

## Weight loss plus walking essential for older, obese adults

January 24 2011

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Walking more and losing weight can improve mobility as much as 20 percent in older, obese adults with poor cardiovascular health, according to a new Wake Forest University study.

The results from the five-year study of 288 participants appear online Jan. 24 in the [Archives of Internal Medicine](#).

The combination of weight loss and physical activity is what works best. These findings run counter to the commonly held belief that it is unhealthy for older adults to lose weight.

"To improve mobility, physical activity has to be coupled with weight loss," said Jack Rejeski, Thurman D. Kitchin Professor of Health and Exercise Science. "This is one of the first large studies to show that weight loss improves the functional health of older people with cardiovascular disease."

The study addresses what to do to help seniors with poor mobility, but it also proves existing community agencies can be used effectively to get seniors the help they need.

"With 60 percent of adults over age 65 walking less than one mile per week and a rapidly growing population of older adults, the need for cost-effective community-based intervention programs to improve the mobility of seniors is critical," said Rejeski, principal investigator for the Cooperative Lifestyle Intervention Program (CLIP). Key co-

investigators included Dr. David C. Goff and Walter T. Ambrosius from Wake Forest University School of Medicine, Peter Brubaker, professor of health and exercise science at Wake Forest, Lucille Bearon and Jacquelyn McClelland from North Carolina State University, and Michael Perri from the University of Florida.

"Community-based preventative programs are extremely important," Rejeski said.

The researchers partnered with the North Carolina Cooperative Extension and trained health care professionals at centers in three counties (Davidson, Forsyth and Guilford) to lead the programs along with an intervention team from Wake Forest. The participants, ranging in age from 60 to 79, were tracked over an 18-month period. The study divided participants into three groups: a control group who received education on successful aging, a physical activity only group, and a physical activity and weight loss group.

The physical activity group did well, but the most dramatic effect was found in the participants who combined an increase in [physical activity](#) with [weight loss](#).

On average, they improved their mobility by 5 percent as measured by the time it took them to walk 400 meters. Those with the most limited mobility improved by as much as 20 percent.

The 400-meter walk is a widely used measure of mobility disability in [older adults](#) because for those who cannot walk this distance the likelihood of losing their independence increases dramatically.

Rejeski uses this analogy for the loss of mobility in seniors who often don't realize its seriousness. "It is like being in a canoe paddling down a river and being completely unaware that a waterfall is only a short

distance away. Once your canoe starts down the waterfall of disability, the consequences are severe."

The waterfall is the cascade of adverse outcomes including hospitalizations, worsening disability, institutionalization, and death that are more likely when seniors lose the basic ability to get around. Seniors with limited mobility require significantly more high-cost medical care.

"Clearly the ability to walk without assistance is a critical factor in an older person's capacity to function independently in the community," he said. "The next step is to develop a model that can be replicated at similar sites across the state and the country and we look forward to working with our colleagues from North Carolina to achieve this goal."

Provided by Wake Forest University

Citation: Weight loss plus walking essential for older, obese adults (2011, January 24) retrieved 5 May 2023 from <https://medicalxpress.com/news/2011-01-weight-loss-essential-older-obese.html>

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