

Physical activity in early late life may cut risk for CVD

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(HealthDay)—A higher level of physical activity among the elderly is

associated with a lower risk for incident cardiovascular diseases, but not stroke, especially early in late life, according to a study published online Feb. 16 in *Heart*.

Claudio Barbiellini Amidei, M.D., from the University of Padua in Italy, and colleagues assessed whether [physical activity](#) trajectories in late life are associated with different risks for cardiovascular diseases. The analysis included 3,099 Italians aged 65 years or older (at baseline in 1995 to 1997) with follow-up at four years and seven years and surveillance with hospital and mortality records through 2018.

The researchers found that overall, physical activity was associated with lower rates of incident cardiovascular diseases. There was a significant risk reduction among men, which was stronger earlier in late life (70 to 75 years). In men, compared with those with stable-low trajectories, trajectories of stable-high physical activity were associated with a significantly lower risk for cardiovascular outcomes (hazard ratio, 0.48); the corresponding risk reduction in women was not statistically significant. There were no significant associations observed for stroke. More than 20 minutes of physical activity per day was associated with the greatest cardiovascular risk reduction and was more marked at 70 years.

"These results suggest that public health policies should promote physical activity in mid and early late life, rather than late in late life, given a probable greater effectiveness in reducing cardiovascular risks," the authors conclude.

More information: Claudio Barbiellini Amidei et al, Association of physical activity trajectories with major cardiovascular diseases in elderly people, *Heart* (2022). [DOI: 10.1136/heartjnl-2021-320013](https://doi.org/10.1136/heartjnl-2021-320013)

Enrico Fabris et al, Physical activity in older people: better late than

never, but better early than late, *Heart* (2022). DOI: [10.1136/heartjnl-2021-320462](https://doi.org/10.1136/heartjnl-2021-320462)

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