



Editorial

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Active Aging, Healthspan and Preventive Geriatrics

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Introduction

Active aging is a holistic approach to aging that emphasizes maintaining physical, cognitive, and social well-being throughout life. Unlike a focus solely on lifespan, active aging prioritizes healthspan—the period during which an individual remains healthy, independent, and functionally capable. As populations worldwide grow older, promoting active aging has become a central public health goal. Preventive geriatrics, which involves proactive strategies to prevent disease, manage risk factors, and optimize functional capacity, plays a critical role in extending healthspan and supporting independence among older adults [1,2].

Discussion

Active aging encompasses physical activity, cognitive engagement, social participation, proper nutrition, and regular healthcare. Physical exercise preserves muscle mass, balance, and cardiovascular health, reducing the risk of falls and frailty. Cognitive stimulation, including lifelong learning, problem-solving, and social interaction, helps maintain memory and executive function, lowering the incidence of dementia [3,4]. Nutrition also plays a pivotal role; diets rich in fruits, vegetables, whole grains, and lean proteins contribute to healthy metabolism and prevent chronic diseases such as diabetes and cardiovascular disorders.

Preventive geriatrics integrates these lifestyle approaches with medical interventions to detect and manage age-related risks before they manifest as disease or disability. This includes regular screenings for conditions such as hypertension, osteoporosis, and cancer, as well as vaccination, medication review, and management of polypharmacy. Early identification and management of chronic conditions not only reduce morbidity but also preserve functional independence. Additionally, preventive strategies target geriatric syndromes, such as falls, incontinence, and frailty, which disproportionately affect older adults and can dramatically impair quality of life.

Social and psychological aspects are also central to active aging. Maintaining strong social networks and engagement in meaningful activities reduces isolation, depression, and cognitive decline. Community-based programs and public health initiatives that

support older adults' autonomy, accessibility, and participation further reinforce the principles of active aging [5].

Conclusion

Active aging, supported by preventive geriatrics, shifts the focus from merely extending lifespan to enhancing healthspan and overall quality of life. By combining lifestyle interventions, early detection of risks, and comprehensive healthcare, older adults can maintain physical, cognitive, and social function well into advanced age. Promoting active aging not only improves individual well-being but also reduces the societal burden of age-related diseases, underscoring the importance of integrated strategies to support healthy, independent, and fulfilling lives for the aging population.

References

1. Wei J, Goldberg MB, Burland V, Venkatesan MM, Deng W, et al. (2003) Complete genome sequence and comparative genomics of *Shigella flexneri* serotype 2a strain 2457T. *Infect Immun* 71: 2775-2786.
2. Kuo CY, Su LH, Perera J, Carlos C, Tan BH, et al. (2008) Antimicrobial susceptibility of *Shigella* isolates in eight Asian countries, 2001-2004. *J Microbiol Immunol Infect*; 41: 107-11.
3. Gupta A, Polyak CS, Bishop RD, Sobel J, Mintz ED (2004) Laboratory-confirmed shigellosis in the United States, 1989- 2002: Epidemiologic trends and patterns. *Clin Infect Dis* 38: 1372-1377.
4. Murugesan P, Revathi K, Elayaraja S, Vijayalakshmi S, Balasubramanian T (2012) Distribution of enteric bacteria in the sediments of Parangipettai and Cuddalore coast of India. *J Environ Biol* 33: 705-11.
5. Torres AG (2004) Current aspects of *Shigella* pathogenesis. *Rev Latinoam Microbiol* 46: 89-97.