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Psychological wellbeing as a determinant of physical health at older ages

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Abstract
The psychological wellbeing is associated with increased risk of physical illness is not new, since there is an established research literature linking depression and life stress with premature mortality, coronary heart disease (CHD), diabetes, disability and other chronic conditions. What is new is the possibility that positive, psychological wellbeing is a protective factor. Prospective epidemiological studies suggest that positive life evaluations and hedonic states such as happiness predict lower future mortality and morbidity. Research of this type is susceptible to the well-recognised problems of observational epidemiology, including confounding – the possibility that wellbeing is coupled with other factors such as greater education that account for associations with health outcome - and reverse causality – the possibility that the person who reports poor wellbeing is already ill at the time of initial assessment. There is also the issue of publication bias, with evidence that studies showing a favourable impact of wellbeing on health are more likely to appear in print.

Keywords: physical health, psychological, CHD

Introduction
Progress is also being made in understanding the behavioural and biological correlates of positive psychological wellbeing. Among lifestyle factors, physical activity is probably the most important link between psychological wellbeing and health. Regular physical activity at older ages is already recommended for the maintenance of cardiovascular health, muscle strength and flexibility, glucose metabolism, and healthy body weight, and is also consistently correlated with wellbeing. At the biological level, positive wellbeing is associated with lower cortisol output over the day. This is potentially important, since elevated cortisol plays a role in lipid metabolism, immune regulation, central adiposity, hippocampal integrity and bone calcification. Positive affect has been related to reduced inflammatory and cardiovascular responses to acute mental stress, and is associated with lower levels of inflammatory markers such as C-reactive protein and interleukin 6 in older women, and with higher levels of the steroid hormone dehydroepiandrosterone sulfate. Interestingly, these effects are more robust when positive affect is measured by aggregating momentary estimates of affective states over the day than with questionnaire measures.

Physical illness as a determinant of impaired psychological wellbeing
Clinical and community studies show that a wide range of medical conditions are associated with raised levels of depression, including illnesses that are prevalent at older ages. A sizable proportion of individuals show increases in depressive symptomatology following diagnoses of diabetes, CHD, stroke, some cancers and chronic kidney disease, while collaborative care that focuses both on mental health and physical illness has beneficial effects on both. Ill-health is also associated with reduced positive wellbeing.

The end of life is another setting where health clearly impacts psychological state, yet the medical establishment has struggled with ensuring optimal levels of wellbeing. High quality end-of-life care is crucial to a 'good death', but faces many institutional and financial barriers, particularly for individuals in long-term care. A primary focus of medical and palliative care is the relief of pain and suffering, but surveys indicate that unrelieved pain and poor management of dyspnea remain common in many types of nursing facility. Hospice care is associated with higher quality pain and symptom management, but aspects of wellbeing, such as a sense of dignity and relief of distress, are seldom addressed systematically. The application of standardised measures of quality of dying, usually completed by relatives or carers, may encourage more direct evaluations of the experiences promoting optimal psychological wellbeing. Analyses of population-based cohorts may also provide valuable information about the use of advanced directives and the extent to which fulfilment of preferences enhances wellbeing at the end of life. Additionally, short-term psychotherapy designed to enhance the dignity of end of life experiences may have beneficial effects.

Conclusions
The wellbeing of the elderly is important in its own right, and there is suggestive evidence that positive hedonic states, life evaluation, and eudemonic wellbeing are relevant to health and quality of life as people age. Health care systems should be concerned not only with illness and disability, but with supporting methods of improving positive psychological states. It is premature to contemplate large scale clinical trials to evaluate the effects of efforts to increase enjoyment of life on longevity; we do not yet know whether wellbeing is sufficiently tractable through psychological, societal or

economic interventions to test effects on health outcomes. Much of our knowledge about psychological wellbeing at older ages comes from longitudinal population cohort studies, and sustained investment in these research resources is essential. Novel methods of assessing hedonic wellbeing and time use are enhancing our understanding of the processes underlying positive psychological states at older ages. Most of the studies involve high income and not low or middle income countries. The implications of this new knowledge about psychological wellbeing for economic and health policy have yet to be established.

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