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Healthy Aging and Nutrition: A Lifelong Approach

**Dr. Ramnarine:**
By the time patients start thinking about healthy aging, many of the key drivers are already in motion. So how should we think about nutrition earlier in that timeline?

Welcome to *NutritionEdge* on ReachMD. I'm Dr. Shelina Ramnarine, and today we're exploring how nutrition shapes not just how long patients live, but also how well they function throughout their lives.

Joining me today is Dr. AnnAlisa Behling, owner of three locations of Nature's Path Medical Center in Michigan, where she's been practicing for 25 years.

Dr. Behling, it's so great to have you here.

**Dr. Behling:**
Thank you so much for having me.

**Dr. Ramnarine:**
So Dr. Behling, let's start by reframing the conversation around aging. The focus is often on lifespan, but if we shift that lens a bit, how might the concept of the “healthspan” change the way we think about nutrition?

**Dr. Behling:**
So first, we want to actually understand the difference between those two metrics. Lifespan really focuses on quantity, so that's the number of years that you have from birth till death. Healthspan really focuses on quality of your life, so that's focusing more on the number of years that you might be living without significant disease, disability, or chronic illness. Healthspan is the disease-free time where we really want to spend most of our life. We want to look at those two metrics because globally, we have a lifespan where the average is 73 years, but the healthspan is almost 10 years less, at around 64 years. And in the US, that gap is even greater, sometimes 12 years.

So we want to really start focusing that conversation around aging based upon not only what drives aging—we know that there's primary aging where that cellular decline, senescence, genetics are part of that. That's your primary aging. But let's focus also on the secondary part of aging, which is driven by your environmental changes. That could be nutrition, diet, lifestyle, disease, sleep, and stress. So by really focusing on that term healthspan versus just lifespan, we're going to look at that big picture of healthier aging starting earlier rather than waiting till you've already had decline.

**Dr. Ramnarine:**
Building on that idea, what evidence or clinical patterns suggest that nutrition choices earlier in life can shape long-term outcomes?

**Dr. Behling:**
So in both evidence and in my 26 years of experience being a doctor and working with all ages of individuals, I see cumulative dietary patterns of poor health and poor diet. Talk about the Western diet, the SAD—the standard American diet—those types of poor, unhealthy diets can lead to, obviously, poor health, possible disease states, inflammation, mitochondrial damages, and inflammaging, as most of us have heard by now. And that really affects all types of aging. It affects our muscles, our microbiome, and how our brain works.

So we need to look at the diets that we've had in the past and redirect some of those unhealthier nutritional choices to promote a healthier aging process, starting from a younger age group. Early imbalances are also what we see. So for children, if they're just doing

chicken fingers and there's just no vegetables, they're obviously going to start at a younger age with what we'll call an imbalance of vitamins, minerals, and protein potentially, right? So that could start at a younger age, and then as they are aging in their 40s and 50s, they could have unknown iron deficiencies, B12 deficiencies, anemias, protein deficiencies, and vitamin D deficiencies. In America, we have such a high protein deficiency in the elderly, and vitamin D deficiencies are prevalent in almost every age in the US.

And so that's why we need to start prevention and talking about diet and the changes in diets at a younger age—so that as you're going into adulthood and elderly, you're not just trying to play catch up; you've worked in the preventive space, and now you're actually just maintaining healthy diet and lifestyle.

**Dr. Ramnarine:**
For those just tuning in, you're listening to *NutritionEdge* on ReachMD. I'm Dr. Shelina Ramnarine, and I'm speaking with Dr. AnnAlisa Behling about the impacts of nutrition on patients' long-term outcomes.

So if we take a closer look at those impacts, we know that muscle health is also increasingly recognized as central to aging as well. Dr. Behling, why is muscle such a critical anchor, and how can nutrition support it over time?

**Dr. Behling:**
So muscle health, or as I like to talk about, musculoskeletal health and concerns, is really important for every age group, but even more important as we start to age and see decline in muscle support. Muscles alone are in every part of our body, and what we've seen is that muscle health or musculoskeletal health isn't just a reflection of muscle strength, but it reflects your physical independence. It reflects your autonomy, and doesn't that become a strong predictor of the quality of life? Who doesn't want to have a life where they can move around, walk, and get out of their own bed? So that part is really important, and it changes.

The needs of your muscles change through your years, too. The amount of protein and protein intake changes. The anabolic response, so how muscles are built, changes. There's more resistance, like insulin resistance. Same thing with the anabolic response. Even though there's some protein intake, you're not creating as much muscle mass as you're aging, and so the nutrient timing changes with age too.

What we have seen is muscle mass decline is happening earlier in life. It's already happening between the ages of 30 and 40, but 10 percent of muscle mass loss is already happening by age 50. So that's a pretty big decline that's happening earlier, but then the loss—10 percent is a big deal at 50. That kind of muscle strength declines even greater through the ages after 50.

So we need to support the body, the muscles, and the musculoskeletal system. We don't want people falling with osteoporosis or osteoarthritis. We have to think about sarcopenia. Nutrition has to be in combination with physical activity, right? You have to break down muscle fibers to build muscle fibers. So that's really important with habitual physical exercise for older people, starting at younger ages—again, talking about why this is important to start earlier in life. So if you already started a habit, and you're already starting an exercise regime in your 20s, and then you're trying to maintain it, at least you have built strength in those musculoskeletal areas, and then you're trying to maintain some kind of habitual exercise program or physical activity.

**Dr. Ramnarine:**
Cognitive decline is often viewed as inevitable. How can nutrition support brain health and resilience long before symptoms appear?

**Dr. Behling:**
I'd say the biggest issue right now is really talking about Alzheimer's, dementia, and cognitive decline. It's a big issue in my family too; almost every female in my family has had dementia or Alzheimer's and has died with those conditions, so I've spent a lot of my years really focusing on what helps with cognition and what has going on with cognitive decline. And yes, people say it's inevitable, but the reality is, what can we do to support it, maintain it, and prevent more cognitive decline? Not just based on your genetics, but let's look at those nutritional aspects that can help support the brain too.

We know that nutrients really do influence inflammation in the body and brain, mitochondrial function in the body and the brain, and neural integrity. Your brain does shrink, but not only are there brain changes—there's neurotransmitter changes that happen in the brain. You have cognition changes all the time. Cognitive decline does really start at almost age 20. It's what we can do from age 20 to 80 that's going to really help prevent or maintain or change the big picture of cognition.

So if we look at what vitamins are going to be important, all your B vitamins are important for both enzyme processes but also for all of your neurotransmitters. B vitamins are important for the nerves in general. You need your vitamin Ds. You need your omega-3s. The EPAs and the DHA, for brain health. I think that hydration is really important; people don't talk about dehydration too much. So different diets can be opportunities to really prevent or stave off more cognitive decline.

As I mentioned, the brain is already aging at age 20. So if you start working with prevention and putting someone into a healthier dietary pattern, you can make it specific as a doctor. And if you're not comfortable with it yourself, there's nutritionists or dietitians who could help develop nutritional plans for your aging patients as well. But if we could start at an earlier age with those dietary regimes, then we could help prevent more cognitive decline.

**Dr. Ramnarine:**
So we've been talking a lot about how nutrition needs change, with age throughout a person's lifetime. Where do you see the most important shifts across decades, and what should clinicians pay close attention to?

**Dr. Behling:**
When I look at the aging journey, I'm categorizing it into age groups. So the 20s through the 40s, you want to work on prevention. You want to work on making sure your metabolism and your intestinal absorption are healthy, looking at your microbiome, immune system, and gut-brain connection.

In your 50s through your 60s, you already worked on your prevention, and now you need to maintain what you've already worked on, right? So 50s and 60s is trying to maintain some of that. So maintaining good absorption—you might want to do digestive enzymes or probiotics and prebiotics to help your digestive tract, which also helps your immune system, of course. if you're having esophageal motility issues, working on an anti-inflammatory diet so that you're able to not have so much reflux or dysphagia.

The 70s and the 80s, at that point, you've had prevention maintenance, and now you're just mitigating the decline. At this point, we're just trying to prevent malnutrition. We're trying to prevent poor protein intake. We're trying to prevent people from not eating. They already have issues with dysphagia and swallowing. They don't want to eat as much because they don't need as many calories, and they're probably not feeling like they can eat more. But there's bigger issues to that issue, too. If you're not getting the intake of food and the calories, you potentially are not helping the brain and the body, So if we have to focus on nutrient density and the bioavailability of the food, we might need to look at—I'll call it dosing—how we might need to help people to focus on the dosing of their food. So maybe they do smaller portions all through the day, so stacking, right? Maybe they work with a liquid diet, so adding the protein powders or collagen powders. Maybe they think about what types of food, like eggs, for instance, are super nutrient dense, and you could have one egg or two eggs a day, and that's high protein with nine essential amino acids.

So focusing a little bit more on what's going to be available for them and what's nutrient dense. And then overall, we still want to focus on health and wellness when it comes to the diet. And we are talking about nutrition, so those types of diets are really focused on prevention of inflammation, cognitive decline, and cardiovascular damage.

**Dr. Ramnarine:**
You gave us so many great everyday tips. But to end our conversation, if our goal is to support function before decline, are there any final practical ways we can start integrating this approach into everyday care?

**Dr. Behling:**
To me, the approach has to be about, especially as doctors, nurses, or caregivers, you want to understand the biology of aging, right? We already understand those factors that create primary aging—the oxidative stress, the chronic inflammation, genetic predispositions, cellular aging. We already know that there's telomere attrition and shortening of those telomeres and mitochondrial dysfunction. And healthy aging really is going to hinge on the mitigation of all those cellular declines. We want to mitigate those by really focusing on nutrition starting at a younger age and focusing on lifestyle, sleep patterns, reducing stress, and thinking about strength training and physical activities.

It's not about one size fits all. As a naturopathic physician, we treat every patient individually, and it's very patient-centered, and that's why I encourage all practitioners to really spend time with your aging population. That could be at the age of 50 through 80, whatever aging is for your demographic and your practices.

**Dr. Ramnarine:**
What a great way to end the conversation. With those insights in mind, I'd like to thank my guest, Dr. AnnAlisa Behling, for joining me to share her perspective on how nutrition can support resilience and function over the long term.

Dr. Behling, it was great speaking with you today.

**Dr. Behling:**
Thank you so much for having me, Dr. Shelina.

**Dr. Ramnarine:**

For ReachMD, I'm Dr. Shelina Ramnarine. To access this and other episodes in our series, visit *NutritionEdge* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening.