Aging is a natural phenomenon with opportunities and challenges. According to census 2011, India has 104 million older people (60+ years), constituting 8.6% of total population. Among the elderly (60+), females outnumber males.

Longer lives are one of our most remarkable collective achievements.

Considering this The United Nations announced “Decade of Healthy Ageing (2021–2030)” as a global collaboration, aligned with the last 10 years of the Sustainable Development Goals, that brings together governments, civil society, international agencies, professionals, academia, the media, and the private sector to improve the lives of older people, their families, and the communities in which they live.\(^1\)

Poor health severely undermines a person’s quality of life and places substantial economic burdens on individuals and society at large. Behavioral and environmental factors contribute to life span.\(^2\)

This calls for policies of health promotion and disease prevention and healthy behaviors.\(^1\)

Physical activity can not only reduce obesity and all related physical health problems and is basic pillar of positive health.\(^2\)

Barrier of gender bias in healthy aging is highlighted by the WHO in 2003.\(^3\)

“The biggest rate of noncommunicable diseases (NCD) increase will be in women because of biological difference, gender roles-as they don’t look after their personal needs and there is social marginalization-all these factors expose women and men to different NCD risks.”
Menopause transition increases the risk of MS, women have higher rates of obesity and this leads to their increased vulnerability to NCD, particularly diabetes.

While inherited genes have an undoubted role to play in the chance of maintaining good health or conversely a predisposition to developing disease and chronic ill health, there is increasing evidence that up to 50% role in the lifespan is lifestyle modifications. There is enough evidence that physical activity improves well-being across many health domains throughout life, continues to offer important health benefits in older age groups, and tracks with a “healthy ageing” profile.[2]

Rapid population aging poses a number of societal challenges, such as how to motivate middle-aged (age 40–64) and older adults (age 65+) to engage in behaviors that promote healthy and successful aging.

Required preventive health strategies which we should have are still to be recognized and it is pertinent to understand when the component of counseling and attitude change should be introduced about weight gain prevention.

Recent guidelines from Ranjan et al.[4] about the management of weight and obesity in midlife women recommend that counseling and identification of patients should start from mid-forties.

Reality is that misperceptions about aging and older people are widely held in the general public, and these are mostly negative with preconceived ideas of aging being synonymous with illness, frailty, and debility. Moreover, these negative attitude of public and HCP needs a dramatic change (negative views on aging).[5]

For the right messages, it is feasible now to reach out to larger populations as we have become technologically advance with even elderly populations using mobile, and in COVID-19, we proved that we could reach out to each and every nook and corner of country. Time is ripe to reach out for Digital Health for Forty plus keeping in line with the WHO agenda of Healthy Aging decade from 2020 to 2030.

The study by Brothers and Diehl[3] proved feasibility of interventions program to change behavior and engage in physical activity.

The AgingPlus program was designed to equip middle-aged and older adults with effective ways of countering negative misperceptions of aging that would otherwise undermine their health. This feasibility study represents the first step in the development, evaluation, and refinement of the AgingPlus program.

Two more studies which highlighted the point that elderly populations can be encouraged and motivated to do more physical activity are by Sarkisian et al.[6] and Wolff et al.[7] as the lack of physical activity is the main reason responsible for obesity and chronic disease burden of mid-life population.

In the last few years, medical science has identified a new group within the senior citizen category, namely that of super-agers. The term refers to people in their 70s and 80s who have the mental or physical younger counterparts. With the world aging at a rapid rate, it is estimated that by capability of their decades 2030, there will be 34 nations with over 20% population above 65 years. Studies are being done on behaviors, habits, and health indicators of those >90 years of age.

A number of studies are going on globally on healthy aging, but many are concerned about providing facilities for care and community level and research is not enough about preventive health strategies implementation.[8]

Future lies in preventive health strategies and may be artificial intelligence would lead the way by various applications and hand held gadgets but present belong to artificial intelligence would lead the way by various applications and hand held gadgets but present belong to artificial intelligence would lead the way by various applications and hand held gadgets but present belong to artificial intelligence would lead the way by various applications and hand held gadgets but present belong to artificial intelligence would lead the way by various applications and hand held gadgets but present belong to artificial intelligence would lead the way by various applications and hand held gadgets but present belong to artificial intelligence would lead the way by various applications and hand held gadgets.Wolff et al.[7] as the lack of physical activity is the main reason responsible for obesity and chronic disease burden of mid-life population.

Future research should involve feasibility of services at community level.

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REFERENCES
1. Global Health and Foreign Policy – United Nations General Assembly: 75/131. United Nations Decade of Healthy Ageing (2021-2030);2020.
2. Rea IM. Towards ageing well: Use it or lose it: Exercise, epigenetics and cognition. Biogerontology 2017;18:679-91.
3. World Health Organization. (2003). Gender, health and ageing. World Health Organization. https://apps.who.int/iris/handle/10665/68893. [Last accessed on 2022 Aug 15].
4. Ranjan P, Vikram NK, Choranur A, Pradeep Y, Ahuja M, Meeta M, et al. Executive summary of evidence and consensus-based clinical practice guidelines for management of obesity and overweight in midlife women: An AIIMS-DST initiative. J Midlife Health 2022;13:34-49.
5. Brothers A, Diehl M. Feasibility and efficacy of the AgingPlus Program: Changing views on aging to increase physical activity. J Aging Phys Act 2017;25:402-11.
6. Sarkisian CA, Prohaska TR, Davis C, Weiner B. Pilot test of
an attribution retraining intervention to raise walking levels in sedentary older adults. J Am Geriatr Soc 2007;55:1842-6.

7. Wolff JK, Warner LM, Ziegelmann JP, Wurm S. What do targeting positive views on ageing add to a physical activity intervention in older adults? Results from a randomised controlled trial. Psychol Health 2014;29:915-32.

8. He Y. Conducting systematic researches on influencing factors for healthy ageing and promoting scientific implementation of health promotion program for the elderly. Zhonghua Liu Xing Bing Xue Za Zhi 2020;41:9-12.