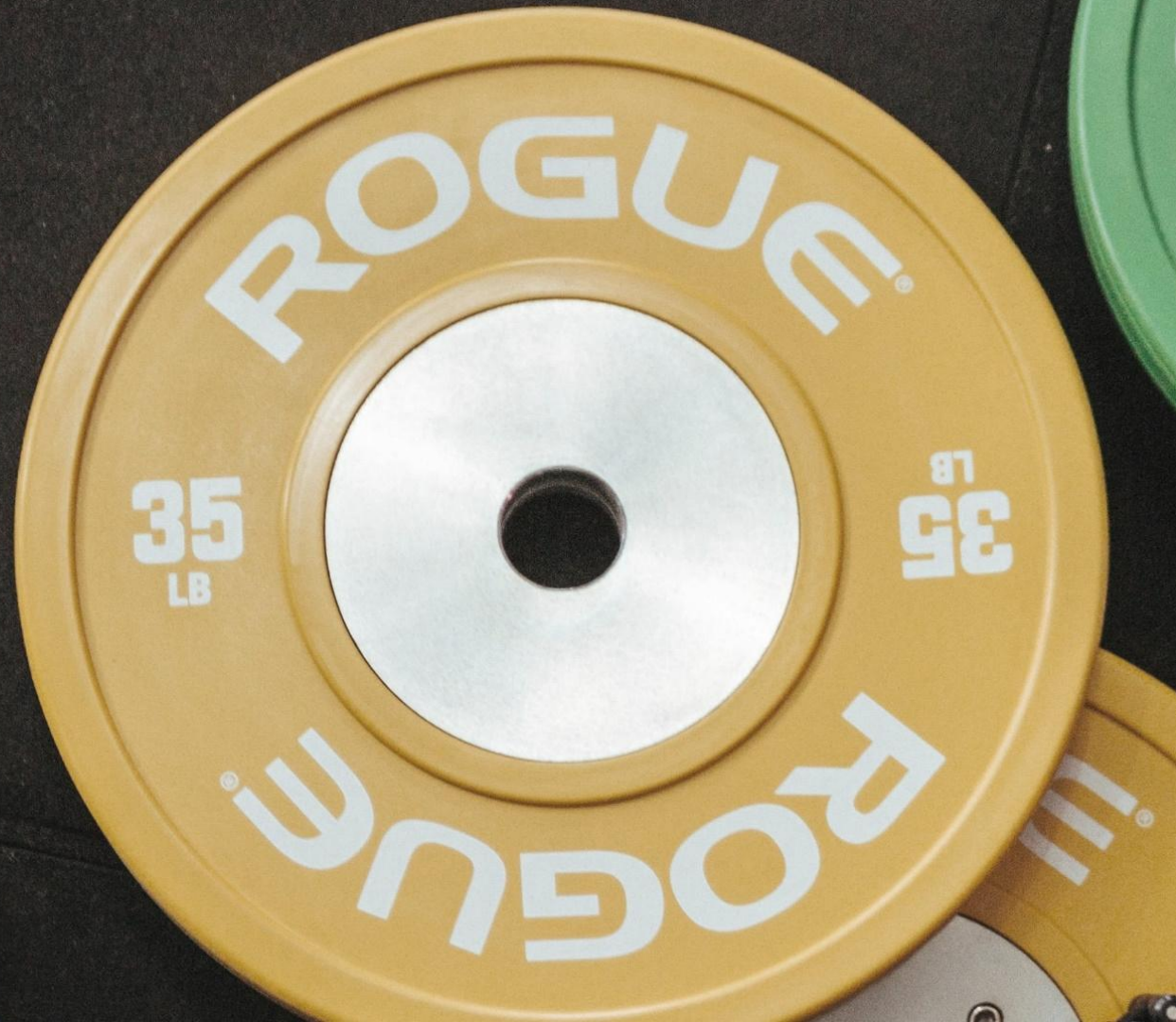


# The Quest for **Evidence-based** Exercise Prescription for Healthy Ageing

*Nien Xiang Tou*





**Evidence**

**Based**

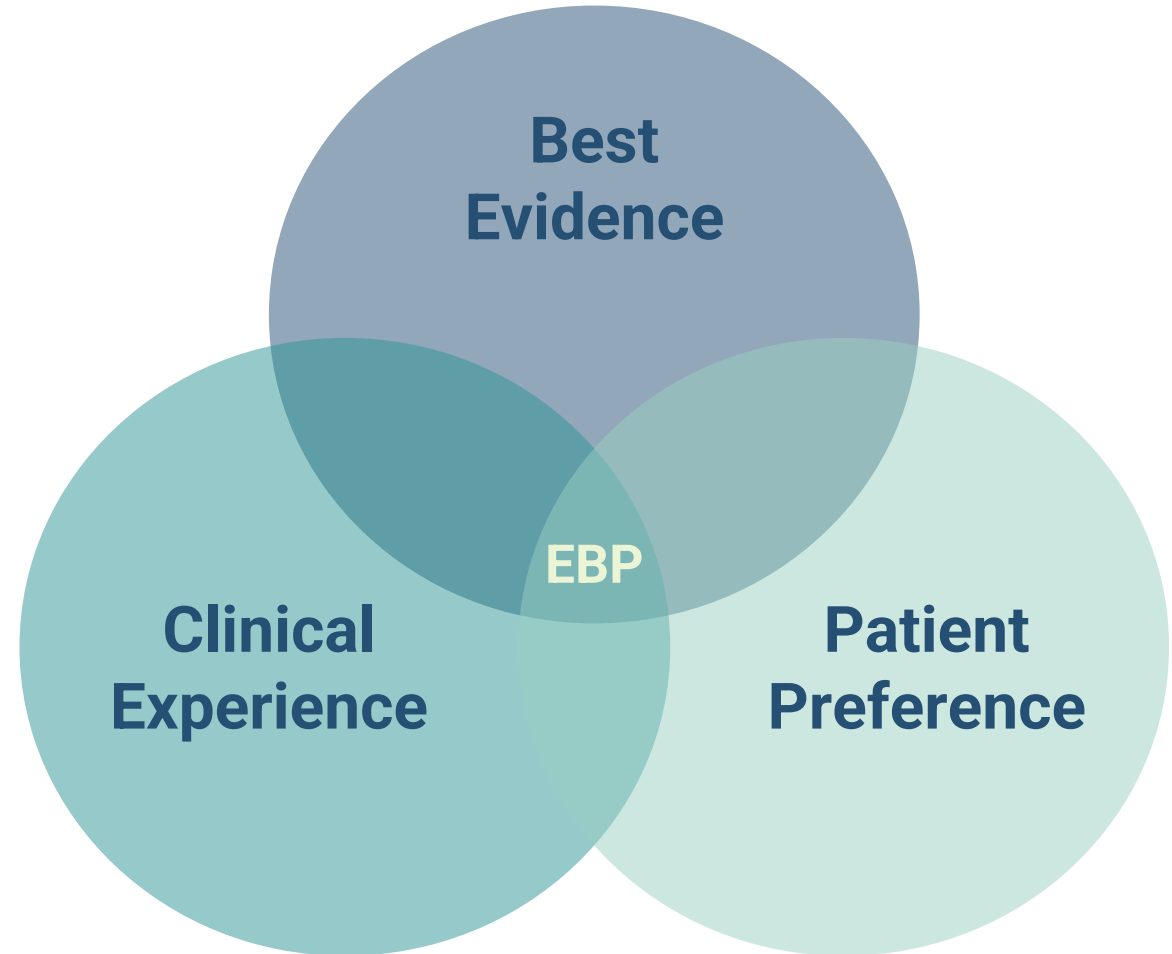
**Practice**

When an older adult visit a **doctor** for an illness, would you expect the treatment to be **well-supported by evidence, safe,** and **effective?**



# The Evidence Movement

*Evidence based medicine is the **conscientious, explicit, and judicious** use of **current best evidence** in making decisions about the care of individual patients.*



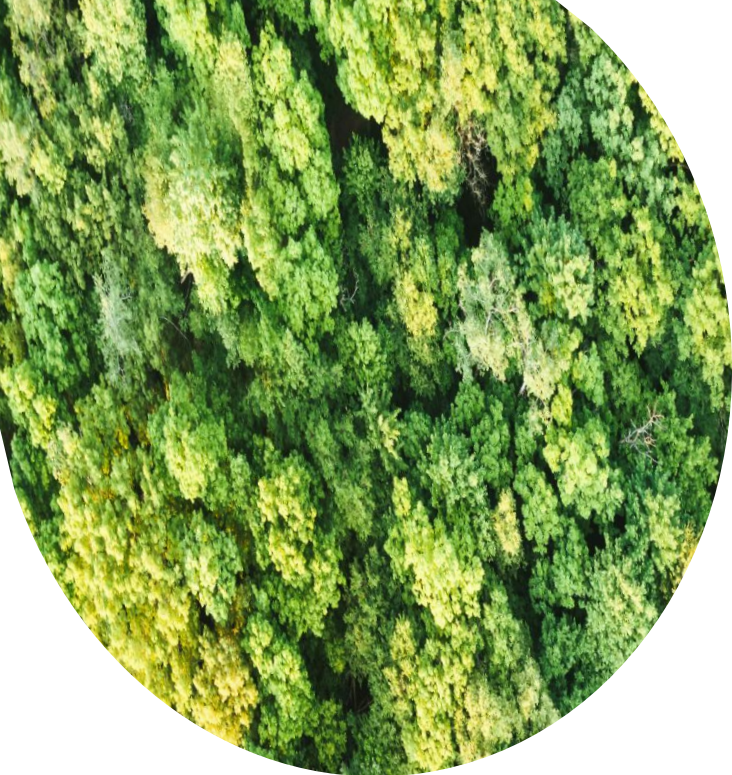


**Evidence**

**Based**

**Practice**

When an older adult attend a **physical activity programme**, would you expect the programme to be **well-supported by evidence**, **safe**, and **effective**?



**01** | **WHY**

**02** | **WHAT**

**03** | **HOW**





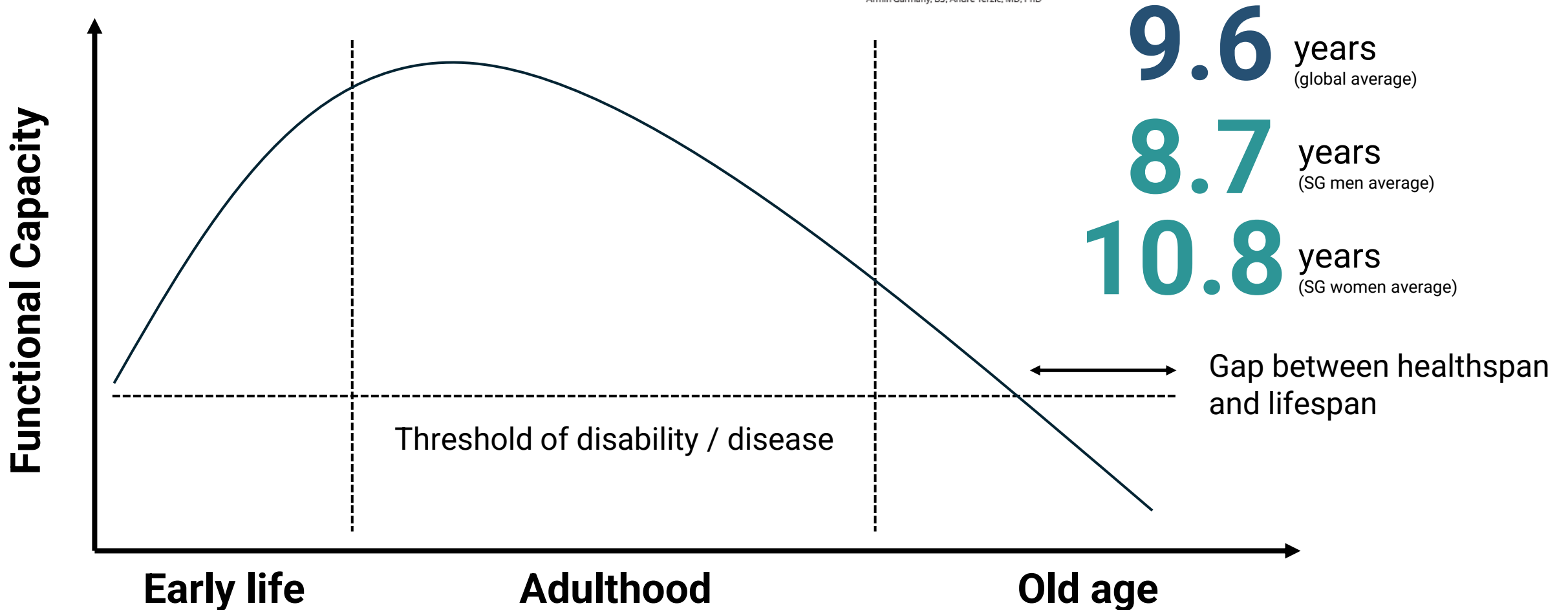
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# WHY

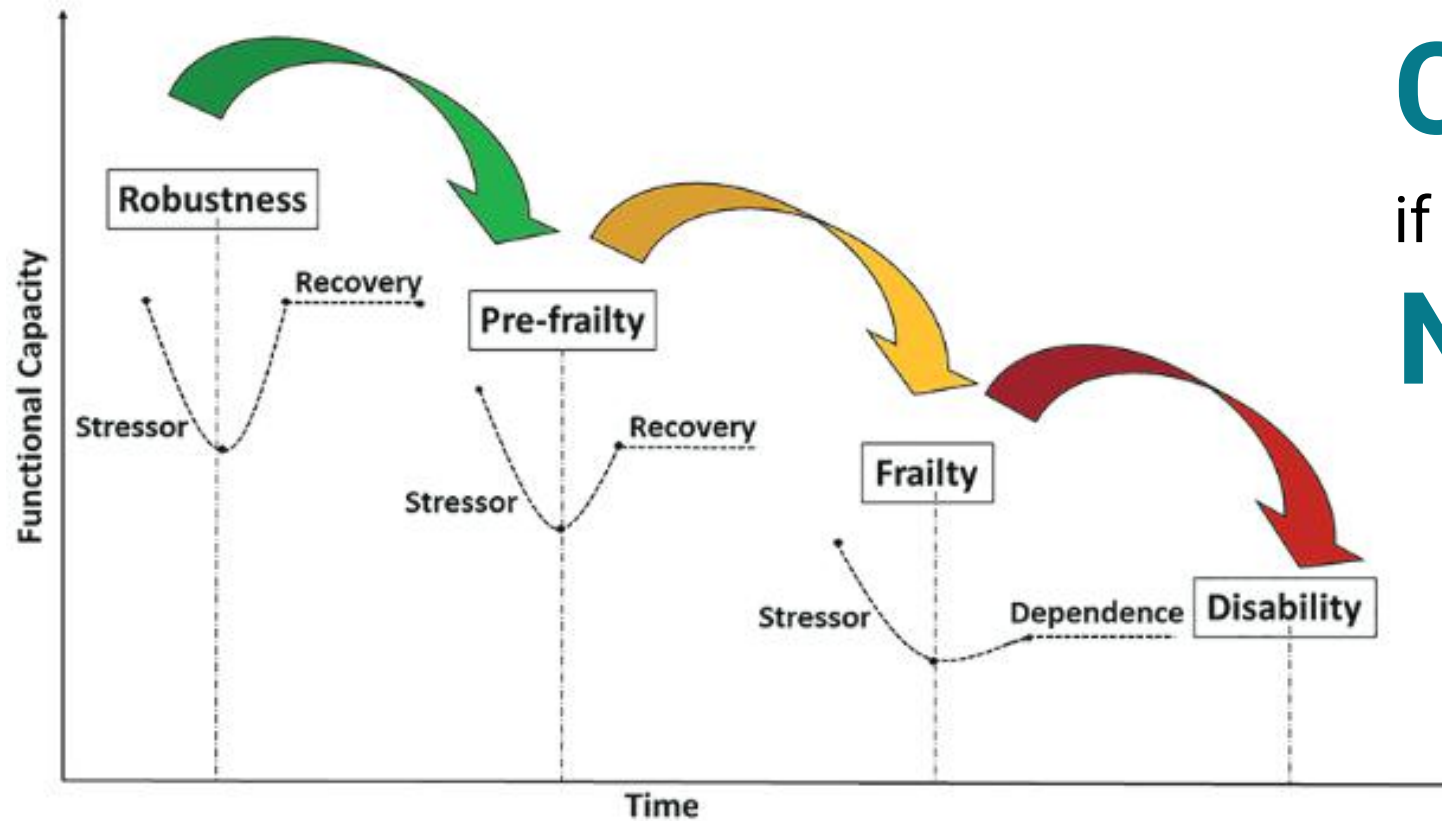
is evidence-based  
exercise important for  
healthy ageing?



# Mind the Gap!



# Cascade of Functional Decline

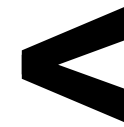
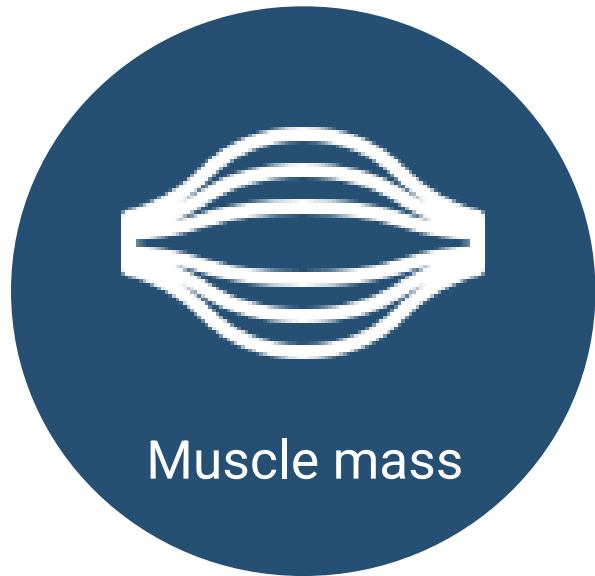


Age will  
**CATCH UP**  
if you choose to do  
**NOTHING.**

Dent, E., Morley, J. E., Cruz-Jentoft, A. J., Woodhouse, L., Rodríguez-Mañas, L., Fried, L. P., ... & Vellas, B. (2019). Physical frailty: ICFSR international clinical practice guidelines for identification and management. *The Journal of Nutrition, Health & Aging*, 23, 771-787..



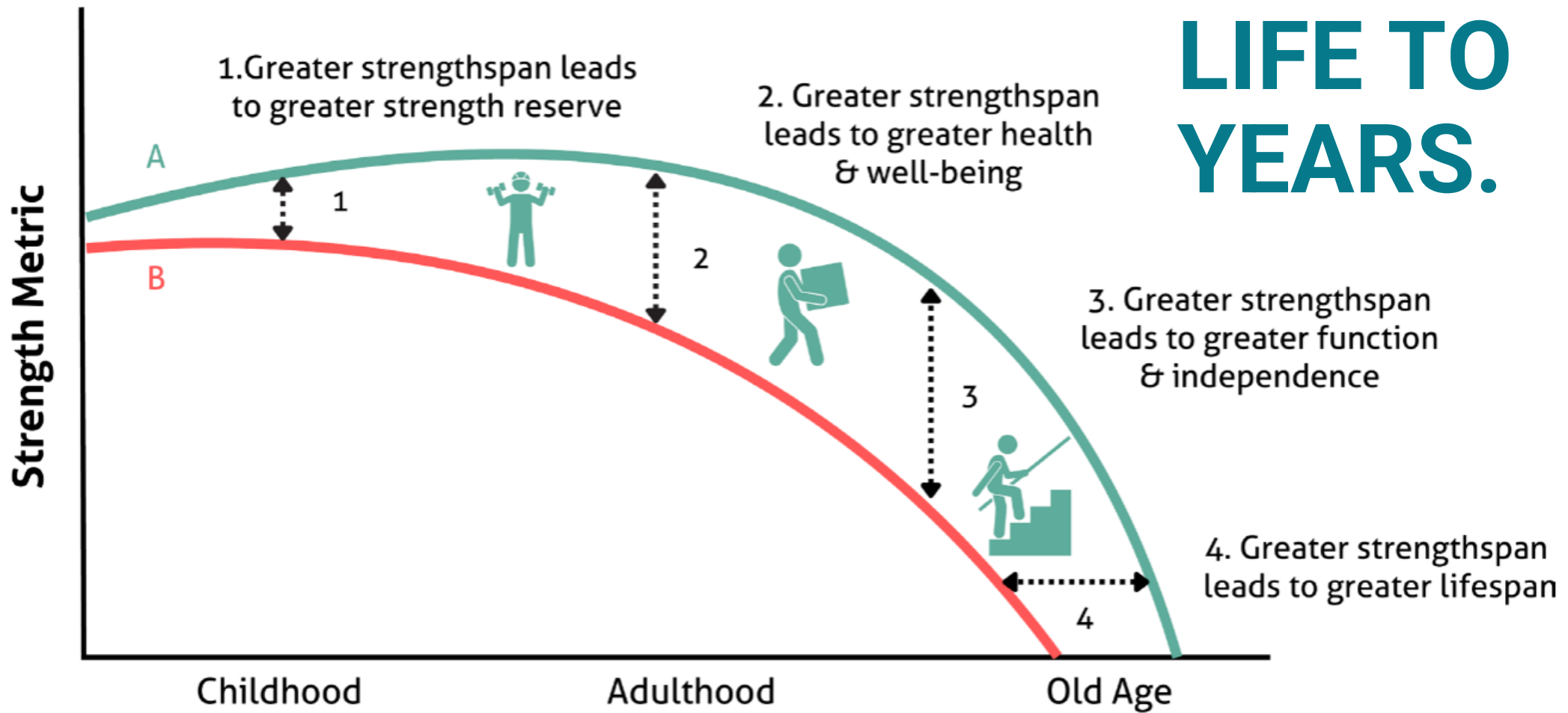
# Hallmark of Ageing: Musculoskeletal Decline



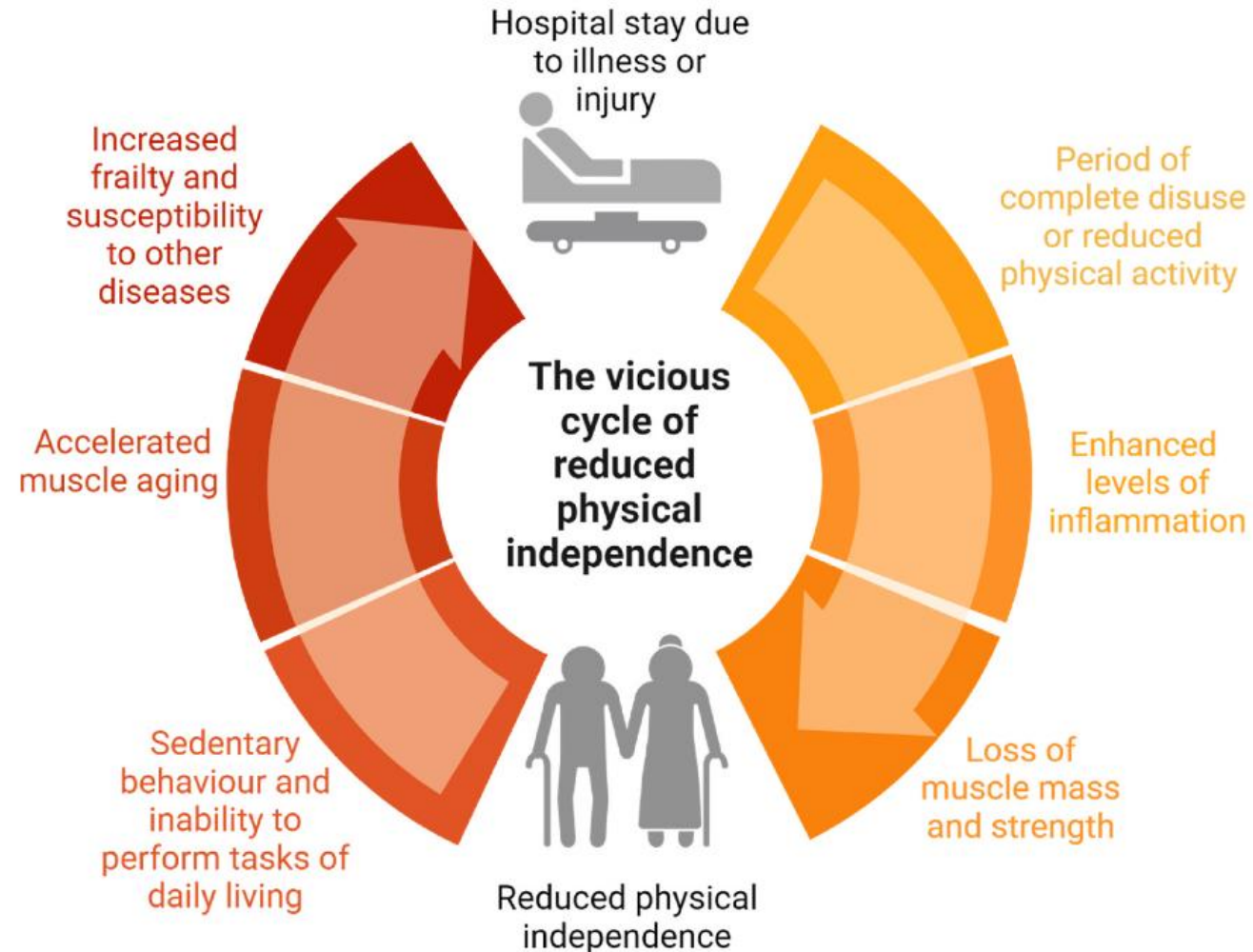
**0.47%**  
per year

**2-4%**  
per year

# Greater muscle strength adds **LIFE TO YEARS.**



# Sedentarism-Vulnerability Vicious Cycle



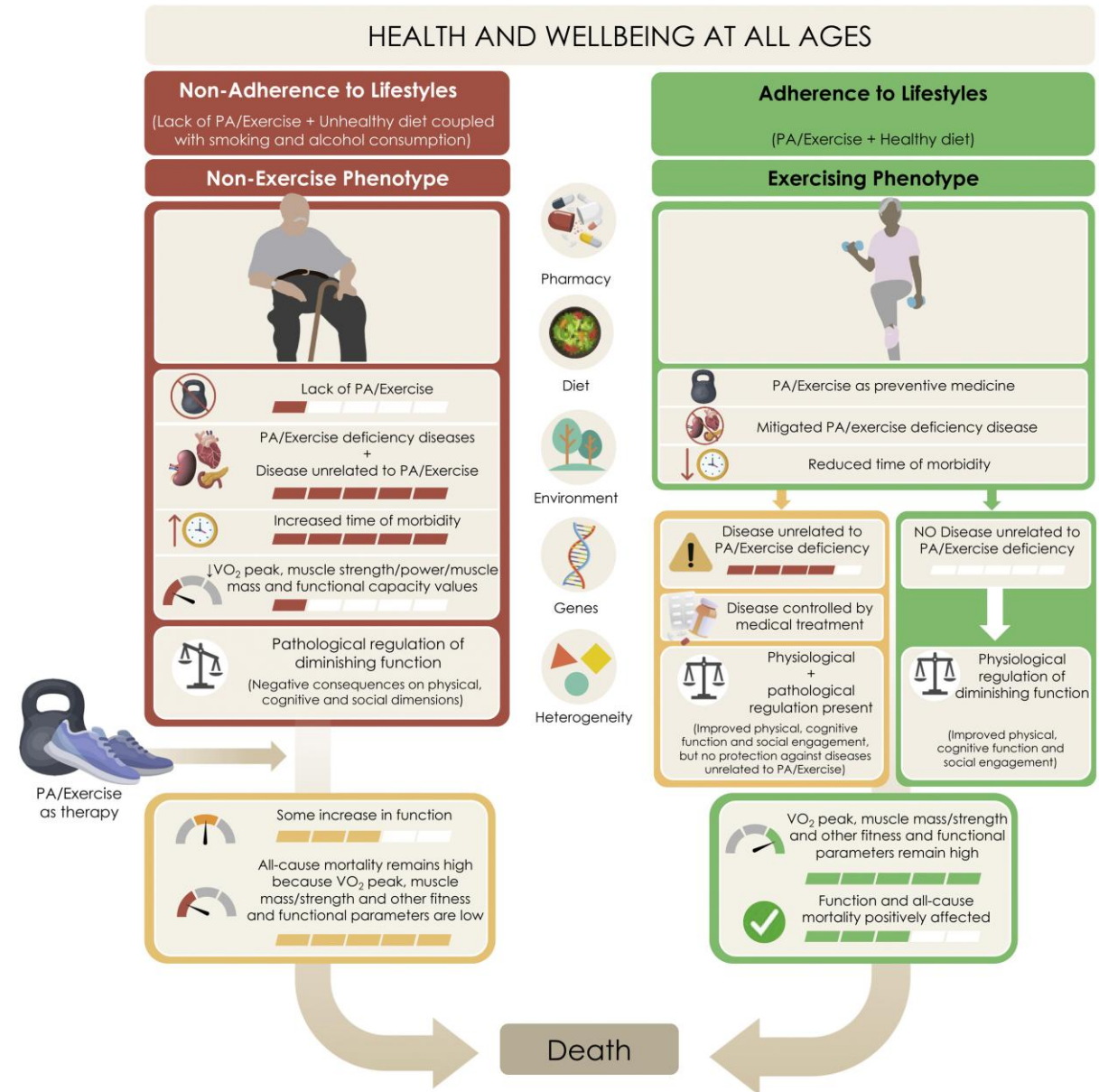


# Phenotypes of Ageing:

# Exercising

versus

# Non-Exercise



Izquierdo, M., de Souto Barreto, P., Arai, H., Bischoff-Ferrari, H. A., Cadore, E. L., Cesari, M., ... & Singh, M. A. F. (2025). Global consensus on optimal exercise recommendations for enhancing healthy longevity in older adults (ICFSR). *The Journal of Nutrition, Health and Aging*, 29(1), 100401.

# Exercise as Medicine

1 | Primary prevention for conditions for which treatments are available

2 | Supplementing clinical interventions and substitution for unsafe treatments

3 | Management of conditions that has no other effective treatments

| Optimization of peak body composition and fitness |                    |                | Prevention of Risk factors for Chronic disease |                    |                                         |
|---------------------------------------------------|--------------------|----------------|------------------------------------------------|--------------------|-----------------------------------------|
|                                                   | Exercise effective | Drug available |                                                | Exercise effective | Drug available                          |
| Adipose mass and distribution                     | ✓                  |                | ✓                                              |                    | Cognitive dysfunction / brain atrophy   |
| Aerobic fitness                                   | ✓                  |                | ✓                                              |                    | Depression                              |
| Bone density / mass / geometry                    | ✓                  |                | ✓                                              |                    | Hyperlipidemia                          |
| Brain morphology and function                     | ✓                  |                | ✓                                              |                    | Hypertension                            |
| Metabolic fitness                                 | ✓                  |                | ✓                                              | ✓                  | Insomnia                                |
| Muscle mass                                       | ✓                  |                | ✓                                              |                    | Insulin resistance, glucose intolerance |
| Psychological well-being                          | ✓                  |                | ✓                                              |                    | Systemic inflammation                   |

| Treatment of Chronic Disease    |                    |                                       | Prevention of age-related changes in physiology and function |                    |                                          |
|---------------------------------|--------------------|---------------------------------------|--------------------------------------------------------------|--------------------|------------------------------------------|
|                                 | Exercise effective | Drug available                        |                                                              | Exercise effective | Drug available                           |
| Arthritis                       | ✓                  | ✓                                     | ✓                                                            |                    | Balance impairment                       |
| Atherosclerosis                 | ✓                  | ✓                                     | ✓                                                            |                    | Decline in aerobic capacity              |
| Cancer                          | ✓                  | ✓                                     | ✓                                                            |                    | Endothelial dysfunction                  |
| Congestive heart failure        | ✓                  | ✓                                     | ✓                                                            | ✓                  | Insulin resistance / glucose intolerance |
| Cognitive impairment / dementia | ✓                  |                                       | ✓                                                            | ✓                  | Osteopenia / osteoporosis                |
| COPD, asthma                    | ✓                  | ✓                                     | ✓                                                            | ✓                  | Sarcopenia                               |
| Depression / anxiety            | ✓                  | ✓                                     | ✓                                                            | ✓                  | Visceral and general obesity             |
| Diabetes                        | ✓                  | ✓                                     | ✓                                                            | ✓                  |                                          |
| Falls                           | ✓                  | ✓                                     | ✓                                                            | ✓                  |                                          |
| Functional impairment / Frailty | ✓                  | ✓                                     | ✓                                                            | ✓                  |                                          |
| Hypertension                    | ✓                  | ✓                                     | ✓                                                            | ✓                  |                                          |
| Liver disease                   | Supportive         | Supportive                            |                                                              |                    |                                          |
| Osteoporosis                    | ✓                  | ✓                                     |                                                              |                    |                                          |
| Parkinson's disease             | ✓                  | ✓                                     |                                                              |                    |                                          |
| Peripheral neuropathy           | ✓                  | ✓                                     |                                                              |                    |                                          |
| Peripheral vascular disease     | ✓                  | Surgery                               |                                                              |                    |                                          |
| Renal failure                   | ✓                  | Supportive; renal replacement therapy |                                                              |                    |                                          |
| Stroke                          | ✓                  | ✓                                     |                                                              |                    |                                          |

Izquierdo, M., de Souto Barreto, P., Arai, H., Bischoff-Ferrari, H. A., Cadore, E. L., Cesari, M., ... & Singh, M. A. F. (2025). Global consensus on optimal exercise recommendations for enhancing healthy longevity in older adults (ICFSR). *The Journal of Nutrition, Health and Aging*, 29(1), 100401.

# Overwhelming Empirical Evidence

Review Article

## The Effectiveness of Exercise Interventions for the



Archives of Physical Medicine and Rehabilitation

journal homepage: [www.archives-pmr.org](http://www.archives-pmr.org)

Archives of Physical Medicine and Rehabilitation 2014;95:753-69



RE de Labra et al. *BMC Geriatrics* (2015) 15:154  
DOI 10.1186/s12877-015-0155-4

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### RESEARCH ARTICLE

M  
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*Journal of Cachexia, Sarcopenia and Muscle* 2023; 14: 1199–1211  
Published online 14 April 2023 in Wiley Online Library ([wileyonlinelibrary.com](http://wileyonlinelibrary.com)) DOI: 10.1002/jcsm.13225

Carr  
José

## Exercise for sarcopenia in older people: A systematic review and network meta-analysis

Yanjiao Shen<sup>1,3</sup>, Qingyang Shi<sup>2</sup>, Kailei Nong<sup>2</sup>, Sheyu Li<sup>2</sup>, Jirong Yue<sup>3</sup>, Jin Huang<sup>1</sup>, Birong Dong<sup>3</sup>, Mari Qiukui Hao<sup>3,4\*</sup>

<sup>1</sup>Medical Device Regulatory Research and Evaluation Center, Chinese Evidence-Based Medicine Center, West China Hospital, Sichuan University, Chengdu, Sichuan, China; <sup>2</sup>Department of Endocrinology and Metabolism, West China Hospital, Sichuan University, Chengdu, Sichuan, China; <sup>3</sup>The Center of Gerontology, Clinical Research Center of Geriatrics, West China Hospital, Sichuan University, Chengdu, Sichuan, China; <sup>4</sup>School of Rehabilitation Science, McMaster University, Hamilton, Ontario, Canada

Kidd et al. *BMC Geriatrics* (2019) 19:184  
<http://doi.org/10.1186/s12877-019-1196-x>

BMC Geriatrics

## JBI EVIDENCE SYNTHESIS

Home Articles & Issues Collections Online First Article Series Digital Media Content For Authors Journal Info

SYSTEMATIC REVIEWS

## Effectiveness of exercise interventions on physical function in



ELSEVIER

Contents lists available at [ScienceDirect](http://ScienceDirect)

Geriatric Nursing

journal homepage: [www.gnjournal.com](http://www.gnjournal.com)



Feature Article

## Exercise interventions for improving physical function, daily living activities and quality of life in community-dwelling frail older adults: A systematic review and meta-analysis of randomized controlled trials

Yixiong Zhang, MD\*, Yuqun Zhang, PhD, Shizheng Du, RN, MD, Qiuling Wang, MD, Haozhi Xia, MD, Rong Sun, MD

Department of Nursing, Nanjing University of Chinese Medicine, Nanjing, China





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# WHAT

is an evidence-based approach to exercise prescription?





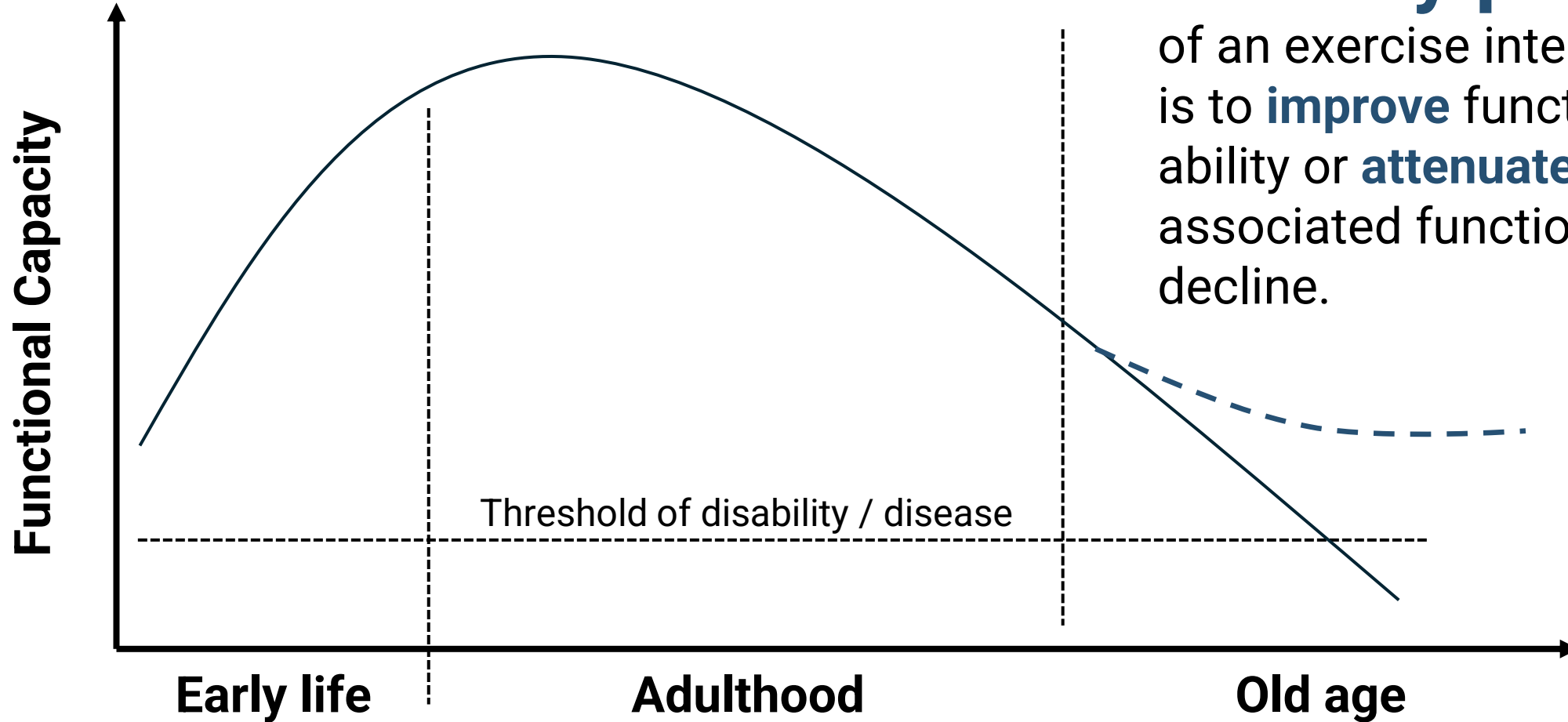
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Healthy ageing is the process of developing and maintaining the **functional ability** that enables wellbeing in older age

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*World Health Organisation*

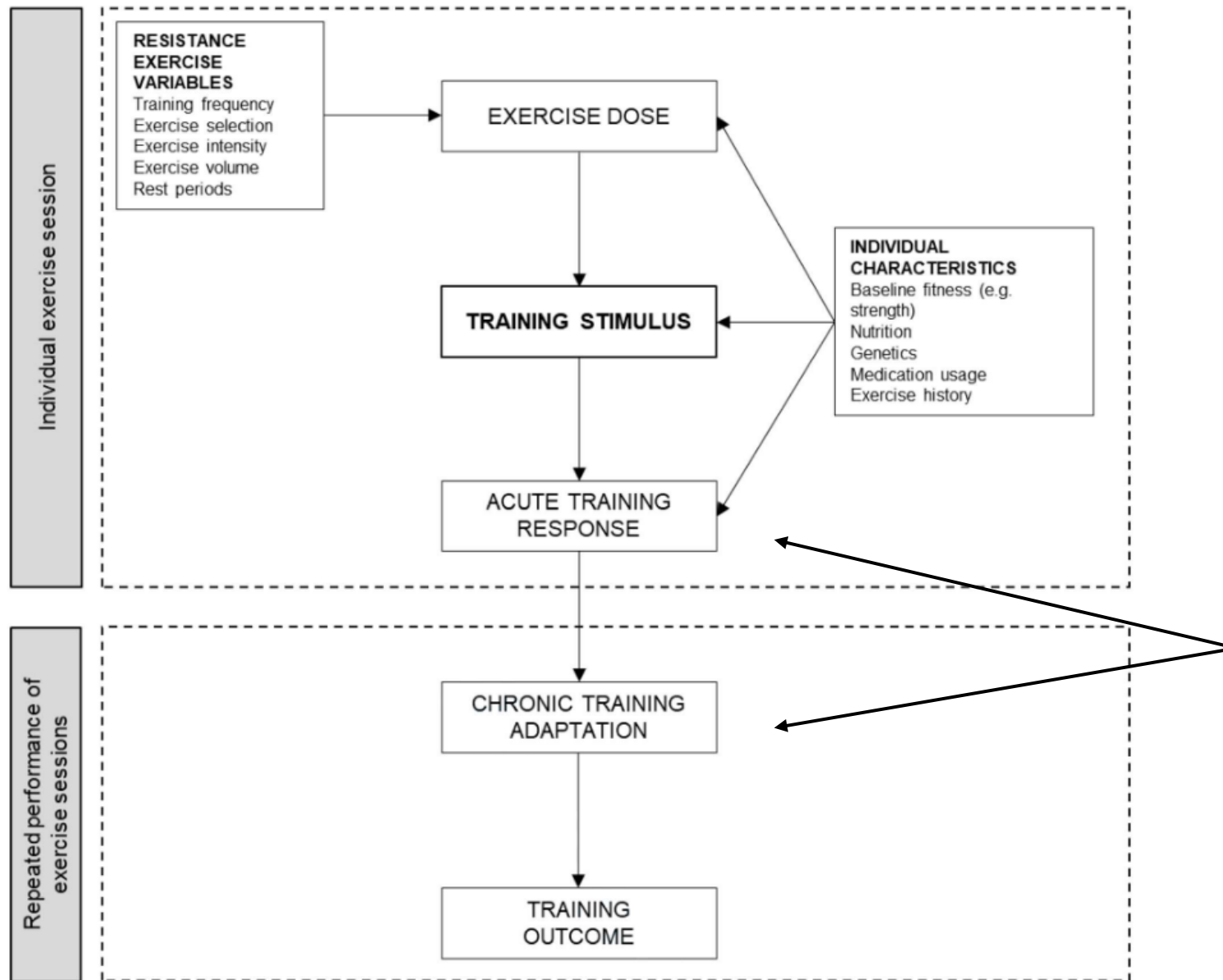




## Primary purpose

of an exercise intervention is to **improve** functional ability or **attenuate** age-associated functional decline.





Training adaptations **have to occur** to achieve improvements in functional ability.

# Principle of Specificity

Exercise training adaptations are specific to the training stimulus derived from the exercise performed.

# **Aerobic**

Improves  
cardiovascular health

# **Resistance**

Improves  
musculoskeletal health

# **Balance**

Improves postural  
stability and coordination

# **Flexibility**

Improves  
range of motion



# Physical Activity Recommendations for Older Adults



150 – 300 minutes of moderate-intensity aerobic physical activity



2 days of moderate-intensity muscle-strengthening activity



3 days of moderate-intensity functional balance physical activity

**SINGAPORE PHYSICAL ACTIVITY GUIDELINES FOR OLDER ADULTS (65 YEARS & ABOVE)**

Older adults should engage in regular physical activity to improve overall wellbeing, enhance functional capacity, and prevent falls.

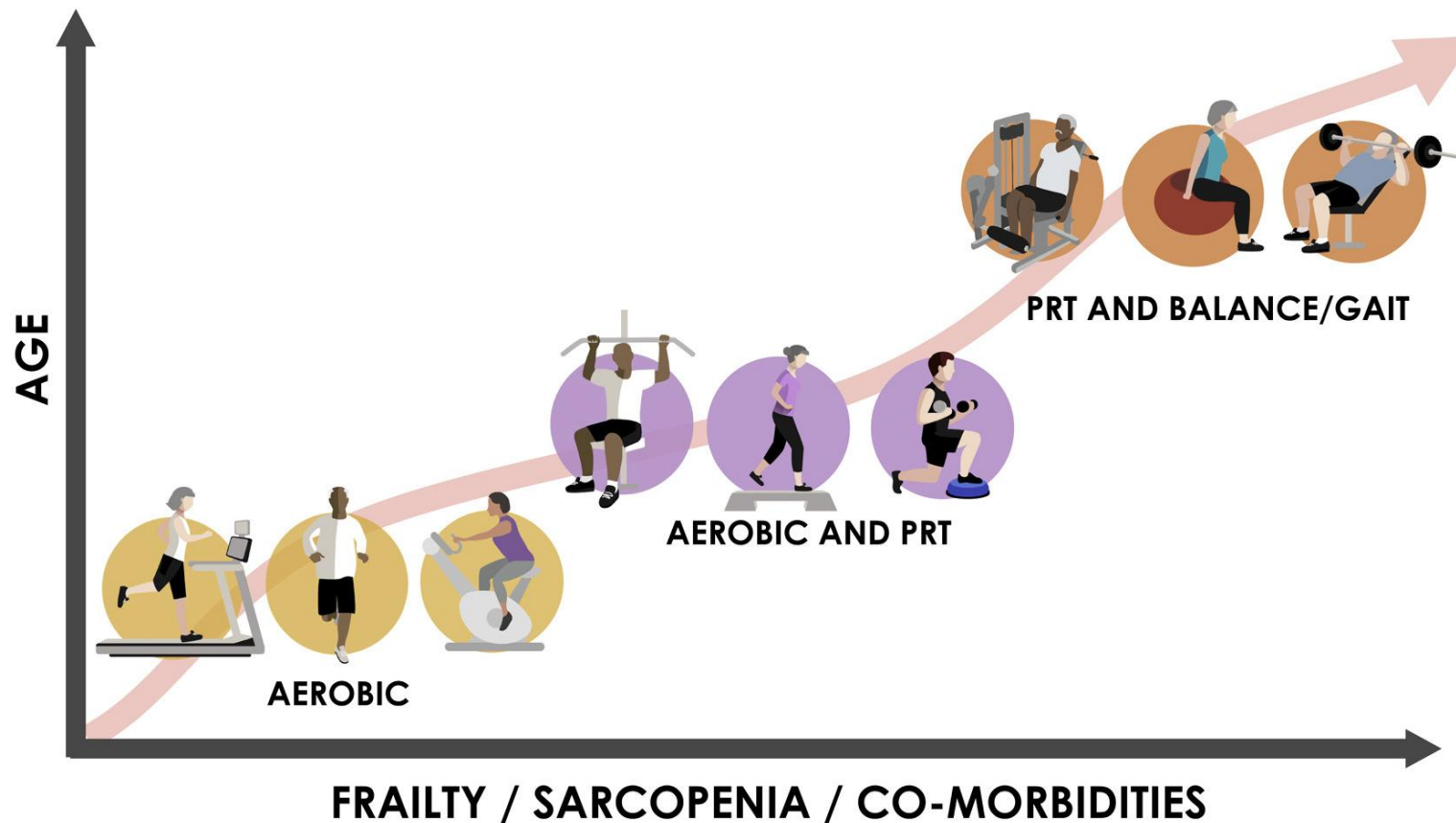
**MOVE STRONG & BE BALANCED**

**RECOMMENDATIONS**

- RETAIN STRENGTH**  
Engage in muscle strengthening activities on 2 or more days a week, at moderate or greater intensity, to keep muscles, bones, and joints strong.  
Include multi-component physical activity that emphasizes strength and functional balance at least 3 days of the week at a moderate-intensity or greater.
- HIT 150 - 300**  
Aim for at least 150 to 300 minutes of moderate-intensity aerobic physical activity per week.  
\*Every minute of vigorous-intensity activity can generally be considered as two minutes' worth of moderate-intensity activity.
- KEEP MOVING**  
Limit the amount of time spent being sedentary, particularly recreational screen time, by engaging in activity of any intensity.

**TIPS**





- For adults with chronic conditions (e.g. Type-2 Diabetes and Hypertension), the recommendations and tips are still applicable.
- If unsure of how to begin, consult a health professional to determine a suitable exercise regime for you.



# Optimal exercise changes over time.

Sequencing and progression of exercise modalities should follow the physical requirements underpinning mobility and specific individual deficits.

# Exercise Modality-Specific Adaptations

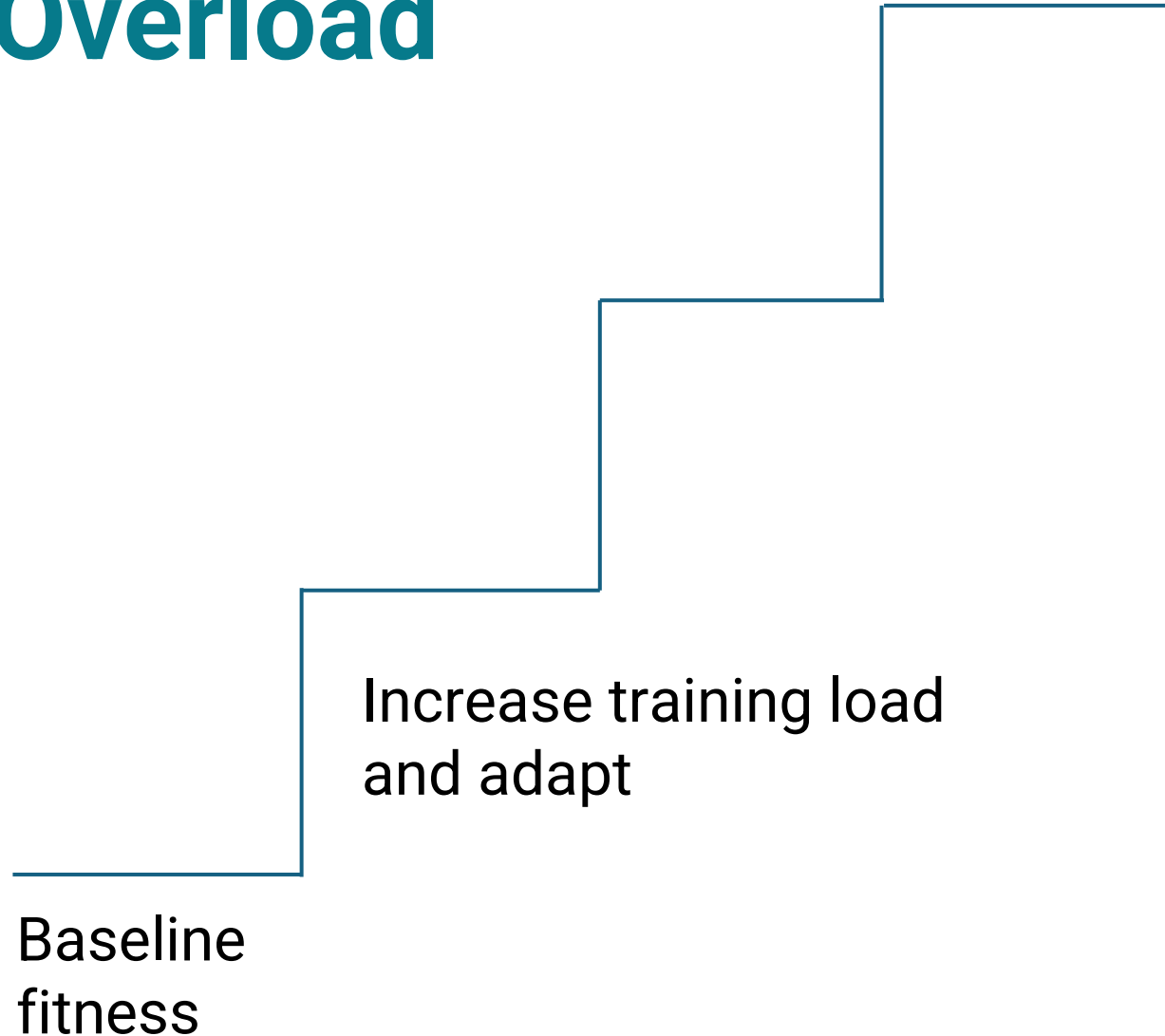
- Priority 1 |  Age-associated loss of muscle **necessitates progressive resistance training** for optimal adaptation.
- Priority 2 |  Balance training is critical to **reduce fall-risk**.
- Priority 3 |  Aerobic training is essential to improve **cardiorespiratory fitness**.
- Priority 4 |  Flexibility training has limited benefits beyond improving range of motion.



# Principle of Overload

Exercise training adaptations **only occur** if there is greater than habitual stress on the body.

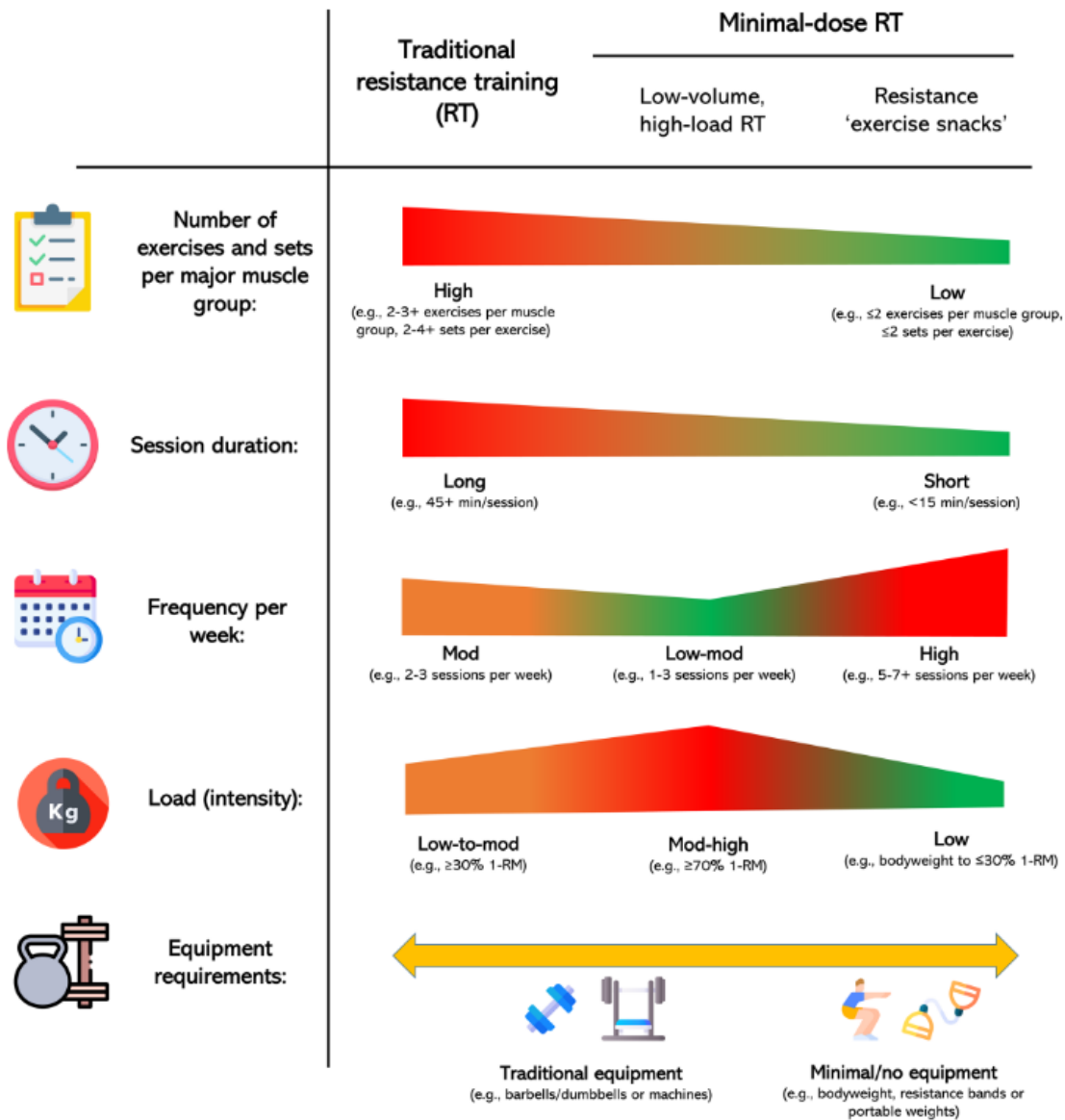
# Principle of Overload



Improved fitness

Exercise intervention has to be **sufficiently challenging** to elicit benefits.

Prescribing **low-intensity exercise with no progression** is not evidence-based!



There are many ways to increase the exercise dosage.

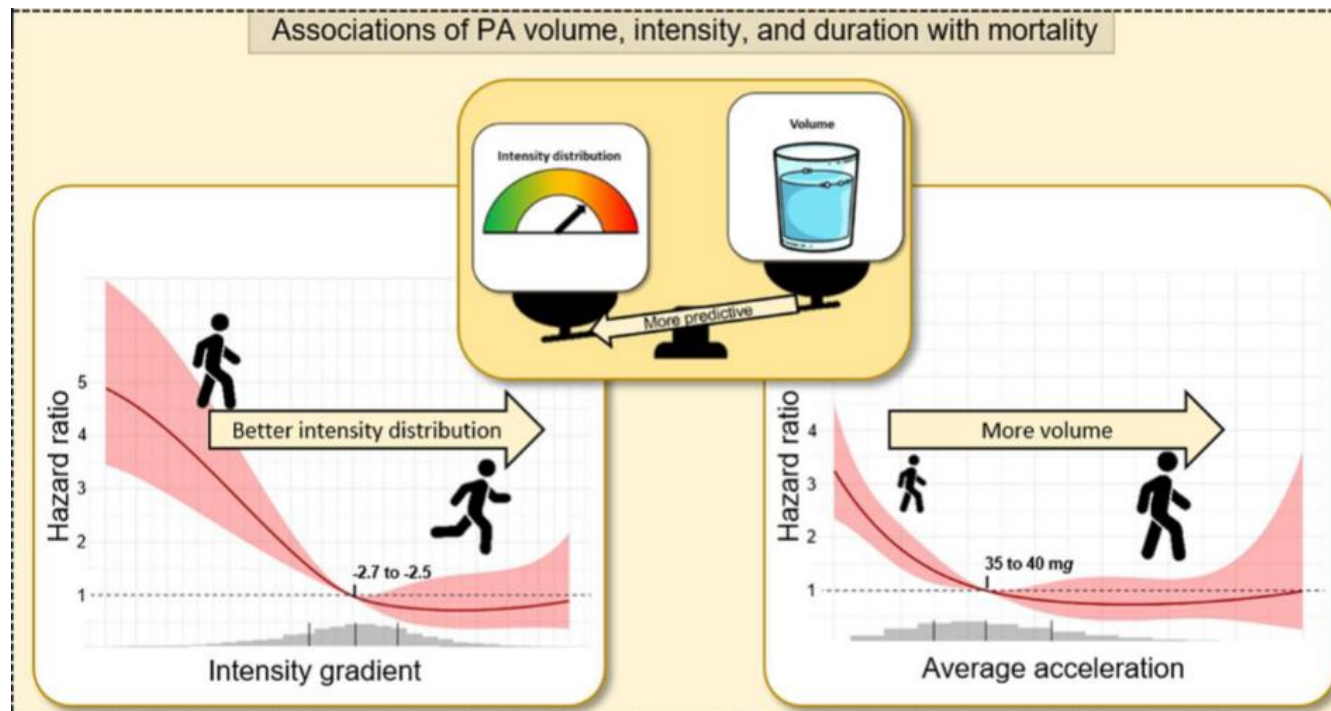
Low frequency  
High load

High frequency  
Low load

# Exercise Intensity Matters

## Intensity or volume: the role of physical activity in longevity

Fabian Schwendinger <sup>1\*</sup>, Denis Infanger <sup>1</sup>, Eric Lichtenstein <sup>2</sup>,  
Timo Hinrichs <sup>1</sup>, Raphael Knaier <sup>1</sup>, Alex V. Rowlands <sup>3,4,5†</sup>, and  
Arno Schmidt-Trucksäss <sup>1,6†</sup>



Higher physical activity intensity is more closely associated with **reduced mortality risk** than total physical activity volume.





Review

Global consensus on optimal exercise recommendations for enhancing healthy longevity in older adults (ICFSR)

Mikel Izquierdo <sup>a,b,\*</sup>, Philippe de Souto Barreto <sup>c,d</sup>, Hidenori Arai <sup>e</sup>, Heike A. Bischoff-Ferrari <sup>f</sup>, Eduardo L. Cadore <sup>g</sup>, Matteo Cesari <sup>h</sup>, Liang-Kung Chen <sup>i</sup>, Paul M. Coen <sup>j</sup>, Kerry S. Courneya <sup>k</sup>, Gustavo Duque <sup>l</sup>, Luigi Ferrucci <sup>m</sup>, Roger A. Fielding <sup>n</sup>, Antonio García-Hermoso <sup>a,b</sup>, Luis Miguel Gutiérrez-Robledo <sup>o</sup>, Stephen D.R. Harridge <sup>p</sup>, Ben Kirk <sup>q</sup>, Stephen Kritchevsky <sup>r</sup>, Francesco Landi <sup>s,t</sup>, Norman Lazarus <sup>p</sup>, Teresa Liu-Ambrose <sup>u</sup>, Emanuele Marzetti <sup>s,t</sup>, Reshma A. Merchant <sup>v,w</sup>, John E. Morley <sup>x</sup>, Kaisu H. Pitkälä <sup>y</sup>, Robinson Ramírez-Vélez <sup>a,b</sup>, Leocadio Rodríguez-Mañas <sup>b,z</sup>, Yves Rolland <sup>c,d</sup>, Jorge G. Ruiz <sup>A</sup>, Mikel L. Sáez de Astasu <sup>a,b</sup>, Dennis T. Villareal <sup>B</sup>, Debra L. Waters <sup>C,D</sup>, Chang Won Won <sup>E</sup>, Bruno Vellas <sup>c,d</sup>, Maria A. Fiatarone Singh <sup>F</sup>



## Aerobic Training

- ✎ 20-60 minutes using large muscle groups per session at 55-70% heart rate reserve
- ✎ Short bouts of high-intensity exercise lasting 30s to 4 min



## Balance Training

- ✎ 1-2 sets of 4-10 different exercises on static and dynamic postures or movements
- ✎ Progressive difficulty as tolerated



## Resistance Training

- ✎ 1-3 sets of 8-12 repetitions
- ✎ 8-10 exercises targeting major muscle groups
- ✎ Start at 50% of 1RM and progress to heavier loads of 70-80% 1RM

---

# HOW

can we bridge the  
knowledge-practice  
gap?



# 01

Be More

**SPECIFIC**



Clearly communicate the desired physical activity behaviour with specific details to minimise ambiguity and make it actionable.

~~Exercise more~~

~~Engage in resistance training~~

Engage in at least **2 days** of resistance training performing **8 to 10 exercises** targeting major muscle groups at **intensity of 70-80%** 1 repetition maximum



# 02

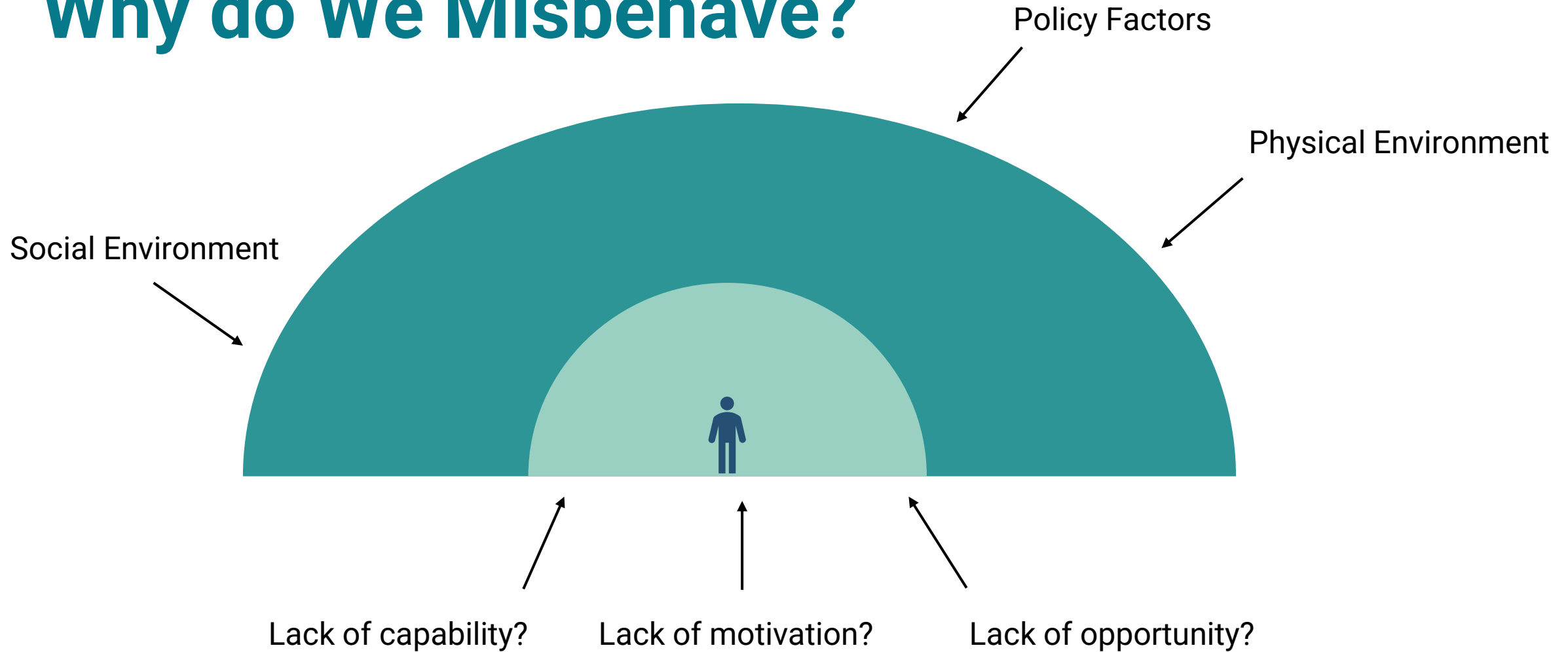
Beyond

# INDIVIDUALS



Behaviour change is complex. Adopt a systems lens to better understand how individual behaviours are influenced by their environments.

# Why do We Misbehave?



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People are not dumb.  
The world is hard.

Richard Thaler

# 03

Support

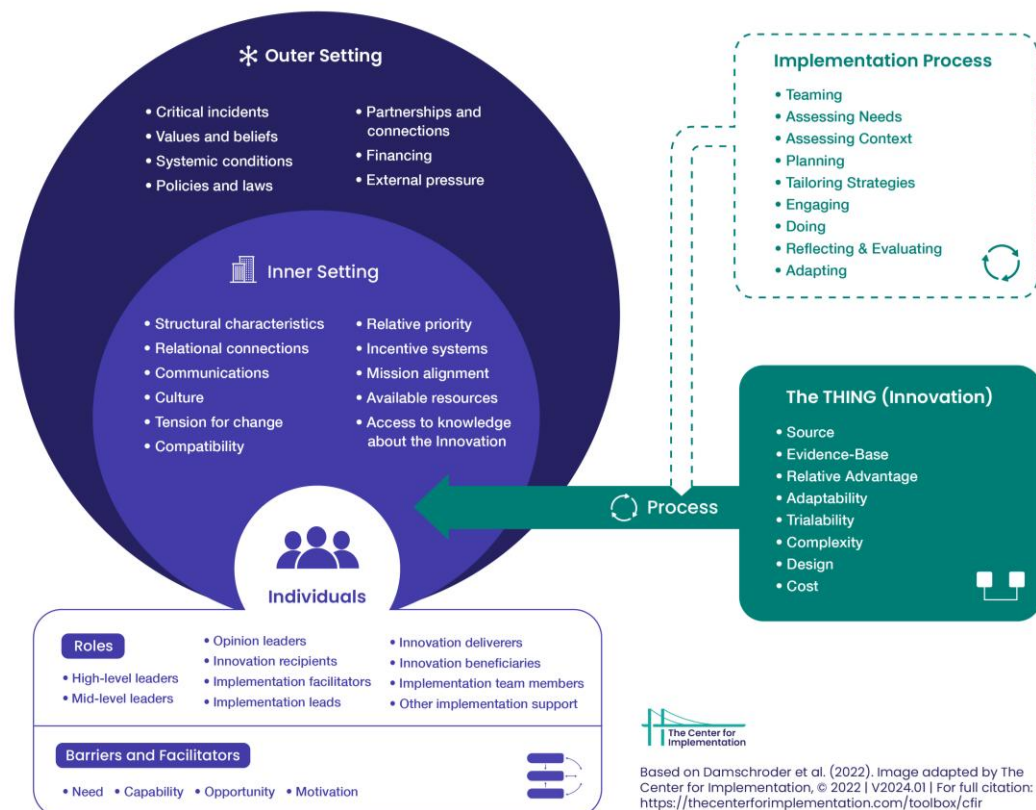
## IMPLEMENTATION



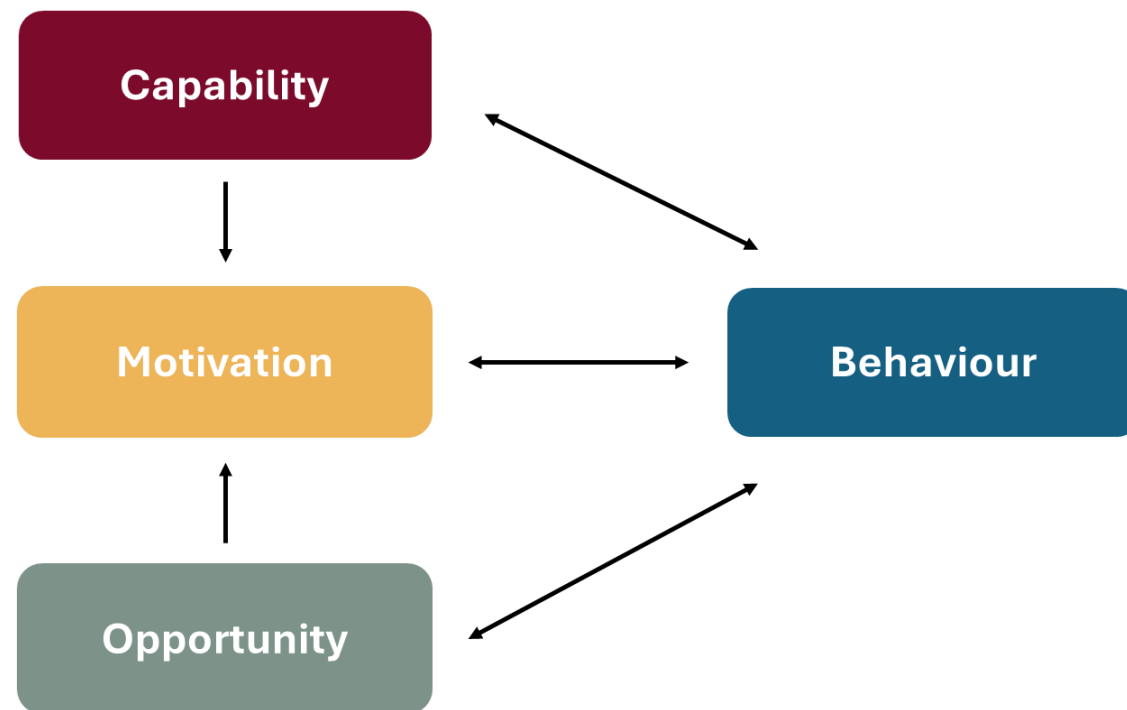
Integrate implementation science and behaviour change theories to promote uptake of evidence-based exercise prescription practice.



# Consolidated Framework for Implementation Research (CFIR)



# COM-B Model



Damschroder, L. J., Reardon, C. M., Opra Widerquist, M. A., & Lowery, J. (2022). Conceptualizing outcomes for use with the Consolidated Framework for Implementation Research (CFIR): the CFIR Outcomes Addendum. *Implementation Science*, 17(1), 7.

Michie, S., Van Stralen, M. M., & West, R. (2011). The behaviour change wheel: a new method for characterising and designing behaviour change interventions. *Implementation Science*, 6, 1-12.

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# KEY TAKEAWAYS




Ageing is  
**INEVITABLE**  
poor health  
isn't.



---

Sufficient exercise maintains functional capacity and lengthen the healthspan in our later years.





Some exercise is  
definitely better  
than none but it is  
**NOT THE  
FINAL GOAL.**

Evidence-based exercise  
prescription strives towards  
optimal dosage to maximise  
the health benefits of physical  
activity.





**NOT ALL**  
physical activity is  
**EQUALLY**  
**EFFECTIVE.**

Dose-response relationships and exercise modality-specific adaptations exist. Evidence-based exercise prescription addresses specific individual needs.





# BLUE ZONE 3.0

**A nation where all older adults have access  
to evidence-based exercise.**

# Thank You

**Nien Xiang Tou, PhD**

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 [www.geri.com.sg](http://www.geri.com.sg)

 Geriatric Education & Research Institute



**RETHINKING AGEING**