



Anti-aging science: The emergence, maintenance, and enhancement.

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Description

Through archival analysis this article traces the emergence, maintenance, and enhancement of biogerontology as a scientific discipline in the United States. At first, biogerontologists' attempts to control human aging were regarded as a questionable pursuit due to perceptions that their efforts were associated with the long history of charlatanic, anti-aging medical practices; the idea that anti-aging is a "forbidden science" ethically and scientifically; and the perception that the field was scientifically bereft of rigor and scientific innovation. The hard-fought establishment of the National Institute on Aging, scientific advancements in genetics and biotechnology, and consistent "boundary work" by scientists, have allowed biogerontology to flourish and gain substantial legitimacy with other scientists and funding agencies, and in the public imagination. In particular, research on genetics and aging has enhanced the stature and promise of the discipline by setting it on a research trajectory in which explanations of the aging process, rather than mere descriptions, have become a central focus. Moreover, if biogerontologists' efforts to control the processes of human aging are successful, this trajectory has profound implications for how we conceive of aging, and for the future of many of our social institutions.

Maximal voluntary bilateral isometric force, force-time characteristics, maximal concentric 1 RM. and power performance of the leg extensors in a sitting position, squat jump, and standing long-jump. The results suggested that the decline in maximal strength with increasing age is related to the decline in muscle CSA; however, particularly in older women, the force/CSA ratio may also be lowered. Explosive force seems to decrease with increasing age even more than maximal strength. Suggesting that muscle atrophy with aging is greater in fast-twitch fibers. The voluntary activation of the agonist and antagonist muscles seems to vary depending on the type of muscle action and/or velocity and time duration of the action in both age groups but to a greater extent in older people. There appears to be an age-related increase in antagonist co activation. especially in dynamic explosive movements.

Participative Nature of the Qualitative Research Methods

The Senior Living Lab led by the University of Applied Sciences and Arts in Western Switzerland, provides an interesting case study that sheds insight into user centered approaches to innovation in community

healthcare platforms addressing aging. The Senior Living Lab was also an example of nursing leadership, focusing on social innovation from a perspective of care. The participative nature of the qualitative research methods in the field, allowed seniors to have a voice in the co-creation process, generating social innovation solutions within an interdisciplinary research framework. Through focus groups, World Café meetings, as well as a film event on hopeful, healthy aging, senior participant's views were valued. One fundamental message emerged from the dialogical space: seniors don't want to be stigmatized by a growing form of discrimination referred to as ageism. Synergies reinforced Alpine governance and wellness through collaborative continuums with communal authorities and regional stakeholders, applying participative research methods. Shared values in healthy aging emerged from the women's stories. The themes that were mentioned include, "transmission and the sharing of knowledge and life experiences, respect for personal rights and freedom to choose, and reciprocity understood as a healthy balance between giving and receiving." The cycle of life that allows us to give back what we receive" [5]. These core components of healthy aging were voiced and shared along with messages of hope, giving testimony to the opportunities retirement has to offer in a community setting. The way we talk about aging as well as how we collectively perform aging, envisioning growing old in a hopeful societal narrative, were shown to be key components in the transformational process. The research suggests that relational networks can grow over time, generating social innovation in conjunction with aging. These networks include both online platforms connecting older people, as well as local organizations. In an attempt to build upon the Senior Living Lab experience, partnerships were formed to continue to invest in the region's social and healthcare networks that are dedicated to healthy aging in the Alps. Skills inspired from the narrative model in mediation and conflict resolution served to bring together different perspectives in a communal space dedicated to advancing the quality of life in the Alps [7]. His social mediation process continues to integrate new actors, adding to its generative force.

This article summarizes the literature describing the at-home management of and psychosocial coping with five chronic diseases (heart disease, asthma, chronic obstructive pulmonary disease, arthritis, and diabetes) by the general population of adults. It also reviews the literature describing self-management of these chronic diseases by older adults. Conclusions drawn subsequent to the review are (a) that there are strong commonalities in the essential nature of tasks that exist across disease entities, (b) that the context for self-management of disease by the ill elderly is likely to differ somewhat from the context for other age groups.

The literature on successful aging reveals a wide range of definitions, generally reflecting the academic discipline of the investigator. Biomedical models primarily emphasise physical and mental functioning as successful aging; socio-psychological models emphasise social functioning, life satisfaction and psychological resources as successful aging. Several studies also identify these factors as the precursors of successful aging. Moreover, research shows that older people consider themselves to have aged successfully, but classifications based on traditional medical models do not. Fewer studies have explored lay views, and most of these have been exploratory or restricted to specific groups of areas. A model of successful aging needs to be multi-dimensional, incorporate a lay

perspective for social significance, use a continuum rather than dichotomous cut-offs for “success” and lack of, and distinguish clearly between predictor and constituent variables. Several studies also identify these factors as the precursors of successful aging. Moreover, research shows that older people consider themselves to have aged successfully, but classifications based on traditional medical models do not. Fewer studies have explored lay views, and most of these have been exploratory or restricted to specific groups of areas.

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