

of regulations on renewal of driving licenses for Japanese older people in 2009, the year after the survey. For older drivers to feel secure about voluntary driving retirement before facing revocation, it is essential to offer support such that they can feel connected to society and enjoy their social life without having to depend on their own driving.

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LAY CONCEPT OF AGING WELL ACCORDING TO AGE: A REANALYSIS

To the Editor: "Aging well" is the common label for an older adult who is doing well and is taken as a popular equivalent of other technical terms such as "successful," "active," "productive," "optimal," "vital" or even "healthy" aging used by scientists and policy-makers as a set of positive attributes during the process of aging. This positive way of aging is under study, as well as its corresponding lay concept of aging well. Although there are many studies on older adults' views about what constitutes aging well, this issue continues to be a demand on policy-makers, scientists, and academics.

Thus, as the document *Futurage* (2011), published as a Research Road Map in Europe, stated: "there is an urgent need to explore through multi-disciplinary and

multi-country studies, involving qualitative and quantitative components, how older people themselves define healthy aging, including the oldest old."¹

Five years ago, in an attempt to make cross-cultural comparisons in elderly adults' views of aging well, a 20-item questionnaire was used in a study of Japanese and Caucasian Americans² and in a Japanese study from Japan³ (N = 1,189 elder adults: 495 men and 694 women; mean age 68.2) involving seven Latin American (Brazil, Chile, Colombia, Cuba, Ecuador, Mexico, and Uruguay) and three European (Greece, Portugal, and Spain) countries.⁴

Briefly, after determining that there were not significant differences between Latin American and European countries, following the first study,² a cutoff of 75% of agreement in all five samples (Japanese, Japanese American, Caucasian American, Latin American, and European) was decided according to consensus. A cross-cultural lay view of aging well accepted by 75% of all cultural groups described five main characteristics: have good health, be satisfied with life, have friends and family, adjust to changes, and take care of one's self. This multidimensional concept is in accordance with other lay concepts found around the world and with most of the scientific proposals of successful aging.^{5,6} Nevertheless, as stated in *Futurage*, scientists and policy-makers continue to be interested in what older adults consider to be aging well; because life expectancy continues to increase,⁷ this interest is being extended to the oldest old. Because the age range sample of the current study involves ages 50 to 100, a reanalysis of the data, according to age, including other items not enclosed in the original questionnaire, has been performed (Table 1).

First, a reanalysis of the previous data comparing individuals aged 80 and older (n = 152, mean 83.5, range 80-100; 54.6% female) and younger than 80 (n = 1,037, mean 65.9, range 50-79; 58.9% female) was conducted. In the first study, the consensus criteria among countries was 75% agreement (very or somewhat in agreement), but with this cutoff, other analysis found no differences between countries or age.⁸ To examine differences between the groups, it was decided to increase the level of consensus to 90%, including three items not included in the original questionnaire: keep mentally well (21), keep physically well (22), have plans and goals (23).

Results showed 90% agreement between the two age groups. More than 90% of the participants in both age groups agreed that 11 items (2, 3, 5, 6, 7, 8, 11, 16, 17, 20, and 21; 48%) were relevant for aging well. One of the new items not present in the original questionnaire, keep mentally well, was highly important for both age groups. Finally, there were significant differences between the age groups on items 13, 15, 19, 22, and 23; in most of these items, percentage agreement was lower in the oldest group. Results showed that the oldest old consider the following characteristics of aging well to be significantly less important than the youngest old: feeling they influence others' lives in positive ways, being able to do paid or unpaid work, continuing to learn new things, keeping physically well, and having plans and goals. There are minor differences in views of aging well held by younger- and older-old adults; only the oldest old reported learning new things, continuing to work, and having plans and goals to be significantly less important.

Table 1. Agreement (Very or Somewhat Important) with “Aging Well” Items According to Age

Item	<80 ^a ≥80 ^b		Chi-square	P-value
	%			
1. Living a very long time	59.1	58.9	0.001	—
2. <i>Remaining in good health until close to the time of my death</i>	94.6	98.7	4.782	.03
3. Feeling satisfied with my life the majority of the time	94.4	93.4	0.231	—
4. Having the kind of genes (heredity) that help me age well	81.8	88.2	3.718	—
5. Having friends and family who are there for me	95.8	96.7	0.305	—
6. Staying involved with the world and the people around me	90.2	90.0	0.011	—
7. Being able to make choices about things that affect how I age, like my diet, exercise, and smoking	93.3	92.1	0.311	—
8. Being able to meet all of my needs and some of my wants	95.9	94.7	0.463	—
9. Not feeling lonely or isolated	85.7	90.1	2.183	—
10. Adjusting to changes in myself that are related to aging	87.3	81.6	3.700	—
11. Being able to take care of myself until close to the time of my death	95.5	98.0	2.165	—
12. Having a sense of peace when thinking about the fact that I will not live forever	85.6	82.9	0.748	—
13. <i>Feeling that I have been able to influence others' lives in positive ways</i>	81.5	72.4	7.076	.008
14. Having no regrets about how I have lived my life	81.4	85.5	1.515	—
15. <i>Being able to work in paid or volunteer activities after usual retirement age (65)</i>	73.5	60.5	11.111	.001
16. Feeling good about myself	96.3	96.7	0.054	—
17. Being able to cope with the challenges of my later years	90.8	91.4	0.063	—
18. <i>Remaining free of chronic disease</i>	87.0	92.7	4.036	.04
19. <i>Continuing to learn new things</i>	81.9	63.2	28.769	.005
20. Being able to act according to my own inner standards and values	95.4	92.8	1.904	—
21. Keep mentally well	96.2	93.4	2.655	—
22. <i>Keep physically well</i>	93.6	84.2	16.684	.005
23. <i>Have plans and goals</i>	78.7	58.6	29.433	.005

Bold indicates 90% or greater agreement between age groups.

Italics indicates significant differences between age groups.

^aAge, mean ± standard deviation (SD) 65.9 ± 7.1, range 49–79; 58.9% female.

^bAge, mean ± SD 83.5 ± 3.6, range 80–100; 54.6% female.

Second, there is also consensus of the age groups regarding what age well does not mean, that is, living for a very long time. Finally, both age groups share a close multidimensional concept of aging well that is similar to expert definitions: health and independence (1,11,18), positive cognitive functioning (21), positive affect and control (3,7,8,16,17), and social participation (5,6)⁹.

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UNDERRECOGNITION OF WEIGHT LOSS IN COMMUNITY-DWELLING ELDERLY ADULTS

To the Editor: Weight loss in elderly adults is important to recognize because it portends negative morbidity and mortality outcomes. A small practice-based learning project in the authors' practice indicated that weight loss may remain unidentified in this population, and it was postulated that underrecognition is a widespread problem. This project sought to define the scope of underrecognition of weight loss in community-dwelling elderly adults.