

GO FOR GOLD

Get your muscle-strengthening exercise at least twice a week in addition to other exercise; if you can combine it with other types of exercise for balance, flexibility and fitness then even better.

Muscle-Strengthening Exercise

Muscle-strengthening physical activity and exercise increases skeletal muscle strength, power, endurance, and muscle mass.(1) It may include strength training, resistance training, or muscular strength and endurance exercises.(1) There are additional health benefits to be gained by getting muscle-strengthening physical activity as part of your weekly exercise regimen.(1) In older people over the age of 65, higher levels of multicomponent physical activity that combine balance, strength, gait, and functional training are shown to reduce the risk of falls and injury from falls.(1) It is uncertain if only resistance training reduces falls in older people.(2) Multimodal exercise that may include progressive strength resistance training along with balance, flexibility and aerobic activity has been associated with significant effects on bone health and prevention of osteoporosis. (1, 3) In women after the menopause, progressive resistance strength training for the legs has been shown to improve the bone mineral density in the upper leg bone (femur) while combination exercise seems to be the most effective for improving bone mineral density in the spine.(4) Sarcopenia can occur resulting in loss of muscle mass as we age and this can contribute to reduced mobility and loss of physical functioning resulting in physical frailty.(5) However muscle mass and strength can be improved through exercise and nutrition.(5)

Guidelines

The UK Chief Medical Officers' and the World Health Organization guidelines:(1, 6)

- In addition to cardiovascular physical activity, all adults should also do muscle-strengthening physical activity:
 - On at least 2 days each week
 - At moderate or greater intensity
 - Involving all major muscle groups
- New to exercise? Start by doing small amounts and gradually, over time, increase how often, how intensely and for how long you exercise.
- For those age 65 years and over, be as physically active as your abilities allow and adjust how much effort you put into physical activity based on your fitness and strength levels.

Disclaimer: The information in this document is provided for informational, educational and interest use only. The information has not been prepared for your specific requirements, and it is your responsibility to make sure it is appropriate for you. This information does not contain or constitute, and should not be interpreted as, medical or therapeutic advice. If you have any doubts about your health, you should consult your doctor before implementing anything you read about in this document. You acknowledge and accept that you read this information and undertake any activities discussed herein at your own risk. The information should not be shared with third parties or used for any commercial purposes.

GOLDSTER★ **Points and Evidence Levels for this Activity**

Domain	Impact Strength	Points	Information	Evidence Type	Evidence Level
Physical	Medium	2	In older people over the age of 65, higher levels of multicomponent physical activity that combine balance, strength, gait, and functional training are shown to have a medium impact on reducing the risk of falls and injury from falls and significant effects on bone health and osteoporosis prevention.(1)	Guideline, Systematic Review	High, Moderate
Cognitive	Medium	2	In older people, muscle-strengthening exercise has shown a medium impact on executive function and global cognitive function.(7, 8)	Systematic Review	Moderate
Emotional	Medium	2	Evidence on structured exercise programmes has shown medium impact on reductions of symptoms of depression and anxiety in older women.(9, 10)	Systematic Review	Moderate

References

- World Health Organization. WHO guidelines on physical activity and sedentary behaviour.2020. Available from: <https://www.who.int/publications/i/item/9789240015128>.
- Sherrington C, Fairhall NJ, Wallbank GK, Tiedemann A, Michaleff ZA, Howard K, et al. Exercise for preventing falls in older people living in the community. Cochrane Database Syst Rev. 2019;1(1):Cd012424.
- World Health Organization. Integrated care for older people: guidelines on community-level interventions to manage declines in intrinsic capacity.2017. Available from: <https://www.who.int/nutrition/publications/guidelines/integrated-care-older-people/en/>.
- Howe TE, Shea B, Dawson LJ, Downie F, Murray A, Ross C, et al. Exercise for preventing and treating osteoporosis in postmenopausal women. Cochrane Database of Systematic Reviews. 2011(7).
- Lozano-Montoya I, Correa-Pérez A, Abraha I, Soiza RL, Cherubini A, O'Mahony D, et al. Nonpharmacological interventions to treat physical frailty and sarcopenia in older patients: a systematic overview - the SENATOR Project ONTOP Series. Clinical interventions in aging. 2017;12:721-40.
- Department of Health and Social Care LCWG, Department of Health Northern Ireland, and the Scottish Government,. UK Chief Medical Officers' Physical Activity Guidelines. 2019. Available from: <https://www.gov.uk/government/publications/physical-activity-guidelines-uk-chief-medical-officers-report>.
- Li Z, Peng X, Xiang W, Han J, Li K. The effect of resistance training on cognitive function in the older adults: a systematic review of randomized clinical trials. Aging Clin Exp Res. 2018;30(11):1259-73.
- Chen FT, Etnier JL, Chan KH, Chiu PK, Hung TM, Chang YK. Effects of Exercise Training Interventions on Executive Function in Older Adults: A Systematic Review and Meta-Analysis. Sports Med. 2020;50(8):1451-67.
- Pérez-López FR, Martínez-Domínguez SJ, Lajusticia H, Chedraui P. Effects of programmed exercise on depressive symptoms in midlife and older women: A meta-analysis of randomized controlled trials. Maturitas. 2017;106:38-47.
- Martínez-Domínguez SJ, Lajusticia H, Chedraui P, Pérez-López FR. The effect of programmed exercise over anxiety symptoms in midlife and older women: a meta-analysis of randomized controlled trials. Climacteric. 2018;21(2):123-31.

GO FOR GOLD

*Get 30 to 60 minutes of moderate-intensity exercise at least 5 times a week; or
Get 15 to 30 minutes of vigorous-intensity exercise at least 5 times a week.*

Aerobic Physical Activity

Aerobic physical activity, also known as cardiovascular exercise, includes physical activities that increase the heart and breath rate along with increasing effort.(1) Aerobic physical activity can be achieved through activities like planned exercise classes, sports, active games, walking, running, cycling, swimming, dancing, some types of yoga, active gardening or wheeling a manual wheelchair.(2, 3) The level of exercise intensity varies depending on the type of exercise, how much effort is put into the physical activity and your fitness level.

Guidelines

The UK Chief Medical Officers’ and the World Health Organization guidelines state that all adults should get:(2, 4)

- 150 to 300 minutes of moderate-intensity physical activity per week; or
- 75 to 150 minutes of vigorous-intensity physical activity per week.
- (but don’t forget to add your muscle-strengthening and multicomponent activities)
- New to exercise? Start by doing small amounts and gradually, over time, increase how often, how intensely and for how long you exercise.
- For those age 65 years and over, be as physically active as your abilities allow and adjust how much effort you put into physical activity based on your fitness and strength levels.

GOLDSTER★ **Points and Evidence Levels for this Activity**

Domain	Impact Strength	Points	Information	Evidence Type	Evidence Level
Physical	High	3	For people aged 65 and older in the general population, evidence demonstrates that regular physical activity has been shown to have a strong impact on improving physical function as well as preventing functional decline and falls.(2, 4) More aerobic physical activity is associated with a lower risk of limited physical function.(2)	Guideline	Moderate High
Cognitive	Medium	2	For all adults aged 50 and over, evidence demonstrates that regular physical activity has been shown to have a medium impact on improving cognitive health and function and reduces the risk of cognitive decline.(2, 5, 6)	Guideline, Systematic Review	Moderate
Emotional	Medium	2	For all adults, regular physical activity has been shown to have a medium impact on reducing symptoms of anxiety and depression and a medium impact on improving sleep.(2)	Guideline	Moderate

Disclaimer: The information in this document is provided for informational, educational and interest use only. The information has not been prepared for your specific requirements, and it is your responsibility to make sure it is appropriate for you. This information does not contain or constitute, and should not be interpreted as, medical or therapeutic advice. If you have any doubts about your health, you should consult your doctor before implementing anything you read about in this document. You acknowledge and accept that you read this information and undertake any activities discussed herein at your own risk. The information should not be shared with third parties or used for any commercial purposes.

Exercise Intensity

Exercise intensity is based on a person's own perception of how much they feel they are exerting themselves. This can be measured on a Rate of Perceived Exertion Scale from 6 to 20 (Borg). (7, 8) A person exercising at moderate intensity doing brisk walking, ballroom dancing or slower cycling would experience an increase in the heart and breathing rates and may start to sweat. A person doing vigorous exercise like speed walking, jogging or aerobic dancing would experience an even faster heart rate and may only be able to speak a few words between breaths. (9, 10) The table below gives an impression of the relative intensity and effect on the body of different exercise intensities.

Physical Activity Exertion

Borg Rate of Perceived Exertion Scale	6	7	8	9	11	12	13	14	15	16	17	18	19	20
	No exertion			Very light	Light		Some what hard		Hard		Very hard		Extremely hard	Maximal exertion
Exercise Intensity	None		Very light	Light	Moderate			Vigorous			Very vigorous			
Heart rate	Resting rate		♥	♥	♥ ♥			♥ ♥ ♥			♥ ♥ ♥ ♥			
Breathing rate	Resting rate		☞	☞☞	☞☞ ☞☞			☞☞ ☞☞ ☞☞			☞☞ ☞☞ ☞☞ ☞☞			
Sweating	None		Little	💧	💧 💧			💧 💧 💧			💧 💧 💧 💧			

Key References

1. US Department of Health and Human Services. Physical Activity Guidelines for Americans, 2nd edition. 2018. Available from: https://health.gov/sites/default/files/2019-09/Physical_Activity_Guidelines_2nd_edition.pdf.
2. World Health Organization. WHO guidelines on physical activity and sedentary behaviour. 2020. Available from: <https://www.who.int/publications/i/item/9789240015128>.
3. Physical Activity Guidelines Advisory Committee. 2018 Physical Activity Guidelines Advisory Committee Scientific Report. 2018. Available from: <https://health.gov/our-work/physical-activity/current-guidelines>.
4. Department of Health and Social Care LCWG, Department of Health Northern Ireland and the Scottish Government,. UK Chief Medical Officers' Physical Activity Guidelines. 2019. Available from: <https://www.gov.uk/government/publications/physical-activity-guidelines-uk-chief-medical-officers-report>.
5. World Health Organization. Risk reduction of cognitive decline and dementia: WHO guidelines. 2019. Available from: https://www.who.int/mental_health/neurology/dementia/guidelines_risk_reduction/en/.
6. Northey JM, Cherbuin N, Pampa KL, Smeed DJ, Rattray B. Exercise interventions for cognitive function in adults older than 50: a systematic review with meta-analysis. Br J Sports Med. 2018;52(3):154-60.
7. Borg GA. Psychophysical bases of perceived exertion. Med Sci Sports Exerc. 1982;14(5):377-81.
8. Borg G. Borg's perceived exertion and pain scales. Champaign, IL, US: Human Kinetics; 1998. viii, 104-viii, p.
9. Centers for Disease Control and Prevention. Perceived Exertion (Borg Rating of Perceived Exertion Scale). 2020 [Available from: <https://www.cdc.gov/physicalactivity/basics/measuring/exertion.htm>].
10. Centers for Disease Control and Prevention. Measuring physical Activity Intensity. 2020 [Available from: <https://www.cdc.gov/physicalactivity/basics/measuring/index.html>].

GO FOR GOLD

Do whatever small amounts of physical activity you can do, as often as you can do it.

Chair-based Exercise

Chair-based, or seated, exercise can be a useful way for older people to engage in exercise programmes if they are less able to take part in the standing and floor-based exercise classes. During a chair-based exercise class, participants remain seated in a sturdy upright chair or in their own mobility aid like a wheelchair. Someone doing the class may experience this as light to moderate exercise depending on their own ability and level of fitness. As the intensity of the exercise increases for a person, so will their heart rate, breathing rate and use of energy (“calorie burn”). Light exercises may include slow walking, gentle seated exercises or slow, supported movement. Some people may experience this as light exercise which may not usually cause substantial increase in the person’s heart rate or breathing. Moderate exercise would increase the heart and breathing rate and may cause someone to sweat.

Guidelines

The UK Chief Medical Officers’ and the World Health Organization guidelines:(1, 2)

- Doing some physical activity is better than doing none; even small amounts can benefit one’s health.
- New to exercise? Start by doing small amounts and gradually, over time, increase how often, how intensely and for how long you exercise.
- For those age 65 years and over, be as physically active as your abilities allow and adjust how much effort you put into physical activity based on your fitness levels.
- If ability allows, ultimately aim to get at least 150 minutes of moderate cardiovascular activity each week; or 75 minutes of vigorous activity each week.

GOLDSTER★ **Points and Evidence Levels for this Activity**

Domain	Impact Strength	Points	Information	Evidence Type	Evidence Level
Physical	Mild	1	Evidence on chair-based exercise has shown slight improvement in muscle-strength, cardiovascular fitness, mobility and function in older people who are frail and reduced risk of falls for older people discharged from hospital.(3, 4)	Randomised Controlled Trial, Systematic Review	Low
Cognitive	None	0	There is no available evidence that chair-based exercise has been proven to benefit cognitive function.	-	None
Emotional	Mild	1	Evidence on chair-based exercise has shown slight improvement in mental health in older people who are frail.(3, 4)	Randomised Controlled Trial, Systematic Review	Low

Disclaimer: The information in this document is provided for informational, educational and interest use only. The information has not been prepared for your specific requirements, and it is your responsibility to make sure it is appropriate for you. This information does not contain or constitute, and should not be interpreted as, medical or therapeutic advice. If you have any doubts about your health, you should consult your doctor before implementing anything you read about in this document. You acknowledge and accept that you read this information and undertake any activities discussed herein at your own risk. The information should not be shared with third parties or used for any commercial purposes.

Evidence Discussion

Most of the studies relating to chair-based exercise have been done on people aged 65 and older who are more frail or may have been recently discharged from hospital. It has been shown in a systematic review (SR) that some chair-based exercise programmes did show some slight improvement in cardiovascular fitness, mobility and function and mental health in older frail people without any harmful effects.(3) In a randomised controlled trial (RCT), the seated exercise group had a reduced fall risk compared to those who just received social visits after being discharged from hospital.(4)

Key References

1. World Health Organization. WHO guidelines on physical activity and sedentary behaviour.2020. Available from: <https://www.who.int/publications/i/item/9789240015128>.
2. Department of Health and Social Care LCWG, Department of Health Northern Ireland and the Scottish Government,. UK Chief Medical Officers' Physical Activity Guidelines. 2019. Available from: <https://www.gov.uk/government/publications/physical-activity-guidelines-uk-chief-medical-officers-report>.
3. Anthony K, Robinson K, Logan P, Gordon AL, Harwood RH, Masud T. Chair-based exercises for frail older people: a systematic review. Biomed Res Int. 2013;2013:309506.
4. Vogler CM, Sherrington C, Ogle SJ, Lord SR. Reducing risk of falling in older people discharged from hospital: a randomized controlled trial comparing seated exercises, weight-bearing exercises, and social visits. Arch Phys Med Rehabil. 2009;90(8):1317-24.