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## LETTERS

## SURVIVAL AFTER AGE 75

## Will lifestyle changes in later life improve survival?

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Rizzo and colleagues' study on the determinants of survival in old age suggests that we should actively approach elderly people and convince them to stop smoking and drinking alcohol, keep on weight, and intermingle with others.<sup>1</sup> It shows that lifestyle factors are still associated with mortality risk at old age.

However, the core question is whether changing lifestyle at this age will produce a survival benefit. Observational association studies, such as Rizzo and colleagues' one, cannot answer this question. Evidence on the implementation of public health interventions for elderly people is currently lacking.<sup>2</sup> A completely new domain of research is needed—evidence based prevention in old age—that will study the implementation of results from association studies. Demographic studies provide a hopeful perspective because they indicate that end of life trajectories are far more flexible than most people think.<sup>3 4</sup>

With populations increasingly ageing worldwide we need to improve our understanding of the current knowledge from

observational studies that can be put into daily clinical practice.<sup>5</sup> We have to go for the next step in public health. This “new” public health agenda is amazing—who would have thought we would go “preventive” at an age when most of us thought it was time to consider palliative care?

Competing interests: None declared.

- 1 Rizzuto D, Orsini N, Qiu C, Wang H, Fratiglioni L. Lifestyle, social factors, and survival after age 75: population based study. *BMJ* 2012;345:e5568. (30 August.)
- 2 Drewes YM, Gussekloo J, van der Meer V, Rigter H, Dekker JH, Goumans MJ, et al. Assessment of appropriateness of screening community-dwelling older people to prevent functional decline. *J Am Geriatr Soc* 2012;60:42-50.
- 3 Vaupel JW. Biodemography of human ageing. *Nature* 2010;464:25.
- 4 Vaupel JW, Carey JR, Christensen K. It's never too late. *Science* 2003;301:1679-81.
- 5 Christensen K, Doblhammer G, Rau R, Vaupel JW. Ageing populations: the challenges ahead. *Lancet* 2009;374:1196-208.

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