a consequence of illness, disease, or accident. Moreover, although the authors justify this by stating that "*For most older people, the maintenance of functional ability has the highest importance*" they do not provide any supporting argument or data. Several studies have been conducted around the world asking older adults which are the most important aspects of "aging well". Administering the same questionnaire, Phelan et al. [12] provided data from USA (Caucasian and Japanese citizen samples), Matsubayashi et al. [13] from Japan, and Fernández-Ballesteros et al. [14]

from seven Latin-American and three European countries. Comparative analyses have yielded no significant differences between countries [15]; in the opinion of older adults from several regions in the world, the most important conditions for aging well are: "having good health", "being satisfied with life", "having friends and family•, "adjusting to changes", and "taking care of oneself". All these studies show that health is more important than functional abilities as it is the first condition for quality of life in old age and, perhaps more importantly, that aging well seem to be multidimensional.

The reductionism of healthy aging to functional abilities made by the WHO [11], considering it as health-related attributes, is medicalizing the concept of health. It must be taken into consideration that concepts of active, successful, optimal, healthy aging, with their broad empirical support, are overcoming the concept that aging is not only the time for illness and disabilities. All these comprehensive and multidimensional concepts have opened a new paradigm in gerontology which is changing stereotypes, prejudices and even discrimination about aging and minimizing those behavioural and socio-environmental factors which promote health and prevent both illness and disability. By medicalizing healthy aging, the WHO has contradicted the multidimensional concept of health dictated in its constitutional definition.

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