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Dheerghayushmanbava – A survey on the perceptions of doctors towards physiology of aging and self-care strategies for healthy aging and longevity.

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Abstract

Background
The global rise in aging populations underscores the need to understand healthcare professionals' perspectives on the physiology of aging and strategies to promote healthy longevity. Physicians' knowledge, attitudes, and personal practices significantly influence public health promotion and geriatric care delivery. This study aimed to explore the perceptions of doctors regarding aging physiology and self-care interventions for healthy aging and extended lifespan.

Methods
A cross-sectional survey was conducted among 200 medical professionals from various specialties across India using a pre-validated structured questionnaire. The tool assessed demographics, perceptions on aging biology, importance attributed to self-care strategies, personal adoption of healthy aging behaviors, awareness of longevity-enhancing interventions, and perceived barriers to promoting healthy aging. Descriptive statistics were used to summarize the findings.

Results
The majority (41.0%) of respondents were aged 36–45 years, with 55.0% males and 45.0% females. Most doctors (91.5%) agreed that aging is a natural biological process, and 77.0% identified hormonal decline as a key contributor. Balanced diet (94.0%), physical activity (92.5%), and smoking/alcohol avoidance (90.5%) were rated as essential for longevity. However, only 55.0% underwent annual health check-ups and 49.0% used dietary supplements. While 65.0% were aware of caloric restriction, only 28.5% practiced it. Common barriers included lack of patient compliance (42.0%) and inadequate public awareness (36.5%).

Conclusion
Doctors largely recognize aging as a natural and modifiable process and acknowledge the value of lifestyle-based longevity strategies. However, there is a noticeable gap between their perceived importance and actual implementation of such practices in personal and clinical contexts.

Recommendations
Targeted training in geroscience, physician wellness programs, and public education campaigns are recommended to bridge the knowledge-practice gap and enhance the role of doctors in promoting healthy aging.

Keywords: *Physiology of aging, Healthy aging, Longevity, Self-care strategies, Physicians' Perceptions, Geroscience, Lifestyle medicine*
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Introduction

Aging is a universal biological phenomenon marked by progressive physiological decline, which increases susceptibility to chronic diseases, functional impairments, and mortality. As global life expectancy rises due to advancements in medicine and public health, the population aged 60 years and above is projected to reach 2.1 billion by 2050, up from 1 billion in 2020, according to the World Health Organization. In India, older adults are expected to comprise nearly 20% of the total population by 2050, making it imperative to prioritize strategies for healthy aging and the prevention of age-related morbidity (1).

While traditionally viewed as an irreversible process, emerging research now highlights that biological aging is partially modifiable. Key mechanisms implicated in aging include cellular senescence, mitochondrial dysfunction, hormonal changes, chronic inflammation, and oxidative stress. Evidence supports the role of various interventions such as caloric restriction, physical activity, micronutrient optimization, stress management, and selected pharmacological agents like metformin and senolytics in decelerating these aging pathways and promoting longevity (2,3).

The healthcare sector, particularly physicians, plays a crucial role in fostering preventive health practices throughout the lifespan. Physicians' perceptions and personal practices significantly influence public attitudes and clinical guidance regarding aging-related health promotion (4). However, there remains limited empirical data on how doctors themselves understand the aging process and the extent to which they implement or advocate for self-care strategies that enhance healthy aging.

The present study, titled *"Dheerghayushmanbava," meaning "May you live long,"* was designed to evaluate the knowledge, perceptions, and self-care practices of medical professionals regarding the physiology of aging and strategies for healthy aging and longevity(5). The study also aimed to identify perceived barriers faced by doctors in promoting these strategies within clinical settings. Gaining such insights is essential for developing physician-centered interventions and reinforcing the role of doctors as key advocates in geriatric and preventive healthcare.

Methodology

Study design

A descriptive cross-sectional survey design was adopted to assess the perceptions of doctors regarding the physiology of aging and their attitudes and practices related to self-care strategies for healthy aging and longevity.

Study setting and duration

The study was conducted at Government Medical College and General Hospital (GMC & GGH), Srikakulam, located in the northeastern region of Andhra Pradesh, India. This tertiary care teaching hospital caters to a large population from both urban and rural backgrounds and includes multiple clinical and non-clinical departments. It is affiliated with Dr. YSR University of Health Sciences and serves as a training ground for undergraduate medical students, interns, and postgraduate trainees. The survey was carried out over two months, from 01 st February to 31st March 2025.

Study population

The target population comprised medical doctors currently working at the institution across various departments and specialties.

Sample size and sampling technique

The sample size was calculated using the formula for estimating a single proportion in a cross-sectional study:

$n=Z2\times p\times(1-p)d2$

Where:

n = required sample size

Z = Z-score for 95% confidence level = 1.96

p = anticipated proportion of physicians knowledgeable or practicing healthy aging strategies (assumed as 0.5 for maximum variability)

d = margin of error = 0.07

$n=(1.96)2\times0.5\times(1-0.5)(0.07)2\approx196$

Considering a non-response rate of 10%, we targeted 230 participants. After eliminating incomplete and ineligible responses, data from 200 medical professionals were finalized for analysis. A purposive sampling technique was used to ensure representation across different specialties and levels of experience.

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Bias minimization

To reduce selection bias, doctors from both clinical and non-clinical departments were included, ensuring diversity in specialty and experience. Only those with a minimum of one year of post-internship experience were eligible, which helped exclude responses from less experienced or transient staff, such as interns or temporary locums.
Information bias was minimized by using a pre-validated, structured questionnaire with both closed and Likert-scale items. Anonymity and confidentiality were maintained to encourage honest responses and reduce social desirability bias. Additionally, the data analysis was conducted by an independent researcher not involved in data collection to minimize observer bias during coding and interpretation.

Inclusion criteria

- Doctors currently working in the medical college or the associated hospital
- Doctors who consented to participate
- Doctors with a minimum of one year of post-internship experience

Exclusion criteria

- Interns and postgraduate trainees
- Incomplete or inconsistent survey responses
- Doctors on extended leave during the study period

Data collection tool

A pre-validated structured questionnaire was used for data collection. The tool consisted of six sections:
Socio-demographic details (age, gender, specialty, years of experience)
Perceptions on physiology of aging
Attitudes toward self-care strategies for healthy aging
Personal adoption of longevity practices
Awareness of emerging longevity-enhancing interventions
Perceived barriers to promoting healthy aging
The questionnaire comprised both closed-ended and Likert-scale-based items and was distributed in both paper and digital formats.

Ethical considerations

Institutional ethical clearance for the study was obtained from the Government Medical College and General Hospital, Srikakulam (Approval No. IEC30/GMC&GGH/SKLM/211224/09 dated 25/01/2025). Participation was entirely voluntary, with informed consent obtained from all respondents. Confidentiality and anonymity of participant data were rigorously upheld throughout the research process.

Data analysis

Data were coded and entered into Microsoft Excel and analyzed using descriptive statistics (frequency, percentage) to summarize demographic characteristics, perceptions, attitudes, and practices. Results were presented in tabular format.

Results

A total of 230 medical professionals were initially approached to participate in the study. Of these, 225 consented and were assessed for eligibility. Following the application of inclusion and exclusion criteria, 210 respondents were found to be eligible. However, 10 responses were excluded from the final analysis due to incomplete or inconsistent questionnaire data. Ultimately, data from 200 medical professionals were included in the final analysis. The most common reasons for non-participation were incomplete responses (n = 8), unavailability or extended leave during the survey period (n = 7), and failure to meet eligibility criteria such as being an intern or postgraduate trainee (n = 5).

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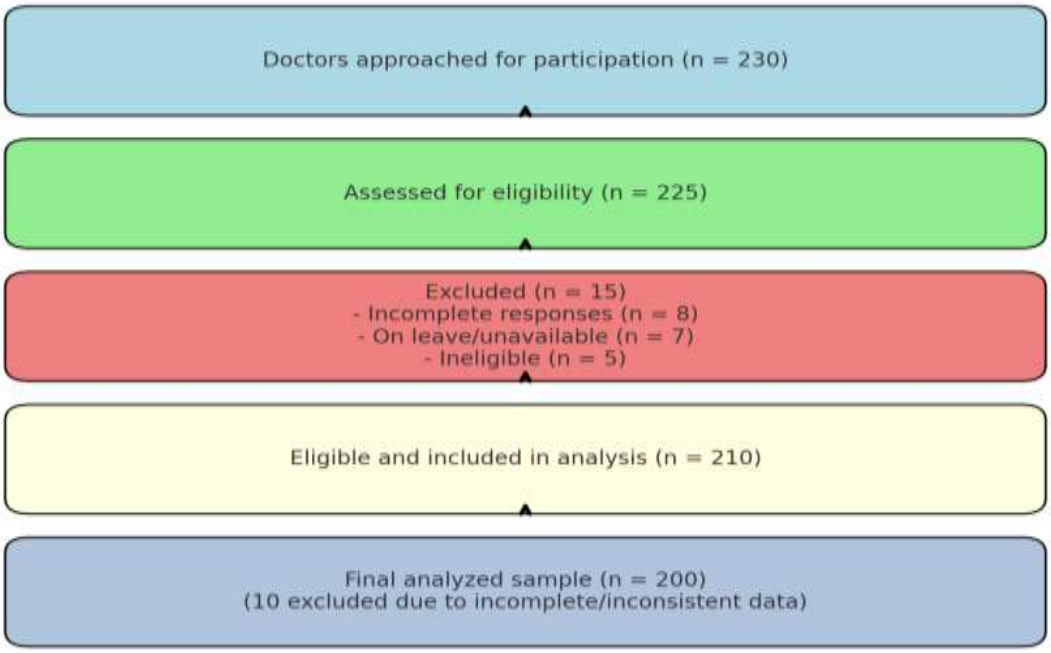

Figure 1. Flow diagram of participant recruitment and inclusion process

Demographic profile of respondents

The study included a total of 200 physicians from diverse specialties and varying years of clinical experience. The largest proportion of respondents belonged to the 36–45 years age group (41.0%), followed by 30.0% in the 25–35 years group, 20.0% in the 46–60 years group, and 9.0% above 60 years. In terms of gender, males comprised 55.0% of the respondents, while females accounted for 45.0%. Regarding specialty distribution, 34.0% were from medicine and allied specialties, 26.0% from surgery and allied specialties, and 40.0% from other specialties. As for clinical experience, 39.0% of the physicians had 10–20 years of practice, 32.5% had less than 10 years, and 28.5% had more than 20 years of clinical experience (Table 1).

Table 1: Demographic profile of respondents (N = 200)

Demographic Variable	Category	Frequency (n)	Percentage (%)
Age Group	25–35 years	60	30.0%
	36–45 years	82	41.0%
	46–60 years	40	20.0%
	Above 60 years	18	9.0%
Gender	Male	110	55.0%
	Female	90	45.0%
Specialty	Medicine and Allied Specialties	68	34.0%
	Surgery and Allied Specialties	52	26.0%
	Other Specialties	80	40.0%
Years in Practice	< 10 years	65	32.5%
	10–20 years	78	39.0%
	> 20 years	57	28.5%

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Perceptions on the physiology of aging

The majority of respondents (91.5%) agreed that aging is a natural biological process rather than a disease. A significant number (77.0%) identified hormonal decline as a key driver of aging. About 63.0% believed that cellular senescence is a modifiable component, while 58.5% felt that aging becomes clinically significant after 40 years of age. A notable proportion remained neutral on the modifiability of senescence and the clinical impact of aging onset (Table 2).

Table 2. Perceptions on the physiology of aging

Statement	Agree (%)	Neutral (%)	Disagree (%)
Aging is a natural biological process and not a disease.	91.5%	6.5%	2.0%
Cellular senescence is a modifiable component of aging.	63.0%	24.5%	12.5%
Hormonal decline (e.g., estrogen, testosterone) is a key driver of aging.	77.0%	16.0%	7.0%
Aging starts becoming clinically significant after the age of 40.	58.5%	30.0%	11.5%

Attitudes toward self-care strategies for longevity

There was strong consensus on the importance of various self-care strategies. Balanced diet and nutritional supplementation (94.0%) and regular physical activity (92.5%) were rated as the most important, followed by avoidance of smoking/alcohol (90.5%) and routine health screenings (88.0%). Stress management techniques and healthy sleep hygiene were also valued highly, cited by 85.0% and 79.5% of respondents, respectively (Table 3).

Table 3 Attitudes towards self-care strategies for longevity

Strategy	Considered Important (%)
Balanced Diet and Nutritional Supplements	94.0%
Regular Physical Activity	92.5%
Stress Management (e.g., Yoga, Meditation)	85.0%
Routine Health Screenings	88.0%
Avoidance of Smoking/Alcohol	90.5%
Healthy Sleep Hygiene	79.5%

Personal adoption of healthy aging behaviors

Despite recognizing the importance of self-care, the adoption of such practices varied. Regular exercise was the most commonly adopted behavior (74.0%), followed by daily intake of fruits and vegetables (66.0%). Just over half (55.0%) reported undergoing annual health checkups, while less than half (49.0%) used dietary supplements such as vitamin D or omega-3 fatty acids (Table 4).

Table 4: Doctors' personal adoption of healthy aging strategies

Behavior Adopted	Yes (n, %)	No (n, %)
Regular Exercise (≥3 times/week)	148 (74.0%)	52 (26.0%)
Daily Fruit/Vegetable Intake	132 (66.0%)	68 (34.0%)
Routine Health Check-up (Annual)	110 (55.0%)	90 (45.0%)
Use of Supplements (e.g., Vit D, Omega-3)	98 (49.0%)	102 (51.0%)

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Awareness and implementation of longevity-enhancing interventions

While awareness of certain longevity-enhancing strategies was relatively high, actual implementation was limited. Caloric restriction and fasting regimens were known to 65.0% of respondents, but only 28.5% implemented them. Awareness of anti-aging pharmacologics (e.g., metformin, rapamycin) was reported by 40.0%, though only 10.5% used them in practice. Interventions like probiotics and microbiome regulation had moderate awareness (51.5%) and use (22.0%). Awareness of genetic and cellular therapies was the lowest (32.0%), with very limited application (5.0%) (Table 5).

Table 5. Awareness of longevity-enhancing interventions

Intervention	Aware (%)	Implementing in Practice (%)
Caloric Restriction and Fasting Regimens	65.0%	28.5%
Anti-aging Pharmacologics (e.g., Metformin, Rapamycin)	40.0%	10.5%
Genetic/Cellular Therapies	32.0%	5.0%
Probiotics/Gut Microbiome Regulation	51.5%	22.0%

Perceived barriers to promoting healthy aging

The most commonly cited barrier to promoting healthy aging was lack of patient compliance (42.0%), followed by inadequate public awareness (36.5%). Time constraints during consultations (32.5%) and limited formal training in geroscience (29.5%) were also noted as significant obstacles (Table 6).

Table 6: Perceived barriers to promoting healthy aging

Barrier	Frequency (n)	Percentage (%)
Lack of patient compliance	84	42.0%
Inadequate public awareness	73	36.5%
Time constraints in clinical consultations	65	32.5%
Limited formal training in geroscience	59	29.5%

Discussion

The present study aimed to explore the perceptions of doctors regarding the physiology of aging, their attitudes toward self-care strategies, personal practices related to healthy aging, and perceived barriers to promoting longevity. A total of 200 medical professionals from the Government Medical College and Hospital, Srikakulam, participated in the survey.

The demographic data showed a predominance of respondents in the 36–45-year age group (41%), with a fairly balanced representation of specialties and clinical experience. This diversity contributed to a broader understanding of physician perspectives on aging and longevity across clinical disciplines.

A large majority (91.5%) of respondents recognized aging as a natural biological process rather than a pathological state, aligning with geroscientific perspectives that frame aging as a modifiable risk factor (6). This conceptual shift is critical in healthcare, as it supports the integration of aging-targeted preventive strategies. Notably, 63% acknowledged that processes such as cellular senescence can be modified, indicating an increasing awareness of aging biology and its therapeutic potential (7,8). These findings echo previous work showing that physicians who perceive aging as dynamic are more inclined to support proactive interventions (9).

Attitudes toward self-care strategies such as balanced nutrition, regular exercise, and substance avoidance were overwhelmingly positive, with over 90% endorsing their role in healthy aging. These attitudes are consistent with research highlighting the influence of positive self-perceptions of aging on longevity and health outcomes (6,10). However, despite strong theoretical agreement, actual practice fell short—only 55% of doctors reported regular annual health checkups, and less than half used dietary supplements. This knowledge-action gap mirrors patterns observed in earlier studies, where clinicians expressed support for healthy aging

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behaviors but did not consistently implement them personally (11,12).

Awareness of emerging longevity interventions such as caloric restriction, microbiome optimization, and off-label use of pharmacological agents like metformin was moderate among participants. While 65% were aware of caloric restriction as a strategy, only 28.5% practiced it. Similarly, a minimal proportion reported use of anti-aging pharmacologics. These trends suggest limited clinical translation of aging research, possibly due to insufficient guidelines, regulatory ambiguity, or lack of robust clinical evidence for such interventions (9,11).

Barriers to promoting healthy aging included patient non-compliance, lack of public awareness, and time constraints during consultations. These findings reflect broader systemic challenges and resonate with prior studies where physicians cited structural and educational deficits as impediments to providing effective aging-related counseling (12,13). Importantly, nearly 30% of respondents reported limited formal training in geroscience and aging-related care, reinforcing the call for curricular integration of aging science into both undergraduate education and CME programs.

Collectively, these findings underscore the importance of addressing the knowledge-practice divide and equipping physicians with the tools to translate aging science into clinical and personal practice. Encouraging self-practice among doctors, alongside patient education, may enhance credibility and uptake of longevity-promoting behaviors within the wider community.

Generalizability

The findings of this study provide valuable insights into the knowledge, perceptions, and self-care practices related to aging among medical professionals. However, the generalizability of the results may be limited due to the single-center design. As the study was conducted in a government medical college in Andhra Pradesh, the responses may not fully represent physicians practicing in private institutions, other geographic regions, or different healthcare settings such as primary or super-specialty care. Additionally, since purposive sampling was used, selection bias cannot be entirely ruled out. Despite these limitations, the study captures a diverse sample of doctors across clinical and non-clinical specialties and varying years of experience, offering a meaningful overview of current awareness and practices in a tertiary care teaching hospital context. Future multi-center studies with probabilistic sampling methods are recommended to enhance external validity.

Conclusion

The study highlights that most doctors perceive aging as a natural and modifiable process and strongly support self-care strategies like balanced nutrition, physical activity, and routine screenings for healthy aging and longevity. However, a notable gap exists between their knowledge and personal health practices. While awareness of emerging longevity interventions is moderate, implementation remains limited. Barriers such as patient non-compliance, lack of public awareness, and limited consultation time hinder effective promotion of healthy aging. Addressing these gaps through targeted training, physician wellness programs, and public education can strengthen the role of doctors as advocates and role models for healthy aging in clinical and community settings.

Limitations

This study had certain limitations. It was conducted at a single center, which may restrict the generalizability of the findings to other settings. Additionally, the study relied on self-reported data from participants, which may have been influenced by social desirability bias. The absence of inferential statistical analysis also limited our ability to evaluate associations between demographic variables, perceptions, and self-care behaviors related to aging and longevity.

Recommendations

To enhance the role of physicians in promoting healthy aging, targeted training programs in geroscience and age-related physiology should be integrated into continuing medical education. Physician wellness initiatives that encourage self-practice of longevity strategies, such as regular health check-ups, balanced nutrition, and physical activity, are vital. Public education campaigns led by healthcare professionals can increase awareness and compliance among patients. Furthermore, interdisciplinary collaboration and policy support are needed to address systemic barriers and create an environment that fosters both professional and public engagement in healthy aging practices.

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and General Hospital, Srikakulam, for their support and encouragement throughout the study. Special thanks to the Institutional Ethics Committee for their timely approval and guidance in ensuring ethical conduct of the research.

List of abbreviations

WHO – World Health Organization
CME- Continuous Medical Education

Source of funding

The Study had no funding.

Conflict of interest

The authors declare no conflict of interest.

Data availability

Data is available on request.

Author contributions

LRS-Concept and design of the study, results interpretation, review of literature, and preparing the first draft of the manuscript. Statistical analysis and interpretation, revision of manuscript. **SN**-Concept and design of the study, results interpretation, review of literature, and preparing the first draft of the manuscript, revision of the manuscript.**PNK**-Review of literature and preparing the first draft of the manuscript. Statistical analysis and interpretation. **YRS**-Concept and design of the study, results interpretation, review of literature, and preparing the first draft of the manuscript. Statistical analysis and interpretation, revision of manuscript.**VVGRS**-Concept and design of the study, results interpretation, review of literature, and preparing the first draft of the manuscript

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