Baby boomers are living longer and are healthier than their parents. They are better educated and more interested in health. They are less passive and therefore more inclined to question norms and to individualize solutions. In a 2002 contribution to the Journal of American Geriatrics, Eric Larson stated, “Because of this combination of circumstances, healthcare providers may find their patients seeking information about how to age successfully.” He and his cowriter, Joan DeClaire, now offer this information in their excellent book Enlightened Aging: Building Resilience for a Long, Active Life.

As Larson is a baby-boomer himself, he is in a very good position to dispense information on aging successfully. After completing a term as chief resident at the University of Washington in the 1970s, he was asked to stay on as medical director for a pioneering geriatric clinic. He has remained there as a primary care physician for 4 decades. Many of his patients passed through late-life and end-of-life phases under his care. He and others interested in clinical research developed a patient registry in 1985 to allow close, sophisticated monitoring of a large sample of their Seattle-area patients. Approaching his patients through the broad lens of a primary care physician, Larson studied all aspects of aging, particularly dementia. He became a widely published expert and teacher in the field.

From analysis of their large patient database, Larson and his collaborators have made hallmark discoveries that include early recognition of the critical association between physical activity and brain and heart health. They described a connection between dementia and anticholinergic drug burden, even for over-the-counter antihistamines. They have shown that even in nondiabetic patients, high blood glucose levels predict subsequent cognitive impairment.

Larson’s years as a primary care physician and medical researcher also enable him to comment on evolving concepts of successful aging and how the public and research scientists define it differently. In successive chapters, he borrows and updates the model developed by Rowe and Kahn in 1997 that posits physical, mental, and social dimensions. In a departure from most researchers, Larson asks older people how they define successful aging, and he sees their view differs markedly from a more scientific formulation that emphasizes longevity and biomechanical function. Old-old people often describe themselves as doing well, when medical scientists’ measurements would indicate they are not.

Larson cites studies that counter conventional wisdom, including the widespread notion that old age inevitably brings disappointment. Old-old people, he states, typically self-rate their well-being higher than do their middle-aged children. In one chapter, Larson makes the case for an activist approach to managing health risks; in the next, he shows that through resilience and acceptance, older adults can still remain happy after their abilities begin to diminish.

Throughout the book, Larson uses the pronouns “I” (himself) and “you” (the reader), as if advising a patient on measures to promote a long, active life. He introduces his family members and his patients under aliases and relays how their stories shaped and altered his thinking. What comes through to the reader from these accounts is an appreciation for the intimacy and richness of Larson’s relationship with patients, and his humility as an observer and healer. The writing is simple, direct, and free of jargon. Concepts are explained.

The book may have minor shortcomings. It is short, after all, at 234 pages. Previous discussions of successful or healthful aging have been criticized for omitting or minimizing spirituality as an important fourth dimension of aging, and this topic receives small consideration in this book. In addition, because he assigns value to having sufficient financial assets entering old age and recognizes the high costs of care, readers may be disappointed that Larson gives so little attention to the plight of the majority of Americans who lack those assets. Or maybe Larson does address high costs, at least obliquely.

He is convinced that many older people are overtreated, over-diagnosed, overtreated, and overmedicated. He cites work by Gilbert Welch, a former associate who has published widely on those topics and who supplies the preface for Enlightened Aging. Larson points out that much preventive and intensive care in late life confers risk and expense without commensurate benefit.

The final chapter is devoted, appropriately, to end-of-life care. This may be where the content of medical care has changed the most during past decades, and Larson addresses physician-assisted...
suicide with the sensitivity and humanity that a reader will come to expect after getting to know him during the preceding chapters.

I highly recommend this book for lay readers interested in late-life health and medical care. I also heartily recommend it for health professionals for these reasons: We are a society of aging individuals. The context of medical care has changed substantially through advances in medical technology and through better understanding of how disease affects the old, the old-old, and the dying. Larson has provided updated evidence-based advice for the conversations we will soon have with our aging patients to optimize their health.

And although it is not the main intent of Enlightened Aging, the book offers all readers a personal account of how one dedicated physician-scientist learned about late-life care from his patients and from his Seattle registry cohort, evolved his thinking, and then negotiated his path to a remarkably long career during a time of unprecedented advances in medical care.

Casting Off

In old age
the mind
casts off
rebelliously
the eagle
from its crag

— William Carlos Williams, MD, 1883-1963, Puerto-Rican American physician and poet