

Depression and Graceful Aging: Opportunities and Challenges

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Abstract

Depression, a highly common mental health correlate among the older population associated with varying degrees of increased susceptibility to chronic diseases, fractures, high rates of falls, progressive disability, as well as pain greatly impacts the ability to age 'gracefully' and optimally. Even if potentially preventable to some degree, aging adults who feel unduly sad or unmotivated may not receive the care needed because they do not articulate this or if they do may be subject to interventions that are not risk free. This brief aimed to explore if the concept of 'aging gracefully' an idea that older adults might seek to embrace and attain may indeed help prevent severe depression or mitigate this in a sizeable number of older adults. Ideas and articles of any genre concerning the importance of adopting a healthy lifestyle and mindset in early adulthood and beyond as one important step in a holistic or integrated model to promote healthy longevity as well as a healthy dignified self image, and to limit depression and disability, for example that due to antidepressant medication associated falls injuries, is discussed.

Keywords: Aging; Health; Depression; Falls; Older Adults; Prevention; Self-efficacy; Therapy

Introduction

Due to increases in longevity along with parallel declines in infant mortality, and as implied by many epidemiologists and others, a revolution in the demography of most nations is being evidenced and is one with multiple social implications and others [1]. In this regard, and according to some recent data [eg., 2-5] and that cited by the World Health Organization [6] - as of 2030 where projected population wide data show many aging adults will have one or more concomitant chronic health conditions, and this alone could impact one or more of the 70 million Americans who will be or are 65 years of age or older given this subgroup has indeed increased by more than 50% since 1997, and globally could embody a total of 1.5-2 billion older adults by 2050.

In addition to the immense public health demands that prevail as a result and will prevail this global aging trend has immense implications for the health status of immense numbers of adults in multiple spheres [1], including the social and economic spheres. In addition, costs may burgeon due to a host of varying degrees of depression and other mental health syndromes that may accompany aging [7-10] especially in the context of chronic diseases that commonly affect older adults, such as heart disease. Indeed, the global burden attributed to major depressive disorder alone as this pertains to older adults is found to be substantive whether or not related to parallel health factors [11] and is said to have increased markedly since 1990

in prevalence when assessed independently, while being projected to continue increasing through 2050 [12].

As a result, multiple calls for comprehensive and integrated management systems at the national, community as well as the individual levels prevail both for fostering health longevity as well as for combating major depressive disorders found among older adults [12].

Due to its sociological implications alone, this condition, which may impact aging and wellbeing negatively if unrelieved may foster multiple decrements in function, life satisfaction, one's self esteem, and positive self concept [14]. At the same time its presence may limit the attainment of high level wellness including the individual/s ability to age 'well' in the face of stress, all other factors considered [15, 16].

Unfortunately, antidepressants that may help in this regard may inadvertently induce or heighten the risk for falls and falls injuries, a leading disabler among older people in their own right [17, 18]. Moreover, alone or in combination, a single fall injury could trigger major personal changes including the ability to function independently. They may also seriously impair life quality, along with inducing excess fears and anxiety, especially in the face of any pre existing depression.

Since there seems to be a link between a low presence of depression and successful aging versus disability and unsuccessful

ful aging [19], it seems pertinent to explore what can be done to modify or avert depression attributes and their impacts as early as the second 50 years of life, if not earlier, and to embrace a truly holistic approach [20]. However, how to uniformly help all current and future aging adults lead healthier lives, so as to secure more independent, and more satisfying later life experiences is highly challenging given the limited efforts to effectively prevent chronic diseases and disability and acceptance of aging as a declining state by most.

In this regard, one idea that may prove fruitful to pursue is that termed ‘graceful’ aging, or a desire to harness multiple strategies that may well enhance the ability of many aging adult to lead a high-quality dignified life and a life of positive beliefs and confidence. For some, this may mean simply embracing the natural signs of aging without seeking alter this artificially, others may need to or choose to adopt a calm goal-oriented mindset plus a thankful outlook as well as a strong acceptance stance and self-directed set of affirmative beliefs and cognitive practices.

Another related concept that of ‘healthy aging’ further implies an individual’s lived experiences can be influenced by means of employing consistently favorable healthy behaviors, even if adopted late in life, among other factors that might be modifiable. This includes more than a person’s ability to: meet their basic needs; such as the desire to learn, grow and maintain relationships; and contribute to society, and extends to the environment and social set up, regular physical activity, staying at a healthy weight, improving one’s mental health, undertaking regular health checkups and screenings, while taking steps to prevent falls [1].

Older adults may also feel they are aging more successfully than not depending on their overall outlook as well as their health practices, for example if they display optimism, they may feel less depressed than not [21].

As per Carmona et al. [22] as human life expectancy is prolonged, age-related diseases appear to thrive, thus vigilance in how one conducts one’s life and other lifestyle factors can determine their status as well as their longevity [23].

In this regard, we elected to examine the most recent available data concerning aging and depression and their linkages to falling as posted on the PUBMED, PubMed Central and Google Scholar electronic data bases, using the key terms: Depression, Falls, Graceful Aging, Healthy Aging, Successful Aging, and Health Promotion.

Of specific interest was:

- 1: Whether aging can be viewed as a modifiable state that can be enhanced.
2. The reasons for a focus on improving the health of the aging adult.
3. How depression can impact the functional and social trajectory of the aging adult.
4. What strategies are thought to raise the life quality and dignity of the aging adult?

Methods

After searching the aforementioned databases to identify works published predominantly from 2015-2025 items that discussed aging, healthy longevity, maximizing aging wellbeing, and aspects of depression were reviewed.

The search was limited however, by excluding studies detailing

nursing home or hospital-based populations or interventions, populations younger than 65 years of age, and those that did not directly address the current topics. All forms of study were deemed acceptable if they appeared to address one or more items of specific present interest. After examining the key data sources, it was decided to provide a brief narrative overview of what emerged from the search and its possible practice and research implications.

Go

Results

As discussed in numerous articles it is hard to refute that there is a rapidly growing older population in all countries, and that many citizens even those in highly developed countries technologically speaking may not be aging ‘successfully’ ‘well’, or optimally, either measured subjectively or objectively or both [24]. While aging may be inevitable, a sizeable number of emergent findings show non biological factors do influence aging processes, longevity potential, and outcome.

Recent findings by Fang et al. [25] for example describe four distinct subtypes of psychological features that tended to impact the emotional well-being among Chinese older adults in a non uniform manner. This group showed aging adults studied could be divided into four distinct subtypes of psychological well-being. The ‘unhappy’ subtype appeared to be most prevalent. Associated expressions of uselessness feelings were also found impactful as far as the processes of psychological health were concerned. Other study participants showed less emotion or emotional blunting, while others said they were satisfied and positive and possibly more resilient than those who perceived themselves as useless and who appeared more discontented and negative. Smoking status, drinking status, and social support were significantly associated with the transition between subtypes, while physical health was significantly correlated with the initial subtype membership.

Other current data suggest that aging processes are not stable and that the lower life expectancy rates found in some countries between 2019-2021 appeared to stem largely from a host of behavioral or modifiable social factors. In this regard, the authors advocated that government policies that improve population health and aim to build resilience to future shocks, such as COVID-19, as well as healthy lifestyles, in general, will be helpful here in all likelihood. Such policies might include reducing population exposures to major upstream risks for cardiovascular diseases and cancers, such as harmful diets and low physical activity levels, while tackling the commercial determinants of poor health, and ensuring access to affordable health services [26]. Other data imply a strong need for interventions that improve social engagement [27], and foster the socioeconomic status of citizens throughout the lifespan, especially as regards age related cognitive health issues [28]. Clearly though, this set of strategies while laudable must not be carried out in isolation or disengaged from personal responsibility where this is relevant in our view.

Alternately, even in the event policies as listed above are implemented, aging adult’s health may be adversely impacted by trauma, and non-political forms of adversity among other factors and that increase stress, and engender negative belief patterns and others [29]. Other data show aging as a temporal state when viewed positively is generally found to be life affirming, and one that can mitigate a cascade of multiple adverse

health situations or syndromes. Indeed, one recent study found that those older adults said to embody a state of successful aging rather than unsuccessful aging showed lower rates of depression and anxiety symptoms that are often highly impairing and associated with low life quality and a broad negative and fearful outlook of the future [30]. On the other hand, among life supporting variables are environmental enrichment, safety, a belief in plasticity, security, and dignity that should not be overlooked by providers who seek to advance and foster a state of what has been termed successful or graceful aging if the clients desire this opportunity [24,31,32]. This view presupposes there may be modifiable features of activity and thoughts and behaviors, as well as 'some degree of cognitive and biological reserve' as capacities that can be mobilized to enhance healthy longevity and life expectancy and a state not fraught with adverse features alone [24].

According to Fiske et al. [11], it may be possible to foster emotional resilience through education and other cultural offerings and beliefs and that may impact longevity and serve as protective factors. In addition, various forms of behavioral therapy, cognitive-behavioral therapy, cognitive bibliotherapy, problem-solving therapy, brief psychodynamic therapy, and life review/remembrance therapy are potentially effective if used to enhance older adults' wellbeing. Preventive interventions for older individuals with chronic illnesses, along with targeted behavioral activation, cognitive restructuring, problem-solving skills training, group support, and life review also appear valuable and have received support.

Kohl et al. [33] has shown the implementation of a novel clinical psycho-educational offering developed to encourage engagement in activities associated with successful aging that targets sleep, socialization, physical, and cognitive activity through myth-busting, developing SMART goals and tracking behavioral change appears to yield favorable results, and can engender more positive self-appraisals with when subject to encouragement. However, rather than expecting a single mode of therapy to apply uniformly to all, Tse et al. [34] caution us to focus on the role of intrinsic factors or personal micro level factors that can impact aging processes and perceptions differentially and significantly and must be accounted for and duly acknowledged.

Self-efficacy perceptions and morale promotion also appears to have a bearing on the ability to manage stress associated with aging [5] as does an individual's sense of their personal ability to self-monitor their behaviors in the face of adverse health exposures [35], plus the acceptance of those irreversible changes that accompany aging [9]. In addition, being receptive to new learning experiences, adjusting to changes, and embracing life to its fullest extent are of high import. The adoption of a positive outlook and affirmative thoughts that help maintain a positive self-image [9], and staying socially active may help the older adult thrive rather than deteriorate [7].

In the interim, to prevent associated increases in disease associated disability, and tremendous economic costs, researchers have begun to outline possible modes of attaining some of the aforementioned attributes including a graceful, successful dignified aging state and healthy longevity. Here, depression, a serious albeit common mood disorder associated with persistent feelings of sadness and loss of interest and pleasure in daily activities may warrant special attention, especially among those

with chronic illnesses, mobility losses, those that live alone, and/or have been exposed to one or more adverse life events and losses. This is because all engender significant adverse aging impacts in their own right [35]. Alternately, an absence of depression may have the effect of heightening favorable and success oriented aging perceptions [37].

Small et al. [38] found a short-term healthy lifestyle program combining mental and physical exercise, stress reduction, and a healthy diet did indeed have significant effects on cognitive function and brain metabolism and that appeared to heighten the cognitive efficiency of a brain region involved in working memory. Kohl et al. [33] found a psycho educational oriented health program imparted to aging veterans visibly induced improvements in life satisfaction, emotional well-being, and energy levels post-intervention. Linear regression results found higher life satisfaction was associated with lower depressive symptoms, higher emotional well-being, and higher self-efficacy.

Selected strategies that might be harnessed to advance maximal wellbeing in later life might depend on what factors are most salient and cost effective as well as far reaching, and might include efforts directed towards fostering cognitive engagement, physical exercise/activity opportunities [39, 40], access to a healthy diet, moderate alcohol usage [41], avoidance of smoking, regular cancer screening, reminiscence therapy [42] and socially favorable interactions and opportunities [41]. Bone mineral supplements, statins to reduce cholesterol and heart disease, amyloid clearance to reduce the risk of Alzheimer's disease are some additional strategies advocated to date. Additionally, tailored dietary practices along with anti-inflammatory dietary diversity could possibly help by reducing mortality risk and promoting longevity in older adults, especially those with inflammatory diseases, malnutrition, low muscle mass indicators [43] and those who want to work, but are forced to retire [44].

Ho et al. [45] found people who participated in volunteer or charity work and recreational activities were more likely to achieve successful aging than their counterparts who did not engage in these activities. Hence, subject to further study, policies and interventions that encourage older adults to participate in volunteer or charity work and recreational activities may support the achievement of successful aging in later life, as well as helping mitigate depressive feelings.

In sum, people worldwide are clearly living longer, but not necessarily optimally in many cases. Indeed, today in 2025 most adults can expect to live well into their sixties and beyond and every country in the world is experiencing growth in both the size and the proportion of older persons in the population, although chronic diseases and depression and many other possibly modifiable health issues such as incurring a falls injury may mar or limit the attainment of a truly healthy longevity of high quality.

Multiple modifiable factors that range from physical to economic and educational factors, not just genetics, appear to impact the aging process positively or negatively. Indeed, since, many older adults may not age optimally in many spheres the ability to alter this presently and in the future appears a valid goal, when weighed or weighted against the costs of failing to improve and ensure all aging adults can attain a high state of

wellbeing and dignity in their later years. These costs include social and human costs as well as healthcare costs that are incalculable and will continue to be staggering in our view in the face of a lack of insightful strategic planning and policies and substantive budget allocations and social marketing of healthy options and positive aging images. This applies even more so and especially to the face of the number of persons aged 80 years or older that is expected to triple between 2020 and 2050 to reach 426 million and is now found in low- and middle-income countries to a greater degree than high income countries and at a time of diminishing resources, global warming issues, air pollution, poverty, wage and educational gaps, political upheavals, mass migrations, and a wide spread obesity epidemic. Indeed, by 2050, two-thirds of the world's population over 60 years will live in low- and middle-income countries where resources and health opportunities are already quite limited and restrictive [WHO].

Yet, while some countries have set national health goals to improve aging outcomes and life quality in the future, and differing concepts of how to minimize age associated health declines and improve the potential for graceful aging are being generated [46], no model of practice has emerged. In addition, very little research in this regard prevails compared with other more 'mainstream' health topics. Many schools of health professions do not focus on the older population and its needs, and provider pathways are limited and potentially less attractive than tracks such as cardiovascular disease tracks.

However, it appears advancements in this regard are being made and can make a difference and will be helpful especially if they protect against modifiable life negating situations and beliefs and misconceptions about aging in a comprehensive and unified manner.

Conclusion

This brief overview while not all encompassing, leads us to conclude:

- As discussed by several authors, the goal of public health and practitioners should not only be to extend longevity or intervene solely in a tertiary sense, but should focus on embracing the idea of aging gracefully as a guiding principle and compassionate uplifting state and one potentially desired by all whose aim is to preserve the individual's self-worth and state of emotional tranquility.
- Since there is no time to be lost, clinicians can help by enacting thorough consistent carefully articulated and construed ongoing rather than fragmented individualized care paradigms, respecting the individual's preferences and desires and abilities, while providing advocacy on behalf of the client, as well as offering sensitive empathetic listening opportunities no matter where they reside or what obstacles prevail. Early interventions too are not only desirable, but essential here and could extend to accommodate changes across the lifespan rather than enacted only later in life since the consequences for the individual of failing to do so are thought to have immense costly long term impacts. Such efforts can safely extend to strengthening

a person's life affirming spirit, an inner sense of freedom, self-esteem and coping confidence, among other factors [8]. Another view is that mid life work life disruptions or restrictions can adversely impact the attainment of a long health in a particular sphere and this factor should not be underestimated, for example in the face of a rise in job losses due to AI [44].

- The ecological approach appears highly suitable for guiding what may be needed and why in a particular sphere [41] and should be forthcoming and addressed without delay, since health outcomes are generally forged over many decades and worsen if unattended to. By contrast, personalized care, data-driven health interventions, and population management combining Blue Zone principles with technological advancements could provide a sustainable, advantageous aging healthcare systems approach [47].
- In terms of promoting health and modifying the aging and disability pathway, three pathways that can potentially be modified through appropriate individual as well as public health efforts to address this health issue among older adults have been proposed as per below and should be studied further.

Preventive Pathway A

Can involve or focus on

- Interventions directed towards minimizing problems associated with aging deficits such as food insecurity, social isolation.
- Research and testing of certain preventive hypotheses and programs such as those directed to understanding the biology of inherent aging clocks, and more practical mental health, environmental safety, and osteoporosis prevention approaches [12, 16].

Pathway B

Can involve or focus on

- Lifestyle changes such as replacing TV viewing time with sleep [40].
- Screenings to detect depression and preclinical states of disease.
- Effective disease management.

Pathway C

Highlights critical importance of the social context plus.

- Sound public health prevention policies [15].
- Health care access.
- Public education materials, positive media messages and funding.
- Organized programs and services that promote physical, mental, and emotional health plus falls prevention programs [33,45,51,54,55].

In essence, this exploratory research and analysis point in our view that to enable more universal 'graceful' aging achievements, including cognitive resilience, and extended longevity, it appears reasonable to suggest aging adults living in the community who might benefit most from efforts to address all of their needs as early as possible are-

▪ Those who have experienced trauma, personal losses, or severe adversity [29]
▪ Those who are sedentary and have low muscle mass with/without mobility problems [40,43,45]
▪ Those with multiple co-morbid health conditions [58]
▪ Those who live alone/who are socially isolated [41,45,52,54,55]
▪ Those who are depressed/poor psychological health [39,40,55].
▪ Those who are overweight [48]
▪ Those with poor self-efficacy [49]
▪ Those who smoke, are weak, food and economically insecure, malnourished/frail [50,53,56,57]
▪ Those taking sedatives, narcotics, and psychotropic, antihypertensive drugs
▪ Those who incur unwanted mid life work restrictions [44]
▪ Those with cognitive impairments, mental confusion, eye impairments, and dental problems [58]
▪ Those with limited social support and coping skills [39,57,58]

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