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CONTEMPORARY AGING: BURDEN OR BONUS? THE “BEST AGE” QUESTION

O ENVELHECER CONTEMPORÂNEO: ÔNUS OU BÔNUS? A QUESTÃO DA “MELHOR IDADE”

EL ENVEJECIMIENTO CONTEMPORÂNEO: ¿UNA CARGA O UNA VENTAJA? LA CUESTIÓN DE LA “MEJOR EDAD”

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ABSTRACT

Introduction: There are several denominations attributed to aging, including some derogatory ones; the objective was to identify these denominations as analyze the burden and the bonus of aging.

Method: The theoretical-reflexive method was adopted; the search for articles/texts was carried out in several databases and virtual libraries; the descriptors were extracted from the Descriptors in Health Sciences (DeCS) and Medical Subject Headings (MeSH). After defining the selected materials that would help the elaboration of this text and the theoretical reflection on this theme, we proceeded to the construction of the article and with that, five guiding points/categories were elaborated to support this theoretical-reflective text.

Results: The guiding points: *aging, denominations attributed to aging, the elderly and the world of work, health changes in aging and the expression “better age”* were appreciated and considered.

Conclusion: The term “best age” for the elderly is a fallacy; it is urgent that new conceptions and ideologies be glimpsed in a different way. This means that the elderly need to be visualized and conceptualized in society not in a bizarre or jocular way, without considering all their potential developed over the years.

Descriptors: Aging; Elderly; Healthy Aging; Health of the Elderly.

RESUMO

Introdução: Várias são as denominações atribuídas ao envelhecimento, incluindo-se algumas depreciativas; objetivou-se, então, identificar essas denominações e analisar o ônus e o bônus do envelhecer.

Método: Foi adotado o método teórico-reflexivo; a busca dos artigos/textos foi realizada em bases de dados e bibliotecas virtuais; os descritores foram extraídos do Descritores em Ciências da Saúde (DeCS) e do *Medical Subject Headings* (MeSH). Após a seleção dos textos publicados, procedeu-se a construção do artigo, sendo identificados cinco pontos norteadores/categorias para apoiar esse texto teórico-reflexivo.

Resultados: Os pontos norteadores: *o envelhecimento, denominações atribuídas ao envelhecimento, a pessoa idosa e o mundo do trabalho, as alterações de saúde no envelhecimento e a expressão “melhor idade”* foram apreciados e considerados.

Conclusão: O termo “melhor idade” para a pessoa idosa é uma falácia; urge que novas concepções e ideologias, sejam vislumbradas de forma diferenciada. As pessoas idosas precisam ser visualizadas e conceituadas na sociedade, não de forma bizarra ou jocosa, mas sim, considerando-se todo o seu potencial desenvolvido ao longo dos anos.

Descritores: Envelhecimento; Envelhecimento Saudável; Idoso; Saúde do Idoso.

RESUMEN

Introducción: Las denominaciones atribuidas al enriquecimiento son muy variadas, incluyendo algunas depreciaciones; por lo tanto, el objetivo es identificar estas denominaciones y analizar la carga y la ventaja del enriquecimiento.

Método: Se adoptó el método teórico-reflexivo; la búsqueda de artículos/textos se realizó en bases de datos y bibliotecas virtuales; los descriptores se extrajeron de los Descriptores en Ciencias de la Salud (DeCS) y Medical Subject Headings (MeSH). Después de la selección de los textos publicados, se procedió a la construcción del artículo, siendo identificados cinco puntos/categorías orientadoras para sustentar este texto teórico-reflexivo.

Resultados: Se apreciaron y consideraron los puntos rectores: *el envejecimiento, las denominaciones atribuidas al envejecimiento, las personas mayores y el mundo del trabajo, los cambios de salud en el envejecimiento y el término “mejor edad”*.

Conclusión: El término “mejor edad” para las personas mayores es una falacia; es urgente que se vislumbren nuevas concepciones e ideologías de forma diferenciada. Los ancianos necesitan ser visualizados y conceptualizados en la sociedad, no de forma bizarra o jocosa, sino considerando todo su potencial desarrollado a lo largo de los años.

Descriptores: Anciano; Envejecimiento; Envejecimiento Saludable; Salud del Anciano.

INTRODUCTION

In Brazil, the elderly are often referred to as being at their “Best Age”. This fact has sparked the authors' interest to learn where this expression came from and why it is used.

In reality, what does “Best Age” mean? Does such a thing as a “Best Age” exist? Why are the elderly at their “Best Age”? With the natural aging process, where several factors that cause health problems arise, can one be said to be at the “Best Age”?

Several classifications exist for ages and for a variety of purposes; in adulthood, people go through “young adulthood”, “middle adulthood”, and “older adulthood”, defined chronologically. These categories seem to qualify as natural types, capturing biological, psychological, and social properties that tend to coalesce due to causal processes; then, such categories are affected by cultural and health developments so that people may remain biologically, psychologically, and socially young for longer⁽¹⁾.

It becomes difficult to delimit the different stages of life in terms of age, corresponding practices, behaviors, and actions, which merge into each other and leave gaps that seem increasingly shorter and more undefined⁽²⁾. Regarding the “elderly people”, according to the Brazilian Elderly Statute, they are those aged 60 (sixty) years or older (Law number 10.741, 1/10/2003), matching the World Health Organization's (WHO) definition⁽³⁾. By classifying people into age categories, their behaviors may change, which in turn can change their biological, psychological, and social properties⁽¹⁾.

The present study aims to identify the denominations attributed to aging and to analyze the burden and the bonus of aging. For this purpose, some theoretical concepts and research are presented, which can contribute to a better understanding of this issue.

METHOD

In the development of this study, the theoretical-reflective method was applied to reflect upon the aspects related to aging, the denominations attributed to this condition, as well as the burden and the bonus of aging; due to the study's characteristics, approval by a Research Ethics Committee was not required.

To search the articles/texts, the following descriptors were used in Portuguese and English: Elderly, Aging, Elderly Health, and Healthy Aging, extracted from the Descriptors in Health Sciences (DeCS) and the Medical Subject Headings (MeSH). This search corresponded to the years 2000 to 2022 and was carried out in the following databases: Medical Literature Analysis and Retrieval System Online (Medline) via Public Medline or Publisher Medline (Pubmed), Science Direct, Scientific Electronic Library Online (SciELO), and SciVerse Scopus, as well as Google Scholar and university institutional repositories. Abstracts published in annals, letters to editors, review texts, and book chapters were considered limiting and were not included in the preparation of this article.

After defining the selected materials that would support the elaboration of the article on this theme, its development was carried out following a thorough reading of these materials aiming to identify the excerpts and the contents that corresponded to the attributes researched and related to this theme. It had the support of national and international literature, as it has a worldwide scope. With this, five guiding points/categories were elaborated to support this article's theoretical-reflective text.

RESULTS AND DISCUSSION

In this Theoretical Reflection, the guiding points elaborated from the analysis of the selected articles were the following: *Aging, titles attributed to aging, the elderly and the workplace, health changes in aging, and the expression “best age”*.

Aging

In the present day, aging is based on two phenomena of universal and irreversible nature, namely: The increase in the number of elderly people, and longevity^(4,5).

The former is expressively represented at the international level since the number of elderly people aged 60 and over, which was 202 million in 1950, rose to 1.1 billion in 2020 and is expected to reach 3.1 billion by 2100 (a 3.5-fold increase in the percentage from 1950 to 2100)⁽⁴⁾. In Brazil, the following growth occurred during 70 years, divided into two 35-year stages: In 1980 the elderly population was 7.1 million; in 2015, 23.2 million; in 2050 it will reach 64 million. It is observed that from 2015 to 2050 an increase of 40.8 million elderly people occurred, compared with the increase from 1980 to 2015, of 16.1 million elderly people⁽⁵⁾.

Regarding the longevity phenomenon, there are long-lived centenarians or post-centenarians (supercentenarians – over 110 years old). The centenarians and supercentenarians reflect human development, that is, the advances in medicine, basic sanitation, and the improvement in social living conditions. Japan has the longest life expectancy, research shows that there is one supercentenarian for every 166,000 inhabitants; in 2016, Japan reached 65,700 centenarians⁽⁵⁾.

In Brazil in 2007, for every 1 million Brazilians, one was over 110 years old; in 2010 there were 190,732,694 and 23,760 people over 100 years old. The states of Bahia (3525), São Paulo (3,146), and Minas Gerais (2,597) had the largest numbers of these centenarians; in São Paulo there were 1,124 centenarians in 2013 and this number is expected to reach 9,489 in 2050⁽⁶⁾.

A deeper reflection on aging is needed; social prejudice hinders the lives of older people, such as the following: Their values are old-fashioned; they are less skilled at criticism and judgment; they are less valuable than young people; their ability to enjoy life's pleasures is diminished. As a result of these aspects, older people take on such forms of prejudice and may undervalue themselves⁽⁷⁾.

Therefore, for older people, there will be greater harm, injustice, and inappropriate handling, as there is great heterogeneity in aging. Finally, they are more susceptible to immediate environmental influences, such as wars, epidemics/pandemics, catastrophes, violence, and migration⁽⁷⁾. One such example is the ongoing COVID-19 pandemic, which has caused them challenges, especially the “stay-at-home” sanitary measures leading to withdrawal from society.

Titles attributed to aging

Before aging, there are other stages of life, including the “standard adult” one, understood as a balanced, stable, settled, and orderly person who has reached biological, sexual, and psychological maturity⁽²⁾; even so, the question is: How to identify if said person has reached this level of maturity?

This leads to aging which is surrounded by social issues that can repress the elderly, assigning them negative and pejorative attributes, including experiencing “bad” aging. In this sense, considering this stage of life as successful or unsuccessful may condition the characterization of the level of well-being and quality of life of the elderly⁽⁶⁾.

In addition, the elderly seem to have gathered to feel empowered and to have common feelings regarding the negative aspects of society; this gathering has received denominations to represent them, such as “Third Age”, “Fourth Age”, “Best Age”, “Happy Age”, all of which are terminologies promoted by the media and understood by the meanings described below:

- “Third Age” – reached from 60 years and older⁽¹⁾;
- “Fourth Age” – octogenarians who have experienced aging with more autonomy and independence for daily living^(8,9);
- “Happy Age” – the best stage of life, resembling “Best Age”; expressions that seem to have been created with the objective of infantilizing, softening, or rendering the mention of the elderly as something “politically correct”. One of the objectives was to express that it is the phase in which the elderly are retiring and enjoying their retirement and rest^(10,11,12).

Just as a “standard adult” is defined⁽²⁾, it is questioned: is there a “standard elder”? And if so, what are their attributes? Is it someone who is withdrawn at home, who “gets in the way” of their families, but who is useful for taking care of the grandchildren, cleaning the house, preparing meals, reading or watching television programs, presenting pain, sorrow, and complaints? Or, instead, facing the stimuli and configurations of the current way of living, being physically and mentally active, exercising, rejoicing, and going through this stage of life as if it were really their “Best Age”?

Therefore, the question arises of whether these expressions are appropriate and adequate. The impression is that the words “aging” and “old age” should not be mentioned, and masking the terms and finding another approach is necessary. What if the creation of so many expressions applies a negative meaning to aging throughout life? Is it not enough to mention aging itself, without “decorations”, which make it difficult and distant to understand and experience it?

Faced with these situations, which are of a complex nature, the question is: What to do and how to do it?

The elderly and the workplace

In the present day, many elderly people need to work, because they contribute to the upkeep of their families, and in some instances, they support their families on their own. However, they face prejudice in the professional sphere, because society expects them to retire and stop working^(13,14).

However, the literature indicates that they increasingly need or want to remain in the workplace, both in Brazil and in other countries⁽¹³⁾. When the elderly are connected to the workplace, the first difficulty faced is the criticism that they are occupying the jobs and functions of young workers, as well as the allusion that this would lead to a lack of jobs⁽¹⁴⁾.

Although the number of elderly people working in the formal workforce may seem positive, many find themselves subjected to unfavorable working conditions⁽¹⁵⁾. Both the mature workers (over 55 years old) and the retired elderly people, when they return to the workplace, they are met with precarious working conditions⁽¹⁶⁾; as they are willing to perform under “diverse working conditions”, the employers take advantage of the situation^(17,18), to the point of exploiting them.

In addition, they are often excluded from selection processes for better jobs, despite the existence of a legal framework designed to protect them⁽¹⁴⁾.

However, society must stop perceiving the elderly from a discriminating point of view. They must be viewed as people who cooperate with the progress of the country, as in national or international elections, many octogenarians and/or nonagenarians⁽¹⁹⁾ are candidates.

As aging is a process that affects every biological being in existence, its impact on the workforce in work environments is of international concern^(20,21). In light of this fact, governments tend to encourage the participation of elderly workers in the workforce⁽²⁰⁾.

Some examples of the work of the elderly are summarized below:

- Japan's Employment Stabilization Law for the Elderly required employers to continue hiring employees until the eligible age for retirement^(10,11);
- The survey of fatal work-related accidents in Chile showed that of 625,050 of these events, 61% generated at least one day of disability, 34% occurred in workers aged 45 to 99, and 1% were fatal⁽²²⁾;
- Researchers from Chile, the UK, and Canada showed that there was no difference in productivity between older and younger workers, and in fact, older workers performed better⁽²¹⁾;
- In the United States of America (USA), the number of people aged 65 and older is expected to double by 2030 to 72 million; older people are working more and spending more time at work⁽¹²⁾;
- In Russia, the percentage of people past the active working age is increasing, and the elderly population is becoming increasingly important in the workforce⁽²³⁾.
- In Brazil, a study with 510 elderly people showed that they are able to stay in the workplace and this fact is directly related to their health condition⁽²⁴⁾;
- The contribution of the elderly to the Brazilian workforce and public policies show that the implementation of public policies aiming to integrate the elderly into the workforce is paramount⁽¹³⁾;
- The quality of life among elderly people with and without a job was evaluated, and those who had a job, had a better quality of life⁽²⁵⁾;
- The growth of elderly people's participation in the Brazilian formal workplace in the years 1996, 2006, and 2016 was evaluated; women suffered from gender discrimination both in terms of job positions and wage differences⁽²⁶⁾;

- The relationship between old age, work, and workers' health was discussed; besides the incipency of studies on the subject, it was found that public policies concerning the elderly's rights to work in Brazil are not very effective⁽²⁷⁾;
- Publications referring to the workplace scenario for the elderly and the situations of violence faced were evaluated; the elderly present difficulties to work due to the inadequacies of the work environment and their health condition. Regarding violence suffered at work, despite the scarcity of studies, the difficulties of entering and remaining in the workplace stand out⁽²⁸⁾;
- The main international documents addressing the elderly people's right to work, as well as the strategies to assure it, have evidenced the foundations for the elaboration and implementation of public policies and institutional/business programs directed to the elderly people⁽²⁹⁾;
- The right to work was analyzed as a way to guarantee the dignity of human beings; the results found indicate that there is an urgent need for state intervention, both to put into effect the guarantees already established for the elderly, and to invest in their professional qualification⁽³⁰⁾.

It is noted, then, that global aging and the aging of the workforce are issues faced by all countries⁽²¹⁾. The insertion of the elderly into the workforce is a contemporary fact and a human right, so age, as a vulnerability factor and its uniqueness, must be considered⁽³¹⁾.

Health changes when aging

With aging, in general, physical decline and a host of health problems ensue. Thus, the elderly tend to have more chronic health problems than the rest of the population⁽²⁴⁾.

Aging is defined by a gradual decline in physical abilities, which leads to changes in personal living habits and routine, it interferes with the well-being of the elderly, and can result in apathy, insecurity, or social isolation⁽³²⁾. The population continues to grow, and as people get older, health problems tend to increase⁽³³⁾.

The changes in the demographic population patterns have been represented by the growing participation of the elderly, demonstrated by the mortality from chronic degenerative diseases (cardiovascular, diabetes, and cancer), responsible for a higher frequency of hospital admissions, outpatient visits, and medication use, among others⁽³⁴⁾. These people comprise a fragile population that is subject to serious injuries, including those resulting from minor trauma⁽³⁵⁾. For them, the lack of autonomy and dependence are commonly negative and stressful events, which lead to low quality of life, both for those who experience this condition and for those around them⁽⁹⁾.

Some problems seem to be worldwide problems among the elderly, such as the following: Mobility impairments, orthopedic problems, fractures, and traumatic injuries^(35,36,37,38); general health status, intestinal and nutritional changes^(39,40,41,42); physical frailty and medication use^(34,43); mental health changes^(33,44,45), among others.

The “Best Age” expression

Until 1980, the expression used for elderly people was “Old” and/or “Third Age”. From those years on, the term “Best Age” started to be used in Brazil, whose objective seems to have been to soften or refer to the elderly in a “politically correct” way⁽⁴⁶⁾.

The media has played an important role in changing the representation of the elderly from how it was in the 80s to how it is today. This subject is being described differently now. Currently, instead of portraying an elderly person as “Old”, it seems there is a deconstruction of this representation and the proposal of a new identity, showing them as active, vigorous, agile, and sporty⁽³²⁾. In other words, the “Best Age” seems to have been the expression coined to represent this stage of life in which the elderly are retired and enjoying rest, situations that would do justice to such a denomination⁽⁴⁶⁾. Nowadays the “rest” after a life dedicated to work hardly exists, at least in economically fragile countries; the expression “Best Age” or analogues are found in several Brazilian studies.

Thus, the experience of the group of elderly people entitled “Happy Age” has enabled improvements in the biological aspect, flexibility, and joint mobility⁽⁴⁷⁾. Psychologists were recommended to provide care to the “Best Age” group since depression is one of the most common disorders in this group^(33,45), and also one of the main risks for suicide⁽⁴⁸⁾. The understanding of how a couple at the “Best Age” experiences sexuality revealed facets such as the existence of feelings of love, respect, and complicity⁽⁴⁹⁾; healthy aging and quality of life that provides pleasant and complete longevity must be provided to the “Best Age” elderly, with the adequate use of mobile devices⁽⁵⁰⁾. The pedagogical, physical, recreational, and leisure activities for the quality of life in the “Third Age” are important, as well as the possibilities to seek the balance between the potentialities and the limitations of the elderly, through a more active life^(51,52). State incentives for tourism development are presented and strategies of the “Travel More for the Better Age” program are examined, to encourage leisure among the elderly public⁽³²⁾. The lifestyle of the elderly people was satisfactory in terms of preventive behavior and social relationships; they manage their blood pressure and cholesterol, avoid alcoholic beverages, and have healthy friendships⁽⁵³⁾. The term “Best Age” was published in a national magazine and was meant to represent people over 50 enjoying life, engaging in activities such as the young and, therefore, the elderly portrayed on the cover seemed to be happy, smiling, and comfor-

table in this situation⁽⁵⁴⁾. The quality of life and the use of medications by elderly people belonging to a “Best Age” group were evaluated and many used antihypertensives, which had an impact on their quality of life⁽⁵⁵⁾.

CONCLUSION

It is understood that there is no “Best Age” regarding older age, nor a “Happy Age”, nor any other similar denomination, implying that this can ease the effects of old age. The “Best Age” is the one in which someone feels that they are at their best in life, no matter what age group they belong to. This expression ends up being a fallacy, as there is no best age for people who become ill as a result of the frailties inherent to the aging process.

In face of the prejudice displayed towards the elderly so far, it is urgent to seek new conceptions differently. These new conceptions of them need to be regarded and perceived in society, in a way that is not infantilized or facetious; it is not the years that change them, they will remain the same, because their personality, and cultural values, among others, will not change with the years of life, hence the persisting question “the contemporary aging process: a burden or a bonus?”.

Authors' contributions

JS: Study coordination, study design, data collection, data storage and analysis, review and discussion of results.

FT: Study design, data analysis, review and discussion of results.

MM: Study design, data analysis, review and discussion of results.

MA: Study design, data analysis, review and discussion of results.

WS: Study design, data analysis, review and discussion of results.

CS: Study design, data analysis, review and discussion of results.

MR: Study coordination, study design, data collection, data storage and analysis, review and discussion of results.

All authors have read and agreed to the published version of the manuscript.

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