

Planning to Age Well, with AI

Mind, muscle and money – the OWL framework

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Aging Well Is Three Problems



The Three Ms

- **Mind** – enough cognitive reserve that you are still the one making the decisions about the other two.
- **Muscle** – enough strength, balance and aerobic capacity to carry your own groceries up your own stairs at eighty.
- **Money** – enough capital that your later years are not governed by the price of things.

Why One Plan

Cognitive health, physical health and financial engineering are normally handled by different people, in different rooms, on different timescales.

- **Optimise only the mind – nothing to spend the clarity on, or the strength to use it.**
- **Optimise only the body – you arrive at eighty strong, anxious, and short of options.**
- **Optimise only the money – you can fund a very comfortable confinement.**

This Is a Method, Not Advice

- **Nothing here is personalised cognitive, medical or financial advice.**
- **Treat any real change in memory, word-finding or planning ability as something to have assessed – never as something to train around.**
- **Take the draft to a doctor and to a fee-only financial planner.**

Symmetrical Compounding

Mind, muscle and money all compound, all decay when unattended, and all fail suddenly rather than gradually.

- **Compounds: education and novel skills (mind) · early strength training (muscle) · early, regular contributions (money)**
- **Decays: unused capacity narrows (mind) · muscle mass lost every year past 40 (muscle) · inflation erodes purchasing power 2–4%/year (money)**

Everyone accepts cash under a mattress loses value.

- **An untrained body loses value on the same schedule.**
- **An untrained mind does too — fewer people notice this one.**

- Behaves less like a stockpile, more like a credit line.
- Two people with identical scan-confirmed pathology can present a decade apart in symptoms.
- The gap tracks with education, occupational complexity, and how much novel demand you keep placing on your own thinking.
- Built the way the other two are — starts paying off decades before you need it.

45% Is Modifiable

The Lancet Commission on dementia prevention: an estimated 45% of dementia cases trace to fourteen modifiable factors across a lifetime.

- **Early: less education**
- **Midlife: hearing loss, hypertension, obesity, alcohol, brain injury**
- **Later: smoking, depression, inactivity, diabetes, isolation, air pollution, vision loss, high LDL**

Roughly half that list is a heart, ear and eye problem — not only a brain one.

Muscle, in Numbers

- Roughly 3–8% of muscle mass lost per decade after thirty.
- Accelerating after sixty to something closer to 1–2% per year.
- Strength falls faster than mass. Power – force produced quickly – falls faster still, and it is what turns a stumble into a recovery rather than a fracture.

The Three-Legged Stool

**Wealth in a wheelchair is a different asset from wealth on a mountain trail,
and wealth you can no longer manage yourself is a different asset again.**

**A plan that skips the body leaves you half prepared. A plan that skips the mind
leaves you unable to tell.**

The Three Phases

Retirement is usually modelled as a flat thirty-year line. It is not one.

- **Cognitive reserve, physical capacity and spending are all closest to their peak at the same time – and only briefly.**

Phase 1 – Go-Go (60–72)

Highest vitality; discretionary spending buys the most.

- **Mind:** build reserve in genuinely new domains; check hearing, vision, blood pressure, blood sugar; set up power of attorney and a health directive.
- **Body:** build the largest possible buffer – VO max, joint mobility, compound resistance training.
- **Money:** peak discretionary spending, matched to peak physical autonomy.

Phase 2 – Slow-Go (73–82)

Independence is won or lost here.

- **Mind:** protect against isolation as deliberately as against a fall – a standing social commitment. Track sleep and mood.
- **Body:** balance, proprioception, fall prevention, sit-to-stand speed.
- **Money:** reallocate toward home ergonomics, local leisure, tax-efficient estate structuring.

Phase 3 – Care Support (83+)

Preservation.

- **Mind: orientation, communication, routine, caregiver engagement – and proof the Phase 1 paperwork was actually done.**
- **Body: functional movement, bed-to-chair independence, grip strength.**
- **Money: drawdown of ring-fenced care funds and longevity annuities.**

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- **Adherence — a weekly ten-minute review that has your plan in context.**

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- **Caring whether you do it.**

Where This Is Heading

Four cooperating agents:

- **Mindspan agent** – cognitive markers: processing speed, working memory, sleep, social contact.
- **Healthspan agent** – biometrics: wearables, grip strength, sit-to-stand, VO .
- **Wealthspan agent** – tax-aware decumulation, Monte Carlo stress tests past 95.
- **Cross-orchestrator** – harmonises all three, moving capital toward safeguards when a marker drifts.

None of it is off the shelf today. Instrument all three sides, keep all three plans in one place, review them together.

Plan One: The Mind

- **Novel learning – a new language, instrument, or genuinely unfamiliar skill.**
- **Social contact – structured and regular, not incidental.**
- **Sleep – 7–9 hours.**
- **Vascular risk factors – hypertension, diabetes, hearing, vision.**
- **Aerobic exercise – one trial found a year of it grew hippocampal volume ~2% in older adults.**

Set up power of attorney and a health directive now, while capacity is not in question.

Plan Two: The Muscles

Three hours a week. The WHO skeleton: 150–300 min moderate aerobic, strength 2+ days, balance 3+ days.

- **Frequency:** two full-body sessions/week, 45 min.
- **Movements:** one squat, one hinge, one push, one pull, one carry.
- **Progression:** add weight or a rep whenever all sets are completed with good form.
- **Power:** once a week, something fast and light.
- **Protein:** commonly 1.2–1.6 g/kg/day for older adults.

Track grip strength and sit-to-stand speed — both predict later independence.

Plan Three: The Funds

1. Measure what a year costs you – most people are wrong by 20–30% on the first guess.
2. Set the floor – 3–6 months of spending in cash, your sequence protection.
3. Clear high-interest debt – anything above ~8–10%, after taking any employer match.
4. Fill the tax-advantaged space, in order – TFSA, RRSP, FHSA (or your equivalents).
5. Automate, then leave it alone.

A common starting heuristic: 25× annual spending – the inverse of the 4% rule.

Giving an AI Your Numbers

Plan in ratios, not identifiers.

- **“I earn \$120,000, have \$350,000 in my RRSP” “Annual spending \$X = \$60,000. Salary 2X. RRSP 5.8X.”**
- **“Scotiabank TFSA #10293” TFSA_Equities**
- **Debts as rate and size, highest rate first – which is also the order to clear them.**

Never paste an SIN/SSN, account numbers, or full medical records.

Keep the Plan Alive

Treat all three plans as documents, not decisions.

- **Put them in plain Markdown files, under version control.**
- **When something changes, edit the file and commit it.**

A quarterly ritual, twenty minutes:

1. **Paste the current plan into a model.**
2. **Ask what changed, what assumption is now wrong, what you did not do.**
3. **Update the markers — skills and social commitments; grip strength and sit-to-stand; the portfolio number.**
4. **Edit the file. Commit with a message saying what changed and why.**

- WHO – guidelines on risk reduction of cognitive decline and dementia
- Livingston et al., Lancet Commission (2024) – the 45%, fourteen-factor figure
- Erickson et al., PNAS (2011) – aerobic exercise and hippocampal volume
- WHO – guidelines on physical activity and sedentary behaviour
- Cruz-Jentoft et al. – sarcopenia, Age and Ageing (2019)
- Bengen (1994) and the Trinity study (1998) – origin of the 4% rule

Full article: collegica.org/aging-well/ai-planning