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Aging and wellbeing

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Propositions to accompany the PhD thesis

Aging and wellbeing; investigating elderly preferences and values

By Riaan Botes

1. Osteoarthritis and Coronary heart disease (CHD) are two highly prevalent diseases with the potential to cause significant disability in the female and male elderly population respectively. (Chapter 3)
2. Combined in a multi-morbid health state, diabetes and osteoarthritis cause severe disability among the elderly. (Chapter 3)
3. It is imperative to incorporate the oldest old health state valuations and descriptions into health services research to help stakeholders identify which health related and wellbeing concepts the oldest old value and to ensure that elderly wellbeing needs are addressed. (Chapter 4)
4. Preserving health related quality of life domains (mobility, activities of daily life and managing pain), is a good approach to positively influence non-health aspects (social interaction, control and a sense of purpose). (Chapter 5)
5. Preservation of mobility must be a priority for health professionals, patients and caregivers. (Chapter 6)

6. Applying the principals of the capability approach can help elderly identify what is relevant to their wellbeing, and set realistically achievable quality of life and wellbeing goals. (Chapter 6)

7. The elderly already consider the consequences of deficits in health on non-health factors, during the valuation of health states. (Karimi M, Brazier J, Paisley S. How do individuals value health states? A qualitative investigation. *Soc Sci Med* 2017;172:80-88.)

8. Healthy ageing is predominantly determined by lifestyle, yet, no one seems to know (<https://www.youtube.com/watch?v=ff40YiMmVkU>). However, simple and regular physical activity has the potential to either lessen or prevent physiological and cognitive decline with ageing (Seals DR, Justice JN, LaRocca TJ. Physiological geroscience: targeting function to increase healthspan and achieve optimal longevity. *J Physiol* 2016;594(8):2001-2024.)

9. Focused goal setting and realistic achievable plans provide elderly with the adaptational skills to better manage disease affected health states. (Graffigna G, Barello S. Spotlight on the Patient Health Engagement model (PHE model): a psychosocial theory to understand people's meaningful engagement in their own health care. *Patient Prefer Adherence* 2018;12:1261-1271.)