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## Wybrane elementy stylu życia i problemy zdrowotne osób po 50 roku życia

### Streszczenie

**Wprowadzenie.** Współczesne społeczeństwo należy do starzejących się. Osoby w wieku poprodukcyjnym w Polsce coraz częściej i chętniej korzystają nie tylko z leków i usług, które utrzymują je jak najdłużej w dobrym zdrowiu i kondycji psychicznej, ale i nowoczesnych wynalazków i udogodnień życia codziennego. Aby utrzymać dobrą kondycję do późnej starości niezbędne jest staranne dbanie o kondycję psychofizyczną, profilaktykę i kontrolę stanu zdrowia już po 50 roku życia. Wpływ na to ma także to wszystko, co składa się na tzw. zdrowy styl życia.

**Cel.** Celem pracy jest ocena stylu życia osób po pięćdziesiątce i ich przyzwyczajęń prozdrowotnych, jak również najczęściej występujących chorób.

**Materiał i metody.** Badaniem ankietowym w formie wywiadu bezpośredniego pogłębionego objęto grupę 92 osób po 50 roku życia mieszkających na terenie miasta Poznania. Wzięto pod uwagę takie wybrane elementy stylu życia jak aktywność zawodową, współmieszkanie z rodziną, odżywianie się i jego regularność, wysiłek fizyczny, kontrolę stanu zdrowia oraz współistniejące choroby.

**Wyniki i wnioski.** Osoby po 50 roku życia, często aktywne zawodowo, w większości starają się dbać o swoją kondycję psychofizyczną. Mimo licznych chorób na które cierpią, chcą jak najdłużej cieszyć się dobrym zdrowiem i być przydatne dla swoich rodzin. Niestety, nie zawsze są w pełni świadome, jak powinny postępować, aby tak się stało. Z kolei wsparcie, które dają rodzinie powinno owocować troską o ich zdrowie ze strony najbliższych. Dlatego zadaniem, nie tylko samych osób starszych, ale również rodziny i przyjaciół, jest uświadamianie i przypominanie o regularnym wykonywaniu podstawowych badań, udział w konstruowaniu zdrowej diety, jak i zachęcanie do umiarkowanego wysiłku fizycznego. Jeżeli badani chcą zachować kondycję i dobre samopoczucie do późnej starości, powinni rozpocząć te starania już po 50 roku życia.

## Selected elements of life style and health issues of 50+ persons

### Abstract

**Introduction.** Modern society is aging. In Poland people at retirement age more and more often and quite readily reach for medicines and take advantage of not only services that let them stay healthy and in good mental health but also of modern developments and facilities used in everyday life. To stay fit till the very old age it is necessary to care for one's psychophysical condition, prophylaxis and to attend regular checkups above 50 years of age. All the components of so called healthy lifestyle affect the life quality and fitness.

**Aim.** The aim of the study is to describe the lifestyle of people above 50 years of age as well as their health-promoting habits, and most common diseases typical of the study group.

**Material and methods.** Ninety two people above 50 years of age and living in Poznań were surveyed with an extended direct interview. Such life style components as professional activity, cohabitation with other family members, nutritional habits and regularity thereof, physical activity, health checkups, and concomitant diseases, were tested.

**Results and conclusions.** People above 50 years of age are often professionally active and try to look after their psychophysical condition. Despite the numerous diseases which they suffer, they want as long as possible enjoy good health and be useful for their families. Unfortunately, not always fully aware of how they should proceed to make it happen. The support they give the family should result in their health care from family. Therefore in the opinion of not just the elderly but also families and friends, raising awareness and reminding on a regular basis to perform basic examinations, involving the construction of a healthy diet, and encouraging moderate physical exertion is of great importance. Providing the study group members want stay fit and well till the very old age, they should start to make efforts once they are over 50 years of age.

**Słowa kluczowe:** starość, styl życia, choroby.

**Key words:** old age, life style, diseases.

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## INTRODUCTION

Modern society is aging. All over the world the population of people in their 60-ies and older is growing faster than any other age group [1]. The tendency can be also observed in Poland. Forecasts predict that in 2010 in Poland there will be 38 788 00 people of whom 12.9% will be above 65 years of age [2]. People at retirement age more and more often and quite readily reach for medicines and take advantage of not only services that let them stay healthy and in good mental health but also modern developments and facilities used in everyday life. Nowadays a multigenerational family model is becoming more and more popular and family elders are viewed not only a source of advice but also they often help to bring up their grandchildren or even their great grandchildren.

Nowadays, at the times of crisis, the young very often take advantage of the convenience of living with the family and less and less readily set up their own, independent households [3]. Thus, the presence and well-being of elder family members are valuable.

Following the natural turn of life as it ages, the human body becomes more and more susceptible to different disorders and disabilities. Yet, it does not have to be a rule of thumb that diseases are an inevitable result of ageing. Old age does not have to be necessarily associated with pathology, disability and physical unfittness. It is possible to stay fit till death [4]. To achieve this, it is essential to care for one's psychophysical condition, prophylaxis, and to attend regular checkups as early as right above 50 years of age, as well as to remember of all the other components of the so called healthy lifestyle.

According to A. Siciński lifestyle should be understood as a range of different types of daily activities and behaviour patterns performed by individuals or groups of individuals and typical of their social utilisation. It may vary depending of social status, as well as age, denomination, or place or residence. Life style does not refer to unusual behaviour patterns but the ones that are recurring during a certain period of time and engage a number of people and objects. A lifestyle model is what the person chooses to be their surroundings, dwelling, food, reading.

According to some other definition a lifestyle might be perceived as a collection of behaviour patterns that are typical of a general way of living of an individual or a group of individuals and that depend on social and cultural standards according to which the individual or their group live, as well as on personal values, attitudes and awareness of the individual and general economic, political and organisational structure of the society [5]. People should live a healthy lifestyle since the very early years of their lives for the results and consequences thereof become evident only later on in life. The subject matter of the paper discusses some selected elements of the lifestyle of 50+ people, thus it relates to people who enter their retirement age as well as those who have already retired and are now taking the advantage of being superannuated.

World Health Organisation (WHO) experts have categorised aging into several phases:

- Pre-elderly age group (45-59 years of age)
- Growing old, also called early old age (60-74 years of age)
- Old age (senility) also called late old age (75-89 years of age)
- Longevity (90 years of age and more) [4]

Predominance of certain elements typical of the lifestyle of a given age group is characteristic of each of the phases listed above. It is often a result of concomitant diseases distinctive for a particular age group. Undoubtedly, one's lifestyle does influence one's health and other way round one's health affect a person's lifestyle. Most common diseases in women at postreproductive age (45+) are the ones of the cardiovascular system, reproductive system neoplasms, osteoporosis, bones and joints diseases and diabetes, men, on the other hand, most frequently suffer from the diseases of the cardiovascular system, neoplasms of the lungs, pancreas, intestine, the diseases of the prostate gland, trauma and poisoning, psychological mood swings, and diabetes [6].

## AIM

The aim of the study is to describe the lifestyle of people above 50 years of age as well as their pro-health habits, and most common diseases typical of the study group. There are discussed such lifestyle components as professional activity, family cohabitation, nutritional habits and regularity thereof, physical activity, health check-ups and concomitant diseases. Although the two last factors are not considered the elements of lifestyle, they do affect it enormously.

## MATERIAL AND METHOD

Ninety two persons above 50 years of age and living in Poznań were surveyed with an extended direct interview. The survey contained 12 adequate questions of which 6 were open ones and the other 6 were closed ones, and demographics questions.

The study group comprised 32% of men and 68% of women. The age of the respondents was as follows: 52% were 50-60 years of age subjects, 35% - the subjects of 61-70 years of age, and 13% were the subjects of 71-89 years of age. The groups had been matched purposefully because very few persons above 70 years of age were participating in the study. The study was carried out from January to March 2009.

## RESULTS

1. Out of the study group 60% of subjects were retired and did not work and 39% were professionally active. Some of them performed physical work.

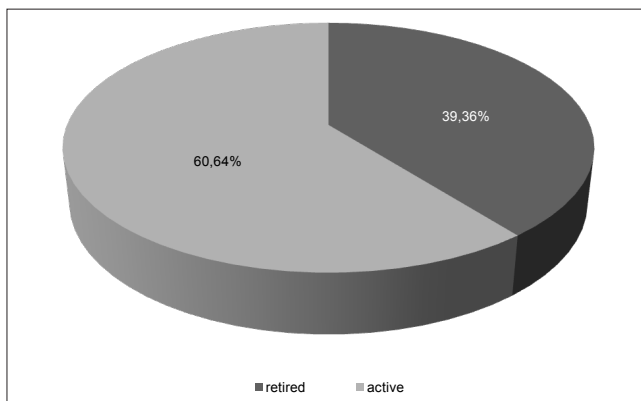


FIGURE 1. The retired versus the professionally active.

2. Nearly 50% of respondents live with their wives or husbands, 20% with their daughters or sons, 17% with their daughter-in-laws or son-in-laws and 13% live alone.

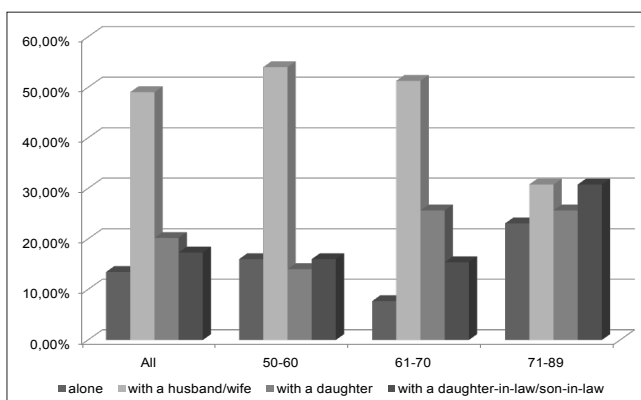


FIGURE 2. Habitation: independent or cohabitant.

3. People above 50 years of age usually eat (93.62%) and prepare the food by themselves (71.15%). In the case of 23.1% of the surveyed it is the spouse who prepares meals for them, for nearly 5% meals are prepared by their daughters or sons, and only in the case of less than 1% it is a stranger. Very often people above 50 years of age prepare meals for the whole family.

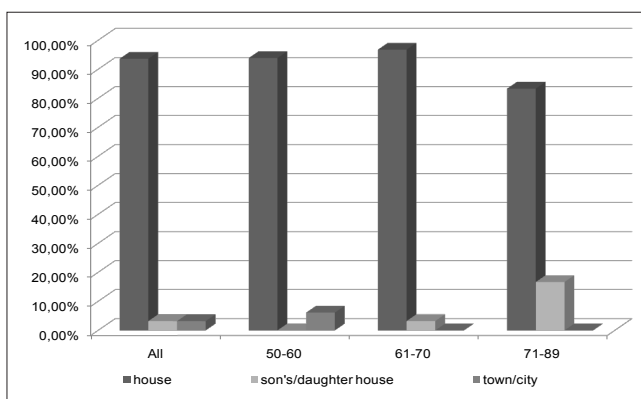


FIGURE 3. Where do you have meals? (according to age)

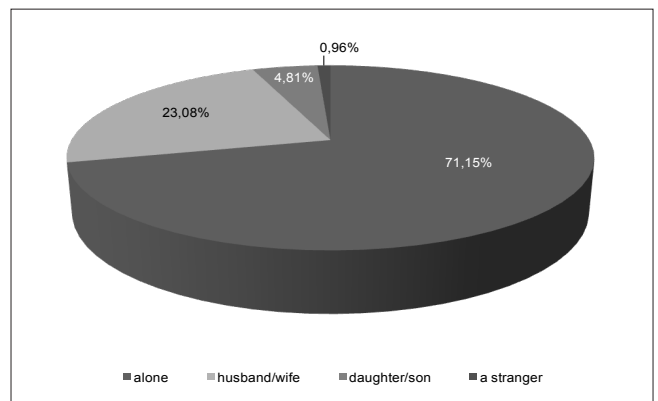


FIGURE 4. Who prepares meal for you?

People at their retirement age do not complain of a lack of appetite (53.41%), and only 15.9% have problems with eating regularly.

Unfortunately they do have to avoid certain foods or ingredients that they used to eat. Being asked an open question, as much as 40% list at least one group of products that they used to eat and now have to refrain from. The most readily and frequently listed are: fatty meat, sausages, meat and sauerkraut stew, sauerkraut, brine cucumbers, sea food, sweets and sweet dishes, unprocessed fruit and spices.

The respondents' eating habits are proper – 4 meals a day (54% of responses), 3 meals a day (27%). Hardly ever they happen to have 1 or 2 meals (5.38%).

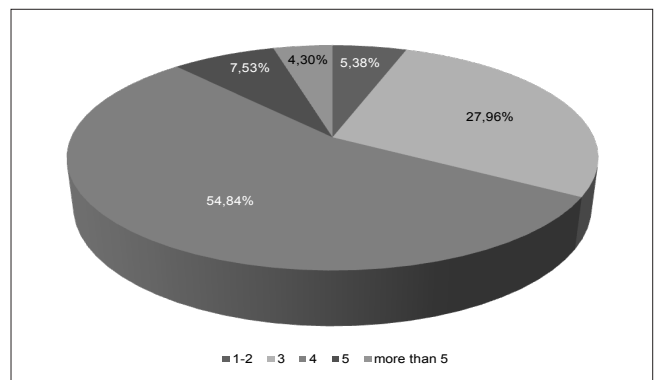


FIGURE 5. How many meals a day do you have?

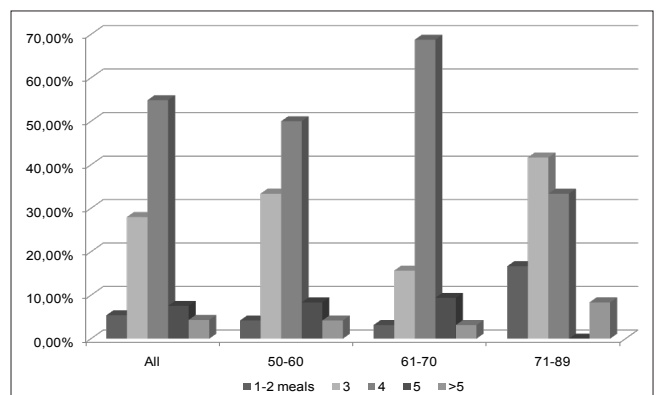
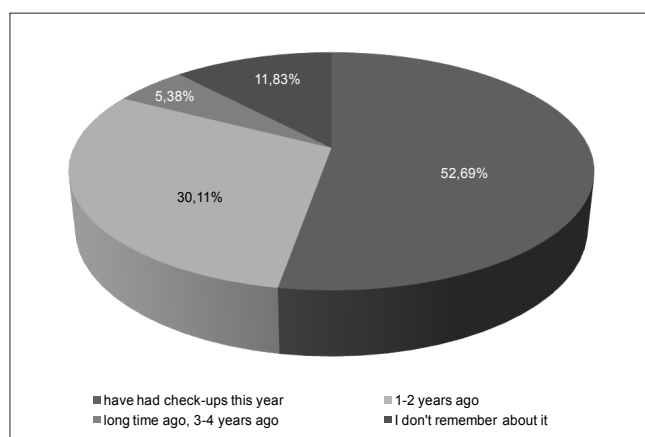
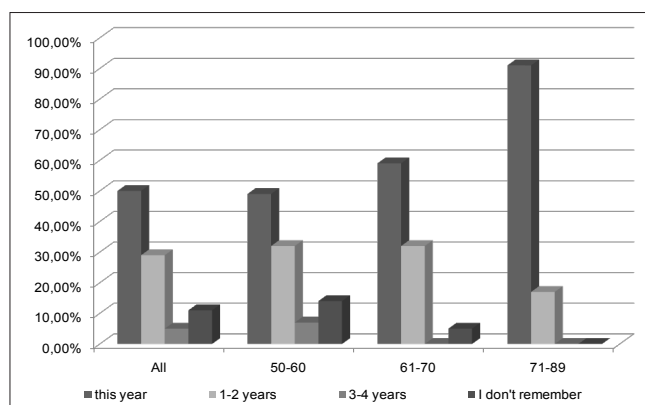


FIGURE 6. How many meals a day do you have? (with regard to age)

The respondents have prophylactic checkups for cholesterol and glucose blood level done regularly (53% claim they have had the tests this year), but as much as 12% say they do not remember to have the tests performed.



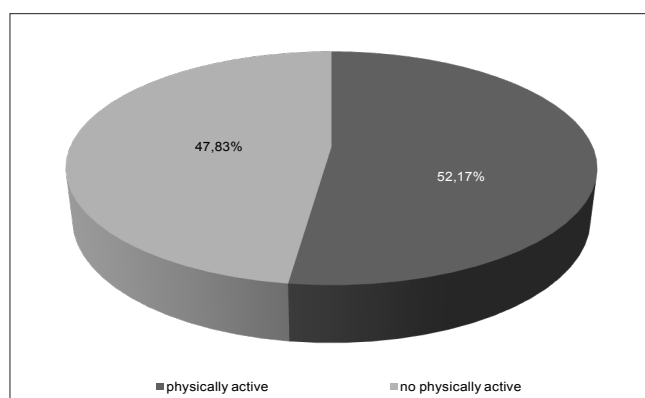
**FIGURE 7.** When was the last time you had your glucose blood level, cholesterol, etc. tested?



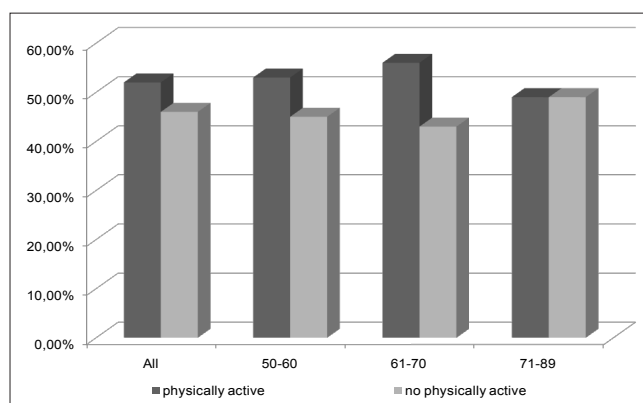
**FIGURE 8.** When was the last time you had your glucose blood level, cholesterol, etc. tested? (broken to age)

People older than those right above 50 years of age tend to attend prophylactic check-ups. People between 50-60 years of age appear not to remember about the check-ups most often.

Fifty two percent of the surveyed perform some physical exercises on regular basis. The most popular ones are walking, gardening, gymnastics, riding a bike, swimming, hiking, stretching and strengthening exercises.



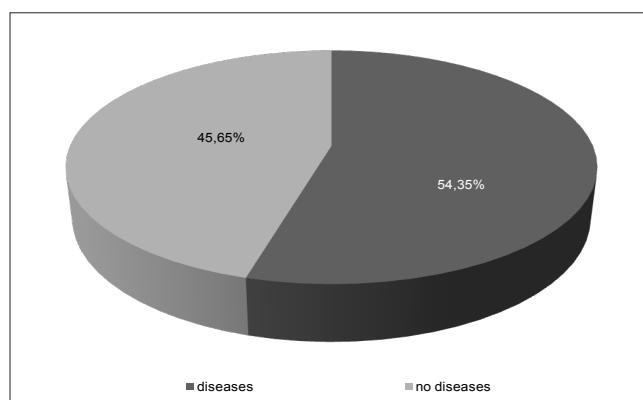
**FIGURE 9.** Do you perform any physical exertion on regular basis?



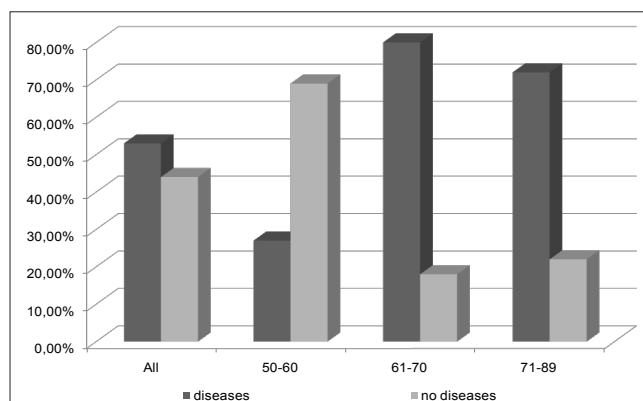
**FIGURE 10.** Do you perform any physical exertion on regular basis? (broken to age)

There are no huge discrepancies as far as physical exertion is concerned in particular age groups, although people from the group of 61-70 year olds appear slightly more active.

The respondents, however, suffer from numerous diseases. More than 54% claim that they suffer from at least one disease.



**FIGURE 11.** Do you suffer from any diseases?



**FIGURE 12.** Do you suffer from any diseases (broken to age).

The most common responses concerning the diseases are: hypertension, ulcerous diseases and liver problems, diseases of spine and motor organs (rheumatism), diabetes, sclerosis, heart diseases, neoplasms and kidney diseases.

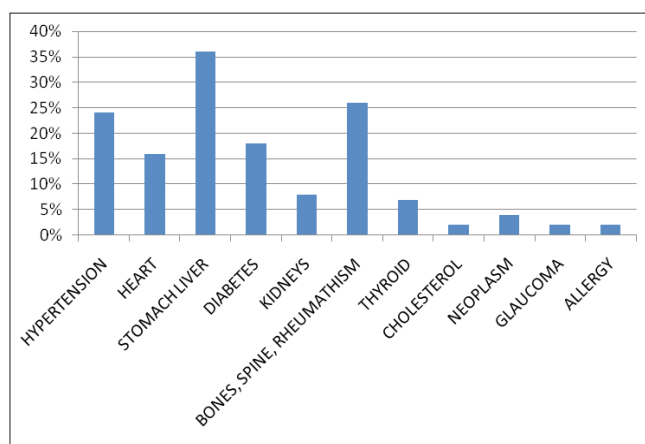


FIGURE 13. What diseases do you suffer from?

Hypertension and motor organ diseases are the most common ones among people from the oldest age group. The respondents list more and more concomitant diseases such as glaucoma and allergies. Gastric, hepatic, and cardiac problems, on the other hand, were typical of people from the group of 50-60 year olds.

Despite numerous complaints, especially in the case of serious diseases, the respondents added their own opinions to the survey questions, e.g. very often appearing claim was 'I have been living long enough despite numerous negative medical prognoses'.

## DISCUSSION

Nowadays in Poland, because of so-called deferred retirement, one may retire quite early i.e. people above 50 years of age. Poznań inhabitants often remain professionally active despite being at the retirement age. They consider work pleasurable and a possibility to meet people. It is work that makes them not lead a passive lifestyle. The respondents very eagerly participate in their family lives, and what is more, some of them live with their children and thus help them at basic everyday activities as meal preparation, and so they may control their composition, size, and regularity. Respondents have quite regular eating habits; more than half of them (54%) eat 4 meals a day, even though (especially among those who live on their own) there are few who have only 1-2 meals daily.

According to some reasonable nutrition recommendations and principles set for the elderly it is expected that diet may delay the development of so called metabolic and degenerative diseases and alleviate the results thereof as long as it is possible. Therefore, it is essential to revise the elderly people eating habits that in a way may restore metabolic balance. Food should meet the current demands of the body as well as be delightful [7]. The respondents agree that for the sake of their wellbeing they must avoid stodgy, fatty, spicy food and sweets.

K. Michaelsson, who is the author of studies on physical exertion in the elderly, claims that taking care of their physical fitness by the middle aged influences their health almost to the same extent as quitting smoking. It happens so because physical exercises strengthen the cardiovascular system and prevent various diseases [8]. On the other hand,

A. Kamiński pinpoints that recently increasing interest of the third age persons in physical exercises (gymnastics) as well as recreational and outdoor games (badminton, croquet, volleyball, etc.), touring, and hiking. Work-out and physical practice at a younger age make it possible to live out these hobbies and fulfil the needs later on in one's life [9].

According to a lot of authors, the fact that the elderly have the ability to exploit their spare time and lead an active lifestyle (as far as their health and needs let them do so), makes it possible for them to remain psychophysical fitness at the old age, which life phase they can then enjoy [4]. Unfortunately, as it has been confirmed by some research, an increase in physical activity occurs only above 60 years of age, at the moment of retiring. Yet, more than half of the study group respondents claim that they try to do some physical exercises on a regular basis. Most often these are walks, gardening, gymnastics, riding a bike, swimming or hiking.

Not all the respondents remember to have regular prophylactic check-ups done and as much as 12% state that they do not remember to control their cholesterol level or glucose blood level although in Poland a great majority of such prophylactic tests are reimbursed by the National Health Fund. Examples thereof are as follows: circulatory system diseases prophylactic programme aimed at persons at 35-55 years of age, glaucoma early diagnosis and treatment programme, breast cancer prophylactic programme (for women at 50-69 years of age).

In Poland, elderly people are afflicted with numerous illnesses. More than 54% claim that they suffer for at least one disease and frequently the diseases combine to form a hypertension, circulatory, locomotor or digestive systems diseases complex. Still, they grin and bear the complaints.

The old age is the most diverse life stage independent of any rules and largely dependent upon some previous stages that are typical of an individual [4].

People above 50 years of age are often professionally active and try to look after their psychophysical condition. They wish to take advantage of good health and be of help to their families as long as it is possible. Regrettably, it is quite common that they are not aware how to act to make the above happen. Numerous studies have proved that apart from health and socioeconomic factors, social relations at the old age significantly affect and improve health status, life quality, cause an increase in cognitive abilities and a decrease in the risk of mortality among the elderly. People surrounded by family and friends, members of different organisations, those remaining in relations with others enjoy better health and find it easy to tackle difficult and stressful situations. Including an individual into social activities guarantees a sense of safety, membership, acceptance and integration and affects their well being. Social support is a resource that one obtains while participating in social activities. Social support is beneficial for health because it is augmentative and in difficult situations, it functions as an effective safe guard against tension [10]. Moreover, people who socialise with their peers or attend classes at the Third Age University exchange their opinions and experiences, and learn how to take care of their health and wellbeing. Then again, the support they give their families should result in their relatives be concerned with the elder's health status. For that reason,



the elderly, their relatives and friends think that educating about and reminding of regular prophylactic tests, healthy dietary habits, and mild physical exertion are vital. Should the respondents wish to remain fit and well till the very old age, they ought to start to make their efforts the moment they turn 50, when they enter the presenile age.

## REFERENCES

1. Deutsche Welle. World Assembly on Ageing II: Growing Towards a Demographic Disaster. 10 April 20002, [www.globalaging.org/waa2/articles/demogdisaster.htm](http://www.globalaging.org/waa2/articles/demogdisaster.htm).
2. Zdziebło K. Współczesne zjawiska demograficzne a problemy zdrowotne starzejącego się społeczeństwa. *Studia Medyczne*. 2008. p.64.
3. Kowalska A. Pokolenie, któremu dobrze „przy rodzicach”. *Świat Kobiety*. 2009;7:49.
4. Nowicka A. Wybrane problemy osób starszych. Kraków: Oficyna Wydawnicza Impuls; 2008. p.67.
5. Kuchcińska M. Zdrowie człowieka i jego edukacja gerontologiczna. Bydgoszcz: Wydawnictwo Akademii Bydgoskiej im K. Wielkiego; 2004. p.34.
6. Karski JB. Praktyka i teoria promocji zdrowia wybrane zagadnienia. Warszawa: CeDeWu; 2003. p.71.
7. Pytlarz W. Racjonalne żywienie po 60-tym roku życia, [www.profesor.pl/mat/na6\\_borowska\\_030528\\_1.php](http://www.profesor.pl/mat/na6_borowska_030528_1.php)
8. Krzewicka M. Sportowe życie po 50, <http://www.repka.pl/Sylwetka/Nowosci/Sportowe-zycie-po-50-tce.aspx>
9. Kamiński A. Czas wolny osób starszych. In: Borsowa I, Pędlich I, Piotrowski J, Roźniatowski T, Rudnicki S, (ed.) *Encyklopedia seniora*. Warszawa: Wiedza Powszechna; 1986. p.105.
10. Woźniak B. Problematyka psychospołecznej aktywności osób starszych w polskich czasopismach popularnych dotyczących zdrowia. *Gerontol Pol*. 2007;15(1-2):7.

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