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Perspective

Yoga for Healthy Ageing: Evidence, Clinical Practice, and Policy Implications in the WHO Decade of Healthy Ageing

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Abstract

Ageing is a dynamic biological process involving interconnected physiological, psychological, and social changes, making the promotion of healthy ageing a global public health priority. The World Health Organization (WHO) defines healthy ageing as the process of developing and maintaining functional ability that enables well-being in older age. The WHO's Decade of Healthy Aging (2021–2030) outlines four key action areas: changing attitudes toward ageing, creating age-friendly environments, delivering integrated and person-centred care, and ensuring access to long-term care. This Perspective examines yoga, a holistic mind–body practice integrating physical postures, breath regulation, and mindfulness, as a potentially safe, adaptable, and scalable intervention for older adults. Evidence suggests that yoga may improve flexibility, balance, mobility, and cardiovascular function, reduce pain, and support the management of chronic conditions commonly associated with ageing. Psychological and cognitive research further indicates reductions in stress, anxiety, and depressive symptoms, alongside potential benefits for attention, memory, and executive function. Improvements in health-related quality of life (HRQoL) have been reported across physical, psychological, and social domains, with benefits sustained through regular practice. Adaptations such as chair-based practices, restorative postures, and the use of props enhance accessibility and safety, allowing participation across diverse functional levels. Mindfulness and breath-focused components of yoga may additionally support emotional regulation, resilience, and psychological well-being, particularly among older adults experiencing stress or limited mobility. Yoga interventions are generally well tolerated, demonstrate high adherence, and can be delivered through in-person and digital formats, addressing common access barriers. Despite this growing evidence base, yoga remains underintegrated within health policy and care systems in the US, UK, and India. Strengthening its role may require coordinated efforts across research, policy, and implementation to support healthy ageing outcomes.

Keywords: healthy ageing; yoga therapy; health-related quality of life (HRQoL); mind–body interventions; older adults

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1. Introduction

Ageing is a dynamic biological process marked by physiological changes, influencing health trajectories in diverse ways [1]. Evidence shows that older adults' health trajectories are very heterogeneous: while some individuals maintain high levels of function and

social engagement, others experience challenges influenced by behaviours, community support, environment, and access to care [2]. With the global population of adults over 60 projected to reach 20% globally by 2050 [3], health systems are increasingly tasked with supporting longer lives that are also healthier and more meaningful. Current public health priorities, therefore, emphasise not only lifespan but also health-related quality of life (HRQoL), including independence, social participation, and emotional resilience [4]. Within this framing, the present Perspective positions yoga as a multidimensional mind–body practice with relevance for both quality of life (QoL) and health-related quality of life (HRQoL) in older adults, aligning its potential contributions with the WHO Decade of Healthy Ageing framework.

The World Health Organization (WHO) defines healthy ageing as the development and maintenance of functional ability that enables well-being in older age [2]. The WHO's Decade of Healthy Aging (2021–2030) is a global initiative aligned with the United Nation's Sustainable Development Goals, and calls for coordinated action across four domains (a) changing attitudes towards age and ageing, (b) creating age-friendly environments, (c) delivering integrated, person-centred health services, and (d) providing access to long-term care for those who need it [5]. Together, these action areas provide a framework for understanding and supporting wellbeing in later life.

To support the goals of the Decade of Healthy Aging, there is an increasing recognition of the need for holistic, person-centred approaches that address not only physical, mental, emotional, and social dimensions of well-being [2]. Interventions that promote physical health, stress reduction, and social connection are particularly aligned with this shift [6]. Yoga is a mind–body practice integrating movement, breathwork, and mindfulness with studies suggesting potential benefits across physical health, stress reduction and social support [7].

Growing research suggests that yoga may be a safe, adaptable, and feasible intervention for older adults, with studies reporting high acceptability in both community and clinical settings [7,8]. Yoga can be modified to accommodate diverse mobility levels and chronic conditions through approaches such as chair-based or prop-supported practices. Reported adverse events are low and are generally associated with more strenuous forms of yoga that are not commonly practised by older adults [9]. Gentle and adapted practices have been associated with improvements in flexibility, balance, cardiovascular function, and stress regulation, which may in turn support independence, social participation, and HRQoL [8,10].

Despite the expanding evidence base, there remains no concise framework mapping yoga's potential contributions to the four action areas of the WHO Decade of Healthy Ageing, which may partly explain its limited visibility in policy discussions. For example, fall prevention, a major priority in ageing policy, has been examined in yoga research: systematic reviews indicate that yoga-based exercise may improve balance and mobility in adults over 60, two key predictors of fall risk [11]. Falls contribute substantially to healthcare use, including an estimated USD 19.8 billion in annual direct medical costs in the United States [12] and more than £2 billion per year in the United Kingdom [13]. These data highlight the potential public health relevance of accessible, low-risk interventions such as yoga that may support mobility, reduce isolation, and assist in managing chronic conditions.

This short communication offers a Perspective on the conceptual alignment between yoga, as a holistic mind–body practice, and the four action areas of the WHO Decade of Healthy Ageing (2021–2030). Integrating existing evidence with practice-oriented insights, it highlights potential implications for policy and applied practice, while remaining distinct from a systematic or narrative review of the literature.

2. How Yoga Supports the WHO Decade of Healthy Ageing Framework

2.1. Changing Attitudes Toward Ageing—Yoga as a Pathway to Wellbeing and Community Engagement

Stress, anxiety, and negative perceptions may arise in later life, often linked to experiences such as bereavement, retirement transitions, or chronic health challenges. These factors can increase vulnerability to mental health difficulties. Evidence suggests that yoga-based interventions may support improvements in mood and mental wellbeing and may contribute to more positive perceptions of ageing [14,15]. Beyond individual outcomes, yoga may also enhance perceived social support among older adults. Loneliness is a significant public health concern in many regions, particularly among individuals living alone. Group-based yoga, whether in-person or online, can provide opportunities for social interaction and shared experience. Additionally, physical and functional benefits associated with yoga may enable older adults to participate more actively in community life, potentially reducing social isolation [14,15].

2.2. Creating Age-Friendly Environments—Overcoming Barriers to Participation

Some older adults face barriers to engagement in health-promoting activities, including physical limitations, cost, transportation challenges, and geographic isolation, particularly in rural settings. Yoga may offer a relatively low-cost and adaptable option that can be scaled across different contexts. The expansion of online and hybrid yoga programmes has further improved accessibility, allowing participation despite mobility constraints or distance [15]. These digital formats can complement in-person classes and may help reduce inequalities in access when structured appropriately.

Research indicates that online yoga programmes can be feasible and acceptable for older adults, with studies reporting good adherence and satisfaction even among individuals with limited technological experience [14,15].

Yoga can also support functional ability across the ageing trajectory through modified practices such as chair yoga, which may safely accommodate reduced mobility. Introducing adapted practices earlier in life may help maintain functional ability and delay age-related decline [7]. These approaches may be particularly relevant for older adults with comorbidities such as osteoarthritis, obesity, or neurodegenerative conditions, for whom other forms of physical activity may be less accessible [16,17].

2.3. Delivering Integrated, Person-Centred Care—Embedding Yoga Within Health Systems and Services

In health systems such as those in the United States and the United Kingdom, primary care often functions as the entry point to specialised services. However, integration of yoga within these systems remains limited and varies substantially by institution.

In the United States, integrative oncology and geriatric care programmes increasingly include gentle or chair-adapted yoga as part of supportive care for older adults, as shown in trials and reviews of cancer care, chair-based exercise, and adapted yoga for seniors [18–20]. Within the U.S. Department of Veterans Affairs Whole Health framework, multiple trials have evaluated yoga for chronic low back pain and other conditions in veterans, including older adults, demonstrating feasibility and improvements in pain and function [21,22]. Clinical guidelines from the American College of Physicians recommend yoga as a first-line non-pharmacological option for chronic low back pain, a common condition in older adults [23]. Although reimbursement structures remain inconsistent, these examples illustrate emerging—but still partial—incorporation of yoga into healthcare settings.

In the United Kingdom, the NHS Long Term Plan emphasises prevention and community-based interventions that align with yoga's holistic framework [24]. While

yoga is not formally embedded across the National Health Service, interest in its use within social prescribing schemes has increased, allowing link workers to refer patients to non-clinical interventions such as yoga for concerns including loneliness, mental health challenges, and physical inactivity [25–27]. Several NHS trusts have highlighted yoga as an option in falls-prevention, arthritis, and chronic-pain programmes [28–30]. The National Institute for Health and Care Excellence (NICE) guidelines also include yoga among recommended options for managing low back pain and sciatica [31], reflecting growing but selective support within the system.

In India, yoga occupies a distinct position as both a culturally rooted practice and a formally recognised component of traditional health systems, supported by the Ministry of AYUSH [32]. This recognition facilitates opportunities to integrate yoga within primary and community health services. Nonetheless, implementation remains uneven due to fragmented coordination between public health infrastructure, AYUSH systems, and community-level programmes. Challenges such as inconsistent delivery, variable funding, and limited monitoring and evaluation capacity continue to affect large-scale integration [33].

2.4. Providing Access to Long-Term Care for Those Who Need It—Integrating Yoga to Enhance Quality of Life and Caregiver Wellbeing

Long-term care is a key component of healthy ageing, particularly for older adults living with multiple conditions or requiring sustained support in daily activities. Its focus extends beyond medical treatment to include dignity, comfort, functional ability, and overall quality of life.

Yoga can be adapted for use in nursing homes, day centres, or home-based care through practices such as chair yoga, bed-supported movements, and restorative postures. Evidence suggests that these low-risk adaptations may help reduce pain, improve sleep, support mobility, and enhance mood [8,10]. When incorporated regularly, such practices may assist with maintaining functional ability and supporting health-related quality of life (HRQoL).

Yoga-based breathing and mindfulness practices may also benefit caregivers by reducing stress and enhancing resilience [31]. Improved caregiver wellbeing may indirectly support more positive care relationships and outcomes for older adults.

3. Evidence of Yogic Practices Suitable for Healthy Ageing

3.1. Physical Health Benefits

Yoga has been examined as a potentially valuable intervention for supporting physical health in older adults. Research suggests that regular practice may contribute to improvements in flexibility, balance, and mobility factors important for functional independence and fall risk reduction. Evidence also indicates that yoga may assist in managing chronic conditions common in later life. For example, a review by Cheung (2013) reported possible benefits for gait, balance, flexibility, joint pain, and sleep among older adults with conditions such as type 2 diabetes, osteoarthritis, osteoporosis, hyperkyphosis, frailty, chronic obstructive pulmonary disease, and post-stroke recovery [34]. Yoga-based programmes have additionally been associated with improved functional fitness and HRQoL, particularly among individuals who were previously physically inactive [35].

Some studies have compared yoga with other forms of physical activity. For example, a year-long study found that older adults practising hatha yoga experienced significant improvements in total body flexibility compared with those engaging in callisthenics or remaining sedentary [36]. In populations with arthritis, randomised controlled trials indicate that yoga can be feasible and may contribute to improvements in joint health, physical

function, and pain, with some benefits maintained after programme completion [37,38]. Overall, the evidence suggests that yoga may offer an accessible and generally safe option to support physical health and chronic disease management in older adults.

3.2. Mental and Cognitive Health Benefits

Yoga has been studied for its potential to support mental and cognitive health in older adults, with some evidence suggesting improvements in memory, attention, and executive function, and reductions in risk factors associated with cognitive decline [39,40]. For instance, Hoy et al. (2021) reported that yoga-based interventions improved attention and processing speed in older adults [41].

Proposed mechanisms include enhanced stress regulation and more efficient use of neurocognitive resources, which may help protect against age-related brain atrophy, particularly in regions such as the hippocampus [40,42]. Yoga practices incorporating breathing and meditation have also been associated with reductions in psychological stress, anxiety, and depressive symptoms, alongside improvements in mood and focus [43–45].

A recent systematic review and meta-analysis on yoga for older adults reported moderate improvements in depressive symptoms (effect sizes d = 0.54–0.64) and small-to-moderate improvements in anxiety (d = 0.27–0.63) [9]. Some studies have noted greater stress reduction in chair-based yoga compared with other activities [14,15].

Although many studies emphasise posture-based yoga, evidence also suggests that breathing-focused practices may be particularly effective for stress reduction and for enhancing mindfulness and attention [43,44,46]. Together, these findings indicate that combining movement, breathwork, and meditation may offer a practical approach for supporting mental and cognitive wellbeing in later life.

3.3. Role in Health-Related Quality of Life (HRQoL) in Older Adults

Health-Related Quality of Life (HRQoL) encompasses physical, mental, and social dimensions of wellbeing and reflects how health status influences day-to-day functioning [16]. Evidence from systematic reviews and meta-analyses suggests that yoga may contribute to moderate improvements in HRQoL (SMD $\approx$ 0.51) and small but meaningful improvements in mental wellbeing (SMD $\approx$ 0.38–0.39) among adults aged 60 years and older [47,48]. Some analyses indicate that approximately 150 min of weekly yoga practice may be sufficient for measurable benefits, although outcomes vary across populations and study designs.

A 26-week randomised controlled trial in sedentary older adults also reported improvements across physiological, cognitive, psychological, and social indicators following a yoga-based intervention [10]. Comparative analyses suggest that yoga can be as effective as other forms of moderate physical activity in improving HRQoL and wellbeing, particularly when compared with inactive controls [8,49]. Benefits may accumulate with longer duration and consistent practice, although effects vary across studies.

Yoga interventions are generally well tolerated by older adults, with high adherence reported and few serious adverse events documented. However, findings are not uniform; for example, a recent study in older adults with multimorbidity did not observe significant HRQoL improvements, although participants valued the programme and evidence suggests potential cost-effectiveness [50]. Overall, the literature indicates that yoga may offer a feasible and multidimensional approach to supporting HRQoL in later life, while recognising that effects vary across populations and study contexts.

Although yoga is typically considered low-risk for older adults, safety depends on appropriate modifications and screening. Common adaptations include chair support, wall assistance, slow transitions, and avoidance of end-range movements in conditions such as

osteoporosis or glaucoma. Basic tools such as the PAR-Q+ can support safe participation in community settings.

4. Practice Considerations for Yoga with Older Adults

The following considerations are intended to illustrate how yoga may be applied in practice with older adults across diverse contexts. They are offered as exploratory and practice-informed insights, rather than prescriptive recommendations, evidence-based directions, or standards of clinical care.

(a) **Session Duration:** sessions of approximately 45–60 min, commonly offered 2–3 times per week
(b) **Key Modifications:** use of bolsters, wall support, chair-based options, and gradual transitions to accommodate functional variability.
(c) **Breathing Practices:** gentle diaphragmatic breathing can be incorporated; breath retention or rapid techniques may be avoided, particularly in individuals with cardiac or pulmonary conditions.
(d) **Screening Tools:** tools such as the PAR-Q+, Timed Up and Go (TUG), EQ-5D may support safe participation and monitoring progress.
(e) **Facilitation Approach:** emphasise adaptability, reassurance, and participant autonomy to support confidence and self-efficacy.

5. Future Directions: Expanding the Role of Yoga in Ageing

Looking forward, expanding the role of yoga in healthy ageing will require coordinated efforts across research, policy, and implementation. A key challenge is the interdependence between evidence generation and policy adoption: robust evidence is often needed to justify funding and policy support, yet limited funding opportunities constrain large-scale trials of yoga-based interventions. This dynamic slows progress in both evaluation and implementation and highlights the need for targeted research investment and clearer policy pathways. Within this context, the perspectives offered here are not intended to function as clinical guidelines, but rather to provide a conceptual lens through which yoga's potential contributions to healthy ageing, quality of life, and service integration may be further examined across research, practice, and policy domains.

Emerging models such as tele-yoga and hybrid delivery may increase accessibility as digital literacy among older adults improves. These formats offer practical options for individuals with mobility or geographic barriers and may support equitable access to mind–body interventions. Aligning such innovations with policy support and rigorous evaluation could help clarify where yoga fits within broader healthy-ageing strategies. Potential areas for future development include subsidised community programmes, guidance on adapted yoga for older adults, and consideration of yoga within primary care or social prescribing pathways. These approaches may enhance accessibility and sustained engagement, contributing to health-related quality of life.

Despite increasing interest, yoga remains underutilised at scale, partly due to limited governmental support, concerns about applicability for older adults, and gaps in policy and referral pathways. Strengthening the evidence base through larger and methodologically rigorous studies—alongside targeted policy action—will be important for clarifying the role of yoga within ageing frameworks. Such efforts may help establish yoga as a practical, evidence-informed option that supports functional ability, wellbeing, and alignment with the aims of the WHO Decade of Healthy Ageing.

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