Aging does not affect decision making

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NEW YORK–(BUSINESS WIRE)–Contrary to conventional wisdom that cognitive function declines beginning in the mid-forties, aging does not correlate with deteriorating ability to think for ourselves. These are the findings of "Healthy Brain, Healthy Decisions: The MetLife Study of Decision-Making Potential," one of the first projects to investigate the connection between cognitive health, aging and decision making capacity. The research was conducted with men and women in their 50s, 60s and 70s by the MetLife Mature Market Institute and the Center for BrainHealth at The University of Texas at Dallas. The study demonstrates that age alone is not a key factor in predicting the ability to make decisions.

Focusing on healthy adults in their 50s, 60s, and 70s, the researchers found that those who demonstrated smart decision-making also excelled at strategic learning—the ability to sift more important information from the less important.

Although study participants in all three life stages had about the same strategic learning abilities, the oldest participant group slightly surpassed the rest, implying strategic learning capacity may actually increase with in normally functioning adults. Additional findings show that older study participants (those in their 70s) were more conscientious, remained vigilant (i.e., considered their options before making a decision) and avoided being hyper-vigilant (i.e., focused on immediate solutions without considering other outcomes) when compared to the younger group (those in their 50s). Researchers gauged participants' financial conscientiousness (i.e., being careful and organized) using a series of questions regarding monthly budgeting practices and financial retirement plans. The full study, along with consumer tips *Is Your Decision-Making Style Healthy?*, is available here.

The *Healthy Brain, Healthy Decisions* project contends that previous large sample studies documenting declines in the ability to think logically and solve problems, starting as early as 40, fail to identify individual factors which contribute to declining decision-making capacity, such as early dementia or other medical causes. Moreover, they ignore such positive related aspects as extensive life experience, reasoning ability and accumulated knowledge that may preserve or even enhance decision-making.

"Combining these findings with emerging evidence of retained cognitive brain health in aging suggests that policies aimed at protecting those most vulnerable to poor decision-making should focus on impairment caused by an underlying medical condition, rather than age itself, as a risk factor," said Sandra Timmermann, Ed.D., director of the MetLife Mature Market Institute**. "**Rather than attributing impaired decision-making to age alone, approaches that assess an individual's strategic learning ability and cognitive function can improve our understanding of decision-making capacity…."

“The study findings are a crucial first step to move beyond age as a demographic factor used to explain impaired decision-making,” said Sandra Chapman, Ph.D., founder and chief director of the Center for BrainHealth at The University of Texas at Dallas. “Policies and practices that focus exclusively on declines in decision-making will unnecessarily curtail the autonomy of older adults with preserved cognitive function. Age is not a disease, therefore noticeable drops in mental decline warrant medical attention to determine cause and best course of action. Maximizing cognitive potential is possible across the lifespan.”

Among the study’s key findings are the following:

Healthy aging adults show no decline in decision-making – Older decision-makers were as logically consistent as younger decision-makers. Increased age alone — from the early 50s through the late 70s — was not a key factor in predicting impaired decision-making capacity.

Strategic learning capacity may actually increase with time – All three groups were comparable as strategic learners. Those in their 70s performed at least as well as the 50s group on a cognitive measure of strategic learning. All groups performed similarly when asked to filter the most relevant information from the extraneous.

Strategic learners are less likely to fall victim to bias toward riskier options – Participants who performed well in sifting important information on the strategic learning measure, a tool used by researchers, made more logically consistent financial decisions. Those who performed poorly on strategic learning were less logically consistent and showed more bias toward riskier choices resulting in potential financial gain or loss.

Conscientious decision-making intensifies with time – A self-assessment revealedolder decision-makers were more conscientious (i.e., careful and organized) than those in the younger group.

Risk tolerance can be linked to cognitive ability - Overall, men and women performed equally at logically consistent decision-making and at strategic learning. In both men and women, strategic learning proficiency was associated with the ability to make logically consistent (risk averse) decisions.

There were differences between men and women in the relationship between decision-making and traditional measures of cognitive function – Men with normal cognitive function demonstrated the highest risk-seeking (lowest logical consistency) in decision-making of any group. Men in the superior cognitive range were the most conservative followed by women in the normal cognitive range. Decision-making and what impacts risk-aversion and risk-seeking are of particular interest since women become the lead decision-makers later in life due to loss of spouses and longer life spans.

Methodology

The *Healthy Brain, Healthy Decisions* study, available online, was conducted by the Center for BrainHealth at The University of Texas at Dallas and the University of California, San Francisco in partnership with the MetLife Mature Market Institute from October 1, 2011 through June 30, 2012. A sample of 72 adults (31 men and 41 women) was recruited from the Dallas-Fort Worth community. Groups were evenly divided between men and women within each of the three decades (50s, 60s, and 70s).

Center for BrainHealth, University of Texas at Dallas

The Center for BrainHealth at The University of Texas at Dallas was created in 1999 and is committed to its mission: To understand, protect and heal the brain. With more than 60 fully-funded research projects, the Center for BrainHealth has made major progress in understanding how the brain adopts strategies to learn and reason, protecting the brain from unnecessary cognitive decline, and healing the brain through treatments and training programs that regenerate brain function. www.centerforbrainhealth.org

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