Most people are thinking about aging all wrong

A new study found that physical and cognitive gains in later life are surprisingly common.

Most people believe that aging is synonymous with steadily losing cognitive and physical abilities — that the best older people can hope for is to slow this inevitable decline. A recent study in the journal Geriatrics offers a far more optimistic picture: Nearly half of older adults actually improve in later life.

In fact, a strong predictor of such improvement is something everyone has control over: their own beliefs about aging.

Understanding the study's methodology is key to appreciating why these findings are so consequential. The authors drew data from a long-term survey funded by the National Institutes of Health, which followed more than 11,000 older Americans for up to 12 years. On average, participants started the study in their late 60s to early 70s.

Unlike other studies, however, the researchers focused not just on how much participants declined with age, but also on improvements in two domains. Cognitive health was assessed using a measure that evaluated 27 aspects of mental processes, including memory and mathematical skills. Physical health was assessed by walking speed, a widely used indicator that predicts future disability and hospitalization.

They found that when all participants were analyzed as a single group, the overall picture was one of decline. But about 32 percent of older adults improved their cognition and 28 percent their walking speed. Overall, more than 45 percent showed improvement in either ability.

To preempt criticism that the upward trends were driven by people recovering from injury or illness, researchers examined a subgroup of older adults who started out with normal function. This group, too, had substantial proportions of people who improved over time, suggesting that healthy older adults have untapped capacity and can realize health gains well into later life.

Becca Levy, the study's lead author and a professor of epidemiology at the Yale School of Public Health, told me that if this methodology were applied to previous studies, many would probably have uncovered similar gains. Standard assessment tools, including those used by the World Health Organization, classify older adults as declining or not declining and do not include categories for improvement. These tools "miss the potential of people who are actually getting better over time," she said.

Such individuals aren't outliers. Her study estimates that more than 26 million older Americans are experiencing improvements in function. They have always been there; researchers just weren't using the right measures to find them.

The study had two other important findings. One was that of the participants who showed improvements, about two-thirds did so only in one domain. "There's this tendency to assume that if somebody's showing decline in one area, it carries over to others," Levy said. But that may not be the case. Someone with a physical limitation can still improve cognitively, and vice versa.

Her co-author and fellow Yale researcher, Martin Slade, told me that people experiencing challenges in one area should not think of their lives as small and limited but as expanding in different ways. "If I can't do these things, maybe I can do others," he said.

The second finding was the powerful effect of what Levy and Slade call "age beliefs," or deeply ingrained attitudes about the aging process. Their previous research found that more optimism about aging was associated with better health outcomes, including a 7.5-year longer lifespan. In this new study, participants with more positive age beliefs were significantly more likely to improve both cognition and walking speed, even after accounting for factors such as age, education level and presence of depression and other chronic diseases.

The association makes intuitive sense. Someone who believes their best years are still ahead of them is more likely to engage in health-promoting behaviors such as exercising, quitting smoking and building social connections. On the other hand, as Slade put it, "if my expectation is decline, then why would I do anything to change it?"

This is why these findings are so important. People need to know that improvement in later life is a common experience. This is essential for clinicians, too. If they view decline as the default trajectory, they may attribute all symptoms to aging itself, making them less likely to refer patients to rehabilitation, physical therapy, memory-support programs and other interventions to maximize their physical and cognitive potential.

Changing attitudes will be challenging. A 2024 survey by Alzheimer's Disease International found that 80 percent of people falsely believe that dementia is a normal part of aging, which may become a self-fulfilling prophecy. Expanding one's view of aging to include health gains would better reflect reality and may help people live longer — and better — lives.

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